



Understanding the Barriers and Facilitators to Help-Seeking in Irish Equestrian Sport

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ABSTRACT

Equestrian media has highlighted an interest in the impact of mental health on performance and help-seeking behaviours. Due to the dearth of research into equestrian sports, this study aimed to understand rider mental health in equestrian sport and identify the barriers and facilitators to help-seeking among equestrian athletes. Seven equestrian athletes participated in semi-structured interviews about their experiences with mental health and the currently available services. The themes generated for riders' understanding of mental health were multidimensional and cost. The themes for barriers were influences and education. Consequently, the facilitators of seeking help were strength and guidance. The findings support previous studies among jockeys and other athletic populations. Implications for this research highlight the potential for mental health literacy programmes and increased services. Further recommendations for future research suggest examining the current levels of mental health literacy and the differences experienced between disciplines.

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1. INTRODUCTION

Equestrian sports encompass various disciplines, including show jumping, eventing, dressage, vaulting, endurance, and carriage driving. The racing industry in Ireland is extensive, but the show jumping, eventing, and dressage industry are also relatively substantial. In Ireland, the national governing body of equestrian sports (Horse Sport Ireland; HSI) received €3.16 million in 2020 as funding from Sport Ireland, which was an increase of 193% from 2019 (HSI, 2021). This figure merely highlights the number of people involved in equestrian sports and, therefore, the importance of research into their wellbeing. The only current study on the mental health of equestrian athletes involved a dual approach (quantitative and qualitative) to investigating the awareness of and present psychological wellbeing of equestrian sport (Butler-Coyne *et al.*, 2019). Therefore, it is evident that this research is investigated to develop upon the findings with jockeys and the limited research from Butler-Coyne *et al.* (2019). The research insights provided below allow the reader to build on current knowledge with topics that influence this research, such as current understandings of athlete mental health, existing barriers and facilitators of help-seeking and research relating to jockeys and equestrian sports.

Athletes have predominantly been seen in an idolised manner by the public and therefore thought of as invincible, which can harm perceptions of their mental health. However, discussing mental health in the sporting world has recently become more prevalent and commonplace (Reardon *et al.*, 2019; Ströhle, 2019). The types of mental health disorders that athletes are suffering from include but are not limited to depression, anxiety, alcohol misuse, and eating disorders (Rice *et al.*, 2016). In addition to everyday life's normal stresses, athletes face their own distinctive set of stresses. These include physical and competition stress, public scrutiny, social media scrutiny, team dynamics, injuries and restricted support networks that understand their perspective (Cosh & Tully, 2015). Consequently, it has been found that athletes are just as likely to suffer from a mental health disorder when compared to the general population. For example, 46% of athletes were found to meet the requirements of at least one mental health disorder (King *et al.*, 2021b; Rice *et al.*, 2016).



The perception of mental toughness in sports has been researched in its involvement in stigmatising mental health. Athletes put immense importance on the concept of mental toughness, which, in turn, reflects ideals related to denial of vulnerability, unrelenting standards and lack of time and space to feel weak (Caddick & Ryall, 2012; Coulter *et al.*, 2016; Schnyder *et al.*, 2017). Stigma can also stem from athletes working through injuries often. Those supporting athletes may pass comments around the weakness of experiencing an injury; therefore, athletes may associate the want to hide physical injuries with the same light they do to mental health difficulties (Hilliard *et al.*, 2022; Tabet *et al.*, 2021).

Research into the prevalence of mental disorders among the jockey population found that at least half of the participants were suffering from, at a minimum, one mental health problem (King *et al.*, 2021b). Interestingly, jockeys displayed higher levels of mental health disorders when compared to other elite athletes. The distinction between amateur and professional jockeys was also significant, with professional jockeys displaying a higher level of depression and stress (Losty *et al.*, 2019). The underlying influences are similar to those experienced in other sports; however, it appears that jockeys experience them to a higher degree. King *et al.* (2020) highlighted that nearly 80% of jockeys met the caseness of one mental health disorder, but currently, only 33% of those had gotten help from a professional. It is worth pointing out that due to the self-reporting nature of statistics relating to help-seeking among jockeys, there may be an overlap between seeking out a sports psychologist for performance enhancement and seeking help for mental health disorders or difficulties (King *et al.*, 2021b).

Research into the barriers to help-seeking has found that several difficulties can impact reaching out to professionals. A study exploring the barriers and facilitators to help-seeking behaviours in British elite track and field athletes found that lack of access to and prioritisation of mental health support compared to physical health and the scrutiny of others were the main difficulties faced (Miller *et al.*, 2023). In contrast, the facilitators generated through the research were the importance of normalising mental health on online platforms and the significance of role models in promoting engagement in services (Miller *et al.*, 2023). Research on the barriers and facilitators to help-seeking in elite Gaelic football showed that the most common obstacles were a lack of education and stigma. Other barriers also included the perception of others and accessibility issues. The facilitators were similar in that education, attitudes, and accessibility were the main contributors to help-seeking (O’Keeffe *et al.*, 2022).

Crawford *et al.* (2022) investigated the barriers and facilitators to help-seeking among male ice hockey athletes, a sport known for their aggressiveness and masculine ideals. These findings differed in that they highlighted the potential tension between traditional versus modern ideals about mental health as an influence on help-seeking. Interestingly, Crawford *et al.* (2022) identified the old school as a theme that described the traditional view of silence around mental health. In contrast, the new school was the progressive view that talking about mental health would destigmatise the concept. Another theme identified related to the culture of how ice hockey players’ identities are shaped as athletes and individual people. They found that those in higher positions (veterans) were free to speak out, whereas those with lower status (rookies) did not. While the current study does highlight distinct barriers, its applicability is restricted due to the homogeneity of the sample investigated (Crawford *et al.*, 2022).

The perceived facilitators to help-seeking that research has found seem to mirror the barriers highlighted above. Normalising help-seeking for mental health was one of the most common facilitators, as well as social support, awareness of the available services, and convenience of access to services (O’Keeffe *et al.*, 2022). Positive attitudes towards help-seeking were also seen as a facilitator. Specifically, they thought that the coach should have a positive attitude. In turn, this may disband the assumption that help-seeking would get back to the coach and therefore, athletes would not be allowed to play in following games (Purcell *et al.*, 2022; Reardon *et al.*, 2019). Online resources were also mentioned (Miller *et al.*, 2023) as a possible facilitator for those who did not want to engage in in-person contact.

Furthermore, the increasing time individuals spend on their phones nowadays would be a beneficial resource. However, it is notable that there is a lack of solely online resources without needing help in person. However, several apps are available to help with mental health (Smiling Mind) (Sekizaki *et al.*, 2019; Van Raalte *et al.*, 2015).

A study conducted by King *et al.* (2022) found that the main barriers to help-seeking for jockeys were the negative perception of others, cultural norms, and low mental health literacy. Specifically, it was highlighted that jockeys have an unpredictable profession, and therefore any opportunity to jeopardise that was seen as unfathomable (King *et al.*, 2021b, 2022). Research into how the supporting staff in both racing and equestrian yards (grooms, trainers, and stable staff) can impact upon help-seeking behaviours would further clarify whether they influence the athlete’s decision to seek help (King *et al.*, 2021a, 2022). The study highlighted that jockeys lacked knowledge of where to seek help if they wanted it (low mental health literacy). The unique sport of horseracing means that jockeys found it difficult

to differentiate between what a normal amount of stress is and what compromises a mental health difficulty, which can be linked back to low levels of mental health literacy (King *et al.*, 2022). The facilitators that jockeys identified were education, support, and the media. The support from fellow jockeys, families, and other relevant people was a major component in starting the help-seeking process. Athletes, in general, are more likely to confide in a close friend or relative before seeking help from a professional (Wahto *et al.*, 2016). It was also relevant that the professional they sought help from would understand their sport and unique stresses. Disclosures from other professional jockeys further highlighted the acceptance of help-seeking. Role models can be effective as they can promote positive outlooks on mental health difficulties (Miller *et al.*, 2023). The research conducted by King *et al.* (2022) highlighted the perspective of barriers and facilitators of jockeys. However, it is worth mentioning that the jockeys who participated have previously used mental health professionals and, therefore, could have more positive views on the topic of mental health difficulties. Until now, the research has focused on mental health research conducted on athletes and jockeys. For this study, however, the next section investigates the only study (at the time of writing) that has researched mental health in equestrian sports outside of racing.

Butler-Coyne *et al.* (2019) interviewed equestrian athletes, coaches, and parents in the hope that they could gain an overarching image of mental health in the equestrian community in the United Kingdom. The results found five overarching themes. The understanding of mental wellbeing, in general, encompasses how day-to-day life can have an impact either positively or negatively upon mental wellbeing. The research then developed equestrian-specific themes, such as how motivation, confidence, the danger of the sport, and thought processes impact an athlete's physical and psychological wellbeing. The most resonating theme encompassed how to regain balance. Many participants noted that whilst the healthiest options were to seek help and support from family/friends and professionals, the most common strategies used were doing nothing and using maladaptive strategies (Butler-Coyne *et al.*, 2019). Interestingly, sport-specific changes were mentioned, such as governing bodies should support their members by setting standards of working conditions and improving the prize money and sponsorship offered. Butler-Coyne *et al.* (2019) found that further research is needed in equestrian sport, specifically focusing on either athletes or coaches, expertise level and certain disciplines.

Consequently, the research reviewed highlighted that jockeys have low levels of mental health literacy and a wealth of stressors. Therefore, further research into the mental health of equestrian sports outside of racing is important. Therefore, this study aims to explore the barriers and facilitators to help seek help for mental health difficulties among professional and amateur equestrian athletes. The research questions the study aims to answer are: What is the current understanding of rider mental health in equestrian sport? What are the current barriers and facilitators encountered by equestrian athletes when seeking mental health difficulties?

2. METHODOLOGY

This study was informed by a bounded relativism ontology and a constructionist epistemology with a foundation in hermeneutic paradigm (Merriam, 2009; Scotland, 2012). The view implemented was that realities are equal in space and time within the boundaries of cultural, moral, and cognitive influences. Knowledge can be created by interpreting social interactions and used to discover the underlying meaning of experiences. Finally, the hermeneutic paradigm is used to understand that interpretations of reality stem from cultural and historical practices. A qualitative design was employed for this study because it aimed to understand the participants' individual experiences of barriers and facilitators to help-seeking in their sport (Bickman & Rog, 2008). Qualitative studies also allow participants to explain the context and relationships they believe are influential. The study was considered exploratory in the sample used. However, there was pre-existing research on the barriers and facilitators to help-seeking among jockeys. The research questions helped to frame what the study intended to learn from the participants.

2.1. Sample and Procedure

A volunteer sampling method was used to recruit professional or professional amateur equestrian athletes. Professional athletes were described as not having a job outside their equestrian career, whereas professional amateurs had another means of income. The total number of participants was seven (6 females and 1 male), and they were, on average, 35 years old ($SD = 7.5$). Participants were recruited through the governing bodies (*Eventing Ireland* and *Show Jumping Ireland*) by sharing posts on their social media and word of mouth and through unpaid advertisements on social networking sites. The participants were involved in more than one equestrian sport, a combination of eventing, show jumping and dressage. The inclusion criteria were based on participants being at least eighteen years of age and currently competing regularly (at least once a month unless currently injured). The

exclusion criteria eliminated anyone who was retired from competition and only rode horses for leisure, in addition to anyone under eighteen. Once participants agreed to participate in the research, they were emailed an information sheet and a consent form to sign and return. Individual semi-structured interviews (23–43 minutes) were used to collect the data. Semi-structured interviews were selected to ensure they involved a more conversational approach (Longhurst, 2010). Interviews were conducted through Zoom due to the uncertainty about COVID-19 at the time of research. Interviews were recorded and then transcribed for analysis. Nvivo v13 was used to examine the scripts and visualise the data collected. Nvivo improved sorting, classifying, and arranging emerging codes and themes (6 themes, 12 subthemes).

2.2. Interview Guide

The interview guide was created based on previous research but adaptable to ensure the conversation style remained (Gulliver *et al.*, 2012; King *et al.*, 2022). The participants signed the consent form prior to engaging in the interview. Participants were reminded of their right to withdraw, the purpose of the study, and if they felt uncomfortable or uncertain, they should make the interviewer aware.

The interview began with a description of mental health taken from WHO (2005, p. 2). The purpose of defining mental health first was to ask the participants what their perceptions of rider mental health were and how that global description of mental health applied and impacted their sport (Gulliver *et al.*, 2012; King *et al.*, 2022). Additionally, they were asked about the impact mental health difficulties have on them in their sport. The participants were then given definitions for barrier (obstacle or difficulty to help-seeking) and facilitator (things that aid help-seeking) (King *et al.*, 2022). Subsequently, participants were asked about the barriers and facilitators to help-seeking for mental health difficulties in equestrian sport. The term *mental health difficulties* was used to avoid stigmatizing descriptions like ‘mental health issues’ or ‘disorders’ commonly used in research (Wood *et al.*, 2017).

2.3. Data Analysis

A reflexive thematic analysis was employed to provide a detailed examination of the qualitative data and investigate the participants’ knowledge, experience, and reality in the study (Braun & Clarke, 2019). This type of thematic analysis is the process of having flexibility and a critical stance about the role of the researcher and how their values, ideals and assumptions make sense of the data (Braun & Clarke, 2022). Though normally, the stages are followed directly, the purpose of the reflexive analysis is for the researcher to freely move between stages. The researcher, for example, moved between reviewing themes and naming/defining themes.

For this research, it is critical to explain that reflexive thematic analysis was considered a continuum rather than a choice between the variations of reflexive thematic analysis. This study focused more on the inductive interpretation of the data, as the analysis is found within, and the coding/theme constructing comes from within the data source. The meaning of the data took more of a latent approach as the purpose was to unpack the underpinnings and the whys of participants’ experiences. The qualitative framework sat in the middle of the scale, as the research wanted to understand participants’ experiences (experiential) and the meaning of those experiences (critical). The theoretical framework was also centred in the middle of the scale. This was because it both tried to capture the truth but also explored how the participants’ experiences and meanings shaped that truth. Truth concerns realist thematic analysis and how it aims to be achieved through objective knowledge production (Braun & Clarke, 2019).

The data analysis started with transcription, which was carried out within a few days of the interview. The researcher immersed themselves in the data of each interview by listening and re-reading the transcript multiple times within a few days of it taking place. Once all the interviews were conducted, the researchers re-familiarised themselves with the data by reviewing the completed interviews. During the familiarisation process, note-taking helped make sense of the thoughts emerging from the data. Following familiarization, coding began by reading the entire dataset and stopping whenever a statement relevant to answering one of the research questions was found. The sections noted as interesting were given a code label, and similar ideas were tagged with a code label already created. The next step involved moving the generated codes and the highlighted sections of the interview to Nvivo 13 (2020, R1). Whilst the codes were developed empirically, once the themes started to develop, it was evident that they were similar to previous research (Gulliver *et al.*, 2012; King *et al.*, 2022). In order to avoid the reproduction of similar names, further examination was conducted to enlighten the differences. Themes were then listed under the corresponding headings of understanding mental health, barriers, or facilitators. Themes were continually reviewed while preparing this report’s results and discussion sections. Finally, the following sections of the dissertation provide a report of the results and a further detailed examination of the themes generated.

2.4. Ethical Considerations

Ethics for this research were granted through the South East Technological University. The ethics of the research were carefully assessed, with the intention of developing the appropriate guidelines and contingency plans for the ethical issues that arose during the assessment. Participants were not endangered during any process of the research. However, because the study does involve talking about MHDs and revisiting past mental health struggles participants were provided with a list of resources if they wished to engage in them. The benefits of the research were highlighted to the participants in the information sheet and before the interviewer began with the questions, to emphasize the purpose of the research.

Participants were fully aware of their rights in terms of confidentiality and withdrawal from the study, as highlighted in their consent forms. Withdrawal from the study was allowed for up to one-month post interview, however, once data analysis was finished withdrawal from the study is no longer reasonable.

The research followed the guidelines of the General Data Protection Regulations (GDPR), the South East Technological University (SETU) and the Psychological Society of Ireland (PSI) procedures for data access and storage were adhered to.

3. RESULTS AND DISCUSSION

Understanding mental health in the equestrian community generated the following themes: multidimensional and cost. The barriers to seeking help generated the themes of influences and education. Finally, for the facilitators, the overarching themes generated were strength and guidance.

3.1. Understanding Rider Mental Health

The importance of understanding what participants perceive as mental health has been emphasized in the theory of planned behaviour, in which perceptions directly influence behaviour, therefore affecting planned behaviour and the rate of help-seeking (Adams *et al.*, 2022). See Fig. 1 for an illustrative view of the themes generated.

3.1.1. Multidimensional

The first theme that emerged was multidimensional, and it relates to the participants' descriptions of what mental health means to them and how it can affect them daily. *"It is how you feel in yourself, and about yourself, and about your own life and what you're doing, and how you're doing it"* (Athlete 3). This comment reflects the theme in that it contrasts with the definition given during the interview. Multidimensional is concerned with how many aspects of an individual's life contribute to the overall mental health of an athlete and its potential impact on their sport. There is a possibility that more prominent conversations about mental health have positively affected the participants' attitudes towards mental health (Reardon *et al.*, 2019; Ströhle, 2019).

As part of the theme, a subtheme of 'everyday effort' was developed. It captured the participants' perspectives on mental health as a constantly evolving characteristic that influences them in unique ways daily (Keyes, 2005). The participants who espoused this view had previously sought help for or experienced MHDs (mental health difficulties). *"... I have a good handle on my mental health, but it is something I still have to work on"* (Athlete 7).

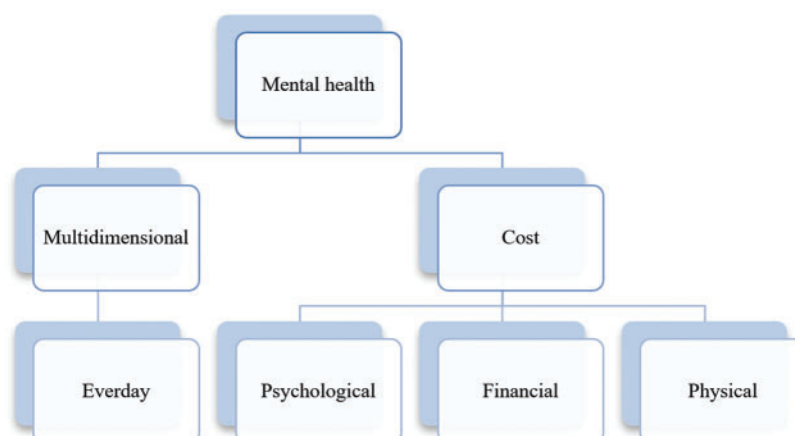


Fig. 1. Understanding rider mental health.

Although participants were provided with a description of mental health at the commencement of the interview, the majority of the participants viewed the description as unsuitable when applied to equestrian sport as it did not encapsulate the everyday challenges that can affect fluctuating mental health. However, the participants who had not experienced MHDs themselves elucidated mental health as the presence of anxiety or depression. Therefore, there was support for the research that found individuals use mental health as a synonym for mental illness (Westerhof & Keyes, 2010). For example: “... if somebody said, my mental health is good, I would say that they're not suffering from anxiety or depression, and they're the two things really, that just come to my mind” (Athlete 6). This finding on the understanding of mental health could be related to the amount of education participants have on mental health literacy or based upon learning from previous experiences with MHDs. Research into athlete's own beliefs about mental health highlighted that they associated it with a sign of weakness purely based on the lack of understanding and knowledge around mental ill-health (Biggin *et al.*, 2017).

Several of the athletes had prior experience seeking help for MHDs. Thus, it is crucial to address that the participants may have had more positive attitudes and a better understanding of mental health. Henceforth, it potentially influences the emergence of a positive mental health theme.

3.1.2. Cost

The second subtheme generated was cost, which represented how being involved in equestrian sport had physical, mental, and financial consequences for them. Almost all equestrian athletes interviewed kept their horses at home or in a yard where they cared for them. The reasoning behind understanding this is that contrary to racing yards in which jockeys go to race for a trainer, most equestrian sportspeople have to consider the cost of keeping their own horses, in addition to any training and competitions they take part in.

“You kind of keep choking on, and the horse is the main thing, and it is like you like, usually, if there is something wrong with the horse, it is straight away, I am on the phone to whomever I need to speak to get it sorted but when it is me and like in physical injury or mental health. You push it to the wayside. It is the horse that comes first.” (Athlete 7)

The three subthemes described below are independent in their own right but interact with each other. The physical repercussions lead to financial pressure, which can lead to MHDs. It is important to understand them individually, though, as they represent the unique cost of the sport.

The physical repercussions for those involved in equestrian sport were noted frequently, and how being injured could lead to MHDs due to the added pressures of having living animals at home that they could not take care of or keep fit.

“I got injured over the winter only recently, and I was out of the saddle for six months. I am back in it now, but at that time, I was watching my horses out in the field, getting fatter and fatter and unfit.” (Athlete 1)

Horse riding is also a unique sport in that whilst the athlete can be fully fit and ready to compete, their horse is also at risk of injuring themselves, putting both the athlete and horse out of action.

“Then, I had a horse that injured himself in the field, and he was one of my top horses for this year. He is now out till Christmas. I had another horse that had surgery over Christmas, and I had lined up his surgery so that he would be back at work when I got ready to go after Christmas. Then I got injured so that he could not come back to work.” (Athlete 3)

Research into the impact of injuries has shown that emotional athletes tend to feel frustrated, angry, and depressed (Ivarsson *et al.*, 2017; Putukian, 2016). However, most research on injuries has focused on how athletes tend to hide or disregard them as important. This aims not to be seen as weak or to miss out on opportunities to participate in up-and-coming competitions (Hilliard *et al.*, 2022; Tabet *et al.*, 2021). Research conducted on the risk of injury in equestrian sports found that equestrians are at a higher risk of injury due to horses' high speeds and unpredictable nature (Gates & Lin, 2020). Equestrian athletes are involved in more injury scenarios per hour than those riding motorbikes, skiing and football (Papachristos *et al.*, 2014).

The participants spoke about the pressures of owning horses and how it can affect them mentally. If an equestrian is having a bad day, they mentioned that they cannot just take the morning off to relax and unwind. One participant summarised it with the following quote:

“I am only talking about show jumpers because that is all I know. But you know they have this pressure of maybe twenty-five thirty horses out in the yard if they don't turn up. If they don't appear in the yard tomorrow, what happens? You know that is their livelihood. They need to keep getting up every morning, doing their job, getting out to the shows, and getting recognised. And I think a lot of people maybe think that if they were to kind of put a chink in that.” (Athlete 3).

Horse riding differs from other sports due to its inherent lack of a team dynamic, as equestrians often devote their training hours alone. Previous research into the impact of teammates found that when experiencing adversity, team members can use their individual and collective resources to

adapt positively despite the hardship experienced (Tamminen *et al.*, 2014). The current research into individuals' sports shows that they are more likely to experience anxiety and/or depression than those who compete in team sports (Pluhar *et al.*, 2019). This contrast is evident in the below quote from a participant who highlights the void of camaraderie in equestrian sports compared to the Gaelic Athletic Association of Ireland (GAA) sports.

"I think as well among horse riders because I've thought about stuff like this, like, you know if someone's in the GAA, it's a team. So, between the team and subs and managers and everything. There's a gang of twenty people, but like when you're riding, it's just you in the ring by yourself, whether you're show jumping or cross-country or anything. I suppose it's different, you know. You're the only one there, so there isn't the same type of camaraderie that would be found in a bigger team sport." (Athlete 5).

To delve further, it is important to note that the interplay between the three subthemes mentioned above is complex and reciprocal. The below example from a participant depicts how an injury can inexorably cascade into MHDs.

"I had so many goals and was really on my way to ticking all of them off, and I went out for dinner, stood up, tore my hamstring, and everything like that was the worst. As it was, everything was stripped away from me, and it was out of my control. I had been in my mind doing everything right. I was training, and I was eaten right. I was sleeping. I was getting my sleep. I was fuelling my body right. So, I was doing the things that were that I needed to do, but I still got injured, so I think that the biggest struggle was that I was doing everything right. But it still went wrong, and all the goals were just stripped." (Athlete 7)

Whilst the research into the psychological impact of injuries on athletes has been widely investigated in many sports (Daley *et al.*, 2021; Haugen, 2022), there has yet to be any specific to equestrian sports. Furthermore, it is worth acknowledging that mental stressors can also be felt upon the return to sport post-injury, particularly the fear of re-injury (Forsdyke *et al.*, 2016). King *et al.* (2021a) found that injury was a common stressor for jockeys. Given these difficult dynamics, further research into the impact of injuries on equestrian sportspeople would enhance the literature on coping mechanisms. Research into the coping mechanisms of athletes after a knee injury showed multiple barriers to recovery, but they valued their autonomy, active role in recovery and social support (Truong *et al.*, 2020).

"It is consequential to understand the financial pressures the athletes face. Most equestrian athletes own their horses and run their yards. However, there are a few who have outside jobs in addition to running the yard. Physically and mentally, I am in the lucky position that my horses are not my living. I have a full-time job outside of them." (Athlete 3)

The current rising costs in the world are impacting everyone. However, these athletes have to prioritise the well-being of their horses over the prospect of competing because they can't afford to pay for the fuel to get there or even the entry fee itself.

"... like the cost of fuel and the stresses in the outside world that are impacting you in the sport, like I was at a show in Cavan at the weekend to sponsor, and the numbers were way down. And I think it is like people can't afford to go out. And so, we have all those external pressures to deal with, and then all the pressures of actually owing a living animal that you have to try and keep alive and stop it from maiming itself every day." (Athlete 7)

In the unfortunate scenario that an athlete gets injured, more financial pressure is added to the already enormous strain. The following participants explained the added pressures: "Then I got injured, so he could not come back into work. So then I had to ship him out to somebody else, which meant it was costing me money to get him back into work". (Athlete 3)

"There is money being pumped. I have nine horses in this yard, and then I have somebody. I am lucky I have somebody who works for me, and he was riding, but I had to pay him extra because I could not ride." (Athlete 7)

Research into the stresses of athletes found that the most common were competition stress, social media scrutiny, team dynamics, and injuries (Cosh & Tully, 2015). However, when comparing the research with this current study, it is evident that there are distinctions between sports. Little research has found the cost to be the main stressor for athletes. A systematic review of factors that affect athletes when retiring analysed 122 articles, of which eight talked about financial status. However, those studies suggested that athletes who had endured financial insecurity during their careers were more likely to experience retirement and employment difficulties (Park *et al.*, 2013). The studies that looked at the occurrence of MHDs among jockeys found that they experienced the same stressors to a higher degree than the standard athletic population (King *et al.*, 2020, 2021), but they highlighted how jockeys tend to work longer hours and have to be physically fit in order to catch rides and therefore be financially stable (Landolt *et al.*, 2017). The important distinction here is that the cost for equestrians comes before the actual competition phase. In studies about student-athletes, financial pressures are the main stressor. However, they mainly correlate to working to fund their travelling to and from the competition rather than the costs of keeping a competition partner alive and well (Manwell *et al.*, 2015).

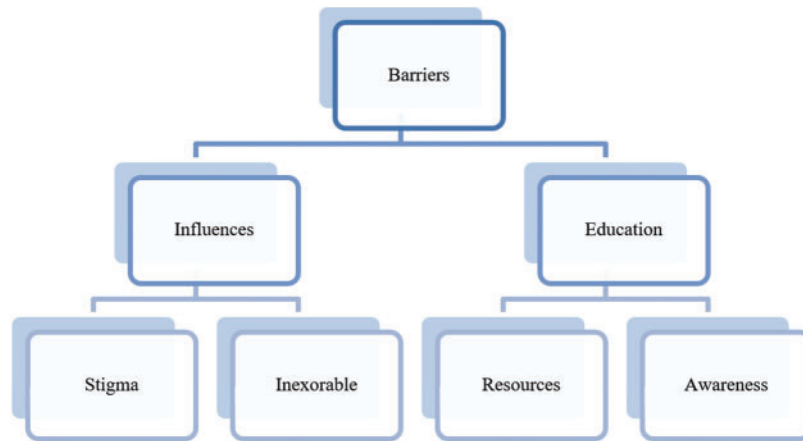


Fig. 2. Barriers to help-seeking.

3.2. Barriers to Help-Seeking

This section describes the barriers associated with MHDs seeking help among professionals and amateurs in equestrian sports. An overview of the themes and their subthemes can be seen in Fig. 2.

3.2.1. Influences

This theme relates to the power outside influences have on individuals to affect their motivations to seek help. This theme was supported by the subtheme of ‘stigma’. Research into stigma and mental health has shown that there are multiple types: self-stigma, public stigma, professional stigma, and institutional stigma (Subu *et al.*, 2021). The athletes reported a significant stigma surrounding admitting they were struggling, much less asking for help. This type of stigma is recognised as public stigma or perceived stigma in which the public holds negative attitudes towards those with MHDs (Subu *et al.*, 2021). Previous research has also found that stigma is a predominant factor in help-seeking (Gulliver *et al.*, 2012; King *et al.*, 2022).

“It is very much like you have to be hardy, and it is a stigma like that. They would not dream of talking to anybody or anything like that.” (Athlete 4)

Participants related help-seeking to a number of feelings, including weakness, belittlement, failure, and fear. These feelings correlated with the results of studies on the stigma surrounding mental health both in the athletic population and in the general population (Schnyder *et al.*, 2017). Another type of stigma was also found in the interviews. The athletes showed examples of self-stigma, which is a negative attitude towards their mental health (Subu *et al.*, 2021). One participant stated:

“... that showing weakness. It is I suppose the fear of failure like that was my biggest thing. I feel like I am feeling, you know when it is. I suppose if you do not want to. Some people just would not want to show weakness, especially in sports. Um. I think it possibly comes down to not wanting to show that you are not strong enough to do what you are doing.” (Athlete 7)

Interestingly, some participants previously knew of the current efforts to increase mental health literacy in the racing community (King *et al.*, 2022). One participant mentioned how studies on jockeys and their experiences of depression could be easily measured, as they are normally working full time. On the contrary, in equestrian sport, as mentioned above, some individuals have their yards, whereas others have outside jobs. Therefore, there would be a lack of consistency in research on athletes in equestrian sports.

“It probably is the stigma, and I think the racing industry is more streamlined than ours in that, say, if they do a study on the number of jockeys who have depression or whatever, they like them. Those lads are jockeys or work in a racing yard, whereas in our job, everybody might not be at it full time, and it is more kind of up in the air.” (Athlete 4)

The above quote highlights the challenges surrounding the lack of structures within equestrian sports, which can, therefore, limit the number of equestrian athletes seeking help. It has been highlighted how the racing industry has a more stable structure for its athletes. For equestrian sports to catch up with racing, the governing bodies’ efforts should concentrate on implementing structures their athletes can rely on.

Furthermore, participants also mentioned that there is a further stigma around men and the culture of masculinity. Similarly, in horse racing, masculinity was referenced to the idea of weakness because it is a mostly male-dominated sport, and it would contradict what they perceive as the characteristics of being a jockey (toughness, assertiveness, strength, and stamina; King *et al.*, 2022). The below quote highlights the inferences of masculinity in equestrian sport.

“Maybe I am being sexist here or something. But, I think men especially, you know, which. There are an awful lot of men that would struggle with mental health. But they do not necessarily want to go and get the help because if they get the help, it is seen as being weak, or you know they are embarrassed, or whatever they do not talk about their feelings like.” (Athlete 2)

The rise of sporting autobiographies, which depict the stigma experienced, shows how the culture of masculinity has a lifelong impact (Souter *et al.*, 2018). This study did, however, interview more females than men, unlike studies on racing, which interviewed more males due to their dominance in the sport, aside from a recent study on female jockeys’ unique stressors, which highlighted masculine dominance in the sport due to their male counterparts being more likely to be chosen for a race ride (Losty & Sreenivas, 2023). Nevertheless, research has found that females can have more favourable views towards help-seeking than men (Staiger *et al.*, 2020), and therefore, in the future, an equal number of both genders might provide differing results.

The second subtheme that emerged was ‘inexorable’, which encompasses the unrelenting attitude that individuals involved in horses have towards MHDs and, in turn, seek help for those difficulties (Cambridge Dictionary, n.d.). Participants emphasised how they were told to get on with it, specifically by an influential family member. For example:

“They come from a family who are like, you know you are grand. You are fine, you know. Poke a ball against a wall or something like that, you know. And I would say many people are. I use this word lightly because it should not come into this equation. But I would say people are ashamed of admitting they are struggling, like, you know.” (Athlete 6)

Participants noted how those attitudes can stem from the older generation involved in equestrian sports. This contrasts with the younger generation, who are more open to talking about mental health. *“They are too set in their ways. Unfortunately, and as I say, there is this older generation that would tell you to suck it up and get on with it.”* (Athlete 1)

Research into ice hockey players also found tension between traditional and modern viewpoints about MHDs. Crawford *et al.* (2022) were the first to report these findings among the athletic population. However, it refers to the traditional view that individuals should be silent about their mental health. In contrast, the more modern opinion is that individuals should open up and talk about their feelings, which shows strength rather than weakness. Thus, this finding confirms previous findings about differing opinions on mental health. The stigma and unwavering attitude towards seeking help is more than likely contributing to the lack of help-seeking. Unfortunately, the result of these preconceived ideas is that athletes tend to rely on maladaptive coping strategies (alcohol), which in turn can have a further impact on their mental and physical health (Butler-Coyne *et al.*, 2019; King *et al.*, 2021b).

3.2.2. Education

The second theme identified under barriers was education. The first subtheme refers to ‘awareness’, which signifies the lack of knowledge surrounding MHDs, disorders, symptoms, and help-seeking abilities. Mental health literacy has been a major barrier to seeking help in most recent research (Gulliver *et al.*, 2012; Hurley *et al.*, 2017; King *et al.*, 2022). *“Mental health was never mentioned. You might say that ‘mental health’ was not even in my vocabulary,”* told Athlete 2. It was noted that many people, including themselves, may be unable to differentiate between everyday stresses and MHDs.

“I think many people do not maybe feel that they need help, they think. Oh, I am just stressed, or I am just this, or just had a bad day, or which turns into a bad week, which turns into a bad month like I think many people are unaware.” (Athlete 3)

Research on mental health literacy has traditionally categorised education as a facilitator. For this reason, increasing the education around mental health would hopefully increase help-seeking. However, most of the participants in this study noted that not knowing what constitutes a mental health difficulty was the main reason why they did not seek out help. One participant mentioned drawing the line between feeling down and having low mental health. How many days should an individual feel down before they think they need help? Notably, this thought about mental health captured what mental health on a continuum refers to (Keyes, 2005). Mental health was previously thought of as an absence of mental illness. However, research shows that they are not opposite ends of a continuum. Understanding that mental health can fluctuate on this scale depending on the societal influences and stresses experienced at any given time helps to comprehend the above statement of differentiating between having a bad day and a mental health difficulty (Keyes, 2005). Educating individuals about the fluctuation in mental health could increase their awareness of their feelings and responses to stress.

3.2.3. Resources

The next subtheme is ‘resources’, which refers to the availability and knowledge of where to seek help. It differs from the last theme because it focuses solely on the lack of effort towards allocating

resources for MHDs in equestrian sports. Participants' knowledge of mental health services was mixed. Some participants had previously sought help and were aware of the resources available to the general population, but none were sport-specific. The remainder of the participants who had not previously sought help were not aware of any mental health services. "Not one, nothing, not one," told Athlete 6.

Two of the seven participants interviewed knew about sports psychologists involved in equestrian sports but had not engaged in their services. One participant noted how when they first sought help, they got ignored like it was not an issue.

"I did not know where to go. I did not get any help. I got ignored when I first said I was sick, you know. Um, what was awful. That was so because they verbalised it for the first ever time, and for the doctor, the doctor ignored it completely and just moved on with the conversation. It was awful, and I never wanted anybody; it was my big thing. I do not want people to struggle like that and be unfit to say." (Athlete 7)

The purpose of this theme was to highlight the importance of putting resources in place. Purcell *et al.* (2022) provided an evidence-informed framework to promote mental well-being in elite sports. They suggested that athletes should have a measurement for their mental health, which can be continuously monitored, alongside personalised athlete development plans. Athletes should be prepared for key career transitions, and their coaches should have training on mental health literacy and how to foster well-being (Purcell *et al.*, 2022). Research has also shown that athletes are more likely to engage in help-seeking if the professional understands their sport (King *et al.*, 2022).

Martin *et al.* (2017) found that it was necessary to incorporate mental health education for jockeys. King *et al.* (2022) found similar results. However, they all point out that the first time a jockey encounters topics around mental health or sports psychology is when taking their professional license at age sixteen. Unfortunately, in the equestrian community, without licensing, most equestrians could go their entire career without crossing paths with any mental health professional. Therefore, future studies would benefit from analysing the current mental health prevalence and literacy level among a wider sample in the equestrian community. Research would then inform the development of educational programmes and equestrian-specific resources which would consider the understanding of mental health and the specific equestrian stressors experienced (Gorczyński *et al.*, 2019; King *et al.*, 2022; Losty & Sreenivas, 2023). Whilst the themes generated under the barriers section provided results consistent with previous literature (King *et al.*, 2022), the research did include professionals and professional amateurs. Therefore, future research, which solely includes those performing more consistently at higher levels of the sport, might experience barriers differently.

3.3. Facilitators

The following section of the discussion discusses the facilitators identified that are currently in place or should be implemented to encourage help-seeking behaviours. The themes and their corresponding subthemes are visualised in Fig. 3. It is worth noting that the themes generated did echo those generated by King *et al.* (2022) in the study on jockeys.

3.3.1. Strength

The first theme identified was strength. The participants described strength as feelings of encouragement and confirmation that help-seeking is acceptable in terms of getting help and having reassurance from those around them was most helpful. Therefore, the first subtheme is called 'close ones', referring to any person in the participants' lives that they feel is valuable, whether a family member, friend, coach, or partner. Many participants felt that because of the lack of other services available, talking to a family member or friend was the most effective and only option they had. For example, when talking about the importance of having people who care about you, one participant stated:

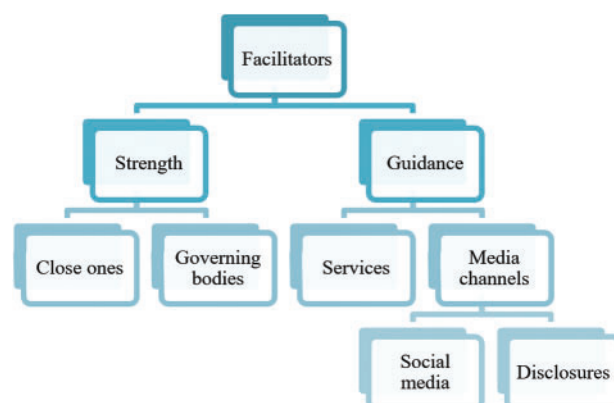


Fig. 3. Facilitators to help-seeking.

“But it is very important. I would have had the worst show if I had gone to Cavan for five days. I will be like a pig for days after it, but eventually, my mother will be like, Look at the videos. Watch them back. They are not as bad as you think they are, you know. Move on! It is one, show it is, you know. Get out there, go back to you know. Look at the video. See what you want to fix, see what you want to work on and start again. But you need someone, you know, whereas if I was just kind of mulling that over on my own, not whinging out loud about it, nobody would know that it was on my mind still, a week later, you know what I mean.” (Athlete 3)

The support from those significant people corroborates research on other athletic populations, which found that strong social connections facilitated help-seeking (Moreland *et al.*, 2018; Yang *et al.*, 2010). Family members and friends can be the first people with whom individuals disclose their MHDs; therefore, they must also be educated on how to refer them to the correct help (Breslin *et al.*, 2017). For example, Hurley *et al.* (2017) found that parents and coaches can be a barrier to help-seeking because they either hold the same stigma as mentioned above or lack the education and knowledge of services to refer their children or loved ones to professional help adequately.

Some participants also mentioned the lack of support. They referred to their ‘close ones’ as the only point of contact because governing bodies lack the resources to offer their members the needed services. Consequently, this leads to the next subtheme called ‘governing bodies’. This subtheme articulates how valuable of a service they could be but is currently falling short (Breslin *et al.*, 2017; Grey-Thompson, 2017). The participants noted how the governing bodies of equestrian sport had sufficient awareness and education on mental health services because they supply that support to the high-performance squad: “. . . They focus all on their high performance. All the money gets pumped into the high performance, it needs to be split across the membership.” (Athlete 1)

Many participants compared the equestrian governing body to Horse Racing Ireland (HRI), which offers free sports science support through the Jockey Pathway and access to sport psychology services. When jockeys take their licence, they must attend two mandatory sports psychology consultations (King *et al.*, 2022). It is worth pointing out that due to the self-reporting nature of statistics relating to help-seeking among jockeys, there may be an overlap between seeking out a sports psychologist for performance enhancement and seeking help for mental health disorders or difficulties (King *et al.*, 2021b). Participants felt frustrated at how their governing body was not providing the same support systems for them:

“I mean, without sounding rude, what are governing bodies there for? Like they are massive figures, you know, in our country. They are staples in our country. They have the power to get it out there, you know. So why not use the power for something like that?” (Athlete 6)

Currently, no requirements or licensing are needed to compete or participate in equestrian sports, unlike racing. Hence, implementing support from the governing bodies could facilitate an increase in the rate of help-seeking behaviours.

3.3.2. Guidance

The last theme identified by a facilitator is guidance. A central purpose of this theme is to evoke a feeling of direction towards the help an individual requires. The assistance that most individuals lack is the ability to know where to get help. Consequently, this theme captures how participants felt that having a clear idea of who could help them or what services were available was crucial to promoting help-seeking. The first subtheme is, therefore, ‘services’. As mentioned in the above literature (Gulliver *et al.*, 2012; King *et al.*, 2022; O’Keeffe *et al.*, 2022), a great deal of the research on barriers and facilitators to help-seeking mirrors each other, thus it could be said that this subtheme mirrors the subtheme of resources in the barrier section. However, in this case, the intention is to provide an overview of the types of services that participants identified as beneficial. For example, participants mentioned how they would benefit from having guidance on what services might be available:

“Well, we cannot make that person better, but we can point them in the direction of the professionals, and it is just giving people the tools they need to know how to handle the situation. So, I think the HSI. It needs to be part of that because mental health is everywhere.” (Athlete 7)

Another suggestion for services was to start an initiative similar to that of HRI, which supplies its members with free sport psychology sessions for the year they purchase their membership (King *et al.*, 2022).

“I think there needs to be a tiered structure of age categories in which they offer support services, and it should be that they even give you three sessions as part of your membership. So, say you are a member of Eventing Ireland, Show Jumping Ireland or Dressage Ireland. But they say, look, these support services are available to you. We can give you three free or six services a year, whatever they feel, and your governing body fully supports it.” (Athlete 1)

Furthermore, athletes recommended that guidance be available through educational resources, including a free phone number and text service for individuals suffering from a mental health crisis. For example:

“I think, having things like webinars, like um workshops that you know, like even the small, like in riding schools or livery yard, or riding clubs even can-do kind of mental health awareness weeks, or you know, or awareness days, or get guest speakers in things like that. Um, and just really to educate people about. You know. What are the signs of somebody struggling, or what do you do if you are concerned about somebody?” (Athlete 2)

These services would, therefore, be used to increase mental health literacy and encourage athletes in equestrian sports to seek help for MHDs, in addition to providing them with the necessary skills to refer others to the services available.

‘Media channels’ is the last subtheme under guidance. The principle behind it is that most people nowadays spend many hours online, and therefore, using that platform as a facilitator for help-seeking may be more beneficial than other current methods. Numerous participants felt that a social media campaign from governing bodies would increase mental health literacy and awareness of services once they are developed. For example, one participant spoke about the lack of time in searching for products, but they were more inclined to click on an advert whilst scrolling through social media:

“You are much more likely to go if you come across it on Facebook. Oh, that is something I have been meaning to look into, or if you come across it on Instagram, you know. Oh, yeah, I have been. That has been on my mind a bit. I will click it. You know what I mean if it is just there. Yes, handed to people. I think there would be a lot more take on it than having to go and look for it because I think many people probably need that, you know, they need help or even a little bit of encouragement in life. However, they do not feel they need it, whereas if it comes across just under your thumb, you are much more likely to just click in out of curiosity if nothing else.” (Athlete 3)

Social media campaigns have been implemented in the UK, where jockeys are shown talking about their stories of MHDs and how they got help (King *et al.*, 2022). Similar services could be implemented for the equestrian community to engage with.

Media channels can also include other methods of talking about MHDs. For example, podcasts, interviews, articles and autobiographies are all extremely popular in today’s society. In Canada, research was conducted on evaluating social media as a tool to increase help-seeking among adolescents. They found that social media not only allowed organisations to post informative content about mental health and their services but also allowed participants to form supportive social connections (Halsall *et al.*, 2019). Therefore, they could be used to raise the volume of work on mental health. Similarly to the research conducted on jockeys (King *et al.*, 2022), equestrian athletes also felt that hearing about disclosures from other athletes in their sport would encourage openness and decrease stigma:

“I have not heard of any Irish-based rider with mental health issues, and then, like, over in England. I have heard about your man, Ollie Townend, and others have spoken openly. It was not anything like that in Ireland. You know it is not just me. You know that feeling.” (Athlete 5)

The purpose of disclosures is to use them as role models. Athletes often have role models within their sport, so if they see them speaking openly about MHDs, they may also follow in their footsteps and open up (King *et al.*, 2022).

4. CONCLUSION AND RECOMMENDATIONS

This study has been one of the first to examine the understanding of rider mental health and the barriers and facilitators to help-seeking among the equestrian population in Ireland. This is particularly relevant given that recent research has highlighted the stressors experienced by jockeys, in addition to the barriers and facilitators to help-seeking (King *et al.*, 2020, 2022; Losty *et al.*, 2019; Losty & Sreenivas, 2023). The understanding of mental health in the equestrian population highlighted that mental health is a multidimensional concept that affects athletes daily. The barriers to help-seeking underlined the current obstacles that may prevent the athletes from seeking help. The facilitators of seeking help focused on how close relationships and governing bodies encourage help-seeking behaviours. Previous research on barriers and facilitators has been explored in the jockey and athletic population. Therefore, this study further explores the boundaries and importance of the matter in a different athletic population. The findings of this study offer a distinct perspective into the understanding of the effect of mental health in the equestrian population. Those involved in the governance of equestrian sport should consider the implications of the barriers and facilitators to seeking help and, therefore, implement services to minimise these.

Further research to examine the level of mental health literacy in equestrian sport and the differences between disciplines should be considered. Mental health literacy programmes would increase education; however, these programmes should be tailored to equestrians and could reduce the current barriers. Implementing such programmes and services specific to mental health may also increase

feelings of support from the governing bodies. These services can be advertised through a multitude of media channels.

CONFLICT OF INTEREST

The corresponding author confirms on behalf of all authors that there have been no involvements that might raise the question of bias in the work reported or in the conclusions, implications, or opinions stated.

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