Barriers and Facilitators to Help-Seeking for Mental Health Difficulties Among Professional Jockeys in Ireland

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A large proportion of jockeys report symptoms associated with mental health difficulties (MHDs), yet most do not seek help from professional mental health support services. Due to the paucity of literature in this field, this study sought to explore jockeys' barriers to, and facilitators of, help-seeking for MHDs. Twelve jockeys participated in semistructured interviews, subsequently analyzed via reflexive thematic analysis. Barriers to help-seeking included the negative perceptions of others (stigma and career implications), cultural norms (masculinity and self-reliance), and low mental health literacy (not knowing where to seek help, minimization of MHDs, negative perceptions of treatment, and recognizing symptoms). Facilitators to help-seeking included education (exposure to psychological support at a younger age), social support (from professionals, jockeys, family, and friends), and media campaigns (high-profile disclosures from jockeys). Findings are consistent with barrier and facilitator studies among general and athletic populations. Applied recommendations and future research considerations are presented throughout the manuscript.

Keywords: athlete, elite sport, horseracing, mental health literacy, stigma

"I have been around in the racing world long enough to see the highs and the lows, so whilst it didn't shock me, it did upset me" (Sheerin, 2021). The following quote is taken from an interview with ex-champion jockey Ruby Walsh on recent statistics which highlighted the prevalence of mental health difficulties (MHDs) among Irish jockeys. In recent years, the attention placed upon elite athlete mental health by the media, researchers, and practitioners has grown considerably. A recent meta-analysis of 34 athlete mental health studies indicated that prevalence of MHDs among elite athletes may be marginally greater than in comparison to the general population (Gouttebarga et al., 2019). Of particular note, the study

identified 19% of athletes met the threshold indicative of alcohol misuse, and 34% for symptoms associated with anxiety and depression. Elite athletes experience stressors that may exacerbate, or contribute to, the onset of MHDs including performance pressures, substantial time away from loved ones, severe injury, early retirement, and financial uncertainty, among others (Arnold & Fletcher, 2012; Hanton et al., 2005; Noblet & Gifford, 2002). Thus, identifying how best to understand and contextualize mental health among elite athletes, while also developing effective preventative and sport-specific interventions or programs, has become increasingly important (Gorczynski et al., 2021).

One athletic population where a high prevalence of symptoms of MHDs has been reported is among professional jockeys (King et al., 2020; Losty et al., 2019). Jockeys participate in a high-risk sport and experience a wide variety of stressors throughout their careers (King et al., 2021; Landolt et al., 2017). These include making weight all year round, having a limited off-season, career and financial uncertainty, high prevalence of injury and managing performance slumps, among others. For a comprehensive breakdown of life as a jockey, please refer to the articles of King et al. (2021) and Wilson et al. (2014). Recent findings demonstrated that almost 80% of jockeys met the threshold for at least one MHD, which included alcohol misuse, depression, psychological distress, or generalized anxiety based on validated self-report questionnaires (King et al., 2020). Another study found that 57% of jockeys met the cutoff for depression based on self-report measures (Losty et al., 2019). Despite this, help-seeking among professional jockeys is low. Only one third of jockeys had previously sought help from a mental health professional, despite 80% reaching the threshold for a MHD (King et al., 2020).

There are a myriad of reasons why athletes may not seek help for MHDs. Athletes can hold more negative attitudinal views toward help-seeking in comparison to nonathletes (Watson, 2005). Athletes are fearful over teammates' (López & Levy, 2013) and coaches' (Gulliver et al., 2012) views upon seeking help. Seeking help may involve the athlete losing their place in the starting team or even removal of their contract altogether (Bauman, 2016). Athletes may also present themselves in a positive manner, masking insecurities or illness, due to the constant performance requirements placed on them (Breslin et al., 2019). Stigma, both public and self, have also been reported as a barrier toward seeking help for MHDs among athletes and has been reported to be greater among athletes than nonathletes (Bauman, 2016; Castaldelli-Maia et al., 2019; Gulliver et al., 2012; Kaier et al., 2015; Souter et al., 2018). Other barriers reported include low levels of mental health literacy (Gulliver et al., 2012), denial of an issue (Schwenk, 2000; Uphill et al., 2016), lack of accessible services (e.g., time, travel; Gulliver et al., 2012; López & Levy, 2013), and a difficulty or lack of willing to express emotions (Gulliver et al., 2012).

Several perceived facilitators that promote help-seeking have also been identified among athletes although these have been reported to a lesser extent in comparison to the perceived barriers. In young elite athletes, this includes social support, encouragement, accessible services (e.g., online support), health relationships with service staff, and emotional competence (Gulliver et al., 2012). Other facilitators reported include gender (e.g., female; Moreland et al., 2018) and education (e.g., higher levels of mental health literacy; Chow et al., 2020).

Despite this, no previous research has examined the perceived barriers and facilitators of help-seeking among professional jockeys. This is of concern given the multitude of reported stressors jockeys experience during their careers (King et al., 2021; Landolt et al., 2017) and recent findings which indicated a prevalence of symptoms of MHDs among the population that may be greater than other elite athletes (King et al., 2020; Losty et al., 2019). Evidence-based mental health programs designed to support jockeys are necessary, thus the development of knowledge related to barriers and facilitators may help inform such endeavors. Therefore, the purpose of the study was to identify barriers and facilitators to help-seeking among a sample of professional jockeys. As such, the research question proposed was: What are the barriers and facilitators to help-seeking for MHDs among professional jockeys?

Methods

The overall study design was informed by relativist ontology and a constructionist epistemology, underpinned by an interpretive paradigm (Scotland, 2012). The authors adopted the view that meaning is subjective and realities are multiple, and that knowledge is constructed through social interactions between the participants and researcher. Due to the qualitative methods adopted in the present study, multiple realities from participants' experiences of barriers to and facilitators of help-seeking were illustrated and examined. The qualitative study adopted an exploratory approach due to the lack of data present in the area of help-seeking among jockeys. The study was approved by a Third-Level Ethics Institutional Review Board (REF: WIT2020REC0006).

Participants

Twelve professional jockeys participated in the present study, which involved both male and female participants. The precise breakdown of male and female participants is withheld to ensure confidentiality and anonymity of female participants due to the low number of female jockeys competing in Ireland. Male and female jockeys experience the same racing demands and compete against one another in the sport of horseracing. Participants were on average 28 years old ($SD = 2.9$) and had competed for 9 years ($SD = 4.2$). Five of the sample (42%) had previously sought help for a MHD from a mental health professional. Participants were recruited via online unpaid advertisements on social media (e.g., Twitter) and word of mouth by a gatekeeper in the form of the Irish Horseracing Regulatory Board Senior Medical Officer to jockeys at racecourses. Participants were able to contact the lead researcher via social media, telephone, or email to express an interest in participating in the study.

Procedure

Semistructured interviews were employed as the data collection tool, with a typical interview 35 min on average. The interviewer (lead researcher) prepared a list of preset questions to be asked throughout the interview. In semistructured interviews, the interview takes on a more informal, conversational approach

(Longhurst, 2010). A semistructured interview is flexible in nature, which allowed participants to elaborate and expand on experiences or ideas they perceived as important (Smith & Sparkes, 2014). Semistructured interviews were chosen over both unstructured and structured interviews because, while the conversation was largely focused on factors related to help-seeking, it was important to allow participants a safe space to feel comfortable to discuss matters that are often highly personal. Due to the coronavirus pandemic, all interviews took place via telephone and were conducted by the lead researcher. With participant's informed consent, interviews were recorded via a Dictaphone.

Interview Guide

An interview guide was developed based on previous research in the field of help-seeking among athletes (e.g., Gulliver et al., 2012). Prior to the first interview taking place, a pilot interview was conducted with a retired jockey who had expressed interest in the study. Following the pilot interview, specific questions were removed due to unsuitability (e.g., repetition), and small changes were made to the wording of several questions in or to provide greater clarity. The interview began with the interviewer reading a definition of mental health to the participant: "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" (World Health Organization, 2004). Following on from the definition, questions were asked which related to the jockeys' background in the sport, including most significant moments within their careers, to help develop rapport between interviewer and participant. The participant was then asked if they had previously visited a mental health professional, before progressing on to questions related to barriers and facilitators of help-seeking. Definitions of barriers (e.g., things that make it harder or stop you from getting help) and facilitators (e.g., things that make it easier to seek help) were provided to participants before asking questions related to each area (Gulliver et al., 2012). A mental health professional was defined by the interviewer to the participant as any professional whereby the primary purpose of visiting the individual was to discuss or improve their mental health (e.g., general practitioner, psychologist, psychiatrist, counselor). The term MHDs was used throughout the interview process as the authors felt this term was less stigmatizing than phrases such as "common mental disorders" or "mental health issues," and is commonly used in academic literature (e.g., Wood et al., 2017).

Data Analysis

Reflexive thematic analysis was used to provide a detailed analysis of qualitative data and to explore the experiences, meanings, and reality of participants (Braun & Clarke, 2019). As the name suggests, the process of thematic analysis was reflexive and, although the often cited six-stages of thematic analysis described by Braun and Clarke (2006) is presented in a linear fashion, the researcher moves backwards and forwards throughout stages of the analysis, and multiple stages often overlapped with one another. These stages included data familiarization, generating codes, theme development, reviewing themes, defining themes, and writing the

manuscript. Throughout data familiarization, the lead researcher transcribed interview data and read and reread transcripts, becoming immersed in the data and writing initial codes on each transcript as they worked their way through the document. The lead researcher transcribed each interview immediately after each interview had taken place. Codes related to what was reported by the participant (e.g., “help-seeking viewed as a weakness by other jockeys”). Generated codes were placed together in a document to begin the search for themes. Theme identification was attributed to “something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set” (Braun & Clarke, 2006, p. 82). Due to the topic under examination in the present study, overarching themes (e.g., barriers and facilitators) are reported at a semantic level. That is, the data within the themes capture the essence of what was reported by the participant. Latent coding, which is more interpretive in nature, was used for development of the high-order themes (Braun et al., 2016). For instance, a high-order theme of “masculinity” and “self-reliance” was categorized under the theme of “cultural norms.” Themes were read and re-read to ensure that the name of the theme captured the nature of the coded data included within it. Data were initially analyzed inductively (e.g., codes generated from the data itself), although once high-order themes were developed, it was evident that some themes aligned to previous literature exploring help-seeking barriers and facilitators (e.g., Gulliver et al., 2012). As such, deductive analysis was utilized in naming high-order themes (e.g., stigma, self-reliance, low mental health literacy). Themes were then listed in a document with respected subthemes, codes, and participants quotes attached. Quotes were checked to ensure they accurately represented each theme and subtheme. Themes were refined and reviewed with some initial themes integrated into broader themes or disregarded altogether. For instance, the subtheme of “minimization of MHDs” was initially placed under the theme of “cultural norms”; however, after further inspection of the data, it was better represented under the theme “low mental health literacy.” Finally, a report (this article) was developed, with data integrated throughout the “Results and Discussion” section to highlight the participants’ narratives and subjective experiences of barriers to and facilitators of help-seeking for MHDs.

Quality Standards

A number of methods were used to ensure trustworthiness of the qualitative findings presented, which included member reflections, peer debriefing, and thick descriptions.

Member reflections have been suggested as a method of enhancing rigor and an alternative of the popular member checking concept, where issues have been highlighted (Smith & McGannon, 2018). Member reflections involve gathering further insight from participants after the data has been transcribed and analyzed. That said, the process is not about verification, but understanding in greater detail the subject in question, where participant and researcher can share similarities or differences within the interpretation of the findings (Schinke et al., 2013). In the present study, this provided the lead researcher with a further opportunity to work with the participants and deepen understanding of their own interpretations and analysis. For instance, one high-order theme related to not knowing where to seek

help. The lead author contacted the participant to discuss this further after the interview had been transcribed. The lead author explored this concept as they were curious about whether it truly was not knowing where to turn for help or an aspect related to not wanting to look for professional help or denial of an issue. The participant stated that it was not knowing where to seek help (e.g., lack of awareness of available support services), rather than an intrinsic desire to avoid help-seeking resources. No changes were made to the findings of the study, but the member reflections ensured the lead researcher understood the deeper context to specific quotes included within the analysis.

Peer debriefing in qualitative research provided peers (supervisors in the present study) with an opportunity to lend a critical eye over multiple aspects of the research project. Within the present study, peers (supervisors) provided critical comment on factors related to interview guides, interpretation of specific themes, and write-up of the full document. As such, throughout multiple stages of the research process, certain elements were altered and refined due to frequent conversations with peers.

According to Geertz (1973), a method of ensuring credibility within qualitative research is through thick description. In this context, thick description shows the reader that the researcher understands the complexities of the data, and the deeper meaning and understanding behind the quotes presented. In the present study, although data are presented at a semantic level (e.g., surface meaning), the thick descriptive quotes presented throughout the “Results” section highlight detailed, rich accounts from participants alongside narrative and interpretation from the lead researcher.

Results and Discussion

Thematic analysis resulted identification of multiple barriers to and facilitators of help-seeking for MHDs. Within each category (e.g., barriers and facilitators), overarching themes and their related high-order themes and subthemes were generated. For barriers, overarching themes included the negative perception of others, cultural norms, and low mental health literacy. For facilitators, overarching themes included education, social support, and media campaigns. Participants’ verbatim quotes are intertwined throughout the section. High-order themes and subthemes are italicized throughout the text.

Barriers

The following section describes the barriers associated with help-seeking for MHDs among professional jockeys (Table 1).

Negative Perception of Others

This theme generated relates to the anticipated or perceived negative perceptions of others for seeking help for MHDs. The theme was underpinned by the high-order theme of *stigma*. Jockeys reported descriptions that aligned to both public perceived stigma and self-stigma. The findings corroborate previous research reporting stigma as one of the key barriers to help-seeking among general and

Table 1 Barriers to Help-Seeking Among Professional Jockeys

Themes	High-order themes	Subthemes
Negative perception of others	Stigma	Career implications
		From other jockeys
		From trainers
		Previous help-seeking experience
Cultural norms	Masculinity	Weakness
		Conformity to sports norms
	Self-reliance	Control
		Independence
Low mental health literacy	Not knowing where to seek help	
	Minimization of MHDs	Physical health vs. mental health
		MHDs heal themselves
	Negative perceptions of treatment	Treatment equals antidepressants
		Consequences of treatment
Recognizing symptoms	Confidentiality concerns	
	Difficulty differentiating between stressors associated with a career as a jockey and MHD	

Note. MHDs = mental health difficulties.

athlete populations (Bird et al., 2018; Clement et al., 2015; Gulliver et al., 2012; Lpez & Levy, 2013; Schnyder et al., 2017). Jockeys described that due to the characteristics often associated with a career as a jockey, such as being tough and strong, there would be concerns about seeking help due to how others may view them, and that it may indicate a weakness within the individual:

They (jockeys) have this persona of being tough and hardy, they feel they kind of have to maintain this persona to everyone else and the public because they might be singled out as being weak if they come out and said anything. (Jockey 3)

Participants also reported concerns around how other jockeys would view them which is similar to research published among other athletes who were fearful over teammates or coaching staff perceptions of them for seeking help (Lpez & Levy, 2013). One jockey stated:

I just think people would refer to it (help-seeking) as a sign of weakness . . . in the weighing room it's very much a tough man life and between the broken bones and lads would ride even if they had a broken bone and get away with it so the fact of admitting there's something wrong in their head I suppose it's a sign that they are soft. That's what a lot of them might think. That they are soft and they can't handle it. (Jockey 1)

Stigma was not solely present at the public level, as jockeys also reported shame, embarrassment, and perceptions of weakness, due to a need to visit a mental health professional. Similar self-stigmatizing attitudes have been reported among other athletic (López & Levy, 2013) and general populations (Corrigan & Watson, 2002). The impact of self-stigma on help-seeking attitudes is significant, with greater levels of self-stigma negatively associated with attitudes toward help-seeking within athletic samples (Martin et al., 2020). One jockey said, “I was kind of a strong person and felt that I could do everything on my own but to realize I couldn’t made me feel weak . . . I always felt like I was just feeling sorry for myself” (Jockey 8).

Jockeys were concerned about *career implications* if they sought help for MHDs. Specifically, how a racehorse trainer would view them. A career as a jockey is an uncertain one, with inconsistent career opportunities and financial challenges reported elsewhere (King et al., 2021); therefore, jockeys discussed not providing a trainer with an opportunity to select another jockey for competition. Jockeys in the present study reported that seeking help may be used by trainers as such an opportunity. Racehorse trainers play an important role in a jockey’s career, particularly at a younger age. Trainers provide jockeys with competitive opportunities (e.g., rides) and successful relationships between jockeys and trainers are known to last the length of a jockey’s career. One participant also discussed that trainers may view them differently if they sought help, as highlighted in the following passage:

They (trainers) might think my jockeys not right in the head . . . I’m sure in the back of their minds they’ll be thinking they’re just not right in the head . . . I don’t think it would be great for them to know too much. It might be an excuse for them to maybe get rid or try someone new. (Jockey 5)

However, these views were anticipated, rather than experienced, with no jockeys reporting that trainers had reduced riding opportunities because of MHDs or negative perceptions toward help-seeking. Nevertheless, jockeys were overwhelmingly in favor of a trainer not finding out their potential or actual experiences of help-seeking for MHDs. Similar findings have been reported within the concussion literature, where 84% of jockeys reported riding with a suspected concussion due to the pressure of potential deselection if they missed a race (O’Connor et al., 2018). The racehorse trainer–jockey relationship is akin to the coach–athlete relationship, therefore comparisons between the two concepts are warranted. Castaldelli-Maia et al. (2019) suggested that coaches can encourage and support athletes to acknowledge MHDs and create an environment where MHDs are not seen in a stigmatizing light. Racehorse trainers are in a similar position due to frequent contact with jockeys (jockeys often exercise horses in the early morning for racehorse trainers each day), which may also help to alleviate the concerns related to the *negative career implications* anticipated by jockeys as illustrated in the present study.

Cultural Norms

An important barrier to help-seeking that was identified within the interviews was the *cultural norms* associated with the sport of horseracing. These appeared to be underpinned by characteristics that are widely associated with *masculinity* such as

toughness, strength, and an ability to cope and endure physical and mental hardship. This finding aligns with the work of Butler and Charles (2012), who reported that the sport of horseracing is gendered masculine whereby characteristics such as toughness, fitness, assertiveness, strength, and stamina are prerequisites to work in the sport. However, for jockeys in the current study, help-seeking appeared to be perceived as the antithesis of such human qualities, with particular reference to weakness. Jockey 1 stated,

... you have to show you're just as strong, just as tough, (that) you're physically and mentally able to handle (it) ... it's very hardcore, physically demanding, you have to be strong, you have to bounce from your falls, you get broken bones all the time. I suppose you want to come across as if you are hard and that you don't have any kind of weakness.

The perception of certain role models to jockeys appeared to further entrench these views:

It's one of those sports where you need to be seen to be grafting every day. You're driving miles and miles each week and you're dieting, it's madness. You're throwing a horse over a fence ... It's kind of a thing where people expect jockeys to be kicking hard and that they never have a weakness. Look at Tony McCoy, he never had a weakness, and he never showed weakness either and so all jockeys kind of want to be like him. They never want to be open and speak about mental health problems to like a counselor or somebody like that. (Jockey 1)

Research suggests that the sport of horseracing is not unique in this aspect, and these attitudes are reflective of sport in general where an emphasis is placed on hiding vulnerabilities, overtly displaying toughness, and minimizing injuries (Bauman, 2016; Doherty et al., 2016). As described in a recent article, "the culture in sport is one where there is stigma associated with athlete mental health issues, and therefore any desire to obtain professional help is undermined by the fear of being labeled 'mentally weak'" (Gucciardi et al., 2017, p. 307).

The high-order theme of *self-reliance* was underpinned by feelings of independence and control, which appeared to serve as a barrier to help-seeking. Jockeys often drew parallels between the nature of their occupation and how that inhibited help-seeking behaviors, as illustrated in the following quote:

Racing is such a one man game. You are paddling your own canoe, and the knock on when it comes to your mental health ... you think I must be strong by myself, I'll just keep it to myself. I handle everything else, I drive myself everywhere, I sort all of my rides, I sort my finances ... you just become really independent because you absolutely have to be and I think it drips in to the psychological side. (Jockey 7)

Participants often attempted to cope independently with specific challenging situations (e.g., career suspension) or more harmful thoughts (e.g., suicide ideation). For some jockeys, they appeared to seek help once they felt they had exhausted all of the other options available to them (e.g., crisis point). Jockey 5

reported, “It was kind of like a boiling pot, it just gradually started to simmer, simmer, simmer, and then eventually it got to a boiling point and I just gave in and broke down.” Another jockey reported,

I think there’s a lot of people who don’t think they are in a bad enough way if you get me. Like they (jockeys) think they nearly need to be on suicide watch to be ringing up one of them (mental health professional). (Jockey 4)

Self-reliant attitudes toward help-seeking appeared to develop due to the parallels associated with the career, which involved being a self-employed, often isolated, individual athlete. Contrary to other individual sports, few jockeys have coaches or formal support networks, which may result in a lack of opportunity to share personal experiences of MHDs with appropriate individuals.

Low Mental Health Literacy

Mental health literacy contains multiple factors including the ability to recognize signs and symptoms of MHDs, knowledge of risk factors and causes of MHDs, understanding self-help mechanisms, knowledge of professional treatments, positive attitudes which promote recognition and help-seeking, and knowledge of where to seek information on MHDs (Jorm, 2000). Therefore, low levels of mental health literacy are partially presented in the present study, with further investigation into each specific component of mental health literacy required. Jockeys discussed *not knowing where to seek help*, which is surprising given the sport’s governing bodies attempts to raise awareness of specific support services for jockeys such as consulting sport psychologists or counselors. Participants reported difficulty *recognizing symptoms*, with one participant stating that a lack of education and understanding on MHD symptoms delayed the behavior of seeking help:

I think a lot of people are uneducated (on MHDs) and I think that’s a massive factor. The lack of knowledge or even the lack of education to say ‘God I’m kind of weak, I think I’ll get some help. (Jockey 3)

Another jockey discussed similar notions in relation to *recognizing symptoms*. Jockey 2, who had previously sought help for depression, reported, “. . . depression wasn’t really mentioned at the time, or anything . . . I hadn’t a clue about depression or what it was either and it’s only kind of now that the word depression is known.” Contributing to the challenges in *recognizing symptoms* for jockeys was differentiating between the day to day stressors and workload of a life as a jockey, and what constitutes as a MHD. Jockey 1 described this concept in the following quote:

I think burnout is a big thing in racing and that’s something different from mental health issues because with burnout you’re just completely exhausted and you’re on a Ferris wheel, you’re on a rat race the whole time . . . I think burnout is a massive thing and you’re gonna have similar symptoms . . . I suppose with mental health issues you’re constantly down and you’re constantly upset and tired so it is hard to differentiate between the two.

Participant's quotes highlighted the *minimization of MHDs*, which reduced an individual's propensity to seek help, with less emphasis placed on the importance of seeking help for MHDs. One jockey who had sought help, but discussed the lengthy process involved in reaching that decision, demonstrated this in the following quote: "I felt like I was making a bigger deal out of things . . . I should have had a thicker skin and should have manned up about things" (Jockey 5). Another jockey highlighted a *minimization of MHDs* in comparison to reaching out for help for a physical illness:

I suppose there's the other side of it then where they (jockeys) just feel like this is just a small bump in the road. "I'll get over it next week" but it drags on to the following week and the following month and the next thing you're depressed for six months You know like if you had a pain in your chest today, you might say oh it will be gone tomorrow, but obviously if it progresses for two or three days you would be very quick to go to a hospital to get it checked out. Maybe with a mental health issue you're kind of inclined to leave it to roll for a longer period of time before you get it sorted. (Jockey 6)

Jockeys also reported *negative perceptions toward treatment*. One jockey anticipated a negative response if they spoke to a mental health professional and stated, "I didn't really know who to talk to and then if you went to speak to someone they'd go 'oh Jesus there's nothing wrong with you'" (Jockey 10). The efficacy of treatment and the uncertainty around treatment outcomes was also questioned as reported in the following quote:

. . . if I get help then will it work? Will be back to the same as I am now? Like is there any point in it because will it work? Or if I do reach out and speak to someone will it work? Will I be a different person after the whole experience? (Jockey 3)

Some jockeys appeared to hold more negative views toward mental health professionals in comparison to other support services such as a sport psychologist. Meeting a sport psychologist appeared to carry less stigma than visiting a psychologist: "Like [names sport psychologist] is a sport psychologist, that's what they're titled, that's a big help. It's not 'I'm going to see a psychologist. That's a big help' (Jockey 4)." Other studies have documented similar views from athletes where discussions around performance with a sport psychologist may feel more comfortable in comparison to talking to a psychologist (Gulliver et al., 2012). This may be due to issues such as competitive anxiety being less stigmatized than MHDs such as depression (Gulliver et al., 2012).

Participants also discussed issues relating to pharmacological treatment, with the common consensus that treatment involved drugs, mainly antidepressants. Jockey 3 stated, "if I am bad, do I have to take tablets?" with another jockey talking about their experiences of taking antidepressants illustrating that it made them feel like a failure: "to be honest I half felt like I'd failed a little bit . . . I was hoping I'd be able to beat it without having to resort to something like that" (Jockey 6). Many of the participants felt that *confidentiality* was an important barrier for help-seeking. In Ireland, the Industry Assistance Program provides free 24-hr confidential support for all individuals working within the industry, although several jockeys expressed confidentiality concerns and a reluctance to use such services:

I'd never ring any of them (helplines) but maybe some of the guys feel like those helplines aren't completely confidential If they feel like they are being run by a racing person or something like that, that it might get out. (Jockey 7)

Educating jockeys to provide them with tools to identify, recognize, and seek help for certain symptoms of MHDs appears important. The present sample appeared to hold negative views toward treatment, therefore improving knowledge among jockeys on what treatment for MHDs may include is an important consideration. Mental health literacy has been found to positively predict attitudes toward help-seeking, which suggests that improving knowledge via psychoeducational programs may be a beneficial method to improving attitudes toward help-seeking and subsequent help-seeking behaviors (Cheng et al., 2018; Kola-Palmer et al., 2020). Future studies among jockeys would benefit from quantifying jockeys' levels of mental health literacy. By doing so, bespoke education programs can be developed to target specific areas for improvement (e.g., identifying symptoms of MHDs, improving attitudes toward treatment). However, psychoeducational programs must be appreciative of the contextual factors that are often unique to each sport or group of athletes (Gorczynski et al., 2019). Within horseracing, this may relate to injury, rehabilitation, or challenging some of the stereotypes (e.g., help-seeking is a weakness) that have been presented throughout the article.

Facilitators

Facilitators to help-seeking for MHDs among professional jockeys included education, support, and media (Table 2).

Education

Jockeys described that education, which included *exposure to psychological support at a younger age*, may facilitate individuals accessing professional psychological support. Participants discussed that this could be enacted upon on licensing courses for jockeys.

In Ireland, jockeys are provided with free sport science support from an industry-funded program (Jockey Pathway), which includes access to sport psychology services. Upon entering the sport, two sport psychology consultations are mandatory for jockeys to obtain their professional license. One jockey stated,

I did a course for the conditional license and they had the Jockey Pathway there. I think it should be brought in a lot younger, especially for the younger lads . . . it wouldn't be a bad thing to get them at a younger age, when they are starting off. To know that there's someone there if something was to happen. Like its (horseracing) a tricky old game, you might get a run of things and then the run might stop and then it might pick up again. You never know. (Jockey 10)

Another jockey, who obtained their jockey license prior to the introduction of mandatory sport psychology consultations, highlighted the potential benefits of

Table 2 Facilitators to Help-Seeking Among Professional Jockeys

Themes	High-order themes	Subthemes
Education	Exposure to psychological support at a younger age	Licensing courses
Support	Support from professionals, jockeys, friends, and family	Close friendships Patient–professional relationships
Media	High-profile disclosures from other jockeys	Normalizing MHDs and help-seeking
	Social media campaigns	Role models

educating younger jockeys of the challenges and demands of the sport to help better prepare them for their careers in the sport:

I know when I was getting my jockey license it (psychoeducational content) wasn't really ever a part of it. They probably have it included now but maybe a bit of a chat from someone like [names industry sport psychologist] who explained to them that this is a very tough role, its high pressure situations you're going to be in, you have to come for help if you need it. (Jockey 4)

This finding aligns with the research of Martin et al. (2017) who reported a need for industry education for jockeys, particularly at the early stages of their career. Jockeys are able to turn professional from the age of 16; however, up until that age, they compete predominantly in pony racing. Unlike other sports where athletes are integrated into elite systems from a young age, such as tennis and swimming, and as such are exposed to sport science supports, such as sport psychologists, it is likely that the first time a jockey is educated on sport psychology principles is via the licensing course. Reaching out and providing services to younger jockeys may be facilitated by contacting relevant racing organizations.

Support

Participants felt that strong social support networks facilitate help-seeking among jockeys, particularly the role of *support from professionals, jockeys, friends, and family*. Jockey 7 discussed their experience of help-seeking which was facilitated by discussions with a family member, and then a doctor: “I was very lucky that I had some very good people around me . . . I went to see my sister and she kind of sorted it with the Doctor about getting help.” Furthermore, recent research indicated that athletes were more willing to talk to a mental health professional after referral from a family member in comparison to a coach, teammate, or the individual themselves (Wahto et al., 2016). Another jockey spoke about discussing their experiences of MHDs with another jockey and the benefits of doing so. They stated, “I broke down in [names other jockey] house, it was a huge weight off my

shoulders” (Jockey 8). Accessing informal supports such as those from friends and family appear common within the jockey population. For instance, in a study examining concussion reporting attitudes and behaviors, O’Connor et al., (2018) reported that if a professional jockey suspected they had experienced a concussion on race day, 64% would tell a family member. For a medicalized formal concussion diagnosis, this number increased where 82% of professional jockeys stated that they would tell a family member. Developing close relationships with medical officers was also important for participants. Close links with medical officers who work with the jockeys on a day-to-day basis appeared to promote help-seeking behaviors as the following quote demonstrates:

I’m sure if they (jockeys) ever had a problem they’d to talk [names medical officers]. I think the docs, [names medical officers], are not like your normal doctors. They’re absolute legends and great at their jobs. They’re great to talk to and (provide) support. (Jockey 9)

Jockeys also discussed that finding a suitable professional who understood the horseracing industry and the certain nuances that comes with it a key component of an effective patient–professional relationship.

Media Campaigns

Participants described that *high-profile disclosures of MHDs from jockeys* would help normalize help-seeking within the jockey community and remove existing taboos. One jockey said,

I think kinda hearing about it more from other jockeys . . . the doctors and stuff are brilliant but if we could get more jockeys to talk about what they have been through then people would realize it more and it would probably make them think that everyone kinda goes through the same thing. (Jockey 8)

Jockeys have reported learning from others within the industry (Martin et al., 2017; Moore et al., 2002); therefore, the use of role models to endorse certain behaviors (e.g., help-seeking) may promote more positive attitudes toward help-seeking. In this regard, several jockeys over the past 5 years have spoken publicly about their experiences of depression, and participants agreed that it had a significant impact on their attitudes toward MHDs and help-seeking as illustrated in the following quote:

I think it opened a new door. I think it made people very aware that this is happening under people’s noses I think it was a great thing because he felt he could come out and talk about it and he didn’t have to hide it . . . I think that gave other people, the kind of, the right to feel that they might be going through the same thing. (Jockey 1)

In recent years, several professional athletes from a multitude of sports have spoken publicly about their own experiences of MHDs, which may have helped other athletes seek help. Research in the United States examined the media discourse surrounding two high-profile elite athletes, DeMar DeRozan and Kevin

Love, and their public disclosure of mental illness (Parrott et al., 2019). Findings revealed universally positive responses to their stories by journalists, with particular focus on the strength shown by the athletes to publicly disclose their experiences. Moreover, as social cognitive theory (Bandura, 2001) suggests, the disclosures modeled the commonality of mental illness and help-seeking, which may influence other athletes to normalize their own experiences and seek help themselves.

Social media campaigns were also reported as a method to facilitate help-seeking and encourage jockeys to feel comfortable enough to seek help for MHDs. The jockeys were aware of social media campaigns on Twitter such as the “It’s Okay Not to be Okay” hashtag, which they felt normalized MHDs. One jockey illustrated this in the following quote:

I think social media has been great over the last few years because when I look and see a jockey donating towards one of the mental health charities, I automatically think Jesus, I’m not alone. You don’t feel isolated Then I was saying to myself it’s okay to talk. (Jockey 3)

In the United Kingdom, a number of videos have been posted online by the charity Jockeys Employment and Training Scheme (JETS), which have reported on real-life stories by jockeys on a number of topics, including substance abuse and recovery, depression, injury, and resilience, among others. Similar concepts may be created for each racing jurisdiction, due to the importance of familiarity and relatedness for the viewer with individuals participating in each video.

Implications for Clinical Practice

The results of the present study offer unique insights into the barriers to and facilitators of help-seeking for MHDs among professional jockeys. Thus, the findings may help inform practitioners working with jockeys moving forward. First, an awareness of the cultural norms (e.g., strength, toughness) embedded within the sport are necessary when developing programs or interventions designed to support jockeys. One method may be to consider the language used in reaching out to jockeys. For instance, the term “mental health” often carries negative connotations (Coyle et al., 2017), while also jockeys reported that help-seeking may be viewed as a weakness. Framing supports and programs in a more positive light such as “mental fitness” may serve as one such method in encouraging jockeys to seek help. Indeed, Breslin et al. (2018) suggest that the term “mental fitness” may be viewed as less stigmatizing, while being relatable to the athlete with a focus on fitness.

Second, bespoke mental health literacy programs, specific to jockeys, appear a potential avenue to help address a number of the barriers (e.g., low mental health literacy; stigma; self-reliance) and facilitators (e.g., education) identified within the study. Of critical importance within these programs is the accessibility and timely nature in which they are delivered. Jockeys compete across lengthy, unstructured seasons, with very little time off in a calendar year (King et al., 2021). Thus, programs should be short in length, which may facilitate participation from jockeys. Previous research has reported on the beneficial effects of shorter mental

health literacy programs in sporting environments (Hurley et al., 2018; Liddle et al., 2021). Content included in the program might focus on the unique and nuanced challenges jockeys face throughout their careers (e.g., King et al., 2021; Landolt et al., 2017) while also integrating important generic mental health literacy information (e.g., symptoms of depression/anxiety). For jockeys, such unique challenges may include emotional responses to injury, involuntary retirement, and managing a heavy workload as an athlete, among others. These considerations are critical for practitioners given recent findings that the most successful mental health literacy interventions are tailored to specific populations (Brijnath et al., 2016).

Third, improving the relationships and team dynamics of jockey support services may serve as a useful method of minimizing the barriers and maximizing facilitators to help-seeking among jockeys. In Ireland, the Jockey Pathway functions as an interdisciplinary team (sport psychology, nutrition, physiotherapy, strength, and conditioning) designed to deliver sport science services to jockeys. However, often interdisciplinary teams work in silos, supporting only one part of the athlete (Fletcher et al., 2017). Integrating an effective community of practice within the support staff network may function as a potential solution. Community of practices are underpinned by four key characteristics in which members interact with one another in formal and informal settings, share knowledge, collaborate to create and share new knowledge, and promote a shared identity between group members (Li et al., 2009). Improving communication and integration between the support team may help enhance the precision and depth of case formulation, increase early recognition of symptoms of MHDs, and promote further referral to mental health support services for jockeys if required (Buran et al., 2019). Moreover, the visibility of Jockey Pathway services should be magnified. Jockeys in the present study discussed close relationships with medical officers as a facilitator to help-seeking, therefore increasing contact between Jockey Pathway team and jockeys appears a logical step. This could be achieved via the interdisciplinary team attending racecourses throughout the season to increase familiarity between support staff and jockeys.

Limitations

While this study presents a unique examination of help-seeking barriers and facilitators among jockeys, the study's limitations must be addressed. First, five participants (42%) had previously sought help from a mental health professional. Thus, individuals participating in the study may hold more favorable attitudes toward help-seeking in comparison to those who have not previously sought help. Despite this, a wide variety of barriers and facilitators toward help-seeking that are consistent with literature among both athletes and general populations were reported. Moreover, the present study did not examine differences in barriers and facilitators in jockeys with previous help-seeking experience versus those with no experience of help-seeking. Second, although male and female jockeys took part in the study, the exact number of male and female jockeys was withheld due to experiencing similar racing demands and competing against one another. Previous research has identified that females hold more positive attitudes toward help-seeking than males (Nam et al., 2010); therefore, future research may yield

differing results if male and female interviews were analyzed separately. Nevertheless, this could be difficult for researchers due to the low number of female jockeys currently competing in Ireland, which may raise confidentiality and anonymity concerns. Finally, the number of facilitators to help-seeking identified within the present study were low in comparison to barriers. While this is reflective of help-seeking studies in general (e.g., Gulliver et al., 2010, 2012; Velasco et al., 2020), further research is needed to provide greater clarity on factors that facilitate help-seeking among jockeys.

Conclusion

This study is one of the first studies to explore the perceived barriers and facilitators to help-seeking among professional jockeys. This is important given the recent research which has continually highlighted a prevalence of symptoms of MHDs among jockeys (King et al., 2020; Losty et al., 2019). Key barriers to help-seeking for jockeys include stigma, and the potential implications help-seeking may have to a jockey's career. The cultural norms of the sport, underpinned by values of dominant masculinity and self-reliance also appear to serve as barriers. Several facilitators of help-seeking were reported and included education from a young age, strong social support networks, and media campaigns. Previous studies have often examined barriers and facilitators among student-athletes and young elite athletes; therefore, our findings advance the breadth of athletes that the research area has explored. Individuals working with professional jockeys, and the organizations under which the jockeys compete, should consider the specific barriers and facilitators identified when developing support programs for jockeys. Further research examining how factors such as stigma and mental health literacy impact attitudes toward help-seeking represent interesting future areas of inquiry.

References

- Arnold, R., & Fletcher, D. (2012). A research synthesis and taxonomic classification of the organizational stressors encountered by sport performers. *Journal of Sport and Exercise Psychology*, 34(3), 397–429. <https://doi.org/10.1123/jsep.34.3.397>
- Bandura, A. (2001). Social cognitive theory of mass communication. *Media Psychology*, 3(3), 265–299. https://doi.org/10.1207/S1532785XMEP0303_03
- Bauman, N.J. (2016). The stigma of mental health in athletes: Are mental toughness and mental health seen as contradictory in elite sport? *British Journal of Sports Medicine*, 50(3), 135–136. <https://doi.org/10.1136/bjsports-2015-095570>
- Bird, M.D., Chow, G.M., Meir, G., & Freeman, J. (2018). Student-athlete and student non-athletes' stigma and attitudes toward seeking online and face-to-face counseling. *Journal of Clinical Sport Psychology*, 12(3), 347–364. <https://doi.org/10.1123/jcsp.2017-0010>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>
- Braun, V., Clarke, V., & Weate, P. (2016). Using thematic analysis in sport and exercise research. In B. Smith, & A. C. Sparkes (Eds.), *Routledge handbook of qualitative research in sport and exercise* (pp. 213–227). Routledge.

- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597. <https://doi.org/10.1080/2159676X.2019.1628806>
- Breslin, G., Haughey, T., O'Brien, W., Robertson, A., Caulfield, L., & Lawlor, M. (2018). Increasing athlete knowledge of mental health and intentions to seek help: The state of Mind Ireland (SOMI) pilot program. *Journal of Clinical Sport Psychology*, 12(1), 39–56. <https://doi.org/10.1123/jcsp.2016-0039>
- Breslin, G., Shannon, S., Ferguson, K., Devlin, S., Haughey, T., & Prentice, G. (2019). Predicting athlete mental health stigma using the theory of reasoned action framework. *Journal of Clinical Sport Psychology*, 13(1), 103–115. <https://doi.org/10.1123/jcsp.2017-0055>
- Brijnath, B., Protheroe, J., Mahtani, K.R., & Antoniadou, J. (2016). Do web-based mental health literacy interventions improve the mental health literacy of adult consumers? Results from a systematic review. *Journal of Medical Internet Research*, 18(6), e165. <https://doi.org/10.2196/jmir.5463>
- Buran, M., Alexander, J., Roddam, H., Leather, M., & Rhodes, D. (2019). An exploratory study in to the development of a multidisciplinary team in elite level cricket: A thematic analysis. *Journal of Research in Sports Medicine*, 4(2), 1–10.
- Butler, D., & Charles, N. (2012). Exaggerated femininity and tortured masculinity: Embodying gender in the horseracing industry. *Sociological Review*, 60(4), 676–695. <https://doi.org/10.1111/j.1467-954X.2012.02129.x>
- Castaldelli-Maia, J.M., Gallinaro, J.G.D.M.E., Falcão, R.S., Gouttebauge, V., Hitchcock, M.E., Hainline, B., Reardon, C.L., & Stull, T. (2019). Mental health symptoms and disorders in elite athletes: A systematic review on cultural influencers and barriers to athletes seeking treatment. *British Journal of Sports Medicine*, 53(11), 707–721. <https://doi.org/10.1136/bjsports-2019-100710>
- Cheng, H.L., Wang, C., McDermott, R.C., Kridel, M., & Rislin, J.L. (2018). Self-stigma, mental health literacy, and attitudes toward seeking psychological help. *Journal of Counseling and Development*, 96(1), 64–74. <https://doi.org/10.1002/jcad.12178>
- Chow, G.M., Bird, M.D., Gabana, N., Cooper, B.T., & Swandrow Becker, M. (2020). Student-athletes' mental health help-seeking experiences: A mixed methodological approach. *Journal of College Student Psychotherapy*, 34(1), 59–77. <https://doi.org/10.1080/87568225.2018.1523699>
- Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., Morgan, C., Rüsch, N., Brown, J.S.L., & Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine*, 45(1), 11–27. <https://doi.org/10.1017/S0033291714000129>
- Corrigan, P.W., & Watson, A.C. (2002). The paradox of self-stigma and mental illness. *Clinical Psychology: Science*, 9(1), 35–53.
- Coyle, M., Gorczynski, P., & Gibson, K. (2017). “You have to be mental to jump off a board any way”: Elite divers' conceptualizations and perceptions of mental health. *Psychology of Sport & Exercise*, 29, 10–18. <https://doi.org/10.1016/j.psychsport.2016.11.005>
- Doherty, S., Hannigan, B., Campbell, M.J., Ringland, A., Arvinen-Barrow, M., Doherty, S., Hannigan, B., Campbell, M.J., Ringland, A., Doherty, S., Hannigan, B., Campbell, M.J., Ringland, A., & Arvinen-Barrow, M. (2016). The experience of depression during careers of elite male athletes. *Frontiers in Psychology*, 7, 1–11. <https://doi.org/10.3389/fpsyg.2016.01069>
- Fletcher, S., Breitbach, A.P., & Reeves, S. (2017). Interprofessional collaboration in sports medicine: Findings from a scoping review. *Health & Interprofessional Practice*, 3(2), 1128. <https://doi.org/10.7710/2159-1253.1128>
- Geertz, C. (1973). Thick description: Toward an interpretive theory of culture. In C. Geertz (Ed.), *The interpretation of cultures*. Basic Books.

- Gorczyński, P., Currie, A., Gibson, K., Gouttebarge, V., Hainline, B., Castaldelli-Maia, J.M., Mountjoy, M., Purcell, R., Reardon, C.L., Rice, S., & Swartz, L. (2021). Developing mental health literacy and cultural competence in elite sport. *Journal of Applied Sport Psychology*, 33(4), 387–401. <https://doi.org/10.1080/10413200.2020.1720045>
- Gorczyński, P.F., Gibson, K., Richard, P., Fbases, T., Papathomas, A., Chris, P., Fbases, H., & Kinnafick, F. (2019). The BASES Expert Statement on mental health literacy in elite sport. *The Sport and Exercise Scientist*, 59, 6–7.
- Gouttebarge, V., Castaldelli-Maia, J.M., Gorczyński, P., Hainline, B., Hitchcock, M.E., Kerkhoffs, G.M., Rice, S.M., & Reardon, C.L. (2019). Occurrence of mental health symptoms and disorders in current and former elite athletes: A systematic review and meta-analysis. *British Journal of Sports Medicine*, 53(11), 700–706. <https://doi.org/10.1136/bjsports-2019-100671>
- Gucciardi, D.F., Hanton, S., & Fleming, S. (2017). Are mental toughness and mental health contradictory concepts in elite sport? A narrative review of theory and evidence. *Journal of Science and Medicine in Sport*, 20(3), 307–311. <https://doi.org/10.1016/j.jsams.2016.08.006>
- Gulliver, A., Griffiths, K.M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. *BMC Psychiatry*, 10(1), 113. <https://doi.org/10.1186/1471-244X-10-113>
- Gulliver, A., Griffiths, K.M., & Christensen, H. (2012). Barriers and facilitators to mental health help-seeking for young elite athletes: A qualitative study. *BMC Psychiatry*, 12(1), 157. <https://doi.org/10.1186/1471-244X-12-157>
- Hanton, S., Fletcher, D., & Coughlan, G. (2005). Stress in elite sport performers: A comparative study of competitive and organizational stressors. *Journal of Sports Sciences*, 23(10), 1129–1141. <https://doi.org/10.1080/02640410500131480>
- Hurley, D., Allen, M.S., Swann, C., Okely, A.D., & Vella, S.A. (2018). The development, pilot, and process evaluation of a parent mental health literacy intervention through community sports clubs. *Journal of Child and Family Studies*, 27(7), 2149–2160. <https://doi.org/10.1007/s10826-018-1071-y>
- Jorm, A.F. (2000). Mental health literacy: Public knowledge and beliefs about mental disorders. *The British Journal of Psychiatry*, 177(5), 396–401. <https://doi.org/10.1192/bjp.177.5.396>
- Kaier, E., Cromer, L.D., Johnson, M.D., Strunk, K., & Davis, J.L. (2015). Perceptions of mental illness stigma: Comparisons of athletes to nonathlete peers. *Journal of College Student Development*, 56(7), 735–739. <https://doi.org/10.1353/csd.2015.0079>
- King, L., Cullen, S., McGoldrick, A., Pugh, J., Warrington, G., & Losty, C. (2021). Stressors experienced by professional jockeys. *The Sport Psychologist*, 35(2), 142–154.
- King, L., Cullen, S., O'Connor, S., McGoldrick, A., Pugh, J., Warrington, G., Woods, G., Nevill, A., & Losty, C. (2020). Common mental disorders among Irish jockeys: Prevalence and risk factors. *The Physician and Sportsmedicine*, 49(2), 1–7. <https://doi.org/10.1080/00913847.2020.1808435>
- Kola-Palmer, S., Lewis, K., Rodriguez, A., & Kola-Palmer, D. (2020). Help-seeking for mental health issues in professional rugby league players. *Frontiers in Psychology*, 11, 570690. <https://doi.org/10.3389/fpsyg.2020.570690>
- Landolt, K., O'Halloran, P., Hale, M.W., Horan, B., Kinsella, G., Kingsley, M., & Wright, B.J. (2017). Identifying the sources of stress and rewards in a group of Australian apprentice jockeys. *Qualitative Research in Sport, Exercise and Health*, 9(5), 583–599. <https://doi.org/10.1080/2159676X.2017.1340329>
- Li, L.C., Grimshaw, J.M., Nielsen, C., Judd, M., Coyte, P.C., & Graham, I.D. (2009). Evolution of Wenger's concept of community of practice. *Implementation Science*, 4(1), 1–8. <https://doi.org/10.1186/1748-5908-4-11>

- Liddle, S.K., Deane, F.P., Batterham, M., & Vella, S.A. (2021). A brief sports-based mental health literacy program for male adolescents: A cluster-randomized controlled trial. *Journal of Applied Sport Psychology*, 33(1), 20–44. <https://doi.org/10.1080/10413200.2019.1653404>
- Longhurst, R. (2010). Semi-structured interviews and focus groups. In N. Clifford & G. Valentine (Eds.), *Key methods in geography* (pp. 103–116). Sage.
- López, R.L., & Levy, J.J. (2013). Student athletes' perceived barriers to and preferences for seeking counseling. *Journal of College Counseling*, 16(1), 19–31. <https://doi.org/10.1002/j.2161-1882.2013.00024.x>
- Losty, C., Warrington, G., McGoldrick, A., Murphy, C., Burrows, E., & Cullen, S. (2019). Mental health and wellbeing of jockeys. *Journal of Human Sport & Exercise*, 14(1), 147–158. <https://doi.org/10.14198/jhse.2019.141.12>
- Martin, D., Wilson, G., Morton, J., Close, G.L., & Murphy, R.C. (2017). The horseracing industry's perception of nutritional and weight-making practices of professional jockeys. *Qualitative Research in Sport, Exercise and Health*, 9(5), 568–582. <https://doi.org/10.1080/2159676X.2017.1340330>
- Martin, S.J., Saulnier, K.G., Horvath, S.A., & Anderson, T. (2020). Increasing help-seeking for eating pathology among collegiate athletes: An examination of a novel, customized intervention. *Psychology of Sport and Exercise*, 50, 101731. <https://doi.org/10.1016/j.psychsport.2020.101731>
- Moore, J., Timperio, A., Crawford, D., Burns, C., & Cameron-Smith, D. (2002). Weight management and weight loss strategies of professional jockeys. *International Journal of Sport Nutrition and Exercise Metabolism*, 12(1), 1–13. <https://doi.org/10.1123/ijsnem.12.1.1>
- Moreland, J.J., Coxe, K.A., Yang, J., Ginger, J., & Yang, J. (2018). Collegiate athletes' mental health services utilization: A systematic review of conceptualizations, operationalizations, facilitators, and barriers. *Journal of Sport and Health Science*, 7(1), 58–69. <https://doi.org/10.1016/j.jsbs.2017.04.009>
- Nam, S.K., Chu, H.J., Lee, M.K., Lee, J.H., Kim, N., & Lee, S.M. (2010). A meta-analysis of gender differences in attitudes toward seeking professional psychological help. *Journal of American College Health*, 59(2), 110–116. <https://doi.org/10.1080/07448481.2010.483714>
- Noblet, A.J., & Gifford, S.M. (2002). The sources of stress experienced by professional Australian footballers. *Journal of Applied Sport Psychology*, 14(1), 1–13. <https://doi.org/10.1080/10413200209339007>
- O'Connor, S., Warrington, G., Whelan, G., McGoldrick, A., Cullen, S., O'Connor, S., Warrington, G., Whelan, G., McGoldrick, A., & Cullen, S. (2018). Concussion history, reporting behaviors, attitudes, and knowledge in jockeys. *Clinical Journal of Sport Medicine*, 30(6), 578–584. <https://doi.org/10.1097/jsm.0000000000000658>
- Parrott, S., Billings, A.C., Buzzelli, N., & Towery, N. (2019). “We all go through it”: Media depictions of mental illness disclosures from star athletes DeMar DeRozan and Kevin Love. *Communication & Sport*, 9(1), 33–54. <https://doi.org/10.1177/2167479519852605>
- Schinke, R., Smith, B., & McGannon, K.R. (2013). Pathways for community research in sport and physical activity: Criteria for consideration. *Qualitative Research in Sport, Exercise and Health*, 5(3), 460–468. <https://doi.org/10.1080/2159676X.2013.846274>
- Schnyder, N., Panczak, R., Groth, N., & Schultze-Lutter, F. (2017). Association between mental health-related stigma and active help-seeking: Systematic review and meta-analysis. *British Journal of Psychiatry*, 210(4), 261–268. <https://doi.org/10.1192/bjp.bp.116.189464>
- Schwenk, T. (2000). The stigmatisation and denial of mental illness in athletes. *British Journal of Sports Medicine*, 34(1), 4–5. <https://doi.org/10.1136/bjsm.34.1.4>

- Scotland, J. (2012). Exploring the philosophical underpinnings of research: Relating ontology and epistemology to the methodology and methods of the scientific, interpretive, and critical research paradigms. *English Language Teaching*, 5(9), 9–16. <https://doi.org/10.5539/elt.v5n9p9>
- Sheerin, B. (2021). Ruby Walsh launches mental health app with IHRB after being upset by report. *Racing Post*. <https://www.racingpost.com/news/it-upset-me-ruby-walsh-and-ihrb-launch-mental-health-app-following-report/512007>
- Smith, B., & McGannon, K.R. (2018). Developing rigor in qualitative research: Problems and opportunities within sport and exercise psychology. *International Review of Sport and Exercise Psychology*, 11(1), 101–121. <https://doi.org/10.1080/1750984X.2017.1317357>
- Smith, B., & Sparkes, A. (2014). *Qualitative research methods in sport, exercise and health: From process to product*. Routledge.
- Souter, G., Lewis, R., & Serrant, L. (2018). Men, mental health and elite sport: A narrative review. *Sports Medicine—Open*, 4(1), 1–8. <https://doi.org/10.1186/s40798-018-0175-7>
- Uphill, M., Sly, D., & Swain, J. (2016). From mental health to mental wealth in athletes: Looking back and moving forward. *Frontiers in Psychology*, 7, 935. <https://doi.org/10.3389/fpsyg.2016.00935>
- Velasco, A., Cruz, I.S.S., Billings, J., Jimenez, M., & Rowe, S. (2020). What are the barriers, facilitators and interventions targeting help-seeking behaviours for common mental health problems in adolescents? A systematic review. *BMC Psychiatry*, 20(1), 293–315. <https://doi.org/10.1186/s12888-020-02659-0>
- Wahto, R.S., Swift, J.K., & Whipple, J.L. (2016). The role of stigma and referral source in predicting college student-athletes' attitudes toward psychological help-seeking. *Journal of Clinical Sport Psychology*, 10(2), 85–98. <https://doi.org/10.1123/JCSP.2015-0025>
- Watson, J. (2005). College student-athletes' attitudes towards help-seeking behaviour and expectations of counseling services. *Journal of College Student Development*, 46(4), 442–449. <https://doi.org/10.1353/csd.2005.0044>
- Wilson, G., Drust, B., Morton, J.P., & Close, G.L. (2014). Weight-making strategies in professional jockeys: Implications for physical and mental health and well-being. *Sports Medicine*, 44(6), 785–796.
- Wood, S., Harrison, L.K., & Kucharska, J. (2017). Male professional footballers' experiences of mental health difficulties and help-seeking. *The Physician and Sportsmedicine*, 45(2), 120–128. <https://doi.org/10.1080/00913847.2017.1283209>
- World Health Organization. (2004). *Promoting mental health: Concepts, emerging evidence, practice (Summary Report)*. https://www.who.int/mental_health/evidence/en/promoting_mhh.pdf