

Designing and delivering mental health literacy strategies in elite sport

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At the 2005 WPA Congress in Cairo, the Executive Committee approved the creation of a new Section dedicated to Exercise and Sport. This was the first truly global organized sports psychiatry organization, despite the development of the ISSP a decade earlier.

Mental health symptoms and disorders are a global concern that affects many individuals within elite sport, including athletes, coaches, staff, officials, and fans (Reardon et al., 2019; Gorczynski & Webb, 2020). Today, mental health literacy has become an important strategy to help prevent and address mental health symptoms and disorders within arenas around the world. Traditionally, mental health literacy strategies have tried to provide individuals with accurate and up-to-date information to identify mental health symptoms and disorders and various forms of treatment; current strategies to understand, address, and prevent personal and public stigma associated with mental health; and ways to shift attitudes and help individuals feel confident so that they may set intentions to seek mental health support (Jorm et al., 1997). Mental health literacy has evolved in recent years, from a position where individuals would receive mental health information so that they could make specific decisions to improve their own health and take appropriate action to a position where sporting organizations need to enact reforms so that they can structure environments that may be conducive to promote mental health for all. This evolution of mental health literacy has meant that a more ecologically focused approach to mental health promotion has occurred and that a collective spirit is needed for the sustained mental health of all individuals in elite sport. As mental health literacy strategies continue to evolve, it is necessary to understand that they are going to be designed in an evidence-based manner that is culturally competent and rooted in sound pedagogy (Gorczynski et al., 2021).

Evidence-based-practice is a process, one that involves making decisions that rely on the best current information, clinical expertise, highest ethical standards, and diverse experiences and values of patients (McKibbin, 1998; Vratny & Shriver, 2007; Winters & Echeverri, 2012). Evidence-based-practice helps healthcare providers deliver information and services that are clinically excellent, cost-effective, and culturally appropriate and sensitive to the wishes of their patients. Establishing evidence-based-practice is a difficult, time consuming, and ever evolving process where constant updates are required. In order for mental health literacy strategies to be designed and delivered to the highest standards possible, they need to engage in a five-step process that helps establish evidence-based-practice (McKibbin, 1998):

- 1) Question formulation (e.g., what is the focus of the mental health literacy strategy?);
- 2) Information retrieval (e.g., where should mental health information be obtained?);
- 3) Information evaluation (e.g., what evidence should be used to inform the training?);
- 4) Prescription (e.g., how should information be delivered to participants?); and
- 5) Follow-up (e.g., what checks need to be in place to ensure information was understood by participants?)

Establishing the focus of any mental health literacy strategy is vital to its success. Mental health literacy providers need to consider if the strategy is aimed at patients (e.g., athletes, coaches, officials, fans), medical professionals (e.g., sport psychologists, clinical psychologists, social workers, psychiatrists), or organizations (e.g., sports teams, leagues, federations). Strategies that target patients should be designed to provide appropriate level

and understandable symptom and disorder information, known benefits and barriers to treatment, ways to shift negative attitudes to mental health symptoms and disorders and treatment, strategies to build confidence in help seeking behaviours, and pathways to access care easily. Mental health literacy strategies for medical professionals should be structured in a manner that acknowledges the professional competencies and scopes of practice of those in attendance. For instance, strategies can be designed to help facilitate information to improve diagnosis (e.g., after on-the-field concussions), treatment options (e.g., psychotherapy, pharmacology, self-care), treatment access (e.g., ways to make appointments), treatment delivery (e.g., online, in-person), treatment goals (e.g., return to play, recovery, retirement), treatment assessment (e.g., adherence to treatment), and ways to working with groups that have been traditionally marginalized in sport (e.g., LGBTQIA+ people). Mental health literacy strategies for medical professionals can also focus on ways that different professionals can collaborate and deliver interdisciplinary services (Moore, Gorczynski, Miller Aron, & Bennett, 2022). Mental health literacy strategies for organizations have an environmental focus on regulations and policies to ensure information on and services for mental health symptoms and disorders are established, available, and easy to access. Additionally, the culture of the sport should be examined for ways to reduce stress and specific symptoms and disorders that may be prevalent in that environment.

Regardless of target audience, information presented to individuals must be of the highest quality and as such strategies to enhance information retrieval and evaluation need to be considered. In essence, mental health literacy providers need to use the best current and available information which is often found within meta-analyses and systematic reviews. Meta-analyses and systematic reviews are often based on randomized controlled trials and offer the highest level or gold standard of evidence (Burns et al., 2011). Scoping and narrative reviews may lack systematic protocols and therefore may present information in a biased manner. Quasi-experimental studies, cohort studies, case-controlled studies, case studies, editorials, expert opinions, and anecdotes offer progressively weaker evidence. Caution should be used while incorporating these forms of evidence, with limited research and quality expressed transparently to participants.

The delivery of content to participants is also of tremendous importance in any mental health literacy strategy in order for information to be understood, retained, and ultimately used in the future (Oftadeh-Moghadam, Weston, & Gorczynski, in press). Mental health literacy strategies must be designed in a theoretically and pedagogically sound manner, where high quality information is distilled, translated, and ultimately disseminated. The content of any mental health literacy strategy must shift attitudes and strengthen self-efficacy, along with a host of other psychological learning factors to modify behaviours. Pedagogically, employing a constructivist approach allows participants to be active in their learning process as information is used to create knowledge that will be used to inform their practice. Materials used in mental health literacy strategies should be convenient, engaging, visually stimulating, and help reinforce the participants' purpose and objectives. Appropriate follow-up with participants is essential to examine how information was understood and used. Following up with participants provides further opportunities to modify mental health literacy strategies in the future.

As mental health literacy strategies continue to evolve, so too must strategies that underpin their success. High quality evidence, along with conceptual and theoretical models of appropriate information delivery need to be used in the future.

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