

Chapter 14

Coaching and Athlete Mental Health



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Abstract Mental health among athletes has come into sharp focus around the world over recent years. However, the role of the coach in athlete mental health has not been well articulated. This chapter reviews the relationships between sport participation and various indices of mental health, explores the important role of the coach in supporting athlete mental health, and proposes some strategies to increase the likelihood that coaches' have a positive influence on athlete mental health and wellbeing. We outline the potential benefits of an approach to coaching practice and coach education based in self-determination theory for athlete wellbeing. We also discuss the merits of mental health literacy training for coaches. Further, we suggest areas for focus for researchers whereby a meaningful benefit to the field can be made, including strong research designs and methodologies, a focus on non-elite sport, and guidelines for practice. Such advancements will help coaches to engage in evidence- and theory-based practice to the benefit of athlete mental health and wellbeing.

Keywords Wellbeing · Resilience · Motivation · Mental health literacy · Autonomy support

Mental health is an important issue for athletes of all sports, ages, and competitive levels. Numerous positions stand and consensus statements highlight the universal and significant need for attention and action regarding the mental health of sport participants (Henriksen et al., 2019; Moesch et al., 2019; Reardon et al., 2019). The coach may play a particularly important role in the mental health outcomes of sport participation (Ferguson et al., 2019). In this chapter we will outline the relationships between sport participation and various indices of mental health among sport participants, explore the important role of the coach in supporting athlete mental

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health, and propose strategies to increase coach competency and intentions to fulfil this role.

Mental health issues are a leading cause of health related burden globally (World Health Organization, 2014), and suicide is the leading cause of death in people aged 15–24 in Australia (Australian Bureau of Statistics, 2017). Although the prevalence of mental illness remains high with approximately 25% of the global population experiencing a mental health problem in their lifetime (Steel et al., 2014; World Health Organization, 2017), help seeking and utilization remains low (World Health Organization, 2014). There is a substantial need to address mental ill-health and promote early intervention for mental health problems around the world.

The importance of athlete mental health has come into sharp focus over the last 2 years. In that time, various sports organisations have published position stands and consensus statements concerning athlete mental health. Such organisations include the International Olympic Committee (Reardon et al., 2019), International Society for Sport Psychology (Henriksen et al., 2019), and the European Federation of Sport Psychology (Moesch et al., 2019). Several reviews have also brought this issue into focus. For example, evidence suggests that athletes experience mental illness at a rate comparable to the non-sporting community (Gulliver, Griffiths, Mackinnon, Batterham, & Stanimirovic, 2015; Rice et al., 2016). Athletes may also experience a range of unique barriers to seeking help (Breslin, Shannon, Haughey, Donnelly, & Leavey, 2017). For these reasons, action on the issue of athlete mental health is both warranted and urgently needed.

Coaches may be in a prime position to act as gate-keepers for athlete mental health. For example, coaches may play a role in identifying possible risk-factors for the development of mental illness, and in facilitating referrals to appropriate mental health resources. Both athletes and their parents have acknowledged that coaches have a role to play in supporting athlete mental health (Brown, Deane, Vella, & Liddle, 2017; Swann et al., 2018). Coaches themselves have also acknowledged support for athlete mental health and wellbeing as part of their role (Ferguson et al., 2019). However, coaches have reported feeling unprepared to take on the role and have requested training in this area (Ferguson et al., 2019; Mazzer & Rickwood, 2015). As such, coaches may currently lack the skill and confidence to act appropriately in the area of athlete mental health (Ferguson et al., 2019; Mazzer & Rickwood, 2015). Therefore, coaches have an important role to play in athlete mental health, but action is needed in order for them to be able to adequately fulfil this role. Specifically, there is a need to develop and implement evidence-based, context-specific mental health training programs for coaches. Those programs should be practical and accessible in order to address the growing concerns around wellbeing and mental illness among sport participants.

Conceptual and Empirical Findings

Conceptualising Mental Health

An understanding of mental health necessitates consideration of both wellbeing and mental illness as distinct components. According to The World Health Organization (2001, p. 1) mental health is not merely the absence of mental illness such as depression, but it is “a state of well-being in which the individual realizes 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”. This definition of mental health is consistent with Keyes’ (2002) model of mental health, in which wellbeing and mental illness are conceptualised as distinct components of mental health. This is in contrast to a conceptualisation of mental illness and wellbeing as sitting on a single spectrum with mental illness at one end of the scale, and wellbeing at the other. According to Keyes (2002) mental illness and wellbeing are two distinct but related continua that contribute to one’s overall mental health. This model suggests that, for example, an athlete could simultaneously have high levels of wellbeing while experiencing mental illness, or that they could be free from mental illness but have low levels of wellbeing. If an individual is experiencing low wellbeing and high mental illness, this is termed “languishing”. In contrast, if an individual is experiencing high levels of wellbeing and low mental illness, this is called “flourishing”. The implication is that an understanding of mental health among athletes necessitates consideration of one’s levels of both wellbeing and mental illness as distinct components of mental health.

Individuals who report low levels of wellbeing or high levels of mental illness also report greater levels of impairment and disability (Keyes, 2002, 2005; Keyes & Michalec, 2010). This is important to consider in the context of sport, as an athlete may be free of mental illness but could be experiencing low wellbeing. This could put them at risk of a range of negative outcomes, including impaired performance. The implication for coaches is that they should play a role in simultaneously optimising athlete wellbeing and helping to minimise the harm associated with the onset and development of mental illness.

Sport and Mental Health

At a population level, participation in organised sports has been consistently linked with better mental health. For example, among children and adolescents sport participation is associated with fewer anxiety symptoms, less emotional distress, and fewer mental health problems (Eime, Young, Harvey, Charity, & Payne, 2013b). Among adults, sport participation is associated with lower levels of stress, depression, and emotional distress (Eime, Young, Harvey, Charity, & Payne, 2013a). However, the directionality and causal mechanisms underpinning the association

between sport participation and mental health are somewhat unknown. An over reliance on cross-sectional studies limits such assertions. Nonetheless, there are components of the sports environment which may influence the mental health of participants at all levels—for better and worse. Such influences, including the coach, warrant further investigation.

While the prevalence of mental illness among athletes is similar to the general population (Rice et al., 2016), competitive sport may contribute to poor mental health (Bauman, 2016). Athletes may also experience unique risk factors for poor mental health (Donohue, Miller, Crammer, Cross, & Covassin, 2007). For example, stigma may be of a greater concern among athletes when compared to non-athletes (Kaier, Cromer, Johnson, Strunk, & Davis, 2015). A sports culture that typically celebrates masculinity, mental toughness, and disapproval of weakness disclosure (Bauman, 2016) can lead to emotional and psychiatric problems remaining undisclosed (Trojian, 2016). This stigma may perpetuate the under-recognition of mental illness in the sporting population, and therefore risk the delaying of recognition and appropriate treatment for mental illnesses (Bauman, 2016). The role of the coach may therefore include the setting of an appropriate stigma-free climate where athletes feel safe and secure in the disclosure of mental health problems.

Conceptualising mental health as a whole state instead of just the prevention of mental illness may help address the stigma associated with seeking help, and therefore reduce the risk of mental health issues perpetuating and negatively influencing the performance and quality of life of athletes (Uphill, Sly, & Swain, 2016). Athletes and sports participants often have close working relationships with their coaches, and therefore through this relationship coaches may be vital in both the promotion of positive mental health and wellbeing, and the prevention and early intervention of mental illness.

Coaching and Athlete Mental Health

Coaches are an important influence on athlete wellbeing and development across the life-span. Coaches have articulated their own role as inclusive of athlete mental health, including the identification of mental health concerns, facilitating help-seeking, promoting wellbeing, and encouraging ongoing participation in sport (Ferguson et al., 2019; Mazzer & Rickwood, 2015). This is broadly consistent with the definition of coaching effectiveness whereby coaches integrate and apply a broad knowledge base to facilitate positive athlete outcomes which include health and self-worth (Côté & Gilbert, 2009). While mental health outcomes are not explicitly articulated under this definition (see also Côté, Bruner, Erickson, Strachan, & Fraser-Thomas, 2010 for a review)—perhaps owing to the theoretical foundation of positive youth development—mental health outcomes are necessary, desirable, and compatible with current conceptualisations of effective coaching (Vella, Gardner, & Liddle, 2016). This is particularly so with a rapidly increasing focus on athlete mental health (e.g., Reardon et al., 2019). In light of this, it is particularly important

to consider the requisite knowledge and most effective coaching strategies to foster optimal mental health and wellbeing in sport.

Despite the increasing prevalence and growing concern regarding mental health problems in sport, it has been shown that sporting organisations are not doing all that they can to promote positive mental health and prevent and intervene with mental health problems. In a recent review of Australian sporting codes by Liddle, Deane, and Vella (2017) it was found that very few sports organisations are addressing mental health at all. Coach education and training guidelines contained no specific mental health content, even among those sports with mental health policies and mental health campaigns. Those coach education guidelines discussed important factors such as “supporting the team”, “encouraging a winning mentality”, “confidence”, “team mentality”, “motivation”, and “getting involved with family and school”, however, the effect these were intended to have on mental health was not explicitly stated or supported with evidence (Liddle et al., 2017). Notably, coach education programs discussed ethical guidelines in regard to physical injury and injury management but contained no mention of the prevention of mental health problems or how to effectively respond to a mental health problem if it were evident. Evidence-based mental health strategies need to be integrated into the ongoing practices of sporting clubs and organisations, and coach education programs could include specific and targeted modules on mental health.

To investigate coaches’ perceptions of their role in supporting young athletes’ mental health, Ferguson et al. (2019) conducted a series of focus groups. Results indicated that coaches perceived their role as a youth sport coach to be diverse and included the promotion of athlete wellbeing. Consistent with previous research, coaches agreed that their role does include the promotion of mental health (Brown et al., 2017; Mazzer & Rickwood, 2015; Vella, Oades, & Crowe, 2011). For some coaches, this role extended to specific actions to facilitate appropriate help-seeking, however, this view was not shared by all coaches. Despite the variation in the extent to which coaches described their willingness to act regarding athlete mental illness, all coaches articulated some form of role in the identification, referral, and prevention of mental health problems, as well as the facilitation of athlete wellbeing. Similarly, Mazzer and Rickwood (2015) found through a series of interviews that coaches had an understanding of the negative impact of mental health problems, and while they did not feel external pressure to act in this domain, they recognised their potential role to promote mental health and respond to mental health concerns. Furthermore, coaches identified that the relationship they build and maintain with their athletes is a vital mechanism through which they are able to influence athlete mental health and help seeking behaviour. Coaches are also in a position to observe behaviour change which is an important factor in identifying the risk of a mental health problem. In addition to this, coaches acknowledged various ways that they support positive athlete mental health, such as encouraging participation in groups and activities, dealing with bullying, and using behaviour management strategies (Mazzer & Rickwood, 2015). When combined with the increasing recognition of mental health importance in sport (Reardon et al., 2019), the acceptance of athlete

mental health as part of a coach's role has implications for coach education, in which there is a lack of focus on mental health and wellbeing (Liddle et al., 2017).

Approaches to Coaching for Mental Health

Autonomy Supportive Coaching

It is widely understood that sport participation and its associated activities has benefits for mental health (Biddle, Mutrie, & Gorely, 2015). Dropout from organised sports is associated with a clinically meaningful increase in risk for mental health problems within 3 years (Vella, Cliff, Magee, & Okely, 2014). One strategy to promote mental health may be to foster good quality athlete motivation, which may in turn increase wellbeing, promote engagement, and prevent burnout and dropout (Langan, Lonsdale, Blake, & Toner, 2015). To do this, coaches may engage in autonomy-supportive coaching (Mageau & Vallerand, 2003). According to self-determination theory (Ryan & Deci, 2000), the quality of athlete motivation can range from more self-determined forms (i.e., autonomous motivation) to less self-determined forms (i.e., controlled motivation), with more self-determined (or autonomous) forms of motivation being associated with more adaptive outcomes. *Autonomous motivation* involves behaving with a sense of volition and choice. In contrast, *controlled motivation* involves behaving under pressure or demand that emanates from something external to the self (Deci & Ryan, 2008). In the sport context, controlled motivation might refer to a sense of obligation to participate in sport in order to receive a desired external outcome (e.g. medals, praise, money).

According to self-determination theory, people will be more self-determined in their motivation when their basic needs for competence, autonomy, and relatedness to others are fulfilled (Ryan & Deci, 2000). Social contexts that facilitate satisfaction of these three basic psychological needs will support people's inherent activity, promote more optimal motivation, and yield the most positive psychological, developmental, and behavioural outcomes (Ryan & Deci, 2000). Conversely, social contexts that neglect these needs can lead to less optimal forms of motivation and can have detrimental effects on wellbeing. Autonomous or self-determined forms of motivation have been associated with greater persistence, more positive affect, enhanced performance, and greater psychological wellbeing (Deci & Ryan, 2008). Considering this, the coach has a responsibility to create a climate and engage in coaching practice that satisfies athletes' basic psychological needs for autonomy, competence, and relatedness.

Autonomy-supportive coaching is an application of self-determination theory to facilitate more adaptive outcomes for athletes (Deci & Ryan, 1985). An autonomy-supportive coach creates an environment that values self-initiation, provides choice, encourages independent problem-solving, and allows athletes to participate in decision-making (Mageau & Vallerand, 2003). Elite swimmers who perceived autonomy support from their coaches were more autonomous in their motivation

for swimming, and this predicted greater long-term persistence while amotivation and controlled forms of motivation predicted drop-out (Pelletier, Dion, Slovinec-D'Angelo, & Reid, 2004). It has also been shown that increases in coaches' autonomy-supportive behaviours have been associated with increases in basic psychological need satisfaction, which are in turn associated with increases in athlete wellbeing and decreases in burnout (Balaguer et al., 2012).

Mageau and Vallerand (2003) first conceptualised a model of coaching based on self-determination theory. In this model, coaches' autonomy supportive behaviours, as well as the structure instilled by the coach leads to athletes' perception of autonomy, competence and relatedness. Some of the autonomy-supportive coaching behaviours proposed by Mageau and Vallerand (2003) include: the provision of choice within specific rules and limits; the provision of a rationale for tasks; acknowledgement of other people's feelings and perspectives; the provision of non-controlling competence feedback; the provision of opportunities for initiative; the avoidance of controlling behaviours such as criticisms and tangible rewards; and the prevention of ego-involvement in athletes.

Langan et al. (2015) operationalised an approach to coaching based on self-determination theory with a corresponding coach education program. The authors evaluated the effects of the self-determination theory-based program on athlete motivation and burnout. The authors found that the intervention resulted in a preventative effect on player burnout, particularly with athlete exhaustion, and positive trends for player motivation. Additionally, it was observed that coaches demonstrated an increase in need supportive behaviours. Therefore, coaches can be trained to better meet athletes' psychological needs with positive effects on mental health-related outcomes such as increased motivation and reduced risk of burnout. Vella et al. (2018) subsequently adapted the program developed by Langan et al. (2015) for the purposes of a multi-component mental health intervention for adolescent sport participants. They did so on the basis that higher levels of psychological need satisfaction would lead to greater wellbeing among sport participants and would lead to more self-determined forms of motivation. In turn, self-determined forms of motivation would increase engagement, reduce burnout, and underpin ongoing participation in sport which is associated with greater mental health (Vella et al., 2014). The results of this intervention are not yet known, but it offers a promising way forward in promoting positive mental health and wellbeing for athletes.

Coach Mental Health Literacy

While autonomy-supportive coaching may help to promote athlete wellbeing, coaches also hold concerns about handling mental health problems among athletes (Ferguson et al., 2019; Mazzer & Rickwood, 2015). Such concerns include self-protection (concern of being "too close" to their athletes), managing privacy (confidentiality) of information between athletes, parents, and other professionals, and

inadequate training to support athlete mental health (Ferguson et al., 2019; Mazzer & Rickwood, 2015). Training programs based on the construct of mental health literacy can be utilized to overcome the concerns of coaches. Mental health literacy includes one's knowledge and beliefs about mental health problems which aid their recognition, management, and prevention (Jorm et al., 1997). More specifically, mental health literacy refers to knowledge that is linked to the possibility of action, rather than simply knowledge itself. The components of mental health literacy include: (a) knowledge of prevention strategies, (b) ability to recognize a mental health problem, (c) knowledge of help-seeking options and available treatments, (d) knowledge of effective self-help strategies, and (e) skills and confidence to support others with a mental health problem (Jorm, 2012).

Training programs focused on mental health literacy are commonly available. For example, one such program is Mental Health First Aid (Kelly et al., 2011). The structure and content of the Mental Health First Aid program could equip coaches with the necessary knowledge and skills to alleviate some of the concerns that they have articulated (Ferguson et al., 2019; Mazzer & Rickwood, 2015) and appropriately respond to mental health and mental illness within the sport setting. Offering training in mental health may also address coaches' requests for more training in mental health (Ferguson et al., 2019; Mazzer & Rickwood, 2015). When trialed, mental health training has been shown to increase coaches' confidence and capacity to manage mental health concerns (Pierce, Liaw, Dobell, & Anderson, 2010), and may be the vehicle that equips coaches to be able to assist young people in sport (Bapat, Jorm, & Lawrence, 2009).

Despite recent attention on athlete mental health, specific mental health-related training for coaches has rarely been acknowledged as important, nor has it been systematically provided, at an organisation level. Evidence-based interventions are universally available to enhance mental health and mental health literacy, however very few have been adapted for coaches or sport club settings (Breslin et al., 2017). Increasing coaches' awareness of mental health problems and providing training in mental health literacy can decrease the stigma of mental health problems, and improve the mental health of athletes (Wright, Jorm, Harris, & McGorry, 2007). Despite the demand for context specific programs (Goodheart, 2011), few evidence-based mental health awareness programs are designed for sport-specific populations. Some efforts to meet this need have been trialed in the sport setting with promising results, although mental health literacy training within sport contexts has generally been of low quality (Breslin et al., 2017).

Read the Play is a mental health literacy program that was developed and evaluated in an uncontrolled trial by Bapat et al. (2009) with junior Australian Football and netball sport clubs volunteers. The eight-hour training program ran across three evening sessions over 3 consecutive weeks and was delivered by two experienced mental health clinician trainers. Content of the program was based on the Youth Mental Health First Aid training. The content included helping young people in the early stages of mental health problems as well as those in mental health crises, including suicidal thoughts and behaviours. Bapat et al. (2009) found that mental health literacy scores were high prior to receiving the program, which may

have been due to marketing materials or self-selection into the program, and it is likely that those who volunteered to participate already had a greater knowledge (self-selection bias). Despite this, participants in the trial demonstrated significant improvements in knowledge about mental disorders, increased confidence in helping someone with a mental disorder, and more positive attitudes towards people with a mental disorder. Additionally, participants reported greater confidence in helping someone with a mental disorder, particularly depression. Results of this trial demonstrate that mental health training is feasible and potentially effective when delivered in the sport setting. However, the causal effects of the program are not known due to the absence of a control or comparison group—a symptom of much of the research in this area to date (Breslin et al., 2017).

In a region of rural Australia, a mental health initiative called the Coach the Coach project was undertaken. Pierce et al. (2010) delivered Mental Health First Aid training to football coaches in an effort to support early help seeking behaviour of young males within the clubs. Pierce et al. (2010) acknowledged that football clubs are a social hub in rural communities and could be an effective channel to access young people experiencing or at risk of experiencing mental health problems. Mental Health First Aid is an established training initiative that aims to promote response to mental health problems in a similar way to physical health emergencies or 'first aid' (Jorm, Kitchener, O'Kearney, & Dear, 2004). The 12-h program was delivered over 3 weeks to develop the football coaches' knowledge, confidence, and skills in supporting mental health, particularly depressive, anxiety, and psychotic disorders (Kitchener & Jorm, 2002). The program was evaluated in an uncontrolled trial and found improvements in capacity to recognise both depression and schizophrenia, and this capacity was still evident 6 months after training. Coaches also demonstrated improved confidence to help someone experiencing a mental health problem. These results build upon those of Bapat et al. (2009) and suggest that providing mental health training to coaches has the potential to increase their existing skills and knowledge in supporting athletes by providing them with the specific knowledge and words to use to address specific issues if someone is experiencing mental ill health. The results of this study further demonstrate that sports clubs may be appropriate and beneficial avenue for mental health initiatives within the community, and up-skilling coaches may be an advantageous avenue to further support their athletes' wellbeing and performance. Nonetheless, as with the study conducted by Bapat et al. (2009), the absence of a control or comparison group makes it impossible to assign increases in mental health literacy to the training program itself.

In sum, mental health literacy training provides a promising, feasible, and evidence-based way to increase coaches' knowledge and skills to deal with mental ill-health among athletes. It is clear that coaches, and in particular, youth sport coaches, would receive such training well (Ferguson et al., 2019; Mazzer & Rickwood, 2015). However, the quality of the research has generally been poor, with low sample sizes and a lack of control group being major problems for the field (Breslin et al., 2017). Adequately powered controlled trials are needed, as are

measures that can give some indication of behaviour change, athlete-level measures of coaching behaviours regarding mental health, and long-term follow-up.

Practical Implications

There has recently been a focus placed on the mental health of athletes. As evidence of this focus, there has been a number of position stands and consensus statements on athlete mental health over the last 2 years, including statements from the International Olympic Committee (Reardon et al., 2019), International Society for Sport Psychology (Henriksen et al., 2019), and the European Federation of Sport Psychology (Moesch et al., 2019). Among these statements, coaches have been identified as the responsible for assisting in the diagnosis and management of mental health problems and creating an environment that supports mental health and resilience (Reardon et al., 2019). Coach education has been identified as key to enabling coaches to fulfil such roles (Henriksen et al., 2019; Moesch et al., 2019; Reardon et al., 2019).

In line with Keyes model of mental health we have put forward two approaches to coach education that could help coaches facilitate athlete mental health and wellbeing. To help coaches improve athlete resilience and wellbeing we propose coach education in line with autonomy supportive coaching and based on self-determination theory (Langan et al., 2015; Mageau & Vallerand, 2003). Such an approach has been a core component of major sport-based mental health initiatives (Vella et al., 2018), and has demonstrated success in improving mental health related outcomes such as burnout (Langan et al., 2015). The topics covered in coach education based on self-determination theory include: building athlete autonomy; appropriate feedback to athletes; ensuring athletes understand your plan; providing athletes with a rationale; building athlete togetherness; providing athletes with choice; developing independent athletes; defining athlete success; building coach-athlete relationships; and, reacting to resentment and negative athlete emotions (Langan et al., 2015; Vella et al., 2018). Systematically implementing coach education based on self-determination theory is one practical way forward to help coaches facilitate athlete wellbeing and create an environment that supports athlete resilience.

To help coaches support the recognition and management of athlete mental health problems, we have recommended mental health literacy training for coaches. The core components of mental health literacy training include: understanding the concept of mental health and various mental health problems; recognising the warning signs of common mental health problems; provision of a framework for assisting those with a mental health problem; knowledge of evidence-based treatments; and knowledge of self-help strategies (Kitchener & Jorm, 2008). This is consistent with the gaps in knowledge identified by coaches themselves at a non-elite level (Ferguson et al., 2019; Mazzer & Rickwood, 2015). In addition, coaches may also benefit from training around setting an appropriate culture whereby stigma is minimised, help seeking and early intervention is encouraged, and mental health is

explicitly considered in athlete performance and development plans. While standard training packages are available such as Mental Health First Aid (Kitchener & Jorm, 2008), a sport-specific training program may better serve the needs of coaches by contextualising the content of mental health literacy training to sport.

Despite the increasing focus on athlete mental health (e.g., Reardon et al., 2019), research has systematically lagged the public interest. In a recent systematic review of mental health literacy interventions in sport, Breslin et al. (2017) noted several important limitations in the field. Notably, these include a widespread lack of controlled studies, and systematically underpowered research. If the field is to move forward in an evidence-based manner, adequately powered and adequately controlled trials need to be prioritised. With specific reference to coaching education, robust theory-based education programs should also be a priority (Langan, Blake, & Lonsdale, 2013). We have suggested that self-determination theory and mental health literacy can provide a starting point for research. However, these frameworks should be embedded with holistic, system wide approaches to athlete mental health. Further, alternate approaches to coaching such as an athlete-centred approach may also be beneficial (Kerr & Stirling, 2008). Regardless of theoretical and conceptual approach, high quality research is needed in order to move the field forward.

Key Points

Sport coaches play an important role in athlete mental health and wellbeing. Coach education is also central to efforts to provide the most adaptive environment possible whereby athletes can experience good mental health, wellbeing, resilience, and an environment that facilitates early intervention and help seeking for mental health problems. We have described the potential merits of coach education according to self-determination theory and mental health literacy. However, the coach is only one part of a complex sporting system. For example, the IOC consensus statement on athlete mental health provides multifaceted recommendations for the sport sector, including those relevant to sports organisations, and supporting actors such as physicians, nutritionists and sports scientists (Reardon et al., 2019). As such, in order for the coach to be enabled to promote athlete mental health, they need to work with and with-in sports organisations and systems that are explicitly built to systematically promote athlete mental health and wellbeing.

There has been an emphasis on the mental health of elite athletes with multiple consensus statements (e.g., Henriksen et al., 2019; Moesch et al., 2019; Reardon et al., 2019) and reviews (e.g., Rice et al., 2016) written for this population. However, to this point the mental health of sub-elite populations, including community sport participants, has been neglected. This is an important issue given the popularity of organised sports worldwide (Aubert et al., 2018; Hulteen et al., 2017). Furthermore, there are likely to be considerable differences between the knowledge and skills that are needed by coaches of elite athletes and coaches of various sub-elite athletes including coaches of children and youth (Côté & Gilbert, 2009). An

increased research and policy focus on sub-elite contexts will better provide an evidence-base upon which all coaches can found their coaching practice. In the absence of consensus statements and guidelines for non-elite coaches, a large majority of coaches worldwide will not be adequately provided for.

It may be simplistic to assert that one, or a few approaches to coaching are able to make meaningful differences to athlete mental health in the absence of system-wide change. However, at this point, mental health researchers and practitioners working in the sports context largely do so in a theoretical vacuum. The result of this is that researchers and practitioners are unable to systematically account for the various system-wide influences and mechanisms that affect athlete mental health. Knowledge of such influences and mechanisms will enable coaches and coach educators to more fully understand, plan for, and maximise the benefits of the role that they play in athlete mental health.

Finally, guidelines for the promotion of athlete mental health will go a long way to helping coaches clearly understand and enact their role to promote athlete mental health and wellbeing. Concise, clearly articulated, easily understood and easily applied guidelines are necessary to enable coaches to adequately deal with the issue of athlete mental health. At present, many coaches report feeling ill-prepared to deal with issues of athlete mental ill-health (Ferguson et al., 2019; Mazzer & Rickwood, 2015), while parents also feel that coaches of young athletes are ill-prepared for this role (Brown et al., 2017). Visible guidelines to promote athlete mental health would be of enormous benefit for coaches moving forward.

Conclusion

Athlete mental health and wellbeing has become an issue of international importance, particularly with regard to elite athletes. This is evidenced by a proliferation of consensus statements and position stands designed to govern efforts in this area (e.g., Henriksen et al., 2019; Moesch et al., 2019; Reardon et al., 2019). Central to the promotion of athlete mental health and wellbeing are the role of the coach and coach education processes. In line with Keyes' mental health continuum (2002), the role of coach extends to the promotion of athlete wellbeing as well as the promotion of early intervention and help-seeking for mental health problems. As such, we have recommended that coaches consider the merits of coaching practice and coach education based on self-determination theory, as well as mental health literacy. However, coaches should be cognisant that they work within complex sporting organisations and systems that require unified efforts. High quality research to provide a solid evidence base, guidelines for coaches, and a focus on non-elite coaches are necessary to move the field forward in a constructive manner.

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