

**“Game is played with your mind and not your body” - Exploration of the mental health
perceptions and experiences of current elite soccer players in India**

by

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Abstract

Background. India as a country lags behind in supporting the mental health of athletes. Discussing or talking about one's mental health has long been a struggle in the Indian sporting context. There is a gap in the literature looking at the experiences of elite athletes with mental health. **Aim.** The aim of this research was to develop an understanding of how mental health is perceived by elite football (soccer) athletes in India. Thus, this study was an exploratory study looking at the perceptions and experiences of mental health of the elite soccer players in India to map the current situation eventually leading to social change. Two continua model of mental health was used as a guiding theoretical framework. The research question this study addressed was: what are the perceptions about and experiences with mental health of the professional soccer players in India? **Methods.** Semi-structured interviews with open ended questions were used to interview six (three male & three female) professional soccer athletes. An inductive thematic analysis was used to analyse the interview transcripts. **Results.** Two themes emerged from the transcripts: a) mental health, b) challenges of being an athlete. These findings highlight the perceptions, the mental states, and the experiences with mental health of the elite athletes. **Implications.** This research can help the coaches, sport federations, sport psychologists, athletic therapists, educators and policy makers better understand the lived experiences of elite athletes with regards to mental health in India.

Keywords: mental health, elite athletes, two-continua model of mental health, football (soccer)

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Dedication

To all the football players and athletes out there,

Your commitment to the field of sport and football through all of your experiences is
commendable.

May your stories and voices be heard.

List of Tables

Table 1: Participant characteristics.....	24
Table 2: Emerging themes.....	29

Table of contents

Abstract.....	ii
Chapter 1: Introduction.....	1
Mental Health.....	2
Elite Athlete.....	3
Mental Health in India.....	3
Mental Health in Sports.....	4
Purpose and Research Question.....	5
Chapter 2: Literature Review.....	6
Well-Being.....	6
Hedonic well-being.....	7
Eudaimonic well-being.....	7
Psychological well-being.....	7
Social well-being.....	8
Theoretical Framework.....	9
The Mental Health Continuum.....	9
The Two-Continua Model of Mental Health.....	11
Psychological demands of sport.....	12
Stress.....	13
Issue of Injury and Performance.....	14
Mental Health in Sports.....	15
Barriers to seeking help for Mental Health.....	17
Mental Health in Sports in India.....	18
Rationale and Purpose.....	20

Chapter 3: Methods.....	22
Insiders Perspective.....	22
Participants.....	23
Data Collection.....	24
Data Analysis.....	25
Quality Criteria.....	26
Chapter 4: Results.....	29
Mental health.....	30
The mental health mindset.....	30
Being Positive and strong.....	30
Need to engage in other activities.....	31
Importance of mental health.....	33
More important than physical strength.....	34
“Game is played with your mind and not your body”.....	35
Differences for men and women relayed to mental health.....	36
“A man never feels pain”.....	36
We don’t get paid enough.....	37
Stigma of mental health.....	38
Nobody talks about it.....	39
It’s not easy sharing how you feel.....	40
I deal with it myself.....	42
Mental health awareness and supports.....	43
Creating awareness through sessions.....	43
Sports psychologists.....	45

Challenges of being an athlete.....	47
Managing and dealing with injuries.....	47
It's a challenge.....	47
Feelings of isolation and depression.....	49
Pressure to perform.....	50
I must be consistent.....	50
Self-expectations.....	51
Fans.....	52
Pressures outside of field.....	53
Less support from family.....	54
Impact of Covid 19.....	55
Being only in the room.....	55
It was very monotonous.....	57
Being withdrawn from AFC Asian Cup.....	57
Discussion.....	59
Elements provoking languishing mental health.....	60
Issues of injury and performance.....	60
Gender stereotyping mental health.....	61
Labelling and discrimination.....	62
Moving towards flourishing mental health.....	63
Importance of creating awareness about mental health.....	64
Implications and future directions.....	65
Limitations and Delimitations.....	66
Concluding remarks.....	67

References.....	68
Appendices.....	77
Appendix A.....	77
Appendix B.....	80
Appendix C.....	86
Appendix D.....	88
Appendix E.....	88

Chapter 1: Introduction

In January 2022 in the pursuit to make it to the FIFA Women's World Cup for the first time ever, 19 players and six staff members tested positive for Covid-19. This event led to the Indian Women's football (soccer) team being withdrawn from the biggest Asian championship. This led to shattered dreams and left all the players devastated and heartbroken. As a player who has been a part of the team for several years, I could not comprehend or accept the situations as they were. The Indian Women's Team had been in preparatory camp away from their families and loved ones for a period of six months. For six months the athletes spent away from their families and loved ones, living in a bio-bubble, travelled to five different countries in two months to play exposure games, with over 200 on field soccer sessions, running sessions, strength sessions and so on. The preparation for the AFC Women's Asian Cup consisted of many sacrifices, which went in vain as the championship came to an abrupt end affecting the team mentally and emotionally. The days after the withdrawal from the AFC Women's Asian Cup were followed by extensive crying, feelings of sadness, and helplessness, and loss of motivation. The worst part was knowing that we did not even have a chance or an opportunity to prove ourselves of what we are capable of as women footballers before bowing out of the tournament. Every player in the team holds a different story, has fought different battles, and fought against the odds to be a woman footballer in India with a dream to make it a career. The tournament held one big chance in for us as players to showcase our capabilities. However, it came to an unexpected and an abrupt end. The absence of a sports psychologist with the team, made it even harder to bear the loss as all the players and the staff took their own time to grieve and wrap their heads around the situation.

Soccer is a game of mindset and often I have found it hard as a professional player to understand and control my thoughts. Through my personal experiences, I have found it

challenging to discuss about mental health even in general as an athlete. As a part of the Indian women's national football team, I have observed and understood the importance of mental health from various athletes that are a part of the team. This has made me realize the absence of a system that supports not only the physical but even the mental and emotional well-being of the players. I have personally found at times that maybe if I would have had someone to talk to regarding how I was feeling before certain games, I believe my performances could have been different. Pressure of a competitive environment, demands of a heavy training schedule, expectations of performing well when put on the spotlight in front of huge crowds, and following strict regimes and diets can be exhausting and at times overwhelming (Castaldelli-Maia et al., 2019). The formula for success in sport is most certainly a combination of components like dedication and devotion to training and competition, while living up to the expectations of the fans, media, family and so on with a portrayal of a mentally tough persona (Larkin, 2017). If this is what it takes for an elite athlete to be a winner, the formula needs addressing to at least include and openly talk about acceptance, recognition and supporting signs of mental health issues in the field of sports.

Mental Health

World Health Organization (2014) 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. 2). Globally 322 million people were estimated to have depression (WHO, 2015) and 264 million people were found to be living with some kind of anxiety disorder (WHO, 2017). Mental disorders are known to be more prevalent in younger people aged 16 to 34-year-old, making most elite athletes more vulnerable to mental health problems as they fall within the same age category (Gulliver et al., 2015).

Mental Health in India

In India, the leading cause of death for people aged between 15 – 29 is suicide with the suicide rate in India in 2015 being 15.7/100,000 which is higher than the global average of 10.6/100,000 (Srivastava et al., 2016). The National Mental Health Survey of India in 2016 indicated that depression exists in 1 in 20 people in India. Additionally, 80% of those suffering from mental health disorders did not receive treatment for over a year with treatment gaps in mental healthcare ranging from 28% to 83% (National Mental Health Survey of India, 2016). Just as the general population, athletes as well are equally or more susceptible to mental health issues (Castaldelli-Maia et al., 2019; Rice et al., 2016).

Elite Athlete

An elite athlete is an athlete who competes at professional, national and international levels (Sam, 2013). The elite athlete is at the highest risk for the onset of any mental disorder at the peak of their competitive years because of the intense demands (physical and mental) placed on an elite athlete (Hughes & Leavey, 2012; Rice et al., 2016). Gulliver et al (2015), through a cross sectional survey amongst the elite athletes in Australia found that approximately 46% suffer and experience the symptoms of at least one of the mental health problems. Literature suggests the prevalence of disorders in elite athletes like anxiety, substance abuse, depression, eating disorders, and general psychological distress (Rice et al., 2016). Engaging in physical sport activity is important for health benefits while preventing problems related to mental and physical health but extreme intense physical activity at professional and elite levels can lead to hampering physical and mental health (Hughes & Leavey, 2012). On the other side of fame, glory, national prestige for elite athletes lies the overexposure to extreme stressors of overtraining, injury, eating disorders, sudden cardiac

deaths, and burnout (Hughes & Leavey, 2012). The authors also found that overtraining had been found to be prevalent between 20 and 60% in elite athletes.

Mental Health in Sports

No questions are raised when an athlete takes time to rest and recover from a physical injury like a torn ligament, a sprained ankle, or a broken wrist. Physical injuries are not ignored and are easily understood by everyone, but then why are questions raised when an athlete chooses to take time off for their mental health? (Nice, 2018). Often, due to the portrayal of athletes in the media and in general life as strong, tough, and human machines who are ready to always perform at their best, it is usually forgotten that athletes are people too. The data shows that in elite sports up to 35% of athletes suffer from a mental health issue like anxiety, stress, burnout or an eating disorder (Castaldelli-Maia et al., 2019) and elite athletes face a high risk of developing mental issues as compared to the general population (Rice et al., 2016). In a study by Lew and Wong (2021), 66% of the total participants experienced a variety of mental ill symptoms like not being in the mood to do anything, wanting to be left alone and feeling irritated, hopeless or sad. In the same study, majority of the participants reported managing personal life along with sports as a significant stressor.

Sports is an ever changing, dynamic, and a very demanding field. Putting athletes in spotlight, in a competitive environment where winning is a priority can lead to increased pressure in athletes (Rice et al., 2016; Reardon, 2021). Many factors are known that put an elite athlete at a higher risk for mental health and disorders including constantly feeling a need to push themselves to improve performance with demands of heavy training schedules (Castaldelli-Maia et al., 2019). Successful elite athletes are required to deal with the demands and stressors associated to their human lives as well as the high sporting career (Lebrun et al., 2020). Male athletes are under continuous performance pressure in sports which can become

a vicious cycle of suffering emotionally, personally in sporting life leading to pressure to perform putting the athlete at a higher risk of injuries. Injuries then lead to increased risk of mental health issues and adverse behaviours (Souter et al., 2018). Elite women athletes are found to report mental health symptoms at a higher rate than male elite athletes (Walton et al., 2021). However, male and female athletes report equal levels of psychological distress and satisfaction with life which is at odds with women athletes considered having higher rate of mental health symptoms (Walton et al., 2021).

Purpose and Research Question

As discussed above, mental health issues are prevalent in elite athletes as their vulnerability is higher due to the high demands of sports. India as a country lags behind in supporting the mental health of athletes. To my knowledge, there is no data or research available on the subjective experiences of mental health of elite athletes in the Indian context. Lack of research highlighting the voices of Indian elite athletes has been challenging to understand, address and support the mental health of elite athletes. Therefore, the purpose of this study was to explore the mental health experiences and perceptions of the current elite soccer players in India. The research question this study would be addressing is: what are the perceptions about and experiences with mental health of the current elite soccer players in India? This study would help serve as the basis for understanding the lived experiences of current elite athletes. This data could be used by the sports psychologists, educators, coaches, physiotherapists to better support the holistic development of an athlete.

Chapter 2: Literature Review

The World Health Organization (2018) defines mental health as “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community” (p. 1). The definition highlights three very important components of mental health which are well-being, effective functioning of an individual, and effective functioning for a community (WHO, 2005). The concept of mental health is therefore described as a comprehensive state of well-being (Keyes, 2002) and will be explored further in this section. To understand the experiences of current Indian Football (soccer) Team players in regards to mental health, the discussion of well-being will be followed by describing the mental health continuum and the two continua model of mental health. This will be followed by an understanding the existing literature on mental health in sports, psychological demands of sport, barriers to seeking help along with mental health in sports in India.

Well-being

Subjective well-being is how an individual evaluates or perceives the quality of their lives based on various criteria of judgement (Keyes et al., 2003). Keyes and Waterman (2003) emphasize that individuals evaluate their own lives in regard to how they function well personally (psychological well-being) and socially (social well-being) and whether or not they feel good about their lives (emotional well-being). However the research on wellbeing draws upon two traditions namely hedonic well-being and eudaimonic well-being (Keyes, 2002). The hedonic well-being includes interest in life and feelings of happiness and satisfaction as the experience of positive emotions and describes emotional well-being (Westerhof & Keyes, 2010). The eudaimonic well-being includes realizing one’s own potentials while functioning optimally in the society. Eudaimonic well-being is further

reflected in psychological and social well-being (Keyes, 2013). The hedonic and eudaimonic wellbeing standpoints will further be discussed in this section below.

Hedonic Well-being. Well-being under the hedonic tradition reflects experiencing more positive emotions for a longer duration while having reduced negative emotions or unpleasant emotions (Keyes, 2013). This tradition further produces emotional well-being which includes feelings of happiness, one's satisfaction with and interest in life (Westerhof & Keyes, 2010). Pleasant or unpleasant reflections of one's immediate experience affects the happiness whereas life satisfaction is considered more of a longer assessment of being able to manage the positive and negative affects in one's life (Keyes, 2013).

Eudaimonic Well-being. Eudaimonic tradition of well-being reflects the ability of an individual to function fully as an individual with a realization of one's own potential and as a citizen in the society (Keyes, 2013). This tradition gives rise to two components: psychological well-being (Ryff, 1989) and social well-being (Keyes, 2002).

Psychological well-being. This branch of well-being draws upon individual strivings to achieve optimal functioning while realizing one's own potential and talents unique to them (Ryff, 1989). Psychological well-being is further broken down into six dimensions revolving around their personal lives which are considered essential to reaching one's potential (Keyes, 2013). *Self-acceptance* refers to feeling positive and accepting various aspects about oneself from either the past or present (Keyes, 2013; Ryff, 1989). Having a *purpose in life* means having a sense of direction and meaning to life through the set goals and objectives in one's life (Ryff, 1989; Westerhof & Keyes, 2010). *Autonomy* leads to feelings of independence and guide one's own life based on their own accepted standards and values while being able to withstand the societal pressures (Keyes, 2013). Being able to express and build warm, trusting, empathetic and intimate relationships by maintaining *positive relations with others*

(Ryff, 1989). To manage and cater to the personal needs of oneself by utilising the complex environment and the opportunities it possesses leads to *environmental mastery* (Keyes, 2013). Lastly, *personal growth* refers to being insightful about oneself by continually pursuing the existing skills and opportunities and remaining open to experiences for self-development (Keyes, 2013; Westerhof & Keyes, 2010).

Psychological well-being in athletes is associated with perceiving and responding positively to goals (difficult to achieve) by using coping strategies, taking stressful sporting events as a challenge (Nicholls et al., 2020). In a sample of professional rugby league players in the UK, 35.2% scored below average for psychological well-being indicating players to not be coping well, being unhappy, and functioning fully (Nicholls et al., 2020).

Social well-being. As opposed to psychological well-being, social well-being focuses on experiences of a fully functioning individual in a society through social engagement and embeddedness (Keyes, 2013; Westerhof & Keyes, 2010). This well-being may require having a more public experience for an individual by focusing on societal tasks in one's community and social structures (Keyes, 2013). Social well-being further consists of five dimensions. *Social coherence* refers to meaningfulness in life in regard to the happenings in the society (Keyes, 2013). *Social acceptance* involves being open and positive to other individuals and acknowledging their difficulties while trusting and feeling comfortable with others (Keyes, 1998, 2013). *Social actualization* is a belief and evaluation about the potential of the society and community to evolve positively (Keyes, 2013; Westerhof & Keyes, 2010). *Social contribution* refers to the perception of an individual of being a part of and contribute to the society in a meaningful way (Keyes, 2013). *Social integration* is the degree to which the individuals believe they are a part or belong in the society (Keyes, 2013).

Mentally healthy therefore is a combination of emotional, psychological, and social well-being (Keyes, 2002). The components emotional, psychological and social well-being can be seen as the core components of positive mental health by the WHO. The core components of well-being in the definition matches emotional well-being, while the core component of subjective evaluation of optimal individual functioning matches psychological well-being and social well-being matches the core components of being able to function optimally in the community (Westerhof & Keyes, 2010). This understanding of positive mental health will further help us understand mental health holistically through the theoretical perspectives of mental health continuum and two continua model of mental health.

Theoretical Framework

Mental health of athletes has mainly been understood through the prevalence of symptoms of psychological distress or common mental disorders like depression, and anxiety. This assumption leads to mental health directly being conceptualised as the absence of symptoms of psychological distress or common mental health disorders (Kuettel & Larsen, 2020). Therefore, the following section will describe the mental health continuum and the two continua model developed by Keyes (2002, 2005). These models in this will help us understand mental health holistically where mental health and mental illness are two different yet related dimensions that exist on two separate continua (Uphill et al., 2016).

The Mental Health Continuum

The Mental Health Continuum (MHC) is said to consist of complete and incomplete mental health with three different levels from flourishing, moderate to languishing (Keyes, 2002). People with high levels of well-being and complete mental health having positive emotions along with functioning well psychologically as well as socially are said to be flourishing in life. People who express feelings of emptiness, stagnation, and despair in life

with an account of incomplete mental health with low levels of well-being are considered to be languishing in life (Keyes, 2002). Lastly, people who do not fall in either languishing or flourishing are considered to be moderately mentally healthy in life (Keyes, 2002).

For measuring mental health in individuals, Keyes (2002) developed the mental health continuum – long form (MHC-LF), a survey out of which the mental health continuum – short form (MHC-SF) was derived (Keyes, 2013). The MHC-LF contains of 40 items while the MHC-SF which represents each of the constructs of well-being in just 14 items (Keyes, 2013). Out of the 40 items in the MHC-LF, 7 items measure the emotional well-being, 18 items measure the psychological well-being, and the social well-being is measured by 15 items (Keyes, 2013). On the other hand, the 14 items of the MHC-SF survey consist of 3 items measuring emotional well-being, 6 items measuring psychological well-being and 5 were chosen to measure the social well-being (Keyes, 2005). Diagnosis and assessment of mental health in American adolescents revealed that in children aged between 12 to 18, 38% are flourishing while moderately mentally healthy children make up to 56% and 6% of the adolescents are languishing (Keyes, 2013). Furthermore, prevalence of flourishing is found to drop by 9% from ages 12-14 (middle school) to 15-18 (high school) in adolescents (Keyes, 2013). MHC-SF has been widely used in studies to distinguish the complete mental health profiles across different countries. After administering the MHC-SF in a broad sample in Italy to distinguish the level of functioning of the MHC model, it was confirmed that MHC-SF was useful for measuring the variability of well-being levels among people with reference to sociodemographic variables (Petrillo et al., 2015). MHC-SF was even evaluated in a sample of Chinese adolescents, wherein, high internal consistency was found for the total scales and subscales of MHC-SF (Guo et al., 2015). In the same study, by using MHC-SF in a sample of Chinese adolescents, 57.4% were found to be flourishing, 37.4% were moderately mentally healthy while 5.2% were languishing (Guo et al., 2015). The findings

however contribute the global use of this scale (which includes the three core components of the WHO definition of mental health) and across different cultures for understanding positive mental health.

Two Continua Model

Keyes (2002) introduces mental health as positive feelings and positive functioning in life where mental health is more than just the presence or absence of emotional states. Therefore, Keyes (2002) embraces an ideology of mental health as a complete state in his model where mental health is more than just the absence of mental illness. Thus, being mentally healthy does not equal the absence of mental illness as Keyes (2005) confirmed that mental health and mental illness are two different yet related dimensions existing on two separate continua. In the two continua model proposed by Keyes (2005), one continuum relates to absence or presence of mental health while the other continuum consists of absence or presence of mental illness.

After categorization of individuals into different groups of the ones without mental illness, and those with either languishing, moderate or flourishing mental health, Keyes (2005) found that only 16.8% of the American adult population (aged between 25-74 years) experienced complete mental health. However, supporting the two continua model, it was found that the 9.5% of people experiencing languishing mental health, did not seem to have mental illness (Keyes, 2005). Additionally, 14.5% of people who had moderate levels of mental health were categorized as mentally ill (Keyes, 2005). In a study by Westerhof and Keyes (2010) the findings indicated strong support for the two continua model. It was found that the older adults did not seem to experience positive mental health even though they experienced less mental illness than the younger adults in the study (Westerhof & Keyes, 2010). On the other hand, as the younger adults seemed to have more mental illnesses than

the older adults, they still experienced more positive mental health (Westerhof & Keyes, 2010). In a study conducted with a sample of Danish elite athletes, it was found that 64% of the Danish athletes were flourishing, with around 30% having moderate mental health and 6.5% languishing along with symptoms of depression and anxiety (Kuettel et al., 2021). In the same study, the athletes found to be flourishing expressed mild symptoms of mental illness but not necessarily above average mental well-being. Therefore, genuine mental health is not indicative of absence of mental illness symptoms (Kuettel et al., 2021).

The perspective of the model allows for a few possibilities to emerge. Athletes for instance could be experiencing low mental health (languishing) and yet be free from mental illness, and athletes could as well have positive mental health and yet be experiencing mental illness (Uphill et al., 2016). Recognizing the above-mentioned possibility that athletes could be mentally healthy and yet scoring low on the levels of well-being indicates how all of us as individuals have mental needs and therefore it can be less alienating or threatening by making mental health a space that consists of not only distressing but also flourishing experiences (Uphill et al., 2016). Thus, the conceptualisation and assessment of mental health in athletes, based in Keyes' two-continua model, but drawing on athletes' experiences, provides a realistic connection between the theory and practice (Uphill et al., 2016). In sum, the continua model of mental health provides a space to approach the full spectrum of athletes' mental health. This in turn would help provide a complete understanding of the antecedent and consequences of athletes' mental health (Uphill et al., 2016)

Psychological Demands of Sport

At the international level of competition, pressures are unavoidable for athletes because of the high physical and performance demands (Lew & Wong, 2021). Elite athletes are known for their positive mental attributes of resilience, focus, confidence, and composure

while forgetting that like any other individual they are equally vulnerable to a number of mental health issues (Larkin, 2017). The unique aspect of a sporting career for an athlete are the intense mental and physical demands, therefore making athletes vulnerable to mental health issues. Athletes operate in a highly complex social and organizational environment which can exert a major influence on them and their performances Arnold, & Fletcher, D. (2021). Workplace stressors for athletes can include dynamics in a group in team sports while being under public scrutiny through all sorts of media (Rice et al., 2016).

Stress

To any threat, stress is a natural response from the body, and is known to be a major contributor to depression and anxiety (Richards et al, 2016). Stress if prolonged and experienced at high levels can severely affect concentration, mood, cause irritability and disrupt sleep (Åkesdotter et al., 2020). Elite sporting career consists about around 600 different stressors for an athlete that could cause mental health issues (Gouttebarga et al., 2019). Along with strategies to balance the physical training, mental demands of the sport need to be supported for psychological well-being therefore becomes essential (Lew & Wong, 2021). Elite sports include numerous stressors like competitive (eg., selections, expectation of performance), organizational (jet lags and disturbed sleeping patterns because of travelling), and lastly personal (relationship issues, family conflicts, career transitions) which can lead to increase in mental distress in athletes (Rice et al., 2016).

Dr Heather Berlin rightly highlighted in a podcast (Nice, 2018) that exposure to major stressors for prolonged period of time can exasperate symptoms for mental health. Athletes may associate fear or anxiety to certain triggers which leads to secretion of certain hormones leading to cortisol responses resulting in how one responds psychologically to the stressors. Athletes are required to stay injury free and physically healthy, while giving best

performances to win, retain contracts and be injury free leading to pressures in the sporting environment. Additionally, athletes face loss of personal autonomy due to highly controlled pressurized training and competitive environments leading to feeling disempowered (Larkin, 2017). Depression might also be triggered in athletes due to major injuries (some that could lead to a career ending), ageing, retirement from sports, anxiety and competitive failures (Hughes & Leavey, 2012).

Issue of Injury & Performance

Injury, performance and mental health issues seem to have a very complex relationship (Reardon et al., 2019). In a study by Gulliver et al., (2012), performance was a big factor to mental health issues as the participants reported poor performance leading to depression and anxiety. However, the sources of pressure to perform were severalfold including themselves, the coach, families, and fans. Lew & Wong, (2021) also found that for the participants, the pressure to perform while trying to fulfil the expectations of others and themselves is a common phenomenon leading to stress in athletes. Stress however can lead to increase in self-consciousness, distractions or changes that can hamper with the performance and put an athlete at risk of an injury (Putukian, 2016).

Another stress coupled with poor performance is suffering injuries whether big or small. Injury has become one of the major reasons and a sport-specific risk factor leading to mental health concerns. Although, mental health concerns can arise any time before or after the injury, significant changes in activity levels and loss of an outlet to cope with stress due to injury can contribute to mental health issues (Haugen, 2022). For many years, injury has been found to curb the competitions and training of an athlete resulting in psychological adjustment (Schinke et al., 2018). Short and long-term injuries both have been associated with depression, sadness, and anger (Gulliver et al., 2012). Injuries for athletes leads to not

only added pressure of doing rehab and coming back to playing with enhanced performances but also feeling left out from team activities leading to a change in an athlete's feelings and behaviour (Gulliver et al., 2012).

Injury treatment however is a process that comprises of various phases from the nature of the injury, demographic injury, treatment choices, to social and environmental factors including support from the family, accessibility to a physiotherapist, the costs required for treatment and so on which can prove to be a stress for athletes (Schinke et al., 2018). The emotions experienced by an athlete during the entire process of injury treatment and rehabilitation can vary from temporary emotional difficulties to a mental health condition (Haugen, 2022). This makes it essential to focus on creating safe and respecting environments and cultures which supports the athletes' mental health along with physical rehabilitation from injuries (Haugen, 2022).

Mental Health in Sports

It was in Tokyo during the summer Olympics, 2021 that mental health was at the forefront at a global stage (Park, 2021). Sport superstars like Simone Biles and Katherine Nye acknowledged and recognized their struggles at a world stage (Park, 2021). Participating at the Olympic Games represents a culmination of years of hard work and training and for many a lifetime dream. Despite the dream of participating in Olympic games and the expected fulfilment with the same, athletes do experience the negative of the dream of playing in Olympics becoming a nightmare through media intrusion, internal conflict, failure to meet the expectations of others and oneself (Bradshaw et al., 2021). Sports is very demanding on athletes because of the training schedules, strength sessions, injuries, rehab, and regular competitions can increase the susceptibility of an athlete to mental health problems (Rice et al., 2016). Athletes are often put on a spotlight during competitions leading to a great deal of

expectations and pressure. Whether a loss, a win, an injury or pain, an athlete needs to be ready game after game to perform at their best which requires not only physical but mental perseverance as well.

Research shows that symptoms of mental health concerns and disorders are frequent in elite athletes (Gouttebarga et al., 2019). These symptoms include, distress, sleep disturbances, depression, anxiety, eating disorders, and alcohol misuse. In a sample of elite athletes in Sweden, (Åkesdotter et al., 2020) found that depression and eating disorders were the most frequently reported mental health concerns. In the same study, the authors also found the lifetime prevalence of mental health concerns to be 51.7% wherein, 50% of the onsets of mental health concerns developed between 17-21 years of age. A study aimed at investigating the prevalence of symptoms of common mental disorders (CMD) in professional football (soccer) players across five European countries (Gouttebarga et al., 2015). The authors found that the highest prevalence for anxiety and depression (43%) and adverse nutrition behaviour (74%) was in Norway, while Spain recorded the greatest number of sleep disturbances (33%). Sweden recorded highest in distress (18%) and adverse alcohol behaviour (17%) was the highest in Finland (Gouttebarga et al., 2015). In a sample of professional rugby league players in UK, 14.2% of the players showed some signs of depression while 32.6% recorded anxiety symptoms beyond a normal level (Nicholls et al., 2020). In Danish elite athletes, the prevalence of anxiety symptoms was found to be 13.9% and 21.1% for moderate to severe depressive symptoms (Kuettel et al., 2021). Foskett and Longstaff (2018) found that almost half of the elite athletes recruited for their study were found to show signs of anxiety and/or depression whereas around a quarter of the recruited elite athletes showed signs of distress.

As rightly mentioned by Krista Van Slingerland (co-founder of the Canadian institute of Mental Health in Sports) in a podcast (Nice, 2018), the field or culture of sports is not yet ready to support the mental health of athletes in sports as even her own mental health

experiences were not well received as a varsity athlete. The speaker mentioned co-founding the Canadian Institute of mental health in sports due to her own personal experiences as she defined mental health akin to diabetes - it is hard to go back without it and a person may end up in recovery for the rest of their lives. Stories like those of many professional athletes (e.g., Michael Phelps, Serena Williams, and Royce White) help highlight the urgency of a system, introducing policies, and generating an overall awareness and talking more about mental health to support the mental health of athletes (Gleeson, 2021).

Barriers to seeking help for Mental Health

The strongest barrier known to seeking help in elite athletes for mental health issues is the stigma attached to mental health symptoms and disorders (Castaldelli-Maia et al., 2019; Gulliver et al., 2012; Hughes & Leavey, 2012; Lew & Wong, 2021). Symptoms of mental health or disorders are considered as a sign of 'weakness' by elite athletes, in a world where they are supposed to be 'strong' (Castaldelli-Maia et al., 2019; Larkin, 2017). Stigma endorsed by the general public and the players themselves leads to athletes not reaching out for help for mental health (Castaldelli-Maia et al., 2019; Purcell et al., 2019). Additionally, a lack of knowledge and awareness about mental health issues and disorders makes it harder for athletes to address the concerns (Castaldelli-Maia et al., 2019). In a study by Lew & Wong (2021), participants highlighted being labelled and discriminated after sharing their mental health issues with their management team, after which athletes were asked to not fake it and just try to overcome how they felt which made the athletes feel worse than before by sharing their situation with others.

Seeking help for mental health concerns is an essential step toward having appropriate support to improve social outcomes in athletes. Non-help seeking behaviours can be a result of having less knowledge of where to seek help for mental health issues (Kola-Palmer et al.,

2020). Additionally, lack of confidence and trust by the athletes in the service providers is another barrier (Kola-Palmer et al., 2020). Confidence is necessary for building trustworthy relationships where athletes feel safe sharing what they experience. In the world of professional sports, information about an athlete is passed between the medical staff and the coaches (for the good of an athlete). However, elite athletes may fear that sharing their mental health concerns could lead to negative reactions from teammates and the coaches leading to impact their chances of having a successful career in sports.

In sports, where the focus is majorly placed on winning and competing, athletes can be perceived as superhumans (Souter et al., 2018). This could potentially impact their emotional well-being and mental health being overlooked (Souter et al., 2018). Gender stereotyping is a reason why male athletes might refrain from seeking help as being a ‘male athlete’ they need to look strong even if they might be struggling (Lew & Wong, 2021). Lack of mental health literacy along with time constraints, busy schedules and negative past experiences while trying to seek help have been reported as other barriers to seeking help with mental health issue (Castaldelli-Maia et al., 2019; Reardon et al., 2019).

Mental Health in Sports in India

Mental Health in India does not seem to be considered important in sports. Discussing or talking about one’s mental health has long been a struggle in the Indian Sporting context. Struggles of elite athletes with mental health have not been well received. Vinesh Phogat (Indian Olympic wrestler) in her interview with ESPN (2021), revealed that she was diagnosed with depression in 2019 and that she has had problem sleeping well since then. In regard to her recent experience and loss in Olympics in Tokyo, 2020, she said “Now, I find it difficult to cry. I have zero mental strength right now. Like they did not even let me regret my loss. Everyone was ready with their knives” (ESPN, 2021, para 8). In her interview with

ESPN (2021) she added that it is a very big challenge to be able to address mental health issues for Indian athletes and speaking up about mental health is tough in an environment that does not support it.

Another example in the Indian context is Robin Uthappa, a professional cricket player in India shared spending days curled up in his bed where even earning millions through sports did not help his depression. He often committed suicide attempts where he mentioned running up to his balcony and considering jumping off (Chanda & Thaker, 2021). Uthappa recalls being told to manage how he was feeling and focus on the game with no consideration from anyone to his deteriorating health in India. Handful such stories of athletes that have come out with their mental health struggles as a sportsperson call for action and attention to the lost cause in the greater society of sport where athletes are humans as well is often forgotten.

As a player, it is hard and stressful to always be ready for a game after a game and then another one after that. An athlete after losing a game is required to pull it all together, start training again from the next day and be ready for the next game within 48 to 72 hours. At times it has proved to be overwhelming, lose out on focus, be exhausted, lose motivation, be stressed and anxious about the upcoming game (Hughes & Leavey, 2012; Larkin, 2017). Additionally, muscle pain, injuries, rehab sessions, strength sessions, treatment with the physiotherapist can prove to be additional stressors. Therefore, it becomes necessary to understand the various factors at play that influence the mental health of an athlete. India, is a very diverse country in its food, culture, languages, ethnicities, and religion. When athletes seem to come together for the nation, they come from different backgrounds to share the same food, speak the same language, follow the same schedule while working towards a single goal. Being put right out of the comfort zone can be stressful and anxiety provoking to try and fit in the team for a few players. Culture along with the stigma that highlights athletes

as tough fails to recognize or accept the prevalence of mental illness in athletes just as much as general population (Uphill et al., 2016)

There is a big gap that exists within the field of sports and mental health of athletes, which makes it essential to understand the two as a whole. Studies that explore and talk about the experiences of athletes at any level are very scarce. In a similar effort, Lew & Wong (2021), conducted an exploratory study in Malaysia to understand the mental health experiences of elite athletes. In the study, the participants came from a variety of religions and ethnicities. Malaysia, a Southeast Asian country, is a multicultural society like India where discussion and understanding mental health of athletes has not been at the forefront. In the first of many studies, Lew & Wong (2021) found that many factors and stressors (life-related issues, performance expectation, sporting environment, media etc) influence the prevalence of mental health symptoms in elite athletes. Majority of the participants in the study acknowledged the importance of having to create awareness around mental health in athletes, conducting relevant research, and bridging theoretical to the applied practice of sports psychology in sports. This helps identify the importance and the need to understand the mental health of athletes in the Indian context. Since long, mental health has been considered a taboo and not important in sports. Players have been struggling in silence, while some who came out in the media, received a backlash from the fans, coaches, and the people in general. Therefore, it is necessary to talk about the human behind the athlete and what all needs to be endured by a human being in an environment that is very demanding and competitive not only just physically, but mentally as well.

Rationale and Purpose

As discussed above, mental health is of utmost importance because of the demands that are placed on athletes in sports in trainings, competitions, rehabs, and recovery. The concept

of mental health however is still very stigmatized and not at the forefront especially in the field of sport (Rice et al., 2016). Therefore, it is essential to understand the experiences of athletes for a better understanding to address the situation with mental health in sports. India as a country is still far behind in terms of addressing and discussing the importance of mental health in the society because of its wide stigmatization. People consider of reaching out to a psychologist for help as having a ‘problem’ which is associated with the impact on an athlete’s ‘image’ (Thakkar, 2019). The lack of data or research in the field of mental health in sports in India makes it hard to address the situation at hand and bring about changes for supporting the psychological well-being of athletes. India is a country that is very diverse in its languages, food, culture, and religions. Soccer being a team sport, calls for players from across the country from different backgrounds who are expected to share the same food, language, clothing while working toward a common goal. Hence, experiences for individual can be very different which can have an impact on the mental health of the athlete. Additionally, the pressure and expectations to perform well and earn the position in the squad and then playing 11 can be an added layer of stress. This makes it essential to have an overall understanding of the possible variables affecting an experience of an individual athlete.

Therefore, the gap between the field of sports and mental health is wide and has not been addressed and understood. The study would aim to develop an understanding of how mental health is perceived by elite athletes in India. Thus, the purpose of this study is going to be to conduct an exploratory study looking at the perceptions and experiences of mental health of the elite male soccer players in India to map the current situation eventually leading to social change.

Chapter 3: Methods

In relation to the exploration of mental health perceptions and experiences of elite soccer players in India, this study followed the Humanist Interpretive Paradigm. This research paradigm assumes a relativist ontology which means that an individual develops multiple meanings of reality based on their social world, a subjective and interactive epistemology meaning that both the researcher and participants are involved in the production of knowledge, and a qualitative methodology (Markula & Silk, 2011). Since the aim of the study was to map the situation on mental health in sports in India, the interpretive paradigm was helpful to understand how athletes make meanings of mental health in India. The untapped experiences and perceptions about mental health were then understood in depth in a professional sport setting. Therefore, the interpretive paradigm was best suitable for a study like this to answer the above-mentioned research question. The interpretive paradigm served as the overarching set of beliefs to guide this research and explore the perceptions as well as experiences with mental health in the elite soccer players in India. The advantage to undertake this study within the humanist interpretive paradigm helped me understand the current scenario while being able to understand the authentic, lived experiences of athletes within the team and sport.

Insider Perspective

I started playing for the country as a 13-year-old and through all the age categories, made my debut for the senior national team in 2016. Having been a part of the National Team, I have realized the need of having support for my mental health along with my physical injuries. With many travels, injuries, demanding schedules, some lost games, I have felt the stress and mental distress that comes with it being an elite athlete. I have had days, where my nerves got the best of me leading to poor decision making on the field. In days like

those, I felt and understood the need of having a sports psychologist, or someone to talk. As a women's national football (soccer) team, we have had a long journey of ups and downs.

Therefore, my position as a researcher would consist of an insider's perspective to the situations and current scenario around mental health in sports which can influence the meaning making process. Having an insiders perspective would help me place myself in the research for a deeper understanding of the situation, while being completely accepted by the participants for them to feel comfortable to share their experiences (Dwyer & Buckle, 2009).

Participants

The participants comprised of the current elite soccer players. Six elite soccer players were recruited based on convenience sampling and snowball sampling to make participants for this study. Convenience sampling means selecting participants based on convenience for the study. Snowball sampling refers to asking the first few participants for more participants who would be interested in participating for the study to make the sample bigger (Markula & Silk, 2011) wherein athletes were also recruited through recommendations from the current study participants. Elite soccer players who are currently playing for either the national team or in the top tier of the national professional league and are above 18 years of age were recruited to participate. Participants were informed about the study and following to that, on their approval, a consent was taken from them. The first six approvals then became the participants in the study. However, to protect the participants from any issues from the federation or media, pseudonyms were used for every participant so that any shared information cannot be traced back to the participant.

Table 1

Participant characteristics

Identifier	Gender
Participant 1	Female
Participant 2	Female
Participant 3	Male
Participant 4	Female
Participant 5	Male
Participant 6	Male

Data Collection

Firstly, an approval was sought from the Research Ethics Board 1 from University of Manitoba. Following the approval, an informed consent (see appendix B) was shared with the participants detailing all the required information about this study. After obtaining the informed consent from the participants, the participants were approached to schedule a day and time for the interview. A zoom link from the University of Manitoba account was then shared for the participants to conduct the interviews. Semi – structured interviews with open – ended questions were used as the method to collect the data from the participants. This method allowed to gain a deeper understanding of the experiences of the participants, as it was possible to tailor to the interviewee while being consistent with the paradigmatic stance of this study (Markula & Silk, 2011). The interviews were then audio recorded. The recordings were further transcribed verbatim to help with the process of analysis. The audio recordings and transcriptions were uploaded on OneDrive through the University of Manitoba account. The interview guide (see appendix C) for this study was developed based on the existing literature from other countries and the MHC-SF questionnaire as a source for collecting data from athletes in India. Probes were used wherever necessary to understand the individual experiences better. Sample questions include: what does being mentally healthy

mean to you? How important is mental health for you as an athlete? What kind of stressors do you face as an elite athlete? Tell me about an experience that mentally challenged you to grow and/or become better.

Data Analysis

A six – step process of inductive thematic analysis (Braun & Clark, 2006) was used as the method to analyse the data in this study. It provided the flexibility while remaining consistent with my paradigmatic stance. The transcribed verbatim was read repeatedly and thoroughly for familiarization with the data while examining every transcript individually. The process of inductive thematic analysis allowed for the themes to emerge from the data collected independent of any pre – defined framework. The themes were then helpful in gaining an understanding of how mental health is perceived in India. Thematic Analysis as an approach is very accessible for a novice researcher like myself, which helped me get the best out of the data for understanding my research question (Nowell et al., 2017).

The six phases to the inductive thematic analysis process provided by Braun and Clarke (2006) begins with familiarization with the data collected. This stage involved transcribing the interviews and reading through the transcripts repeatedly while developing initial ideas. The second step of coding included coming up with initial codes and organize the data within these codes. This was a repetitive process wherein the codes and the data were moved around continuously until they could be categorized within main, first and second order themes. Next, after consulting my advisor affiliated with this study, the themes and codes were repeatedly visited to revise the themes and codes to best reflect the data. In the fourth step, the themes were reviewed and cross referenced to the data set in its entirety to develop a thematic map (see Appendix E). Following this step, the themes generated were refined and

clarified to further select and analyse the excerpts from the data to clearly write and reflect the research question of this study.

Quality Criteria

The quality of this qualitative study was ensured by following through the six criteria by Zitomer & Goodwin (2014). *Reflexivity* of a qualitative research ensures that the researcher is aware about their integral part, while reflecting on the personal biases and being able to articulate the theoretical position and the assumptions held (Zitomer & Goodwin, 2014). This component was achieved in the study by being conscious about my role as a researcher in the study and maintain a reflective journal throughout for keeping notes of my assumptions and experiences emerging through the study. My understanding of the elite football (soccer) players in India came from my own experiences. Being a part of the Indian National Women's Soccer Team helped me construct assumptions about what the lived experiences of the participants would encompass. As noted in my reflexive journal, I had doubts beginning my research as I was not sure if participants would openly talk to me after a few athletes did not approve to be a part of this study:

I don't know if I should have chosen any other target population or place. I am not sure if the football players in India would openly talk to me or would feel like talking about their mental health experiences in general with me. This will be something new for the players to discuss and have a conversation on. Being a part of Indian Football, I know and have seen players struggle mentally, and as is the purpose of this research, I need to understand the perceptions and experiences of the players who would voluntarily agree to be a part of this study.

Keeping a reflexive journal made me realize how I was thinking and assuming the interactions with the players before they had even happened and how it would potentially

influence the process of data collection. As I started conducting interviews, I started to embrace the unique and different perceptions and stories of each participant:

I feel good, I am glad I chose to do this research. One of the participants at the end of their interview shared how even they did not know they had so much in them to share and talk about, and they felt so much lighter and nicer after having the conversation. I expected the players to be shy of this topic, but that was not the case.

This helped me as a researcher to understand my position while being able to reflect on my motives and personal experiences of the research.

The *credibility* of a research project refers to the true essence of the phenomenon being studied at hand being reflected through the description and interpretations of the experiences shared by the participants. This component was achieved through engagement in the environment being studied for a longer period. As I am already a member of the Indian National Women's Soccer Team, it was easier for me to better interpret the meaning of the experiences being shared because of the familiarity with the norms, language, and the environment in general. Additionally, member checking was assured by providing the participants with the transcripts to provide them with an opportunity to clear any misinterpretations or doubts. The readers will be made to feel a part of the whole experience through the thick description providing abundant and concrete details. This study would also have *significant contribution* since this study will be the first of many highlighting the experiences and perceptions of athletes on mental health. This study will help open the discussion and create awareness about mental health in sports eventually helping the sport psychologists, sport associations, stakeholders etc., understand and extend on the knowledge. *Ethical guidelines* were ensured throughout the study to protect the participants and ensure the morals and the values. For the same, ethical approval was sought from the Research

Ethics Board prior to conducting this research. The participants were informed about the study and a consent was sought for the same giving the participants the freedom to withdraw whenever they feel like it. Pseudonyms were used to represent the participants and the information shared by the athletes involved in the study was kept completely confidential with only access to the primary investigator, and the advisor. Lastly, the study was inspired by the epistemological demands and was guided through the paradigmatic stance of the study.

Chapter 4: Results

Two main themes describing perceptions about and experiences with mental health of the current elite soccer players in India emerged from the data. These include: (1) Mental health, and (2) Challenges of being an athlete. The first main theme portrays the understanding, importance of mental health, the stigma attached to it, and slight differences for men and women according to athletes. The second main theme describes the various stressors faced by athletes leading to mental health concerns. Emerging themes are presented in Table 2 and further described in detail in the following sections.

Table 2

Emerging Themes

Main Themes	First order sub-themes	Second order sub-themes
Mental health	a) The mental health mindset	<ul style="list-style-type: none"> i. Being positive and strong ii. Need to engage in other activities
	b) Importance of mental health	<ul style="list-style-type: none"> i. More important than physical strength ii. “Game is played with mind and not your body”
	c) Differences for men and women related to mental health	<ul style="list-style-type: none"> i. “A man never feels pain” ii. We don’t get paid enough
	d) Stigma of mental health	<ul style="list-style-type: none"> i. Nobody talks about it ii. It’s not easy sharing how you feel iii. I deal with it myself
	e) Mental health awareness and supports	<ul style="list-style-type: none"> i. Creating awareness through sessions ii. Sports psychologists
Challenges of being an athlete	a) Managing and dealing with injuries	<ul style="list-style-type: none"> i. It’s a challenge ii. Feelings of isolation and depression
	b) Pressure to perform	<ul style="list-style-type: none"> i. I must be consistent ii. Self- expectations

		iii. Fans
	c) Pressures outside of field	i. Less support from family
	d) Impact of Covid 19	i. Being only in the room ii. It was very monotonous iii. Being withdrawn from AFC Asian cup

Mental Health

Participants shared their understanding of what being mentally healthy means to them as an athlete. This theme expands on how the participants consider mental health to be a mindset and the importance of that mindset being an athlete. The elements of this theme are further portrayed in five first order sub-themes: a) the mental health mindset, b) importance of mental health, and c) differences for men and women related to mental health, d) stigma of mental health, and e) mental health awareness and supports.

The mental health mindset

Mental health according to all participants was about having a strong and positive mindset which could also be developed by engaging in other activities except for just football. In this first order sub-theme, mental health is depicted by: i) being positive and strong, and ii) need to engage in other activities.

Being positive and strong. Many participants expressed that being mentally healthy meant having a positive and strong approach to every situation. One of the participants shared how she considers herself a negative person, so it was important for her to be positive to be mentally healthy:

Mental health for me is just being positive, being optimistic about things. And because I'm like a very negative person, because I just look at all the negative aspects and everything, and for me being mentally healthy is being positive about things (P1).

Another participant shared a similar opinion wherein it was important to be strong and to have confidence in dealing with every situation that one is faced with:

Mental health is like you have to be strong, like whatever comes to you, you have to deal with it. Whatever comes, whatever situation you have to deal with it, right? So mental health is basically I, I feel like maybe your confidence. How you deal with your problems and all. If you're very confident, then your mental health is like, too strong so dealing with the problems in a good way, in a confidence way define your mental health (P2).

One of the participants also shared the feeling of being free from stress in situations and being positive so that you can perform as being mentally healthy:

Mental health is like to be free from uhhhh like I am stress-free. Like yeah. Always like seeing in a positive way and being mentally strong. It is important as an athlete to perform in the pitch, on the pitch and off the pitch as well. Because if you are not, if you are not positive about, if you're not, if you are stressed, you cannot perform. If you are mentally disturbed with something like you're not being able to perform in the pitch and off the pitch as well like that (P4).

It was a common opinion between participants that being positive and strong helped them feel mentally healthy and do better as athletes.

Need to engage in other activities. Some participants described the need to try different things and get oneself engaged to be mentally healthy. One of the participants

shared that “you need to get yourself engaged, you need to explore more so that you have that vast knowledge of things which are there, which you have to face in the future”. Therefore, participants considered it important to not just be focused on football all the time as one of the participants shared:

If I need to be mentally healthy, you know, I need to have few things apart from football that I can get myself engage into. Whether it's my workout. or I'm watching something. You know, whether I'm hanging out with my friends. Because if I'm doing different kinds of things that I think I will learn, many things. I will be engaged into something I wouldn't be free. Like I'm not sitting idle and thinking because I think it's a human nature. If you're alone sitting, doing nothing, your brain is working and thinking something else. It might be negative, it might be positive. But it will think, it will start thinking something or the other. And I think that's good for the body. I think a person needs to be engaged or he needs in order to get involved with things. Obviously, when you are young, some people are shy, some are really super active. But if you, you know, you need, if you want to be mentally strong, you need to try different things (P3).

Another participant shared their challenge with mental health on being faced with a very severe injury in their career, but what helped him feel better and start enjoying the rehab process was doing other things rather than focusing on just football and not being able to play:

So those first days, what I did was, I built a wall basically in front of me. I don't want to talk to anyone. I also remember not speaking to my parents for straight two days. Then I started talking to parents and to tell them, Okay, Let's come let's watch movies together. Let's spend some time together, Let's play something. Like after 7 to ten days

when I started talking to my parents and I started calling my friends it sort of helped me to come back into humans again and to connect with them. And then I started reading some books. So, I was like, Okay, I started reading them, but till now, I'm not fond of books, but it does help me. So, I was like okay, slowly I will have to make it a habit, so that's what eventually helped me out, you know, reading books. I started going on net, started learning some new things. I started reading some new things about things I've never read about because of football, or I started doing things which I couldn't do because I couldn't get time because of football. I started doing those things (P5).

Importance of mental health

The participants emphasized mental health being very important for them as athletes. According to the participants, it was not only about physical strength, but they emphasized mental health being more important and the impact one's mentality has on the performance. One participant mentioned how mentality is something that could either destroy or make a player:

For every time he (Cristiano Ronaldo) has a challenge, like he's gone to the other club, scored goals. So, it's kind of I, I probably gave his example only on mental uh, mentality thing. Then there are many players like LeBron James, he is also too good in that. In sports it's particularly very important in many, I've seen many people getting destroyed and many people, many, many. What do you say? Very good athletes getting destroyed because of getting down in mentality. It's a very big point in sport, basically. Yeah (P6).

This first order sub-theme is further portrayed in two second order subtheme: i) more important than physical strength, and ii) "game is played with your mind and not your body".

More important than physical strength. Football was more mental than physical for participants as one of the participants expressed “it (mental health) is actually very important. So, I think of football for me, it’s been like it is like, you know, 80% mental and I think 20%, the rest is the game, that it is 80 per cent mental (P1).” Participants emphasized the importance of mental strength over physical strength and the impact it can have on performance as one of the participants shared:

I would say that mental strength is more important than physical strength. People should give a mental fitness or that aspect more weightage than physical. Because at the end of the day, like thoughts are created here. Yeah, those thoughts are the one who can put you down or pull you up. So, I think, I think it is, for me, it is more important than physical fitness we can say that. If the physical strength is up, but your mental strength is not up to that level. There will be certain times where, you know, mental strength, you need that mental strength more to push you than the physical strength. And what I think is, physical strength has certain boundaries. But mental strength doesn't have any boundaries is what I believe (P5).

Another participant shared a similar opinion of mental strength being more important than physical strength as it is not always possible for an athlete to be completely ready physically, but one’s mentality can help push:

Yeah, so mental health is important because it's not about physical every time it's likely that is what I'm trying to say. Talk a lot about physical because not every time we can get a fresh like I'm getting up, I'm just going to run. It's all, it's all about mentality also. How do you want to change it and how do you want yourself to be into that thing? Like being like Cristiano, like he's playing for like 30 30, 37 years old he is now? For every

time he has a challenge, like he's gone to the other club, scored goals. So, it's kind of I, I probably gave his example only on mental uh, mentality thing (P6).

“Game is played with your mind and not your body”. Participants shared that it was essential for them to be mentally ready, and strong to perform better and play the game more than being physically ready. A participant shared: “At each stage, I've met experienced players and experienced people in life, who have always emphasized on the mental side of the game. if I were to summarize it all, summary, everyone's got the same tagline, that you don't play the game with your hand or feet but with your mind. It might be any game” (P5). Another participant shared how a game could be won or lost depending on one's mental strength:

In football, I've learned that if you want to win, it's not just about playing football or it's not about scoring the first goal. You might be losing 2-0 in the 85th minute. But if you're not mentally strong, if you're not mentally stable and if you're not in the right place at the right time in those 90 mins, you will lose it. You will lose. You can lose a game in the first minute and you're going to win a game in the 92nd minute as well. It's football. And I have seen that have been there. And that's what many players do. They lose hope when they concede a goal, and they just give up. If you give up in the first minute. And you're not, it's not just that you can't score, or you can't overcome those, you can't score more goals. It's not, it's not that, it's that they're not mentally strong. And if you're not mentally strong, you're not mentally stable in that position. They're not there in the game for those 90 mins. I think that is very important because I've faced that. I've seen that many players doing it (P3).

One of the participants shared that even though their body did not allow them to push or was very sore, they were able to train through a session by convincing their mind, which allowed them to forget about the pain and feel fresh:

Every time I don't know, even in training or anything, anything happens, for example if today was like a hardcore session and tomorrow during warm-up, I can't, I'm not able to lift my legs in the warm-up. For everyone it's like that. But then this is this is the one sentence helped me a lot. That it's just in your mind. Yeah. I mean, I say to myself, like I'm completely new. I get some like again, fresh to go. Like I will run 13 kms now. So, it's like that. I emphasize this this phrase a lot, that it's all in here (P5).

Differences for men and women related to mental health

There were a few differences with mental health experiences when it came to men and women. This first order sub-theme highlights mental health experiences unique to male and female athletes which is further divided into two second order sub-themes: i) “a man never feels pain”, and ii) we don't get paid enough.

“A man never feels pain”. Male participants shared how they were asked to act strong because they were a man. One of the participants highlighted being told that it was all in their head, and that they should just get it out of their head:

What my experiences is like you have that proverb in hindi right ‘mard ko kabhi dard nahi hota’ (a man never feels pain). It's like that, I am a strong man. Or you have, or you have been told that no no, you are strong, there's nothing like that, it's all in your head only, take it out from your head. And then, yeah, if you don't have a right person to talk to or if you don't have any right company with whom you can speak about this, obviously, it will land you in trouble (P5).

One of the participants also shared that he could not let himself get affected just because he was a man. He shared how often people forgot the human behind the athlete:

I was even at one point where I was like, what is all this. I'm a man, I don't get affected by all of this. But when I gave it a thought, I was like, no, this is completely something different. This has a power which can take you from here to here in no time. That only is the thing you know, when people think know when an athlete, thinks that we're playing a sport or playing anything is just on-field and in the gym. There's nothing else beyond that. I think that's where they that's where they do a big mistake (P6).

It was a shared perception that being a male athlete you need to be strong. This often led to forgetting the human behind the athlete, which made it hard for the male athletes to share how they were feeling.

We don't get paid enough. This stressor was only shared by the majority of women athletes in the study. The participants expressed that apart from just playing football, they had to also work to make a living. One of the participants shared that it is not easy to play football and then come back to work:

But apart from football, we have to think about our like, the job, and all everything.

Yeah. It's also like it is not easy to get to do like playing football with a good mentality and coming back to the work, like to get in the office with all the people who like it is very like challenging for a person. You have to do it to make a living. Financially.

Yeah. Because in women's football. If you talk about in India, for India like we don't get paid much. So, we have to think about the job apart from football to get a different job (P4).

One of the participants shared that it is at times mentally disturbing to not be paid enough and look for jobs apart from the sport:

I think in a worldwide only like the woman's footballer are like not being paid that much for that every footballer have to go to do a job and all everything with a part-time job and everything. I have seen a lot of players like that. That is also mentally disturbing thing for as an athlete (P2).

Additionally, participants also expressed facing the pressure to get back to being fit after the camp due to having a job. For the participant it was a struggle to stay fit, as there wouldn't even be access to a good field:

When after that, if you are after coming from the camp, you have to be fit for the next camp, you know. But when you are doing a job and you don't have good field, when you are doing a lot of things going on. It's like pressure for me to be able to get back to it (P4).

It was a stressor shared by female athletes to be able to play as a professional athlete with a hectic schedule, along with having a job to make a living.

Stigma of mental health

According to the participants the biggest barrier to mental health in sports, or mental health in general was the lack of awareness about it. It was a common opinion amongst the participants that mental health concerns were not big of a deal and the feeling would just get better with time. One of the participants expressed: “there is a stigma in our society when we talk about mental health. And it is because maybe people are not aware about it. Maybe not like, yeah aware about the fact that there's something like mental health. They just think like if you are depressed or anything, you are just it's just it's not a big deal. It's just okay. You know you are just sad. It's fine. You get better. After a while, so that's there (P1)”. Stigma to mental health is depicted by i) nobody talks about it, ii) it's not easy sharing how you feel, and iii) I deal with it myself.

Nobody talks about it. Since there seems to be a lack of awareness when it comes to mental health, participants expressed their difficulty in being able to talk about or share how they felt. One of the participants shared that because people around never talked about mental health, it was concept often laughed at and taken as a joke:

If you will go and talk about these things to other players. They might laugh. They might think that you are joking, what is mental health. What is a panic attack? What is all this? Because they don't have that knowledge of things that they were not aware of because they don't know they don't have any idea about it. It's not that, you know, that they're not educated. It's that people around them never talked about it. They never had that idea (P3).

Another participant shared a similar opinion emphasizing the importance to be mature enough to discuss and talk about mental health as people consider it as nothing:

Like people are not mature enough about this topic, I think. Because like if I come to you and you'll be like yeah, it's nothing, that's it. This keep happening and stuff. But you don't know what is a person going internally through this like if you're not playing, if you are injured every time, you are building like a big burden on yourself, that what am I doing over here, it's like coming through a very negative thing. And that is what I'm telling you people get, and I've seen many, many, many good players getting, getting down and leaving this sport because of all this. So, we still have to be mature for this topic, I think (P6).

Additionally, often mental health is tagged as having a 'problem', as athletes are supposed to portray themselves as strong which results in not addressing it. The participant expressed feeling peer pressure to not being able to address mental health concerns:

I still feel that players or anyone in life, they're very ashamed to touch this topic. Because they feel that people would say that if this is there, then you have a 'problem'. Coaches from previous generations, they have installed in us that nothing like mental health exists. They're also not wrong because this is the new modern study or the research which is bringing up all these things that time was not like that. So, I think if all these things are leading to a certain problem, example, physically you feel problem, what do you do? You go to a physio or go to some doctor. But the one part that actually carries most of the weight of the body, when there is a problem, then we brush it off like it's okay. It's like you keep on ignoring them. And it gets piled up. And when it gets piled up, it bursts. I've also seen people don't address this because of peer pressure, that what would he say or think of me. That is the worst thing I've seen this why people don't address this mental issue (P5).

Participants understood the importance of addressing mental health issues and the impact it has. But they did not find it easy to talk about it or discuss it with people around them.

It's not easy sharing how you feel. Since the stigma, participants expressed difficulty in being able to trust the other person with their feelings. Having to deal with emotions and feelings by oneself was often shared in the interviews by the participants. One of the participants said:

It's difficult to share your things and it's very difficult for the person to trust someone. To share the things. That's why the society and all this, all the things that are happening in India too much. They can't get over it, what they have gone on, what they're feeling like. I don't think that mental health is like someone is doing something for it. But we should do it. I feel like now I'm just like we're just having a conversation about it (P4).

Another participant shared a very similar opinion wherein they expressed the lack of trust in people to share what they were feeling because it would sometimes end up in media, leading to backlash and unacceptance:

It's like mental health is like you have to be very strong by your own. You can't trust anyone in that because if you're sharing something also, you can't trust. I feel like that because a lot of athletes have faced that. They have told something and it's coming to the media and all like that (P2).

This is often the case as we are still learning to accept the concept of mental health as a larger society. Additionally, athletes are often by themselves away from their families and friends, which makes it even harder to be able to share what somebody is feeling with others. It makes it hard to know how the other person would react or say. A participant said "it's tough, to be honest. It's very tough when you're alone, when you don't have friends. Especially when you don't have that close circle of yours. It's really tough, you can't share it with anyone, you know, you can't discuss it with anyone because you don't know how the other person is feeling, what he's thinking. So, it's really tough" (P3). Therefore, the stigma is a barrier that prevents the participants to reach out and seek help:

Stigma is attached. Like if someone needs help, like when he or she is not really well, if he want, he needed help. But because of all the like, if she if he or she looked around like, his company and because of all the people didn't hear you because he would keep wondering what they would call or say to him, he will not be able to get help. You know. And and I feel in India, this happens a lot of the times and it keeps happening (P4).

As it was hard for the participants to reach out and share what they were feeling, they often found themselves managing their emotions and feelings themselves or sometimes, they

did not do anything about it because they did not understand what they were exactly experiencing. One of the participants shared “I mean, like it hasn't been recently but like when I was when I was younger, like very young, like I will not talk about it. I would not give details about it, but yeah, there were there were times where I like I was feeling very helpless, but I think it was just like as time passed is just came down because maybe I did not know if it was actually, if there was actually a problem with me. I didn't know that I actually felt unhealthy or anything. So maybe it was okay” (P1).

I deal with it myself. Due to the stigma attached to the concept of mental health, participants shared how they often managed their mental health. One of the participants expressed meditating, as they did not know what else to do: “When it's too bad. I just, you know, just meditate because I cannot do anything, and I don't know what to do. So, I just meditate and maybe talk to people, talk it out and talk about it. And yeah, maybe yeah, because I'm very bad at managing that thing on my own, so I just do that” (P1). Whereas, for another participant, they preferred smiling through the situations, or letting it all out by themselves to feel better:

But the thing I like personally, I think like I go through in every situation I go through with a smile. I don't know why, I don't know how come, but it just comes like I just deal with everything in a smile but somewhere in a corner. I do cry. Like to just like just like let it all out. So sometimes I like sitting in a corner and talking to yourself and just cry it out, whatever. So, I think like like, like this, I prefer, I prefer doing this (P2).

One of the participants mentioned reflecting on why they started playing football to make themselves believe in their own abilities:

But when I'm alone in my room and I don't have anyone to talk to. I don't have anyone to discuss with. It is frustrating that what do I need to do, what can I do? But there

comes a point where I keep telling myself, you know, it will be worth it. It's just a matter of time. This will also pass. It's just that you need to believe in yourself, why you came here. For whom are you working hard for? And I will get that reward (P3).

Mental health awareness and supports

Participants shared what could be done better according to them to better support the mental health of athletes. Participants shared the need to talk more about mental health and address the concern. As people are not as aware about mental health, participants said that awareness could be created by talking more and more about mental health or having a specialist along with the teams. This first order sub-theme is further divided into two second order sub-themes: i) creating awareness through sessions, and ii) sports psychologist.

Creating awareness through sessions. Participants expressed the need to have sessions and talks with all the players to make everyone aware about mental health. It was a common opinion between the participants that people need to start talking more about mental health so that there is more awareness. One of the participants stressed upon the importance of talking about our emotions, and to do that it was vital to get everyone together and have talk sessions:

Maybe just, you know, have, have more people to talk about it and maybe just put it out there. Or maybe even in the national teams just maybe have like a, like a talk session. Like I said, maybe let people know this is important, like we need to talk about our emotions and that is more important too. I just want everyone to get aware of this thing. I had a teammate, she was very friendly, she was very active. She was fun, she was joking around. And then suddenly, like one day we get to know that she committed suicide, and I was like what, Yeah, so yeah, it was it was like very bad. So, people I

don't know they are just not aware about how big of a deal this is. And we need to talk about this (P1).

Another participant suggested having classes or sessions for all the players so that they can understand the importance of mental health as it would prove to be beneficial:

Like there should be people talking to you about all this, talking to you about mental health. And yeah, but like there's a there are people psychologists also like sitting and talking to you about all this. They can also help in many different ways. And yeah, like it should be a proper, proper, proper class for players, I think sometime because it's good for the players also and they can express themselves (P6).

Talk sessions are also essential because a lot of the times players don't know or understand what is happening to them. Players are not even encouraged to talk about how they are feeling, therefore one of the participants expressed the importance of creating awareness about mental health in players:

Like the people should know more about the mental health. That is what I am trying to say. And it's good that you read about all these topics and all people should be more aware about mental health in which people are going through like, particularly there's sport people which are in which they are going through. There are many things which they don't know, and which like they don't even tell them. It's like that. So, it's like, yeah, that should be more awareness about this (P6).

Additionally, there was a participant who said that the talk sessions could also be one on one along with sessions together as a team which would allow for discussions on simple things for example, how is one feeling:

Maybe have conversations like call everyone together and just speak about it. Maybe that would help. Talk about one-on-one conversation. Maybe. Like just ask them like,

what's going on? Is everything okay? Maybe just ask them like, you know, like, how are you doing? How were they on the pitch, maybe how you feel after a game. Are you like satisfied or happy or sad about it or anything like that. Maybe just talk about it. Just talk about it (P1).

Educating the players would help in learning and understanding the concept of mental health and bring it to the forefront as shared by the participants. Conversations about mental health are often ignored which leads to the need of having a sports psychologist with teams.

Sports psychologists. Participants expressed the importance of having a sports psychologist with the teams. One of the participants stressed the presence of having a sports psychologist as it could help:

In teams, there should be a person who can help what we call them like sports psychologists. That person should be there with the team. Or if the individual athletics like individual sport, there should be a person who can help, like regular classes of that for that. So that can help I feel (P2).

Another participant explained that not every time one can share everything with their family or friends, but they require a specialist to talk to, who can help. Therefore, it is vital to have a mental health specialist with athletes:

For as an athlete, like we really need if you are in some sports, you need mental health, mental health specialist, yeah. Whenever you are in whatever sport you are, whatever you do in life, like you really need a specialist in mental health. Because like some at some point, we couldn't share something with my partner, with my parents, with my sibling and all. It is something which we can share with someone who is specialized like with that, you know, who can solve all those problems by sharing with him or her. It is really, it is it will be difficult for the person to handle alone for that, because of that

lot of societal things that happened in India like all over the world as well. As an athlete like we need a lot of specialists in different sport for mental health, especially (P4).

A participant shared that while every club in sports seems to have different coaches for different needs, a nutritionist, and a physiotherapist for injuries, but still lacks the inclusion of a sport psychologist:

What I feel is every club, has a head coach, assistant coach, they have a goalkeeper coach. Nowadays, even in the league, and ISL they're keeping a nutritionist. You have a physio, you have doctors. Then I even I think, I think you should have someone in the team who works on the mental side or the psychological part of the players. So, what I tried to think is like if you put one person who will take care of your mental side, psychological side of your body. I think. Then it then it completes the full circle. Because right now, that is the only thing, only missing part of the puzzle (P5).

Especially for players who were playing in different cities in different clubs for an entire season, found themselves alone and by themselves. Therefore, a participant expressed the need of physical presence of a person to express what they were feeling:

Well, I think mental health is important and we need a person who we can connect to, who we can share things where we can share a personal problem because that trust needs to be there. And that's how he will help me or the other player. Because we are not staying with a family. Then everything will be done where everything is taken care off by my father or mother, my mother. There's someone else. I am alone in a city where I don't know the language as well. And it is very difficult. So, I think there needs to be a person where I can share with, I can talk and express myself, my feelings. And he obviously, he knows me better, so he's there physically to help me (P3).

Though the inclusion of sports psychologist is still very less in the field of sport or within teams, the participants considered it extremely vital as they felt the absence of someone who could help with their mental health.

Challenges of being an athlete

This theme encompasses all the struggles outlined by the athletes as a part of their journey. The participants shared the various stressors they face as athletes and the psychological demands it leads to. One of the participants said “It's a very big thing. People like people most other people don't understand about all this. I think they're thinking of sports is like you're just playing and coming back. So, it's not that it's many other things like its pressure, injuries, like how are you getting up, what are you eating”. The elements of this theme are further divided into four first order sub-themes: a) managing and dealing with injuries, b) pressure to perform, c) pressure outside of field, and d) impact of covid-19

Managing and dealing with injuries

Participants expressed how they felt having experienced an injury and how challenging it was to manage them as well. This first order sub-theme is further expressed in two second-order themes: i) it's a challenge, and ii) feelings of isolation and depression.

It's a challenge. It was hard for participants to accept the change as and when they experienced injuries in their careers as an athlete. Participants expressed experiencing various emotions and found it challenging to not be able to play. Participants shared feeling frustrated and angry with injuries as they had to sit out of games when they were getting a chance to start in the starting 11:

Like we had a practice match like one day before the match I had got my hamstring injury. And I was like crying. I was like beating up myself. What is happening? Like I was getting a chance and I was like proper in the team. I think hamstring injuries like

they take time. And after that I got again into the team and another week, I got it on my left leg. So that was a very frustrating thing for me and yeah. Yeah, it was kind of and that's what I was irritated, hurt. I was not talking to anyone, it was like that (P6).

Another participant shared a similar feeling of being angry with themselves as they had to sit out on the bench due to the injury:

It's challenging. Yeah. Sometimes I feel like, yeah. I was just angry with myself that I like this injury shouldn't have happened and all. And you are in the bench sitting. But I was when I was when I started like for two days it was really hard because of the pain and all. But when the pain started healing, I when I started doing rehab, I was determined to get back in the field (P4).

For another participant it was a moment of utter disbelief after getting a surgery, as it was the most severe injury, they had experienced. Participant expressed how difficult it was to be in a wheelchair as opposed to running on the field which led them question themselves a lot:

The moment I came after surgery, I was like how I'm going to make it back to the field. I was completely blocked off. I didn't have any any idea of what what I'm going to do next, how I'm going to come back, how I'm going to do. As for me, I've never been in a wheelchair. And for the guy who's always running and suddenly sitting on a wheelchair for a week, and you don't do anything. So that was sort of very difficult. Like first post-surgery first seven days were hell for me, I used to cry a lot at night. Frankly speaking, I was like, I don't want to do this. I don't want to meet anyone. I didn't used to come out of my room and all that stuff (P5).

The participant went to add and describe that how the thought of even not being able to go to the field for as long as 6 months was haunting as an athlete:

I would say it mentally, it was very challenging because that was the most severe injury, I've been through in my career until now. It was the longest time I've been out of football. That thought to come in my mind, that okay, next six months I can't even touch the ball. What I can't even go to the ground, or I can't even do things I do normally. So that was haunting me too much, like what would happen. There were too many thoughts. I was not able to process it. I was not able to channelize it in a certain way that would help me (P5).

According to the participants, being faced with an injury was one of the biggest challenges they had faced as it led to being out of the sport for a while. Furthermore, these challenges led them to feel isolated while trying to cope with their injuries.

Feelings of isolation and depression. Participants shared feeling left out during the time of their injuries as they could not participate in team activities or trainings. One of the participants said, “everyone was playing, everyone was running, everyone was doing their thing, but I was in the, I was just sitting outside watching all the players like yeah (P4)”. One of the participants described feeling very sad as she felt left out and isolated:

It was pretty depressing, and I couldn't do anything about it. I was I was just like very sad. Every time the team had a match or something, I just used to be in the room. I felt very isolated like separated from the team, I wasn't feeling really good (P1).

Along with feeling isolated, another participant shared instances of questioning themselves as to why always them:

There's one thing one thing that does in your mind every time when you're injured, that why always me. Yeah. But playing PlayStation, what else can I do? Not going out, sitting in the room, working out in the room (P6).

However, for another participant, it was a moment of extreme sadness as they injured their ankle right before the start of matches. The participant expressed being extremely sad and crying a lot:

So, we just went to that turf, and I just twisted my ankle and done. I was out for one month and I was like so depressed because we trained one month for that thing and then just two days before the game this had to happen, and it was so bad. It was depressing. I was crying. I cried a lot. I called home and I try it like, I don't know what to do. This is so painful. It was it was very hard in the beginning. I couldn't do anything (P1).

Performance pressure

It is common to experience pressure before a game or during a competition for athletes. The participants shared the same feeling of being under pressure due to various reasons being a professional football player. One of the participants laughed when asked if they felt pressure before a game. The participant shared: “Wait, wait, wait. Is there anyone that didn't have a pressure before going to the match hahah. I think everyone has it. I have a particular routine, yeah. Like I have a particular day routine, so I follow that. It's nothing special, but it's a proper process” (P6). Feeling the performance pressure is further illustrated in: i) I must be consistent, ii) self-expectations and iii) fans.

I must be consistent. Participants expressed the importance of being consistent and performing well from game to game and the kind of pressure it leads to for them as athletes. One participant shared how hard it can be to focus throughout a long season and be consistently performing:

The first thing would be like performance, like you want to be consistently performing. And the second would be just like being focused all the time. Even if it even if it's like a very long season, you have to be focused. If, you cannot lose focus at all (P1).

Another participant shared that how being a player, they were not allowed to have bad days, or days where they were not performing so well. They expressed feeling too much pressure to perform consistently, as on days where they were not able to perform as well, people would start pointing and questioning them:

You never know like if you're playing good, then it's okay for everyone. But if you play bad like one day, two days, then everyone will be like, everyone will be pointing out like you're not doing good. So, that pressure is too much. You need to be consistent in your performance. So, I feel like that I feel like that is the mental health issue like you all are thinking about your performance. What I have to do, what not to do that. So, I feel like that (P6).

Participants shared similar opinions wherein they expressed that having your performances go down can lead to mental health challenges because as players, it is very important to prove yourself in every game:

You have to prove continuously in and out every game, okay, there will be games, there will be times where your graph is going down. But all these things, all these things, I think that does lead to mental challenges and mental health issues where, you know, when, when you're facing such things, you don't talk to approach anyone to talk about these things (P5).

Self-expectations. With respect to achieving their goals, performing consistently and winning championships, players often tend to place expectations on themselves. Sometimes, these expectations that players place on themselves can prove to be stressful rather than helpful. One of the participants expressed that they have more expectations from themselves than their coach's expectations which is a stress for them:

The most stressful part for me is that you yourself, the self-expectations that you have. You know, you, you expect a lot from yourself. And when you don't do that, it's very, very stressful. So, I just like the coaches' expectations are here and my expectations from myself are here. So that is more stressful for me (P1).

Another participant shared how they expected themselves to start every game in the starting 11. It was a challenge for them to overcome self-doubts because they considered everybody else better than them:

In my professional life. It was like, you know, to find, first it was to find a place in the starting 11. Because for me I never like to just to sit out or just to train and not starting the game coming off the bench. I hated that and I still hate that, that was something a challenge for me. And before that, it was like, you know, people used to say that you're not strong enough to play in that position in the mid-field. How will you manage growing up? That was the question in my mind because when I use to see and watch other players playing in my position in my senior players, they were pretty strong, they were pretty good technically. And I had doubts. I had my self-doubts growing up (P3).

Participants expected themselves to always perform at their best. They had more expectations from themselves than the people around them which would be a constant pressure for the athletes to perform their best.

Fans. People watching and following teams, players and their performances can be stressful at times for athletes. Being put on a spotlight and playing in front of so many people can at times impact your mind and decisions. One of the participants shared the need to be strong enough to not let the expectations from the fans play with one's mind:

I think that what fans are putting plays with your mind, plays with the head. And if we're not strong enough there, I think we lose the game there. Fans out there. They're

coming to watch, just supporting us. I have to play for them, to play for my family. They have been there for me through thick and thin. They have supported me. And if I don't play football, what else will I do? Because this is what I love. It's not somebody's forcing me to do. This is the thing that I love, and I wanted to do whatever, what I might have a bad day. I might not play good. What I do usually, but at least I can run, I can fight that. There's something that no one can take away from me. So, these are the things that I have to do. And if I can bring more to the team, bring more to the game, I will try and do that (P5).

Another participant shared that one should not let themselves feel too low that it gets hard to get back up because there are people watching. The participant shared that an athlete can never be just satisfied with one best performance, but they should be willing to work harder:

For me, you know it's like when you go, when you're in the bad phase, you should not let yourself so much down. That would be that it would get very difficult to get back up. And then you have played the best match of your life, e.g., last match was my best match of my life. And then you feel like, that that's it, it isn't like that. You should work more hard because now thousands of people have watched you (P3).

Pressure outside of the field

Participants did not only face stressors or pressure in the field but outside of it as well. Sometimes the participants found it hard to get support from their family to play whereas at times it is a stressor for athletes to sustain themselves financially while trying to balance work and playing. Pressures out of the field comprise of mainly: i) less support from family, and ii) "we don't get paid enough"

Less support from family. Sometimes the participants found it hard to get support from the family for taking up sport professionally, or as a profession. The participants at times, had to come up with ways to go and practice without their families finding out. One of the participants expressed how she had to lie to their parents to go and play. The participant also shared writing letters to their parents expressing what they wanted to do:

They (parents) were like, you could do something else. So, I just used to like every day, maybe just lied to them and go and play. And there were times where I used to write my dad letters because I want to play this, I want to do this, this, this, this, this. I used to do that. It eventually convinced them (P1).

The participant expressed feeling helpless because they did not know what to do as their parents would not understand and got other people to convince the participant to not play football. The participant shared feeling upset and disappointed:

I was not angry. I was just like I felt helpless because I didn't know what to do. It wasn't just like, I mean my dad. He was just like he was getting people to convince me to stop playing and stuff and I wasn't angry. I was just like waiting, upset and disappointed. Like why why is he not understanding me, why is he not? Why is he not getting what I wanted to do, or this is what I wanted to do with this is what I like. And I was just like, really upset (P1).

Another participant described not having family support as a tough time. It was hard for the participant to even get on the field in the beginning while managing household chores as well:

My tough time, it was like when I started playing football. Like the family, they are like little supportive not really supportive. Supportive, but yeah, they were. Wherever I was staying they were not like they were not supportive. So, in the beginning, like when I'm

like when I started playing, just to get in the field was very tough back then because I was not staying at my home firstly. So yeah, I was staying at my cousin, a very far away cousin and I don't know them. But yeah. Because of my sister. I like, I went there, and I stayed with them. Like, I have lots of who like before going to the field, I have lots of things to do and mostly yeah, I had to do all the chores and some household work (P4).

The participant said “It was just like you need someone like support, like someone to be there to support you. Your brother, your sister, there was like nobody” (P4) which emphasizes the importance of having someone’s support.

Impact of COVID 19

COVID-19 impacted a lot of lives around the globe, but it’s something that the world experienced together. While it affected everyone, it affected the athletes a large number. Participants shared their experiences with COVID-19 and how it affected their sport and them as athletes. This second order sub-theme is further depicted by: i) being only in the room (bio-bubbles), ii) it was very monotonous, and iii) being withdrawn from AFC Asian cup.

Being only in the room (bio-bubbles). Participants shared how their mental health was affected during the period of COVID-19. As athletes, participants were used to going out often, but due to COVID-19, they were restricted to their rooms. One of the participants shared how big a challenge it was mentally to not be able to step out anywhere. The participant found it really hard to refresh their mind while just sitting in the room:

We used to say hi from our balconies and it was so bad to be in quarantine and we were in the camp, but we were not allowed to go out anywhere. So that bio bubble sucks seriously. It was like that. So, all of that affected mental health also. So, we were like

we were just going for football for practice and then coming back because you have like off days also so, you want to go out and you want to refresh your mind. In that period, we were not allowed to go out, we used to just sit and watch movies or something like that. So, it was very, very boring (P2).

Another participant shared a similar feeling of how difficult it was to manage things. The participant shared receiving even their food in the rooms which was often cold, not being able to do anything about it:

So, for me, it was not only for me, I think for the whole team, for management as well, it was very difficult to manage things. Because firstly, you are just in your room going on for trainings, coming back. Your food is coming in your room. Sometimes the food is cold, it's not good. You have to fight for it. The thing is then you can't do anything about it. That's how you will get (P3).

Participants also shared their frustrations being in the bio-bubbles and having no control over what they could do. One of the participants said “That one moment I feel like I'm just done with all of these things. I'm just done with training days and I'm just done with football. You like, what is going on? You cannot go out. You cannot like meet your family. You cannot do whatever you feel like doing” (P6). Another participant shared the same frustration wherein they described getting very mentally drained of constantly working out in the room:

I was so frustrated and I was just sitting near the window, like when would they let us out. yeah, it was kind of a good experience, but yeah, it was very frustrating at the times because we had to work out only in the rooms. Like how much can an athlete work out in a room like getting stuffs and all also like you get mentally very drained out (P6).

Working out only in the rooms and being just confined to the rooms is not something athletes are used to, but covid-19 forced the athletes to live a life where they found themselves completely restricted and following the same schedule repeatedly.

It was very monotonous. Participants felt mentally exhausted doing the same thing repeatedly every day. The participants expressed that as being very stressful:

It was like a little overworked. You would just put too much football, too much. Just too much training just doing the same thing, doing the same thing each and every single day. It just gets very stressful (P1).

Participants only could go to the field or the gym and then had to be back in their rooms. Participants expressed feeling like doing whatever they felt like, because it was so mentally exhausting. One of the participants said “It was just field, gym and room. Like seeing the same faces for every time it was like just mentally exhausting Yeah. Yeah. One time I feel like I'm just done. I just feel like doing whatever I want. Yeah. It was hard. It was very hard (P4)”.

Being withdrawn from AFC Asian Cup. While COVID-19 was still haunting the world, sports competitions had started. AFC Women’s Asian Cup was one of the tournaments that took place during the third wave of COVID-19. During the competition, (as mentioned in the introduction), the players got covid which resulted in the team being withdrawn from the tournament. The competition was a dream chance for the team to make it to the FIFA world cup but was shattered. Participants shared crying for days, staying in bed and not being able to accept the situation as it was:

That time we all got COVID, and it was not it was not acceptable for us that time.

Yeah. And yeah, when we like when we were there, like, all the players got infected by the virus. And when I got my news, I like, I was I was crying for 2-3 days. Like I was

in the bed. Sleeping, sleeping, sleeping, eating, eating is the I think we did least that time for 2-3 days. I was just thinking about like, honestly, we were calling each other. This happened that happened, why it happened? Oh my God. It was like everyone was crying. I was crying. When I was going to the washroom, when I going to take shower, this feeling like we are, we are, we are out of the competition. What will happen next? (P4)

Participants had to undergo quarantine for a few days, wherein they expressed feeling very alone. One of the participants also expressed not wanting to play the sport again:

I went back (national camp) and then I suffered from COVID. That was so bad. It was like so up, down and then up. And then down there it was like that. So that was the worst part of my career. I like, I was in quarantine for 7 days and I was so alone. I can't even do anything. I was just laying on the bed. I was just crying. There was like bad bad moment for me and I don't know how I came back from that. That point of time I thought I will not play football again because it's not happening (P2).

For participants it was not easy to bare the loss of an opportunity that was so important. The participants expressed taking their time, wrapping their heads around the situation after having worked so hard. One of the participants also shared not wanting to play anymore but dealt with situation in their own ways and wanted to focus forward on achieving their goals and dreams.

Chapter 5: Discussion

The purpose of this study was to explore the mental health experiences and perceptions of the current elite football (soccer) players in India. The two-continua model of mental health was used as the guiding theoretical framework. This model embraces an ideology of mental health and mental illness being two different yet related dimension existing on two separate continua, wherein mental health is more than the absence of a mental illness (Keyes, 2002). Therefore, individuals can have either presence or absence of mental illness with flourishing, moderate, or languishing mental health. The perspective of the model allows for a few possibilities to emerge. For instance, athletes could be experiencing low mental health (languishing) and yet be free from mental illness, and athletes could as well have positive mental health (flourishing) and yet be experiencing mental illness (Uphill et al., 2016). Thus, the conceptualisation and assessment of mental health in athletes, based in Keyes' two-continua model, but drawing on athletes' experiences, provides a realistic connection between the theory and practice (Uphill et al., 2016). In sum, the continua model of mental health provides a space to approach the full spectrum of athletes' mental health. This in turn would help provide a complete understanding of the antecedent and consequences of athletes' mental health (Uphill et al., 2016)

Findings from this study, point to supporting the two-continua model of mental health with most of the athletes' experiences reflecting languishing or moderate mental health in the absence of a mental illness. The findings of this research gave rise to two main themes (i.e., mental health, and challenges of being an athlete) highlighting the importance and experiences of athletes' mental health'. This chapter will describe the findings of this research as they relate to languishing and flourishing mental health. The future directions will be suggested, along with which the implications, limitations and delimitations of this research will also be discussed.

Elements provoking Languishing Mental Health

Like the prior studies, various elements were found to lead to languishing mental health in athletes. The experiences of athletes were marked by distress and negative affect partly due to the psychological demands and stressors of sport. This may be due to the injuries, and the performance pressure faced by the athletes, the barriers to talking about mental health concerns, and the impact of COVID-19 pandemic on the athletes' life. Prior studies have highlighted the various reasons of feeling pressure including themselves, families, coaches, and fans (Gulliver et al., 2012). In this study athletes also expressed personal expectations, performing consistently, less support from family, fans, and managing a job alongside playing as stressful and causing emotional disturbances. The experiences shared by the athletes seemed to cause emotional disturbances which is characteristic of languishing mental health. These experiences include the issues faced by the athletes with injuries and their performances, gender stereotyping of mental health and being called weak. These experiences of languishing mental health will further be discussed in the following sections.

Issues of injury and performance

Having the pressure to perform or sustaining an injury was marked by distress and negative affect in participants. This is consistent with the prior studies that indicate mental health concerns seem to have a complex relationship with injuries and performance (Reardon et al., 2019). The results of this study found that injuries led to emotional disturbances (like crying, feeling angry and irritated, being extremely upset and sad, and feeling alone) in the participants which was one of the biggest challenges while trying to cope up with injuries. For many years, studies have found injuries to curb the participation of athletes in competitions and training resulting in psychological adjustment (Schinke et al., 2018). Both short or long-term injuries have been found to be associated with depression, sadness, and

anger (Gulliver et al., 2012). Athletes in this research found themselves in utter disbelief, crying nights at a stretch, feeling isolated and not knowing what to do when faced with an injury leading the athletes to experience languishing mental health.

Research indicates that good mental health in athletes leads to better performances and reduced risks of injury (Henriksen et al., 2020). However, athletes in this study felt constant pressure to perform well because of pressure by fans and having expectations from themselves. At the same time, sound mental health is not a prerequisite for good performance. Some athletes achieve world-class performances despite having mental health issues and clinically diagnosable disorders (Henriksen et al., 2020). For example, a few participants in this study experienced too much pressure by needing to prove themselves in every game yet experiencing languishing mental health did not stop them from having good games.

Gender stereotyping mental health

One of the participants shared a hindi proverb that everybody in India has grown up listening to, ‘mard ko kabhi dard nahi hota’ (a man never feels pain), highlighting the cultural ideology of men never having to experience pain. It was interesting to note that in this study the male participants noted having to act strong just because they were men who were athletes. It is because of the societal or cultural norms that men shared having to always act strong even while they were struggling. Hence, men are told it is all in their head as shared by athletes in this study. The male participants, therefore, shared finding it hard to express their feelings and emotions which is in line with prior studies that state that male athletes are less likely to report the symptoms they experience (Walton et al., 2021). With the stigma attached to mental health and being taught to work through pain, studies suggest that male athletes do not easily discuss emotions (Souter et al., 2018). In the study by Lew & Wong (2021) 60% of

the male participants showed reluctance in reaching out for help because they are 'male' athletes and hence are required to be strong even though they might be struggling.

Interestingly as a researcher in this study, I noted that it was easier to recruit female athletes than male athletes to talk and share their experiences with respect to mental health. Quite a few male athletes showed reluctance to be a part of this study, whereas the first three female athletes approached for this study agreed to participate. However, as the women's sport is growing, the mental health issues are not just unique to men (Mahmood & Friedman, 2021) just as the three male athletes, the three female athletes in this study reported experiencing mental distress. It was highlighted in the study that female athletes did not get paid enough. It was stressful to work a job while going for trainings, national camps and maintaining good performances. Additionally, the female participants also struggled to find support in family and friends to pursue football professionally. Mahmood and Friedman (2021) noted that women athletes found themselves battling against mental distress within underfunded and under-resourced support systems.

Labeling and discrimination

This study like many other prior studies found mental health being considered a 'problem' because athletes are supposed to be strong as having symptoms of mental health or disorders is considered as a sign of weakness by elite athletes (Castaldelli-Maia et al., 2019; Larkin, 2017). This led to participants being ashamed, ignoring how they felt, and finding it hard to trust people with their emotions in this study, partly due to the focus being placed on winning and competing, where athletes can sometimes be perceived as superhumans (Souter et al., 2018). Media as well presents some challenges to seek help for mental health. Elite athletes are portrayed as the image of 'strong winning athlete' as opposed to 'weak, depressed human being' (Castaldelli-Maia et al., 2019). Participants in this study as well

shared how it is not easy for them to share how they feel as elite athletes. Since mental health is still a concept we are learning as a larger society, participants found it hard to trust and share how they felt with people around them. Stigma endorsed by the general public has been found to have a detrimental impact on athletes' reaching out for mental health symptoms and disorders (Gulliver et al., 2012).

Moving towards flourishing Mental health

Majority of the participants in this study described being positive as being mentally healthy. This is contradictory to the findings by Lew and Wong (2021), wherein several participants mentioned associating mental health to negative thoughts, mental illness, or mental disorders. When the mental health of the participants in this study was challenged, they learned to deal with it by themselves adapting behaviours or activities that made them feel better. For example, one of the participants described just meditating whenever she felt too bad because she could not do anything and did not know what to do in that situation. Another participant would just walk into every situation with a smile on their face no matter what and dealt with everything with a smile on their face. What also helped for one participant was asking themselves questions like why they came so far as an athlete and for whom were they working hard for along with having the belief that everything will be worth it. This may have enabled the participants to experience moderate mental health and arguably even flourishing mental health for specific individuals at certain points throughout their experience as an elite athlete. Participants adapted to different behaviours because of the lack of knowledge and awareness leading to the stigma being endorsed about mental health issues and disorders (Castaldelli-Maia et al., 2019; Purcell et al., 2019).

Importance of creating awareness about mental health

This research like any other research discusses the importance of mental health in sports (Rice et al., 2016; Nice, 2018; Castaldelli-Maia et al., 2019). An interesting finding in this study was that athletes stressed on football (soccer) being more of a mental sport than a physical sport, as a team could be losing until the 90th minute but could come back to win the same game by the 92nd minute. Therefore, to experience flourishing mental health, the participants in this study would focus on what made them feel happy and positive before a game.

It was fascinating to find out that all the athletes mentioned talking about mental health, creating awareness, and the inclusion of a sports psychologist as an essential part of moving towards flourishing mental health. Sports psychologists have relatively been a new addition to the athletes support staff in India, but however is a core component of a healthy elite sport system (Henriksen et al., 2020). The inclusion of a sport psychologist allows for management, monitoring and the evaluation of a structure to support athletes mental health while also making athletes aware of the importance of mental health through conducting sessions as athletes mentioned in this study (Henriksen et al., 2020; Mahmood & Friedman, 2021). While it was hard for athletes in this study to find that support, they shared that talking to their loved ones (family and friends) and spending some time motivating and relaxing were helpful.

Prior research indicates that student – athletes could maintain moderate to high levels of flourishing mental health while simultaneously reporting being diagnosed with a mental disorder (Slingerland et al., 2019). The perspective of the two continua model of mental health allows for a few possibilities in mental health in athletes. For instance, athletes could be experiencing low mental health (languishing) and yet be free from mental illness, and

athletes could as well have positive mental health and yet be experiencing mental illness (Uphill et al., 2016)

Implications and Future Directions

Findings from this research contribute to the increasing amounts of qualitative literature exploring the mental health experiences of athletes. I would hope that this study would not be the only in India trying to understand mental health for supporting the over-all wellbeing of athletes. The subjective experiences of elite football (soccer) players in this study have implications for athletes, coaches, and sports psychologists as well as other key individuals such as physicians, athletic therapists, and educators in the sports industry. By sharing their mental health experiences, athletes were able to highlight the various psychological demands of the sport that either hindered or fostered their mental health. This type of information is invaluable as it comes directly from athletes which can then be used by stakeholders to enhance guidelines for best practice. These guidelines would then help develop a holistic care system for athletes wherein mental health along with physical health would be given equal priority.

This study also has implications for coaches and educators dealing with athletes on daily basis and throughout competitions. It is important for coaches and educators to understand the negative and positive affect of athlete's experiences on their performances and results. This information would then be beneficial to balance the stressors involved in sports while working with the athletes. This study also highlights the importance of including sports psychologists while working with athletes. Therefore, this research can play a key role in providing an insight into the lived experiences of elite athletes with mental health of athletes, and sport psychologists, therapists, coaches, and educators could benefit from the data for addressing the situation at hand. This study would also serve as the basis for other studies to

understand the mental health of athletes in sports across different sports. It would help inspire the federations, sports administrators, athletes, stakeholders, and researchers to work and support the mental health of an athlete through their journey.

However, several questions remain to be answered. It is recommended that further research explore the subjective experiences of athletes with mental health across sports. Additionally, studies should explore the prevalence of mental health disorders in athletes through several different phases of their careers like facing injuries, rejection, end of contract, rehab, and recovery, and /or retirement from sport. Further studies could also explore the differences in mental health experiences based on gender or culture. The studies could focus on the differences of mental health issues in men and women based on their experiences. Addressing the various areas in future research can help improve the mental health and well-being of athletes along with increasing the overall quality of care provided to the athletes. It is hopeful that this research will help increase awareness of mental well-being in sports, while more work will be encouraged to help educate athletes and family members about mental health while trying to break the stigma about mental health to speak out and look out for assistance.

Limitations & Delimitations

This study like any other will have certain limitations. Firstly, a shorter sample size of this study did not allow for an in-depth exploration of certain areas. For instance, pressures outside of the field is an interesting kind of stressor as it highlights the human behind the athlete who faces stressors other than just injury and performance which affects an athletes' mental health. Also, a shorter sample size might not be fully representative of all the elite soccer players. Secondly, this study was focused only on one sport (i.e., soccer) as opposed to having athletes as participants across different sports.

The delimitations of this study were that only the current elite soccer players who are over the age of 18 were recruited to participate in the study which may have excluded a subset of the target population from this study. However, this decision was made for practical reasons and increasing the feasibility of this study. It was also decided to only recruit athletes who only played elite soccer so that it is possible to understand the mental health in athletes in depth for at least one sport.

Concluding remarks

While research in the mental health space is growing, there are few studies that voice the experiences and struggles of elite athletes with mental health, particularly in a different cultural context. Therefore, the aim of this research was to develop an understanding of how mental health is perceived by elite athletes in India using the two-continua model of mental health as a guiding theoretical framework. The findings from this research demonstrate the range of emotional states elite athletes confront in their professional sporting careers. As an elite athlete, I have found it hard to comprehend or work through my emotions or pressures I placed on myself. But after moving to Canada and being exposed to a sports psychologist to work through my emotional states during my games led to better and more confident performances even through the various pressures. My personal experiences and the experiences of the athletes in this study contribute to the literature of mental health in elite sport by highlighting the experiences of elite athletes. It is my hope that their stories continue to be heard.

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Appendix A



UM | Faculty of Kinesiology and
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Letter of Information

Research Project Title: Exploration of the Mental Health perceptions and experiences in the current players of the Indian National Football (Soccer) Team.

Principal investigator: Dalima Chhibber, second year master's student in the faculty of kinesiology and recreation management. University of Manitoba

Research Supervisor: Dr Leisha Strachan, Professor and Associate Dean Research and Graduate studies, Faculty of Kinesiology and Recreation Management.

Purpose of this study

Mental health of athletes in sports is important because of the constant demands that are placed on an athlete during competition, training, rehabilitation of injuries, travel and so on. However, the concept of mental health in sports in India has not been on the forefront and is still very stigmatized. Research exploring the experiences and understanding the athlete's mental health is very scarce. Therefore, the purpose and objective of this research study is to map the current situation and explore the mental health perceptions and experiences of the current Indian Football (Soccer) Team players.

Participation in the study

If you decide to participate in this study, you will be invited for a one-on-one interview for an hour (approximately). The interview will be conducted over zoom at a time that is convenient

to you. The interview will be audio and video recorded and further transcribed for data analysis.

There are very few risks to participating in this study. You may find talking about your mental health experiences upsetting or emotional. However, you don't have to answer any questions that makes you feel uncomfortable or that you find too upsetting. Should you need any additional help or support for your mental health we will direct you to the appropriate services.

What will be done with the information collected

The information gathered in this study will be made anonymous by using the pseudonym (a fake name) provided by you and removing all the identifying information. All transcript files from this study will be stored in a password protected file on OneDrive through the University of Manitoba account. The information collected from this study will be shared in the master's thesis, written up for a publication in an academic journal and/or will be presented at an academic conference.

Voluntary participation/withdrawal from the study

Your decision to participate in this study will be completely voluntary. You may refuse to participate, or you may withdraw from the study at any time during the interview.

Benefits of this research

The findings from this research will help us understand the mental health perceptions and experiences of elite athletes in sports. These findings could be used to help sport psychologists, physicians, physiotherapists, sports organizations, sports administrators, and stakeholders better understand and support the experience of elite athletes with respect to mental health. The findings from this research could help inspire future researchers

advocating for social change in the management and support of mental health of elite athletes.

If you would like more information about this study or would like to participate, please contact Dalima Chhibber at chhibbed@myumanitoba.ca

Thank you!

Appendix B



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Informed Consent

Research Project Title: Exploration of the Mental Health perceptions and experiences in the current players of the Indian National Football (Soccer) Team.

Principal investigator: Dalima Chhibber, second year master's student in the faculty of kinesiology and recreation management.

Research Supervisor: Dr Leisha Strachan, Professor and Associate Dean Research and Graduate studies, Faculty of Kinesiology and Recreation Management.

This consent form, a copy of which will be left with you for your records and reference is only a part of the process of informed consent. It should give you a basic idea of what the research is about and what your participation will involve. If you'd like more information or have any questions regarding something whether mentioned here or not, please free to ask. Kindly take time to read this carefully and to understand any accompanying information.

Purpose of this study

Mental health of athletes in sports is important because of the constant demands that are placed on an athlete during competition, training, rehabilitation of injuries, travel and so on. However, the concept of mental health in sports in India has not been on the forefront and is still very stigmatized. Research exploring the experiences and understanding the athlete's mental health is very scarce. Therefore, the purpose and objective of this research study is to

map the current situation and explore the mental health perceptions and experiences of the current Indian Football (Soccer) Team players.

Participant's selection

You are being asked to participate in this study because as a current athlete of the Indian Football Team, who has been competing at the elite level for the country and is over the age of 18, we value your lived experience.

A total of 6-8 participants will be asked to participate, ideally 3-4 each from the men's and the women's team.

Study procedures

- The data will be collected using individual interviews which would be approximately one hour long.
- You will be asked some questions about your perceptions and experiences of mental health as an elite athlete. These questions will help us understand your personal experiences better.
- The interview sessions will be audio and video recorded, as zoom automatically records video too, which will then be transcribed by the primary investigator (PI) to accurately analyse the information provided by you.
- Your name will not be asked or revealed during the individual interview. However, if you say your name, the transcriber will remove your name from the transcripts.
- Individual interviews will be audio and video recorded and transcribed verbatim. After transcribing, the video will be deleted. The transcriptions will be stored as a password protected file on OneDrive through the University of Manitoba account. However, the transcriptions will be destroyed five years after the completion of this study.

- You will be asked to pick a pseudonym (a fake name) which will be used during data transcription and in the publication of results to identify direct quotes from the interview.
- Results from this study will be published in the master's thesis of the PI and may be published as a journal article and/or at conferences and poster presentations.
- Interview transcripts will be sent to you within 2 weeks of the interview in order for you to review the accuracy of the information shared by you.

Risks

There are very few risks in this study. However, you may find talking about your experiences with mental health upsetting or emotional. You do not have to answer any questions that make you feel uncomfortable or emotional.

Benefits

Participating in this study may or may not help you directly, but the information gained from your individual interviews may help other athletes with regards to mental health.

Costs

There is no cost for you to attend the individual interview

Voluntary participation/withdrawal from the study

Your decision to participate in this study is voluntary. You may refuse to participate, or withdraw from the study at any time during the interview.

However, you may not be able to withdraw from the study once the data analysis has begun.

But if you would like to withdraw from the study after the interview has been done, you can contact the PI of this study.

Confidentiality

We will do everything to keep the data collected from you confidential. Your name will not be used at all in the study records. The list of names and email addresses of the participants will be saved as a password protected file on a password protected computer, so that we are able to share with you a summary of the results. Please note that even though you will not be identified as the speaker, your words may be used to highlight a specific point.

Only the principal investigator and the research supervisor will have access to the raw data collected in this study.

Audio tapes will be destroyed within one month of completing the transcriptions. However, the transcriptions will be destroyed five years after the completion of this study.

Debriefing and Feedback

As a participant you will have the option of receiving the summary via email if you provide it to us. These emails will be sent out after the completion of the study. Your email will not be used to connect to your data nor asking you to participate in other studies.

Dissemination of results

The results of this study will be discussed and shared in the master's thesis of the PI and may be published as a journal article and/or at conferences and poster presentations.

Questions

If there is anything you'd like to ask related to this research, you may contact the principal investigator and the research supervisor:

Dalima Chhibber at chhibbed@myumanitoba.ca

Dr Leisha Strachan at Leisha.strachan@umanitobaca

Consent Signatures:

Your signature on this form indicates that you have understood the information regarding your participation in this research to your satisfaction and that you agree to participate as a subject. In no way does this waive your legal rights, nor release the researchers, sponsors, or involved institutions of their legal and professional responsibilities. Your participation is completely voluntary, and you are free to withdraw from this study, or refrain from answering any questions at any time. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation in this study.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way. This research has been approved by the Research Ethics Board at the University of Manitoba, Fort Garry campus. If you have any concerns or complaints about this project, you may contact any of the above-named persons or the Human Ethics Officer at 204-474-7122 or HumanEthics@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

Participant Signature _____ **Date** _____

Researcher and/or Delegate's Signature _____ **Date** _____

Please indicate the following

I would like to receive a summary of the study results:

Yes No

I would like to receive the results of this study:

Yes No

Please provide your email address to have the summary and/or the results of this study shared with you:

Your preferred pseudonym: _____

Appendix C



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Interview Guide

1. Tell me a little about yourself. How did you get in football and what made you pursue it professionally?
2. What inspired you to play this sport?
 - Which is your favourite club and your favourite player?
3. What is your most fond memory in the sport?
4. Have you ever experienced a tough obstacle in your journey as an elite soccer player?
 - How did you overcome that?
5. Have you ever experienced a major injury in your career that kept you out for at least two months?
 - What was your experience like? How did it make you feel?
 - What did you do to make yourself better?
6. What does being mentally healthy mean to you?
7. How important is mental health for you as an athlete and why?
8. As an athlete, what factors do you feel lead to mental health issues or distress? OR what kind of stressors do you face as an elite athlete?
 - How would you say you are in managing the stressors and responsibilities as an elite athlete in your daily life?
9. Could you share your experience with regards to mental health, for example what kind of mental health issues have you experienced, if any?

- How did you deal with the same?
10. Tell me about an experience that mentally challenged you to grow and/or become better.
- How did you deal with that challenge?
11. Over the past 2 years, the pandemic is something that combines us all together across the world, how was that experience for you being an athlete?
- How did you feel returning back to sport after a gap of year or more in the conditions that were not considered normal?
12. Do you feel there is stigma attached to athletes seeking help in regards to mental health or mental health in sports in general?
13. As an athlete, how do you feel the society is doing to addressing and create awareness of mental health in athletes?
14. What could be done according to you to better support the players mental health?
15. Before we finish this interview, is there anything else you'd like to say, comment on or ask?

Appendix D



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Oath of Confidentiality

Research Project Title: Exploration of the Mental Health perceptions and experiences in the current players of the Indian National Football (Soccer) Team.

Principal investigator: Dalima Chhibber, second year master's student in the faculty of kinesiology and recreation management.

This letter of confidentiality, a copy of which will be left with you for your records and reference, is being provided to you because of the nature of the data that will be collected from the participants. This letter of confidentiality is to ensure that the identity of the participants and the information shared by them is kept in strict confidence and will not be disclosed to anyone else. If you would like more detail about something mentioned here, or information not included here, please feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Your signature on this form indicates that you have understood to your satisfaction the information regarding your commitment to confidentiality based on your participation in the research project.

I, _____, promise not to share or discuss any information about the participants of this research to anyone other than the PI.

Signature

Date