

# Athletes' Perspectives on Mental Health in Professional Rugby: Exploring Barriers and Pathways

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Recently, the importance of mental health awareness within sporting domains has grown, contributing to increasing numbers of mental health education programs. Although these programs are designed to enhance mental health awareness and promote engagement, their influence can be unclear. A key factor influencing program efficacy is the contextual understanding of mental health. The aim of this study was to gain athletes' perspectives of mental health in a professional rugby context. Semistructured interviews were conducted with nine male professional rugby players and analyzed using reflexive thematic analysis. Broad themes from participant interviews indicated a growing acceptance and awareness of mental health, a recognition that barriers to engaging in mental health support related to hegemonic masculinity, and that effective pathways required both individual and systemic factors. Although players increasingly recognized the importance of mental health, cultural expectations around toughness, stigma, and performance continued to shape emotional expression and engagement with support.

**Keywords:** masculinity, stigma, vulnerability, mental health literacy

Recent interest in exploring mental health within the public domain has extended into the field of sport psychology, with 81% of studies on elite athletes' mental health published in the last 10 years (Lundqvist & Andersson, 2021). Findings from the published research are ambiguous, with some researchers suggesting an increased potential for adverse mental health among athletes (Kola-Palmer et al., 2019; Rice et al., 2016) and others indicating that athletes are resistant to mental health difficulties (Olive et al., 2021). Although several definitions of mental health have been reported, Kuettel and Larsen (2020) defined mental health with respect to elite sport as

A dynamic state of well-being in which athletes can realize their potential, see a purpose and meaning in sport and life, experience trusting personal relationships, cope with common life stressors and the specific stressors in elite sport, and are able to act autonomously according to their values. (p. 253)

This definition reflects an evolving understanding that mental health is not merely the absence of disease but can be contextual.

This growing interest may reflect increased awareness of the unique demands and expectations that athletes face (Bauman, 2016). Souter et al. (2018) elaborated on the demands that athletes manage and emphasized the challenge of balancing increased workloads, training, and competition pressure, which could lead to mental health concerns such as low mood, decreased well-being,

depressive episodes, anxiety, and other mental health disorders (Poucher et al., 2021). In response, several consensus, expert, and position statements have been produced to provide guidance for elite athlete mental health (see Henriksen et al., 2020; Reardon et al., 2019). For example, the Expert Consensus Statement by the International Olympic Committee offered comprehensive recommendations for treating prevalent mental health disorders within the elite sport setting (Reardon et al., 2019).


Purcell et al. (2019) identified that, although this statement, and others, primarily focused on treatment, they overlooked preventative approaches. They advised that adopting a broader, more preventative framework that emphasizes early detection would be beneficial. Henriksen et al. (2020) similarly called for approaches that focused on preventative measures, such as raising awareness of mental health issues and normalizing help-seeking behaviors to enhance athlete mental health. These perspectives have led to the development of several preventative educational intervention programs aimed at promoting mental health awareness (Gorzynski et al., 2021).

Educational interventions typically take the form of mental health literacy training, designed to support the recognition, management, and prevention of disorders while reducing stigma and encouraging help-seeking (Castaldelli-Maia et al., 2019; Liddle et al., 2021). Enhancing mental health literacy seems to be a logical approach because, as Gorzynski et al. (2017) identified, lower mental health literacy is associated with reduced help-seeking behavior, which in turn contributes to worsening mental health. Although several studies have reported that mental health education can enhance mental health literacy, resulting in positive influences on mental health (e.g., Kola-Palmer et al., 2020; Ojio et al., 2021), others urge caution. Breslin et al. (2017) and Vella et al. (2021) highlighted concerns regarding inconsistent program content, limited cultural sensitivity, small sample sizes, lack of control groups, and minimal follow-up evaluations. In response, Gorzynski et al. (2021) provided recommendations to guide future intervention design. One recommendation emphasized the need for research to foreground the cultural needs of the group when

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developing interventions. Poucher et al. (2021) also emphasized the influence of evolving sport cultures on how mental health is understood and interventions are designed. Tailoring interventions to the nuances of the sports culture may improve the effectiveness of mental health literacy programs (Henriksen et al., 2020).

To explore the influence of sports cultures, it is essential to consider what is meant by culture. Much research in sport psychology begins by defining organizational culture (see Coulter et al., 2016). Schein (2010) proposed the following definition:

A pattern of shared basic assumptions learned by a group as it solved its problem of external adaptation and internal integration, which has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems. (p. 18)

Based on this understanding, shared basic assumptions can be passed down through group norms that define acceptable behaviors. Within sporting cultures, embedded norms may socialize athletes into specific ways of perceiving, thinking, and feeling, potentially framing mental ill health as weakness, leading athletes to suppress vulnerability and avoid help-seeking (Gavrilova & Donohue, 2018). Without cultural context, generic mental health literacy programs may fail to address these embedded norms and shared assumptions specific to a sport culture, limiting their efficacy.

Understanding and recognizing the cultural norms surrounding mental health within specific environments may lead to more nuanced, contextually appropriate mental health literacy interventions. Research from Lane et al. (2023) and Oguro et al. (2023) highlights how sporting cultures can influence behaviors associated with enhanced mental health support. Lane et al. applied a phenomenological approach with 55 Australian National Rugby League professionals and found that over half of the players who reported mental health difficulties sought help internally within the club rather than looking for external support. The National Rugby League had, over the 5 years prior to the study, focused on adopting cultural norms that foregrounded sport-specific well-being systems and committed to enhancing awareness of mental health in the rugby league (Lane et al., 2023). By contrast, Oguro et al. surveyed 219 professional Japanese rugby players, who indicated that, if they needed mental health support, they would seek it outside the club. These athletes reported that disclosure within the club was risky for their careers and rated the club as the least likely support pathway. Oguro et al. explained that these cultural norms of prioritizing performance over well-being reinforced existing stigma around disclosing mental health concerns. These contrasting findings suggest that contextually appropriate mental health literacy may increase help-seeking behaviors and deeply embedded cultural norms influence athletes' decisions regarding vulnerability disclosure, help-seeking, and overcoming stigma.

Stigma around mental health has been widely reported as a barrier to help-seeking in elite sport (Bird et al., 2018). Kola-Palmer et al. (2020) conducted a survey of professional rugby league players based in the United Kingdom and found that shame and embarrassment were significant barriers to help-seeking. Lyons et al. (2022) echoed these findings in rugby union, identifying stigma as a powerful barrier and highlighting additional concerns about how coaches and teammates might react, particularly in relation to competition for position (Lyons et al., 2022). When help-seeking is not aligned with culturally sanctioned behaviors, stigma may prevent athletes from accessing mental health support (Tibbert et al., 2023). This emphasizes the need for culturally

embedded, sport-specific research to understand what drives or deters engagement with mental health literacy and support and how these behaviors reflect dominant values in sporting environments.

Gender is also a factor that can influence the extent to which athletes adhere to cultural sporting norms. Robertson et al. (2018) reported that male athletes were more reluctant than females to break sporting norms, which aligns with broader research on masculinity in sport (Souter et al., 2018). Sport has historically served as a primary site for the social construction of masculinity, where traits of strength, power, dominance, and stoicism are socialized and normalized (Drummond, 2002; Steinfeldt & Steinfeldt, 2012). Traditionally masculine sports, such as rugby, cricket, and Australian football, promote heterosexuality, muscularity, and nonfeminist ideologies (Drummond et al., 2022). In these contexts, help-seeking and vulnerability are perceived as weakness, incompatible with masculine ideals and athletic identity (Anderson & McGrath, 2021). These ideals can lead to a reluctance among athletes to express emotional distress or seek psychological support, reinforcing a cycle of silence and internal struggle. The incongruence between traditional masculinity and help-seeking may place males in masculine sports at greater risk of psychological harm (Cole & Ingram, 2020; Raemaeker & Petrie, 2019).

Cranswick et al. (2023) found that athletes with stronger athletic identities were more likely to conform to masculine norms, suggesting that alignment with the athletic ideal leads to internalization of gender role expectations. However, not all male athletes want to, or can, adhere to these expectations (Steinfeldt & Steinfeldt, 2012). Anderson and McGuire (2010) explained that inclusive masculinity theory (IMT) posits that multiple forms of masculinity can coexist, allowing for greater freedoms of expression. Anderson (2009) developed IMT in response to evolving cultural expectations suggesting that men can relate to emotional expression, care, and interpersonal connection in new ways, rather than adhering to the social norms of traditional masculinity. Crucially, inclusive masculinity may have positive implications for mental health and help-seeking. Under traditional masculine norms, seeking help for depression or anxiety may be seen as a weakness that undermines masculine capital, described as the credibility earned by conforming to traditional masculine norms (Anderson, 2009). By contrast, IMT offers a route for reframing help-seeking as a strength, with an emphasis on openness and support. Researchers suggest that providing education that challenges traditional masculine norms may foster environments where athletes feel safe to express mental health concerns without fear of recrimination (Gorczynski et al., 2021; Ojio et al., 2021). If athletes feel safe to express vulnerability among peers, their willingness to seek help increases, and mental well-being may benefit. Contextual understanding that normalizes vulnerability and redefines team culture may be particularly influential in traditionally masculine sporting environments.

It is clear that generic mental health education may not influence athletes whose cultural values stigmatize vulnerability or help-seeking. Research exploring how athletes engage with mental health and mental health interventions within traditionally masculine sporting environments is needed to inform effective, culturally relevant approaches (Gorczynski et al., 2021).

## The Present Study

Rugby, a sport associated with physical hardness, dominance, and risk, remains a key environment in the social construction and reinforcement of traditional masculinity (Drummond, 2002;

Drummond et al., 2022; Ojio et al., 2021). Hegemonic masculine norms embedded in this culture may create barriers to progressive mental health literacy. Understanding how athletes conceptualize mental health in contexts that prioritize toughness, resilience, and emotional control may inform more culturally sensitive interventions. Such approaches could incorporate emerging frameworks of inclusive masculinity, where masculine capital and vulnerability are not viewed as mutually exclusive. The aim of this study was to explore elite male athletes' perceptions of mental health in rugby's masculine culture and to examine how they navigate masculinity and mental health in their sport. Although previous researchers have reported patterns of help-seeking behavior among rugby players (e.g., Kola-Palmer et al., 2020; Lane et al., 2023; Oguro et al., 2023), the role of masculinity in shaping these behaviors remains underexplored. Our research question then asks how professional male rugby players perceive mental health and mental health support in a traditionally masculine culture. Examining the interaction of masculinity and sport culture on mental health understanding and support seeking in elite rugby will develop knowledge leading to a more nuanced understanding of how to engage professional rugby players with mental health support.

## Method

### Philosophical Approach

An interpretivist paradigm was chosen to enable an in-depth investigation of participants' experiences and stories. Using this framework allowed the researcher to engage with ontological relativism (i.e., reality is multiple and dependent) and epistemological constructivism (i.e., knowledge is constructed and subjective). This approach allowed for an exploration of experiences and meanings that players hold by focusing on recognizing and interpreting the meanings assigned to their experiences and actions (Fossey et al., 2002). This approach was deemed relevant to this study because of the interest in identifying players' contextual understanding and experience of mental health.

Using ontological relativism meant recognizing that there is no theory-free knowledge of mental health within the lens that recognizes the influence of multiple socially constructed realities on participants (Alharahsheh & Pius, 2020). This concept holds the notion that reality is not distinguishable from subjective experience and goes beyond the idea that individuals experience the external world differently, implying rather that it is their perceptions of their worlds that are different (Alharahsheh & Pius, 2020).

Using a relativist ontological perspective, the researchers aimed to explore subjective realities and multiple truths to understand the mental health experiences of male rugby players. Interpretivism allows for epistemological constructivism, whereby knowledge is created through people's perceptions and subsequent actions, and the discovery of meaning achieved through interpretation (Goldkuhl, 2012). This permits the researcher to use the subjective mental health experiences of participants to construct knowledge, facilitating the path toward developing understanding of the context of mental health support for male rugby players. The interpretative paradigm approach is rooted within the study methodology and analysis, which are further detailed below.

### Participants

Following Health Sciences University ethics board approval, gatekeepers in professional rugby, known to the first author, were

approached and briefed on the aims of the study and asked to allow access to participants who could be deemed appropriate for the study. To meet the inclusion criteria, participants were required to be (a) male, (b) over 18 years old, and (c) employed in professional rugby environments (e.g., an athlete who is employed full-time in premiership, national, or international rugby). All participants ( $n = 9$ ) were male, between the ages of 24 and 34 ( $M = 28.4$ ), with professional careers lasting between 6 and 13 years ( $M = 8.5$ ). Participants were predominantly engaged in premiership rugby across multiple countries.

### Procedures

Access was gained through gatekeepers known to the researcher and university. Gatekeepers were informed of the research intentions and participant criteria via calls, emails, and face-to-face meetings. The gatekeepers provided potential participants with information about the study, and initial contact was made via introductory emails whereby information sheets detailing the research intentions were supplied, potential participants were informed of the aim and procedure of the study, and consent was provided. Semistructured interviews were arranged at the convenience and accessibility suited to participants with online video interviews chosen for ease of data collection. All data were recorded and automatically transcribed for analysis, allowing for amendment of errors for consistency and validity. Despite possible drawbacks around building rapport through limited interpretation of social cues and body language, Joshi et al. (2020) suggested that the video medium promotes anonymity and increases willingness to disclose personal information. Before the interview began, participants were encouraged to find a private space to further promote confidentiality and rapport. At the end of the interview, member reflection was conducted, allowing the researcher to summarize perceptions of the discussion and collaborate with the participant. At the close of the interview, a debrief form containing supplementary information was sent explaining how findings will be reported, the study's influence, related research, and mental health signposting.

### Interviews

Interviews are a commonly used method in qualitative research because one-to-one conversations provide a space to enable participants to respond truthfully, revealing rich information (Smith & Sparkes, 2016). As Polkinghorne (2005) mentioned, the quality of information during interviews relies on the interviewer's skill in constructing and guiding conversations around topics comfortably. A semistructured interview guide was created to increase the interviewer's ability to encourage in-depth sharing by building rapport through natural conversations across chosen topics of athletic identity, masculinity, and mental health. Questions were designed to explore the participants' perceptions of the chosen topics (e.g., *What are your thoughts and experiences about how mental health is/has been understood in rugby?*). Open-ended questions were used to encourage detailed, nuanced responses (e.g., *Can you tell me your thoughts around mental health support services that you might have experienced or observed? How do you feel about using mental health support services in rugby?*). In line with the research aim to explore participants' thoughts and beliefs, the semistructured nature of the interviews allowed for the flexibility to explore any subtopics that surfaced (Smith & Sparkes, 2016).

A point to note regarding the initial interviews. The first two participants started their interviews with a version of mental health that each felt was warranted. For example, Ollie explained, “mental health is probably more prominent now than it ever has been within the sport, and probably just life in general. I think it’s getting bigger and bigger every year to be honest,” only to follow this up with, “I’m giving you the PC (politically correct) answer.” Ollie went on to talk about the frustrations around the prominence of mental health in the rugby environment as he relaxed into the conversation. The second interview followed a similar pattern with Toby explaining, “I don’t think there’s any softer rugby players off the back of anyone getting therapy or counselling,” only to follow this up later in the interview with, “If you were to go out and say, ‘look I’ve got depression, I’m on antidepressants,’ how the fuck is that going to sit at the moment? Probably not great.” Following these first two interviews, the researcher focused on building rapport, ensuring that athletes knew that there would be no judgment and no expected politically correct answers and highlighting the researcher’s own background in rugby.

## Data Analysis

Reflexive thematic analysis was used to analyze the interview data and resulted in the creation of codes and, subsequently, themes from the recurring topics that surfaced (Braun et al., 2016; Clarke et al., 2015). Reflexive thematic analysis relies heavily on researchers’ reflexive ability to be aware of their interpretive qualities and how their understanding of knowledge impacts their assumptions. Understanding the subjectivity of research interpretation as integral in creating themes (Clarke et al., 2015), this process captured the shared meanings through the researcher’s interpretive paradigm. During reflexive thematic analysis, codes were generated through a systematic approach, initially transcribing interviews verbatim including comments from the collaborative member reflection and postinterview notes, which were made following each interview. Following this process, initial notes were taken regarding potential patterns of data, which was followed by rereading each individual interview while listening to the audio file to check and amend for errors to ensure verbatim transcription. Reviewing and highlighting relevant observations underpinned meaning within subjects with the research aims foregrounded (Braun et al., 2016). By grouping codes together, themes were further categorized into subthemes and higher-order themes. The second author then reviewed interview excerpts and played the role of a critical friend questioning the interpretation of several themes. This led to discussion around stigma, sports culture, and masculinity in relation to the importance directed at each when players talked about mental health. This led to a review of several themes related to culture and resulted in subthemes of stigma and the joining of culture and masculinity as one theme. Vivid data extracts were chosen to best represent the key points from players. All participants were given pseudonyms to help develop context (Clarke et al., 2015).

## Rigor and Trustworthiness

To establish confidence and trustworthiness in the research process and findings, several strategies were used. Reflexivity was used throughout the process to improve credibility and trustworthiness by embracing the socially constructed realities of participants and identifying personal beliefs that the researcher may maintain (Shaw, 2010). Through personal reflexivity, the researcher’s own involvement in rugby at a semiprofessional level enabled a credible

assessment of participant experiences with fewer assumptions due to being exposed to the rugby culture (Johnson et al., 2020). Personal reflexivity requires researchers to examine and clarify their expectations, assumptions, and responses to the contexts, participants, and data (Gentles et al., 2014). Therefore, personal reflexivity was focused on continuously throughout each stage of the research project to ensure that the researcher was conscious of how their own experiences might influence the players’ stories and ensure that the findings represent as accurate an interpretation as possible.

Through the shared understanding, rapport appeared to develop quickly, which helped to gain trust and confidence during the interviews. The rapport led to the promotion of rich data being developed throughout the interviews. Much of the participants’ experiences and stories supported previous research findings, increasing the quality. The selected participants represented a wide group of professional players of varying demographics, which was felt to accurately reflect representation of the population, with the use of their words providing more validity in findings.

Finally, member reflection was carried out to encourage rigor and trustworthiness further, which involved discussing the content with participants at the close of each interview to ensure a collaborative approach between researcher and participant (Smith & McGannon, 2017). This encouraged additional reflexivity by incorporating participants’ perspectives into the data analysis, thereby further validating findings and reducing potential misrepresentation. Member reflection aligns with the interpretivist paradigm by adding an extra collaboration layer, which ensured that the results were grounded in the participants’ own subjective experiences of mental health in rugby.

## Results

Findings from interviews with professional rugby players highlighted how these athletes perceived mental health, navigated support structures, and experienced cultural expectations within the sport. An overarching theme, theme, and subtheme framework was organized to reflect the stories shared by participants. Three overarching themes were organized from the data (see Table 1): perceptions of mental health, barriers to support, and smoothing the pathway.

### Perceptions of Mental Health

Players acknowledged that mental health had become increasingly visible and accepted both within their sporting culture and broader society. This growing visibility, driven by social media, ex-players speaking out, teammates, and the leadership group, was viewed by players in varied terms.

#### Mental Health Awareness

Mental health was described as being everywhere. Theo explained, “on TV you see it everywhere, adverts all over the place . . . [at] halftime. It’s everywhere you go, you, you see mental health.” The term appeared to have become normalized across domains. “There’s all this social media and marketing . . . you know, it’s OK to not be OK and people post on Instagram and can tweet about it” (Lachie).

Professional players disclosing mental health difficulties following retirement and more recently, during their careers, had added to the normalization of mental health, “rugby is seen in such a masculine way that if big rugby players are openly talking about mental health [on social media], a lot of people will follow” (Ollie).

**Table 1** Overarching Themes, Themes, and Subthemes

Overarching theme	Theme	Subtheme
Perceptions of mental health	Mental health awareness	Social media
	Mental health support	Sporting environment
Barriers to support: What gets in the way?	Professional identity/masculine capital Sport culture and masculinity	As a rugby player
		External influences
		Behavioral norms
		Stigma
		Consequences of gaining support
Smoothing the pathway	Accessibility	Exceptions
	Contemporary masculinity	

Bob expanded, “these old players coming out now talking about dementia, mental health, concussion, I think has had a huge impact.”

The normalization of mental health in the media had translated to changes in respective rugby clubs. Jed explained, “My first view of rugby [13 years ago] where I can’t imagine any players coming out and saying that [disclosing mental health] . . . I feel that there’s been a shift, now players are starting to talk about it more.” Whereas Jed noted a generational shift, Ollie highlighted how this cultural change had influenced everyday interactions within the team:

The banter and all that side of things in rugby is always gonna be there . . . but there is . . . more depth to things now. You see guys just having general chit chat around the place about how things are at home . . . and then rather than just, “yeah, yeah, everything’s sweet, had a few beers on the weekend” or something, now it’s a bit more deep.

The shift in mental health conversations translated to behaviors off the pitch, as well:

I started young, so I’ve probably transitioned to a new generation now, and it’s [mental health] changed. When I first came, I felt like you had to have this hard exterior all the time . . . 5–10 years ago. It was “be hard on the field, be hard off the field.” There was no sort of gap and . . . you can’t function like that, now it’s much better than it ever has been. (Jack)

Although the awareness of mental health influenced interactions at the club and player’s private lives, one example being, “being able to say I’m not alright and talk to my wife about it . . . that’s not something we would’ve done five years ago” (Lachie), the visibility of mental health did not always translate into understanding or action. Some participants, like Joe and Bob expressed skepticism. Joe explained, “I don’t think the players themselves are really jumping on board with it,” whereas Bob was more critical, stating, “the way the world’s gone with mental health . . . is a joke now.”

**Mental Health Support**

Despite the ambivalence, players acknowledged that the changes in the general perceptions of mental health had brought about changes to the type of support available within the club environment. The changes included access to sport psychologists and psychological training approaches. Jack explained, “there were two psychologists

with the team the whole time . . . there was actually a mindfulness group once a week . . . which was something I’ve never seen.” Although at this elite level, players were clear there was more provision available than before, players queried the consistency of support across rugby tiers, “there is . . . a lot of [mental health] support and help out there professionally . . . but I think underneath that . . . local clubs, championships, I don’t think they have the support or ‘reach outs’ if you want them” (Ollie).

Players discussed the variety of mental health support and reflected on whether they would use the systems set up in the clubs. Jack explained,

We’ve got a sport psychologist . . . but I don’t think I’d go to him for mental health issues . . . performance anxiety and how to deal with stress and pressure and things like that . . . but that’s kind of the only reason I’d go to him. If you’re not a confident person or if you’re worried what people might think of you or what people might say to you, I can see why you wouldn’t go.

This understanding of the role of the sport psychologist demonstrates a gap between provision and perception, with players knowing that psychoeducation support was available but not feeling comfortable using that support for mental health. In addition, players talked about not being sure about how to use the provision. Lachie explained, “actually, no one sat down and been like, look, if there’s something going on, we will be here to talk and that’s OK.”

Although there was increased provision of support, the players did not generally think it beneficial. Jed summarized this point, “I can’t see players getting behind [mental health] courses and stuff like that . . . They’d just be like, ‘no I’m alright’ . . . they would just think it’s another shit thing that they’d have to do.”

**Barriers to Support: What Gets in the Way?**

Although players positioned mental health as an acceptable conversation within their sporting environments, several barriers got in the way of using the support. Barriers included themes related to professional identity, sport culture, and masculinity.

**Professional Identity**

The professional identity of being a rugby player held more value than engaging with mental health support. Players accepted that the professional identity of being a rugby player meant being stoic and strong, which in this study meant avoiding emotional expression.

I think people just assume that playing your sport that you love, and you live it and breathe [it], and you know it's your dream to play, it's all easy-going . . . It shouldn't get you down. It shouldn't make you unhappy. And you shouldn't feel sad sometimes when . . . the reality of it is there are some really dark places. (Theo)

Lachie added another dimension:

A lot of players don't talk, they um they tend to bottle it up because they assume that they should be OK. When people aren't OK, they're sort of taken aback and think, "oh you're meant to be doing this thing you love, and you're meant to [be] this big, tough player. Why you struggling?"

The professional identity related to being a rugby player appeared embedded in the acceptance that, because players were able to do the job they loved, they should not need help or struggle. This norm meant it was difficult to talk about real difficulties: "I can't speak . . . about . . . depression it's quite like it's a massive roller coaster. So as much as you have the peaks and the great bits, . . . the come down is really, really quite hard to deal with" (Harry).

Some players appeared not only to hide those emotions that did not align with their athletic identity but to internalize the professional identity of being a rugby player:

I think because you're seen as a rugby player, you might be this hard person that doesn't want to show emotions or you know, it's just a hard personality and you know, crying is a sign of weakness, talking is a sign of weakness, people don't want to show those things. (Ollie)

The external judgment from former players in relation to showing weakness added to the idealized version of rugby players. Theo explained, "it's always the ex-players that . . . are always sitting in the commentary box with their gut out and you know like, ' . . . back in my day, we didn't used to be that soft.'"

### **Sport Culture and Masculinity**

Acceptable norms within this sporting culture were linked to traditional masculine ideals. Despite players coming from different countries, playing in different teams, and being different ages, stories aligned on acceptable masculinity within rugby, which was captured by several players: "I think the actual game itself screams masculinity . . . when I cross the white line, if I'm not masculine . . . then I'm going to have a tough time, you know" (Toby), and "everyone wants the big collision, the big hits," (Joe). Younger players learned about the expectations of adopting socio-culturally appropriate behaviors in their rugby clubs. Jed explained, "you've always got people coming through like the young lads who see what we're doing, see what the older boys are doing. They kind of follow." The physicality of being masculine in this environment was not understated, and the values related to playing regardless of pain and being able to take the hits appeared rooted in the norms for professional rugby:

I ruptured my ACL in my shoulder joint and didn't know how bad it was, was painful but carried on playing because, you know, I had an opportunity and I was just going to tough it out and just try and get through it and, you know, didn't want to be called soft . . . I ended up having a shoulder operation at the end of the season and missed the . . . world cup. (Lachie)

The perception that players needed to adopt culturally acceptable behaviors associated with masculinity appeared to be a barrier for engaging with mental health support:

To be a male, you have to be hard and brave and being brave is being strong and being a man and hard. You're not meant to cry as a bloke. You're not meant to have feelings or get upset or get emotional. (Ollie)

Players discussed a sense of masculine capital, explaining that only when they felt accepted as a tough, hard player could they display vulnerability, but not all players felt they had enough masculine capital. Toby explained, "it's probably my uh my head, I'm just not prepared to be that guy [who seeks mental health support] just yet . . . I am bothered about appearing less masculine."

Stigma around help-seeking meant that asking for help would not be accepted: "it is difficult because you're in a male environment . . . people definitely would still keep it [mental health problems] under wraps, and you don't know what's going on" (Bob). The stigma around help-seeking appeared to be handed down by the more masculine players. Jed explained, "I don't think they [players] would use it [mental health support], they would be worried about someone judging them, particularly those alpha guys."

One consequence of looking for mental health support in the professional rugby environment related to the insecurity that the participants felt about maintaining their position on the team:

Give an opportunity to someone else and that's you know, we're in that business of "you're not performing well, look elsewhere" through no fault of your own. You miss three games, and someone steps up and kills it, and then all of a sudden, damn, I'm looking for a new club. (Theo)

Asking for mental health support was seen to be opening the door to being replaced, such was the feeling that performance was prioritized over well-being. Players tended to work hard to display traditional masculine behaviors to gain acceptance in their sporting environments, but in certain contexts, typically nonmasculine behavior and displays of emotion appeared acceptable. One of these contexts included when performing, Lachie explained, "I know a couple of lads where I am, that are happy to embrace a non-masculine view, and they're performing. I suppose it has to be backed up by good performances. So, then people are like, that's okay."

Additional exceptional contexts included acceptance of vulnerability when undergoing sporting setbacks like injury, deselection, loss, or during social outings. Harry explained,

I thought I was going to miss the World Cup . . . I was in the changing room and kinda crying . . . I was worried about my friends kinda taking the piss out me or whatever, but it [him crying] was actually kind of very welcomed.

Another context accepted for vulnerability included when players were out drinking:

The only time you really see it, when [the] boys go on the piss and then drink too much and then they open up. To be fair I've done it, I hadn't played for ages and was really struggling and being injured, [the] shit you talk on the piss. You have a little cry with your mates and you're fine again. I think like a lot a lot of players probably do that as well. (Bob)

## Smoothing the Pathway

Shifting landscapes were discussed where masculinity was understood in less structured terms. These included the provision of different pathways for support rather than clubs providing the only route.

### Accessibility

Players suggested that the responsibility to connect with mental health support served as a potential obstacle. Lachie explained, “there is services and stuff provided. But the ownership is on us to do that, and I guess . . . you have to sort of self-diagnose that you’re not feeling OK to do it.” Toby elaborated,

I think just to have more options for people to talk. I think if, if you have to e-mail someone or phone someone, I don’t think players will get around to it, and the effort of going through that, just doesn’t seem worth it, which is a bad thing to say, I know, but it’s it is true, and probably 90% of sportsmen would give you the same answer I reckon.

Providing support on a one-to-one basis was deemed a better fit; “I think the club need to take more onus . . . I think a lot of it’s done by the Rugby Players Association (RPA), but I think individual clubs can be better at having those individual conversations” (Joe).

An interesting dimension to smoothing the pathway was to wrap mental health up in a performance framework rather than mental health as a weakness to be fixed. Toby had seen this in other clubs:

I think the really good teams are actually using it (mental health) as a competitive advantage and saying, “right we can get, we can get niche here if we get some of the stuff right” and it’s a really tricky thing to invest in because you can’t see it. It’s not really that tangible, but it’s performance.

Although there was an understanding among the players that mental health should not affect performance, Jack reflected, “certain things are kind of weighing you down, that can have a burden mentally and can affect how you train . . . how you play.” It was evident that the idea that performance was not being influenced by mental health was unrealistic, even if players hoped otherwise.

### Contemporary Masculinity

Although in the clubs players understood what it took to be masculine and where mental health sat within this understanding, there was a sense that discussing vulnerability could be seen as a strength and that a contemporary approach to masculinity enhanced engagement with mental health support. Harry explained, “There has been a shift where to come out and talk about your mental health is now seen as a masculine trait.” Lachie continued,

I can see how people would think, “oh, it’s soft to talk or it’s feminine to talk about feelings and emotions,” but my opinion is, that you have to be fucking brave to show when you’re not feeling great, and I think that’s actually more masculine itself.

The shift in describing masculine behavior was also captured by Jack: “you’re . . . more masculine if you’re hard on the pitch . . . off the pitch, it’s just so different . . . I think that’s more impressive than trying to be hard [all the time], and I think that’s the way it’s going.”

Ollie talked about how values related to masculinity had changed over his time in rugby:

I think historically it’s [being traditionally masculine] been pretty important, but I think it’s changing . . . it’s becoming more acceptable to . . . be who you want to be, but . . . rugby as a sport, at the moment, is probably seen as a game played by manly men. The older generation struggle to understand it [changes] and to accept it as much.

Jack felt that an inclusive approach to masculinity allowed players to support teammates: “we would all look after each other like if someone was struggling. I know everybody in our team would look after him.” Toby disagreed: “it would take a real tight team for someone to open up in front of 40 blokes, so I don’t think that would happen.” Players talked about how the right person needed to demonstrate the changes within the groups to allow acceptance to occur. Harry explained, “I’ve been using it [support] for a little while and I’ve told people about now and it’s actually pushed other guys to [use it] but still it’s not a mainstream subject to talk about [in rugby].” Harry was a seasoned rugby player who had been involved in the professional scene for years and clearly felt he had masculine capital in the game, but he still felt unable to disclose accessing mental health support to the whole team. Although some recognized that disclosing mental health concerns could be compatible with masculinity, Jed was skeptical:

My experience with masculinity is that it has never served me in any way . . . I can’t help looking . . . masculine, but I can avoid being that toxic masculine . . . character. You know, those guys in their late twenties, thirties and they’re still trying to be the alpha in the room, and it’s just doesn’t serve them, people don’t like it anymore.

## Discussion

The aim of this study was to develop understanding of professional male athletes’ perceptions of mental health and mental health provision within a traditionally masculine sport. Three broad themes were interpreted from the data: perceptions of mental health, masculine-related barriers to disclosure, and potential pathways linked to cultural shifts in how masculinity is expressed.

### Perceptions of Mental Health

Findings from the present study suggested that conversations and awareness of mental health had become normalized in participants’ lives both in a wider society and within the rugby environment. These changes extended to conversations about feelings both at home and in the club. It was clear in this study that societal changes around mental health also influenced norms within the rugby culture. The societal acceptance of mental health appeared to have trickled down into day-to-day conversations, and participants highlighted how social media disclosure by current and former rugby players helped to normalize the mental health conversation. Gulliver et al. (2012) reported similar findings that social media disclosures had shifted norms for athletes and challenged public perceptions of athletes as invincible to mental health disorders. In the study conducted by Gulliver et al., athletes highlighted suspicion around the media portrayal of athletes, believing that mental health concerns were exaggerated.

Participants talked about the common belief portrayed in the media and accepted by the public that rugby players should be invincible to mental health difficulties. Apostolopoulos (2020) identified that media narratives that glorified athletes as superhuman and invincible contributed to a sport culture that suppressed or denied mental health problems. Newman et al. (2016) reported a similar finding with athletes believing that the public's opinion was that athletes should not have mental health struggles. Players in this study also talked about a more internalized perspective. Players did not believe that they were immune to mental health difficulties as per the media narratives, but they believed that they should not experience them. Players appeared to have internalized the idea that they did not deserve to experience mental health problems because of their position of privilege or strength. This feeling suggests that being a rugby player disqualified them from having emotional difficulties. There is clearly conflict in the influence of media in normalizing mental health but also in developing narratives about superhuman abilities of players that may have led to an internalization that rugby players are not allowed to have mental health concerns (Castaldelli-Maia et al., 2019; Gulliver et al., 2012).

Participants in this study discussed using a sport psychologist primarily for psychoeducation, rather than for mental health support. Similarly, Newman et al. (2016) found that athletes typically sought sport psychologists for performance-related reasons, considering it to be embarrassing to seek help for depression or nonsport concerns. This reluctance to engage with sport psychologists for mental health support may be shaped by broader fears about the personal and professional concerns of disclosure. For example, Oguro et al. (2023) reported that athletes avoided accessing psychological services due to concerns about confidentiality and career repercussions. Together, these findings highlight the ongoing need to better communicate and normalize the broader role of the sport psychologist.

### Barriers: Cultural Norms and Masculine Ideals

Various barriers were discussed in the interviews in relation to accessing mental health and mental health support. Players within this environment described a cultural expectation to project images of strength, emotional control, dominance, and toughness, all values associated with hegemonic masculinity (Bauman, 2016; Drummond, 2002). These expectations contributed to a reluctance in acknowledging mental health concerns or accessing support services because doing so could threaten their masculine image or standing within the team. The risk of being perceived as weak or potentially losing selection opportunities reinforced the silence around problems associated with mental health (Gulliver et al., 2012). Souter et al. (2018) also reported that athletes feared disclosing mental health issues because it might jeopardize their place in the team or undermine contract negotiations. This pattern aligns with previously published research in other traditionally male-based sports (Coulter et al., 2016; Tibbert et al., 2023).

Players in the current study described adopting a professional rugby identity that aligned with the cultural expectations of their sport, such as aggression, physical dominance, and stoicism, and noted the advantages of displaying masculinity in relation to being accepted within the team (Drummond, 2002). Cranswick et al. (2023) similarly found that the stronger an athlete's identity with their sport was, the more likely they were to conform to masculine norms, leading to low levels of engagement with mental health support. In this way, athletic identity not only helped athletes gain

acceptance within the team but also reinforced silence around mental health.

Stigma was reported as a significant barrier to help-seeking, reinforced by embedded masculine norms that viewed emotional openness as weakness. Athletes in this study described suppressing distress to protect their image and maintain selection opportunities, which are concerns reflected in previous research, where athletes feared judgment, embarrassment, and professional repercussions if they disclosed mental health struggles (Bird et al., 2018; Gulliver et al., 2012; Newman et al., 2016). Gulliver et al. (2012) reported that over 40% of barriers to accessing mental health support among athletes were stigma-related, including feelings of embarrassment, shame, and fear of being judged.

Stigma around mental health in this context meant internalizing the dominant beliefs that seeking help reflects personal weakness or failure. Stigma was also evident in the conformity of idealized behaviors required to be accepted by coaches, teammates, or selectors. Bauman (2016) suggested that, in certain cultures that celebrate toughness, stigma reduces any display of weakness, and athletes learn to equate acceptable behaviors with silence, contributing to a culture in which vulnerability is not just discouraged but penalized. Collectively, these findings suggest that addressing stigma, both within the sporting culture and at the level of individual beliefs will be essential to improving mental health support and accepting help-seeking among athletes.

Participants identified specific conditions such as injuries, performance dips, and team drinking sessions, where expressions of vulnerability appeared acceptable. By contrast, personal mental health concerns, regardless of status, remained off-limits and were viewed as incompatible with the values accepted within the sporting environment. This distinction highlights how mental health concerns are legitimized when tied to performance, toughness, or shared sporting experience but are marginalized when related to personal well-being (Drummond, 2002).

Despite the barriers and nuances surrounding mental health support, participants talked about a changing inclusive masculinity (Anderson, 2009). Players recognized that vulnerability could be not just accepted but encouraged with opening up and disclosing mental health difficulties framed as a display of strength and courage. These findings align with IMT in that displaying vulnerability does not lead to a loss of status (Anderson & McGuire, 2010). De Boise (2015) identified that inclusive masculinity was often conditional and unevenly distributed across social environments, both of which appear to be reflected in this study. Only players with masculine capital, earned through conforming to masculine ideals or performing well, felt able to show vulnerability, and even then, they rarely disclosed vulnerability to the whole team. The finding that players who were performing well were able to discuss mental health difficulties appears contradictory to published research where good mental health equals good performance (Gulliver et al., 2012; Lyons et al., 2022). Future research may explore this finding to better understand if athletes perceive good performance as a protective factor that enables them to preserve their masculine capital while disclosing mental health difficulties.

### Smoothing the Pathways

Although mental health interventions are increasingly used to normalize support, stigma remains a barrier to help-seeking (Poucher et al., 2021). In rugby, the persistence of traditional masculine values has created a hurdle for mental health

interventions (Ojio et al., 2021). Integrating and normalizing mental health within sports cultures has been discussed (Larsen et al., 2021; Lyons et al., 2022) but not comprehensively reported in the published literature. One suggested pathway from this study related to ways other teams had embedded mental health within a performance framework. In the current study, players highlighted the extra mental health provision, such as sport psychologists and mindfulness programs, but participants perceived these provisions as peripheral to performance. Potentially, reframing mental health within the high-performance framework as a normal everyday discussion that benefits performance may alter the perceived value of mental health. Positioning mental health specialists as embedded members of high-performance teams may shift the narrative from mental health being seen as a chore to being understood as a performance advantage.

In a similar manner to research conducted by Lyons et al. (2022), players reported that, if they had to self-identify mental health problems, they would be less likely to seek support within the club. Participants described a belief that the club should take full responsibility for recognizing and addressing mental health issues. Although this indicates a growing awareness of the importance of support structures, it also raises concerns about athletes' help-seeking behaviors. A reliance on external support, such as the stakeholders within the club, may reflect a hesitancy to speak out, whether due to stigma, fear of judgment, or an internalization that speaking out does not align with masculine behaviors.

The decision to wait for others to notice their struggles meant that players could maintain a performance of strength while privately avoiding the vulnerability associated with help-seeking. In doing so, they conformed to masculine ideals without directly engaging in emotional self-care, further reinforcing the culture of silence around mental health.

These findings support previous research calling for universally accessible, confidential, and embedded mental health support that does not rely on self-referral (Lyons et al., 2022). This dynamic may inadvertently reduce players' autonomy in managing their own mental health and places significant pressure on clubs to identify and respond to issues that may not be outwardly visible. If players are reluctant to initiate conversations themselves, perhaps due to the internalization of masculine norms that glorify self-reliance and emotional control, then even well-resourced support systems may fail to engage those most in need.

This finding highlights the importance of not only providing institutional support but also fostering environments that encourage athletes to take proactive steps toward seeking help. Without challenging the underlying cultural norms that inhibit self-initiated help-seeking, there remains a risk that responsibility is overly externalized, undermining both individual well-being and the effectiveness of club-based interventions.

## Implications

Despite the normalizing of mental health conversations and signs of cultural change, hegemonic masculinity continues to shape perceptions of vulnerability as weakness in this sports environment. The similarities with findings reported over a decade ago (e.g., Newman et al., 2016) highlight that, in practice, behaviors have not changed. Within these traditionally masculine settings, help-seeking remained stigmatized, and mental health was perceived as a secondary concern, often viewed as another chore to be completed rather than an integral component of athlete well-being and performance.

These findings suggest the need to reconceptualize mental health support within sport by embedding mental health practitioners and services into an existing performance culture. Rather than positioning mental health as a reactive strategy, integrating support into the core of high-performance environments may encourage greater uptake. Developing club and sport-specific mental health pathways that frame help-seeking as a proactive step toward achieving high performance may shift the balance to view vulnerability and help-seeking as compatible with both inclusive and traditional notions of masculinity (Anderson & McGrath, 2021). Athletes may then be more likely to view vulnerability and psychological support as compatible with elite sport.

## Limitations and Future Research

Despite offering insight into how professional male rugby players perceive and use mental health support, there are limitations to be acknowledged. The study purposely used a diverse sample of male rugby athletes to obtain insight from a breadth of experiences within the professional rugby environment. In addition, this study focused on one-off self-report interviews. Mental health is a sensitive topic; therefore, participants may have withheld information due to the short-term nature of the interview. Although the interviewer's shared rugby identity may have facilitated rapport, it is unclear whether this encouraged disclosure or reinforced reluctance to show weakness. Despite assurances of confidentiality, participants initially adopted socially desirable responses before gradually becoming more open. To overcome this, future researchers could explore whether longitudinal or ethnographic approaches foster greater trust in this research area.

One finding from this study regarding how mental health awareness and provision were accepted, for most, at a surface level, indicates that greater consideration should be directed toward context and sociocultural awareness. This finding supports recommendations from Gorczynski et al. (2019), who reported the necessity to increase understanding of critical contextual awareness when designing mental health literacy programs. Gorczynski et al. (2019) also indicated that mental health interventions need to, as a minimum, include the wider external stakeholders. In the current study, findings indicate that individuals who are involved in players' wider networks, such as ex-players, are influential in teaching acceptable mental health norms, which may include reduced help-seeking. Further research could determine the longitudinal nature of shifting values and behaviors of athletes by working with important stakeholders, such as coaches and players.

## Conclusion

This study provides insights into the complex interplay between masculinity, mental health, and rugby culture. The findings suggest that, although there is a growing awareness from rugby players of mental health issues, significant barriers that hinder help-seeking behavior remain. The study highlights the importance of challenging traditional masculine norms, reducing stigma, and providing culturally sensitive integrated mental health support services. By addressing these factors, rugby could create a more supportive and inclusive environment for all players, thereby promoting positive mental health and well-being. Future research should delve deeper

into the specific strategies and interventions that can effectively address these barriers and promote mental health literacy within the rugby community.

## References

- Alharahsheh, H.H., & Pius, A. (2020). A review of key paradigms: Positivism versus interpretivism. *Global Academic Journal of Humanities and Social Sciences*, 2(3), 39–43. <https://doi.org/10.36348/gajhss.2020.v02i03.001>
- Anderson, E. (2009). *Inclusive masculinity: The changing nature of masculinities*. Routledge.
- Anderson, E., & McGrath, R. (2021). *Men and masculinities*. Routledge. <https://doi.org/10.4324/9781315112725>
- Anderson, E., & McGuire, R. (2010). Inclusive masculinity theory and the gendered politics of men's rugby. *Journal of Gender Studies*, 19(3), 249–261. <https://doi.org/10.1080/09589236.2010.494341>
- Apostolopoulos, N.C. (2020). Selling the dream: The darker side of the “superman” athlete. In P. Trifonas (Ed.), *Handbook of theory and research in cultural studies and education* (pp. 579–592). Springer International Handbooks of Education, Springer. [https://doi.org/10.1007/978-3-319-56988-8\\_39](https://doi.org/10.1007/978-3-319-56988-8_39)
- Bauman, N.J. (2016). The stigma of mental health in athletes: Are mental toughness and mental health seen as contradictory in elite sport? *British Journal of Sports Medicine*, 50(3), 135–136. <https://doi.org/10.1136/bjsports-2015-095570>
- Bird, M., Chow, G., Meir, G., & Freeman, J. (2018). Student-athlete and student non-athletes' stigma and attitudes toward seeking online and face-to-face counselling. *Journal of Clinical Sport Psychology*, 12(3), 347–364. <https://doi.org/10.1123/jcsp.2017-0010>
- Braun, V., Clarke, V., & Weate, P. (2016). Using thematic analysis in sport and exercise research. In B. Smith & A.C. Sparkes (Eds.), *Routledge handbook of qualitative research in sport and exercise* (pp. 213–227). Routledge.
- Breslin, G., Shannon, S., Haughey, T., Donnelly, P., & Leavey, G. (2017). A systematic review of interventions to increase awareness of mental health and well-being in athletes, coaches, and officials. *Systematic Reviews*, 6(1), 1–15. <https://doi.org/10.1186/s13643-017-0568-6>
- Castaldelli-Maia, J.M., Gallinaro, J.G.D.M., Falcão, R.S., Gouttebauge, V., Hitchcock, M.E., Hainline, B., Reardon, C.L., & Stull, T. (2019). Mental health symptoms and disorders in elite athletes: A systematic review on cultural influencers and barriers to athletes seeking treatment. *British Journal of Sports Medicine*, 53(11), 707–721. <https://doi.org/10.1136/bjsports-2019-100710>
- Clarke, V., Braun, V., & Hayfield, N. (2015). Thematic analysis. In J.A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 222–248). SAGE Publications.
- Cole, B.P., & Ingram, P.B. (2020). Where do I turn for help? Gender role conflict, self-stigma, and college men's help-seeking for depression. *Psychology of Men & Masculinities*, 21(3), 441. <https://doi.org/10.1037/men0000245>
- Coulter, T.J., Mallet, C.J., & Singer, J.A. (2016). A subculture of mental toughness in an Australian football league club. *Psychology of Sport and Exercise*, 22, 98–113. <https://doi.org/10.1016/j.psychsport.2015.06.007>
- Cranswick, I., Tod, D., Clarke, P., & Jones, A. (2023). Exploring the impact of athletic identity on gender role conflict and athlete injury fear avoidance in male English professional academy footballers. *Science and Medicine in Football*, 8(3), 242–250. <https://doi.org/10.1080/24733938.2023.2224293>
- De Boise, S. (2015). I'm not homophobic, I've got gay friends: Evaluating the validity of inclusive masculinity. *Men and Masculinities*, 18(3), 318–339. <https://doi.org/10.1177/1097184X14554951>
- Drummond, M.J. (2002). Sport and images of masculinity: The meaning of relationships in the life course of “elite” male athletes. *The Journal of Men's Studies*, 10(2), 129–141. <https://doi.org/10.3149/jms.1002.129>
- Drummond, M.J., Wadham, B., Prichard, I., Elliott, S., Drummond, C., & Crossman, S. (2022). Level playing field: Young males, masculinity, and mental well-being through sport. *BMC Public Health*, 22(1), 1–11. <https://doi.org/10.1186/s12889-022-13200-1>
- Fossey, E., Harvey, C., McDermott, F., & Davidson, L. (2002). Understanding and evaluating qualitative research. *Australian & New Zealand Journal of Psychiatry*, 36(6), 717–732. <https://doi.org/10.1046/j.1440-1614.2002.01100.x>
- Gavrilova, Y., & Donohue, B. (2018). Sport-specific mental health interventions in athletes: A call for optimization models sensitive to sport culture. *Journal of Sport Behavior*, 41(3), 283–304.
- Gentles, S.J., Jack, S.M., Nicholas, D.B., & McKibbin, K.A. (2014). Critical approach to reflexivity in grounded theory. *The Qualitative Report*, 19(44), 1–14. <https://nsuworks.nova.edu/tqr/vol19/iss44/3>
- Goldkuhl, G. (2012). Pragmatism vs interpretivism in qualitative information systems research. *European Journal of Information Systems*, 21(2), 135–146. <https://doi.org/10.1057/ejis.2011.54>
- Gorzynski, P., Coyle, M., Gibson, K. (2017). Depressive symptoms in high-performance athletes and non-athletes: A comparative meta-analysis. *British Journal of Sports Medicine*, 51(18), 1348–1354. <https://doi.org/10.1136/bjsports-2016-096455>
- Gorzynski, P., Currie, A., Gibson, K., Gouttebauge, V., Hainline, B., Castaldelli-Maia, J.M., Mountjoy, M., Purcell, R., Reardon, C.L., Rice, S., & Swartz, L. (2021). Developing mental health literacy and cultural competence in elite sport. *Journal of Applied Sport Psychology*, 33(4), 387–401. <https://doi.org/10.1080/10413200.2020.1720045>
- Gorzynski, P., Gibson, K., Thelwell, R., Papathomas, A., Harwood, C., & Kinnafick, F. (2019). The BASES expert statement on mental health literacy in elite sport. *The Sport and Exercise Scientist*, 59, 6–7.
- Gulliver, A., Griffiths, K.M., & Christensen, H. (2012). Barriers and facilitators to mental health help-seeking for young elite athletes: A qualitative study. *BMC Psychiatry*, 12(1), 157. <https://doi.org/10.1186/1471-244X-12-157>
- Henriksen, K., Schinke, R., Moesch, K., McCann, S., Parham, W.D., Larsen, C.H., & Terry, P. (2020). Consensus statement on improving the mental health of high-performance athletes. *International Journal of Sport and Exercise Psychology*, 18(5), 553–560. <https://doi.org/10.1080/1612197X.2019.1570473>
- Johnson, J.L., Adkins, D., & Chauvin, S. (2020). A review of the quality indicators of rigor in qualitative research. *American Journal of Pharmaceutical Education*, 84(1), Article 7120. <https://doi.org/10.5688/ajpe7120>
- Joshi, A., Bloom, D.A., Spencer, A., Gaetke-Udager, K., & Cohan, R.H. (2020). Video interviewing: A review and recommendations for implementation in the era of COVID-19 and beyond. *Academic Radiology*, 27(9), 1316–1322. <https://doi.org/10.1016/j.acra.2020.05.020>
- Kola-Palmer, S., Buckley, S., Kingston, G., Stephen, J., Rodriguez, A., Sherretts, N., & Lewis, K. (2019). “Someone to talk to”: Influence of player welfare provision on mental health in professional rugby league players. *Journal of Clinical Sport Psychology*, 13(3), 486–503. <https://doi.org/10.1123/jcsp.2018-0041>
- Kola-Palmer, S., Lewis, K., Rodriguez, A., & Kola-Palmer, D. (2020). Help-seeking for mental health issues in professional rugby league.

- Frontiers in Psychology*, 11, Article 690. <https://doi.org/10.3389/fpsyg.2020.570690>
- Kuettel, A., & Larsen, C.H. (2020). Risk and protective factors for mental health in elite athletes: A scoping review. *International Review of Sport and Exercise Psychology*, 13(1), 231–265. <https://doi.org/10.1080/1750984X.2019.1689574>
- Lane, S., Hall, N., & Gower, D. (2023). Mental health experiences of national rugby league (NRL) athletes: A phenomenological study. *The International Journal of Sport and Society*, 14(2), 201–218. <https://doi.org/10.18848/2152-7857/CGP/v14i02/201-218>
- Larsen, C.H., Moesch, K., Durand-Bush, N., & Henriksen, K. (2021). *Mental health in elite sport: Applied perspectives from across the globe*. Routledge. <https://doi.org/10.4324/9780367854973>
- Liddle, S.K., Deane, F.P., Batterham, M., & Vella, S.A. (2021). A brief sports-based mental health literacy program for male adolescents: A cluster-randomized controlled trial. *Journal of Applied Sport Psychology*, 33(1), 20–44. <https://doi.org/10.1080/10413200.2019.1653404>
- Lundqvist, C., & Andersson, G. (2021). Let's talk about mental health and mental disorders in elite sports: A narrative review of theoretical perspectives. *Frontiers in Psychology*, 12, Article 829. <https://doi.org/10.3389/fpsyg.2021.700829>
- Lyons, D., Clarke, P., & Dempsey, R.C. (2022). Tackle your feelings: Experiences of help-seeking for mental well-being concerns in professional rugby union players. *Journal of Clinical Sport Psychology*, 18(2), 234–250. <https://doi.org/10.1123/jcsp.2022-0014>
- Newman, H.J.H., Howells, K.L., & Fletcher, D. (2016). The dark side of top-level sport: An autobiographic study of depressive experiences in elite sport performers. *Frontiers in Psychology*, 7, Article 868. <https://doi.org/10.3389/fpsyg.2016.00868>
- Oguro, S., Ojio, Y., Matsunaga, A., Shiozawa, T., Kawamura, S., Yoshitani, G., Horiguchi, M., & Fujii, C. (2023). Mental health help-seeking preferences and behaviour in elite male rugby players. *BMJ Open Sport & Exercise Medicine*, 9(2), Article 1586. <https://doi.org/10.1136/bmjsem-2023-001586>
- Ojio, Y., Matsunaga, A., Yamaguchi, S., Hatakeyama, K., Kawamura, S., Yoshitani, G., Horiguchi, M., Nakajima, S., Kanie, A., Horikoshi, M., & Fujii, C. (2021). Association of mental health help-seeking with mental health-related knowledge and stigma in Japan Rugby Top League players. *PLoS One*, 16(8), Article 256125. <https://doi.org/10.1371/journal.pone.0256125>
- Olive, L., Rice, S., Butterworth, M., Spillane, M., Clements, M., & Purcell, R. (2021). Creating a national system to support mental health and enhance well-being across high performance sport. In C.H. Larsen, K. Moesch, N. Durand-Bush, & K. Henriksen (Eds.), *Mental health in elite sport: Applied perspectives from across the globe* (pp. 68–79). Routledge. <https://doi.org/10.4324/9780367854973-8>
- Polkinghorne, D.E. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counselling Psychology*, 52(2), 137–145. <https://doi.org/10.1037/0022-0167.52.2.137>
- Poucher, Z.A., Tamminen, K.A., Kerr, G., & Cairney, J. (2021). A commentary on mental health research in elite sport. *Journal of Applied Sport Psychology*, 33(1), 60–82. <https://doi.org/10.1080/10413200.2019.1668496>
- Purcell, R., Gwyther, K., & Rice, S.M. (2019). Mental health in elite athletes: Increased awareness requires an early intervention framework to respond to athlete needs. *Sports Medicine-Open*, 5(1), 46.
- Raemaeker, J., & Petrie, T.A. (2019). “Man up!”: Exploring intersections of sport participation, masculinity, psychological distress, and help-seeking attitudes and intentions. *Psychology of Men & Masculinities*, 20(4), 515–527. <https://doi.org/10.1037/men0000198>
- Reardon, C.L., Hainline, B., Aron, C.M., Baron, D., Baum, A.L., Bindra, A., Budgett, R., Campriani, N., Castaldelli-Maja, J.M., Currie, A., Derevensky, J.L., Glick, I.D., Gorczyński, P., Gouttebauge, V., Grandner, M.A., Hyun Han, D., McDuff, D., Mountjoy, M., Polat, A., . . . Engebretsen, L. (2019). Mental health in elite athletes: International Olympic committee consensus statement. *British Journal of Sports Medicine*, 53(11), 667–699. <https://doi.org/10.1136/bjsports-2019-100715>
- Rice, S.M., Purcell, R., De Silva, S., Mawren, D., McGorry, P.D., & Parker, A.G. (2016). The mental health of elite athletes: A narrative systematic review. *Sports Medicine*, 46(9), 1333–1353. <https://doi.org/10.1007/s40279-016-0492-2>
- Robertson, S., Gough, B., Hanna, E., Raine, G., Robinson, M., Seims, A., & White, A. (2018). Successful mental health promotion with men: The evidence from “tacit knowledge.” *Health Promotion International*, 33(2), 334–344. <https://doi.org/10.1093/heapro/daw067>
- Schein, E.H. (2010). *Organizational culture and leadership* (Vol. 2). John Wiley & Sons.
- Shaw, R. (2010). Embedding reflexivity within experiential qualitative psychology. *Qualitative Research in Psychology*, 7(3), 233–243. <https://doi.org/10.1080/14780880802699092>
- Smith, B., & McGannon, K.R. (2017). Developing rigor in qualitative research: Problems and opportunities within sport and exercise psychology. *International Review of Sport and Exercise Psychology*, 11(1), 101–121. <https://doi.org/10.1080/1750984X.2017.1317357>
- Smith, B., & Sparkes, A. (2016). Interviews: Qualitative interviewing in the sport and exercise sciences. In B. Smith & A. Sparkes (Eds.), *Routledge handbook of qualitative research in sport and exercise* (pp. 103–123). Routledge. <https://doi.org/10.4324/9781315762012>
- Souter, G., Lewis, R., & Serrant, L. (2018). Men, mental health, and elite sport: A narrative review. *Sports Medicine—Open*, 4(1), Article 175. <https://doi.org/10.1186/s40798-018-0175-7>
- Steinfeldt, M., & Steinfeldt, J.A. (2012). Athletic identity and conformity to masculine norms among college football players. *Journal of Applied Sport Psychology*, 24(2), 115–128. <https://doi.org/10.1080/10413200.2011.603405>
- Tibbert, S.J., Andersen, M.B., Morris, T., & Mesagno, C. (2023). Australian football coaches' tales of mental toughness: Exploring the sociocultural roots. *The Sport Psychologist*, 38(1), 48–59. <https://doi.org/10.1123/tsp.2023-0029>
- Vella, S.A., Swann, C., & Tamminen, K.A. (2021). Reflections on the field of mental health in sport: Critical issues and ways of moving forward. *Journal of Applied Sport Psychology*, 33(1), 123–129. <https://doi.org/10.1080/10413200.2020.1854898>