



Youth sport as a context for supporting mental health: Adolescent male perspectives



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ABSTRACT

Objectives: The prevalence of mental health problems among adolescents is alarmingly high. With lower rates of accessing services than young women, young men and boys represent a group at high risk of developing mental health problems. Organised sport represents one important, but under-studied, avenue for supporting mental health. This study aimed to explore adolescent males' perspectives on sport as a context for supporting mental health.

Design: Interpretivist qualitative design.

Method: Participants were 55 adolescent males aged 12–17 years ($M = 14.73$; $SD = 1.67$) who were currently participating in organised basketball, soccer, Australian Rules Football, swimming, cricket, or tennis. Sixteen focus groups were conducted which lasted, on average, 48 min ($SD = 9.25$). Data were analysed inductively and thematically, with strategies employed to enhance rigour and trustworthiness.

Results: Findings indicated that these adolescent males perceived sport to be an engaging vehicle for supporting mental health, particularly in teams, and through interest in elite athletes' mental health. They considered coaches and parents/family to be key support individuals. In addition, these adolescents expressed a need to know how to help individuals close to them who may be struggling with a mental health issue. Finally, the participants perceived the need for resources to prevent and cope with mental health issues.

Conclusion: This study suggests that sport is a promising, and potentially engaging avenue for supporting mental health. Adolescents perceive need for clubs, parents, and coaches to develop knowledge around mental health, and in particular, desire strategies for providing help.

The WHO defines mental health as “a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (2004, p.10). Such an emphasis on functionality necessitates the consideration of the presence (or absence) of both a state of wellbeing and mental health problems (Keyes, 2002). The prevalence of mental health problems among young people and adolescents are high, for example, in Australia 14% of all children and adolescents have a current mental health problem (Lawrence et al., 2015). Childhood psychological disorders persist through adolescence (Gonzalez, Alegria, & Prihoda, 2005) and are recognised as one of the most prominent contributors to the global burden of disease among young people (Patel, Flisher, Hetrick, & McGorry, 2007). Furthermore, half of all psychological disorders have their onset before the age of 14

years (Kessler et al., 2007). When experienced during adolescence, mental health problems can have a long-term impact because they reduce the likelihood of completing school, gaining employment, and engaging as a productive member of society, with significant costs to quality-of-life (Kieling et al., 2011).

Young men and boys represent the group at highest risk of mental health problems and suicide in one third of developed countries (World Health Organisation [WHO], 2014). For example, in Australia adolescent males are more likely to have experienced mental health issues than adolescent girls (15.9% compared to 12.8%; Lawrence et al., 2015). Adolescent males also have lower rates of help-seeking than girls (Gonzalez et al., 2005) and are less likely to have sought help from professional services (Lawrence et al., 2015). Adolescent males also maintain higher levels of stigmatising attitudes regarding mental health

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problems (Lawrence et al., 2015). Relatively high rates of mental health problems, reduced help-seeking intentions and higher stigmatising attitudes make boys and young men particularly vulnerable, and therefore more in need of interventions that make promotion of mental health a priority.

1. Mental health models

As mental health is more than the absence of mental illness (Keyes, 2002), “traditional public mental health interventions that are effective in alleviating mental illness do not necessarily promote mental health” (Fledderus, Bohlmeijer, Smit, & Westerhof, 2010, p. 2372). Such risk-reduction models include a focus on the prevention and early intervention of mental health problems, and are typified in approaches such as mental health literacy (Jorm, 2000). Complementary to risk-reduction models (e.g., Mrazek & Haggerty, 1994), the promotion of mental health advocates a competence enhancement model which focuses on building strengths, competencies, and resources (Barry & Jenkins, 2007). The enhancement model assumes that, as an individual builds strengths, competencies, and feelings of efficacy in diverse life areas, their psychological wellbeing improves (Barry, 2001). Common indicators of wellbeing in children and adolescents include self-esteem, subjective wellbeing, quality of life, and psychological resilience (Lubans et al., 2016). The enhancement approach is typified in the positive youth development movement (Benson, Scales, Hamilton, & Sesma, 2006), which is popular in youth sport (e.g., Holt, 2016), and encompasses a broad range of other factors in addition to mental health.

Mental health promotion is particularly relevant for children and adolescents (Barry, 2001). Programmes aimed at improving mental health have been found to not only improve mental health and quality of life among children and adolescents, but also reduce risks for mental health problems and a range of social problems such as school dropout (Hosman & Llopis, 2000). Similar to harm-reduction interventions such as mental health first aid (Kelly et al., 2011), mental health promotion interventions typically seek to equip young people with the life skills, support, and resources necessary to overcome adversity and fulfil their potential (Barry, Clarke, Jenkins, & Patel, 2013). Furthermore, there is strong evidence that focusing mental health promotion among young people and their socialising environments, including families, schools and wider communities, has the potential to produce long-lasting positive effects on mental, social, and behavioural development (Barry, 2001).

2. Youth sport and mental health

One important social setting with great potential for supporting mental health is participation in organised sport (e.g., Hajkowicz, Cook, Wilhelmseider, & Boughen, 2013). Organised sport can be defined as an activity that involves: physical exertion and/or a physical skill; a structured or organised setting for training and/or competition that is provided by a club or association; competition against others; and, occurs outside of school hours (Australian Bureau of Statistics, 2008). When structured appropriately, the context of sport can enhance social and emotional functioning, enhance health-related quality of life, and develop protective factors including self-esteem, positive social relationships, and wellbeing (Fraser-Thomas & Côté, 2009; Holt, 2016; Holt et al., 2017). As a result of such strong physiological, psychological, and social benefits, participation in organised sports can protect adolescents and young men against suicidal ideation and suicide attempts (Southerland, Zheng, Dula, Cao, & Leachman Slawson, 2016). Indeed, if adolescents drop out of organised sports, they are 10–20% more likely than their sport-playing peers to be diagnosed with a psychological disorder within three years (Vella, Cliff, Magee, & Okely, 2015). Furthermore, high numbers of boys and adolescent males participate in organised sports worldwide each year. Around half of all

children and adolescents participate in organised sport globally (Tremblay et al., 2014), and in some countries, more than two thirds of boys participate in organised sport each year (Australian Bureau of Statistics, 2011) with an average involvement of over eight hours per week in some countries (Vella, Cliff, Okely, Scully, & Morley, 2013). Prolonged exposure, high participation rates, and engaging environments make organised sports an important medium to facilitate population level change in health and health behaviours such as the promotion of mental health (Hajkowicz et al., 2013; Street, James, & Cutt, 2007).

While there is increasing focus on mental health in sport generally, most research addresses elite athletes (e.g., Coyle, Gorczynski, & Gibson, 2017), and the prevalence of mental illness (e.g., Gulliver, Griffiths, Mackinnon, Batterham, & Stanimirovic, 2015; Rice et al., 2016). Conversely, “the evidence-base underpinning the promotion of mental health among athletes is poor” (Uphill, Sly, & Swain, 2016, p. 2). For example, Liddle, Deane, and Vella (2017) reported that only 11% of sport organisations in Australia have engaged in campaigns that target members' mental health, and those campaigns often lacked an evidence based approach and robust evaluation.

Thus, more emphasis is required on grassroots sport – involving the largest population of participants – and in youth sport where the potential of supporting mental health at an earlier age could have important effects later in life. In an editorial, Bauman (2016) discussed issues relating to the mental health of elite junior athletes, including the need for early identification of a wide range of mental health issues that are beginning at increasingly earlier ages and, in part, are brought about when athletes face the stressors associated with elite sports participation. Recent studies have explored *parents'* perceptions of the role of community sports clubs in adolescent mental health (Brown, Vella, Liddle, & Deane, 2017; Hurlley, Swann, Allen, Okely, & Vella, 2017), and the promotion of mental health to coaches (Breslin, Haughey, Donnelly, Kearney, & Prentice, 2017); however, little is known about the perspectives of adolescent males on sport as an avenue for supporting mental health. Such a perspective is important in order to obtain in-depth insights into their perceptions regarding the potential for supporting mental health in youth sport, and for providing understanding for future interventions. For example, it is important to understand the preferences of adolescents for a wide variety of content such as asset-based or harm-reduction strategies. Similarly, adolescent preferences for the implementation and delivery of such strategies will underpin the acceptability of, and engagement with, mental health interventions in sport, and as a consequence, will determine their effectiveness. To achieve such understanding, a qualitative approach is particularly appropriate. For example, Johansson, Brunnberg, and Eriksson (2007) analysed the concept of mental health from the perspective of adolescent boys and girls using interviews and focus groups, through which the adolescents perceived family as the most important determinant for young people's mental health, closely followed by friends. In sport, though, other influences such as coaches may be important.

In summary, organised sport may be an important medium for facilitating population-level change in health and health behaviours – particularly for adolescent males who have high participation rates. However, little is known about organised youth sports as a vehicle for supporting mental health – particularly from adolescent male perspectives. This extends to important factors which will underpin the effectiveness of mental health promotion in sport including basic preferences for harm-reduction or asset-based approaches and preferences for implementation. Therefore, this study aimed to qualitatively understand adolescent males': (i) knowledge and experience of mental health; (ii) perceptions of organised youth sport as a vehicle for supporting mental health; and (iii) preferences/perceptions regarding needs and considerations for mental health interventions in organised youth sport.

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