Tackle Your Feelings: Experience of Help-Seeking for Mental Wellbeing Concerns in Professional Rugby Union Players

Deirdre Lyons[a], Philip Clarke[b], & Robert C. Dempsey[c]

[a] Rugby Players Ireland

[b] University of Derby

[c] Manchester Metropolitan University

To appear in: Journal of Clinical Sport Psychology.

Abstract

Limited research into professional rugby union players' experiences of seeking formal support for their mental health exists, despite comparable rates of mental health issues amongst elite rugby players with the general population. This qualitative study explored professional players' actual experiences of accessing Rugby Players Ireland's mental wellbeing service, via separate focus group discussions with professional players (n = 5) and player development managers (PDMs, n = 4) who refer players into the service. An inductive reflexive thematic analysis identified three themes detailing players' (1) *journey to disclosure* of their mental health difficulties, (2) their *expectations and engagement with the wellbeing service,* and (3) participants' *reflections on mental health experiences in a high-performance environment*. Embedding mental health as a key component of player development in high-performance environments, improving mental health literacy, normalising mental health experiences and encouraging help-seeking would help promote player wellbeing and support holistic development alongside sporting performance.

Introduction

Elite athletes are as likely as the general population to experience mental health difficulties (Gorczynski et al., 2017; Woods et al., 2022) but are less likely to seek help (Gulliver et al., 2012; Ojio et al., 2021). Peak competitive years in elite sport tend to coincide with the peak age for risk of onset for a range of mental health difficulties (Hughes & Leavey, 2012). Elite athletes may be exposed to additional unique pressures on their mental health and psychological wellbeing which are not encountered in the general population, such as potential career termination due to injury (Kuettel & Larson, 2020). Whilst promoting athlete mental health may be important for sporting performance, mental health is a valuable resource for athletes

outside of competition and across the lifespan. Improving mental health allows for the development of holistic and balanced athletic identities (Marsters & Tiatia-Seath, 2019) and can aid the successful management of difficult career transitions including retirement (Henriksen et al., 2019).

A particular challenge associated with understanding the experience of mental health issues amongst elite athletes is that good mental health is not necessarily a prerequisite for elite performance, although improved mental health may promote longer term performance (Moesch et al., 2018). Accordingly, the performative nature of mental health in elite sport may mean athletes only recognise potential issues, and consider seeking help, when there is a notable impact on their performance (Coyle et al., 2017). Whilst research aiming to understand the mental health of elite athletes is receiving increased attention (Larsen et al., 2021), there is a limited understanding of the experiences of seeking help for mental health-related difficulties amongst professional rugby union players, particularly in Ireland, the focus of the present study.

There may be several reasons why help-seeking amongst elite athletes is low. Common barriers to mental health-related help-seeking identified amongst elite athletes across sports include perceptions of negative consequences associated with seeking help, lack of time, negative past experiences, unsupportive organisational environments, psychological stress, fear, pride, and poor mental health literacy (e.g., Coyle et al., 2017; Kola-Palmer et al., 2020). Other barriers associated with mental health help-seeking in elite athletes include being male (Watson, 2005), perceived stigma (Bird et al., 2018), and perceived attitudes of other athletes towards help-seeking and cultural norms relating to masculinity and self-reliance (King et al., 2022).

Enabling factors that influence elite athletes to seek support for mental health-related concerns are much less researched. Many factors are involved in formal help-

seeking, including recognition there is a problem, and identifying the problem requires professional support, openness to seeking support, access to services, choice of services and cultural norms (Rickwood, 2020). Encouragement from others, previous positive experiences, a supportive environment, and positive attitudes of their coach were facilitators in the intention to seek support in young elite Olympic Australian athletes (Gulliver et al., 2012). A recent study of professional male ice-hockey players found if help-seeking was viewed to benefit the team performance, whilst serving an individual's needs, help-seeking was facilitated (Crawford et al., 2022). Informal sources of support such as family and partners may be valuable to elite rugby players (Marsters & Tiatia-Seath, 2019); however, actual help-seeking amongst elite rugby union player in relation to formal sources of support requires further research.

Several studies have investigated the mental health experiences of professional elite rugby union players, ranging from experiences of depression and anxiety to suicidal ideation (e.g., Ojio et al., 2021). There is evidence to indicate that levels of depressive and anxiety symptoms can be elevated amongst current professional rugby league players, with some higher rates compared to the general population (Nicholls et al., 2020). Amongst a large sample of current professional rugby players (across all codes), common mental health difficulties reported over a 12-month prospective study including psychological distress and eating disorders (11%), sleep disturbances (12%), problematic alcohol use (22%), and symptoms of anxiety/depression (28%) (Gouttebarge et al., 2018).

Mental health literacy is defined as the "knowledge and beliefs about mental disorders which aid their recognition, management or prevention" (Jorm et al., 1997, p. 182). Previous work with professional rugby league players reported increased mental health literacy and higher perceived stress were associated with higher odd

ratios for seeking help from a UK athlete mental health charity (Kola-Palmer et al., 2020). Higher stress and lower mental health literacy were associated with poorer current mental health (Kola-Palmer et al., 2019). A content analysis of qualitative responses from Kola-Palmer et al.'s 2020 study identified perceived stigma (including embarrassment, pride, shame) and low mental health literacy (e.g., not knowing where to seek help) were the most frequently mentioned barriers to help-seeking. Rugby players may require additional approaches other than a knowledge-based educational approach to encourage them to seek help. A recent study of 233 Japan Rugby top league male rugby union players found while greater mental health knowledge was associated with less stigma to others with mental health difficulties, players tended not to seek help for themselves (Ojio et al., 2021).The nature of rugby as a team sport could positively and negatively influence their help-seeking behaviours, given the opportunities for social support and team bonding, alongside perceived pressures to perform, cultural norms, and competition for starting places (Kola-Palmer et al., 2020).

Given the relative lack of qualitative research with professional rugby union players, particularly the actual experiences of seeking formal help for mental health-related experiences, this study explored a sample of professional Irish rugby union players' experiences of accessing mental health support. A novelty of this study is its focus on understanding the experiences of professional rugby players who accessed formal help for mental wellbeing issues, which will help to improve pathways to care for other players (Seidler et al., 2017).

Method

Context

The development and implementation of a mental wellbeing service for rugby players in Ireland is an initiative of Rugby Players Ireland (RPI), the collective body

representing elite rugby union players. Mental wellbeing is a pillar of RPI's Player Development Programme which aims to promote greater life balance and prepare for a positive transition post-retirement. Current and former professional players can access support through a local Player Development Manager (PDM), or by emailing or phoning a dedicated confidential line. Access through PDMs is currently the most chosen route. Players are then referred for a screening (triage) with a clinical psychologist who determines the optimal support strategy and referral pathway. There is no clinical threshold for referral or support and players can access the service for a range of issues including, but not limited to, depression, anxiety, addiction, bereavement, exposure to trauma, relationship issues and stress (see Rice et al., (2020) for a similar service structure). The mental wellbeing service was developed to cater for a predicted increase in players seeking support due to a mental health awareness raising and anti-stigma campaign, i.e., Tackle your Feelings (TYF; https://www.tackleyourfeelings.com). TYF is a public-facing campaign which encourages and supports individuals to look after their mental health. The campaign features professional rugby players sharing stories of their mental health challenges.

Design

Focus groups were chosen to explore the experiences of professional rugby players who accessed support for their mental wellbeing. PDMs were also sampled in the study given their key roles as promoters of help-seeking and gatekeepers for the wellbeing service. Focus groups comprising of individuals with similar experiences can lead to richer data due to group interaction which can stimulate spontaneous ideas and personal disclosures that may go unnoticed in in-depth individual interviews (Roller & Lavrakas, 2015). Focus groups can also enhance discussion of personal issues by providing supportive environments which is integral when discussing

sensitive topics (Roller & Lavrakas, 2015), and this approach has been adopted when exploring mental health issues in males (Rochlen & Hoyer, 2005) and exploring help-seeking in young elite athletes (Gulliver et al., 2012). The first author moderated the focus group discussions. She is a PDM employed by RPI and works within one of the high-performance rugby union squads. Ethical approval was granted by a Third-Level Ethics Institutional Review Board.

Participants

All 44 professional players who had engaged with the RPI's mental wellbeing services were invited to participate in the current study. The inclusion criteria were players needed to be senior professional rugby union players, who were over the age of 18 years, and had engaged in RPI's mental wellbeing service in the preceding two years (January 2019 – December 2020). For PDMs, they needed to be employed by RPI during the same period. A sample of five players (n = 5 male; *M*age = 26.2 years, SD = 2.4; time spent in a professional rugby environment (including at Academy level) *M*year = 8, SD = 2.6; post academy professional contract *M*years = 5.6, SD = 2.4 years) and four PDMs (n = 2 male; n = 2 female; *M*age = 37 years, SD = 7.5) consented to taking part in the study, representing over 10% of players who had accessed the service and all the PDMs working at RPI. Ethnicity and other personally identifiable characteristics are not reported to maintain confidentiality due to the high-profile nature of the participants.

Materials

A semi-structured schedule was employed to guide the focus group discussions and to allow participants flexibility and direction over the discussions. Interview guides developed by the research team, were informed by existing research, and focused on self-reliance, confidentiality, stigma, enablers to help-seeking, the help-seeking

process, perceptions of professional help and mental health-related experiences, (e.g., Rickwood, 2020). The role of professional sporting environments and barriers to help-seeking were also discussed (Kuettel & Larson, 2020). Players were asked about previous experiences of help-seeking and PDMs were asked about conversations they have with players about accessing support.

Procedure

Participants in both focus groups were contacted by the mental wellbeing service manager at RPI via email with an invitation to participate. Potential volunteer participants were sent an electronic link with all the study information. Once consented, a date and time for the online focus group was set, convenient for all participants. Both focus groups were conducted on-line and were audio and visual recorded, using Zoom Video Communications (www.zoom.us). Participants were aware of this prior to giving consent and at the beginning of the video call. The focus groups were held two weeks apart, with the PDM focus group occurring first. The discussions lasted 64 minutes (PDMs) and 65 minutes (players). All participants were verbally debriefed at the end of the focus group.

Analytical Strategy

This study employed reflexive thematic analysis (Braun & Clarke, 2019) guided by critical realism. This critical realist approach meant that a shared reality in terms of how the players accessed support from the service was assumed, whilst considering that this reality is mediated by the individual players' subjective experiences, their personal sense-making, and the social context of professional rugby (i.e., a combination of ontological realism and epistemological relativism; Maxwell, 2012). The focus groups discussions were transcribed verbatim with pseudonyms assigned to each participant. Data from both focus groups was analysed separately; initially,

transcripts were read repeatedly to immerse the researcher in the data. Data was then analysed inductively, and the content examined, generating numerous initial codes. Themes were developed from the initial coding of the players' focus group data and combined to create broader themes using thematic mapping. The PDM focus group codes were thematically mapped onto the themes generated from the players' focus group, with additional themes identified that did not fit with players' themes. Final theme definitions were composed to capture the essence of each theme and written up into the present report.

To improve trustworthiness of the analysis, several approaches were used to maintain a focus on the data from the discussions. Firstly, players' experiences of help-seeking were triangulated with views of PDMs, who act as gatekeepers to the mental wellbeing service. Secondly, participants were sent a copy of the broad themes for member reflections. One player responded to include greater detail on his views of why he delayed seeking support. Thirdly, the first author kept a diary of their reflections on the data collection and analysis process due to their current role within the RPI (see reflexivity for more detail). Finally, initial analyst triangulation was achieved through regular meetings between the first and second authors to discuss the findings, allowing for researcher interpretations to develop and for common themes to be established. During the write up, the third author acted as an independent analyst who provided a sense check of themes and narrative of the analysis (see Supplementary File 1 for the COREQ checklist for the present study).

Reflexivity

The first author is a PDM with over 20 years' experience working in high-performance sport, including working for Rugby Players Ireland. In their role they have

awareness and understanding of the mental wellbeing service and the infrastructure of RPI and therefore is familiar to all participants which allowed for a more conversational flow to the focus groups. The second author acted as a supervisor on the project and is an experienced practitioner and researcher in sport psychology. The third author is an experienced researcher in mental health and health psychology.

Results

Three main themes were identified during the reflexive thematic analysis. These themes describe the experience of formal help-seeking for mental health-related concerns in professional rugby union players who had accessed Rugby Players Ireland's wellbeing service. Players, and the Player Development Managers (PDMs), discussed their *journey to disclosure, expectations and engagement with the wellbeing service,* and their later *reflections on mental health experiences in a high-performance environment*.

Journey to Disclosure

This theme focuses on players' journeys of recognising and disclosing having difficulty with their mental health, something which was discussed in detail by all the participants. The initial recognition of one's mental health difficulties was the first step to players considering seeking help, particularly when they were not performing well which seemed to trigger an initial reflection on their mental health.

> *I feel like it was all kind of mixed up and that I wasn't performing well … I wasn't sure if it was because I wasn't playing well that then I was … unhappy or was I unhappy and then I wasn't playing well.* (Conor)

Players had difficulty disentangling their mental health and emotional wellbeing from their performance in terms of understanding a potential cause-and-effect

relationship. This seemed to lead to some players attempting to work on their mental health in a similar way to how they would approach the physical or technical aspects of their rugby performance. This approach hindered many from accepting that there may be an issue with their mental health, as Dan discusses:

> *It definitely clouded what was best for me, I'd always bought into that persona that I'm a rugby player…that I had massive effort on the pitch…I felt that whatever mental troubles I was in that if I just kept plugging through them I would be fine … the reality is I actually ended up going to the psychologist far later then I should have… the reason I didn't go when I really, really needed it was … I just didn't want to give up on that persona.*

Dan discussed how his self-perception or social identity as a "rugby player" meant that he coped with his mental health issues by continuing his high physical effort on the pitch, in the hope these difficulties would resolve themselves or dissipate. This approach prevented Dan from recognising the extent of his mental health difficulties and delayed any help-seeking action. Many players discussed their own personal difficulty in recognising problems with their mental health. Myles described:

> *Knowing yourself when you are actually in it, is the hard part… I think for me realizing oh OK, now I'm in that bracket, that's what took me probably years to understand …and it probably got to the very extreme of it before I realized, oh sh*t yeah … I need help*.

The inability to recognise the extent of a problem sooner caused Myles to experience escalated psychological distress before the realisation occurred. Players outlined how an escalation of symptoms and increased psychological stress, facilitated their disclosure. Henry revealed:

> [The physiotherapist said] *definitely don't be scared to go get help. I went off for a week, did my own thing …I tried to go to training and I just was sitting in the car and I couldn't go, it was at that point then that I knew … I called [the PDM] in the [club] car park …I was in a bad enough state. So yeah, someone planted the seed and then it just got bad enough that I had to sort it out.*

For many players, there appeared to be a 'point of no return' where their mental health difficulties had to worsen to a point where they had to seek help. Although, there still seemed to be a sense of self-reliance and that they could work through their own difficulties, unless prompted by external party that they needed to seek more formal help (e.g., Henry's extract above). A preference for self-reliance, in addition to some poor mental health literacy and poor recognition of mental health difficulties, appeared to be common barriers to help-seeking amongst these elite rugby players. Players also spoke about disclosing mental health concerns to different club members including team doctors, physiotherapists and PDMs. The availability of staff at clubs where players could discuss mental health concerns was highlighted by Dan:

> *I had a couple of issues … I probably wasn't behaving appropriately … losing my temper a bit too much … I had a couple of chats with [the PDM], and [she] said that there's an option for me to meet with people outside the [club] …I kinda decided to do so on the back of that, because I knew there was something not right with me really, mentally.*

In Dan's situation, the presence of a trusted staff member and a referral pathway was key in his decision making to seek support from a person outside of the club. This was echoed by one of the PDMs, "Jack", who outlined "*for me, it's the relationship …a player is not going to open up straight away … but over time when*

297 *they understand you as an individual, they understand you can empathize with them*".
298 This extract highlights the importance of having support on the ground and building
299 these relationships over time which is key for players disclosing these issues. Players
300 and PDMs both discussed that trusted relationships to aid help-seeking also came
301 from more informal sources outside of the support staff. Mary, a PDM, noted "*I think*
302 *other players have been huge… and I found with my team that it's been probably the*
303 *biggest [facilitator]… it's kind of had a domino effect*".

304 Whilst outside of the club structure, players outlined family members and close
305 friends were sources of support, as Conor revealed; "*they were definitely the people*
306 *who helped me the most*". Dan mentioned sharing it with his sister, while Henry "*told*
307 *everyone, I told my family, my girlfriend, my closest friends*". When players did reveal
308 their help-seeking to family members, reactions were positive and supportive.

309 Players spoke about greater awareness of mental health in professional club
310 environments, and how the "Tackle your Feelings" campaign using current rugby
311 players as ambassadors aided this. Henry remarked "*it just personalises it a little bit*
312 *and you know other people have been there and done something similar*". This
313 emphasizes the importance of role modelling in normalising mental health experiences
314 amongst fellow players. All players agreed that ambassadors who took part in the
315 campaign and who played at their clubs seemed approachable and someone they felt
316 they could speak to. Owen observed "*other people being there, going through the*
317 *same things you're going through … they can be a point of contact*".

318 **Expectations and Engagement with the Wellbeing Service**

319 This theme focuses specifically on players' expectations of formal sources of
320 support, past experiences seeking formal mental health support, and their

expectations and experiences of engaging with the service. All the sampled players discussed how experiences of accessing other formal sources of support were a key reason many players delayed their future engagement in wellbeing services.

> *I had one experience… when I was in the Academy, and I didn't enjoy it at all I felt he was like trying to bring up stuff that I didn't want to chat about and then after that I was kind of quite adverse to ever going and seeking it, which is probably why I was very slow to [go again].* (Dan)

The first experience working with a psychologist or therapist was key to setting future expectations. Like many players, discussing topics that Dan was not ready to disclose, or wanted to discuss, negatively impacted his overall view of formal sources of support. Myles revealed his first experience "*probably made me worse*" and when he did return to see a different psychologist, he "*didn't utilise it fully…I wasn't completely honest with the guy…I was hesitant, but once I got comfortable with it, it was definitely helpful*". Henry described his first reaction to the service as "*a lot of hocus pocus*", thinking it was not going to be helpful:

> *Initially I didn't think it was gonna work… I think the more I stuck with it, the more I began to buy into it myself, I got a huge benefit from it and now a year down the road it's something I wish I'd paid more attention earlier. I remember the first day … ringing my mum saying, 'Jaysus I don't know'. I think the fact I got booked in for six sessions … in my head I was like, I'll do the six with [the same practitioner] and about halfway through I was like this is brilliant.*

Henry's experience highlights the importance of a set block of sessions as part of his support package, this appeared to aid the development of a relationship with the

counsellor, increased engagement with the support, and led to a positive outcome. The players also spoke about service efficiency, as Dan illustrates:

> *It took me long enough to get courage up to go talk to [the PDM], but then when it happened it was 100%, it was quick, and it was easy. I thought it could have been …like a bullsh*t story that you had to go through after meeting [the PDM], you might have to meet another few people… but it was actually, it's very simple.*

It was important that there was an effective pathway to care for the players so that when they do disclose, it is met with an efficient and simple process. This also outlines the players preconceived notions of the steps taken for referral and how that could contribute to the hesitancy to engage.

Reflections on Mental Health Experiences in a High-Performance Environment

This theme details the players' reflections on their experiences and changed expectations of help-seeking before, during, and after they used the RPI wellbeing service. Both the players and PDMs reflected on the need to embed mental health as part of their elite rugby profession. Players discussed their changing views of seeking support for their mental health:

> *I'd like to think that you'd feel comfortable hopefully talking to someone in the changing room, but you…you might not. If I was back last year, I don't know if I would have felt comfortable talking to anyone.* (Henry)

When he was going through stressful periods, Henry also remarked about how easy it was to "*walk into a changing room and put on a brave face. No one would really…be any the wiser for it. …nobody might pick up on it*", but now feels:

I'm very different today…as I was this time a year ago…if someone came up to me and said Henry I'm struggling. Sure, I hadn't, I hadn't struggled with myself before that, so I wouldn't… have had a breeze as to what to have said to him, whereas now, I'd be very different.

The final part of the extract outlines Henry's initial feelings of uncertainty and lack of clarity on how to approach discussing mental health in an elite rugby environment, and the views shared by other players. Specifically, perceptions of the "changing room" and how most players tend to put on a "brave face" when they are going through periods of heightened psychological distress. This highlights the need to improve players' mental health literacy and confidence to speak out and support their teammates who may be experiencing similar difficulties. This perceived shame or embarrassment associated with seeking mental health-related support, which partly seemed to be related to the changing room culture, meant that many of the players chose to keep their use of the RPI service hidden from their teammates.

I was kind of going [to see the psychologist] on like a Wednesday, which is the day off…you know you'd be in the same coffee shops all the time…so like why would I be going into town? …I had to lie about what I was doing, … I definitely wasn't comfortable just being like, oh yeah, I was just in seeing someone so, that was a bit of a challenge for me. (Conor)

The effort and discomfort players felt when trying to create excuses to disguise the act of seeing a psychologist highlight how accessing mental health support still has stigma attached to it, and players are reluctant disclosing it to teammates. One reason for this, could be, as Myles described:

I'd fear this fella is going to ask me why I was going, when I didn't even really know myself, so I wasn't gonna be able to explain it to him… that's probably why you wouldn't want to speak to someone… because of the possible discussion about it, more so than the stigma... I'd have had no problem saying it to someone if they weren't gonna ask me what I was going for.

For Myles, he had no problem disclosing he was seeing a psychologist but revealing why he sought help was a source of potential discomfort. This emphasises the importance of equipping players with the tools to both discuss mental health issues and communicate compassionately with other players who are experiencing difficulties. Following their own experiences of accessing RPI's wellbeing service, the players discussed having a greater admiration for and appreciation of those players who disclose a mental health difficulty, as Myles describes:

*I think some fellas … might see people… as a weakness in them that they go to get help, whereas I suppose having been through it, I'd say I have a certain appreciation for playing against people and how tough they are…you lads [other participants in the focus group] are pretty f**king tough… I think now knowing the fact that … you have gone to get help … I would probably think more of you, as opposed to less of you.*

This was echoed by Dan, who also revealed that taking part in the focus group was a "pleasant" experience as he got to interact with "another four lads" who had experienced something similar. This underscores the importance of peer networks in an elite rugby player-focused mental health support service.

The players later discussed how having come through the RPI support service, they now believe that mental health is something should be focused on at an earlier

age and stage of their career. Myles describes how if he "*had actually understood this smaller side of it [mental health], when I was… in my early twenties, I probably would have had a more enjoyable twenties*". While Henry remarked:

> *I wish I had a better understanding of how all this worked. I do think it should be something that's incorporated into our lives, a lot earlier…'cause I was really under prepared for what I went through… in terms the Academy … maybe there can be a little bit more education around [mental health].*

An earlier focus on players' mental health may help to not only normalise mental health issues for players but prepare them for future stressors. Dan added that introducing younger players to "*a session or two*" with a psychologist would be hugely beneficial as the lessons learnt are not only needed for rugby, but "*forever really*". This was echoed by Patrick, a PDM, who remarked:

> *Educate our younger guys, the Academy, to have this with them right through their careers. You have less of a battle as a PDM down the road…it just becomes part of it, like their nutrition…they can take it with them beyond rugby into their next career as well.*

All players outlined two key approaches for normalising mental health in the team environment. Conor proposed:

> *If accessing support was more of a thing, I think people would just be like 'oh sure, I'd be interested in doing that'. There could be a bit more from the playing group … that it is not that big a deal to go see a counsellor.*

All participants discussed embedding mental health as a key component of a high-performance environment, with formal sources of support as something for all

players to use at any time, not just when in difficulty. Supporting this, Myles felt that mental health screening should occur at the same intensity of physical screening:

> *It's not in your questionnaire to fill out every morning… Like who really cares if you are off your food as opposed to actually struggling with something, like if there's a second questionnaire you would fill out every morning, shouldn't your emotional headspace be as important your physical headspace?*

Providing players with more regular mental and emotional wellbeing checks would help them better understand their mental state, and detect changes in mood, fatigue, stress, or other recognised triggers of mental health difficulties. The PDMs also discussed that encouraging players' help-seeking for mental health-related may promote help-seeking and skill acquisition in other areas (e.g., education). As Patrick, a PDM revealed:

> *When we build up that trust … and they've gone and got help…one of the tools to deal with their… mental wellbeing is about being occupied outside of the game… to maybe engage in off-field development which has a knock-on effect on their wellbeing… in my own experience I would have had that.*

This aligns with the promotion of holistic player development environments that view mental health as central to a culture of excellence and has long term benefits for life beyond sport. The players did, however, debate who should oversee this process. Some felt that mental health should be "*incorporated, in terms of the content of a week for Academy players*", however Henry believed it should be "*outsourced to psychologists*", while Myles argued that "*if you outsource it…how would it have an impact on your day then…how could an* [outsourced psychologist] *say to a head coach, come here…*[Owen] *can't train today cause he is not feeling great*".

The PDMs offered insights into why there were disagreements amongst players regarding who oversees and takes responsibility for player mental health. For example, Jack (a PDM), described how mental health can be pushed down the list of priorities for players as "*they have a game weekly, there's weekly highs and lows, and … [mental health] can get side-lined…it's down the list when it comes to importance*". Patrick agreed, stating "*the problem for me is, that staff change, or circumstances change, or the pressure comes on in the game…and this stuff can be pushed right to the back*". Mary also agreed but noted that mental health is "*something you can't ignore now, so environments have become safer for people that might be struggling*". In summary, both players and PDMs talked about the importance of embedding and making mental health a key focus of players' sporting and personal development.

Discussion

Elite rugby players may experience similar levels of mental health related distress and difficulties as found in the wider general population, however there is a limited understanding of players' experiences of accessing formal support for their mental health in the context of a high-performance sporting environment. This study explored the help-seeking experiences of professional rugby players who had accessed Rugby Players Ireland's wellbeing service, and PDMs who refer players to the service. Three key themes were developed during the reflexive thematic analysis of focus group discussions held with players and PDMs, which detailed (1) players' *journey to disclosure* of their mental health difficulties, (2) the players' *expectations and engagement with the wellbeing service,* and (3) all participants' *reflections on mental health experiences in a high-performance environment*. There was clear hesitancy amongst elite players to acknowledge their own mental health difficulties because of various concerns (e.g., reactions from other players and coaches, stigma,

competitive pressures), but also evidence of poor mental health literacy and tendencies towards self-reliance and a focus on physical over mental health.

In terms of players' *journeys to disclosure*, the professional players in our study tended to only acknowledge their mental health difficulties when their rugby performance was affected. There was often a difficulty in terms of players' understanding of whether their mental health issues arose prior to, or during, periods of poor sporting performance. Players tended to focus on their physical training to work through their mental health difficulties and only sought more formal support when their mental health became unmanageable and/or when others openly encouraged them to seek support (e.g., club support staff, physiotherapists). These findings are similar to those reported in previous studies with elite athletes, particularly athletes' preference for self-reliance, difficulty in recognising initial mental health difficulties, and the (late) recognition of issues when broader performance is impacted (e.g., Coyle et al., 2017; Kola-Palmer et al., 2020).

The second theme, *expectations and engagement with the wellbeing service,* describes how players' past, mostly negative, experiences of formal mental health help-seeking deterred them from accessing other forms of support and delayed future help-seeking attempts. A key discussion in this theme was when players do disclose difficulties with their mental health, and eventually contact or access support services, support needs to be readily available and care pathways tailored and efficient in terms of delivery. Addressing misconceptions of what accessing support services involve may aid help-seeking in professional rugby players.

The final theme, *reflections on mental health experiences in a high-performance environment*, saw both PDMs and players discuss the importance of

embedding mental health support as a key part of a high-performance professional sporting environment. Players discussed how seeking specific mental health support was associated with embarrassment and a potential fear of teammates' social disapproval, to the extent that players would disguise or lie about occasions where they accessed formal support. Acknowledging that they were seeking mental health support was a potential source of discomfort, but the act of consulting a psychologist more generally was not discussed in a comparable manner (e.g., when speaking to a sports psychologist to improve performance more broadly). Whilst there appeared to be a consensus about the need to make players' mental health a focus within professional rugby environments, in a similar manner to physical performance, there was disagreement about who would have responsibility for overseeing mental health services (e.g., the player themselves, the team, coaches or medical staff, PDMs, or more external sources like a referral network of psychologists).

Clinical Implications

The results of the present study offer unique perspectives into experiences of professional rugby union players seeking formal support for their mental health. Thus, the findings may help guide mental health practitioners working with professional rugby union players or in professional team sport environments. It was evident across the themes and discussions with players and PDMs that there is a need to improve players' mental health literacy, not just to improve knowledge of the spectrum of mental health experiences but to promote awareness of available support resources for players, and to staff supporting players. Embedding mental health literacy training as part of early intervention efforts for elite athletes may promote knowledge of key mental health experiences, reduce mental health-related stigma, and promote help-seeking confidence and referrals (Sebbens et al., 2016). Mental health literacy

programmes for athletes tend to cover: (i) general and player-specific risk factors for poor mental health; (ii) key signs or symptoms of poor mental health; (iii) how and from whom to seek help; and (iv) basic techniques to promote mental health (Purcell et al., 2019). Our findings suggest such programmes should also include: (i) the normalisation of mental health-related conversations in high-performance sport environments (how to talk to others about what you might be experiencing, and how to actively listen and support others who disclose to you); and (ii) what to expect from psychological support. Improving mental health literacy is important in elite performance settings, not just amongst players but other club personnel (Breslin et al., 2018; Gulliver et al., 2012; Purcell et al., 2019), as is having trusted and established relationships for facilitating disclosure, providing clear referral pathways, and signposting to appropriate services (Rickwood, 2020).

An unexplored approach to facilitating help-seeking in elite sport may be to focus on the role of teammates as informal sources of support. Involving players in such interventions may help to normalise the experience of mental ill-health in sport, promote help-seeking referrals, and challenge perceived team cultural/social norms that may restrict help-seeking behaviours and disclosures whilst also worsening outcomes (Crawford et al., 2022). Players' genuine concern for teammates could be used to co-produce campaigns and interventions to improve overall mental health support in professional rugby environments. Using player ambassadors has a positive effect on improving health related behaviours for males (Mind, 2014), and as males generally seek support less than females (Watson, 2005), this could have many positive benefits by improving offers of support, promoting early detection, and reducing stigma. Players acting as ambassadors for such campaigns should also be equipped with the skills to support and effectively signpost their peers.

Additional clinical implications arising from our findings include the need to focus mental health support earlier in players' professional careers, particularly at Academy level. Purcell et al. (2019) propose an early intervention framework, whose preventative foundational components includes individual athlete-focused development. RPI's Player Development Programme is an example of such a programme where PDMs are central to players accessing RPI's wellbeing service as part of their role as promoters and gatekeepers to the service. Mental health should be considered as part of players' holistic development, equipping them with skills for life beyond and after rugby, and in encouraging development in other life domains (e.g., education; Schinke et al., 2018). This aligns with recommendations by Henriksen et al. (2019) and Larsen et al. (2021) who propose the employment and embedding of mental health practitioners within the performance environment. A recent evidence-informed framework promoting mental wellbeing in elite sporting environments has suggested such mental health practitioners would help promote a mentally healthy environment, not just for players, but all stakeholders from coaches to support staff and administrators (Purcell et al., 2022). Thus, mental health, wellbeing, and holistic development, are embedded in the performance system as opposed to being independent and accessed only when there is a problem.

Finally, whilst there is no "one size fits all" approach to organising sport-focused mental health support services across countries (Larsen et al., 2021), it was evident in the current study that players have differing opinions on how such services should be organised and who should take responsibility for player wellbeing. Whilst mental health support is often viewed as a natural extension of sport psychology, in many countries sports psychology training does not include clinical training (Roberts et al., 2016). Providing a service that allows players their confidentiality and autonomy but

585 at the same time meets the need of the sport, requires strong mental health leadership
586 that transcends athletic performance (Larsen et al., 2021).

587 **Strengths and Limitations**

588 There are several strengths and limitations to the current study. While the use
589 of focus groups provided a useful method to explore shared experiences, it may have
590 limited how much the participants were willing to disclose (Sparkes & Smith, 2014).
591 The present study sampled current rugby union professional players, an under-
592 represented group in the research literature, however, the experiences of players in
593 other rugby codes (e.g., league, sevens), other cultures and races (e.g., Pacific Island
594 nations, Asian players) or in the women's game may be qualitatively different.
595 Additionally, the players in the current study were selected based on their referral
596 through RPI's mental wellbeing service. Players who seek help from other sources
597 (informal and formal, e.g., family and community-based services) may experience
598 different pressures and barriers to seeking mental health-related help. A major
599 strength of this study was the recruitment of professional rugby players whose
600 perceptions of help-seeking were grounded in *actual* experiences. All players had
601 sought support within 18 months of taking part in the research and were representative
602 of all four professional clubs in Ireland. This research also heard the views of PDMs,
603 who play an early intervention and gatekeeping role.

604 **Conclusion**

605 Whilst rugby players are as likely to experience a range of mental health-related
606 issues as the rest of the population, there is a tendency for elite male rugby players to
607 delay or not seek formal help with their mental health. The current qualitative study
608 explored the experiences of mental health-related help-seeking amongst a sample of

male professional rugby union players in Ireland who had accessed Rugby Players Ireland's wellbeing support service, and the PDMs who refer players into the service. Professional rugby players face several challenges when seeking formal mental health support, including difficulties in acknowledging and recognising mental health difficulties, perceptions that teammates and club officials would have negative reactions to their disclosure of difficulties, and previous negative experiences of seeking support. Our findings indicate a clear need to improve mental health literacy in professional rugby, normalise the experience of mental health issues, destigmatise mental health help-seeking amongst rugby players, and embed mental health as a key component of player development in elite performance environments and life beyond rugby. Campaigns such as Rugby Players Ireland's Tackle Your Feelings have the potential to normalise mental health experiences in professional rugby, but there is a need to better equip players with the skills and knowledge to identify when they themselves and their teammates are experiencing difficulties with their mental health.

References

Bird, M. D., Chow, G. M., Meir, G., & Freeman, J. (2018). Student-athlete and student nonathletes' stigma and attitudes toward seeking online and face-to-face counselling. *Journal of Clinical Sport Psychology*, *12*, 347-364. https://10.1123/jcsp.2017-0010

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health, 11(4),* 589–597. https://doi.org/10.1080/2159676x.2019.1628806

Breslin, G., Haughey, T., O'Brien, W., Caulfield, L., Robertson, A., & Lawlor, M. (2018). Increasing athlete knowledge of mental health and intentions to seek

help: The State of Mind Ireland (SOMI) pilot program. *Journal of Clinical Sport Psychology*, *12*(1), 39–56. https://doi.org/10.1123/jcsp.2016-0039

Coyle, M., Gorczynski, P., & Gibson, K. (2017). “You have to be mental to jump off a board any way”: Elite divers' conceptualizations and perceptions of mental health. *Psychology of Sport and Exercise*, *29*, 10-18. https://doi.org/10.1016/j.psychsport.2016.11.005

Crawford, K. L., Wilson, B., Hurd, L., & Beauchamp, M. R. (2022). Reaching out: help-seeking among professional male ice hockey athletes. *Qualitative Research in Sport, Exercise and Health*, 1-18. https://doi.org/10.1080/2159676X.2022.2111458

Gorczynski, P. F., Coyle, M., & Gibson, K. (2017). Depressive symptoms in high-performance athletes and non-athletes: a comparative meta-analysis*. British Journal of Sports Medicine, 51*(18)*, 1348-1354.* https://doi.org/10.1136/bjsports-2016-096455

Gouttebarge, V., Hopley, P., Kerkhoffs, G., Verhagen, E., Viljoen, W., Wylleman, P., & Lambert, M. (2018). A 12-month prospective cohort study of symptoms of common mental disorders among professional rugby players. *European Journal of Sport Science*, *18*(7), 1004-1012. https://doi.org/10.1080/17461391.2018.1466914

Gulliver, A., Griffiths, K. M., & Christensen, H. (2012). Barriers and facilitators to mental health help-seeking for young elite athletes: A qualitative study. *BMC Psychiatry*, *12*, 157–171. https://doi.org/10.1186/1471-244X-12-157

Henriksen, K., Schinke, R., Moesch, K., McCann, S., Parham, W. D., Larsen, C. H., & Terry, P. (2019). Consensus statement on improving the mental health of

high-performance athletes. *International Journal of Sport and Exercise Psychology*, 1-8. https://doi.org/10.1080/1612197X.2019.1570473

Hughes, L., & Leavey, G. (2012). Setting the bar: athletes and vulnerability to mental illness. *British Journal of Psychiatry*, *200*(2), 95-96. https://doi.org/10.1192/bjp.bp.111.095976

Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). Mental health literacy: A survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *Medical Journal of Australia, 166(*4), 182-186. https://doi.org/10.5694/j.1326-5377.1997.tb140071.x

King, L., Cullen, S., McArdle, J., McGoldrick, A., Pugh, J., Warrington, G., & Losty, C. (2022). Barriers and Facilitators to Help-Seeking for Mental Health Difficulties Among Professional Jockeys in Ireland. *Journal of Clinical Sport Psychology*. Advance online publication. https://doi.org/10.1123/jcsp.2021-0032

Kola-Palmer, S., Buckley, S., Kingston, G., Stephen, J., Rodriguez, A., Sherretts, N., & Lewis, K. (2019). “Someone to talk to”: Influence of player welfare provision on mental health in professional rugby league players. *Journal of Clinical Sport Psychology*, *13*(3), 486-503. https://doi.org/10.1123/jcsp.2018-0041

Kola-Palmer, S., Lewis, K., Rodriguez, A., & Kola-Palmer, D. (2020). Help-seeking for mental health issues in professional rugby league players*. Frontiers in Psychology, 11.* https://doi.org/10.3389/fpsyg.2020.570690

679 Kuettel, A., & Larsen, C. H. (2020). Risk and protective factors for mental health in
680 elite athletes: a scoping review. *International Review of Sport and Exercise*
681 *Psychology, 13*(1), 231-265. https://doi.org/10.1080/1750984X.2019.1689574

682 Larsen, C. H., Moesch, K., Durand-Bush, N., & Henriksen, K. (Eds.). (2021). *Mental*
683 *health in elite sport: Applied perspectives from across the globe*. Routledge.

684 Maxwell, J. A. (2012). *A realist approach for qualitative research*. Sage.

685 Marsters, C., & Tiatia-Seath, J. (2019). Young Pacific male rugby players'
686 perceptions and experiences of mental wellbeing. *Sports*, *7*(4), 83.
687 https://doi.org/10.3390/sports7040083

688 Mind. (2014). *Performance matters. Mental health in elite sport*.
689 https://www.mind.org.uk/media-a/4354/mental-health-and-elite-sport.pdf

690 Moesch, K., Kenttä, G., Kleinert, J., Quignon-Fleuret, C., Cecil, S., & Bertollo, M.
691 (2018). FEPSAC position statement: Mental health disorders in elite athletes
692 and models of service provision. *Psychology of Sport & Exercise*, *38*, 61–71.
693 https://doi.org/10.1016/j.psychsport.2018.05.013

694 Nicholls, A. R., Madigan, D. J., Fairs, L. R., & Bailey, R. (2020). Mental health and
695 psychological well-being among professional rugby league players from the
696 UK. *BMJ Open Sport & Exercise Medicine*, *6*(1), e000711.
697 http://doi.org/10.1136/bmjsem-2019-000711

698 Ojio, Y., Matsunaga, A., Hatakeyama, K., Kawamura, S., Horiguchi, M., Yoshitani,
699 G., Kanie, A., Horikoshi, M., & Fujii, C. (2021). Anxiety and depression
700 symptoms and suicidal ideation in Japan rugby top league players.
701 *International Journal of Environmental Research and Public Health*, *18*(3),
702 1205. https://doi.org/10.3390/ijerph18031205

Purcell, R., Gwyther, K., & Rice, S. M. (2019). Mental health in elite athletes: increased awareness requires an early intervention framework to respond to athlete needs. *Sports Medicine - Open*. *5*(1), 1-8. https://doi.org/10.1186/s40798-019-0220-1

Purcell, R., Pilkington, V., Carberry, S., Reid, D., Gwyther, K., Hall, K., ... & Rice, S. (2022) An evidence-informed framework to promote mental wellbeing in elite sport. *Frontiers in Psychology*, *13*. https://doi.org/10.3389/fpsyg.2022.780359

Rickwood, D. (2020). Help-seeking in young people. In A. R. Yung, J. Cotter & P. D. McGorry (Eds.), *Youth mental health: Approaches to emerging mental ill-health in young people*. Routledge.

Rice, S., Butterworth, M., Clements, M., Josifovski, D., Arnold, S., Schwab, C., ... & Purcell, R. (2020). Development and implementation of the national mental health referral network for elite athletes: A case study of the Australian Institute of Sport. *Case Studies in Sport and Exercise Psychology*, *4*(S1), S1-27. https://doi.org/10.1123/cssep.2019-0016

Roller, M. R., & Lavrakas, P. J. (2015). *Applied qualitative research design: A total quality framework approach*. Guilford Publications.

Roberts, C. M., Faull, A. L., & Tod, D. (2016). Blurred lines: performance enhancement, common mental disorders and referral in the UK athletic population. *Frontiers in Psychology*, *7*, 1067. https://doi.org/10.3389/fpsyg.2016.01067

Rochlen, A. B., & Hoyer, W. D. (2005). Marketing mental health to men: Theoretical and practical considerations. *Journal of Clinical Psychology, 61*(6), 675-684. https://doi.org/10.1002/jclp.20102

727 Schinke, R. J., Stambulova, N. B., Si, G., & Moore, Z. (2018). International society of
728 sport psychology position stand: Athletes' mental health, performance, and
729 development. International *Journal of Sport and Exercise Psychology*, *16*(6),
730 622-639. https://doi.org/10.1080/1612197X.2017.1295557
731 Sebbens, J., Hassmén, P., Crisp, D., & Wensley, K. (2016). Mental health in sport
732 (MHS): Improving the early intervention knowledge and confidence of elite
733 sport staff. *Frontiers in Psychology, 7*, 911.
734 https://doi.org/10.3389/fpsyg.2016.00911
735 Seidler, Z. E., Rice, S. M., Oliffe, J. L., Fogarty, A. S., & Dhillon, H. M. (2017). Men in
736 and out of treatment for depression: strategies for improved engagement.
737 *Australian Psychologist, 53(*5), 405-415. https://doi.org/10.1111/ap.12331
738 Sparkes, A., & Smith, B. (2014). *Qualitative research methods in sport, exercise and*
739 *health: From process to product.* Routledge
740 Watson, J. C. (2005). College student-athletes' attitudes toward help-seeking
741 behavior and expectations of counseling services. *Journal of College Student*
742 *Development,46*(4), 442-449. https://doi.org/10.1353/csd.2005.0044
743 Woods, G., McCabe, T., & Mistry, A. (2022). Mental health difficulties among
744 professional footballers: A narrative review. *Sports Psychiatry: Journal of*
745 *Sports and Exercise Psychiatry, 1*(2), 57–69. https://doi.org/10.1024/2674-
746 0052/a000010

747

748

749

750

751 **Supplementary File 1.** Consolidated criteria for reporting qualitative studies (COREQ) checklist
752

No	Item	Guide questions/description	Details
Domain 1: Research team and reflexivity			
Personal Characteristics			
1.	Interviewer/facilitator	Which author/s conducted the interview or focus group?	The first author.
2.	Credentials	What were the researcher's credentials? *E.g. PhD, MD*	PhD.
3.	Occupation	What was their occupation at the time of the study?	Player Development Manager.
4.	Gender	Was the researcher male or female?	Female.
5.	Experience and training	What experience or training did the researcher have?	Over 20 years' experience working in high-performance sport
Relationship with participants			
6.	Relationship established	Was a relationship established prior to study commencement?	Yes, the first author is employed by RPI and was known to the participants.
7.	Participant knowledge of the interviewer	What did the participants know about the researcher? e.*g. personal goals, reasons for doing the research*	Participants knew researcher was a PDM and the research was being conducted by Rugby Players Ireland.
8.	Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? e.g. *Bias, assumptions, reasons and interests in the research topic*	Professional background of interviewer, reason for the research topic and background of the facilitator was made known to all participants.
Domain 2: study design			
Theoretical framework			

No	Item	Guide questions/description	Details
9.	Methodological orientation and Theory	What methodological orientation was stated to underpin the study? *e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis*	A reflexive thematic analysis (Braun and Clarke, 2019) guided by a critical realist approach.
Participant selection			
10.	Sampling	How were participants selected? *e.g. purposive, convenience, consecutive, snowball*	Purposive, all players who had accessed the RPI mental wellbeing service were approach to take part in the study. All Player Development Managers (PDM) working for RPI took part in the staff focus group.
11.	Method of approach	How were participants approached? e.*g. face-to-face, telephone, mail, email*	Via email.
12.	Sample size	How many participants were in the study?	9 (five players; four PDMs)
13.	Non-participation	How many people refused to participate or dropped out? Reasons?	44 players were invited, five consented to participate in the study (39 did not respond to the invite). No participants withdrew.
Setting			
14.	Setting of data collection	Where was the data collected? e.*g. home, clinic, workplace*	Online.
15.	Presence of non-participants	Was anyone else present besides the participants and researchers?	No.
16.	Description of sample	What are the important characteristics of the sample? *e.g. demographic data, date*	Summary details of the sample demographics are provided in the Methods

No	Item	Guide questions/description	Details
			section. Note that due to the high profile nature of the sample, further details cannot be provided without compromising data confidentiality.
Data collection			
17.	Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	The schedule was not pilot tested.
18.	Repeat interviews	Were repeat interviews carried out? If yes, how many?	None.
19.	Audio/visual recording	Did the research use audio or visual recording to collect the data?	Both focus groups were conducted on-line using Zoom Video Communications, with audio and visual recording.
20.	Field notes	Were field notes made during and/or after the interview or focus group?	Transcriptions of the audio were transcribed verbatim.
21.	Duration	What was the duration of the interviews or focus group?	Between 45 – 64 mins.
22.	Data saturation	Was data saturation discussed?	Data saturation is not required for reflexive thematic analysis as per Braun and Clarke's (2019) approach.
23.	Transcripts returned	Were transcripts returned to participants for comment and/or correction?	Yes, participants reflected and provided feedback on the initial themes (see Methods section)

No	Item	Guide questions/description	Details
Domain 3: analysis and findings			
Data analysis			
24.	Number of data coders	How many data coders coded the data?	The lead author.
25.	Description of the coding tree	Did authors provide a description of the coding tree?	Not relevant for the reflexive thematic analysis approach.
26.	Derivation of themes	Were themes identified in advance or derived from the data?	An inductive analysis was conducted – therefore themes were driven by the data as much as possible.
27.	Software	What software, if applicable, was used to manage the data?	N/A
28.	Participant checking	Did participants provide feedback on the findings?	Yes, general feedback on the initial themes was solicited from participants.
Reporting			
29.	Quotations presented	Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? e.*g. participant number*	Yes, see the Results section for quotations.
30.	Data and findings consistent	Was there consistency between the data presented and the findings?	Yes.
31.	Clarity of major themes	Were major themes clearly presented in the findings?	Yes. See the Results section.
32.	Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	Where appropriate, there is a discussion of unique/individual cases (see the Results section).

753

754