



MENTAL HEALTH LITERACY: EXPERIENCES AND ATTITUDES OF FOOTBALL COACHES IN MALTA

Muscat, Adeleⁱ,

Duca, Owen,

Stivala, Carlos

Institute for Physical Education and Sport,

University of Malta,

Msida, Malta

Abstract:

Mental health in football has not been widely researched despite several well-known footballers having suffered from mental illness. Coaches are essential figures in athletes' lives who can support struggling athletes, however, few know what to do when faced with such a situation. It is also the case that not all football clubs can afford a sports psychologist within their team set-up. This study delved into coach awareness of mental health challenges that footballers may experience. Twelve football coaches in Malta, coaching at the top level, were interviewed. The findings showed that coaches lack relevant knowledge and training in the area. Coaches spoke about the lack of funding and availability of sports psychologists and struggled to make a distinction between mental health and mental skills. National associations are recommended to provide relevant education and support to all football players, technical staff, and club management personnel. This study explores the potential cultural implications of smaller nations where the level of professionalism in football may not be at the level of the top footballing nations in Europe.

Keywords: mental illness; small nation; football clubs; support; challenges

1. Introduction

For many individuals worldwide, sport provides a crucial environment for personal development with participation in organized sports linked to various physical, psychological, and social benefits. Footballers' health appears to be primarily concerned with adequate physical functioning (Gouttebauge & Kerkhoffs, 2018). Mental health indicators and illnesses in professional athletes, on the other hand, are less generally recognized and frequently stigmatised (Confectioner *et al.*, 2021). This is despite several

ⁱ Correspondence: email adele.muscat@um.edu.mt

mental health symptoms and illnesses such as eating disorders being more evidenced among professional athletes than in the general population, due to the pressurised situations they face leading up to or in competition (Castaldelli-Maia *et al.*, 2019).

Wood *et al.* (2017) in their study on footballers' experiences of mental health difficulties and help-seeking, found that 26% of footballers in their study suffered from either anxiety and/or depression; 10% from stress; 5% from lack of self-esteem; 7% from smoking addiction, and 19% from alcohol abuse. Those more at risk of experiencing mental health illness included those who had had serious injuries, those with challenges in their relationships with their coach or teammates; retired unemployed football players, and players experiencing post-career physical pain (FIFPRO, 2021). Despite this, professional athletes are less likely than those who do not practice sports professionally to pursue mental health care because of the image of the strong athlete compared to a weak one (Castaldelli-Maia *et al.*, 2019; Hägglund *et al.*, 2023; McGinty-Minister, 2023). However, ignoring mental health issues may lead to serious repercussions including suicide as witnessed in cases such as that of German goalkeeper Robert Enke, and Gary Speed, the Welsh footballer.

Often, players do not know who to turn to when struggling with mental health challenges. Hägglund *et al.* (2023), spoke about the need to show vulnerability and "*recognising the value of self-awareness, self-compassion and help-seeking behaviours*" (p. 2). Coaches are placed in a significant position to help with this since they are important in the player's life (Duffy *et al.*, 2021). Coaches are close to the players daily and, thus, may be in a position to support and guide a player who is showing symptoms of mental illness to a professional.

Whilst mental health literacy may not be formally positioned as a coaching competency, the rise of mental health concerns amongst football players has brought on the need for coaches and other technical staff within football clubs to develop their knowledge and awareness. Mental health literacy is the knowledge one has on mental health illnesses that can help in their recognition, management, and even prevention (Jorm *et al.*, 1997). Gorczynski *et al.* (2021) believe that a mental health literate culture will have good self-management strategies, and knowledge of mental health first aid, challenge the stigma on mental illness, and enable help-seeking behaviours. Coaches should be instructed to identify mental health indicators, ease sportspersons' help-seeking behaviours, and relate athletes to treatments grounded in evidence (Schinke *et al.*, 2018). The Dual Continua Model of Mental Health (Keyes, 2002) looks at mental health and mental illness on two interrelated levels, with the former focusing on the level of well-being present and the latter focusing on the existence of psychopathology (Figure 1).

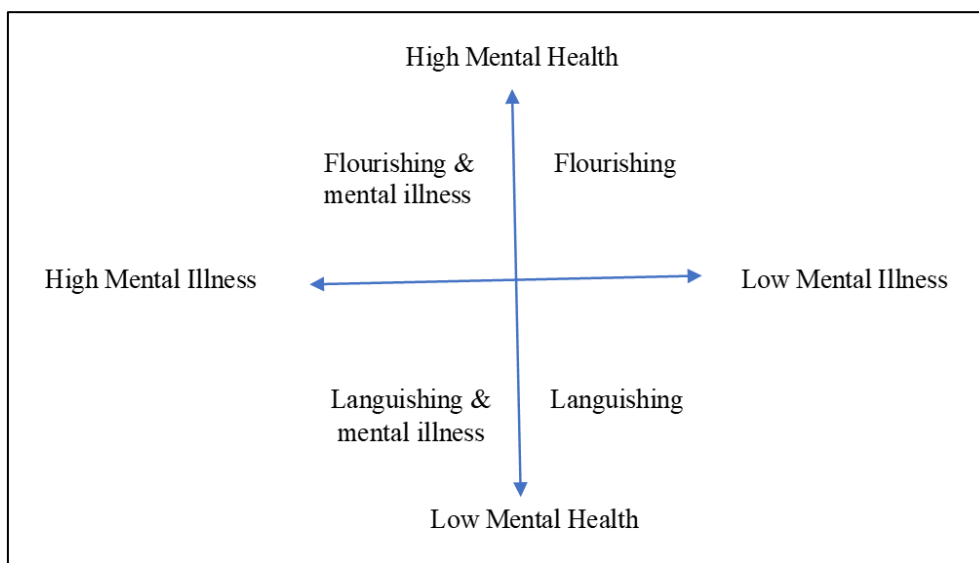


Figure 1: Dual continua model (Keyes & Lopez, 2002)

Those with high levels of well-being and no mental illness are seen as flourishing; those having low levels of mental illness and mental health are seen to be languishing (Keyes, 2002). Current research in sports focuses heavily on mental illness rather than looking at the dual continua. Studies have also focused on a quantitative approach, failing to focus on personal experiences (McGinty-Minister *et al.*, 2023)

Van Slingerland *et al.* (2019) spoke about six principles to challenge stigma and help individuals working within competitive sports. These principles focus heavily on the role of the sports organisation and the coach in caring for the mental health of athletes. Although their work is situated in a Canadian context, it may still be relevant in European and other contexts. These principles are:

1. *“Athletes are susceptible to experiencing mental health challenges and disorders.*
2. *Sport organizations have a duty to protect the mental health of athletes.*
3. *Coaches have a duty to foster the mental health of their athletes.*
4. *Competitive and high-performance athletes seeking care for mental health challenges or disorders are best served by a specialized interdisciplinary mental health care team.*
5. *Truly comprehensive integrated support teams in sport include at least one practitioner who can address mental health challenges and mental illness in athletes.*
6. *Institutions offering programs to train mental health professionals have a duty to provide opportunities to develop sport-specific competencies”*. (p. 178)

Such principals aim to move from talk to action on mental health. However, to do this, coaches must have adequate knowledge and understanding of mental health and illness.

In recent years, there has been a noticeable increase in the belief that coaches need to be active in assisting players' mental well-being (Duffy *et al.*, 2021; Mazzer *et al.*, 2015) especially, since, not all football clubs have access and funding to bring a sport psychologist on board within the club. While some research (e.g. Waller *et al.*, 2016) has focused on the need to have different professionals working separately, but

collaboratively, on mental skills and mental health aspects, other researchers (e.g. Aoyagi *et al.*, 2012) believe that the job can be done by one professional knowledgeable in both. The reality, however, is that in smaller clubs and nations, clubs cannot afford either the former or the latter, and, thus, it would be wise if coaches had some knowledge of mental health and how to support and guide players toward professionals.

Many coaches are unclear about what to do and are afraid they may unknowingly engage in actions that could further harm their players' mental health (Mazzer *et al.*, 2015). If young athletes believe coaches know about mental health literacy, they are likelier to speak to them about their mental health (Swann *et al.*, 2018). As evidenced in Diamond *et al.*'s (2023) study in academy clubs, most participants expressed the need for further training on mental health literacy from external providers and experts on the subject.

Moreover, there is limited research exploring coaches' mental health literacy and how this could influence their role in raising awareness and early intervention (Duffey *et al.*, 2021). Following McGinty-Minister *et al.*'s (2023) study and suggestion regarding research needing to address the experiences and attitudes of coaches amongst other stakeholders on mental health and illness, the current study sought to investigate the following research questions:

- 1) what do football coaches coaching at the top level understand by the terms mental health and illness?
- 2) are coaches aware of the mental health concerns footballers face, and, how do they handle such issues? and
- 3) what do coaches believe can be done to assist players' mental health?

The study was conducted in Malta, a small European nation, with coaches working on the island in the Premier and Challenge leagues, the two highest leagues in the country. Here, professionalism is far less than in the bigger leagues in Europe such as the English Premier League (EPL) (Armstrong & Mitchell, 2008). In Malta, it is often the case that only those coaching in the Premier League work full-time as coaches. These require a Union of European Football Associations (UEFA) Pro license. In lower leagues, coaches have another job to sustain their living. In the Challenge League, coaches must have a UEFA A license. In Maltese top-level football clubs, the coach is the most important figure and, one constantly involved with the players. It is usually the case that clubs in the Premier League and Challenge League, also have an assistant coach, a physical trainer, a goalkeeper coach, a team manager, and a kit manager. A doctor and a physiotherapist are usually employed on a part-time basis or as needed. Maltese football clubs do not have sports psychologists, counsellors, welfare officers, or other professionals working on mental skills or mental health aspects throughout the season. Such a service is usually requested when the team is going through a difficult patch in performance at the coach's discretion. However, a recent increase in mental health issues in the general Maltese population has brought forward the need to educate coaches further on mental health literacy to support players better.

2. Methodology

The researchers were allowed to start with the data collection process once ethical clearance was given by the University Research Ethics Committee. This study utilised a qualitative approach using semi-structured interviews. This was deemed the most appropriate method since a deeper insight into a real-world challenge was desired (Moser *et al.*, 2017). It consists of the collecting and interpreting of narratives that individuals provide about their experiences (Peniel, 2015).

A constructivist approach was adopted. This method relies on human experience, interaction with others, and interpretation of this (Cohen & Manion, 1994). A concept of constructivism is that learners create new knowledge based on prior experience (McLeod, 2023). In this case, the research was based on new evidence obtained by conducting interviews with coaches, who gave insight into past and present issues they experienced in mental health literacy in European football.

The authors' positionality is also important to take note of. The first author is an academic and a sports psychologist with 25 years of experience working with elite athletes, including footballers, at club and national team levels. She delivers mental health sessions in clubs as part of the national football player's association and is also a lecturer on UEFA courses. She notes that when conducting these courses, coaches appear lost on psychological preparation and mental health as such topics have not been given enough importance in the past. The second and third authors are both footballers and coaches who have pursued their education at the Master's level in the teaching of Physical Education.

2.1 Interview Protocol and Sampling

The interview protocol was derived from the literature (e.g. Confectioner *et al.*, 2021; Diamond *et al.*, 2023; Wood *et al.*, 2017) on mental health and illness in sports as well as the authors' experiences in the field. Participants were encouraged to discuss and reflect on their experiences of mental health and illness in football clubs as well as the availability or lack of support and education on the topic. Before the commencement of the interviews, the researchers carried out two pilot interviews with club coaches to test the questions and increase confidence. The club coaches provided minor feedback that helped structure better the flow of conversation.

Purposive sampling was utilised since a particular population was required for this study. The inclusion criteria were that participants had to be coaches coaching in the Premier or Challenge League, the top levels of football in the country. The number of participants taking part in the research is not essential (Emmel, 2013); it is the ability to reach data saturation, that is, the point where you can start to draw conclusions and further data collection will not produce new findings, that is more important (Abela *et al.*, 2021).

An email was sent to football clubs using publicly available email addresses asking club administrators to forward the information letter to the senior team coaches. Those interested in participating were asked to contact the researchers directly. Six male coaches

coaching in the Premier League and six males coaching in the Challenge League were recruited for this study. Two were Serbian, one Italian, and the rest, nine Maltese. The Premier League coaches have been given the abbreviations P1, P2, P3, P4, P5, P6 whilst the Challenge League coaches have been given the abbreviations C1, C2, C3, C4, C5, C6.

2.2 Ethical Considerations

An information letter and consent form were sent to the participants interested in being interviewed. Participants were informed that they could refrain from answering a question they may not have felt comfortable with and stop the interview at any time if they felt uncomfortable at any point. They were also assured that pseudonyms would be used instead of their real name, however, it was also important to inform them that their identity might still be uncovered due to the small number of coaches coaching in the Premier and Challenge leagues. Participants were notified that the recorded data would be safely stored on a password-protected computer and would only be used for the study.

2.3 Conducting the Interviews

After agreeing to participate in this study, a date with the interviewees was discussed. Five interviews took place on the university campus in a closed room, one took place online via the Zoom platform while the other six took place at a venue chosen by the interviewees. The interviews were conducted by the second and third authors and lasted between 45 to 60 minutes. They were conducted in both the Maltese and English language which allowed the participants to choose the language they felt they could express themselves best in. The first author opted out of conducting the interviews, despite being the more experienced researcher due to the fear of influencing the participants who she worked with from time to time, and the possibility of bringing bias into the study. The researchers sought permission to take notes and/or record the data on an electronic device during the interview. The data was then immediately transferred to a password-protected computer.

2.4 Data Analysis and Methodological Rigour

Thematic analysis was utilised to analyse the data. Braun *et al.*'s (2006) six-step model was used since the authors were familiar with the process. This consisted of; data familiarisation, coming up with codes, combining codes into themes, reviewing and defining themes, and producing the conclusions. After all the interviews were translated and transcribed into the English language, the authors repeatedly went over the transcriptions, highlighting important information and writing additional side notes. After going through the text, the organisation of the entire data into groups characterised by a code took place. These codes presented the researchers with a concise overview of the key points. The next stage involved producing themes from the provided codes. This involved categorising the codes into probable themes and putting together all suitable coded data excerpts inside the defined themes. Essentially, the researchers analysed the codes and combined similar ones to produce a principal theme (Braun *et al.*, 2006). Themes were then reviewed by revisiting the data. Defining themes demands expressing

exactly the meaning of every theme and establishing how it impacts the interpretation of the data. The researchers then conducted and wrote an analysis for each unique theme. In addition to shaping the story that each theme expresses, the researchers evaluated how it fits into the greater story that it is portraying about the data and the research questions to ensure there are not too many intersections across themes (Braun *et al.*, 2006).

Trustworthiness was created through the implementation of the pilot study, confirmation that the participants fit the inclusion criteria for this study, and triangulation of coding by having all authors independently conduct the whole data analysis procedure, checking and modifying the process as needed. Trustworthiness relates to the degree of trust, or certainty, readers have in the outcomes (Gunawan, 2015). The researchers needed to keep in mind the importance of not letting any biases get in the way so as not to influence the study. The first author's work with coaches over the years and the second and third authors' experiences as players working with several coaches over the years could have preconditioned their thoughts on what level of knowledge coaches possessed regarding mental health literacy. Continuous reflexivity on how the authors' context may affect the research and peer checking with a colleague helped with credibility and trustworthiness (Gunawan, 2015).

3. Results and Discussion

The main themes that emerged were: *Mental health: meaning and characteristics; challenges faced; supporting players; and mental strength versus mental skills*. Sub-themes are represented in italics in this section.

3.1 Mental Health: Meaning and Characteristics

Coaches in this study were potentially mental health illiterate with little knowledge of what to do if a player showed mental illness symptoms. For P4, if one has a mental illness, that would mean that there are certain issues that the individual is finding it hard to cope with, whilst P6 believes that everyone will have some struggles at some point in their life. Football players are no exception and are not immune to mental health issues (Van Slingerland *et al.*, 2019). C1 did not have a clear *definition of mental health*, but for him, a challenge will create stress; e.g. if a player is unable to perform well, then this might cause mental health concerns. Coaches reported coaching players who had struggled with anxiety and depression, however, they did not have much knowledge of other mental illnesses.

According to the coaches, there may be several *indicators of mental illness*. Most coaches mentioned behaviour changes including being more aggressive on the pitch, very quiet, and nervous when spoken to (C4, C5), isolating oneself (C1), lack of motivation, looking stressed and anxious (C6), and also weight loss (P5). However, both C4 and C5 stated that noticing the symptoms is the biggest challenge, as some may be able to hide things well, and others may not notice the symptoms (C4). For C6, however, *"I have noticed some players being more quiet than usual, and I would know that they might be suffering from mental health challenges as I have suffered from them myself"*. Four coaches

expressed their personal need for support, with three actively admitting to having struggled with mental health issues themselves. Coaches face a lot of pressure in the game and, thus, may also need support and enhanced knowledge of mental health literacy and where to seek support. Mendenhall and Frauenholtz (2015) noted that one's own experience of mental illness may enhance an individual's mental health literacy. However, one should not only consider the link between personal experience and mental health literacy, but, also how one's experience may influence stigma, beliefs regarding one's role, as well as involvement in supporting others (Duffy *et al.*, 2021).

Coaches mentioned some *causes of mental illness*. These included genetic factors (P4); injuries (C2); lifestyle (P2, P4, C1, C3, C5); transitional challenges (P2); critical moments (P1; P4); personality (P1, P6); fame (P1); performance stress (P3, P5, P6, C1, C3); and family issues (P1, P2, C1). According to P4, the issue could be a genetic one, one is born with it, whilst, for P1, some players cannot cope when they go through critical moments such as a dip in their performance. Critical moments should, however, not be seen as negative experiences, but rather, as opportunities for players to analyse the choice they have despite the anxiety they may face (Nesti *et al.*, 2012).

“Especially in elite football, you can go from zero to 100 so fast and from 100 to zero very fast. If you are not ready to manage this, this starts to create a big problem in terms of lifestyle. Because one day you are the best player in the world and everyone talks about you, they give you a lot of money ... two weeks later, you had a bad day, and no one wants to see you... if you are not ready or if you don't have the equilibrium, the balance, this is a problem... a big mental problem....” (P1).

How footballers navigate these critical moments in their careers is crucial for their future success (Nesti *et al.*, 2012). At times, players (and possibly today's society as P1 put it) are never happy with what they have; they seek perfectionism (P1), and, this may place a psychological toll on players. Addressing psychological cognitions together with the trait of perfectionism is important since it is a risk factor for mental health (Donachie & Hill, 2022). Life stresses, financial issues, and other commitments may all play a part P2 stated. For those playing in an amateur league, the challenges may be bigger because most players would need to have another job and find it a struggle to cope with it all (C3).

For players who transition overseas, who need to leave their families behind, the challenges are tough, P2 stated. At times, these players are moody and possibly homesick. Players may struggle with the language, have acculturation issues (P1) and, possibly loneliness and lack of belonging (Farrugia & Muscat, 2023). According to P2, players may also have struggles with well-being when passing through other transitional challenges in their careers, such as retirement.

Performance stress may also cause mental health issues *“because, at the end of the day, their living depends on performance”* (P3) and, if another player who plays in the same position is brought into the club, this undoubtedly causes concern (P5). For C1,

“in contrast with coaching from the second division to the first division (Challenge league) or Premier, there are different types of pressures. In every division the pressure is different for every club because you can have a team fighting for the league and will experience different pressure to a team fighting to stay in the league. Pressure might also be brought down into two; individual pressure and foreign pressure (committee, peers, girlfriend, etc.)”

P5 says that players may start to doubt themselves, lose motivation, and even engage in smoking and drinking. The coach must recognise players who may require support to cope with the challenges they face (C1), including long-term injuries. Those out of training for a long time often feel anxious and need support (C2).

The *COVID pandemic* brought more awareness about mental health issues, with C2 stating that the pandemic increased mental health issues greatly. The pandemic wreaked havoc on the life and mental health of footballers (Souter *et al.*, 2022) with the insecurity it brought on, the fear of getting sick and infecting others, needing to quarantine, and being unable to train and play competitive matches. For C4, where players went to training before to relieve some of their daily stress, this was impossible, and players had to stay at home. This impacted their identity as footballers, and, C5 stated, it affected coaches too. As a result of the pandemic, there has been more discussion about mental health and awareness of the repercussions of mental illness, P4 states. According to him, we now need to go to the next step, beyond awareness.

Mental health issues also *affect performance* in several ways. When one is anxious or depressed, focusing on the job may be hard, and motivation and confidence may be low. According to P3, concentration is affected as a player’s mind is elsewhere, decision-making is poor, and one might be lethargic and act differently with teammates. For P4, *“the mind can block what the legs can do”* putting across the notion that muscle tension is evident, which will in turn, affect performance negatively and lead to a downward spiral, including a loss of pride (P5). According to P1, it may not only affect an individual’s performance but also the atmosphere in the changing room. Moreover, *“when the mind starts to play games, it will disrupt one from doing simple, daily things such as getting up from bed and going to work”* (C6).

3.2 Challenges Faced

Coaches spoke about the *lack of education and awareness* on mental health, similar to that reported by McGinty-Minister *et al.* (2023). P2, who is a mental health first aider, however, stated that there has been an improvement. P3 feels lost, admitting he is not competent enough in the area to be able to distinguish between general health and a more serious mental health issue. C3 and C4 placed importance on the need for more research on mental health in football as suggested by several researchers (e.g. Abela *et al.*, 2021; Gorczynski *et al.*, 2020; McGinty-Minister *et al.* (2023).

According to C4,

“A player might realise that he is starting to have some issues but I think the player is not capable of identifying the situation as difficult or out of control and a lot of us as humans, psychologically, do not think that struggling a bit is a problem as I am strong enough to endure it But often the individual realises that he is mistaken when the situation tends to destroy the athlete a lot mentally.”

If support is not sought, mental health issues can escalate. C3 in fact noted, that, more men tend to commit suicide but despite this *“we do not give much importance towards mental health, even generally speaking and not just in football”* echoing the words of Henriksen *et al.* (2020) who stated that just as training must be accompanied by the appropriate recovery, psychological demands must be accompanied by an appropriate plan to aid mental health. P5 had no awareness of education programmes on the subject, he also admitted to not having any experience working with sports psychologists. C4 believes that coaches have not had enough training on the subject to be able to educate players on mental health literacy. However, a coach should have the basic knowledge C1 stated; *“I do not suggest that a coach should replace a psychologist or any professional person, but a coach should manage to point the player in the right direction”*.

C2 on the other hand, tries to educate his players showing awareness that players may struggle with anxiety and depression whilst for C5,

“As coaches, we do try to help our players mentally, but we do this with experience and not because we got trained on how to deal with mental health issues. That’s why we need to get trained or receive courses starting with the basics, from professionals.”

The more mental health literate coaches are, the more capable they are in identifying stressors and lessening the stigma of poor mental health while also giving support to players to seek help (Gorczyński *et al.*, 2020). It is the people at the top who need to value the importance of mental health awareness and education P4 believes, as, they have the power to influence others and also, to offer the opportunity to coaches to educate themselves.

P1 believes that education on the topic must start in grassroots and a coach must also be aware of cultural and religious differences in his team. A player from Africa may have had a different upbringing from one in Italy, and what one may work with one player, might not work with another. This can be seen in Muscat *et al.*'s study (2020) on the transition of Maltese players to other countries. Here, Maltese players are described as coming from a sheltered upbringing, one where they are often overprotected until they leave the family home and beyond. However, ‘helicopter’ parenting, a term used for parents who indulge their child and protect them when they believe there is a need to do so, does not prepare young people to deal with stressors as they get older and are required to be more independent (Holt & Knight, 2014). As a result, the lack of coping and stress management skills such young people may lack, together with the additional stressors (e.g. selection, performance demands) participation in elite sports comes with (Diamond *et al.*, 2023) may lead to mental health concerns.

P4 is also preoccupied that whilst the topic of mental health is seen to be important, nothing is then done about it, and players are not helped with their issues, implying that the culture may not be very accepting of supporting mental health (Castaldelli-Maia *et al.*, 2019).

“It could be that the football family is causing people to suffer from mental health issues with the actions carried out by the people at the top.... I wouldn't say that this is done intentionally because the objective would be to try to achieve a sporting result without spending all that amount of money, but in reality, with the actions done to try to get to this objective, it could be that they are imposing mental health issues on individuals, such as players and technical staff.” (P4)

This echoes that already stated in several studies including that of Henriksen *et al.*, (2020) and McGinty-Minister *et al.*, (2023) that clubs encourage behaviours that may jeopardise mental health. Having professional support staff embedded within the club or national association would help in more discussion on the topic. In P4's case, he gained awareness of mental health in his UEFA A and UEFA PRO courses and also at his workplace.

“However, there isn't a specific programme, which I am aware of other than, for example, the easiest thing to do whenever somebody thinks about psychology, is refer to XXXXX (experienced sports psychologist on the island).”

However, C3, C4, and C6 speak about the *lack of sports psychologists* available making it difficult for players and coaches to be more aware and to speak up. The clubs may also have *limited funding* to be able to pay for a professional P2 stated. For C5 the situation is one where *“if we compare Maltese football with foreign elite football, there is a big gap that differentiates the teams, as foreign elite clubs take care of the mental aspect”*. However, in a recent study by McGinty-Minister *et al.* (2023), the authors argue that even in one of the biggest leagues in the world, the EPL, stakeholders lack adequate knowledge of mental health literacy despite their financial capacity.

P3 believes that sports psychologists need to go into clubs to educate players and coaches so that they know where they can go if they need assistance. Clubs are not equipped and it is the players association that is providing a one-off session on mental health education to clubs. However, such a session for P4 done *“to tick the box”* is not enough.

“I think to have this implemented successfully, there needs to be recognition by the sporting association, by the government, where possibly a pool of specialised people, ideally, one per club, should be allocated and possibly paid by The Football Association or aided by the government, to give an incentive for football clubs to employ a specialised person, a psychologist to assist the team. Having such a person within a club is very, very beneficial, because ... if the psychologist is part of the technical team, a psychologist will start building

a relationship with the players, and the players will then feel comfortable speaking with the individual whom they have built this trust with. That is where we can see the benefit of a psychologist or someone who specialised in mental health.” (P4)

For P4, there will always be the excuse from the top that there are other more important things that funds could be targeted towards. These could include additional staff members to help with athlete rehabilitation and fitness, equipment, monitoring devices, training camps, and more. However, funds must be given specifically for mental health education and support. Similar to that stated by Champ *et al.*, (2020), P5 believes that the clubs are only looking for results, while P6 stated, that some clubs do not even have a full-time administrator, let alone a dietician and psychologist, continuing to emphasize the point that funding is an issue with most of the local football clubs.

P1, P4, and C6 stated that players do not want to show weakness or vulnerability, and several players tend to suffer in silence due to *stigma* (C3). For P2, players have no problem stating that they are physically ill or injured but they will not say that they are mentally ill. A player may fear being omitted from the line-up if he admits he has problems (C4). P6 blames the culture individuals are brought up in and the close-knit community they form part of, similar to that expressed by players in Muscat *et al.*'s (2020) study. He believes that we need to let go of the idea that going to a sports psychologist is related to illness and that if a player speaks up, he will be ridiculed by others (C4).

3.3 Supporting Players

P5 and P1 try to create an *environment* where everyone feels good, and everyone takes care of each other. To do this, one needs to create a connection between players, “*a base that is non-negotiable such as respect and passion,*” as P5 put it, “*as having respect means I will allow you to express yourself and I will help you*”. For P6, players must get to know each other, while C1 stated that together with the other coaches in his team, he has regular meetings with the players. C2's team does activities outside football together at least once a month, whilst for C4, when he knows that his team is going to face tough opposition, he tries his best to prepare his team mentally as much as possible.

Knowing the background of your player is also important (C4), as this might impact performance. Understanding what social or psychological factors might be impacting the individual at a particular moment in time can have important consequences. His team has a mobile application that they call:

“‘The Wellness App’; this is just a Google form and I send it to my players every morning. This form has a few questions and the players would just need to fill them in in a matter of seconds. Some questions might be how their day was, did they slept well, if they woke up well or were feeling tired, and much more. I might have an idea of how the start of his day was, and I would have a small idea of how to approach a certain player depending on how his day started.”

C5 stated that he wishes he had a designated staff member who could check up on the players off the pitch. However, these days, looking at a player's social media may give you a good indication of what the player is currently experiencing in his life (C6).

Of course, when the team is on a winning streak, then automatically, this helps the atmosphere in the team and it also helps individuals to look at other situations in their life in a more positive way, P2 stated. If the environment is strong, clear, and without pressure, players feel at ease in the workplace (P3), similar to that found by McGinty *et al.* (2023). If the environment is stressful, this may cause mental health concerns for the players (P4).

Coach communication and helping skills are vital, according to several coaches. P4 believes that *"having built an important relationship with the player can facilitate the process in which they will feel comfortable in coming to speak with me"* whilst, for P3, players have felt better after opening up to him about their issues. According to Ferguson *et al.*, (2019), coaches see the promotion of mental health as part of their job, however, other research conducted in a Maltese setting by Abela *et al.* (2021) found that several footballers interviewed reported coaches as being rigid, and even mocked players for seeking support.

An observant coach may also approach the player himself if he feels there is something wrong. As a coach, P1 attempts to understand the issue and where it is coming from and tries to comfort the player. If it is related to football wages, for example, he asks the club to help him out financially. C4 may also give a player time off to deal with their issue as he fears that a player might get injured if not focused enough.

However, if the issue is psychological, P3, P4, C1, and C4 will ask the player to *seek professional help* as, as stated by C1, *"a coach that tries to do a job that he is not qualified in, is a big mistake."* P5 ropes in someone else from the club, such as an assistant coach, to help him deal with a player's issue. If he believes the issue is too big for him as a coach to handle, he asks the player to go to a doctor and he accompanies him. The doctor then may refer further to a professional in the field. He would still check on the player from time to time and ask to be updated.

3.4 Mental Strength, Mental Skills, or Mental Health?

Players need to have *mental strength* as football requires a lot of important decisions to be made in training and performance (C1). The development of mental toughness and resilience has become a top priority for players, teams, and clubs (Gordon & Gucciardi, 2011; Sarkar & Page, 2022). A player who is not consistent may show a lack of mental strength (C3). Here, the language used by coaches also focused on some understanding of mental strength, with the term resilience at no point expressed. C5, similar to P2, stated that, due to the lack of a sports psychologist, together with his backroom staff, he tries to prepare his players psychologically for the matches. Achieving positive results in the league helps the team become mentally stronger (C6). For him, it is important to select players who are not simply good technically but also character-wise, as he hopes that they will be able to influence the rest of the team positively.

However, some coaches seemed to be *unable to make a distinction* between being mentally strong and resilient to cope with the challenges of the football world, having the mental skills required for top performance, and mental health and illness as being on a continuum. Whilst the recognition that mental health is important is evident, it is still engrained in the cultural idea that one needs to be mentally strong to play football at an elite level. This may further contribute to the stigma surrounding mental illness. In Abela *et al.*'s (2021) study, the authors state that, whilst there has been a growth in the public's awareness of mental health literacy, the players in their study felt that the football world was resistant to this development.

In the current study, whilst P3 seemed to be able to make the distinction between mental health literacy and mental skills/mental preparation, C2 was not able to do this.

"I attended maybe two lectures about mental health. Although to be honest, it was not mental health but more mental preparation/performance, which, in my opinion, if you have a very good, motivated coach, can take care of that aspect. My main concern, which I'm encountering lately, is literally about mental health, where players are suffering from anxiety, from depression, rather than working with a psychologist to perform better." (P3)

"In some of the games, we lost points because we lost concentration during the game. This has everything to do with mental health, especially if a team is young and playing against an experienced team a team must be strong mentally to win games. I am trying to teach my team because it is important to be mentally strong in certain situations of the game, as at the end of the day for a coach, the most important thing is the results achieved." (C2)

One must take note of the final thought of C2, that results are everything, implicating that possibly even more so than mental health, as also evidenced by several authors (e.g. Abela *et al.*, 2021; Champ *et al.*, 2020). C2 did bring a professional to speak to his players about mental health and posted motivational videos on the team's WhatsApp chat to help players with their mental skills. Such behaviour may be influential in whether players would consider speaking to coaches about their concerns and seeking help (Diamond *et al.*, 2023).

The twelve coaches interviewed above have given clear indications that more needs to be done to support both players and coaches with the challenges they may face in the football world and life in general. What can be seen here is the difference small nations may experience in comparison to larger nations that have the funds, the sporting culture, and the expertise to support their players. How are smaller clubs and associations expected to support players' mental health if even their coaching staff may not be employed on a full-time basis?

4. Recommendations

Higher authorities in the football association as well as those managing clubs, need to recognise that footballers and coaches also may struggle with mental health issues similar

to the general population, or even more so since the pressures in football are vast and the life of a professional footballer and coach is an insecure one. Organisations have a moral and legal duty to look out for the well-being of their athletes and provide support where needed. It should not be expected that coaches are taught to provide interventions but rather to provide initial help and then refer to professionals in mental health (Duffy *et al.*, 2021). As suggested in Diamond *et al.*'s (2023) study, apart from the availability of a sports psychologist to work with players, flyers and a mental health education resource manual for players could be used to create mental health awareness. The cultural challenges that foreign players may experience need also be emphasised since these players often have no one to talk to and may have more complex issues as they are far away from home. All coaches should be asked to do a mental health first aid course, as suggested by Pierce *et al.* (2010), as part of their yearly continuous professional development course so that they can recognise symptoms of mental health illness and support players in the best way possible. When such programmes are formalised within an organisation, it is more likely that coaches will follow them.

5. Conclusion

In this study, it is evident that some coaches, despite their hesitancy to delve into an area they had no expertise in, showed that they were willing to support their players. Coaches also expressed their need to have sports psychologists on board or other professionals trained in mental health as the pressures of the game and the toll of daily stressors are continuously growing. Seeing the influential role coaches may have on athletes, they must get the right education to be able to support players (Diamond *et al.*, 2023; Duffy *et al.*, 2021).

Not all coaches in the Premier and Challenge leagues were interviewed. Those who answered the call for interviews may have been more willing to offer support and learn more about the subject. Although this study addressed the top levels of the male league, one may explore further the perceptions of coaches working with female teams and adolescent footballers.

From an applied perspective, the first author, a sports psychologist and academic, has given mental health talks as part of a project created by the local football player's association in conjunction with the Fédération Internationale des Associations de Footballeurs Professionnel (International Federation of Professional Footballers - FIFPRO). These talks were mostly well accepted, however, at times, there are still players and coaches who believe that if you are not able to handle the challenges of playing in the top league, then you shouldn't be there. It is also the case that at times players do not engage enough in such talks due to the fear that they will be picked upon by their teammates. What is, however, evident is that lives have been saved thanks to interventions conducted over the past years and thanks to team managers and coaches who have noticed that a player was struggling. Unfortunately, lives have been lost too and one wonders if more awareness and support were available, would these have been saved. Assisting coaches to engage in helping behaviours by enhancing their knowledge

of mental health literacy may help individuals deal with mental health challenges (Duffy *et al.*, 2021).

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About the Authors

Dr. Adele Muscat is a senior lecturer within the Institute for Physical Education and Sport at the University of Malta with her area of expertise being sports psychology. Her PhD thesis and subsequent research have focused on athlete migratory transitions. Adele has a Bachelor's in Psychology degree from the University of Malta, a Master's in Sport and Exercise Psychology from the Manchester Metropolitan University, and a Doctor of Philosophy from Liverpool John Moores University. Dr Muscat has 25 years of experience working in elite sports, including as the sports psychologist for the Malta Football Association, the Maltese Olympic Committee, and the Malta National Sports School. She has presented at several conferences, both locally and internationally.

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Mr. Carlos Stivala is a physical educator and football fitness coach. He holds a Bachelor's degree in Sport and Physical Activity from the University of Malta, along with a Master's degree in Education specializing in Physical Education. Carlos's teaching approach is centered on the Sport Education model developed by Siedentop, as well as Teaching Games for Understanding by Bunker and Thorpe, allowing his students to develop more holistically and obtain a fruitful learning experience through a student-oriented approach. Driven by his passion for sports, Carlos has pursued further studies in football, recently completing the UEFA Fitness B Diploma as he looks to broaden his studies and expand his knowledge in the sport through other licenses.

Mr. Owen Duca is a full-time student working towards a Master's degree in Physical Education and getting his teaching license. He earned a Bachelor of Science (Hons) degree in Sport and Physical Activity from the University of Malta with his dissertation focusing on mental health in football. Owen played football and futsal competitively for several years until a serious knee injury forced him to switch sports. He also coaches football in one of the top academies in Malta.

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