Int. J. Sport Psychol., 2023; 54: 67-90
doi: 10.7352/IJSP.2023.54.067

# The Breadth of Mental Ill-Health Stigma Research in Sport: A Scoping Review

BRENNAN PETERSEN, ROBERT J. SCHINKE, COLE E. GIFFIN, *and* MICHEL LARIVIÈRE

*School of Kinesiology and Health Services, Laurentian University*
*935 Ramsey Lake Rd, Sudbury, On, Canada*

*Mental ill-health affects athletes at prevalence rates similar to the general population, despite beliefs that athletes are protected by highly physically active lifestyles. Though discussions of stigma are ubiquitous within sport, the research landscape on mental ill-health stigma in sport is unclear. Consequently, we conducted a scoping review overviewing the extant literature and researchers' approaches to stigma in sport. We collated data from 68 articles and provided interpretations of the emergent trends. Researchers have primarily focused on athlete help-seeking and mental health literacy in relation to stigma. Additionally, future research should clarify the type of stigma under study and explore structural stigma, which remains a significant literature gap. Finally, shifting toward open-ended and inclusive research methodologies can centralize participants' involvement, incorporating their experiences and leading to progressive understanding of mental ill-health stigma. Our findings present future research directions and research suggestions to expand mental ill-health stigma in sport research.*

KEY WORDS: Stigma, mental health, mental illness, sport, athletes.

Concern around mental health and mental illness in sport continues to grow as athletes experience *mental ill-health*, encompassing clinical mental illness (i.e., meeting the clinical criteria for a specific disorder within the DSM-5 or ICD-10) and sub-clinical mental illness (i.e., mild or moderate symptoms of mental illness that do not reach clinical criteria), at prevalence rates similar to, or higher than, the general population (Rice et al., 2016). Less commonly, athletes have shared their experiences with mental illness such as obsessive-compulsive disorder (Meisner, 2018), depression (Boyn-

*Correspondence to: Robert Schinke, EdD, CRC, CSPA School of Kinesiology sf Health Services, Laurentian University. 935 Ramsey Lake Road 935, Sudbury, ON Canada P3E 2C6 (e-mail: rschinke@laurentian.ca)*

ton, 2018), and anxiety (McManus, 2019) or withdrawn from competition to attend to mental health concerns (e.g., Simone Biles, Carey Price). Simone Biles noted the importance of providing "an outlet for athletes to speak up about their mental health" (The Associated Press, 2021, para. 4), centralizing the importance of balancing mental health and physical performance. However, athletes are reluctant to discuss mental ill-health to avoid stigmatization, which can result in reduced playing time, status, or salary, as well as losing their position on current or future teams (Bauman, 2016; Merz et al., 2020).

Stigma is "a global devaluation of certain individuals on the basis of some characteristic they possess, related to membership in a group that is disfavored, devalued, or disgraced by the general society" (Hinshaw, 2007, p. 66) through negative labels, stereotypes, and discrimination. Mental ill-health stigma in sports involves devaluing athletes who experience mental ill-health, occurring at a variety of interacting levels. At the individual level (i.e., *self-stigma*), members of a stigmatized group internalize the stigma relating to their group, accepting and endorsing the negative stereotypes while expecting social rejection and discrimination (e.g., athletes with negative views of those experiencing mental ill-health will negatively evaluate themselves when experiencing mental ill-health) (Corrigan & Watson, 2002; Link & Phelan, 2001). Internalized self-stigma stems from stigma at the interpersonal level (i.e., *social stigma*). Social stigma can take two distinct forms: (1) *perceived public stigma* is the stigmatized views perceived to be endorsed by large social groups (e.g., athletes' beliefs that their teammates negatively view those experiencing mental ill-health) and (2) *personal stigma* is an individual's beliefs about stigmatized group members (e.g., an athlete's negative beliefs about others who experience mental ill-health) (Griffiths et al., 2004). At the institutional level (i.e., *structural stigma*), discriminatory policies and regulations based on societal, cultural, and subcultural norms disadvantage specific groups, restricting their rights, opportunities, and access to resources (Hatzenbuehler & Link, 2014; Livingston & Boyd, 2010). Structural stigma can include organizations withholding mental health referrals or paying athletes with a history of mental ill-health less than athletes with no mental ill-health history (McGraw et al., 2018; Schinke, Giffin et al., 2021), contributing to athletes' suppression of mental ill-health to avoid negative personal and career consequences. Negative effects of mental ill-health stigma can include diminished psychological self-perceptions (e.g., self-esteem, self-efficacy, Livingston & Boyd, 2010; Suto et al., 2012), reduced social opportunities (e.g., ostracization, Jorm & Oh, 2009; avoiding others with stigmatized views, Au et al., 2019), and an inhibited recovery process (e.g., reduced help-seeking, treatment adherence, Clement et al., 2015; Dimitropoulos et al., 2016).

Research on mental ill-health stigma has steadily risen over the past decade (Fox et al., 2018) commensurate with the importance placed on mental health. Within sport, mental ill-health stigma has been discussed in several consensus statements (e.g., Reardon et al., 2019), position stands (e.g., Schinke et al., 2018; Moesch et al., 2018; see Vella, Schweickle et al., 2021), and commentaries (e.g., Poucher et al., 2020; Schinke, Henriksen et al., 2021; Uphill et al., 2016). Further, previous systematic reviews about athlete help-seeking from mental health and sport psychology professionals have highlighted stigma as a prominent barrier (Castaldelli-Maia et al., 2019; Moreland et al., 2018). However, no review has specifically focused on mental ill-health stigma in sport and demonstrating the breadth of mental ill-health stigma research has not yet been undertaken. Lacking an overview of the research on mental ill-health stigma in sport, researchers may become ingrained in the use of particular methodologies to focus on specific concepts or outcomes, leading to a deep but perhaps narrow understanding of stigma. Mapping the extant research can illustrate the limitations of current research, identify research gaps, and outline future research directions that can contribute to growth in sport research on mental ill-health stigma. Through understanding the breadth of the extant literature, researchers can extend this research by prioritizing underdeveloped research areas and inclusive research approaches to advance our understanding of mental ill-health stigma in the aim of creating destigmatized sport environments. Therefore, we undertook a scoping review to provide an overview of mental ill-health stigma in sport research, aiming to demonstrate study characteristics, methodologies, how stigma was studied, and the outcomes or factors related to stigma.

Scoping reviews are useful in drawing together heterogenous research to map the extent, range, and nature of research in a topic area; summarize and disseminate findings; and identify research gaps to inform future research directions (Arksey & O'Malley, 2005; Peters et al., 2015; Tricco et al., 2018). Sport researchers have used scoping reviews to overview research on athlete mental health to disseminate methodological, conceptual, and applied findings and identify research gaps to inform future research directions (Kuettel & Larsen, 2020). Our purpose was to map the boundaries of mental ill-health stigma research in sport and provide a similar overview of studies and findings, providing those who are unfamiliar with the area an accessible starting point to extend the conversation. We sought to use this review to identify emergent patterns in the literature and provide recommendations to guide future research that can be leveraged into efficacious interventions and enhanced safe sport policies.

## Methodology

We utilized a configurative review approach to identify patterns and arrange information from the included studies to understand the state of the research on mental ill-health stigma in sport (Gough et al., 2012). Configurative reviews capture a representative sample of the literature; we undertook this approach to highlight the patterns within mental ill-health stigma research and provide interpretations of prominent trends (Gough et al., 2012). The patterns across studies can be used to highlight how mental ill-health stigma has been researched and understood, showcasing literature gaps and future research avenues. A representative sample allowed us to discern patterns that were unlikely to be drastically altered by a small number of potentially overlooked articles. To obtain a representative sample, we employed a systematic literature search intending to include every study possible, while understanding that we may not have captured every available study. We drew on Arksey and O'Malley's (2005) framework to guide our scoping review and incorporated additional recommendations for conducting (Levac et al., 2010; Peters et al., 2015) and reporting (Tricco et al., 2018) scoping reviews. Our scoping review was conducted in the following five stages, each contextualized in the next section: (1) identifying the research question, (2) identifying the relevant studies, (3) study selection, (4) charting the data, and (5) collating, summarizing, and reporting the results.

### Stage 1: Identifying The Research Question

We sought to provide a broad overview of the research on mental ill-health stigma in sport to provide future directions for researchers studying stigma. We expanded beyond the specific reviews focusing on athlete help-seeking that highlighted stigma (e.g., Castaldelli-Maia et al., 2019; Moreland et al., 2018) to explore the limits of research on mental ill-health stigma in sport. Because stigma occurs at multiple levels, is influenced through several factors (e.g., gender, mental health literacy), and can impact various outcomes (e.g., help-seeking, intentions to provide social support), utilizing a broad research question to review the breadth of mental ill-health stigma research in sport was useful in capturing the extent of a complex topic (Arksey & O'Malley, 2005; Gough et al., 2012). Subsequently, researchers can expand stigma research through addressing literature gaps. Following recent scoping review guidelines, we developed a broad research question with a clear scope of inquiry to guide inclusion criteria and study selection (Levac et al., 2010; Peters et al., 2015). Consequently, our research question was "how has stigma in sport been studied specific to mental ill-health?"

### Stage 2: Identifying The Relevant Studies

We identified studies for inclusion through an electronic database search, hand-searching journals, and a reference list search of included articles. The search was conducted on March 19, 2021 and updated on February 6, 2022, beginning with the electronic databases SPORTDiscus, PsycINFO, PsycARTICLES, Web of Science, CINAHL, PubMed, and Sage Journals. The electronic database search was not delimited by article publication date and used search terms derived from a preliminary scan of key words in articles related to mental ill-health stigma. We noted that authors used various terms to refer to mental ill-health, including mental health, mental illness, and mental disorders; consequently, we included all these terms in the search protocol (found in Supplemental Materials Table I). The focused, supplementary hand-search of journals included those journals that prevalently published articles meeting our inclusion criteria during the database search. Consequently, we hand-searched the Journal of Clinical Sport Psychology; Psychology of Sport and Exercise; the Journal of Sport and Exercise Psychology; Sport, Exercise, and Performance Psychology; the International Journal of Sport and Exercise Psychology; the Journal of Applied Sport Psychology; and the Journal of Issues in Intercollegiate Athletics. Finally, the reference lists of all included articles were hand-searched for relevant articles not previously identified (e.g., Chow et al., 2020).

### Stage 3: Study Selection

We selected articles for inclusion based on five criteria. First, researchers must have included participants from within a sporting organization (e.g., athletes, coaches, sport support staff). Second, researchers must have been explicit that their discussions of stigma were relative to mental ill-health in sport. Though sport psychology consultants can be integral in assisting athletes experiencing mental ill-health, they also provide other services to athletes (e.g., improving focus, mental skills training, arousal regulation) and the stigma of accessing sport psychology consultants may be intertwined within these services. Consequently, articles from researchers exploring the stigma of working with sport psychology consultants were excluded if they did not draw specific connections to athletes' mental ill-health. Third, stigma must have been incorporated as part of the results section of the study. Fourth, articles must have been empirical, wherein researchers collected and analyzed data. Finally, articles must have been written in English. The first author se-

quentially scanned articles for inclusion criteria at the level of title, abstract, and methodology. Subsequently, the first author subjected articles retained through the screening process to a full read before being included. The first and third authors met three times to refine the inclusion criteria throughout the process and discuss if fringe articles warranted inclusion. During full reads, the first author identified that many researchers exploring the stigma of working with sport psychology consultants did not mention mental ill-health throughout their articles. Therefore, the second inclusion criterion was refined to indicate that researchers must be explicit in their focus on mental ill-health.

### Stage 4: Charting The Data

The first author read articles meeting the inclusion criteria in-depth to extract data relevant to the research question. Data were charted into an Excel spreadsheet, where the relevant information was extracted for each article. For example, data charting for participant information involved extracting data into a specific cell, including sample size and participant demographics (i.e., age, sex, athletic level, athletic status, country). Determining the data to extract was an iterative process, as we identified trends within the literature during data charting and subsequently returned to articles to extract new data of interest. During data extraction, we recognized that researchers rarely sampled participants who had experienced mental ill-health. We then added participant mental ill-health to our data extraction chart and re-examined articles for this information. Extracted data included article authors, year of publication, study aims, participant information, participant mental ill-health, methodology, constructs measured, type of stigma studied, and constructs related to stigma. Extracted data can be found in Supplemental Materials Table II.

## Results

The results of the search protocol led to the inclusion of 68 articles related to mental ill-health stigma in sport (see Figure 1). We followed Levac et al.'s (2010) three-step recommendations when completing Stage 5 of Arksey and O'Malley's (2005) framework (i.e., collating, summarizing, and reporting the results), wherein we (1) analyzed the data, (2) reported the results, and (3) applied meaning to the results. The first author analyzed the data (Step 1) through collating the extracted data and examined it to identify emergent patterns within the included articles, resulting in a descriptive representation of mental ill-health stigma with-

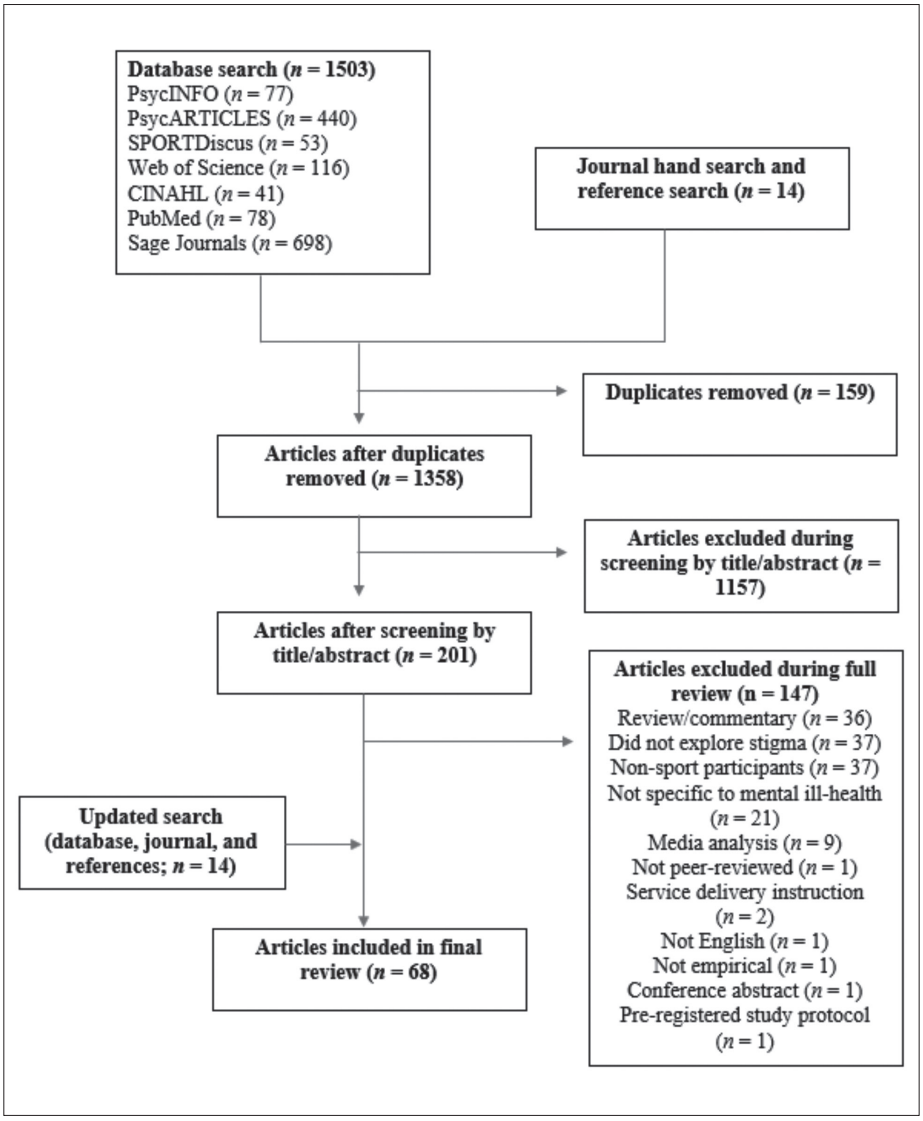


Fig. 1. - Flowchart of Literature Search and Selection Process..

in sport. Within this section, we present the descriptive results (Step 2) in three broad categories: (a) general study characteristics, (b) study methodologies, and (c) exploration of stigma. Following the Results section, we apply meaning to the results (Step 3) in the Discussion section by interpreting trends evident within

the descriptive findings and providing recommendations for future research and practice. All collated data can be found in Supplemental Materials Table III.

## General Study Characteristics

Exploration into mental ill-health stigma in sport has continued to grow, as the number of studies increased from 2000-2009 ($n$ = 4) to 2010-2019 ($n$ = 38), and researchers in 2020-2022 (up until February 6, 2022) have already published several studies ($n$ = 26). Participants primarily consisted of athletes alone ($n$ = 46), athletes with a nonathlete comparison group ($n$ = 8), athletes alongside other participants (e.g., coaches, parents, significant others; $n$ = 5), coaches ($n$ = 5), and support staff ($n$ = 3). Researchers drew participants from several sport levels, including college ($n$ = 33), club ($n$ = 12), professional ($n$ = 11), national ($n$ = 7), international ($n$ = 6), regional ($n$ = 4), and elite ($n$ = 3) athletes. Participants that had experienced mental ill-health were rarely specifically recruited ($n$ = 7); more often, researchers recruited participants and found that they had previously experienced mental ill-health ($n$ = 22) or did not include participants who had experienced mental ill-health ($n$ = 39). Researchers overwhelmingly included male and female participants ($n$ = 49), with fewer samples of exclusively male ($n$ = 17) or female ($n$ = 1) participants. One study included a sample of male, female, and transgender participants. Participants were commonly drawn from multiple sports ($n$ = 32), though several studies focused on one sport ($n$ = 21) or did not indicate what sport(s) participants competed in ($n$ = 15). Finally, included studies were conducted in the United States of America ($n$ = 26), United Kingdoms ($n$ = 12), Australia ($n$ = 10), Ireland ($n$ = 6), Canada ($n$ = 2), France ($n$ = 1), Malta ($n$ = 1), Japan ($n$ = 1), and New Zealand ($n$ = 1); some researchers drew participants from multiple countries ($n$ = 4) or did not indicate where participants were from ($n$ = 10).

## Study Methodologies

Research designs were predominantly quantitatively cross-sectional ($n$ = 32), qualitatively cross-sectional ($n$ = 19), or a pre-test post-test intervention assessment ($n$ = 10). Cross-sectional mixed-methods ($n$ = 5) and longitudinal qualitative ($n$ = 2) designs were less frequent. Data were collected through closed-ended questionnaires ($n$ = 39), interviews ($n$ = 18), open- and closed-ended questionnaires ($n$ = 8) focus groups ($n$ = 6), ranking tasks ($n$ = 2), and an implicit association test ($n$ = 1). Qualitative researchers used

various methodologies, including interpretative phenomenological analysis ($n$ = 3), phenomenology ($n$ = 3), case studies ($n$ = 2), grounded theory ($n$ = 2), twice-told creative non-fiction ($n$ = 1), and the Delphi method ($n$ = 1); however, many ($n$ = 15) qualitative researchers did not explicate the qualitative methodology (e.g., phenomenology, ethnography) utilized, exclusively describing methods of data collection.

### Exploration of Stigma

Researchers commonly investigated more than one type of stigma (e.g., perceived public and self-stigma) within their study. Perceived public stigma ($n$ = 28), personal stigma ($n$ = 21), and self-stigma ($n$ = 17) were explored relatively equally. However, many researchers did not explicitly state the type of stigma studied ($n$ = 27), limiting conceptual clarity and potentially inhibiting readers' ability to synthesize findings with broader stigma literature. Researchers often directly investigated stigma ($n$ = 40), but not always ($n$ = 28). Stigma was commonly related to help-seeking attitudes ($n$ = 20), mental health literacy ($n$ = 19), help-seeking barriers ($n$ = 16), help-seeking intentions ($n$ = 10), participant demographics (e.g., sex, age, marital status, sport; $n$ = 7), masculinity (e.g., conformity to masculine norms; $n$ = 6), comparisons between athletes and nonathletes (e.g., stigma belief differences; $n$ = 5), and help-seeking behaviors ($n$ = 5). Other variables that were related to stigma in three or fewer studies, such as intentions to support athletes ($n$ = 3) and social support ($n$ = 2), can be found in based on these proofs, this should simply read "Table III".

## Discussion

We aimed to provide an up-to-date review of mental ill-health stigma research in sport, acting as a reference resource for articles, research trends, and future topic areas to advance research and practice. The Results section provides a descriptive outline of the general study characteristics, conceptual explorations, and methodologies used within research on mental ill-health stigma in sport. There are several trends in how researchers have studied mental ill-health stigma including an ongoing increase in stigma studies, a lack of participants who have experienced mental ill-health, and athlete help-seeking and mental health literacy as the primary constructs related to stigma. In this section we expand on the identified research trends, highlighting those relevant to developing mental ill-health stigma research and

informing destigmatization in sport. We focus on prolific stigma-related constructs within the included studies, the conceptual clarity of stigma, and the methodologies implemented by researchers. Further, we identify potential limitations to the current research trends and provide suggestions for how researchers and practitioners can build upon the extant literature.

## Stigma-Related Constructs

The most prominent trend we identified was researchers' focus on stigma in relation to athlete help-seeking, wherein athletes commonly ranked stigma as the most important barrier to help-seeking (e.g., Biggin et al., 2017; Gulliver, Griffiths, & Christensen, 2012; King et al., 2022; Moore, 2017). Athletes and coaches indicated that they would not seek help to prevent being stigmatized as weak (e.g., Todd et al., 2018) or less masculine (e.g., Swann et al., 2018) and to avoid the attendant negative consequences, such as losing their position on a team (Smith et al., 2020; Lebrun et al., 2018). Researchers' findings within the included studies align with previous reviews, reinforcing stigma as a barrier to athlete help-seeking (Castaldelli-Maia et al., 2019; Moreland et al., 2018) while also providing a wealth of knowledge on how stigma affects athletes' willingness to seek help for mental ill-health (i.e., attitudes, intentions, behaviors). Investigating stigma with the aim of fostering help-seeking (and subsequently receiving treatment) provides an attractive end-goal for researchers with the expectation that seeking help will inexorably lead to developing coping skills to manage mental ill-health. Though the depth of research on athlete help-seeking provides a robust foundation for mental ill-health stigma research in sport, seeking help is only the beginning of the treatment process (Schinke, Henriksen et al., 2021) and researchers must expand their scope to consider how stigma influences other mental ill-health treatment factors or outcomes. Researchers studying non-sport populations have found that mental ill-health self-stigma can negatively influence treatment adherence (Cooper et al., 2003; Fung et al., 2010) and the sense of empowerment gained through treatment, which can diminish treatment efficacy (Corrigan, 2004) and lead to deselection from treatment (Hoge et al., 2014). Taking cues from researchers exploring the impact of stigma on treatment outcomes in other performance domains (e.g., firefighters, Vujanovic & Tran, 2021; medicine, Fung et al., 2010; military, Hoge et al., 2014), sport researchers can widen the range of treatment-related stigma research. Building from the existing foundation of research on stigma and athlete help-seeking, research into other treatment-related outcomes can help develop a more

thorough understanding of the effects of stigma on treatment. Exploring how stigma affects outcomes such as treatment adherence or treatment efficacy can aid practitioners in improving and contextualizing interventions, such as fostering positive social support to diminish the idea that athletes will be negatively perceived for engaging in treatment. Such contextualized interventions can lead to enhanced treatment uptake and increased athlete well-being.

A notable emerging research area involves the social sequelae of stigma. Sport is an important social context for youth (Petersen et al., 2019) through professional athletes (Arvinen-Barrow et al., 2017) wherein athletes place tremendous importance on their relationships with teammates. During times of personal turmoil (e.g., injury, Lu & Hsu, 2013; retirement, Arvinen-Barrow et al., 2017), athletes desire social support from teammates which can be psychologically beneficial during recovery (Bianco, 2001; Caron et al., 2013). Similarly, athletes may desire social support when experiencing mental ill-health. However, teammates are perceived as the least supportive people in athletes' lives (Wilkins et al., 2020) and are likely to withhold social support due to mental ill-health stigma (DeLenardo & Terrion, 2014). Consequently, athletes experiencing mental ill-health have indicated they do not talk to those they are close to about mental health (Swann et al., 2018) and describe having their social relationships impaired (Papathomas & Lavallee, 2010) as they attempt to hide their symptoms (Martinez & Hinshaw, 2016). Currently, the social effects of mental ill-health stigma within sport have received minimal exploration. Research into these social sequelae is necessary due to the quantity of time athletes spend among their peers, especially within high-performance sport as the sport environment doubles as their workplace, reinforcing the importance of teammate relationships. Athletes who feel isolated due to injury or deviation from team norms have described exacerbated mental ill-health (Caron et al., 2013) and alienation (Middleton et al., 2018). Researchers can aim to clarify how athletes' social relationships are affected by stigma and how they desire support from those within the sporting context (e.g., teammates, coaches). Ideally, further research into the social sequelae of mental ill-health stigma can provide insight to researchers and practitioners on how to foster destigmatized sport environments and potential interventions that centralize positive social support, empowering athletes to discuss mental ill-health and subsequently improving athlete outcomes through personal and vicarious learning.

Aiming to address stigma within sport, researchers within the included studies implemented mental health literacy interventions to reduce stigma (e.g., Gulliver, Griffiths, Christensen et al., 2012; Kern et al., 2017). Mental health literacy inter-

ventions involved educating participants about mental ill-health, including signs and symptoms, prevalence rates, risk factors, options for helping teammates, and available resources or services they can access. Improving participants' mental health literacy decreased stigma (Bapat et al., 2009; Kroshus et al., 2019) and increased intentions to engage with or provide help to individuals with mental ill-health (Breslin et al., 2017; Breslin et al., 2018; Liddle et al., 2021). Long-term mental health literacy is highlighted as one benchmark of organizational plans intended to support athlete mental health, integrating mental health officers (i.e., organizationally appointed medical professionals) to triage mental ill-health issues, liaise with health professionals (e.g., physicians, psychiatrists) to develop treatment plans, and coordinate educational workshops within an organization; such integrated sport teams create safe environments with embedded processes to nourish all aspects of athlete health and support athletes' well-being (see Schinke, Henriksen et al., 2021). Researchers' findings within the included studies illustrate that sport organizations must commit to such an ethic of care regarding athlete mental health through integrated sport teams, improving mental health literacy to decrease organization members' personal stigma and increase their willingness to aid those experiencing mental ill-health. Adopting an ethic of care resituates athlete mental health care as an organizational concern, rather than placing the onus entirely on athlete help-seeking. However, not all mental health literacy interventions were successful in reducing stigma (Martin et al., 2020; Vella, Swann et al., 2021; Wynters et al., 2021) and some effects diminished at follow-up (Chow et al., 2020). To support the goal of creating destigmatized environments within sport organizations, researchers should further investigate the efficacy of mental health literacy interventions and how to maintain their effects at follow-up. Further, research-practitioners can pilot programs that integrate mental health officers and provide long-term mental health literacy interventions, demonstrating the effects of a proposed organizational plan for supporting athlete mental health and normalizing mental ill-health in sport (Schinke, Henriksen et al., 2021). Within such destigmatized and mental health literate sport environments, athletes and organizational staff can feel empowered to seek help or provide support to others. Given recent examples of professional athletes leaving their sport environments to prioritize their health (e.g., Simone Biles, Carey Price, Naomi Osaka), we urge sport researchers to extend stigma research by researching how sport environments can foster psychological, emotional, and physical health.

## Exploration Of Stigma

Stigma is a complex social construct that occurs through various processes at interrelated levels (Major et al., 2018) but is often studied with-

out a clear conceptual understanding by researchers (Link & Phelan, 2001). Many of the studies included within this review ($n = 27$) did not explicate the type of stigma (i.e., perceived public, personal, self-stigma, structural stigma) investigated. Failing to conceptually identify stigma muddles the stigma literature and inhibits the ability of others to synthesize findings with the wider literature, conflating terminology and hindering the development of stigma-specific interventions (Fox et al., 2018). For example, Tucker et al. (2013) delineated mental ill-health self-stigma and help-seeking self-stigma as two discrete constructs, reinforcing that interventions must be nuanced to combat the specific type (or source) of stigma(s) plaguing athletes. Greater specificity within research provides conceptually clear findings that can be synthesized to inform nuanced stigma interventions, such as structural policies that create equitable opportunities for mental health services or mental health literacy programs for all sport personnel (athletes, coaches, team trainers) to create awareness of mental ill-health symptomology.

Researchers who provided conceptual clarity often explored multiple types of stigmas within their studies and focused equally on the individual (i.e., self-stigma, $n = 17$) and social (i.e., perceived public stigma, $n = 28$; personal stigma, $n = 21$) levels. This individual and social focus has contributed to a strong understanding of how stigma at these levels affects athletes (e.g., reduced help-seeking, Bird et al., 2018; McArdle & Moore, 2013) and how they may interact (e.g., self-stigma mediated the relationship between perceived public stigma and help-seeking, Hilliard et al., 2020; Martin & Anderson, 2020; Wahto et al., 2016). However, structural stigma has not been explored within the included studies and our understanding of structural stigma within sport; factors that contribute to structural stigma; the effects of structural stigma on athletes and sport organizations; and how structural stigma interacts with self-, personal, and perceived public stigma within sport remains scarce. Though no researchers studied structural stigma specifically, evidence of structural stigma exists within the included studies. Heaney (2006) found that physiotherapists withheld referrals for psychological help from athletes due to stigma. Similarly, McArdle et al. (2016) found that athlete support personnel (e.g., physiotherapists, performance directors, life skills coaches) prioritized performance over athletes' mental well-being. McGraw et al. (2018) found that accessing team-sponsored mental health services as a professional football player was extremely difficult and that using these services may be harmful to future contract negotiations. Furthermore, these structural stigma barriers inhibited athletes' trust of mental health support personnel and led to increased stress and negatively influenced athlete wellbeing (McGraw et al., 2018). As all three levels of stigma (i.e., self-, social, and structural) interact, when stigma is created or reinforced through structural conditions

athletes may internalize feelings of mental ill-health, compounding stigma at the personal and relational levels (Corrigan et al., 2004; Fox et al., 2018). Reducing and normalizing mental ill-health stigma within sport is a complex task made more difficult when lacking information on structural stigma. Structural stigma in sport remains a significant gap in the literature; investigating how cultural norms, absent or improperly implemented organizational action plans, and concerns about discussing mental ill-health (e.g., Ferguson et al., 2019) perpetuate stigma presents an important research direction within sport. Reducing structural stigma and developing a supportive organizational structure can reduce stigma, prolong athletes' careers, and lead to holistic athlete growth (Schinke, Henriksen, et al., 2021).

## Methodologies And Methods

The research methodologies and data collection methods utilized within the included studies portray primarily researcher-driven studies, presenting opportunities to positively transform how mental ill-health stigma is approached in sport research. Notably, closed-ended questionnaires were the primary data collection methods within the included articles ($n = 39$), restricting participants' ability to share their unique experiences and limiting our understanding of stigma to the constructs measured by the questionnaires. Alternatively, open-ended data collection methods can help create space for athletes to share their own experiences. This is evident within over 40% of included studies ($n = 28$), as stigma was not directly measured but discussions of stigma arose organically from participants. These findings present further questions, such as (a) how might researcher-driven approaches (e.g., deriving research topics, control of methodologies) create instances that limit participant sharing, potentially limiting understandings of mental ill-health stigma? and (b) how can researchers support safe space within research studies for athletes to lead discussions related to mental ill-health stigma?

Addressing these questions is vital in engaging participants with a topic that is seen as taboo within sport. When working with participants who repress or hide indications of mental ill-health (e.g., to avoid stigmatization that can negatively affect their careers, Merz et al., 2020; for fear of being stigmatized within the research process) researcher-driven approaches may not provide a research environment conducive to discussing sensitive topics. Consequently, participants may be less willing to share, preventing recognition of issues that are meaningful to them and hindering progressive insights that can advance understandings of mental ill-health stigma (Schinke et al., 2018). Integral to supporting such space is

shifting deep-rooted researcher power so that researchers and participants build a partnership with the goal of creating safe and inclusive participant-informed research environments that augment participants' comfort when sharing their experiences and stories. Empowering participants can help them feel like stakeholders in the project, centralizing them within the research process and drawing out their nuanced understanding of stigma. Moreover, increased participant involvement can prevent researchers from inadvertently silencing participants' stories of mental ill-health stigma, providing authentic results (Blodgett et al., 2011).

Research methodologies and methods can be instrumental in helping researchers support space for participants' involvement in research, facilitating participant empowerment and agency to centralize their experiences and stories. As noted, open-ended data collection methods support space for participants to discuss mental ill-health stigma; participants within included studies used this space to address stigma in relation to a variety of mental ill-health topics (e.g., help-seeking behaviors, Smith et al., 2020; social support, DeLenardo & Terrion, 2014; gender norms, Busanich et al., 2014; Freedman et al., 2021). Expanding on open-ended methods, participant-led data collection methods (e.g., arts-based conversational interviews, guided journeys) affirm participants' voices, creating knowledge infused with contextual information that connects with the lives of participants (Blodgett et al., 2013). For example, guided journeys may involve athletes walking researchers through their training facility and describing their experiences of stigma in relation to environmental stimuli. Inclusive methodologies take participants' research involvement further, resituating them as co-participants and part of the research team. Participatory action research (PAR), used in one research project within the scoping review (Vella, Swann et al., 2021), includes co-participants as expert knowers of the circumstances that affect them. Co-participants' involvement within PAR projects spans project development and execution (e.g., determining data collection methods, data analysis), implementation of results (e.g., informing interventions), and eventual self-governance (e.g., community-based programming; Frisby et al., 2005). Inclusive research methodologies such as PAR can be used to identify problems at the local level, wherein co-participants take ownership of the practical solutions that are developed and resulting in enduring communities of practice addressing mental ill-health stigma (Corrigan et al., 2011; Schinke et al., 2018).

## Conclusions

We utilized a scoping review methodology to overview the breadth of mental ill-health stigma research in sport. Through a systematic literature

search we captured 68 studies related to mental ill-health stigma in sport. Using data charting, we collated relevant data, identified prominent trends within these studies, and provided suggestions for future research. Here, we demonstrate each of our key findings and the primary takeaway through the postulates below.

1. Researchers' explorations of mental ill-health stigma and help-seeking demonstrated a wealth of knowledge on how stigma inhibits help-seeking. Building from this foundation, researchers need to expand beyond help-seeking to understand how stigma influences other mental ill-health treatment-related variables to improve treatment outcomes.

2. Though athletes desire social support during difficult times in their career, they are reticent to engage with teammates or organizational members regarding mental ill-health for fear of stigmatization. The social sequelae of mental ill-health stigma have received little research but can provide insight into how to centralize social support within destigmatization interventions to foster destigmatized sport environments.

3. Mental health literacy interventions have been effective in reducing stigma and increasing participants' willingness to aid those experiencing mental ill-health, though some results diminished at follow-up. Integrating mental health officers within an organizational plan to triage mental ill-health issues and develop long-term mental health literacy may aid in fostering mental health and normalizing mental ill-health in sport.

4. The stigma being investigated was often not clearly reported within included studies. Greater conceptual clarity and a clear identification of the type of stigma being studied is required in future research to allow researchers to connect their findings with previous research and to assist readers in synthesizing the results with other literature.

5. Structural stigma has not yet been investigated in sport despite examples of its effects within included studies. As all three levels of stigma (i.e., self-, social, and structural) interact, structural stigma presents a significant literature gap requiring investigation to better understand how mental ill-health stigma impacts athletes and how to normalize mental ill-health in sport.

6. Researcher-driven studies utilizing closed-ended questionnaires were the primary approach to explore mental ill-health stigma within included articles. Participants often discussed stigma when provided with open-ended questions, relating stigma to a host of mental health topics. Providing participants such opportunities can allow them to discuss their own experiences and stories, potentially leading to progressive findings. Creating a safe, inclusive research environment is vital when exploring sensitive topics and can be achieved through facilitating participant empowerment and agency. Utilizing

participant-led data collection methods and inclusive research methodologies centralizes participants within the research project, incorporating their intimate, expert knowledge to inform all areas of the project.

## REFERENCES

**References denoted with an asterisk (*) were included within the scoping review**

Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology, 8*(1), 19-32. https://doi.org/10.1080/1364557032000119616

Arvinen-Barrow, M., Hurley, D., & Ruiz, M. C. (2017). Transitioning out of professional sport: The psychosocial impact of career-ending injuries among elite Irish rugby football union players. *Journal of Clinical Sport Psychology, 11*(1), 67-84. https://doi.org/10.1123/jcsp.2016-0012

Au, C-H., Wong, C. S-M., Law, C-W., Wong, M-C., & Chung, K-F. (2019). Self-stigma, stigma coping and functioning in remitted bipolar disorder. *General Hospital Psychiatry, 57*, 7-12. https://doi.org/10.1016/j.genhosppsych.2018.12.007

*Bapat, S., Jorm, A., & Lawrence, K. (2009). Evaluation of a mental health literacy training program for junior sporting clubs. *Australasian Psychiatry, 17*(6), 475-479. https://doi.org/10.1080/10398560902964586

*Barnard, J. D. (2016). Student-athletes' perceptions of mental illness and attitudes toward help-seeking. *Journal of College Student Psychotherapy, 30*(3), 161-175. https://doi.org/10.1080/87568225.2016.1177421

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. http://dx.doi.org/10.1136/bjsports-2015-095570

*Beauchemin, J. (2014). College student-athlete wellness: An integrative outreach model. *College Student Journal, 48*(2), 268-280.

Bianco, T. (2001). Social support and recovery from sport injury: Elite skiers share their experiences. *Research Quarterly for Exercise and Sport, 72*(4), 376-388. https://doi.org/10.1080/02701367.2001.10608974

*Biggin, I. J. R., Burns, J. H., & Uphill, M. (2017). An investigation of athletes' and coaches' perceptions of mental ill-health in elite athletes. *Journal of Clinical Sport Psychology, 11*(2), 126-147. https://doi.org/10.1123/jcsp.2016-0017

*Bird, M. D., Chow, G. M., Meir, G., & Freeman, J. (2018). Student-athlete and student non-athletes' stigma and attitudes toward seeking online and face-to-face counseling. *Journal of Clinical Sport Psychology, 12*(3), 347-364. https://doi.org/10.1123/jcsp.2017-0010

*Bird, M. D., Simons, E. E., & Jackman, P. C. (2021). Mental Toughness, sport-related well-being, and mental health stigma among National Collegiate Athletic Association Division I student-athletes. *Journal of Clinical Sport Psychology, 15*(4), 306-322.

Blodgett, A. T., Coholic, D. A., Schinke, R. J., McGannon, K. R., Peltier, D., & Pheasant, C. (2013). Moving beyond words: Exploring the use of an arts-based method in Aboriginal community sport research. *Qualitative Research in Sport, Exercise and Health*, *5*(3), 312-331. https://doi.org/10.1080/2159676X.2013.796490

Blodgett, A. T., Schinke, R. J., Smith, B., Peltier, D., & Pheasant, C. (2011). In Indigenous words: Exploring vignettes as a narrative strategy for presenting the research voices of Aboriginal community members. *Qualitative Inquiry, 17*(6), 522-533. doi:10.1177/1077800411409885

*Borg, A. F., Falzon, R., & Muscat, A. (2021). Psychological implications and rehabilitation programmes due to football-related injuries. *Counselling and Psychotherapy Research*, *21*(4), 882-898.

Boynton, N. (2018, June 13). Everything's not O.K. *The Players' Tribune*. Retrieved from https://www.theplayerstribune.com/en-us/articles/nick-boynton-everythings-not-ok

*Breslin, G., Haughey, T. J., Donnelly, P., Kearney, C., & Prentice, G. (2017). Promoting mental health awareness in sport clubs. *Journal of Public Mental Health, 16*(2), 55-62.

*Breslin, G., Haughey, T., O'Brien, W., Caulfield, L., Robertson, A., & Lawlor, M. (2018). Increasing athlete knowledge of mental health and intentions to seek help: The State of Mind Ireland (SOMI) pilot program. (2018). *Journal of Clinical Sport Psychology, 12*(1), 39-56. https://doi.org/10.1123/jcsp.2016-0039

*Breslin, G., Shannon, S., Ferguson, K., Devlin, S., Haughey, T., & Prentice, G. (2019). Predicting athlete mental health stigma using the Theory of Reasoned Action framework. *Journal of Clinical Psychology, 13*(1), 103-115. https://doi.org/10.1123/jcsp.2017-0055

*Busanich, R., McGannon, K. R., & Schinke, R. J. (2014). Comparing elite male and female distance runner's experiences of disordered eating through narrative analysis. *Psychology of Sport and Exercise, 15*(6), 705-712. https://doi.org/10.1016/j.psychsport.2013.10.002

Caron, J. G., Bloom, G. A., Johnston, K. M., & Sabiston, C. M. (2013). Effect of multiple concussions on retired National Hockey League players. *Journal of Sport and Exercise Psychology, 35*(2), 168-179. https://doi.org/10.1123/jsep.35.2.168

Castaldelli-Maia, J. M., e Gallinaro, J. G. D. M., Falcão, R. S., Gouttebarge, 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. http://dx.doi.org/10.1136/bjsports-2019-100710

*Chow, G. M., Bird, M. D., Gabana, N. T., Cooper, B. T., & Becker, M. A. S. (2020). A program to reduce stigma toward mental illness and promote mental health literacy and help-seeking in National Collegiate Athletic Association Division I student-athletes. *Journal of Clinical Sport Psychology, 15*(3), 185-205. https://doi.org/10.1123/jcsp.2019-0104

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., Morgan, C., Rüsch, N., Brown, J. S. L., & Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine, 45*(1), 11-27. https://doi.org/10.1017/S0033291714000129

Cooper, A., Corrigan, P. W., & Watson, A. C. (2003). Mental illness stigma and care seeking. *Journal of Nervous and Mental Disease, 191*(5), 339-341. 10.1097/01.NMD.0000066157.47101.22

Corrigan, P. W. (2004). How stigma interferes with mental health care. *American Psychologist, 59*(7), 614-625. https://doi.org/10.1037/0003-066X.59.7.614

Corrigan, P. W., Markowitz, F. E., & Watson, A. C. (2004). Structural levels of mental illness stigma and discrimination. *Schizophrenia Bulletin, 30*(3), 481-491. https://doi.org/10.1093/oxfordjournals.schbul.a007096

Corrigan, P., Roe, D., & Tsang H. (2011). *Challenging the stigma of mental illness: Lessons for therapists and advocates.* John Wiley & Sons, Malden, MA

Corrigan, P. W., & Watson, A. C. (2002). The paradox of self-stigma and mental illness. *Clinical Psychology-Science & Practice, 9*(1), 35-53. https://doi.org/10.1093/clipsy.9.1.35

*Coyle, M., Gorczynski, P., & Gibson, K. (2017). "You have to be mental to jump off a board any way": Elite divers' conceptualizations and perceptions of mental health. *Psychology of Sport and Exercise, 29*, 10-18. https://doi.org/10.1016/j.psychsport.2016.11.005

*Cutler, B. A., & Dwyer, B. (2020). Student-athlete perceptions of stress, support, and seeking mental health services. *Journal of Issues in Intercollegiate Athletics, 13*, 206-226.

*DeLenardo, S., & Terrion, J. L. (2014). Suck it up: Opinions and attitudes about mental illness stigma and help-seeking behaviour of male varsity football players. *Canadian Journal of Community Mental Health, 33*(3), 43-56. https://doi.org/10.7870/cjcmh-2014-023

Dimitropoulos, G., McCallum, L. B., Colasanto, M., Freeman, V. E., & Gadalla, T. (2016). The effects of stigma on recovery attitudes in people with anorexia nervosa in intensive treatment. *The Journal of Nervous and Mental Disease, 204*(5), 370-380. 10.1097/NMD.0000000000000480

*Ferguson, H. L., Swann, C., Liddle, S. K., & Vella, S. A. (2019). Investigating youth sports coaches' perceptions of their role in adolescent mental health. *Journal of Applied Sport Psychology, 31*(2), 235-252. https://doi.org/10.1080/10413200.2018.1466839

Fox, A. B., Earnshaw, V. A., Taverna, E. C., & Vogt, D. (2018). Conceptualizing and measuring mental illness stigma: The mental illness stigma framework and critical review of measures. *Stigma and Health, 3*(4), 348-376. https://doi.org/10.1037/sah0000104

*Freedman, J., Hage, S., & Quatromoni, P. A. (2021). Eating disorders in male athletes: Factors associated with onset and maintenance. *Journal of Clinical Sport Psychology, 15*(3), 227-248. https://doi.org/10.1123/jcsp.2020-0039

Frisby, W., Reid, C. J., Millar, S., & Hoeber, L. (2005). Putting "participatory" into participatory forms of action research. *Journal of Sport Management*, *19*(4), 367-386. https://doi.org/10.1123/jsm.19.4.367

Fung, K. M. T., Tsang, H. W., & Chan, F. (2010). Self-stigma, stages of change and psychosocial treatment adherence among Chinese people with schizophrenia: A path analysis. *Social Psychiatry and Psychiatric Epidemiology*, *45*(5), 561-568.

Gough, D., Thomas, J., & Oliver, S. (2012). Clarifying differences between review designs and methods. *Systematic Reviews, 1*(1), 1-9. 10.1186/2046-4053-1-28

Griffiths, K. M., Christensen, H., Jorm, A. F., Evans, K., & Groves, C. (2004). Effect of Web-based depression literacy and cognitive-behavioural therapy interventions on stigmatising attitudes to depression: Randomised controlled trial. *British Journal of Psychiatry, 185*(4), 342-349. https://doi.org/10.1192/bjp.185.4.342

*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. 10.1186/1471-244X-12-157

*Gulliver, A., Griffiths, K. M., Christensen, H., Mackinnon, A., Calear, A. L., Parsons, A., Bennett, K., Batterham, P. J., & Stanimirovic, R. (2012). Internet-based interventions to promote mental health help-seeking in elite athletes: An exploratory randomized controlled trial. *Journal of Medical Internet Research, 14*(3), e69. 10.2196/jmir.1864

Hatzenbuehler, M. L., & Link, B. G. (2014) Introduction to the special issue on structural stigma and health. *Social Science and Medicine, 103*, 1-6. https://doi.org/10.1016/j.socscimed.2013.12.017

*Heaney, C. (2006). Physiotherapists' perceptions of sport psychology intervention in professional soccer. *International Journal of Sport and Exercise Psychology, 4*(1), 73-86. https://doi.org/10.1080/1612197X.2006.9671785

*Hilliard, R. C., Redmond, L. A., & Watson, J. C. (2019a). Differences in stigma and attitudes toward counseling between college student-athletes and nonathletes. *Journal of College Student Psychotherapy. 33*(4), 332-339. https://doi.org/10.1080/87568225.2018.1504639

*Hilliard, R. C., Redmond, L. A., & Watson, J. C. (2019b). The relationships among self-compassion, stigma, and attitudes toward counseling in student-athletes. *Journal of Clinical Sport Psychology, 13*(3), 374-389. https://doi.org/10.1123/jcsp.2018-0027

*Hilliard, R. C., Watson, J. C., & Zizzi, S. J. (2020). Stigma, attitudes, and intentions to seek mental health services in college student-athletes. *Journal of American College Health*, 1-10. https://doi.org/10.1080/07448481.2020.1806851

Hinshaw, S. P. (2007). *The mark of shame: Stigma of mental illness and an agenda for change*. New York: Oxford University Press.

Hoge, C. W., Grossman, S. H., Auchterlonie, J. L., Riviere, L. A., Milliken, C. S., & Wilk, J. E. (2014). PTSD treatment for soldiers after combat deployment: Low utilization of mental health care and reasons for dropout. *Psychiatric Services*, *65*(8), 997-1004. https://doi.org/10.1176/appi.ps.201300307

*Jones, T-V. (2016). Predictors of perceptions of mental illness and averseness to help: A survey of elite football players *Journal of Mental Health, 25*(5), 422-427. https://doi.org/10.3109/09638237.2015.1124384

Jorm, A. F., & Oh, E. (2009). Desire for social distance from people with mental disorders. *Australian and New Zealand Journal of Psychiatry, 43*(3), 183-200. https://doi.org/10.1080/00048670802653349

*Kaier, E., Cromer, L. D., Johnson, M. D., & Strunk, K. (2015). Perceptions of mental illness stigma: Comparisons of athletes to nonathlete peers. *Journal of College Student Development, 56*(7), 735-739. 10.1353/csd.2015.0079

*Kern, A., Heininger, W., Klueh, E., Salazar, S., Hansen, B., Meyer, T., & Eisenberg, D. (2017). Athletes connected: Results from a pilot project to address knowledge and attitudes about mental health among college student-athletes. *Journal of Clinical Sport Psychology, 11*(4), 326-336. https://doi.org/10.1123/JCSP.2016-0028

*King, L., Cullen, S., McArdle, J., McGoldrick, A., Pugh, J., Warrington, G., & Losty, C. (2022). Barriers and facilitators to help-seeking for mental health difficulties among professional jockeys in Ireland. *Journal of Clinical Sport Psychology,* Advance online publication. https://doi.org/10.1123/jcsp.2021-0032

*Kola-Palmer, S., Lewis, K., Rodriguez, A., & Kola-Palmer, D. (2020). Help-seeking for mental health issues in professional rugby league players. *Frontiers in Psychology, 11*, 2500. https://doi.org/10.3389/fpsyg.2020.570690

*Kroshus, E. (2017). Stigma, coping skills, and psychological help seeking among collegiate athletes. *Athletic Training & Sports Health Care, 9*(6), 254-262. https://doi.org/10.3928/19425864-20171010-02

*Kroshus, E., Wagner, J., Wyrick, D., & Hainline, B. (2019). Pre-post evaluation of the "Supporting Student-Athlete Mental Wellness" module for college coaches. *Journal of Clinical Sport Psychology, 13*(4), 668-685. https://doi.org/10.1123/jcsp.2018-0082

*Lebrun, F., MacNamara, À., Rodgers, S., & Collins, D. (2018). Learning from elite athletes' experience of depression. *Frontiers in Psychology, 9*, 2062. https://doi.org/10.3389/fpsyg.2018.02062

*Leimer, A. D., Leon, R. A., & Shelley, K. (2014). Stigmas and stereotypes: Counseling services for student-athletes. *Journal for the Study of Sports and Athletes in Education, 8*(2), 121-135. https://doi.org/10.1179/1935739714Z.00000000022

Levac, D., Colquhoun, H., & O'Brien, K. K. (2010). Scoping studies: Advancing the methodology. *Implementation Science, 5*(1), 1-9.

*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

*Liddle, S. K., Robinson, L., Vella, S. A., & Deane, F. P. (2021). Profiles of mental health help seeking among Australian adolescent males. *Journal of Adolescence, 92*, 34-45.

*Liddle, S. K., Vella, S. A., & Deane, F. P. (2021). Attitudes about mental illness and help seeking among adolescent males. *Psychiatry Research, 301*, 113965. https://doi.org/10.1016/j.psychres.2021.113965

Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology, 27*(1), 363-385. https://doi.org/10.1146/annurev.soc.27.1.363

Livingston, J. D., & Boyd, J. E. (2010). Correlates and consequences of internalized stigma for people living with mental illness: A systematic review and meta-analysis. *Social Science & Medicine, 71*(12), 2150-2161. https://doi.org/10.1016/j.socscimed.2010.09.030Get

*López, R., & Levy, J. (2013). Student athletes' perceived barriers to and preferences for seeking counseling. *Journal of College Counseling, 16*(1), 19-31. https://doi.org/10.1002/j.2161-1882.2013.00024.x

Lu, F. J., & Hsu, Y. (2013). Injured athlete's rehabilitation beliefs and subjective well-being: The contribution of hope and social support. *Journal of Athletic Training, 48*(1), 92-98. https://doi.org/10.4085/1062-6050-48.1.03

Major, B., Dovidio, J. F., Link, B. G., & Calabrese, S. K. (2018). Stigma and its implications for health: Introduction and overview. In B. Major, J. F. Dovidio, & B. G. Link (Eds.), *The Oxford Handbook of Stigma, Discrimination, and Health.* Oxford University Press.

*Marsters, C. P. E., Tiatia-Seath, J., & Uperesa, L. (2021). Young pacific male athletes' attitudes toward mental health help-seeking in Aotearoa New Zealand. *Asia Pacific Journal of Public Health, 33*(6-7), 789-791. https://doi.org/10.1177/10105395211022944

*Martin, S. J., & Anderson, T. (2020). Help-seeking for eating pathology among collegiate athletes: Examining stigma and perfectionism as moderating and mediating mechanisms. *Journal of Clinical Sport Psychology, 14*(3), 234-250. https://doi.org/10.1123/jcsp.2018-0098

*Martin, S. B., Kellman, M., Lavallee, D., & Page, S. J. (2002). Development and psychometric evaluation of the Sport Psychology Attitudes-Revised form: A multiple group investigation. *The Sport Psychologist, 16*(3), 272-290. https://doi.org/10.1123/tsp.16.3.272

*Martin, S. J., Saulnier, K. G., Horvath, S. A., & Anderson, T. (2020). Increasing help-seeking for eating pathology among collegiate athletes: An examination of a novel, customized intervention. *Psychology of Sport & Exercise, 50*, 101731. https://doi.org/10.1016/j.psychsport.2020.101731

Martinez, A. G., & Hinshaw, S. P. (2016). Mental health stigma: Theory, developmental issues, and research priorities. In D. Cicchetti (Ed.), *Developmental Psychopathology: Risk, Resilience, and Intervention* (3rd ed., Vol. 4, pp. 997-1040). John Wiley & Sons Inc.

*McArdle, S., Meade, M. M., & Burrows, E. (2018). Service providers' attitudes toward athletes with eating disorders. *Clinical Journal of Sport Medicine, 28*(1), 51-55. 10.1097/JSM.0000000000000406

*McArdle, S., Meade, M. M., & Moore, P. (2016). Exploring attitudes toward eating disorders among elite athlete support personnel. *Scandinavian Journal of Medicine and Science in Sports, 26*(9), 1117-1127. https://doi.org/10.1111/sms.12515

*McArdle, S., & Moore, P. (2013). Exploring indices of disordered eating literacy in male and female athletes: Knowledge gaps and lay beliefs as predictors of attitudes toward help-seeking. *Journal of Clinical Sport Psychology, 7*(4), 275-292. https://doi.org/10.1123/jcsp.7.4.275

*McGraw, S. A., Deubert, C. R., Lynch, H. F., Nozzolillo, A., Taylor, L., & Cohen, I. G. (2018). Life on an emotional roller coaster: NFL players and their family members' perspectives on player mental health. *Journal of Clinical Sport Psychology, 12*(3), 404-431. https://doi.org/10.1123/jcsp.2017-0051

McManus, T. (2019, November 25). Eagles' Brandon Brooks brings recognition of battle with anxiety. *ESPN.* Retrieved from https://www.espn.com/blog/philadelphia-eagles/post/_/id/24284/eagles-brandon-brooks-brings-winning-battle-against-anxiety

Meisner, B. (2018, August 4). I'm not Connor McDavid. *The Players' Tribune*. Retrieved from https://www.theplayerstribune.com/en-us/articles/hockey-ben-meisner-im-not-connor-mcdavid

Merz, Z. C., Perry, J. E., Brauer, A. H., Montgomery, T. L., Shulze, J., & Ross, M. J. (2020). The cost of mental illness: The public's derogation of athletes with psychological distress. *Stigma and Health, 5*(4), 442-450. https://doi.org/10.1037/sah0000213

Middleton, T. R. F., Dupuis-Latour, J., Ge, Y., Schinke, R. J., Blodgett, A. T., Coholic, D., & Petersen, B. (2018) Stories of identity from high performance male boxers in their training and competition environments. *Journal of Functional Morphology and Kinesiology*, *3*(4), 58-71. https://doi.org/10.3390/jfmk3040058

Moesch, K., Kentaä, G., Kleinert, J., Quignon-Fleuret, C., Cecil, S., & Bertollo, M. (2018). FEPSAC position statement: Mental health disorders in elite athletes and models of service provision. *Psychology of Sport and Exercise, 38*, 61-71. https://doi.org/10.1016/j.psychsport.2018.05.013

*Moore, M. (2017). Stepping outside of their comfort zone: Perceptions of seeking behavioral health services amongst college athletes. *Journal of Issues in Intercollegiate Athletics*, 130-144.

*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), e0256125. https://doi.org/10.1371/journal.pone.0256125

*O'Keeffe, S., Ní Chéilleachair, N., Campbell, M., & O'Connor, S. (2021). Barriers and facilitators to mental health help-seeking in elite Gaelic footballers post-injury: A qualitative study. *Research Quarterly for Exercise and Sport*, 1-16. https://doi.org/10.1080/02701367.2020.1865517

*Papathomas, A., & Lavallee, D. (2010). Athlete experiences of disordered eating in sport. *Qualitative Research in Sport and Exercise, 2*(3), 354-370. https://doi.org/10.1080/19398441.2010.517042

Petersen, B., Eys, M., Watson, K., & Evans, M. B. (2019). Taking tock of youth sport group dynamics research: A scoping review. *Kinesiology Review*, *8*(3), 260-268. https://doi.org/10.1123/kr.2019-0027

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

*Ramaeker, J., & Petrie, T. A. (2019). "Man Up!": Exploring intersections of sport participation, masculinity, psychological distress, and help-seeking attitudes and intentions. *Psychology of Men & Masculinity, 20*(4), 515-527. https://doi.org/10.1037/men0000198

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

Reardon, C. L., Hainline, B., Aron, C. M., Baron, D., Baum, A. L., Bindra, A., Budgett, R., Campriani, N., Castaldelli-Maia, J. M., Currie, A., Derevensky, J. L., Glick, I. D., Gorczynski, P., Gouttebarge, V., Grandner, M. A., Han, D. H., 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. http://dx.doi.org/10.1136/bjsports-2019-100715

*Roberts, S. J., Baker, M., Reeves, M. J., Jones, G., Cronin, C. (2019). Lifting the veil of depression and alcoholism in sport coaching: How do we care for the carers? *Qualitative Research in Sport, Exercise and Health, 11*(4), 510-526. https://doi.org/10.1080/2159676X.2018.1556182

Schinke, R. J., Henriksen, K., Petersen, B., Wylleman, P., Si, G., Zhang, L., McCann, S., & Papaioannou, A. (2021). Pathways through acute athlete care during training and major tournaments: A multi-national conceptualised process. *International Journal of Sport and Exercise Psychology*, *19*(3), 295-309. https://doi.org/10.1080/1612197X.2021.1892940

Schinke, R. J., Giffin, C. E., Cosh, S., Douglas, K., Rhind, D., Harwood, C., Si, G., & Papaiounnou, A. (2021). International society of sport psychology position stand: Mental

health through occupational health and safety in high performance sport. *International Journal of Sport and Exercise Psychology*, Advance online publication. https://doi.org/10.1080/1612197X.2021.1992857

Schinke, R. J., Stambulova, N. B., Si, G., & Moore, Z. (2018). International society of sport psychology position stand: Athletes' mental health, performance, and development. *International Journal of Sport and Exercise Psychology*, *16*(6), 622-639. 10.1080/1612197X.2017.1295557

*Seear, K., & Fraser, S. (2010). Ben Cousins and the 'double life': Exploring citizenship and the voluntary/compulsivity binary through the experiences of a 'drug addicted' elite athlete. *Critical Public Health, 20*(4), 439-452. https://doi.org/10.1080/09581591003653132

*Smith, A., Haycock, D., Jones, J., Greenough, K., Wilcock, R., & Braid, I. (2020). Exploring mental health and illness in the UK sports coaching workforce. *International Journal of Environmental Research and Public Health, 17*(24), 9332. https://doi.org/10.3390/ijerph17249332

*Sothern, N. A., & O'Gorman, J. (2021). Exploring the mental health and wellbeing of professional academy footballers in England. *Soccer & Society, 22*(6), 641-654. https://doi.org/10.1080/14660970.2021.1952693

*Steinfeldt J. A., & Steinfeldt, M. C. (2012). Profile of masculine norms and help-seeking stigma in college football. *Sport, Exercise, and Performance Psychology, 1*(1), 58-71. https://doi.org/10.1037/a0024919

*Steinfeldt J. A., Steinfeldt, M. C., England, B., & Speight, Q. L. (2009). Gender role conflict and stigma toward help-seeking among college football players. *Psychology of Men & Masculinity, 10*(4), 261-272. https://doi.org/10.1037/a0017223

Suto, M., Livingston, J. D., Hole, R., Lapsley, S., Hinshaw, S. P., Hale, S., & Michalek, E. E. (2012). Stigma shrinks my bubble: A qualitative study of understandings and experiences of stigma and bipolar disorder. *Stigma Research and Action, 2*(2), 85-92.

*Swann, C., Telenta, J., Draper, G., Liddle, S., Fogarty, A., Hurley, D., & Vella, S. (2018). Youth sport as a context for supporting mental health: Adolescent male perspectives. *Psychology of Sport & Exercise, 35*, 55-64. https://doi.org/10.1016/j.psychsport.2017.11.008

*Tabet, S. M., Lambie, G. W., & Golubovic, N. (2021). An investigation of college student-athletes' mental health stigma, help-seeking attitudes, depression, anxiety, and life stress scores using structural equation modeling. *Journal for the Study of Sports and Athletes in Education, 15*(3), 245-267. https://doi.org/10.1080/19357397.2021.1924562

The Associated Press. (2021, August 19). Simone Biles highlights mental health advocacy as part of her post-Olympic tour. CBC. https://www.cbc.ca/sports/olympics/summer/gymnastics/simone-biles-headlining-mental-health-advocacy-post-olympic-tour-1.6146104

*Todd, R., Bhalerao, S., Vu, M. T., Soklaridis, S., & Cusimano, M. D. (2018). Understanding the psychiatric effects of concussion on constructed identity in hockey players: Implications for health professionals. *PLoS ONE, 13*(2), e0192125. https://doi.org/10.1371/journal.pone.0192125

*Tran, A. G. T. T. (2021). Race/ethnicity and stigma in relation to unmet mental health needs among student-athletes. *Journal of College Student Psychotherapy*, 1-18. https://doi.org/10.1080/87568225.2021.1881859

Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Ng, C., Sharpe, J. P., Wilson, K., Kenny, M., Warren, R., Wilson, C., Stelfox, H. T., & Straus, S. E. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine, 169*(7), 467-473. https://doi.org/10.7326/M18-0850

Tucker, J. R., Hammer, J. H., Vogel, D. L., Bitman, R. L., Wade, N. G., & Maier, E. J. (2013). Disentangling self-stigma: Are mental illness and help-seeking self-stigmas different? *Journal of Counseling Psychology, 60*(4), 520-531. https://doi.org/10.1037/a0033555

Uphill, M., Sly, D., & Swain, J. (2016). From mental health to mental wealth in athletes: Looking back and moving forward. *Frontiers in Psychology, 7*, 935. https://doi.org/10.3389/fpsyg.2016.00935

Vella, S. A., Schweickle, M. J., Sutcliffe, J. T., & Swann, C. (2021). A systematic review and meta-synthesis of mental health position statements in sport: Scope, quality, and future directions. *Psychology of Sport and Exercise*, *55*, 101946. https://doi.org/10.1016/j.psychsport.2021.101946

*Vella, S. A., Swann, C., Batterham, M., Boydell, K. M., Eckermann, S., Ferguson, H., Fogarty, A., Hurley, D., Liddle, S. K., Lonsdale, C., Miller, A., Noetel, M., Okely, A. D., Sanders, T., Schweickle, M. J., Telenta, J., & Deane, F. P. (2021). An intervention for mental health literacy and resilience in organized sports. *Medicine and Science in Sports and Exercise, 53*(1), 139-149. 10.1249/MSS.0000000000002433

Vujanovic, A. A., & Tran, J. K. (2021). Providing psychological services to firefighters. *Journal of Health Service Psychology*, *47*(3), 137-148. https://doi.org/10.1007/s42843-021-00041-6

*Wahto, R. S., Swift, J. K., & Whipple, J. L. (2016). The role of stigma and referral source in predicting college student-athletes' attitudes toward psychological help-seeking. *Journal of Clinical Sport Psychology, 10*(2), 85-98. https://doi.org/10.1123/JCSP.2015-0025

*Wasylkiw, L., & Clairo, J. (2018). Help seeking in men: When masculinity and self-compassion collide. *Psychology of Men & Masculinity, 19*(2), 234-242. https://doi.org/10.1037/men0000086

*Watson, J. C. (2006). Student-athletes and counseling: Factors influencing the decision to seek counseling services. *College Student Journal, 40*(1), 35-42.

*Watson, D. R., Hill, A. P., & Madigan, D. J. (2021). Perfectionism and attitudes toward sport psychology support and mental health support in athletes. *Journal of Clinical Sport Psychology,* Advance online publication. https://doi.org/10.1123/jcsp.2020-0052

*Way, W. C., Coker-Cranney, A. M., & Watson, J. C. (2020). "So many mental health issues go unsaid": Implications for best practice guidelines from student-athletes' perspectives about service availability. *Journal of Clinical Sport Psychology, 14*(3), 305-324. https://doi.org/10.1123/jcsp.2019-0051

*Wilkerson, T. A., Stokowski, S., Fridley, A., Dittmore, S. W., & Bell, C. A. (2020). Black football student-athletes' perceived barriers to seeking mental health services. *Journal of Issues in Intercollegiate Athletics*, 55-81.

*Wilkins, L., Sweeney, J., Zaborski, Z., Nelson, C., Tweddle, S., Beukes, E., & Allen, P. (2020). Elite academy soccer players' perceptions toward cognitive behavioral therapy. *Journal of Clinical Sport Psychology, 14*(1), 55-67. https://doi.org/10.1123/jcsp.2018-0026

*Wood, S., Harrison, L. K., & Kucharska, J. (2017). Male professional footballers' experiences of mental health difficulties and help-seeking. *The Physician and Sportsmedicine, 45*(2), 120-128. https://doi.org/10.1080/00913847.2017.1283209

*Wynters, R., Liddle, S. K., Swann, C., Schweickle, M. J., & Vella, S. A. (2021). Qualitative evaluation of a sports-based mental health literacy program for adolescent males. *Psychology of Sport and Exercise, 56*, 101989. https://doi.org/10.1016/j.psychsport.2021.101989

*Manuscript submitted February 2022. Acceped for publication September 2022.*