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Assessing the Irish Football Association’s “Ahead of the Game” coach education training programme on raising mental health literacy in youth football coaches
Abstract

The purpose of the present study was to assess the influence of the Irish Football Association’s ‘Ahead of the Game’ coach education training programme on mental health literacy of youth football coaches in Northern Ireland, and to gain insights into coaches’ own role perceptions of providing Mental health support for athletes. A total of 105 coaches (90% male; 10% female, $M_{age} = 37.84, SD = 8.81, M_{experience} = 9.53, SD = 6.59$) completed an online survey examining mental health literacy and role perceptions of providing mental health support for athletes. A total of 40% of the sample completed the ‘Ahead of the Game’ mental health literacy training programme while 60% of the sample served as the comparison group. Results showed that participants who had completed the training programme demonstrated significantly higher mental health literacy in comparison to those who had not yet undertaken the programme. Thus, the ‘Ahead of the Game’ programme may be useful for increasing mental health literacy. Youth sport coaches are an accessible and trusted outlet as a first point of contact to provide initial mental health support for athletes, thus advocating for the integration of mental health literacy training as a key part of coach education.

Keywords: Mental health literacy; mental health awareness; coach education; athlete mental health; youth sport.
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The World Health Organisation (2018) defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (p. 1). Mental health literacy is referred to as the “knowledge and beliefs about mental health disorders which aid recognition, management, or prevention” (Jorm et al., 1997, p. 182) and that “mental health literacy involves not only developing and using knowledge, but also changing attitudes, overcoming stigma, and providing and taking opportunities to get help” (Gorczynski et al., 2020, p. 715).

Youth athletes specifically are at risk of a number of additional stressors as a result of participation in sport (Arnold & Fletcher, 2012; Giles et al., 2020). Separation from family and the negative impact of injury are just some of the potential stressors (Evans et al., 1992). These numerous unique stressors in combination with performance concerns have been linked to emotional well-being/ill-being (Nixdorf et al., 2016). The sporting culture often frowns upon signs of weakness and continually promotes toughness, thus resulting in youth athletes often suffering in silence and many problems remaining undisclosed (Bauman, 2016; Trojan, 2016).

A substantial support network is thus required to provide an adequate level of service to those experiencing mental health issues. This support is critical in a population that is not always adept at seeking formal support and has some of the lowest rates of mental health service use (Lawrence et al., 2015; Lawrence et al., 2016; Mojtabai et al., 2016). There is an overwhelming demand currently placed on mental health services, including significant referral times, and a lack of access to both counselling services and general practitioners. This highlights the need to explore other potential individuals and/or groups within a community context that may be positioned to offer initial triage and support. One such potential outlet are
youth sport coaches, who can provide a trusted first point of contact for provision of initial support and guidance to youth athletes. The provision of additional mental health support and signposting to professional mental health services could be vital if coaches possess the mental health literacy to do so and view it as a key part of their coaching role (Duffy et al., 2019; Jorm, 2012). Coaches who demonstrate higher levels of mental health literacy are likely then more willing to take on the initiative to provide support, and to attempt to reduce the stigma around seeking support (Gorzynski et al., 2020), thus demonstrating the need for the current study.

Sport coaches continue to play a meaningful role in the lives of young people and remain well placed to contribute to the support of athlete mental health. However, addressing the mental health support role of sport coaches has had limited academic focus, and merits further investigation (Duffy et al., 2019; Ferguson et al., 2019; Mazzer & Rickwood, 2015a). The coach-athlete relationship is also key to the athlete well-being process (Davis & Jowett, 2014) and coaches are often able to foster a supportive environment in which participants feel safe and where trust is paramount. This type of environment often leads to young people becoming more comfortable in seeking mental health support (Mazzer et al., 2012).

Mental health is one of the key performance indicators of overall health and well-being. Research highlights the importance of mental health and the subsequent impact on everyday life (Vella et al., 2021). Northern Ireland as a region has demonstrated some of the highest prevalence rates of mental health issues in the UK with statistics historically showing a 25% higher prevalence rate when compared to England (Department of Health, Social Services, and Public Safety, 2014; O’Neill & Rooney, 2018). The mental health issues in Northern Ireland can often be attributed to inter-generational trauma (Austin, 2019; Downes et al., 2013) left over from “the Troubles” period (1969–1998). This has left Northern Ireland a divided society along religious, ethnic, social, and educational lines (Hassan & Ferguson, 2019). As such, varying national identities exist in a complex cultural setting (Liston & Deighan, 2019).
Indeed, no demographic in society is immune from the impact of mental health issues, and perhaps least of all, young people. Mental health issues and mental illness are a leading health-related burden for those in the 10-24 age category (World Health Organisation, 2013), and is particularly prevalent in Northern Ireland. The Northern Ireland Youth Wellbeing Prevalence Survey (Health and Social Care Board, 2020) highlights many of the key mental health issues currently being faced. One in eight youths (12.6%) meet the criteria of any mood or anxiety disorder with rates similar for boys (12.0%) and girls (13.1%) with depression accounting for an overall 5% of prevalence (Health and Social Care Board, 2020).

To date, depression has been the focus of a considerable proportion of the academic literature addressing mental health literacy. This focus is as a result of the prevalence of depression in society and the links between depression and suicide (Duffy et al., 2019; Ferguson et al., 2019; Mazzer & Rickwood, 2015a) which is also prevalent in Northern Ireland (O’Neill & O’Connor, 2020). Although this literature has provided some valuable knowledge surrounding depression specifically, studies tend not to address the many other non-clinical mental health issues currently faced in society which are an identified knowledge gap in the literature (Duffy et al., 2019; Hawton et al., 2013).

Given the identified increased risk of mental health and well-being concerns in Northern Ireland, the UK government’s Department for the Communities (DFC, 2018) brought together a strategic group of key partners to work towards the creation of Northern Ireland’s first Wellbeing in Sport Action Plan (DFC, 2018). The Action Plan built on a previous pilot educational programme for clubs which offered guidance to sports clubs across Northern Ireland related to mental health and wellbeing in sport. The Action Plan established a roadmap for the sector and a framework for investment in mental health and wellbeing in sport. The Action Plan encourages a partnership approach with sport governing bodies to make a difference to the lives of those involved in sport in Northern Ireland.
The national sport governing body for association football in Northern Ireland is the Irish Football Association. The Irish Football Association, like many other national sport governing bodies, have attempted to address the issue of mental health literacy amongst coaches with awareness campaigns such as the ‘Ahead of the Game’ programme (IFA, 2018). This training programme aims to support coaches when dealing with mental health issues, challenging the stigma around mental health, and promoting positive mental well-being. Coaches often view mental health support as part of their role (role breadth) however, many do not feel that they have the adequate mental health literacy to provide appropriate support (role efficacy) and are concerned that they may unintentionally have a negative impact on their athletes (Bissett et al., 2020). Therefore, it is essential that coaches have an adequate level of mental health literacy to be in a position to be an appropriate potential initial contact to provide mental health support for their athletes if needed (Jorm, 2012; Mason et al., 2015).

Thus, the purpose of the present study was to assess the influence of the Irish Football Association’s ‘Ahead of the Game’ coach education training programme on raising mental health literacy of youth football coaches in Northern Ireland, and to gain insights into coaches’ own role perceptions of providing mental health support for athletes. Current levels of mental health literacy and role perceptions around providing mental health support have yet to be established within this population and provides a rationale for the direction of the current study. The influence of the ‘Ahead of the Game’ programme in terms of raising mental health literacy has not yet been assessed and garnering empirical evidence from those who have gone through it would be useful to support its continued inclusion as part of coach education training programmes going forward.

**Research Aims**

The overall aim of the current study is to assess the usefulness of the ‘Ahead of the Game’ programme with regards to raising mental health literacy in youth sport coaches, to see
if there is evidence to support its continued use in coach education. The present study also has three sub aims:

(1) To assess the general level of mental health literacy of youth football coaches in Northern Ireland. (2) To investigate the role perceptions of youth football coaches in Northern Ireland around signposting/providing mental health support to athletes as part of their coaching role. (3) To assess the influence of the mental health training ‘Ahead of the Game’ programme by comparing the mental health literacy scores of those coaches who have participated in programme initiative to those who have not yet completed the programme.

Method

Study Design

A quantitative, cross-sectional, non-equivalent control group, post-test only, quasi-experimental research design was used (Krishnann, 2022; Reichardt, 2009). This design is often used when participant randomisation and collecting pre-test data is not possible (Krishnann, 2022). In this design, one group of participants have received an intervention and one group has not, and the groups are compared on the outcome measures (Reichardt, 2009). Participants were youth football coaches (aged 18+), currently working with youth athletes aged 19 and under coaching within in an amateur setting in Northern Ireland as defined by the Irish Football Association. Confirmation of participation in the ‘Ahead of the Game’ programme was also ascertained. Participants were recruited by various social media channels, regional organisations responsible for the administration of youth football, and by the Irish Football Association. Ethical approval was obtained by the author’s research ethics committee. The Irish Football Association provided their endorsement for the study to be carried out. The authors report that there are no competing interests to declare. Participants completed the surveys online, designed in line with the checklist for reporting results of internet surveys.
(Esyenbach, 2004). Participation was voluntary, with informed consent obtained within the survey package and participant responses anonymised.

Overview and Background of the “Ahead of the Game” Programme

The Irish Football Association introduced a dedicated mental health training programme in 2018 known as ‘Ahead of the Game’ targeting football clubs across Northern Ireland. This voluntary, non-compulsory programme is delivered to participants in one 90-minute workshop session by trained facilitators. The programme builds on the Irish Football Association’s ethos of using sport to address community issues—from the development of the ‘Football for All’ campaign originally launched in 2000—to being central to the most recent Irish Football Association’s strategy which pledges to become an exemplar governing body, championing equity, diversity, and inclusion (IFA, 2022).

The ‘Ahead of the Game’ initiative was originally designed to target football clubs and volunteers across Northern Ireland, offering guidance to support those dealing with mental health issues by promoting positive mental health interventions. This was achieved through a partnership with a range of mental health partners in sport including: Tackling Awareness of Mental Health Issues (TAMHI), Inspire, Train 2B Smart Soccer, and Sports Chaplaincy UK. The workshops are currently delivered by a trained tutor from TAMHI and a toolkit of resources used to inform the delivery of workshops for clubs across Northern Ireland has been developed. The primary objective of the programme was to normalize conversations around mental health, raise awareness, and challenge the stigma, offering a catalyst for clubs to establish their own unique strategies tackling contextual local community issues.

A 2022 consultation demonstrated the need to move beyond just helping football volunteers and coaches to feel equipped to start a conversation about mental health. As such, ‘Ahead of the Game’ workshops were developed discussing the difficulties that young people
aged 11-18 might face such as: (a) exam pressures/changing schools; (b) coping with grief; (c) coping with anxiety; (d) body image; (e) bullying; (f) sleep; (g) gambling; and (h) nutrition.

The Irish Football Association also introduced 23 Mental Health Champions to represent all aspects of football in Northern Ireland. These volunteers are now ready to assist the tutors in the delivery of the workshops and raise awareness of the importance of good mental health and wellbeing in football through their links to clubs and the local communities across Northern Ireland. The majority of the mental health champions have had basic mental health awareness training and many are mental health first aiders. More broadly, the Irish Football Association in conjunction with their counterparts in England, Scotland, and Wales, signed the Mentally Healthy Football Declaration commitment in June 2020 as recognition that mental health is as important as physical health.

Each football association collectively agreed to the following (a) help create a mentally healthy culture across the whole game; (b) make awareness-raising, training, education, and guidance available to all clubs; (c) embed mental health within existing policies and practices; and (d) support clubs and organisations to grow a mentally healthy culture through the provision of guidance and resources and work together through a UK-wide mental health implementation group for UK football (The Royal Foundation, 2022). Each of these commitments are embedded within the existing work of the ‘Ahead of the Game’ programme.

**Participants**

A total of 105 coaches (90% male; 10% female) completed the online survey. The age of participants ranged from 20-58 years ($M = 37.84$, $SD = 8.86$) with coaching experience ranging from 1-36 years ($M = 9.53$, $SD = 6.59$). A total of 40% of the sample completed the ‘Ahead of the Game’ Mental health literacy training programme while 60% of the sample who had not yet undertaken the programme served as the comparison group. Finally, 38% of participants reported having personal experiences of mental health issues.
Measures

The online survey was divided into three sections. Section one contained the study information, informed consent, and sociodemographic questions (age, gender, coaching experience, participation in the training programme). Participants were fully anonymized and cannot be identified. In line with existing studies (e.g., Svensson & Hannson, 2016; Duffy et al., 2019) personal experience of a mental health issue was measured with a single yes/no item.

Mental Health Literacy.

Section two contained a 35-item measure (Mental Health Literacy Scale (MHLS); O’Connor & Casey, 2015) examining participants’ mental health literacy. The MHLS is a scale based, univariate measure of MHL, which is easily administered and scored and has demonstrated good reliability and validity (O’Connor & Casey, 2015). The MHLS demonstrated good internal consistency and test-retest reliability ($r (69) = .797, p < .001$).

Mental Health Role Perceptions.

Section three contained a 15-item (5-items per behaviour) measure of participants’ role breadth and role efficacy of their engagement in mental health promotion, mental health prevention, and mental health early intervention (Mazzer & Rickwood, 2013; Duffy et al., 2019). All survey responses were provided on a 1-5 Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree) for consistency across the surveys. The subscales demonstrated acceptable internal consistency and discriminant validity and has been examined in previous studies (Mazzer & Rickwood, 2013; Mazzer & Rickwood, 2015b). The reliability of these subscales in the Duffy et al. (2019) study ranged from adequate (promotion $\alpha = .64$) to good (prevention $\alpha = .72$; early intervention $\alpha = .78$) respectively. The reliability of the three subscales in the current study ranged from good (early intervention $\alpha = .86$) to excellent (promotion $\alpha = .92$, prevention $\alpha = .91$).

Procedure
Following ethical approval from the authors’ institutional research ethics committee, informed consent was obtained online, and the survey was administered on Google forms. A social media post inviting participants to take part included a hyperlink which directed participants to the survey. This post was shared with a range of clubs responsible for the administration of youth coaches. Due to GDPR restrictions, the Irish Football Association publicised the survey with coaches who had taken the ‘Ahead of the Game’ programme. Participation in the survey was voluntary and anonymous and they could withdraw at any point. Inclusion in the study was based on obtaining informed consent and completion of the surveys.

Data Analysis

The data was downloaded from Google Forms into Microsoft Excel and then IBM SPSS 27.0 to carry out all statistical analyses. Initial data analysis calculated the means, standard deviations, internal consistency reliability, bi-variate correlations, and distribution of data. The main analysis assessed the influence of the programme through identifying any significant differences between the mean mental health literacy scores of those who participated in the ‘Ahead of The Game’ programme versus those who had not yet undertaken the programme. Gender and experience with mental health issues were also considered. Pearson correlations and one-way ANOVAS’s were conducted on the coach role perceptions around promotion, prevention, and early intervention (role breadth and role efficacy) and mental health literacy.

Results

Descriptive statistics for each of the variables can be found in Table 1 and Table 2. Bivariate correlations between each of the variables can be found in Table 3. The study variables demonstrated significant small to moderate positive correlations across all subscales.

Mental Health Literacy

A mean mental health literacy score of $M = 148.31$ ($SD = 12.83$) was calculated (total possible score of 175) for the entire sample with a higher score indicating a greater level of
mental health literacy. When comparing groups, those who had taken the “Ahead of the Game’ programme had significantly higher mean scores for mental health literacy compared to those who had not yet taken the programme ($M = 154.76 > M = 144.29 \sqrt{V} = 10.50, p < .01$).

**Gender and Personal Experience of Mental Health Issues**

There were no significant differences between gender (Males = 147.88, Females = 152.00) for mental health literacy $F(1, 102) = 1.015, p = .316$, promotion $F(1, 102) = .316, p = .58$, prevention $F(1, 102) = .21, p = .885$ and early intervention $F(1, 102) = .829, p = .365$.

There were also no significant differences between those who had experienced mental health issues versus those who had not with the only exception being greater role breadth around mental health promotion for those coaches who had experienced mental health issues.

**Role Perceptions**

All participants were shown to be engaged the most in mental health promotion, followed by prevention, and then early intervention the least. Specifically, the participants’ mean scores for promotion general ($M = 4.44$), promotion role efficacy ($M = 4.34$), promotion role breadth ($M = 4.39$), prevention general ($M = 4.10$), prevention role efficacy ($M = 4.08$) and prevention role breadth ($M = 4.04$) are significantly higher than the same variables for early intervention (early intervention general $M = 3.38$, early intervention role efficacy $M = 3.70$, and early intervention role breadth $M = 3.40$, respectively). That is, participants engaged more with mental health promotion behaviours and mental health prevention behaviours with stronger role clarity and role breadth. However, coaches engaged the least with early intervention behaviours, with lower role clarity and role breadth.

**Participation in the “Ahead of the Game” Programme**

Participants who had taken the ‘Ahead of the Game’ programme demonstrated significantly higher levels of mental health literacy in comparison to those who had not yet undertaken the programme $F(1, 100) = 19.451, p = .000$. Additionally, those who had taken
the ‘Ahead of the Game’ programme also had significantly increased perceptions of role
breadth for promotion of athlete mental health in comparison to those who had not yet
undertaken the programme $F(1, 102) = 5.165, p = .025$.

Participation in the ‘Ahead of the Game’ programme also produced significantly higher
scores for role perceptions around promotion role breadth $F(1, 102) = 5.17, p = .03$, general
prevention $F(1, 102) = 9.77, p = .00$, prevention role efficacy $F(1, 103) = 13.181, p = .00$,
prevention role breadth $F(1, 103) = 19.78, p = .00$, general early intervention $F(1, 103) = 7.54$,
$p = .01$, and early intervention role efficacy $F(1, 103) = 5.31, p = .03$ in comparison to those
who had not yet undertaken the programme.

Discussion

Mental Health Literacy

The present study found that youth football coaches in Northern Ireland currently
possess a good level of mental health literacy which would facilitate the provision of initial
athlete mental health support. Additionally, coaches who had taken the ‘Ahead of the Game’
programme yielded significantly higher mental health literacy scores compared to coaches who
had not yet undertaken the programme. The reason for this difference needs to be fully explored
and the absence of a pre-test research design does not allow the current study to infer causality.
However, these findings provide some empirical support for the seemingly positive influence
of the programme on increased mental health literacy scores in youth football coaches exposed
to the programme and provides initial support for its continued use as part of coach education
as a mental health literacy training programme for youth football coaches. However, the use of
sports coaches in providing support should not be viewed as the panacea in terms of mental
health support. Sport coaches already take on a wide breadth of roles in the sport context and
face a number of additional stressors as a result (Olusoga et al., 2009). Such emotional labour
could also take a toll on coaches and impact their own wellbeing and detract from their ability
to flourish in their coaching roles. Clear and appropriate operating boundaries need to be established and the additional of yet another responsibility being placed on the already overloaded, often voluntary, sports coach needs to be adequately considered.

**Personal Experience of Mental Health Issues**

Personal experience of mental health issues made no significant difference to the results. These findings currently differ with previous studies in which having personal experience of mental health issues often resulted in a higher mental health literacy and greater role perceptions scores. Possible reasoning for the relationship between personal experience of mental health issues and increased mental health literacy to this point, has been attributed to a better understanding of the issues being faced by the athlete and an empathy with those requiring support (Duffy et al., 2019; Dahlberg et al., 2008; Mendenhall & Frauenholtz, 2015).

Although, possessing a high level of mental health literacy may not in isolation be adequate to initiate promotion, prevention, and early intervention behaviours, mental health literacy is only one factor which may influence engagement in supportive behaviours (Duffy et al., 2019).

Scores for early intervention behaviours were significantly lower than both promotion and prevention. As a result, providing coaches with greater support and training in early intervention processes, strategies, and techniques, may need greater emphasis within the coach education programmes. This should ensure that coaches possess the role efficacy to provide an effective avenue of support (Ferguson et al., 2019). Role efficacy is referred to as one’s belief in his/her capabilities to perform role responsibilities (Carron & Eys, 2012). Role efficacy takes time to develop and builds with experience (Bray et al., 2002). Thus, as coaches become more experienced addressing the mental wellbeing of athletes, their confidence in themselves doing so will also likely improve. Nevertheless, caution should be taken not to overburden coaches around providing early intervention behaviours if they are not ready. The full reasoning behind the lower early intervention scores should be addressed in future research.
Role Perceptions

In terms of mental health support, participants reported being engaged the most in mental health promotion, followed by prevention, and then early intervention the least, which is consistent with the findings of Duffy et al. (2019). Research around role perceptions in sport suggest that role clarity and role efficacy lead to greater role performance (Beauchamp et al., 2002). Previous research has also indicated that appropriate training will also increase role clarity, role performance, and role satisfaction in volunteer roles (Rogalsky et al., 2016). This supports the importance of having appropriate coach education training workshops to equip coaches (who are often volunteers) with the tools to be able to carry out their continuously evolving coaching roles effectively. Likewise, role acceptance and role satisfaction of coaches are also important considerations for them providing mental health support of athletes. Coaches need to be active agents and willing participants in the process and should not be forced to but can certainly refer onwards. Additional considerations such as the coach-athlete relationship (Jowett & Ntoumanis, 2004) and communication of role parameters between coach and athlete (Eys et al., 2005) around mental health support could also be addressed in future research.

Participation in the “Ahead of the Game” Programme

Coaches who had taken the Irish Football Association ‘Ahead of the Game’ programme demonstrated a significantly higher level of mental health literacy, had increased perceptions of their role breadth of promotion of mental health, demonstrated more prevention behaviours, had greater role breadth of prevention, demonstrated greater role efficacy in prevention, and provided more early intervention behaviours. Thus, present findings seem to support the continued use and delivery of the programme for mental health literacy training as a key component in the coach education training process, as historically, recruitment for those to voluntarily undergo such mental health training has proven difficult (Hurley et al., 2018).

Limitations and Future Directions
There were some limitations in the current study to acknowledge. Although the use of a “general” mental health literacy assessment tool provided a wider scope than previous research, with the addition of subsequent scales addressing promotion, prevention, and early intervention, it did create a survey which was challenging in its practicality. The development of an assessment tool which addresses these key issues in a more concise manner would enhance the participant experience and overall practicality of the measure (Giles et al., 2020). There was also a potential for social desirability bias in responses which was not assessed.

Although no significant differences between gender were identified, it should be noted the current study had a sample gender imbalance thus limiting the generalisability of the findings. Future studies should seek to attempt to specifically sample female participants.

Results of the current study offers some quantitative, cross-sectional, quasi-experimental, comparative evidence that the ‘Ahead of the Game’ programme yields greater mental health literacy scores in coaches who have taken the program compared to those who did not. However, with a lack of a pre-test measure, no direct causal links can be made, thus, the use of a true experimental design to infer causality and to also reduce possible self-selection bias, would be warranted in future research. In addition, the use of a qualitative approach, addressing the motives and attitudes behind why coaches may have taken the program or not, and what specific aspects of the programme coaches found most or least helpful would further help tailor workshops. This approach may help to further develop a better understanding of the thoughts, feelings, and concerns of the coaches providing mental health support.

To further advance the understanding of mental health literacy and mental health support, future research should aim to measure coaches’ actual behaviours in practice and seek the views of athletes on the receiving end of the support as to the extent that their coaches’ approach and behaviours are indeed supportive of their mental health (Mazzer & Rickwood,
2015a). This would provide a more in-depth picture of the mental health support in practice and gain the views and preferences of athletes.

Summary and Conclusion

Youth football coaches are one potential community group (e.g., teachers) that could provide initial and accessible mental health support as an alternative to the more conventional outlets which may have more barriers (Souter et al., 2018). Results are promising that youth football coaches in Northern Ireland do possess good levels of mental health literacy, as is seemingly increased further through taking specific coach education training. The findings add a degree of confidence to the view that youth football coaches are in a suitable position to effectively engage in initial mental health support for athletes. However, coaches also have to be willing and knowledgeable participants in undertaking this function which may also pose challenges as coaches already ‘wear many hats’ in the sport context and face a number of additional stressors and demands in their roles (Olusoga et al., 2009). Thus, it is also important to highlight that sports coaches may not be the panacea to the issue of mental health support.

Despite the growing demands placed on a sport coach, coaches in the current study still seemed to view this as an integral part of their coaching role. As the role of the sport coach continues to evolve beyond the training ground, the supportive nature of many sporting contexts, coupled with positive coach-athlete relationships, could foster an environment which may provide an effective supportive avenue for athletes. Coach education around mental health literacy can further enhance the coaches’ ability to provide such support with confidence and role efficacy, thus potentially improving the well-being of youth athletes. Findings suggest that the ‘Ahead of the Game’ programme has had a significant positive influence on mental health literacy and results support the recommendation for continued use of the programme to be potentially embedded into future coach education training programmes.

Disclosure of Interest. The authors report no conflict of interest.
References


Trojian, T. (2016). Depression is under-recognised in the sport setting: time for primary care sports medicine to be proactive and screen widely for depression symptoms. British Journal of Sports Medicine, 50, 137-139.


### Table 1

*Sample Demographic Means and Standard Deviations*

<table>
<thead>
<tr>
<th></th>
<th>Overall Group</th>
<th>Gender</th>
<th>Participation in Ahead of the Game</th>
<th>Non-participation in Ahead of the Game</th>
<th>Personal Experience of Mental Illness</th>
<th>No Personal Experience of Mental Illness</th>
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<tr>
<td></td>
<td>M</td>
<td>SD</td>
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<td>SD</td>
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<td>38.04</td>
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<td>4.23</td>
<td>.37</td>
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<td>.32</td>
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<td>Coaching Experience (Years)</td>
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<td>6.59</td>
<td>10.03</td>
<td>6.58</td>
<td>5.27</td>
<td>5.12</td>
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Table 2

Descriptive Statistics: Means and Standard Deviations for Promotion, Prevention, and Early Intervention

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<tr>
<th></th>
<th>Overall Group</th>
<th>Gender</th>
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<th>Non-participation in Ahead of the Game</th>
<th>Personal Experience of Mental Illness</th>
<th>No Personal Experience of Mental Illness</th>
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<td>Promotion-General</td>
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<td>.51</td>
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<td>.57</td>
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<tr>
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Table 3

*Bivariate Correlations*

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** Correlation is significant at the 0.01 Level (2-tailed)