PLAYERS' AND COACHES' PERCEPTIONS OF PLAYERS' MENTAL HEALTH HELP-SEEKING PROCESS IN ELITE LEVEL FOOTBALL

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TIIVISTELMÄ

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Urheilijoiden mielenterveyteen on alettu kiinnittää huomiota lisääntyvässä määrin sekä mediassa että myös tutkimuksen saralla. Useat urheilijat ovat lisäksi alkaneet jakaa omiin mielenterveysongelmiin liittyviä tarinoita julkisesti. Tämä pro-gradu tutkielma keskittyy tutkimaan jalkapallopelaajien mielenterveysongelmien avunhakemisprosessia, sen toimivuutta sekä siihen liittyviä kokemuksia Kansallisessa Liigassa. Tutkimuksen tarkoituksena oli tarkastella Kansallisen Liigan pelaajien ja valmentajien näkökulmia ja kokemuksia tämän hetkisen avunhakemisprosessin toimivuudesta, kuulla ajatuksia siitä, millaisia tarpeita tutkimukseen osallistujilla olisi prosessille, sekä millaisia ehdotuksia heillä olisi prosessin kehittämiseen tulevaisuudessa, mikäli se koetaan tarpeelliseksi. Lisäksi vastaajilta kysyttiin näkemyksiä siihen, kenen tulisi olla vastuussa avun tarjoamisesta.

Tämä laadullinen tutkimus tehtiin käyttäen semistrukturoituja haastatteluja. Tutkimukseen osallistujat olivat Kansallisen Liigan pelaajia ja valmentajia. Kansallinen Liiga on korkein naisten jalkapalloliiga Suomessa. Haastatteluihin osallistui kolme valmentajaa ja kolme pelaajaa kuudesta eri joukkueesta. Haastatteluja ohjasi kolme teemaa, jotka olivat "tämän hetkinen tilanne", "vastuut" sekä "kehittäminen". Data analysoitiin temaattisella analysointimetodilla ja tulosten teemat valittiin analysoinin perusteella.

Datasta ilmeni neljä teemaa. Ne liittyivät avunhakemisprosessin epäselvyyteen, avunhakemisen aktiivisuuteen, stigmaan sekä avunhakemisprosessin kehittämiseen. Avunhakemisprosessissa epäselvyyttä ilmeni siinä, että mistä pelaajien mielenterveysongelmiin tulisi hakea apua. Lisäksi koettiin, että avunhakemiseen ei ollut selkeää polkua. Tätä mieltä olivat sekä pelaajat että valmentajat. Selkeän polun puuttumisen vuoksi avunhakeminen oli pirstaloitunut ja apua haettiin monesta eri paikasta, joista esimerkkeinä olivat koulut, urheiluakatemiat sekä pelaajayhdistyksen palvelut. Kaikki palvelut eivät olleet kuitenkaan tuttuja kaikille osallistujille eivätkä välttämättä saavutettavissa kaikille pelaajille Kansallisessa Liigassa. Osallistujat mainitsivat useita esteitä sekä mahdollistajia, jotka olivat yhteydessä avunhakemisen aktiivisuuteen. Yksi esteistä oli stigma. Vaikka stigman koettiin vähentyneen viime vuosina, osallistujat kokivat, että sitä oli silti edelleen jonkin verran jalkapallon piirissä ja sen koettiin vaikuttavan avunhakemiseen.

Tutkimustuloksista nousi esiin useita ideoita siihen, kuinka mielenterveysongelmien avunhakuprosessia jalkapallopelaajille tulisi kehittää tulevaisuudessa. Ideat keskittyivät stigman vähentämiseen, koulutuksen lisäämiseen eri urheilukontekstissa toimiville toimijoille, matalankynnyksen avunhakemispolkuun sekä ennaltaehkäisyyn opettamalla psyykkisiä taitoja ja tekniikoita. Näitä tuloksia on mahdollista käyttää tulevaisuudessa olemassa olevien tai uusien palvelumallien tai käytäntöjen kehittämiseen, vaikka lisätutkimusta aiheesta tarvitaankin.

Asiasanat: mielenterveys, jalkapallo, avunhakeminen, tukijärjestelmä, prosessin kehittäminen

ABSTRACT

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Mental health among athletes has been a discussed topic in the media in the past years and multiple athletes have started sharing public stories about their mental health problems. The topic has also gained more and more interest in the area of research in recent years. This Master's thesis concentrated on finding out the perceptions of the players' help-seeking process in elite level football. The purpose of the study was to examine how players and coaches in Kansallinen Liiga perceived the current mental health help-seeking process for players, what were their needs for the process at the moment, and how the support system could be developed in the future if needed. Additionally, perspectives about responsibilities to offer support were asked.

This qualitative study using semi-structured interviews as a data gathering method was conducted among Finnish football players and coaches in Kansallinen Liiga, the highest women's football league in Finland. Three coaches and three players from six different teams were interviewed. The themes which guided the interviews were "the state at the moment", "responsibilities", and "development". The data was analyzed using the thematic analysis method and the most prominent themes were acquired from the data.

Four themes stood out from the data. They were related to the unclarity of the process, help-seeking activity, state of stigma, and development of the process. The results showed that there was unclarity where the help for players' mental health problems could be sought among players and coaches or there was no clear path for help-seeking. Because of this, multiple different places were mentioned as a way to seek help. Some of the mentioned paths were schooling systems, sport academies or Player's Union's services. However, not all the services were familiar to every participant of the study or were accessible for every player in the league. Related to help-seeking activity, several barriers and facilitators to seek help were mentioned. One of the barriers was stigma. It was thought that even though it has been reducing in the past years, stigma still existed at some levels in the football scene and affected help-seeking activity.

Several development ideas for the mental health help-seeking process were acquired in the study. They were concentrated on reducing stigma, adding education to various parties in the sporting context, creating low threshold path to seek help, and in prevention through learning tools and techniques to develop mental skills. These results could be used to improve present or develop future mental health policies and services in football even though more research is needed on the topic.

Key words: mental health, football, help-seeking, support system, process development

CONTENTS

1   INTRODUCTION

Athletes' mental health has been a discussed topic for some years now and many athletes have started openly sharing their experiences with mental health and mental health problems. These athletes include, for example, international athletes like tennis player Naomi Osaka (Osaka 2021) and gymnast Simone Biles (Koskinen 2021), and Finnish athletes like swimmer Ari-Pekka Liukkonen (Hyyppä 2021). Additionally, for example, the USA women's soccer team used the 2023 World Championships as a platform to bring the topic of mental health forward. This initiative had risen after the recent suicide of a college teammate of one of the national team players. (Murphy 2023) In other words, it seems that the issue is topical and especially important at the moment.

More and more scientific studies have been conducted as well to increase the knowledge base on the subject. In sporting context, for example, mental health symptoms' prevalence, and athletes' stressors and coping mechanisms have been studied in recent years (e.g., Rice et al. 2016; Gouttebarge 2019). To add to the knowledge base, this qualitative thesis, using interviews as a method, concentrated on getting perceptions about the current mental health help-seeking process and support system for players in the highest level of women's football in Finland, Kansallinen Liiga. Additionally, it was examined in the research how the support system could be developed in the future if needed. Thus, the main objective of this thesis was to find out how athletes and coaches perceived the current state of the mental health help-seeking process for players, what were their needs for the process at the moment, and how the system could be developed in the future if needed. Perspectives on who should be responsible for offering support were examined as well.

The motivation to study the subject has risen from personal and professional experiences in the competitive elite sport environment and incidents related to mental health in highly competitive atmosphere of sport. It seemed important to listen to and learn from the athletes and coaches, hear their thoughts about the subject, and to establish concrete development ideas for the future based on their needs. It appeared also important to make the mental health topic even more visible and lessen the stigma through research. Additionally, the athletes' and coaches' perspectives and experiences about mental health have not yet been studied in large amounts in Finland, and to that knowledge base this thesis is trying to add. One reason to conduct the study among female football players and their coaches was that there are less studies conducted

among female sports in general and it would be important to have more studies made in women's sports.

The thesis starts with a literature review on mental health among athletes, then it continues to investigate the purpose of the study and the used methods. Results are explained carefully before discussion and limitations of the study. Lastly, there is a conclusion at the end of the study.

2   MENTAL HEALTH AMONG ATHLETES

Mental health is an important factor in people's overall health. Mental health is defined by the World Health Organization (2022) in the following way: "Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community." They also state that mental health is not only absence of mental ill-being and that it is an essential part of people's overall well-being (The World Health Organization 2022).

When defining the opposite of mental health, a recent work from Mountjoy et al. (2023) defined the terms mental health problem, mental health symptom, mental health disorder and mental illness among athletes to improve consistency in the research field. According to their research, the term mental health problem consists of a wider range of problems. In other words, it can be used to describe "from minor mental health problems to severe mental health disorders". Mental health symptoms term includes, for example, any adverse feeling or thought which can impair one's functioning or add distress. Mental health disorder, which is used similarly with mental health illness, is a syndrome with disturbances, for example, in individual's cognition. It is a clinically diagnosed state. (Mountjoy et al. 2023) In the literature, which was used in this research, there were inconsistencies in how the terms were used. Thus, it seems that the standardization of the terms would be ideal for future research.

Since mental health problems affect the general population, it is no surprise that athletes also suffer from them. It is common for elite athletes to suffer from mental health problems (Reardon et al. 2019). The prevalence of mental health problems among elite athletes seems to be quite similar or even higher compared to the general population. Rice et al. (2016) concluded in their systematic review that even though the evidence base is still limited, the evidence points to the direction that there is a comparable risk for depression and anxiety in elite athletes with general population. With other disorders, the evidence was more limited. A more recent meta-analysis by Gouttebarge et al. (2019) showed that the prevalence of mental health problems and symptoms varied from 19 % for alcohol abuse to 34 % for anxiety in current elite athletes, and it was stated that this percentage might be slightly higher compared to the general population even though it was difficult to have valid comparisons. Reardon et al. (2019) found that the prevalence of mental health disorders and symptoms in males who played team sports varied from 5% of alcohol abuse and burn-out to 45 % for anxiety and depression. They also found

that female elite athletes suffered from mental health disorders, especially eating disorders and depression.

Similarly, studies made among elite athletes in Sweden, Australia and the United Kingdom showed similar prevalence degree of mental health problems among elite athletes compared to the general population. In the study made among Swedish national team members, the lifetime prevalence of mental health problems was 50 % of the athletes (Åkesdotter et al. 2020). Among Australian elite athletes the results were similar, prevalence being 46,4% of the athletes who participated in the study (Gulliver et al. 2015). In the study conducted among elite athletes from the United Kingdom, the prevalence of signs of anxiety or depression was 47,8% (Foskett & Longstaff 2018). In a Finnish study, the Finnish athletes seemed to have even more symptoms related to mental health problems compared to the general Finnish population (Kaski et al. 2020). In other words, it seems that the prevalence of mental health problems among elite athletes is similar or even higher compared to the general population.

When examining the prevalence specifically in the field of football, Junge & Prinz (2019) conducted research among the elite women football players in Germany and concluded that the prevalence of generalized anxiety disorders and depressive symptoms was similar to the female general population of similar age. Gouttebarge et al. (2017) examined European professional male football players and concluded that the prevalence varies from 12% for distress symptoms to 37% for depression/anxiety symptoms. They noted that with these percentages it would mean that in every team there could be three players suffering from symptoms per one season (Gouttebarge et al. 2017). An Australian study among male and female professional football players showed even higher percentages of mental health symptoms. The researchers found that sport-related psychological distress as a mental health symptom was as high as 52% of male participants and 63% of female participants. (Kilic et al. 2021) Another research conducted among female elite football players playing in England showed that the prevalence of eating disorders was as high as 36%, moderate to severe depression symptoms 11% and moderate to severe symptoms of anxiety 11% (Perry, Chauntry & Champ 2022). Even though the prevalence rates vary somewhat among the studies, the research seems to point to the direction that mental health problems are prevalent among female and male football players with varied symptoms related to anxiety, depression, eating disorders and distress symptoms.

What is worth noticing, Rice et al. (2016) stated in their review that the peak of the athletic competitive age tends to be the same as the age which is the riskiest to develop mental health disorders in general. Also, Åkesdotter et al. (2020) found that the most vulnerable age for onset of mental health problems was 19. They continued that 50% of mental health problems break out between ages 17-21. Similarly, Foskett & Longstaff (2018) found in the study among elite athletes from the United Kingdom that 16–24-year-old age group had higher prevalence of signs of anxiety or depression, or distress. This could then indicate that these rather young athletes are at risk of developing a mental health problem during their peak years of competing when also pressures to succeed and other sport-related stressors might be high.

There are multiple mental health problems with varied symptoms. According to Kaski et al. (2020), the most prevalent mental health symptoms among Finnish athletes are related to depression and anxiety followed by eating disorders, sleeping disorders, obsessive-compulsory behaviors, post-traumatic symptoms and burn-out. The prevalence of depression or depressive symptoms, and anxiety were also noted in other discussed studies (e.g., Junge & Prinz, 2019; Rice et al., 2016). These problems followed by eating disorders and other problems will be discussed more thoroughly in the next section.

2.1 Mental health in sporting context

There are a variety of mental health problems and their symptoms affecting the general population and athletes. In this section, depression and anxiety will be presented first with main emphasis on their symptoms instead of the clinically diagnosed disorders. They are followed by eating disorders and other problems. The problems or their symptoms will be discussed in relation to the sport environment.

2.1.1 Depression

Depressive symptoms seem to be quite common among athletes. A meta-analysis comparing depressive symptoms on non-athletes and high-performance athletes concluded that there was no difference in the prevalence of depressive symptoms in these groups (Gorczynski, Coyle & Gibson 2017). In Finland however, Kaski et al (2020) found that the prevalence of depressive symptoms among athletes might be even higher compared to the Finnish general population.

Many sport-specific incidents and the competitive nature of sport seem to influence depressive symptoms. Some examples of them include poor athlete-coach relationship, injuries, lack of social support, and failures. Prinz, Dvorak & Junge (2016) stated in their study that poor coach-athlete relationship and injuries were the most important reasons for low moods of the players who suffered from depressive symptoms. Another recent study showed as well that when athletes perceived that their coaches had critical attitudes towards them, they had higher levels of self-criticism which tended to be linked with depressive symptoms (Oliveira et al. 2023).

Injuries are incidents which could be nearly compared to traumatic situations for athletes. Reardon et al. (2019) quoted Reardon (2017) to state that injury is a risk factor for depressive symptoms. Injured athletes are not only forced to cease from regular training and competing, but they might also have to worry about, for example, their financial situation, that is, sponsorships or contracts, or a re-injury. Additionally, especially in team sports, the athlete is often forced to be out of team training and might feel isolated from other team members and be lacking social support. Thus, the lack of social support can also be a source of depressive symptoms. The researchers have found that in individual sports the athletes have higher levels of symptoms of depression compared to athletes in team sports (Nixdorf, Frank & Beckmann 2016). Additionally, failure in sport can become a source of depressive symptoms. The researchers of the study conducted among elite swimmers concluded that there was an association between failures in sport and depression, and thus not meeting one's performance goals may be a source of depression (Hammond et al. 2013).

2.1.2 Anxiety

Symptoms of anxiety are also prevalent among athletes. Kaski et al. (2020) argued that the prevalence of anxiety varies between 5%-14% depending on studies made. They stated that the prevalence of anxiety symptoms among Finnish elite athletes was found higher (38%) compared to studies conducted in other parts of the world. Kaski et al. (2020) quoted Isometsä (2017) to offer an explanation that anxiety symptoms are in general quite prevalent in Finland compared to other countries. The researchers of the study also argued that both, presence of stressors and poor coping mechanisms were explaining the existence of symptoms of anxiety.

Reardon et al. (2019) stated in their analysis that female athletes tend to exhibit more symptoms of anxiety that male athletes. Also, Rice et al. (2019) concluded in their systematic review that

female gender, young age, and recent adverse life events can be associated to anxiety symptoms. Other factors which Rice et al. (2019) found to be associated with anxiety symptoms included career dissatisfaction and current injury. Junge & Prinz, (2019) found in their study among women football players that the more match experience players had, the lower anxiety rates they had. The result was independent of the league level that they were playing at. Furthermore, they also found that a young age was a risk factor for generalized anxiety. Thus, according to this evidence, it seems that young age, female gender, dissatisfaction to careers, and injuries are at least some of the factors to make athletes more susceptible to develop symptoms of anxiety.

2.1.3 Eating disorders and other problems

Athletes can also have other mental health problems such as eating disorders, sleep disorders, or burn-out. Eating disorders, for example, anorexia nervosa and bulimia, and disordered eating have been linked to athletes as well. There are mixed results in the research. One study stated that female and male athletes might be in a bigger risk of having eating disorders compared to the general population (Joy, Kussman & Nattiv 2016). However, another study conducted among male and female football players concluded that there was no difference in the risk between the general population and football players to develop an eating disorder (Abbott et al. 2021). Still, athletes participating in sports where lightness can be an advantage could be especially susceptible to developing eating disorders (Joy, Kussman & Nattiv 2016). Additionally, especially women can be in a higher risk to develop an eating disorder in aesthetic/lean sports compared to non-athletes or other sports (Chapa et al. 2022). Kaski et al. (2020) found that among Finnish athletes 19% of the participants were having problems with eating. Thus, it seems that the type of sport and gender play some part in the development of eating disorders, but in football it seems that the prevalence is similar to the general population.

Problems with sleeping and burn-out symptoms seem to be prevalent among athletes too. Gouttabarge et al. (2019) stated in their systematic review that more than a fourth of the elite athletes stated having symptoms of sleep disturbance. Also, Kaski et al. (2020) found in their study among Finnish elite athletes that mild sleeping problems had 45% of the athletes and more severe sleeping problems had 10%. Kaski et al. (2020) quoted Cresswell & Eklund (2007) to state that burnouts are also common for athletes. They found in their study among Finnish

athletes that almost half of the participants who were active in their sport career had had at least once an overtraining syndrome (Kaski et al. 2020).

2.2 Stressors and coping resources

Mental health is affected by risk and protective factors (World Health Organization 2022). Athletes have a variety of stressors and coping resources which affect their mental well-being. Schinke et al. (2018) noted that athletes can have a wider range of stressors compared to the general population. These included stressful lifestyle, high training loads and tough competitions. The next sections will investigate the athlete's stressors and coping resources in more detail.

2.2.1 Stressors

There are multiple stressors in athlete's lives on and off the court or field, which can potentially contribute to mental health problems. Rice et al. (2016) stated in the systematic review that "common athlete-specific stressors noted across studies included injury, poor performance, fatigue and organisational factors, such as the coaching environment and coaching expectations". Additionally, competitions are a source of stress and pressure, and physical training creates stress for athletes' bodies (Schinke et al. 2018).

Injuries can advance mental health problems. Gulliver et al. (2015) found in their study among Australian elite athletes that injured athletes had higher levels of anxiety and depression symptoms compared to healthy athletes. On top of that, Reardon et al. (2019) noted that mental health problems can increase the risk of having a physical injury and also it can hinder recovery from a physical injury. That is why mental health and physical health should be taken into consideration together. In addition to musculoskeletal injuries, it is also important to note that head injuries can also pose a risk to mental health problems. Rice et al. (2018) concluded in the systematic review that concussion was linked to depressive symptoms even though more research is needed. Since football is a sport with purposeful headers and accidental hits to the head, this needs to be taken into consideration too.

Organizational factors can be a source of stress for athletes as well (Rice et al. 2016). Arnold & Flecher (2012) have studied organizational stressors and formed four categories to describe

the stressors. They found altogether 640 different stressors, and the four categories formed were leadership and personnel issues, for example, coach's interaction, media, and spectators. Another category was cultural and team issues, e.g., team atmosphere and communication. Next category was logistical and environmental issues, for example, travel or equipment and facilities. Lastly, the fourth category was performance and personal issues, for example finances and injuries.

The evidence points to the direction that athletes have several sport-specific stressors which can contribute to possible mental health problems. Still, not all the athletes suffer from mental health problems. Coping resources to handle the stressors play a part in balancing out the stressors. These will be discussed next.

2.2.2 Coping resources

When thinking about athletes' mental health problems and symptoms, coping resources play a big part in addition to sport related stressors. In other words, coping resources or protective factors can help athletes to deal with the stressors they encounter during their careers. Kuettel & Larsen (2020) stated in their review that there are personal and sport-environmental protective factors to positively support athletes' well-being and mental health. Some of the personal protective factors included feelings of competence and support, and positive social relationships. Sport-environmental protective factors included, for example, trusting sporting climate, and mental health support and awareness from the staff. (Kuettel & Larsen 2020) Similarly, Kaski et al. (2020) stated that coping resources had a positive relationship with well-being while the lack of adequate coping resources was connected with depression and anxiety symptoms. According to the same study, some of the coping resources which affected positively to the well-being of athletes included high social support, well-functioning coach-athlete relationship, positive attitude towards sport and self as an athlete, reached sport goals, healthy sleeping, and lack of burn-out symptoms (Kaski et al. 2020).

Sarkar & Fletcher (2014) found in their study that there were certain psychological factors which could potentially protect athletes from their stressors. These factors were perceived social support, focus, confidence, motivation, and positive personality. Rice et al. (2016) also noticed the importance of social support as a coping resource and stated that supportive training culture and organizational culture created by the coaches had an impact in athletes stress-levels. This

could indicate that social support and relationships with, for example, coaching staff, are some of the very important factors when thinking about athletes' coping resources from stressors, and overall well-being. However, according to Kuettel & Larsen (2020) less research is done about protective factors compared to mental health risk factors so more research is needed in the future to understand completely the relationship between the stressors and coping mechanisms in elite athletes.

2.3 Help-seeking and support system

Even though athletes seem to have a similar prevalence of mental health problems compared to the general population, there might be differences in the help-seeking activity with athletes being less active. Wahto, Swift & Whipple (2016) stated that previous studies have found that help-seeking among athletes is not as active as among their non-athlete counterparts. Also, Castaldelli-Maya et al. (2019) stated in their systematic review that athletes' help-seeking tends to be low because of certain sport-specific barriers. Both the barriers and the facilitators to seek help will be introduced in the next sub-sections. Additionally, views on the support system will be discussed.

2.3.1 Barriers to seek help

With quite a significant amount of mental health problems among athletes, there still seems to be certain sport specific barriers to seek help for the problems. According to Gulliver's et al. (2012) study, which examined help-seeking behaviors of young student-athletes, the biggest barrier in sporting context was stigma towards mental health problems. Also, Castaldelli-Maia et al. (2019) found that stigma was reported most commonly as a barrier to seek help for mental health problems among athletes. Kola-Palmer et al. (2020) examined help-seeking among rugby league players and found as well that stigma and low mental health literacy were the most prominent barriers to seek help.

There are two types of stigma; self-stigma and public stigma. Self-stigma consists of a negative attitude towards oneself when one participates in a certain behavior. Public stigma means that one thinks that other people have negative attitudes towards them because one is engaging in a certain kind of behavior. (Wahto, Swift & Whipple 2016) It might be common that in the sport scene athletes have to appear powerful and strong to become victorious or gain competitive

advantage compared to their opponents. In other words, stigma can be seen, for example, in a way that athletes might feel that mental health problems make them look weak, and they fear consequences of disclosing problems with mental health, for example, for future team contracts (Castaldelli-Maia et al. 2019).

In addition to stigma, other barriers among athletes to seek help include lack of knowledge of available services (Gulliver et al. 2012), lack of knowledge about symptoms, past negative experiences of help-seeking, busy schedules and hypermasculinity (Castaldelli-Maia et al. (2019). Similarly, Kaski et al. (2020) argued that sport atmosphere still values masculine toughness where mental ill-being would be seen as a weakness.

2.3.2   Facilitators to seek help

While there are several barriers to seek help for mental health symptoms, there exist also multiple facilitators. According to Gulliver et al. (2012), facilitators included encouragement and positive attitude towards help seeking and mental health issues among others and knowing the service provider beforehand. Thus, positive attitudes from significant others, for example, parents, friends, spouses or coaches and clubs could act as facilitator to help-seeking. Similarly, Castaldelli-Maia et al. (2019) found that coaches' supportive role to seek help can act as a facilitator. Additionally, service provider's closeness, for example, in a university or training facility, positive experiences with providers, coping skills, and seeing help-seeking as beneficial can act as facilitators to seek help (Castaldelli-Maia et al. 2019). Confectioner et al. (2021) examined effects of a mental health awareness video among elite football players. They found that attitude towards help-seeking behaviors increased after viewing the mental health awareness video, and that the video led to better attitude towards mental health by professional footballers. Furthermore, the video increased knowledge of mental health. This could indicate that knowledge of the symptoms could have a positive effect towards help-seeking. It is important to remember that people with mental health issues may not have any extra energy to seek help. Thus, Kaski et al. (2020) reminded that help-seeking should be made easy since the resources are often very limited if an athlete is already having symptoms of, for example, depression.

2.3.3   Support system

An available support system plays a role in help-seeking. As mentioned earlier, one of the barriers to seek help was a lack of knowledge where the help could be sought (Gulliver et al. 2012). In their research, Junge & Prinz (2019) examined the amount of female football players who wanted support and who received it. The results showed that 16% of the players wanted support, but only a third of them received it. Putting it another way around: two thirds of the players who wanted support did not receive it. Moesch et al. (2018) stated that there is not enough information on how to set up a mental health support system which is effective, and that this could further inhibit the help-seeking process. Moesch et al. (2018) also proposed multiple recommendations to develop support systems. These recommendations included, for example, education of several parties in the sporting context, normalizing the topic of mental health problems, and establishing a clear pathway to get help.

One main object to investigate in this thesis was the elite athletes' and coaches' perspectives on the current players' support system and mental health help-seeking process in Kansallinen Liiga. Through the previous working experience, the researcher had some pre-knowledge where help could be sought among Finnish elite football players. There is some support offered by the Football Player's Union (Jalkapallon Pelaajayhdistys 2023) and by the Finnish schooling system, that is high schools, universities, or sport academies. However, how does that information reach athletes or coaches and is this support enough or known by everyone, is not clear. Additionally, one has to be a member of the Player's Union or sport academies to be entitled to use their services. Moreover, not all the players are at school anymore, which could make the help-seeking more complicated. Another important aspect to consider is money. Who is responsible for athletes' mental well-being and whose responsibility it is to pay for the support.

There may also be a lack of knowledge of the mental health symptoms among athletes, coaches, and clubs. Furthermore, coaches and clubs might be unaware of the importance of their support for the athletes' well-being. For instance, Kaski et al. (2020) hoped for more support to athletes and, for example, to educate coaches about the importance of coach-athlete relationship in consideration of athletes' mental well-being.

3   PURPOSE OF THE STUDY

Mental health problems and their influence in athlete's well-being have been in a special interest for the author of the study through personal experiences during her years participating in elite level competitive sports and after the sports career working in the field. The interest in the mental health area is not only limited to the game of football, but also in other sports. Despite of wider interest, this research is narrowed down to a special population and conducted among female elite level football players and their coaches, with participants either playing or coaching in Kansallinen Liiga, which is the highest women's football league in Finland.

The purpose of this study was to examine how players and coaches in Kansallinen Liiga perceived the current mental health help-seeking process for players, what were their needs for the process, and how the system could be developed in the future if needed. Also, opinions about responsibilities to offer support were asked. To that end, this qualitative study sought to gain valuable insights into what is the state of the help-seeking process at the moment and how does that correspond to the participants' needs, and if needed, how the process could be developed in the future. This study might reveal ways to improve existing processes or develop new policies and processes for athletes' help-seeking for mental health problems in the future. The researcher's goal was also to make an applicable impact on the sport community, specifically the women's football community, and gain valuable knowledge and understanding on the topic via interviewing people inside the sporting context.

The thesis was made without any collaboration to have as neutral position as possible to investigate the topic. However, after the data collection period, the researcher had an opportunity to join a focus group to develop a help-seeking process for football players. The participation did not affect the data gathering or analyzing period. This will be discussed more thoroughly in the ethics section.

The research questions for the study are the following:

RQ1 How do athletes and coaches perceive the current state of the players' mental health help-seeking process?

RQ2 How could the support system and mental health help-seeking process be developed in the future?

4   METHODS

The research was conducted in a qualitative design using semi-structured interviews to gather as much information and understanding about the subject as possible. In this section, the methods of the study will be presented and discussed.

4.1   Participants

The participants of the study consisted of players and coaches in Kansallinen Liiga, which is the highest women's football league in Finland. All the players of the Kansallinen Liiga are not professionals but they can be professionals, semi-professionals or amateurs. The inclusion criteria for the participants to participate was to either coach or play during the season 2021-2022 or 2022-2023 in a team which participated in Kansallinen Liiga. For the coaches, a requirement was to be a head coach, an assistant coach or a goalkeeper coach working with the team. There were no further requirements for the players, thus, there were players of different ages, field positions, playing years and backgrounds. There were no criteria if any of the participants had suffered from mental health problems and that was not asked of in the study.

The participants were chosen by using the non-probability sampling method. The non-probability sampling method refers to the notion that the people do not know if they will be selected to be a member to the study (DeCarlo 2018). From the various non-probability sampling methods, the convenience method was decided. The convenience method refers to that the study participants will be decided by using the researcher's convenient access to certain people to recruit the participants (DeCarlo 2018; Sparkes & Smith 2014, 71). However, in addition to the convenience method, a quota sampling method was also used. The quota method is a sampling method where subgroups relevant to the study are formed and it is decided how many participants there should be in each subgroup (DeCarlo 2018). Thus, in this research there were two subgroups, coaches and players of Kansallinen Liiga, from which groups three participants were chosen for each subgroup.

The participants were selected based on the selection criteria from different teams. Thus, there were six participants altogether from six different teams. Three of the participants were players and three of them were coaches. The researcher had access to multiple players and coaches through her own contacts and familiarity with the football scheme across the country. From

these possibilities, the people who were thought to have the most useful information on the topic were selected as participants. The willingness to participate in the study was asked by the researcher directly from the participants not involving clubs or teams. Initial willingness was asked also from few other possible participants, but after using the earlier established inclusion criteria, the final six participants were decided by the researcher. All the participants agreed to participate after the first contact. The consent form and research notification were sent later. The participants had a chance to go through the consent form and decide their willingness to still participate. All the participants provided informed consent.

4.2   Design and instruments

The research was done in a qualitative method using semi-structured interviews. Qualitative research is a method to understand the meanings that participants have about their subjective experiences about the phenomenon that is studied (Saunders, Lewis & Thornhill 2019, 179). The research method aims to understand and examine people's experiences, behaviors, and perspectives (Sparkes & Smith 2014, 14). In this research it was aimed to have a deeper understanding how the help-seeking process functioned and how it could be developed by acquiring the participants' subjective experiences through interviews.

There is a possibility to acquire a lot of knowledge through interviews. Smith & Sparkes (2016, 108) stated that one can gain valuable information and knowledge about participants' experiences through interviews and when the interview is done well, people have an opportunity to tell their experiences in detailed manner. There are different forms of interviewing methods from which the semi-structured interview method was decided as the data gathering method. In semi-structured interview method, the researcher has established a pre-planned set of usually open-ended questions to guide the interview. These same questions are used with all the participants. However, there is flexibility to continue asking further questions about meanings and experiences outside the pre-planned questions during the interview. (Sparkes & Smith 2014, 84)

In this research, the interview themes and questions were decided beforehand to acquire enough information about the subject. Still, the semi-structured interview method gave flexibility to the researcher to give the opportunity to the participants to explain further what they thought about the topic. There were three main interview themes which were investigated more thoroughly

through sub-questions. The themes were "The state at the moment", "Responsibilities", and "Development". The interview questions were reviewed before starting the research interviews by three people from various backgrounds. They gave feedback, and the questions were modified based on that. Feedback and modifications were about the language and format of the questions. A pilot interview was conducted shortly to test the Zoom recording, and to check if the sound was good enough to record with another device in addition to a computer. The questions used were the same for all the participants and the questions were for the most part open-ended questions. Additionally, there was flexibility to continue asking further questions if something new or interesting was revealed by the participant. The interview questions can be found in Appendix 3.

4.3 Data collection

The data collection was done using semi-structured interviews via Zoom platform during December 2022 and January 2023. The researcher had quiet and calm space to conduct the interviews and there was no one else in the same space. The interviews lasted from 42 minutes to one hour and ten minutes. The interviews were recorded through Zoom-platform and with a back-up device, a mobile phone. The participants agreed verbally on the recording with multiple devices. The participants also agreed to answer further questions after the interviews if the researcher wanted to confirm that she had understood correctly what has been said. The data was anonymized and carefully stored behind passwords in the computer and mobile phone to prevent the loss of the data or revealing the participants' identity.

4.4 Ethical considerations

Ethics in research is an important aspect which needs to be considered carefully. Palmer (2016, 316) states that ethics are a focal part of research and reminds that ethics in qualitative research must be taken into consideration differently compared to quantitative research. Sparkes & Smith (2014, 206) continue stating that ethics in qualitative study is a continuous process throughout the research. In this section, several ethical aspects regarding this research are considered.

Because of the sensitivity of the subject, it was important to plan accordingly beforehand to guarantee the anonymity of the participants as well as possible. The football scene, especially

in women's football in Finland, is rather small which meant that the anonymity could not be guaranteed completely. To protect the participants' anonymity in the research, their background is given vaguely. For example, gender information, ages, clubs, coaches' positions, or players' playing years are not revealed in the research to minimize the risk of being identified. The participants were also given pseudonyms already during the interview process and the data was saved using the pseudonym.

The participants were given beforehand a research notification and consent form to participate in the study. The templates used were obtained from the University of Jyväskylä resources and modified for this study's purposes. It was decided to give the participants a right to withdraw from the study at any moment in such a way that the data that had been collected so far would not been included in the study. Thus, the voluntariness consent was "exceptionally based on the subject's consent" (University of Jyväskylä 2022). This option was chosen because of the sensitivity of the subject and the fact that anonymity could not be completely guaranteed. Thus, if a participant wanted to withdraw from the study after the interview, the data would not be used for the study. The participants were notified in the consent form and verbally before each interview that the anonymity could not be guaranteed completely. All the participants signed the consent form before entering the study. The research notification can be found as Appendix 1 and the consent form as Appendix 2. The participants were given the opportunity to see the quotes used from their interviews and then decide if the researcher was allowed to use them. It was also still possible to withdraw from the study after reviewing the quotes that had been used.

The researcher has a background as a player and as a coach working with players in Kansallinen Liiga. Thus, the researcher has own experiences which might affect the research process without careful self-reflection. The researcher had this in mind when conducting the interviews, the data analysis and writing the results, and aimed at being as neutral and unbiased as possible during the whole research process. Additionally, as stated earlier, the researcher had an opportunity to participate in a focus group during the data analyzation period. The aim of the group was to develop mental health services for elite football players. The focus group was assembled by the Player's Union, JPY. Because the data was gathered earlier, the participation did not affect the interviews. The data analysis was completed before the second group meeting to be able to present preliminary results to help the development process. The researcher tried to be as neutral in her position as possible when conducting the data analysis after the first meeting.

4.5 Data analysis

There are several data analysis methods in qualitative research. In this study, a thematic analysis was chosen to be used to explain the data further. Thematic analysis is a tool to interpret the meanings of the data and its defined themes in a written form. There is flexibility in how to use the method and it can be used, for example, for practice- or policy-oriented research. (Braun, Clarke & Weate 2016, 191) Because this research aimed to have practical or policy changing effects, this method was decided to be used to analyze the data.

The data analysis of this study followed Braun, Clarke & Weate's (2016, 195-202) phases to conduct the analysis. After the interviews, the participants were given pseudonyms, and the data was transcribed verbatim. The data was then read and reread multiple times to familiarize the researcher with the data and to get an initial sense of the content. After that, the data was coded. The dataset was gone through again after coding and it was checked if the initial coding matched the dataset or if there were any codes missing. Few codes were added during this phase. After this phase, the codes were organized into categories, and themes and subthemes were formed. The quotes were decided and translated in English language. After that, the results were written with the decided quotes. The researcher translated the quotes used for the thesis as carefully as possible without changing the meaning of the original answer. Another person was asked to read the result section and give feedback about the language of the quotes and if there were any unclarities of the meaning of the quotes. After the first draft of results, the data and coding were gone through again and it was checked if something important was missing from the results. Few changes were made during this process. The results will be presented in the next section.

5 RESULTS

After conducting the thematic data analysis, four themes with their subthemes were the most prominent and were decided to be more carefully investigated. First, the results will contain the participants' views about the current help-seeking process and its clarity. Next, perspectives about help-seeking activity and its barriers and facilitators will be described. Stigma was playing part as a help-seeking barrier, which is why it was decided to be included and sought more thoroughly as a third theme. The last theme will be a development part which will be discussed through several subsections. The summary of the results is presented in Table 1. The pseudonyms are as follows; Players (P1, P2 and P3) and coaches (C1, C2, C3). Players and coaches discuss also about JPY (Jalkapallon Pelaajayhdistys), which is the Player's Union for Finnish football players, and FA which is the Finnish Football Association. Abbreviations JPY and the FA will be used in the result section.

TABLE 1: Summary of themes and subthemes.

Themes	Subthemes
The process is not clear	- Players' perspectives - Coaches' perspectives - The unclarity causes difficulties and stress
Views on help-seeking activity	- Facilitators to seek help - Barriers to seek help
The prevalence of stigma	- What are the signs of stigma? - Stigma in sporting context – feelings and experiences
Development – participants' views on improvement	- Making it important – value changes and reducing the stigma - Everyone should be educated - Changes in responsibilities and creating paths for help - Prevention and its benefits

5.1 The process is not clear

Questions about clarity of the help-seeking process were asked of the participants to get a better understanding and wider picture how players can get help if needed. The participants explained during the interviews that the help-seeking process was not clear for them, and that there were different ways to get help if needed ranging from general healthcare services to schools or JPY. There were some differences in the players' and coaches' answers even though in general they all agreed that the process was unclear. The perspectives will be discussed in the subsections.

5.1.1 Players' perspectives

Players brought forward that the process was unclear or there was no process in place. P2 stated that *"It's not clear".* Thus, there was no clear path to get help for mental health problems if needed. All the players remembered that JPY offered some kind of help through their services, but some of the participants were not completely sure what kind of service it was. However, it was still mentioned by all the players. This is how one player explained the clarity of the process:

> *"Well, I don't have any like clear picture of it [process] and that perhaps describes quite well that there is nothing clear. I remember that JPY has informed that they have some kind of channel through which one can seek help for mental health questions."*
> *(P3)*

The players were not convinced that players in general knew where to seek help, especially if they for some reason would not remember the possibility that JPY offers or if the player is not a member of the JPY. They did not have a clear picture of what would happen then. P1 thought that JPY possibility was good and easy to use, but otherwise they would not know what to do:

> *"Well, through JPY it is quite clear and really easy and low threshold thing but then otherwise no idea…so for me it is not really clear what would happen then and how things would go and what things would cost and so on." (P1)*

Also, P2 mentioned that players very likely do not know where to seek help in general. However, JPY's possibility was mentioned also by them:

> *"Probably not very well. We got a message through JPY which was handed out by the captains to the players. But for example, in the clubs itself…I don't believe that players would know or understand where they can seek for help like otherwise." (P2)*

One player also mentioned that they would not seek help necessarily through their team but from other sources if needed. The player mentioned that, for example, general healthcare or student healthcare services would be the route to get help if needed:

> *"Yeah, I would think that if I needed to use or seek some kind of help, then it would probably be through completely different path than through the team." (P3)*

5.1.2 Coaches' perspectives

Coaches also found the process complicated, difficult, and quite poor. C2 explained the lack of clarity in the following way: *"There is none, and there is no sort of process either."* Another coach brought forward the lack of valuing the topic which led to the situation that the clarity of the process was poor:

> *"Pretty poor. Yeah. Pretty poor. And that's not saying that it can't be improved, it can be improved, and it should be, but at the moment we're at a pretty bad state because it's not valued enough." (C1)*

Another coach agreed that the process was not clear for players or coaches. The coach also pointed out that because of the lack of clarity, the coaches needed to use multiple hours of their work time to find out what to do:

> *"Well, it is not very clear for a player. And not necessarily for a coach either. It's that one needs to use quite many working hours for that, and of course they will be used, but just to find out what are the possibilities to go forward here, so it is not easy." (C3)*

Coaches brought up more often the possibilities that the schooling system offers compared to the players. The Sport High Schools, Sport Academies and membership of the National Team gave more options for help-seeking, but the coaches also mentioned the adverse effects of the player not being in the schooling system anymore. Then the process gets more complicated. The clubs do not necessarily have monetary resources to offer longer therapy processes even if the team's doctor has given a diagnosis. Then the process either stops and the player and coach have to try to come up with something else with limited monetary resources, or they have to involve general healthcare which could be time-consuming. One coach explained the situation in the following manner:

> *"In the best position, I think, are the high school students, that is the players who are in high school and who play in Kansallinen Liiga, because we can contact the school immediately and the process can be started by the school and the support system is then quite good. But then we have that kind of player who is not in the schooling system or at work, in other words, the optimal player from our league's perspective. So, it is really difficult to start that process because if one needs, for example, a longer therapy process, then society needs to be involved to get the process started. And even to get an appointment time for a psychologist's assessment from the general healthcare is hard and it sort of takes too much time" (C2)*

It is important to mention that only one coach mentioned JPY as an option for players' help-seeking and one coach stated that they did not know about any service that JPY offers. That leads to a question of whether that opportunity is well known among coaches in general.

5.1.3   The unclarity causes difficulties and stress

Because the process seems not to be clear, it can create uncertainty for both players and coaches where help can be sought. The coaches did not think that players or coaches in general necessarily know very well where to seek help. Similarly, the players did not believe either that coaches or other players knew where to seek help. That could mean that there is a lack of knowledge of what should be done next and from who to ask for help among the parties inside the team who are the most affected by situations when a player is suffering from mental health problems. Further, this can add stress to both parties and help-seeking can be delayed. All the coaches who were interviewed had had situations where they needed to find help for their

players. Thus, all of them had tried to come up with solutions and paths themselves. It seems that the information is limited, and the process is not clear, and the help is sought from multiple places which need to be come up by coaches or players themselves. This is how one coach described if the players or coaches knew where to seek help:

> *No, that's the thing. I think that they have no idea. Even I don't know where to guide them, go seek help. Like who do I ask? That's why I'm looking at finding, you know, somebody that can come in to do it for us because I haven't...I don't know who...Like some of them are in high school sports school, so they have you know [the name of a sport academy], they have people that they can go to. But those are the younger players. The older ones don't really have anybody to go and talk to. And it shouldn't be anybody in the coaching staff that should be responsible for talking to them because they're not qualified to know what to say. Most of the time they say the wrong things. So, they don't know and the coaches don't know and I don't think even the club knows how to help in that sense. (C1)*

C1 raised another issue that the coaches are not necessarily qualified to know what to say and that the coaching staff should not be the only ones who are talking to the players who have problems. In other words, help from outside would be needed. However, it seems that often coaches have quite a lot of responsibility in the process, and they are the ones that players talk to at the moment since there is no other clear path that everyone would be familiar with. Then it is up to the coaches whether they are willing or interested in finding help, but also if they have time or resources to figure out a path for the players. Then if clubs cannot help moneywise, it is also a stressful situation for the coaches. Some coaches had investigated different paths more than others, but a common marker seemed to be that they all had to use their time, create a path or process, and contact different parties themselves in order to help their players. C2 talked about building a path and gathering information without any support from anywhere in the following way:

> *"And we as coaches also need to build the path by ourselves kind of. So, a coach knows if they figure it out by themselves. If that is an important topic for the coach, then they kind of collect the information that they know by themselves. And I have never had any guidance, help or information through any official routes and I don't even know as a*

coach where I could ask for help. So, my own path has been to find out from the society's perspective how can I act sort of as a supervisor." (C2)

C1 explained the unclarity of the situation if the player was not in the schooling system or in the national team in the following way:

"I usually get them to go there but if somebody else did, I would have no idea what to do. I would try to help them in any way I can or try to do some research for them or maybe try and find somebody. But yeah it also could be expensive, it could be coming out of their pockets if they need to go talk to somebody and I don't think that should be the case that the player has to pay for that." (C1)

C3 thought that the coaches might know where they can get help for the players but also raised a question about lack of monetary resources and how that causes problems and stress for the coaches:

"Well, probably should know better, but I am one hundred percent sure that every coach will do everything to help and find help for a player, but they also sort of have a lack of resources there. That is, if there is no budget or financial opportunity to find that help, then it is also difficult for the coaches. So, I think that coaches might know, but to actually get the athletes to receive any help, it doesn't happen so easily." (C3)

Additionally, it might be problematic if there is not a clear process or path in place and help must be sought through coaches or clubs. Then it could be decided by, for example, the club's personnel if someone needs and gets help or not through the club's monetary resources. This could lead to situations where some players get help and others not. Also, it might be a difficult situation for players if they need to try to convince the club or coaches that they need help by explaining their situation in detail. One player raised this perspective and explained the situation in the following way:

"Maybe like...there is not any clear path how things are handled, which would be very important in my opinion. But then again, if there is like an extreme situation, then clubs have got help from somewhere. But then how a club's managerial person can know how extreme the situation is or is not?" (P2)

5.2 Views on help-seeking activity

This theme explores the participants' views on the help-seeking activity. Additionally, the participants' perspectives about facilitators or barriers to seek help for mental health problems are discussed. The views on help-seeking activity were diverse among the participants. Some participants thought that the activity was quite low, but others stated that it was at least getting better. Some thought that it was hard to answer this question and estimate activity. One coach thought that it was difficult to estimate the activity because it is not talked about but more hidden if someone is getting help or not:

> *"Honestly, it's so private that I have no idea if anybody is even doing it. Like nobody's saying that I'm going to seek help." (C1)*

There were players and coaches who thought that the help-seeking activity was low or at least not as active as it should be. One player explained the activity in the following way:

> *"Phew, well not really very active. At least I don't think so…well because okay you fear a bit like what happens if you now like ask for help or tell about your things or you are afraid of that reaction so you don't have the courage. And also, another thing is that you don't know where you can seek it [help]. So quite a lot you just worry by yourself, with your teammates or with friends. But yeah, I don't feel that very many would have courage or like would seek for help." (P2)*

Some players also explained that players might hide the problems quite long and do not seek help for minor issues. Thus, there might be players who need help, but wait until things are quite bad before getting any help. P1 explains it in the following way:

> *"I think it is quite low, low activity. I've heard from only few players. And these players have been players who had had it really hard for a really long time you know…so I think that only those players have been active. And that has taken also time before they have actually accepted any help and even for those players the threshold has been high to accept free help. So yeah, I don't think it's really active." (P1)*

26

Also, C3 talked about a Finnish mentality to survive by ourselves and not getting help. However, they saw that it was getting better and help-seeking becoming more active:

> *"But I think, if you think about Finnish football as whole, then it should probably be a bit more active and quite easily we keep our problems and troubles by ourselves and kind of think with a Finnish mentality that "okay I will survive and I have to survive" and that kind of mentality might easily be dominating. But in my opinion, last years it has changed through talking actively about these issues, then it gets easier." (C3)*

5.2.1 Facilitators to seek help

The participants were not quite convinced that help-seeking would be very active, or at least they could not tell if it was or was not, because it was not visible. It was then further examined to see what could make it easier for players to seek help. Participants brought out several facilitators to seek help in their answers. The facilitators included open communication and environment inside the team and even the club, the knowledge where help could be sought, and teammates' support. Coaches thought that help-seeking in their own teams was perhaps quite active. However, they could not say for sure if someone was seeking help or not. Overall, the team's environment seemed to play a part if players were willing to talk about their problems or not. That was mentioned as a facilitator to seek help by the players and the coaches. This is how one coach explained how the team's open climate acted as a facilitator to seek help in their team.:

> *"Well in my opinion the situation is quite good at the moment that players do seek for help, and they have courage to talk about it and about that "I have this kind of feelings", but it's maybe sort of the outcome of the environment…that how things are communicated in the environment. So, I don't want or dare to say that this is true in every place. Because then again in an environment where things are not talked about openly, then the need for help…like that's why I don't want to generalize." (C2)*

Another coach also pointed out the communication about the mental side of sports in general as a facilitator:

"Then there is sort of know-how [about mental well-being]. And by that I don't mean that every coach should know everything. But coaches should understand the value of mental coaching processes and what parts it consists, in which case they can start building from there and keep it important. So then, if the environment considers that these things are important, then also the help-seeking is easier when needed." (C3)

Thus, the environment and open communication between players and coaches, and also inside the clubs, seemed to act as a facilitator to seek help. In addition to this, other facilitators included knowledge of where to seek help and low threshold to get help:

"Well, I think as facilitators...well at least open environment in the club. And also, that the structures would be in place so that one would know where to seek help. So that the help would be like easy to get. Well, that is actually quite literally like the definition for a facilitator that the structures would be there that one could seek help." (P2)

Another player had similar opinions about that the help-seeking could be easier if one knew where to seek help and if the person offering help was someone near you. Then, there could be low threshold to talk about one's troubles and seek help:

"Well just like...well the easier or clearer the process is and the closer the person who can help you is, the easier it is. If it is a person that you see all the time in your environment, then it is like easy to start the process that "hey I would need help" and then someone else would catch you from there." (P3)

In addition to people in the team who could offer actual help, players mentioned the importance of other people and the need for a push from them to get help. These people could be, for example, captains. This is how one player explained the importance of the players' support in the team:

"But yeah, players talk with each other, and people inside [the team] are quite tightly together, so I believe and feel that there are that kind of players in the team who…let's say a younger player has the courage to go talk to an older player, who is already a bit more experiences and know in which direction to go to. So, I think that even that is a

really important resource that the team has…like that kind of captains or other reliable players in the team around you, who perhaps can push you in the right direction." (P2)

5.2.2 Barriers to seek help

Barriers to seek help were also examined to further find out why players would not seek help. Several barriers were pointed out by the participants during the interviews. Players and coaches thought that the barriers were, for example, financial resources, fear of what other people think and other issues related to stigma, lack of knowledge where the help could be sought, player's position in the team and even consequences for playing time. C1 explained the financial issues and stigma in the following way:

"Financially I think that's a lot of…that's a big problem for the players…they have to pay and they're not cheap also even though it might be 120 euros an hour or something that's still quite expensive. So, I think that could be the biggest barrier for them. It's expensive and how I see it also it's kind of…take away that stigma going to see somebody." (C1)

P3 also mentioned that money might be a barrier to seek help especially with the financial realities that many female players have in Finland:

"But then if you…if you need to pay the process or that you don't really know how this will work out, so then the threshold will be again raised. Just because there is not really extra money here in this job in Finland, so if you need to put money from your own pocket, then it is of course right away harder." (P3)

P2 explained barriers related to stigma or other people's reactions, and also the unclarity where to seek help in the following way:

"Barriers are then probably just like personal, that one fears the reaction. But then also perhaps help-seeking can feel difficult if you don't know for hundred percent sure that where or through what you can seek that. And basically, probably in the team's environment, it would be enough…well enough and enough…but that it would be very good that like all the information would be available for every player." (P2)

The effect on playing time was also brought up as a barrier by both players and coaches even though none of them actually thought that playing time would decrease because of problems with mental health unless it was necessary to decrease the time for the player to get better. One player explained the situation in this way:

"Well, probably the certain kind of fear of what like people...like others think and if one is judged somehow and so on. But then for sure also in the team's environment one might fear that the coach will find out from somewhere and then the playing time will decrease or maybe the coach thinks...like these kinds of thoughts I think...or I think that these kinds of thoughts are really common." (P2)

Also, C2 talked about the coaches' position as an authority and why that could be a barrier for players to seek help. Thus, they also explained why it would be important to have also other paths to get help than through coaches or coaching staff:

"Well just like the fear of one's own position in the team and league sort of. First that. And then comes, what is actually because we coaches are so often...like that is the barrier kind of that we coaches are the path for the help often, like too often. Of course, a player can seek help without us knowing, that we know anything, but we are often the person in the daily lives of the players who helps them in different parts, but then we are also the authority at the same time who decides about their lives. So yes, it is a big risk that it's not going to happen ever [help-seeking]. That the player feels that "well damn that person is responsible for my job, my playing time and my future. And if that person thinks I'm weak, then what?" So yes, I think that it is a huge risk that the help path is behind our [coaching] staff." (C2)

It seems that coaches in Kansallinen Liiga might be quite involved in seeking help for players' mental health problems. Still, coaches should perhaps not be the only path through which players seek help. Still, at the moment, that might be one of the few options without clear information or path for players. On the other hand, coaches pointed out that often players have to talk anyway about their problems if that affects, for example, their training. That is, if they have to take time off from training. In other words, 'football player' is a job that one cannot just call their supervisor, that is, a coach, to say that they will be out of training for some weeks

without any explanation. Still, perhaps other paths for help should be created in addition. Stigma was mentioned as a barrier for seeking help. That will be discussed more thoroughly in the following section.

5.3   The prevalence of stigma

Stigma was included as its own theme as it is in relation to help-seeking but also as it still is prevalent in the competitive context of sport. Based on the participants' views, there is still some stigma around mental health problems in football scheme even though the situation has got better, and the topic is talked more openly. Some participants thought that there is perhaps less stigma in women's football than in men's football, which was pointed out by C3:

> *"Well, this depends on what it is compared. I believe that in women's football there is quite much less stigma than in, for example, men's football." (C3)*

Also, P1 thought that there is less stigma around women's football, but the player also pointed out that it still exists in the football and sporting context in general:

> *"Yeah, there is more than needed surely. Maybe…well I assume that less in women's game than in men's. But still, the sporting world is like that it's better to just keep going and keep going, and if you just push through everything, then things will be fine." (P1)*

Still, participants thought that the overall situation with stigma is going in the right direction. They saw that stigma is reducing overall in society and also in sports. One player pointed out that, for example, individuals talking publicly about their mental health difficulties has helped in reducing the stigma:

> *"I feel that in football in general, not only in women's football, the mental health is talked about more and more, and since there have been individuals who have talked about it in public, then the stigma kind of reduces. So yeah, I feel that maybe we are going to the right direction…" (P3)*

The players thought that there was less stigma around other players, but more when involving coaches or clubs. It also depended on what was talked about. Things related to playing, like

pressures, were normal to talk about with other players, but when it came to actual mental health problems, like depression, the threshold was higher. This is how one player explained the situation:

"Probably it depends on what kind of environment you are in and what it [the problem] is related to, like how serious it is and if it is more serious, then it might feel more difficult to talk about it. Like if it is related to playing and that, then it is perhaps easier to talk about because everyone can understand that, and it is like a concrete thing." *(P3)*

Another player also pointed out that some topics might be more stigmatizing than others.

"I think that there is not that [stigma] that much...like probably earlier there has been more. But I think that now those things are talked about quite openly. Of course, it depends on what are the things that are discussed, that some things are more stigmatizing than others. But yeah, at least in our team it was talked quite openly about, for example, pressures and like insecurity about careers and what you want to do" *(P2)*

The same player continued to explain how issues outside football could still be harder to talk about:

"Yeah, exactly those things that are part of the game and the football life, but then maybe those bigger things which are affecting outside the field, then those things are talked less about, at least in my experience." *(P2)*

5.3.1   What are the signs of stigma?

Even though it was mostly seen that the stigma has been reducing in recent years, there were still some signs where stigma was still in display. The participants felt that while there were different experiences in their own environments, in the bigger picture stigma still existed at some level. One coach explained that there was not really stigma in their team, but somehow it is still seen at some stages. Thus, mental health problems are not yet normalized completely in the daily communication:

> *"Well, I think that there is not really any stigma, like players communicate quite openly. And also, when you talk to the players that now could maybe be a good time to seek help from mental health services, everyone has been very open. No one has ever been like "no I won't do it". But still it is not talked like...there is still always like that "I don't want that others know". Like there still is kind of something that am I weaker than someone else?" (C2)*

Stigma could also be seen in a way that some things are not taken into consideration or talked about. P1 pointed out that a lack of communication or consideration about mental well-being is seen, for example, when a player suffers an injury:

> *"And so, if there is an injured player, like coaches always only ask "when can you play and how is the [rehab] process going forward" and so it is always just about the physical point of view. Like it is not really talked about a lot. Like coaches don't ask how you are and how you have been and so. So, it is somehow always kind of hidden…that area. So, I would say that there is [stigma]. It's like something that it is not talked about enough." (P1)*

One coach also talked about that there might be stigma in the bigger picture, and that mental health problems can be still seen as a weakness. At a general speech level sometimes coaches might talk about mental health problems in problematic way. However, the talk has never been completely stigmatizing but more rhetorical:

> *"I think that perhaps in the bigger picture it is seen kind of as a weakness. As a barrier kind of, like that the player is somehow weaker individual if they have some kind of problems. That they cannot deal with competition kind of, even though that is not what it is about at all. So, in the bigger picture maybe. Like at the general speech level." (C2)*

Coaches discussed also that stigma could be seen on what is held as important. Thus, it could be seen, for example, when comparing how much more physical side of coaching is talked about and put resources to compared to mental side of coaching. That could appear to players that the mental side is not as important. This could then lead to a situation where mental health problems are something to be dealt with by oneself. One coach explained that the stigma is seen kind of as an underestimation of the mental side of coaching:

"Many teams have physical coaches with whom they plan the strength training and physical training on the field. But with mental coaching it is not the same. So, maybe I feel that, like as a coach but also from the club's perspective, that this is a thing which is dealt easier with than something else. And that's the problem. Then it appears to the players that this is not important because it is not invested. Even though the coach would do everything well on the team level, still the message is that it is not as important as, for example, physical training. And that's maybe the challenge I think." (C3)

5.3.2   Stigma in sporting context – feelings and experiences

The players and coaches thought that because of stigma athletes who suffer from mental health problems can still have certain kinds of negative emotions about themselves and their problems. These emotions include, for example, shame and feelings of failure or being weaker as an athlete. These emotions can further affect help-seeking in sporting context by acting as a barrier. This is how P1 explained how players might feel about the mental health problems in sporting context:

"Yeah, it can be also that many people don't have the courage to admit that they need help. That it feels that you're weaker or inferior or something." (P1)

Another player also pointed out that the competitive environment can prevent people from seeking help. They continued that sometimes some personality traits like sensitivity could be hidden to create the image of a tough athlete:

"But also, because it is such a competitive environment, it makes it more difficult to ask for help. Because you still want to show that you are a tough enough player and so then maybe...even if it has maybe got better in the past years, but still like sensitivity and things like that are tried to be hidden by the players." (P2)

Additionally, coaches thought that stigma could affect the help-seeking through feelings of shame or failure. C3 explained this in the following way:

"Probably a little bit. Like I also have had players during my years of coaching who have felt in the situation that this is somehow embarrassing or that they have somehow failed because they feel like this and think like that, or that their thoughts affect them. And in these moments admitting that can be difficult which affects the help-seeking. But still I think that it is dealt better than in many other sports." (C3)

Another coach pointed out that stigma does not necessarily affect the help-seeking but at least it affects the players' self-confidence:

"Well at least until now I haven't noticed but of course I cannot evaluate the player's experience at that moment, but at least it affects a lot on the player's self-confidence in that moment. Like on the athlete's self-confidence." (C2)

The participants gave ideas on how to reduce stigma. Some of them were used in their own environments or they came up with other ways. Some of the ideas included open communication and environment, an easy-to-get path to seek help, having examples in the media and stronger player-coach relationship. Many of these stigma reducing ideas that the participants had will be discussed more thoroughly in the development section.

5.4   Development – participants' views on improvement

All the participants thought that there was a need to develop the help-seeking process in the future. One coach pointed out that mental health problems are present in their coaching work and in the lives of players similarly with physical injuries:

"And I have a lot of experience with this as a coach over the years. Like if we talk about mental health problems, well I have guided as many players to be treated for those than any other injury. So, it's kind of so called "everyday life" in the players' lives when you work long time as a coach with multiple different players." (C2)

Another participant thought that research about the topic and listening to players who are the most affected by the situation would be a good place to begin the development process:

"Well yes, it's necessary [to develop]. And well I think that these kinds of research and interviews are like a good step to acquire personal experience and viewpoints from people, like players. That it would be found out what is the need and how the players experience the situation at the moment. So, this would be a good place to start." (P1)

In the next subsections some of the ideas and perceptions for development will be presented.

5.4.1   Making it important – value changes and reducing the stigma

Even though the participants thought that the state of stigma has been reducing and the topic is spoken about more and more, there were still wishes to reduce the stigma further and make the topic even more important and visible. Some ideas were pointed towards clubs, the FA and JPY to minimize the stigma through integrating mental health in their values and communicating or making it visible. One coach suggested that it could be done, for example, through the social media:

"But the role of the club is to minimize the stigma for sure, have some kind of values and some things that you should have inside your team to minimize that stigma." (C1)

"I think the club for sure needs to make it, without the money of course it's difficult, but the club needs to make it important. So, it's the club and the FA and the player's association need more than one post [social media]. I'm not sure how many posts they put, but for what I remember, it's like one really to seek help. So, I think advertise it more…." (C1)

Another coach and a player also talked about making the topic valuable through putting it in the daily actions of the teams or making campaigns. They also pointed out that the FA should use their power to make the topic important and demand more from the clubs:

"Yeah. Well maybe like really understanding the importance of the topic and not undervaluing it by a club. Even if the undervaluing is not done on purpose but accidentally, but yeah…so understanding it and bringing it to the daily actions. And that also has to do with the coaches so that they can take that topic further. And the FA should demand more from the clubs. Things won't change if everyone just thinks that

"well we develop this thing little by little". It won't develop and then nothing changes. So, sort of demanding more because they [the FA] can determine what is important and use their power also in this matter." (C3)

"Really difficult to say, but maybe like bringing mental health topic forward and having some kind of campaigns if possible. And also, some demands for the clubs and teams." (P3)

In addition to campaigns, there were ideas to have more public stories about mental health problems. Many, but not all, hoped for public stories and examples. One coach thought that public stories and examples would make the topic more visible and give athletes some ideas how to deal with adverse times. Also, the stories could minimize stigma by showing that no one has to be a tough person as an athlete all the time:

"I mean more stories…This is a topic, like for example, after you lose a game and it's a hard game, okay how did you handle it, how do you handle this, and maybe it could help hearing stories from other players. Okay this is how I handled it, and it was tough and this and I went…Hearing other people's bad times and how they handled it and maybe people can get some ideas. And it just takes away that "I have to be this tough person all the time and not say anything." You can still be a tough person but if you get the help, you can be even tougher person how to handle those things. So, hearing people sharing their stories overall would help." (C1)

The same coach also felt that the topic is not taken seriously enough because there is not enough talk about what are the consequences of not taking the topic into consideration. Other participants did not mention these kinds of stories as their development ideas. Thus, this coach hoped for more stories, even scary ones, about when things have not been taken seriously and what had happened then:

"Like this is what you're going to be if you are not taking this seriously. Because at the moment, we're not presenting it as a serious thing because we're not showing anything bad that's happening. Like "oh yeah like this person was sad and then she got mental help, and she was a little bit less sad". We're not showing like the actual truth on what's

happening. We're just kind of glazing over because we don't want to scare anybody"
(C1)

In participants' perspective not only the FA, JPY or the clubs are responsible for making the topic valuable but also coaches are. Reducing stigma and making the topic important could be also done through communicating about mental health problems at the grass-roots level, that is, between the coaches and players, in a manner similar to other injuries or in a self-evident manner. It would also be important that the coaches, who often act as role models or authorities to the players, set an example. This is how players explained about it:

"And also, that coaches would be knowledgeable. So, like well I don't think it should be the players' or captains' responsibility to tell coaches that hey remember that players' mental health has to be taken into consideration. But it would be very good if coaches knew where to seek help and they talked about these topics like they would be self-evident." (P1)

"And then that it would be talked in a manner that it is equal with other injuries that prevents playing." (P3)

Also, C3 pointed out that these topics need to be talked about and that coaches' actions set examples and send messages to players if this is important or not:

"Well first of all by talking about these topics." (C3)

"And of course, the power of example also from if something happens to coach or any member of the team that how the situation is handled and what kind of message that is then to others." (C3)

P2 pointed out that it is not just about the coaches to act as an example, but also it would be important that clubs acknowledge and communicate to players that mental health problems are okay and to have some processes for the players:

"But yeah, I think that probably the most important thing concretely is to set up a process in clubs. You know so that players know that okay if there is a problem or some

things that you want to start to work through, then you know that from the higher-levels
you get that this is okay and if you have something like that you can come either to us
or go to them to talk and then let's see what we can do about it." (P2)

5.4.2   Everyone should be educated

Participants brought out education as a vital part of the development process. Thus, it would be important to educate all the parties involved. Players wished to have education for themselves, coaches and club representatives. Coaches also hoped for education for everyone, even parents. One coach highlighted education as a very important aspect and pointed out that it would be important to educate people that why this is important:

"Well, number one education. Educate everybody as to why it needs to develop first
because it's not going to just develop without actually knowing why. What is the purpose
of it. So, get them to understand why it's important and get the right people involved
that would want to develop it." (C1)

Education was hoped for the higher levels, that is, for clubs and their representatives who are responsible for money and budgets. The clubs and especially the people who are in charge of the money should be educated on why this is important and why a club should invest resources in this. This is how the participants explained this:

"Of course, if you think about these kinds of processes or help-seeking processes and
their organizing in clubs, then the people who are responsible for the finances and
others should be educated. Like what kind of processes clubs should start building."
(P2)

"Coaches, clubs, people who run the clubs, people who are in charge of the money
because that's what makes everything go." (C1)

"Well definitely club's management who are in charge of the budget and finances."
(C3)

One important aspect which was revealed in the interviews was that not every player, coach or staff member knows what the criteria to seek help is. In other words, what are the "red flags" and signs to look for from players themselves, other players or from players as a coach. Thus, the participants believed that people inside the football scene do not know what the criteria is to seek help. This is how P3 explained that people do not in general have enough knowledge about mental health problems:

> *"No. No, I don't think that many even like a regular person would have a clear picture of what depression or anxiety is and so. So, it would be good to add knowledge in the society as a whole, but then also of course target that to athletes and how is it [mental health problems] for an athlete, how prevalent it is and what it is connected to. But probably it is not known." (P3)*

The participants brought forward also that it might not be clear what is the difference between a crisis and mental health problem. C2 explained this matter in the following way and hoped it to be included in the education:

> *"Then also kind of we should increase the knowledge of all the parties that how mental health problems differ from crisis. Like if you don't get playing time or you have a breakup in your relationship or otherwise have an acute situation in your life that those are not always mental health problems. But then also a prolonged crisis situation can turn into mental health problems." (C2)*

Another coach also stated that it would be important to educate the whole coaching staff to know the "red flags" to be able to act if needed:

> *"So that everyone understands at least on a certain level how to act in different situations and what is the kind of "red flag" that means that we have to do some additional actions. So, none of these parties won't get left alone either and that also in the team there is sort of like a "workflow" how we act in different situations." (C3)*

P2 pointed out that players should be educated to see the signs of mental health problems because they might be the first ones to notice signs from other players but also to recognize

them of themselves. The player also suggested that the educator could be, for example, the JPY because they educate players also otherwise:

> *"So that would probably be one party who can educate players because teammates are surely the first ones to notice signs if a player is not doing well and then also players themselves learn to see signs from themselves. That when would be a good time to ask for help." (P2)*

Coaches also mentioned that there is no education about players' mental health in their coach education courses which are generated by the FA:

> *"No. Practically nothing. Or at least I haven't been present when that would have been talked about and I attend very regularly." (C3)*

> *"No, nothing. Lately in the FA's seminars coaches' own well-being has started to be taken into consideration but players' mental health problems have been talked about very thinly or not at all." (C2)*

The coaches felt that it would be important to add this topic to the Football Association's coach education, similarly with the physical part of football which is taught regularly. Also, there were wishes that clubs could educate coaches from their own budgets:

> *"All the coaches and club representatives. I don't know how but include them in the FA's official education. They have them nowadays for clubs and coaches so that should be included definitely." (C2)*

> *"In my opinion this should be one area in the coaching education [by the FA]. And maybe in the children's coaching this education is better taken into account. But like in the similar way as the coaching education is built on a physical coaching or field coaching like step by step through the coaching courses. But also, especially in the bigger clubs when they plan the education inside the club, then definitely these topics should be put in the yearly education calendar." (C3)*

"And maybe have some kind of education for the coaches as well to give the coaches some tools to help the players. Or maybe…a lot of clubs pay for education like UEFA A and UEFA PRO or stuff like that, so maybe help pay for some of those courses that can maybe identify and give the coaches tools and that. We do first aid, we do everything that's physical, that the coaches need to do. So, I think they should maybe help pay for some courses in that sense. That's the best they can do at the moment without the finances that other big clubs have." (C1)

Webinars were another concrete suggestion how the education could be done. This is one coach's idea for the education:

"…We do it for coaches all the time where we have these webinars, and we go and we sit and we learn a lot of good things about football. You should have the same thing for the players and even for the coaches to have these webinars for maybe six hours and explain to them this is, you know, whatever you're…I don't know what is being taught, but you know explain to them those processes and give them tools." (C1)

Players hoped for education for players and coaches through, for example, JPY's locker-room round. Players hoped that it would include a section about mental health and that coaches would also take part in it. However, the players acknowledged that JPY is already doing a lot of work to help players:

"It would be good to have something similar than JPY's locker-room round only for the mental health problems for the team. And that there would be everyone from the team, coaches and players." (P1)

"But maybe when they come to the "locker-room round" then maybe even some small topic could be added to that thing if they only have time. However, they already push many things forward." (P3)

Even though players wished that also coaches would be educated to know about mental health topic, one important aspect was that players did not think that coaches should be the only path for help or that they had to be professionals in mental health issues. Instead, they hoped that

coaches would understand something about mental health problems and were able to approach players in an understanding way and guide them forward:

> *"Yeah, I think it would be important [to educate coaches] because I know that many players talk to their coaches quite a lot anyways. Like of course about football topics, but also otherwise they might be in contact with them quite a lot. So, then it would feel natural that if the coach also notices that okay there might be something where this player should seek help, then I think it would be good that the coach would also have the knowledge of where to guide the player. But I think that it would work well like that, so that the coaches would know what to do next. Coaches should definitely not be the only path to seek help." (P2)*

> *"Well, we have to remember that coaches are educated, and they work as a coach above all, but still I think that they should be very knowledgeable about these topics and try to talk about them so that they can be contacted if anyone has anything. And then they would have the tools to guide forward. That I don't think that it can be required that every coach is also a mental health professional, but that they would be at least understanding and easily approachable and then they would know what to do and how to guide forward." (P3)*

5.4.3 Changes in responsibilities and creating paths for help

The participants suggested changes in responsibilities in taking care of players' mental health problems and help-seeking. The participants highlighted that now the responsibility for getting help is a lot either in players' or coaches' hands, or that no one is responsible for it. This is how one player explained the situation:

> *"It feels kind of like that no one is really responsible for this at the moment. That this topic has just been kind of in the dark." (P1)*

The participants hoped that the responsibility would shift from players and coaches towards other parties, mostly clubs, at least partially, dividing the responsibility with coaches. C3 explained how they would like to have the situation handled in the future:

"But then changes in the responsibilities. Because now it's on the athletes themselves a lot, but that the responsibility would be more on the club's management. But maybe I mean that the coach would be responsible for guiding the situation forward. But kind of that the coach is not left alone either to solve these problems, but that they would know that the club has a pathway to care and how it goes forward." (C3)

Also, another coach wanted to shift the responsibility from the players to other parties. They wanted to do that especially because they saw that the players do not have tools to handle the problems themselves:

"Yeah, it's hard for me to say that it's their responsibility because they don't have the tools. Most of them don't have the tools, they are not old enough, some of them are old, but still they don't have the the tools for that. And I know that a lot of people might disagree with saying "no, they…players are responsible, also they need to be responsible for their own mental health and this and that." It's not that." (C1)

Similarly, the players thought that clubs should take more responsibility in the help-seeking process. P2 suggested that even with minor budgets some things could be done to help the players, and P3 wished that the mental health topic would be considered when making the budgets:

"Well, I think that clubs should take a bit more responsibility. But then also because it doesn't require that many resources to gather some kind of information package or that they would know what kind of support there is available. If the clubs themselves don't have resources to offer support, then at least they could map and create some kind of guidelines beforehand what to do if something happens." (P2)

"Well, I think that clubs should be responsible for this. So, when they make some kind of budget or whatever, then they would like think this thing through." (P3)

Other ideas included adding the processes for mental health problems behind the license by the FA so that clubs would have to at least think how they would handle the situation. Some participants also talked about the possibility of adding mental health problems to insurance.

However, one participant pointed out that this has been asked from the insurance companies in the past and it has not been at least yet possible:

> *"Another thing in my opinion is, and I don't always like that everything is put behind licenses, but we are obligated to get insurances for physical accidents for players so why couldn't we be obligated to this kind of process too. That would at least mean that in every place we would have to stop for a second and think that how are we going to do this." (C2)*

> *"My opinion is that it should be covered by the insurance. That whatever insurance you get, they have to include that. Because we include everything physical, we include doctors, we include if you get anything that's physical. So, I think a lot of the…and a lot of injuries and a lot of physical injuries also come from being mentally stressed. They are very related so we can minimize all sorts of physical…physical kind of injuries by adding some mental help." (C1)*

> *"I don't know if it can be in some kind of requirements like from the League or the FA or from wherever that this matter would have to be thought through. Or can it be as a requirement that also an insurance would have this kind of thing." (P3)*

A very important developmental aspect that came up from participants' answers was to have a clear and low threshold pathway to get help. It could come, for example, from the club or the League. A clear pathway and process would clarify the situation when the help is needed. The process should be well informed so that everyone would know what to do:

> *"But then there is not any clear path that okay then we do this and this. So, I think that it would be quite important." (P2)*

> *"Well maybe that there would be kind of a clear path through what you can seek help." (P3)*

> *"To build the pathway to get support when it is needed. So practically, well in the big picture we make a deal with a health service provider or other provider on that field and then build the pathway so that it is easy for the athlete." […] "…In my opinion that*

is the club's biggest responsibility by far that there would be a visible and clear pathway to help." (C3)

"Well, I think that, from the coach's perspective, it would be beneficial to create a pathway to care for a player, an open path which would come even from the League or then kind of that players would be informed that when you encounter a problem in your life, then this would be the path to follow kind of." (C2)

Since there is no clear process put in place by the clubs, many players might seek help through their coaches, as explained earlier, which is not an ideal situation. This is how P2 explains it:

"I don't think that it should go through a coach in the ideal case. But now when there is no process in place that from where to seek help, then quite often the most natural way is to talk to a coach or assistant coach or someone from the staff because with them you have been in most contact in the club." (P2)

Even though it was not preferred to talk to coaches, the participants thought that it could be easier to talk to other people inside the team. The participants gave ideas that instead of coaches, the person having more responsibility about mental health topics inside the team would be, for example, a physical therapist or physical trainer. This could lower the threshold to talk about the problems. They should be educated more to react on mental health issues:

"But, for example, if you think about our team then there could be someone like, well let's say our physical therapist, for example, who would be like "okay if you have this or this, you can come and tell me and you don't have to tell what is the problem but I can guide you forward and then let's see". So, like there would be like a clear information about it." (P2)

"Yeah, I think that a healthcare professional could be the one who should recognize some signs about mental health issues. So that they would have even some levels of education about it." (P1)

Also, C2 mentioned that coaches should not be the path for help and hoped for an independent pathway to get help without telling one's employer about it:

"But there has to be an independent pathway so that a player could get the help without…because it is a barrier. It is a fact that it is a barrier to the player if it is up to the employer." (C2)

5.4.4   Prevention and its benefits

The players and coaches talked about the importance of taking care of the players' well-being from many perspectives. Some of the perspectives were that the well-being of players could also bring benefits, be a competitive advantage to the clubs, or speed up the development of football as a whole. The participants reminded that the physical and mental areas go together and that players might play better if their mental well-being was taken care of. This is what players hoped for the future:

"Well kind of like that it would be understood that physical and mental areas go together. Like if the player doesn't feel well, they are not going to play well either. So, player potential will grow tremendously if your mental well-being is in a good state. So that it would be invested and taken into consideration. And that it would be highlighted so that it would become like a norm and not like a weakness, because everyone will surely face problems, no matter if they are small or big, so that they would be talked about and the threshold would be lower to talk. So that would be damn good." (P1)

"Yeah, because in my opinion it is a really big part of high-performance sports. That you have quite many things to deal with otherwise and then also the pressures from the sports and uncertainty of careers and also like a financial stress in the women's football and everything. So, it could be thought that clubs don't want to add any burden for players to that and that it would be profitable to offer services or help otherwise. Because if the player feels better, I believe that they would do also better in sports and on the field. But probably it takes some time before clubs in Finland have the courage or resources to do it." (P2)

Additionally, some coaches thought that it would develop the quality of the league and level of play if the area of mental well-being was taken into consideration more carefully. This is how C2 pointed it out:

"And we cannot kind of put aside the mental well-being because we are talking about high-performance sports. And adding knowledge about that would also raise the level of play in Finland and also improve our players' mental well-being. And when our players are feeling well, we also play well." (C2)

Participants talked also about mental coaching and the importance of introducing tools and techniques in the players toolbox for prevention, but also to make it easier to talk about problems if someone had them. One participant compared it to physical injuries. In other words, players make preventive actions to avoid injuries, but if an injury happens, then they seek more help. This is how C3 explained their future hopes:

"Well, when these topics are visible, then that also directs thinking. So, openness and communication about that we have these issues. But then I somehow see that no matter if they are kids, adolescents, or adults in the league team, then if techniques and tools for topics like self-knowledge or communication skills or others have been practiced along the way, then these topics are also seen as important and of course the readiness to function is also better. But also, when the topics are present in the daily life through practicing them, then it also makes the whole process easier to seek help when we understand the meaning of it." (C3)

Players mentioned sport psychologists or mental coaches as well to be involved in clubs but did not see that as a real option budget-wise. Coaches also brought up the financial strains and understood that this is not something that every club could afford. C1 mentioned still that this has been the issue with also physical training in the earlier days:

"There was a time where physical training wasn't a big thing so now we are putting so much money towards this physical trainers. We have to do the same thing with the mental coaching." (C1)

For prevention, the participants suggested creating open and safe environments inside the team by coaches. That is, an environment with open communication about everything, even about difficult issues. Examples of how to create this kind of environment included, for example,

acting as an example as a coach. This is how C1 has used their own example to create open environment:

"From my point, I tell them how I'm feeling a lot. So, if they see…like if I'm sad I tell them, if I'm upset…like I'm very open with. Not in the group but like in the one-on-one talk." (C1)

Another hope was that the coaches would remember and understand that the player is a whole human being, not just physical person.

"Well, okay this has gone in a better direction from earlier days but just that the starting point would be that you coach a person and not a player kind of thing. Like even this that the coach would have some kind of contact with all their players and not that they would just come, do the training, and go home. So, even that would make a player feel safer inside the team. But I think that this working culture has already gone to better direction in Finland, at least that's how I feel. But still, it could be better and would be good to keep in mind." (P2)

It has to be also noted that players are not the only ones with mental health problems but also coaches have problems like C2 pointed out:

"I would add to this that there are coaches who have had mental health problems and there are coaches who will have them. Because this work is tough. So that we create that understanding also to players that it is okay. It is part of life." (C2)

Lastly, one last hope from P1 sums up quite well what would be needed in every level of parties in the future:

"Just so that the way of thinking would change so that everyone has some problems. And that's completely okay." (P1)

6 DISCUSSION

The interviews provided insight into the players' and coaches' perspectives about elite football players' support system and help-seeking for mental health problems. The aspects of functionality of the help-seeking process, views on help-seeking activity, the state of stigma at the moment, and multiple development ideas for the future to improve the players' help-seeking for mental health problems were acquired. The main findings of the study are presented in Figure 1.

FIGURE 1. The main findings of the study. Findings about the process, help-seeking activity and stigma (on the left) and views on how to develop the process (on the right).
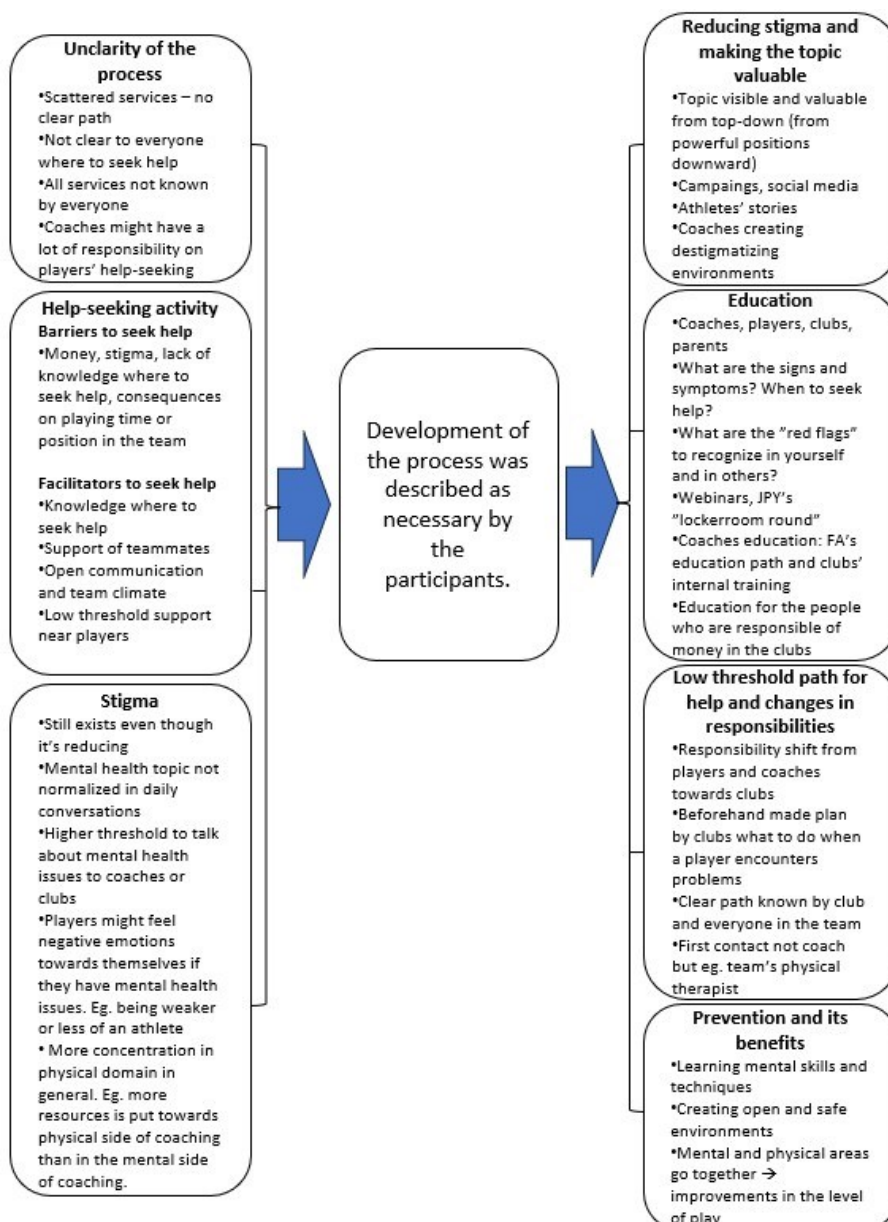
The results showed that the players' help-seeking process for mental health problems was unclear for both the players and the coaches or there was no clear path for help-seeking. None of the participants believed that players in general knew where help could be sought when needed. Thus, it was not clear where help could be sought and who is responsible for offering it. Players and coaches also thought that coaches in general did not know either where players could seek help. Additionally, it seemed that in the most vulnerable situation were those players who did not attend school anymore and who were not working either, in other words, a professional player only concentrating on football. The unclarity of the path to seek help could affect help-seeking activity negatively and through that delaying getting help. Lack of knowledge of where to seek help has been noted in previous research as a barrier to seek help (e.g., Gulliver et al. 2012).

Because there was not any clear path to seek help, multiple different places were mentioned where it could be sought if needed. Players mentioned the Player's Union (JPY) as a source to seek help whereas coaches seemed to rely more on the schooling system, sport academies or professionals of national team if a player was a member of them. All the coaches had had situations where they had to find help for their players with mental health symptoms. It was pointed out that because the path is unclear, it depends much on the activity of the coach if they have time and resources or are willing to search how they can help their players. This could mean in general that some players will get help and some not depending on the coach's activity. The coaches interviewed in the study pointed out that coaches also feel stressed in these situations, especially if the club does not have monetary resources to offer help to the player. Then the player and the coach get easily left by themselves to deal with the situation. This was especially possible in cases when the player was not at school, working, or a member of a sport academy or national team. In other words, it seems that there are ways to get help, but some of the reasons that the process was seen as unclear and dysfunctional was that the help is scattered in multiple different places which were not known by everyone, and that there is no clear path which to follow when help is needed but it has to be come up with when the problem is already at hand. Thus, it would be important to create a clear path or multiple paths depending on if the player is at school, working or playing professionally. Additionally, it would be important that these paths are known by everyone beforehand.

There were diverse views on how active players' help-seeking was in general ranging from the help-seeking activity seen as low to perspectives that the activity was at least getting better.

Some participants thought that help was not sought for "minor" issues, but instead players might wait for longer periods of time with problems before seeking help. Additionally, some participants found it difficult to estimate the activity, for example, because it was not talked about if someone was getting help or not. Barriers and facilitators to seek help affect help-seeking activity and the results showed several facilitators and barriers to seek help. Facilitators included knowledge of where one could seek help, support of teammates, open communication and environment in the team, and low threshold to get help, thus that the person offering help would be someone near the players. Similar facilitators to seek help have been found also in previous studies (eg. Gulliver et al. 2012; Castaldelli-Maia et al. 2019). In other words, it would be important to take these facilitative factors into account when improving the help-seeking process since it affects the help-seeking activity positively.

The most common barriers to seek help according to the participants were the lack of financial resources, stigma towards mental health problems, lack of knowledge of where to seek help, and consequences on player's position in the team or issues with playing time. Similar barriers including stigma and lack of knowledge about where to seek help have been found in previous studies (e.g., Gulliver et al. 2012; Castaldelli-Maia et al. 2019). However, financial resources were mentioned less often in previous research papers. One of the reasons for that could be that women's sports where monetary resources are often smaller than in men's sports are studied less in general. Thus, financial resources might be problematic in elite women's football, where clubs' budgets and players' salaries are often much smaller compared to, for example, men's elite football. If players have to pay themselves for the help, it could be a substantial amount of money for a female player who might be salary wise a semi-professional or an amateur player. On the other hand, clubs' resources could also be tight. Similar experiences with difficulties with financial resources as a barrier to seek help for mental health problems for athletes were found in recent study made among elite swimmers' coaches in Australia (Sankey, Wallace & Caperchione 2023).

Connected to the issues with playing and playing time, Castaldelli-Maia et al. (2019) found that athletes fear that mental health problems could be a reason that one does not maintain or get a new contract for their sport. They continued that athletes also fear that there are negative consequences if they tell their coach about mental health problems. This is similar to the finding in this study where one barrier seemed to be to seek help through coaches. Still according to the results, that seemed to be quite a common way to seek help in Kansallinen Liiga, because

of lack of knowledge of or absence of other paths. This could indicate that in many cases help may not be sought if it has to be done through coaches.

Based on the participants' views, there is still stigma in the football scene towards mental health problems even though stigma seems to be reducing and mental health problems are talked more openly. It was stated that there might be less stigma among women's football than in men's football. Still, it also seemed to exist at some level in the women's game. Signs of stigma were visible in ways that the topic of mental health problems was not normalized in the daily conversations, and players felt that the threshold was higher to talk about problems to coaches or clubs. Additionally, the results showed that stigma could be seen in a way that the whole mental side of players' well-being was not paid attention to or acknowledged. Examples included that injured players were only asked about their physical well-being, or that less or no resources were put towards the mental side of coaching compared to, for example, physical coaching.

Moreover, the results showed that the participants thought that players confronting mental health problems might still experience negative emotions towards themselves and their problems. The emotions included shame and failure, and feelings of being weaker or less of an athlete. Also, in general there were still thoughts that in a sporting context one needs to be tough and just keep going. These feelings and thoughts are similar to what has been found in previous studies. Castaldelli-Maia et al. (2019) found that athletes might think that it is a sign of weakness to disclose mental health problems. Also, Kola-Palmer et al. (2020) found in their research among professional rugby players that feelings like fear, shame, embarrassment, and pride were involved in mental health problems and they acted as barriers to seek help. All of these stigmatizing attitudes and thoughts could further act as a barrier to seek help as mentioned earlier, which is why it would be important to reduce the stigma in the context of sport.

According to the results, the participants viewed the topic important and there was a need to develop the support system in the future. Several development ideas were suggested by the participants. The ideas ranged from reducing the stigma and adding knowledge and education to developing a low threshold path to seek help and making preventive actions. It was also noted by the participants that investing in players' mental well-being could act as a competitive advantage for clubs, and that the players could perform better on the field when their mental well-being is better taken care of. Previous research also supports the need for interventions

targeting athletes and other parties working in the sporting context. For example, Breslin et al. (2022) stated in their systematic review that mental health awareness interventions can improve mental health knowledge and help-seeking among athletes, coaches, parents, and officials, even though more well-designed studies are needed.

The ideas to reduce stigma included that parties with powerful positions, like the Football Association, clubs, and the Player's Association, acted as an example, and communicated and made the topic of mental health valuable and visible. Purcell et al. (2022) stated similarly that it would be important that the individuals' mental health would be valued, communicated, and supported through a top-down approach. The participants stated that campaigns and visibility, for example, in social media by these parties would bring the topic forward and lessen the stigma. Some of the participants of the study also suggested that public stories about athletes who have struggled with mental health problems could be a way to reduce the stigma. Livingston et al. (2013) found in their study among young non-athletes that a campaign to promote mental health awareness could be beneficial to improve awareness and knowledge about mental health issues but is less effective in reducing self-stigma. They also stated that there seems to be a lack of empirical evidence whether campaigns in general are effective or sustain positive effects. Thus, more evidence is needed what kind of campaigns would be an effective way to reduce stigma in Finland and does it differ if the campaign is held by, for example, the FA or the Player's Union. Even though research is scarce, it seems that at least campaigns could improve awareness and knowledge about the topic.

Additionally, the participants expressed that coaches should be responsible for reducing the stigma inside the team by creating an open environment where mental health would be talked about in a normalized manner. Previous studies have also found that coaches have an important position in athletes' lives since they meet with them frequently. They have an opportunity to support athletes' help-seeking by creating an open and destigmatizing environment with open communication with athletes. This was especially important for adolescent athletes. (Castaldelli-Maia et al. 2019) Moesch et al. (2018) also recommended that the topic of mental health should be normalized by the coaching staff and sport organizations to reduce stigma.

One important aspect for the development of the support system was education. The results showed that education was recommended for all the parties who are part of competitive sports. It was suggested that players, coaches, clubs, and parents should be educated in this topic. Based

on the results, there might be confusion among players about what are the signs and symptoms to seek help for mental health problems. Thus, it seems to be important to educate what are the signs and symptoms of different mental health problems and which are the signs when one should seek help. Additionally, the participants noted that spotting "red flags" of mental health problems would be an important topic to educate both players and coaches. This would then help players spot signs from themselves and from other players, and coaches spot signs from their players. Further, this could possibly facilitate help-seeking because support from teammates was mentioned as one facilitator to seek help. There were suggestions to use webinars or the Player's Union's "locker room" rounds to educate players and coaches. Previous research has also found education as an important aspect in the topic of mental health. Moesch et al. (2018) recommended in their research that it would be important to educate athletes, coaches, and officials about the topic. Breslin et al. (2022) argued in their review that through awareness interventions there is possibility to improve mental health knowledge, and that it would be important to include parents in interventions in addition to athletes, coaches, and officials. Confectioner et al. (2021) conducted a study which aimed at adding knowledge about mental health among professional football players. They used a mental health awareness video as a method. They argued that help-seeking attitudes increased after watching the mental health awareness video and that all the participants rated the video as relevant. They also found that the video increased knowledge on the topic of mental health among the majority of football players. Even though the population size was small in the study, this could indicate that an awareness video could be one method to increase knowledge about mental health symptoms and it could further facilitate help-seeking. Moreover, a mode of video could be an easy and arrangeable way to educate football players. Multiple aspects should be taken into consideration when developing education for athletes, coaches, clubs, and parents, but it seems that there is a need for it.

As previously mentioned, to notice signs of players' mental health symptoms and to be able to create open and destigmatizing environments facilitating help-seeking, coaches need education. Some players noted that coaches do not have to be mental health professionals, but to know and understand about the subject and know where to guide forward. It was proposed by the participants that the topic of mental health should be included in the coaches' official education path which is organized by the Finnish Football Association. Additionally, the clubs could offer education for coaches about these topics through their own internal training. Sebbens et al. (2016) studied the effect of brief mental health workshop to improve coaches' and support

staff's mental health knowledge. They concluded that there were encouraging results with the participants improving in their knowledge of symptoms and signs of anxiety and depression and feeling more confident in helping and guiding forward someone who was struggling with problems. Thus, educating coaches and other staff could be an important step to facilitate help-seeking and creating destigmatizing environments. Additionally, because the clubs and their representatives are usually in charge of the money and resources, the participants advised that they should also be educated on the importance of the mental well-being of the athletes.

The results showed that in many cases the responsibility to seek help relies on players and coaches. It was proposed that the responsibilities should be changed in such a way that the clubs would take more responsibility in the help-seeking process. It would be important, for example, that clubs develop a clear and easy path to seek help for mental health problems. Even if the resources were minimal, it was hoped that the clubs could have created at least some kind of guidelines on what to do when an athlete suffers from mental health problems. The path should be known by the club and everyone in the team, also coaches. An easy and clear path would be needed since the path seemed to be unclear for the participants which could further affect help-seeking negatively. Junge & Prinz (2019) concluded in their study among elite female football players in Germany that two thirds of the players who wanted support for their problems did not receive it. Thus, it may be possible that more players in Kansallinen Liiga would also seek help if there was an adequate, clear, and well-known path in place. The participants pointed out that an independent path was needed and that coaches should not be the only path for help since this could act as a barrier. Instead, a healthcare professional, for example, a physical therapist or physical trainer of the team could be the first contact to seek help. In a previous study about student-athletes' help-seeking experiences by Bird et al. (2020), it was suggested that an athletic trainer could be a person who could guide athletes forward to seek help from mental health professionals. Even though this path needs more research, it could be one option to try.

The results also showed that the participants viewed the mental well-being of athletes as a very important factor when considering the overall sport-performance. A competitive advantage for clubs and development of the level of play in the whole league were pointed out as benefits to put more resources into players' mental well-being. Creating open and safe environments, and teaching mental skills, and tools and techniques were some ideas that the participants gave to prevent mental health problems, but also to act as a facilitator to seek help for problems if needed since then the whole side of mental training would be more familiar for the players.

Positive results have been achieved from previous interventions with mental skills training in relation to mental health. For example, an intervention among college student-athletes in the USA had encouraging results. In the intervention, college students were taught coping skills to improve mental health and performance in an 8-week period. To increase social support, captains and coaches also received training. It was concluded that there is potential to have a positive effect on mental health related outcomes and coping skills with mental skills training. (Fogaca 2021) These results are encouraging even though more research will be needed.

6.1   Limitations of the study

This study has its limitations as studies in general. First of all, the sample size of the research was fairly small. There were six participants altogether and so the sample size was limited compared to the pool of hundreds of players and multiple coaches in the Kansallinen Liiga. With the limited sample size and qualitative study method, one needs to be careful making any generalizable conclusions. Thus, the results need to be cautiously interpreted among the same level of football and especially among men's football, where, for example, the monetary resources can be larger. In other words, the results are not generalizable. However, qualitative research is about bringing individuals' experiences forward (Sparkes & Smith 2014, 14) and they cannot then be undermined. Thus, many important perspectives, experiences and development ideas rose from the study which could be used when improving existing or creating new policies or services for help-seeking.

Another limitation is with the data. There was a lot of data and it had to be decided what to include in the study and what to leave out. This meant that, for example, an interesting and important topic of coach-athlete communication or creating a safe environment could have been investigated more thoroughly, but because the study had to be limited, these topics were only mentioned. Additionally, there was a chance of bias of what to include in the study when analyzing the data because of the researcher's own background as an athlete and a coach, even though that was tried to be avoided through self-monitoring.

The participants and the researcher had at least some kind of idea of who the other one was before the interviews even though they were not necessarily acquainted with each other. This might have affected the answers of the participants through social desirability bias. In other words, the participants might have given answers that they think the researcher wanted. On the

other hand, familiarity could have also been beneficial for the study. The participants might have felt safer expressing their opinions because the researcher was a person that was at least distantly familiar and has been part of the football scene.

6.2   Future directions

As one of the participants put it, it would be important to continue doing research in this area (P1) and ask players' and coaches' opinions when developing services for the future. In other words, it would be important to keep studying how athletes' mental health and well-being could be sustained and help-seeking made easier by using quantitative and qualitative research methods. New practices or interventions to reduce stigma or increase help-seeking should be tested and learn from them what works and what does not work. Overall, help-seeking, and service providers and their effectiveness should be studied more broadly to find out what could be the best solutions for athletes. It would also be interesting and important to have more studies about the benefits of teaching mental skills for athletes, and if it does have any effect in preventing mental health problems or/and making it easier for athletes to seek help.

Additionally, with so many parties in the sport context, the whole sport scene should be studied more broadly in the future. Player-coach relationship and the effect of it on the athletes' mental health could be studied in Finland. The club representatives and people from more powerful parties could be added to the studies to get insight into what are their perspectives on the topic of mental health. It would also be important to do research into what could be financial or competitive benefits of putting more resources towards athletes' mental well-being. That could perhaps convince clubs and higher-level parties to put more effort, value and resources into mental health, even though financial wins should not be the only motivation to improve this area in sport. Additionally, coaches' mental health should be studied more in the future.

In this study several development ideas came up. Ideas included ways to reduce stigma and add education to different parties in the context of sport. Additionally, participants had ideas on how to create a low threshold path to seek help. Prevention through learning tools and techniques to develop mental skills was also mentioned as a development idea. The results could be used in the future to develop and guide mental health services and policies in sport context, even though more studies are needed.

7   CONCLUSION

The purpose of the study was to examine the perspectives of the players' mental health help-seeking process, its adequacy at the moment, and needs and ideas for the future in elite level football. Players and coaches of Kansallinen Liiga were interviewed and a thematic analysis was conducted after the interviews.

The results indicated that the process to seek help was unclear for all the participants, and it was stated that the process is likely unclear also for other parties in the women elite football scene even though there are some services offering help. The participants brought out several facilitators and barriers to seek help which affected the help-seeking activity either positively or negatively. The state of stigma seemed to be reducing at least in women's football, but it still existed at some level with certain signs. The results showed that development of the process would be necessary and several suggestions to develop the process were acquired. These suggestions ranged from reducing stigma and increasing education to creating a low threshold path to seek help and developing mental side of coaching as a preventive action.

There seems to be a need for mental health services and support system's development among the studied population, and even though this study is not generalizable, the literature points to the direction that it would be important to develop these services not only in football but also among other sports. Mental health should be taken seriously, and athletes should be offered the support that they need in time, and also through preventive services. The stigma around problems should be further reduced, starting with the most powerful parties working with sports and coming down to coaches and athletes themselves to lower the threshold to seek help. Overall, the entire theme should be valued, visible and normalized in the context of sport.

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UNIVERSITY OF JYVÄSKYLÄ

RESEARCH NOTIFICATION

1. **Players' and coaches' perceptions of players' mental health help-seeking process in elite level football and invitation to participate in research**

    You are asked to participate in a study " Players' and coaches' perceptions of players' mental health help-seeking process in elite level football", which investigates players' and coaches' perceptions of the players' mental health support process at the moment, its functionality and development in Kansallinen Liiga.

    You are invited to the study because you belong in the study group, and you might have valuable information about the subject.

    This research notification describes the study and related participation.

    The study will involve players and coaches from Kansallinen Liiga. There will be under 10 participants overall.

    This is a single study, and you will not be contacted again later.

2. **Voluntariness**

    Participation in this study is voluntary. You can refuse to participate in the study, stop participating or cancel your previously given consent, without stating any reason for this at any time during the study. This will have no negative consequences for you.

    If you cancel your consent for the processing of your personal data, samples and other information collected about you before the publication of the research, it cannot be dealt with as part of the study but must be deleted as far as their erasure from the data is possible.

3. **Progress of the study**

The study consists of one interview which will last ca. 60 minutes. The interview will be recorded, and it will be used to analyze the results of the interviews. In the study, there will be wide range of questions about players' and coaches' perceptions of the players' mental health support process, its functionality, responsibilities, and development in Kansallinen Liiga. The interviews will be conducted between 12/2022-2/2023.

4. **Possible benefits from the study**

There will be no benefits for the participants of the research. The research can have general
benefits if it leads to development of the mental health services among sports.

5. **Possible risks, harm, and inconvenience caused by the study as well as preparing for these**

The anonymity of the participants will be attempted to keep in a way that the participants of the study will not be recognizable. However, participants' answers will be used as quotes in the results of the study, and the overall study group (players and coaches in Kansallinen Liiga) is small as a group and as a sample, which means that the anonymity cannot be completely guaranteed. The participants will get a possibility to check their quotes used in the study before publishing the research. They can ask removal or change of their quotes if they wish to.

6. **Study-related costs and compensations to the subject as well as research funding**

No rewards will be paid for participation in the study.

7. **Informing about research results and research outcomes**

The result of the research is aimed to be ready in the Fall of 2023. After that the participants will have the possibility to check their sections of the study. The researcher will notify the participants when the results are ready and ask the participants' willingness to check / change their quotes before publishing the study.

8.Contact person for further information

Laura Hyvönen, University of Jyväskylä, Faculty of Sport Sciences
lhyvonen@live.com, 044-3441222

APPENDIX 2. Consent form.

JYVÄSKYLÄN YLIOPISTO

CONSENT TO PARTICIPATE IN SCIENTIFIC RESEARCH

Players' and coaches' perceptions of players' mental health help-seeking process in elite level football

I understand that participation in the study is voluntary and that I can stop participating at any time, without giving a reason. There will be no negative consequences for me if I withdraw. The data collected about me up to the point of withdrawal will not be used in the study. Because of the sensitivity of the subject, I can ask the personal interview sections to be checked before the study is published and have them removed or changed if I feel that it is necessary.

I have been adequately informed about the study and the processing of my personal data. I have received the notification sheet about the study. I have also had the opportunity to ask the researcher further questions. My anonymity will be attempted to be protected in a way that the interview participants will not be identified, but I understand that this cannot be completely guaranteed.

I understand the information that I have received and agree to participate in this study.

Yes ☐

By signing this form, I accept that

- data will be collected from me as described in information sheet,
- my data can be used in accordance with the procedures outlined in the notification

Confirmation:

Signature of the participant, name in block capitals, and date

Contact details:

Laura Hyvönen, University of Jyväskylä, Faculty of Sport Science

lhyvonen@live.com, 044-3441222

If this document is signed, it should be placed in the PI's archive. Informed consent documents will be stored in a secure location for as long as the data are in an identifiable form. If the data are anonymised or deleted, informed consent documents do not need to be preserved.

APPENDIX 3. Interview questions.

INTERVIEW QUESTIONS:

Theme 1 State at the moment

1. How would you describe the help-seeking process related to mental health symptoms at the moment in Kansallinen Liiga?
   - Do players know in your opinion where players can seek for help?
   - Do coaches know in your opinion where players can seek for help? (do you know)
   - What would happen if an athlete needed help? What happens? How things proceed? Where is the help sought?
   - How would you describe the clarity of the help-seeking process?

2. What is the state of stigma towards mental health problems in women football scene / your team? How much stigma is there if there is?
   - If there is stigma, how is it visible, what are the signs/attitudes, and by whom?
   - Do you think stigma affects the help-seeking process? How?
   - How could stigma be reduced?
   - If NO stigma, what are the facilitators for that?

3. How would you describe players' help-seeking activity at the moment? Could you point out any facilitators or barriers to seek help?

4. In your experience, what kind of support processes your team has for mental health problems? (Or are there any?)

Theme 2: Responsibilities

1. In your opinion, who should be responsible to offer the help or support? Why?

2. In your opinion, what is the role of the organization (club) in the support or help-seeking process?

3. In your opinion, what is the role of the player's association or football association in the support or help-seeking process?

4. In your opinion, what is the role of the coach in the support or help-seeking process?

5. In your opinion, what is the role of the athlete in the support or help-seeking process?

Theme 3 Development

1. Is there a need to develop the support system in the future? If yes, how should it be developed?

2. Should the responsibilities be changed or added and what kind of changes/additions would you hope for? Should new parties get involved? Who?

3. Should some stakeholders be educated? Which ones and what kind of education would be needed?

4. What kind of suggestions or feedback would you like to give to organizations, player's association, football association or players/coaches?

Anything else you would like to add to the topic?