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EDUCATION

MENTAL WELLBEING PROVISION IN VICTORIAN SPORT

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TABLE OF CONTENTS

TABLE OF FIGURES

TABLE OF TABLES

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EXECUTIVE SUMMARY

Introduction

The community sport sector has seen a significant proliferation in the number of public mental health programs servicing it. Sport provides a trusting social community network that lends itself to supporting a focus on mental wellbeing (Breslin et al., 2017). Yet programs tend to vary considerably in content, design, theory and evaluation with a degree of uncertainty about the outcomes or their effectiveness. Within the community sport sector, there remains an apparent lack of agreement on minimal training requirements for supporting content development and provision and a greater need for evidence-based recommendations across the sector.

In May 2020 VicHealth commissioned researchers at Monash University to undertake a review of existing initiatives operating in sports clubs, seeking to promote positive mental health and wellbeing (MHW). The aim was to generate a more comprehensive understanding of the work being undertaken to support positive mental health in community sports contexts across Victoria, Australia. To assist sporting clubs in the sustainable promotion of mental wellbeing as part of a coordinated primary prevention approach, this report provides a review of 'best practice' criteria for the quality provision of mental health support in community sporting clubs. It also provides an examination of a range of mental wellbeing initiatives and resources against the developed criteria. Finally, the report synthesises a set of recommendations from the analysis to offer clear direction to stakeholders looking to engage in mental wellbeing initiatives through sport. The research helps to inform future strategies to support mental health work and training across the community sport sector.

Methodology

The scope of this project was centred around the provision of Mental Health and Wellbeing (MHW) programs within the state of Victoria, Australia targeting community sporting clubs. It involved the following research methods:

- A rapid review of literature to develop 'best practice' criteria for mental health provision in community sport clubs
- A market analysis to ascertain MHW initiatives and programs.
- Ten semi-structured interviews with providers from which detailed notes and transcripts were used to understand the sector.
- Digital surveys were sent to 103 representatives from state sporting associations (n = 88; response rate 25%) and regional sports assemblies (n = 15; response rate 33%) within Victoria. The survey captured data on user needs and reach of providers.
- Data from interviews was used to conduct an analysis of selected MHW initiatives against the criteria.

Findings

Phase 1) Best Practice Criteria for Mental Health Provision in Sport Clubs

A rapid review process was undertaken and a set of criteria were established for 'best-practice' mental health provision in sport. These are summarised under four broad areas: i) A systemic framework for mental wellbeing provision; ii) clear strategies to guide mental wellbeing promotion; iii) evaluation and efficacy and; iv) sustainability of the program. These are outlined briefly below and detailed in the full report.

A systematic Framework for MHW provision

The rapid review found that effective programs are programs that sit within and operate as part of an overarching systematic and strategic framework for mental wellbeing provision. The literature suggests that the messaging of mental wellbeing and mental health promotion needs to be understood (unambiguous), consistent and sustained. Overarching strategic frameworks can help mental health providers and sporting clubs to work across multiple layers to support mental wellbeing (i.e. supportive club culture, club policy, self-help strategies) and add value to initiatives.

Clear strategies to guide mental wellbeing promotion

The rapid review revealed that successful MHW programs in sport have a clear focus that is tailored for varying levels. This focus is complimented by the formation of strong partnerships and collaborations that strengthen social and economic outcomes. In particular programs:

- have targeted foci;
- align these foci to audience needs; and
- extend and amplify the foci through the formation of collaborative partnerships.

Evaluation and efficacy

Programs need to demonstrate they make a measurable and meaningful impact on outcomes they claim to target through the implementation of carefully planned and executed evaluation. Demonstrating the meeting of outcomes through robust evaluation is the best indicator of program quality and impact.

Demonstrate a capacity for sustainability

Programs delivering mental wellbeing initiatives to sporting clubs should demonstrate **institutional or program sustainability**. Mental wellbeing promotion as part of primary care should not be considered a one-off event and organisations that have demonstrated sustainability are more likely to provide a level of consistency and to be founded on evaluation.

Involvement of all stakeholders, ownership by the community and continued availability of resources, facilitate sustainability of mental wellbeing promotion initiatives. **Sustainability of impact** means that the core outcomes of the program endure even after an intensive focus has passed. That is, the way sporting clubs operate to support mental wellbeing has fundamentally and permanently changed as a result of the program.

PHASE 2) MARKET ANALYSIS - SCOPING OF INITIATIVES IMPACTING THE STATE OF VICTORIA

Key providers offering mental health service to community sports clubs in Victoria

The search of providers identified ten key providers offering support services to community sporting clubs operating within the state of Victoria, Australia, which are detailed in the full report. An additional 28 providers were identified as supporting MHW and could be linked to sporting contexts. These providers were all active in working in the community sport sector and offered a range of resources and support to community clubs.

Interviews with key providers

Key representatives of MHW programs that deliver into community sporting clubs were interviewed. A summary of the findings highlights the following:

- An urgent need for regulation and guidelines in this space suggesting that the quality of providers varied significantly, but clubs were often unaware of how to determine which providers they should be working with

and the quality/suitability of the product they were offering. This points to a need for some oversight or regulation in the sector.

- Providers highlighted significant challenges when working with the volunteer community sport sector including limitations on what could be achieved. Interactions frequently involved starting a dialogue, raising awareness and providing basic resources and information within a limited time frame. Most agreed one or two education sessions was inadequate.
- Whilst identifying that work needs to be done to progress protective factors (i.e. cultural change within sporting clubs), most providers felt they were unable to progress much beyond awareness raising. Programs that attempted to address potentially damaging forms of masculinity and negative behaviours such as drug and alcohol use, did so without significant depth.
- Beyond two of the programs, evaluation was limited, making it difficult to make informed judgements regarding the impact of programs within the community sport sector.
- The majority of providers work with AFL clubs and nearly all with team sports, leaving out many individual sports.
- Most acknowledged gendered dimensions of mental health and considered this in design. Fewer considered cultural adjustments and only one discussed adaptation for Indigenous participants.
- Programs varied considerably in their capacities and reach. Many expressed they wanted greater collaboration despite an air of competitiveness in the market. There was a desire to work more closely with higher level structures to provide a more coherent and strategic approach.
- Structurally there seems a considerable disconnect between mental health providers, sporting associations, leagues and associations and clubs.
- Providers were seeking support from organisations like VicHealth in the form of advocacy, advice and guidance for the sport sector, endorsement, lobbying for funding, supporting greater collaboration across the sector, development of shared resources and the establishment of a steering group.

PHASE 3) SPORT ORGANISATION SURVEY

State Sporting Association (SSA) and Regional Sport Assembly (RSA) representatives were asked how much of a priority was MHW. Approximately one third felt it was a low priority, one third a moderate priority and one third a high priority. There was no suggestion that these lead organisations were drawing upon a strategic and integrated approach to MHW provision across SSA and RSA organisations. Supporting the interviews with providers, MHW provision was left largely to the clubs to negotiate with minimal coordinated support coming from the lead organisation. These groups suggested that the most useful form of program provisions would include a mixture of online and face to face training. One-off guest speakers were rated more useful than a series of face to face sessions. SSAs and RSAs were generally open to suggestions for how policy and strategies might be changed to address club culture related to MHW.

With respect to provider reach, Good Sports, The Resilience Project and Pride Cup presented the strongest awareness amongst those surveyed but only one of these was considered in our market analysis as being specifically tailored to the community sport context. Overall there wasn't a strong awareness of the breadth of providers operating in the sector. This suggests there is room to better support SSAs and RSAs to understand what is available for clubs. For those SSAs and RSAs that utilised providers, they generally rated them highly across a range of quality criteria. Keeping costs down and keeping it simple for clubs who were overwhelmingly busy, were two primary concerns.

PHASE 4) ANALYSIS OF INITIATIVES AGAINST CRITERIA

As part of the review process, interview data, resources shared with the research team and publicly available resources were used to score a select number of providers on the criteria developed from the rapid review. There was significant variation across programs on the criteria, this often reflected the fact that many of the programs had narrow or nuanced foci. Key points of difference between providers involved the use of a clear framework, the capacity to tailor to individual audiences and quality evaluation.

Conclusions

Community sport offers an ideal space to better support MHW within the community as part of a primary prevention approach. It provides a trusted network where people feel socially connected. It also offers a site where potential risk factors can be targeted and replaced with more supportive factors linked to notions of wider inclusion and connectedness. Yet work in this space needs to be ongoing and properly resourced if it is to achieve impact beyond awareness raising. This evaluation highlighted limitations in the capacity for providers to move beyond awareness raising given the already high demands placed on volunteer community clubs.

Providers acknowledge the emergence of a significant range of MHW programs in the community sport sector. Survey data highlighted the lack of awareness amongst sporting organisations about what these providers offered. Providers were generally supportive of the idea for oversight and quality regulation. They pointed to a need for an accreditation process for providers where they had to meet particular criteria to be endorsed. This suggests a greater role for a more central organising body to play in coordinating and supporting a more strategic and integrated approach to MHW provision in the community sport sector. The establishment of a steering group comprising representation from MHW experts, providers of MHW programs and sporting club participants could work towards achieving a range of recommendations outlined in the report.

INTRODUCTION

For many people, sport plays a role in sustaining well-being and in particular mental health (Asztalos et al., 2009). As well as being a source of positive mental health and social connection, sporting contexts have a role to play in proactively promoting mental health and wellbeing as part of primary prevention. Approximately two million Australians live with anxiety and one million live with depression (Beyond Blue, 2020). Substantive opportunities exist in sport to positively impact a range of protective factors known to support mental health. These include strengthening social connection, enhancing resilience, reducing stigma associated with mental illness and building stronger connections to resources. Yet, according to Liddle et al., (2015), sporting organisations are not doing all that they can to promote and resource positive mental health. Conversely, there is an apparent lack of coordinated support for clubs needed to develop the confidence and capacity to support the mental wellbeing of their members (Mazzer & Rickwood, 2015).

In May 2020, VicHealth commissioned researchers at Monash University to undertaken a review of existing initiatives operating in sports clubs, seeking to promote positive mental health and wellbeing. The aim of this research is to generate a more comprehensive understanding of the work being undertaken to support positive mental health in community sports contexts across Victoria, Australia. Through a comprehensive mapping of existing support resources, the research helps to inform future strategies to support mental health work and training across the community sport sector and guide sporting associations and community sport clubs to access the types of initiatives and programs most relevant to their needs.

This report is structured to respond to the following:

1. Develop a set of 'best practice' criteria that can be deployed to ascertain the quality, sustainability and impact of mental health providers within the sporting sector through a comprehensive review of the literature (including grey literature).
2. Conduct a market analysis of mental wellbeing initiatives and resources to ascertain:
    a. An overall summary of initiatives;
    b. delivery mediums;
    c. target audience;
    d. cost to clubs;
    e. time commitment required and;
    f. initiatives or programs endorsed by State Sporting Associations and Regional Sports Assemblies.
3. Deploy criteria to ascertain impact, feasibility/usability and quality around provision of a selected set of mental wellbeing initiatives and resources.

Following a review of the literature, this report outlines a three-part method used to analyse the provision of mental wellbeing across the Victorian sporting sector. It presents the findings from this analysis and synthesises a set of recommendations that peak bodies, like VicHealth, can draw upon to guide sporting associations and clubs in the provision of mental health promotion.

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LITERATURE REVIEW

The World Health Organisation (WHO, last update 2014) define mental health as:

> *A state of well-being in which every individual realises 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.*

Mental health is commonly presented as a broad continuum from positive health functioning at one end through to severe conditions that significantly impact on the activities of living at the other. Mental health is not fixed or static and how a person moves back and forth over time can be impacted by their mental health literacy (Jorm, 2012).

Globally, mental health problems contribute substantially to the overall disease burden, with major depression linked to disability, suicide and heart disease (Whiteford et al., 2013). According to the (WHO, 2014), depression and anxiety cost the global economy US$ 1 trillion each year. Mental health impacts substantially on many aspects of life, including school, work, relationships and the everyday capacity to participate in community life (WHO, 2014).

The Australian Department of Health (Dec 2015) suggests that each year:

> *16.8% of the population (3.7 million Australians) experience symptoms of a mental illness sufficient to warrant a diagnosis…A further 23.1% (5.2 million) will have symptoms that fall short of a formal diagnosis but have other indicators of need for mental health assistance. About half will have had a previous mental illness and may require help to prevent relapse. The remainder may require early intervention to prevent development of a full-scale illness.*

An estimated 1 in 4 of all adolescents experience a mental health disorder in any given year with approximately half these disorders beginning to manifest before the age of 14 years (Kessler et al., 2005; World Health Organization, 2012).

Within Australia, 14% of children and adolescents scored in a clinical range, suggesting they have concerns with their mental health (Australian Institute of Health and Welfare, 2020). There are significant cost and health implications for late detection or non-treatment (Breslin, Haughey, Donnelly, Kearney, & Prentice, 2017). Research suggests an accumulative effect from exposure to stressors across the life course and this contributes to inequitable mental health outcomes (Allen, Balfour, Bell, & Marmot, 2014; R. Kessler et al., 2010). Failure to address adolescent mental health conditions has implications for adulthood with impaired physical and mental health limiting opportunities for fulfilment (World Health Organization, 2012).

In the United Kingdom, an estimated 17% of adults had experienced a 'common mental disorder' like depression or anxiety in the past week (Baker, 2020). Generalised anxiety disorder was amongst the most commonly identified mental disorders followed by depressive episodes (Baker, 2020). Within the United States, one out of five adults in 2010 aged 18 or older had a mental illness (Foundation, 2013). Contrary to the popular perception that the prevalence of common mental disorders over the past three decades is rising, Baxter et al. (2014) suggest numbers have remained relatively stable. Within Australasia, they report figures of 7.1% for females and 3.7% for males on anxiety disorders in 2010, and 4.2% (female) and 2.5% (male) for major depressive disorders (Baxter et al., 2014). Harvey et al. (2017) reported stable figures for mental disorders in Australia between 2001 and 2014.

According to the WHO (2004), both risk and protective factors are multi-layered consisting of environmental, economic, family-related, or individual factors. They suggest that:

> *mostly it is the cumulative effect of the presence of multiple risk factors, the lack of protective factors and the interplay of risk and protective situations that predisposes individuals to move from a mentally healthy condition to increased vulnerability, then to a mental problem and finally to a full-blown disorder (p. 20).*

Whilst the middle classes are affected, the poor and disadvantaged are disproportionately impacted by common mental disorders and their negative consequences (Allen et al., 2014; WHO, 2004). Low educational attainment, material disadvantage, unemployment and social isolation, particularly for older people, are significant factors (Allen et al., 2014). Women also tend to have higher levels of common mental disorders compared to men at every level (Allen et al., 2014; WHO, 2004). A National Mental Health Commissions review of Mental Health Programs and Services within Australia, highlighted how a 'person-centred mental health system would feature more clearly defined pathways between health and mental health. It would recognise the importance of non-health supports such as housing, justice, employment and education, and emphasise cost-effective, community-based care' (Department of Health, Dec 2015, p. 7).

Certain individuals are more at risk of experiencing mental health challenges and mental illness, these are mediated across multiple axis of diversity. Newly arrived communities, particularly individuals who have experienced forced migration and traumatic experiences can experience significant anxiety, depression and other mental health difficulties in the early years of settlement due to the significant disruption they experience, trauma, loss of identity within their new country and challenges adjusting to new cultural practices, language and systems (Ellis et al., 2019). The potential for Indigenous peoples to experience mental health difficulties as a result of ongoing trauma from colonisation, cultural dislocation and poor access to appropriate services and support is well documented within existing literature (Jorm et al., 2012).

The LGBTQ+ community have more recently been identified as being at risk of poor mental health, as a result of ongoing stigma, homophobic and transphobic bullying. LGBTQ+ young people are more likely to have contemplated or attempted suicide than their heterosexual peers (Byron et al., 2017). Whilst higher numbers of women report experiencing mental health challenges, suicide rates are higher amongst men and are particularly high in rural/regional areas.

Problematic notions of masculinity, the association of mental illness with weakness and negative behaviour associated with socially desirable forms of masculinity, such as heavy alcohol consumption, violence and aggression, result in men experiencing conflict within their identity construction. This can lead to or exacerbate mental illness and also results in men being less willing to acknowledge they are experiencing mental health difficulties or seek help for these (McCusker & Galupo, 2011). Dominant and unhealthy forms of masculinity are also connected to the high rates of gender-based violence witnessed within Australian society (Kuskoff & Parsell, 2020). Gender based violence has significant implications for the mental health of men, women and young people, with those experiencing violence more likely to suffer from anxiety, depression, panic disorders and post-traumatic stress disorder that can continue within generations for many years (Howard, Trevillion & Agnew-Davies, 2010).

Social relationships and social integration offer important protection against increased risk of distress (anxiety, depression), suicidal ideation, health behaviour and seeking health care (Beutel et al., 2017). A sense of belonging is attained through social connectedness with positive outcomes for mental health behaviour coming from increased social ties (Burns, Evans, Jancey, Portsmouth, & Maycock, 2020). Volunteers within clubs for example, report higher levels of social connectedness, wellbeing and self-esteem than non-volunteers (Burns et al., 2020).

Despite the existence of effective treatments, there is evidence that many people, especially younger people, do not gain access to the support they need (Breslin et al., 2017; Rothì & Leavey, 2006). Whilst primary care and school settings are considered key sites for prevention and referral, a range of factors including a lack of recognition by the person that they have a mental disorder (Jorm, 2012), stigma surrounding mental health, and mistrust of authority figures contribute to the failure of young people to seek help from these sources (Breslin et al., 2017; Leavey, Rothi, & Paul, 2011; Rothì & Leavey, 2006; Sawyer et al., 2001). Within Australia, Sawyer et al. (2001) found 'only a very small proportion of all children and adolescents with problems receive help from specialised mental health services'.

Adolescents prefer informal settings to raise concerns about their mental health (Hurley, Swann, Allen, Okely, & Vella, 2017). Consequently, it can take a long time to seek help (years) and adolescents are more likely to seek professional help through the support of influential others (Hurley et al., 2017; Jorm, 2012; Jorm, Kitchener, Kanowski, & Kelly, 2007).

Young people are particularly at risk because they haven't yet developed the capacity to recognise their feelings may be a consequence of being unwell. Jorm et al. (2007) highlights the important role members of the public play in supporting someone with a mental disorder. Jorm (2012) identified deficiencies in:

a) the public's knowledge of how to prevent mental disorders
b) recognition of when a disorder is developing
c) knowledge of help-seeking options and treatments available
d) knowledge of effective self-help strategies for milder problems, and
e) first aid skills to support others affected by mental health problems. (p. 1)

Deficiencies in mental health literacy within the Australian public and beyond, suggest a need for greater training within the community (Jorm, 2012; Jorm et al., 2007).

Frameworks for the Provision of Mental Wellbeing

The Australian Government's Department of Health, recognised in 2015 that the mental health system comprised a 'collection of often uncoordinated services that have accumulated spasmodically over time, with no clarity of roles and responsibilities or strategic approach that is reflected in practice' (Department of Health, Dec 2015, p. 5). The report also suggested that policy and program design was not being guided by a 'consistent and consolidated framework, with decisions not coordinated across governments'. Recommendations included a stepped care model that addressed the full range of needs in the population, with a particular emphasis for the well population and at-risk groups for early intervention, self-care and greater integration between service providers across service levels. In particular, greater access to lower cost, evidence-based alternatives to face-to-face psychological therapy sessions are considered important elements in at-risk groups.

Given the current gaps identified in service provision, there is a pressing need to 'identify the optimal mix of promotion, prevention, consultation and treatment interventions that can provide cost-effective help for young people and their families in Australia' (Sawyer et al., 2001, p. 813). For individuals and families, access to self-help and publicly available digital resources is considered important. As an example of implementation of policy changes, the federal government has taken steps to centralise digital resources as part of its Head to Health initiative (https://headtohealth.gov.au/).

Within workplaces and other structured settings, more strategic approaches to support mental wellbeing can be implemented. Beyond Blue provides an example of what might form part of an integrated strategic framework approach within more structured settings (Beyond Blue, accessed May 2020, accessed, June 2020). Integrated approaches address a wide range of factors that may impact mental wellbeing across layers of an organisation. They draw on features of **protection** through risk reduction and increasing protective factors, **promotion** of mental health and wellbeing by developing strengths and capabilities and **intervention** where any difficulties are addressed.

These approaches are undertaken through a shared, collaborative approach where promoting mental wellbeing is viewed as everyone's business. This shared responsibility encapsulates all layers of an organisation, whereby mental wellbeing becomes an objective of the organisation and is integrated into policies, procedures and is appropriately resourced. Integrated approaches also modify both the risk and the protective factors. Reducing exposure to stressors and emphasising protective factors like positive social connection and a supportive workplace culture. Integrated approaches aim to impact cultural practices to build organisational resilience and reinforce a strengths-based approach.

The benefits of a mentally healthy organisation are made clear and illustrated through a commitment from leadership. This in-turn contributes to produce a strong culture that values everyone (listened to, respected), especially the most vulnerable.

Rather than a top-down 'expert' delivery model, approaches should consider involving people in co-designing integrated approaches to leverage self-determination and perceived control over mental health outcomes. To reduce the impact of stigma and support change, a focus on actions likely to benefit an individuals' recovery (self or others) is important (Breslin et al., 2017; Jorm, 2012). Approaches should take a broad focus and be ongoing in both participation and communication. Clear goals are important, covering areas such as improving understandings, addressing risks, fostering an anti-bullying culture, combating stigma, promoting positive wellbeing, providing support and enacting prevention. Strategies should be evaluated against baseline measures and the stated goals to better understand what is working and what needs to be adjusted.

Mental health provision in sport

Like workplaces and schools, sport is increasingly being viewed as a site to promote public mental wellbeing. There has been significant proliferation in the number of public mental health programs associated with community and elite sport. Sport provides a trusting social community network that lends itself to supporting a focus on mental wellbeing (Breslin et al., 2017). Yet there are concerns with the capacity of sport settings to promote mental wellbeing with the potential for mixed messages. Sporting culture frequently celebrates ritualised combat, mental toughness and disapproval of weakness disclosure (Bauman, 2016; Breslin et al., 2017; Connell, 2005; King et al., 2020). Within Australia, displays of hetero-masculinity are commonly found in sport settings (Connell, 2005; King et al., 2020). Whilst evidence suggests young Australian men are becoming more progressive on many elements of masculinity, ideals of remaining strong, being the breadwinner and fighting back when challenged persist (King et al., 2020). Within sport settings, there is social pressure on youth to show toughness with the denial of pain potentially contributing to under-use of primary health care later in life (Connell, 2005). Despite the apparent contradictions evident in sporting contexts, Breslin et al. (2017) suggests mental health awareness programs in sport contexts can be effective.

Breslin et al. (2019) identified a need for guidelines for the implementation and evaluation of mental health programs in non-elite sporting contexts because they impact a significant number of people worldwide. In developing consensus statements to support mental wellbeing in sport, they identified the growing number of health awareness programs emerging within the sporting landscape. These programs varied considerably in content, design, theory and evaluation with a degree of uncertainty about the outcomes or their effectiveness. There was a lack of agreement on minimal training requirements for supporting content development and provision and they recognised a greater need for evidence-based recommendations within the sector.

To assist sporting clubs in the sustainable promotion of mental wellbeing as part of a coordinated primary prevention approach, this report provides review of 'best practice' criteria for the quality provision of mental health support in sporting clubs, including consideration of potential non-face-to-face delivery and health equity. It also provides an examination of a range of mental wellbeing initiatives and resources against the developed criteria. Finally, the report synthesises a set of recommendations from the analysis to offer clear direction to stakeholders looking to engage in mental wellbeing initiatives through sport. An analysis of findings is presented following an outline of the approach to data collection. An online outline of the project is provided at the following address: https://sites.google.com/monash.edu/mentalwellbeinginsportvic/mental-wellbeing-in-sport-survey

METHODOLOGY

This section outlines the methodology undertaken to ultimately produce a set of recommendations for support agencies looking to progress mental wellbeing primary prevention initiatives via sporting clubs. These approaches are summarised under the following phases: 1) Rapid review of literature to ascertain best practice criteria for mental wellbeing initiatives in sporting club contexts; 2) Market analysis scoping of initiatives impacting the state of Victoria; and 3) An analysis of initiatives against criteria developed in component 1. Each of these phases are explained in detail below.

1) Rapid Review of Literature – Establishing Criteria

According to Haby et al. (2016) a rapid review is a:

> *'type of systematic review in which components of the systematic review process are simplified, omitted or made more efficient in order to produce information in a shorter period of time, preferably with minimal impact on quality. Further, they involve a close relationship with the end-user and are conducted with the needs of the decision-maker in mind' (p. 8).*

The focus for rapid reviews should be on maintaining the transparency associated with the process rather than adherence to one particular method (Haby et al., 2016). The details underpinning this rapid review have been made available to the key decision-makers. Three elements were conducted to complete the rapid review informing this report comprising a) the establishment of key word definitions, the search strategy with inclusion/exclusion criteria and identification of information sources; b) the extraction and close reading of exemplar articles from the identified pool of sources and; c) the development of best-practice criteria for mental wellbeing provision in clubs.

I) Search Protocol

The searches, data analysis and reporting followed the Joanna Briggs Institute (2015) for scoping reviews recommended protocols. Searches were conducted using electronic databases and by hand-searching reference lists of articles. Five electronic databases were searched: Scopus, Psychinfo, SPORTDiscus, OVID interface, Google Scholar and Orygen Evidence finder. Each database was searched from 13th May – 22nd May 2020. Three researchers undertook the search and data extraction process to ensure reliability and quality of article selection. The search included a review of national (BeYou, Orygen, Beyond Blue) and international best practice guidelines (WHO, UNICEF). Search key terms included a combination of the following: Mental health, mental wellbeing, mental ill health, stigma, mental health promotion, best practice guidelines, best practice criteria, sport, stigma, community initiatives, community based programs, evidence based guidelines, community health/mental health providers/organisations, and/or key sports sector stakeholders. Where databases like Google Scholar returned thousands of hits, the first 100 were scanned for articles and if nothing new was found the scan was stopped. In total over 5,000 items had their title and abstract scanned from the comprehensive search across databases using the key search terms (see Table 1).

Study selection:

A wide range of literature sources were included in the search process. These included systematic, literature and scoping reviews of best practice criteria for mental wellbeing promotion. In addition, randomised controlled trials (RCT), clustered randomised controlled trials, quasi-experimental and pre-post studies examining the effect of mental wellbeing programs in sport that identified best practice guidelines were included. Peer reviewed studies that published best practice criteria of mental wellbeing promotion in sport that were State-based (Vic), National (Aus) and/or international and non-peer reviewed literature (i.e. PhD dissertations, reports and 'grey literature') in the English language were included.

Participant type:
Given organised sport participants cover an exceptionally wide age range, the review essentially encapsulated the life-course. Participants of studies considered relevant were children, adolescents and adults who were a contributor, member, leader, athlete, coach within an amateur or professional sporting club, community or organisation. Primary target audience and project stakeholders, such as community sports clubs and their members were included. Other project stakeholders included Victorian local councils, community health/mental health providers/organisations, and key sports sector stakeholders (regional sports assemblies, professional bodies/associations, topic matter experts, role models). The stakeholder definition was provided by VicHealth in the project brief.

Inclusion Criteria:
The researchers drew upon VicHealth criteria to identify papers that might illuminate best practices and best practice guidelines for mental wellbeing promotion in sport. These were considered as practices or guidelines geared towards the creation of positive change/cultures in community sports clubs through boosting wellbeing protective factors, including (but not limited to):

- strengthening positive social connections;
- developing personal skills in members to enhance resilience;
- reducing stigma associated with mental ill health;
- building connections with health promoters/services, and;
- improving diversity and inclusion within clubs, specifically for subgroups who experience poorer mental health outcomes, such as the LGBTI+ community.

In addition, best practices/criteria that took a general focus on promoting mental health awareness, improving mental wellbeing or criteria tailored to focus on a specific mental wellbeing issue (i.e. stigma reduction, awareness) were included in the inclusion criteria.

Sport was a defining characteristic of the inclusion criteria. To be deemed eligible, the above criteria had to be applied within a sports setting. Sport was defined as being organised and competitive with exertion and physical skill. In this research, 'sport is more generally defined as a human activity capable of achieving a result requiring physical exertion and/or physical skill which, by its nature and organisation, is competitive and is generally accepted as being a sport' (Retrieved from: Clearing House for Sport). Specific exclusion criteria applied to practices that were outside the domain of sport (such as nursing, psychiatric clinics, leisure, art and music). Table 1 summarises the number of articles meeting the shortlisting criteria from each of the major databases.

TABLE 1: DATABASES SEARCHED

DATABASE	NO OF SEARCH TERM COMBINATIONS	NO OF ARTICLES SCANNED	ARTICLES MEETING SHORTLIST CRITERIA FROM INITIAL SCANNING
Scopus	7	874	4
OVID	3	183	1
Cochrane	2	285	0
SortDiscus	3	529	19
Google Scholar	3*	2293	19
Orygen	8#	47	5

Scopus	4	849	2
Grey Literature	Specific	2	2
	TOTAL	**5062**	**52**

* Aside from the initial scanning of 1660 papers, only the first 100 were scanned on each subsequent search combination.

No Boolean operators so individual search terms used

2) Extraction and Close Reading of Exemplar Articles From the Identified Pool of Sources

The initial scanning of article headings and abstracts produced a shortlist of 52 papers. A closer reading of these 52 papers was conducted to identify exemplar articles from which the final best practices criteria could be extracted. Two researchers read carefully through each paper using the same criteria outlined above which generated a total list of 12 exemplar articles. Of these one was deemed not suitable following a detailed read through (see Table 2). These articles were summarised into headings of title, method and key findings. Under a heading titled 'Most effective programs or interventions consider the…' a summary table was filled that outlined key criteria. These included generalised considerations that could be applied across interventions and programs.

TABLE 2: FINAL PAPERS INFORMING CRITERIA

PAPER NO.	REFERENCE
1	Breslin, G., Shannon, S., Haughey, T., & Leavey, G. (2017). *Mental health and well-being interventions in sport: A review and recommendations*. Retrieved from http://www.sportni.net/sportni/wp-content/uploads/2017/03/Mental-Health-Report-Final.pdf
2	Visek, A.J., Harris, B.S. & Blom, L.C. (2013). Mental training with youth sport team: developmental considerations and best-practice recommendations. Journal of Sport Psychology in Action 4, 45-55.
3	Gorczynski, P., Currie, A., Gibson, K., Gouttebarge, V., Hainline, B., Castaldelli-Maia, J. M., ... & Swartz, L. (2020). Developing mental health literacy and cultural competence in elite sport. Journal of Applied Sport Psychology, 1-15.
4	Curran, K., Rosenbaum, S., Parnell, D., Stubbs, B., Pringle, A., & Hargreaves, J. (2017). Tackling mental health: the role of professional football clubs. *Sport in Society*, 20(2), 281-291.
5	Appleton, P., Tweed, L., & Tiler, C. (2017). *Final Evaluation Report* August 2017.
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7	Wilkerson et al. (2020). Black football student-athletes perceived barriers to seeking mental health services. *Journal of Issues in Intercollegiate Athletics*, 58-81.
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10	Craig P, Dieppe P, Macintyre S, et al. Developing and evaluating complex interventions: the new Medical Research Council guidance. BMJ. 2008;337: a1655. https://doi.org/10.1136/bmj.a1655.

11 Sport and Recreation Alliance, https://www.sportandrecreation.org.uk/policy/the-mental-health-charter/template-action-plans

3) Development of Best-Practice Criteria

From the 11 papers, a set of draft criteria for best practice in mental health promotion in sport was generated. These were contained within 4 overarching criteria comprising: i) A systemic framework for mental wellbeing provision; ii) clear strategies to guide mental wellbeing promotion; iii) evaluation and efficacy and; iv) sustainability of the program. These criteria were initially operationalised drawing on the literature and subsequently workshopped amongst the research team for interpretability, readability and replication. Four of the researchers independently applied the criteria using a scoring system of 1 (absent) to 4 (clearly observable) for available resources ascertained from two provider programs. Four criteria could not be evaluated at this point due to a lack of information from the provider. A comparison table was developed and where score differences were greater than one point across any of the four raters, a discussion was had about criterion clarity and applicability. Overall inter-rater reliability was considered high with an intra-class correlation between the four raters of .86 (CI of 95%, between.73 and .94). Where differences existed on 4 of the criteria, consensus was sought and changes to wording were made. This yielded a set of criteria detailed in the findings section of the report below.

II) Market analysis - scoping of Initiatives impacting the state of Victoria

This part of project was focused on conducting a market analysis of mental wellbeing initiatives and resources aiming at sporting clubs and with reach into the state of Victoria, Australia. The intent was to capture the range of initiatives on offer that targeted mental wellbeing through the sport sector and provide information on target audience, delivery medium, evidence of impact, end-users, foci and cost/commitment requirements for clubs. Initiatives sat at the primary prevention level only. Programs with a core focus in another area (i.e. inclusion) but with clear links to mental wellbeing were also considered within the market analysis. This section provides an overview of the method used to capture information on initiatives.

The market analysis review was undertaken using a variety of methods. Initially, information was collated drawing on knowledge within the research team and through discussions with VicHealth. This informal approach was coupled with more systematic methods that included a comprehensive digital search of organisations. To complete this, online searches using keywords such as ‘mental health,’ ‘sport,’ ‘mental wellbeing,’ ’social connection’, ‘mental ill health’, ‘stigma’, ‘inclusion’, diversity and ‘Victoria’ were conducted and results entered into a summary table. Additional information to inform the analysis findings was gathered from website material, apps and other available resources. Interviews and discussions revealed additional initiatives that if appropriate were added to the table.

A survey of State Sport Associations and Regional Sports Assemblies was conducted to ascertain what providers they utilise and to understand how they rated both the need for and quality of these initiatives. Additional questions about priorities and barriers with respect to MHW provision were included. The survey was sent to nine regional sports assemblies and seventy-six state sporting associations. Where organisations listed multiple relevant contacts, all contacts were invited to complete the survey. Table 3 summarises invitations sent to and response rates from each organisation. Response rates may have been impacted by the COVID-19 shutdown of sports within the state of Victoria.

Finally, to contribute information to the market analysis and to better understand how initiatives matched criteria for quality provision (see Phase 3 below), a series of interviews were conducted with mental health and wellbeing (MHW) providers who agreed to participate. All providers were invited via personalized email to participate in a phone interview to discuss elements of their initiatives. Of the 12 providers sent an email, 10 providers agreed to participate in interviews.

Two researchers conducted the guided interviews, one leading the conversation and the other taking comprehensive notes. Interview notes were used to help complete the Market Analysis table and matched to Phase 3 criteria. Programs were de-identified for reporting purposes to maintain confidentiality. A summary table for the Market Analysis is provided in the findings section.

TABLE 3: SURVEY INVITATIONS AND RESPONSE RATES FOR ORGANISATIONS

REGIONAL SPORTS ASSEMBLY	NO. INVITED	RESPONSES
Sports Central	3	0
Gippsport	2	1
Leisure Networks	1	1
Mallee Sports Assembly	1	0
South West Sports Assembly	1	0
Sports Focus	1	0
Sport North East	3	2
ValleySport	2	1
Wimmera Regional Sports Assembly	1	0
TOTAL	15	5 (33%)

STATE SPORTING ASSOCIATIONS	NO. INVITED	RESPONSES	STATE SPORTING ASSOCIATIONS	NO. INVITED	RESPONSES
Archery Victoria	3	0	Lacrosee Victoria	2	0
Athletics Victoria	1	0	Life Saving Victoria	1	1
Little Athletics Victoria	1	0	Modern Pentathlon Victoria	1	0
AFL Victoria	2	0	Motor sport	1	0
Badminton Victoria	2	1	Motorcycling	1	0
Baseball Victoria	2	1	Netball	2	0
Basketball Victoria	3	2	Orienteering	1	0
VSBA (Billiards)	2	0	Power boat racing	1	0
Bocce Victoria	1	1	Roller sports	1	0
Bowls Victoria	2	1	Rowing	2	0
Boxing Victoria	1	0	Rugby League	1	0
Calisthenics Victoria	3	0	Rugby Union	1	0
Calisthenics Victoria	2	0	Sailing	1	0
Canoeing Victoria	3	0	Shooting	1	0
Cycling Victoria	3	3	Skateboarding	1	0
Equestrian Victoria	1	1	Snowsports	1	0
Pony Club Victoria	2	0	Softball	2	0
Fencing Victoria	1	0	Squash	1	1
Ultimate Victoria	2	2	Surfing	1	0
Football (soccer)	1	1	Swimming	1	2
Golf Victoria	3	0	Synchronised swimming	1	0
Gridiron Victoria	1	0	Table tennis	1	0
Gymnastics Victoria	1	0	Tennis	1	1

Handball Victoria	1	0	Tenpin bowling	1	0
Gliding	1	0	Touch Football	2	0
Hockey Victoria	1	1	Underwater hockey	1	0
Ice Sports Victoria	1	0	Volleyball	2	0
Judo Victoria	1	1	Water polo	1	0
Karate Victoria	1	1	Waterski	1	0
Kendo Renmei	1	0	Weightlifting	1	0
Kung Fu Wushu	1	0	Wrestling	1	0
			TOTAL	**88**	**23 (25%)**

III) ANALYSIS OF INITIATIVES AGAINST CRITERIA

A combination of gathered resources, survey data and interview data were collated to review initiatives. Where available, data from these multiple sources were used to score the initiative against the modified criteria established from Phase 1 rapid review. In applying the criteria, consensus was sought between at least two researchers who conducted the interviews. Not all programs provided information needed to undertake the analysis. Summary data was de-identified for reporting to maintain confidentiality. A summary of initiatives against the criteria is provided in the findings section.

FINDINGS

The findings are presented in 4 sections. First, the best-practice criteria for mental wellbeing interventions in the sport sector are outlined. Second, the findings from the review of initiatives that deliver into Victoria are presented. Third, the results of the survey are summarised. Finally, where data exists, initiatives are analysed against the criteria.

PHASE 1) BEST PRACTICE CRITERIA FOR MENTAL HEALTH PROVISION IN SPORT CLUBS

Following the rapid review process detailed above, a set of criteria were established for 'best-practice' mental health provision in sport. These are summarised under four broad areas: i) A systemic framework for mental wellbeing provision; ii) clear strategies to guide mental wellbeing promotion; iii) evaluation and efficacy and; iv) sustainability of the program. These are detailed below.

I) A SYSTEMATIC FRAMEWORK FOR MENTAL WELLBEING PROVISION

The rapid review found that effective programs are programs that sit within and operate as part of an overarching systematic and strategic framework for mental wellbeing provision. Mental health promotion messages work best when they are consistently and persistently applied across multiple contexts (i.e. schooling, workplace, media, sport, etc.) and at multiple levels (policy, leadership, participant). When the core messaging gets divided by disconnected voices, it can become confused and diluted.

The literature suggests that the messaging of mental wellbeing and mental health promotion needs to be understood (unambiguous), consistent and sustained. Overarching strategic frameworks can help mental health providers and sporting clubs to work across multiple layers to support mental wellbeing (i.e. supportive club culture, club policy, self-help strategies) and add value to initiatives. Having an overarching strategic framework provides an authorizing environment for initiatives that reinforce messages given in local contexts achieving a more comprehensive impact across different contexts. Overarching frameworks that are driven by contemporary evidence-based understandings can help guide on-the-ground initiatives towards best-practice models and support with data collection and dissemination. Table 4 summarises criteria for this first broad area within MHW promotion for sport.

TABLE 4: CRITERIA FOR A SYSTEMATIC FRAMEWORK FOR MENTAL HEALTH AND WELLBEING PROVISION

Initiative has explicit ties with an established overarching mental wellbeing framework.
Initiative uses language and approaches consistent with established MHW promotion frameworks.
Initiative is underpinned by well-established models/theories of MHW promotion.
Initiative targets the individual (i.e. awareness raising, help-seeking strategies), social (i.e. masculine norms, social climate), media (i.e. awareness raising via social media) and policy layers (i.e. policy against the use of harmful language).
Initiative utilises well-resourced expertise that can continually provide training, support and alignment of the program to a contemporary evidence base.
Initiative voices are seen to be personable, approachable and relatable (i.e. not overly authoritative).
Initiative helps clubs establish community support for the need to focus on mental wellbeing (establish the business case / authorizing environment).

The broader findings from the rapid review associated with the criteria can be summarised as follows. Appendix A contains a summary of the reference material from which this synthesis was drawn.

Programs /Initiatives are Part of a Strategic Framework:

- Programs delivering mental wellbeing promotion to sporting clubs need to integrate with an overarching mental health and wellbeing strategic framework specific to sport. There was little evidence that such a framework exists and the review revealed a resounding need for direction and leadership in this area from one or more peak bodies.
- Mental health is a complex issue. Established supportive frameworks should be multi-layered, targeting personal, social and environmental levels. Programs should reflect this complexity.
- The development of a mental health promotion strategy in sport should be considered to provide leadership and direction.
- The strategic framework is utilised to operationalise the determinants of mental health, in doing so they are tailored to meet the specific needs of the context in which programs are to be implemented.

Programs/Initiatives Sit Within an Authorising Environment:

- Mental health promotion in sporting clubs will likely need support from National, State and Local Governments, administrative bodies and public and private sector agencies, preferably as part of a coordinated and strategic framework. Initiatives link to and obtain legitimacy from authorising bodies whilst helping clubs establish the case for a focus on mental health. This could be in the form of a business case with positive impacts for retention and membership growth as well as a 'social good' from improved health outcomes. They leverage off of government and sporting organisation health, mental health and social development policies.
- Programs/Initiatives have access to well-resourced expertise that can provide necessary training, support and alignment with overarching MHW frameworks and the contemporary evidence base. This could manifest itself in a number of ways, highlighting the multiple levels of the framework.
- Peak Bodies: Provide a mental health and wellbeing officer as a point of contact for sporting organisations and programs. They act to help translate frameworks into grass roots enactment, advising on programs/initiatives, approaches to evaluation and can support or enhance the effectiveness of programs/initiatives.
- Sporting Organisations: Establish an expert steering group that includes qualified experts in MHW, participants and practitioners who implement interventions. They meet regularly to select/establish programs, evaluate them and review them.
- Program Deliverers: Have regular access to one or more MHW experts who can readily translate research, understand 'what works' in MHW programming and give clear guidance. They establish the efficacy of programs through careful evaluation.
- Any expertise connected to programs are presented to end-users as personable and approachable. Credentials are not prominently positioned to reduce stigma. Experts refrain from telling people what to do from a position of authority and work from a position that supports self-determination and control over decision making.

Consistent understanding of mental health promotion:

- Understood, consistent, clear and sustained messages within and beyond sport are important for MHW outcomes to be effective. MHW programs in sport, use a language that is consistent with overarching mental health frameworks. Programs that conflate mental health and wellbeing interventions to concepts like 'gratitude' can detract from core messages. Programs that regularly change their language or select isolated elements from a comprehensive set of resources, can add to a confused landscape.
- Programs, like their frameworks, are underpinned by well-established models of mental health recovery such as the CHIME framework and/or behavioural change theory.

II) CLEAR STRATEGIES TO GUIDE MENTAL WELLBEING PROMOTION

The scoping review revealed that successful MHW programs in sport have a clear focus that is tailored for varying levels. This focus is complimented by the formation of strong partnerships and collaborations that strengthen social and economic outcomes. In particular programs:

- have targeted foci;
- align these foci to audience needs; and
- extend and amplify the foci through the formation of collaborative partnerships.

TABLE 5: CRITERIA FOR CLEAR STRATEGIES TO GUIDE MHW

Intervention format
The intervention offers a variety of high-impact delivery methods and modalities to suit a range of participant needs (i.e. different delivery methods (online, podcast, one to one, peer, in groups); intervention/program types and; duration and frequency of intervention/program).
Program is targeting different cohorts both within and beyond sport clubs.
Intervention components
Intervention has clearly stated outcomes and content is consistent with them.
Provides appropriate ways to raise awareness of and promote mental wellbeing.
Intervention reflects a detailed understanding of sport settings and organisations (i.e. knowledge of developmental, cultural, social and systemic issues)
Intervention consistently and continuously communicates its strategy through supportive language that avoids prejudicial or pejorative references.
The Intervention draws on local knowledge and baseline measures to tailor itself to local needs (whilst maintaining integrity to a framework, i.e. language)
Intervention links to and works collaboratively with other programs and initiatives to extend messaging, leverage existing activity and create collaborative action.

Intervention format

Papers were screened to ascertain the type of intervention format (digital, mixed, face to face), time commitment and scheduling frequency that could bring about change. There was no evidence to support a preference for one particular model of delivery over another. There seemed to be some general support for flexible delivery methods that suit a wide range of participant needs. Survey data collected during Phase 3, presented below, sheds some light on preferences from an end-user perspective.

Have targeted foci and varied formats

Programs that have been found to have an impact in the sport sector have at least one or more of the following emphases:

- Bringing about social connection: connected to team members, this connection triggers positive feelings and practices
- Promoting identity security: Developing a positive sense of self and a secure identity through sport promotes recovery and countered self- and socially-stigmatising narratives.
- Enhancing normalisation: regular routine, structure and a sense of purpose
- Encouraging positive affectivity: positive feelings and emotions during programs help reduce stigma. Language around MH needs to be reviewed to not encourage self-stigma.

- Develop mental health literacy.

Programs consistently and continuously communicate their strategy. There is a clear awareness of language used, avoiding prejudicial or pejorative references so as not to encourage self-stigma.
Most effective programs or interventions consider carefully the:

- delivery method: online, one to one, peer, in groups
- intervention/program type
- duration and frequency of intervention/program
- intervention components

However, the evidence for the effectiveness of mental health awareness programs in sport settings **lacks a sound methodological foundation** on which to determine what types of programs are most effective.

Alignment of foci to target audience needs

Programs have foci tailored for varying levels within an organisation (i.e. management, players, supporters, parents) and exhibit a detailed knowledge of developmental, cultural, and social issues related to sport participation and systemic issues within sport settings and organisations. Programs, for example, might start with an evaluation/baseline survey to establish core mental health areas to target in the club and the level of intervention needed, they can then tailor content accordingly.

As noted above, programs consistently and continuously communicate their strategy with an awareness of language used and in particular, the avoidance of prejudicial or pejorative references.

Extend and amplify foci through forming strong partnerships and collaboration

Strong partnerships and collaborations are key to effective programs for mental wellbeing promotion. For some collaborative programs, mental wellbeing outcomes are the primary objectives. However, for the majority of programs these may be secondary to other social and economic outcomes, but are valuable in their own right. Beneficial outcomes from the adoption of intersectional collaboration include:

- the adoption of a unifying language with which to work across sectors;
- a partnerships approach to allocation and sharing of resources; and
- a strengthening of capacity across the individual, organisational, and community dimensions.

Programs should be working collaboratively to:

- build on existing activity in sectors, settings and organisations;
- create different partnerships for different purposes, at varying levels; and
- create collaborative action “vertically” within government departments and organisations, and between those experts in policy, practice, and research.

III) Evaluation and efficacy

Implementing MHW promotion in sporting clubs, if done properly, can require significant time commitments from a range of people, many in volunteer roles. Programs can also require significant investment in money and other resources. Consequently, programs need to demonstrate they make a measurable and meaningful impact on outcomes they claim to target through the implementation of carefully planned and executed evaluation. Demonstrating the meeting of outcomes through robust evaluation is the best indicator of program quality and impact.

TABLE 6: CRITERIA FOR EVALUATION AND EFFICACY

Measures are clearly aligned with stated program outcomes and program content
The program has utilised valid and reliable measures/methods to understand its impact on mental health promotion and mental health outcomes
What works is known, how it works is known, and repeatability is universal.
Measures have established impact across different settings, sustained over time.
Evidence collected is publicly available and open to external scrutiny (i.e. on website).

Undertake Evaluations

Systematic evaluation of programs is needed to increase the evidence base as well as to determine the applicability of this evidence base in the varying cultures and resource settings. This data should be fed upwards to further inform existing strategic frameworks. As part of effective evaluation, there is clear alignment between the program goals, what is delivered by the program and the outcomes as measured and these align with a recognised definition of mental health and wellbeing promotion. The program goal leads to selected content/strategies and this results in anticipated outcomes demonstrated through appropriate evaluation.

If the program doesn't fit the definition of mental health and wellbeing then it is not a mental health and wellbeing intervention, likewise if what is being evaluated is something ancillary to what is recognised as a mental health and wellbeing initiative, then the evaluation is not relevant. Other considerations include the use of valid and reliable measures to understand impact across different settings and the extent to which evidence collected has been collated and disseminated for widespread use.

Effectiveness

In order to identify programs that are effective, feasible (cost effective), and sustainable across diverse cultural contexts and settings we need to examine program evaluations. Programs that have undertaken evaluation can be classified according to the following levels where:

- Type A: What works is known, how it works is known, and repeatability is universal.
- Type B: What works is known, how it works is known, but repeatability is limited.
- Type C: What works is known, repeatability is universal, but how it works is not known.
- Type D: What works is known, how it works is not known, and repeatability is also limited.

Type D is the most common form of evaluation and provides limited information to inform future practice.

IV) DEMONSTRATE A CAPACITY FOR SUSTAINABILITY

Programs delivering mental wellbeing initiatives to sporting clubs should demonstrate **institutional or program sustainability.** Mental wellbeing promotion as part of primary care should not be considered a one-off event and organisations that have demonstrated sustainability are more likely to provide that level of consistency and to be founded on evaluation.

Involvement of all stakeholders, ownership by the community and continued availability of resources, facilitate sustainability of mental wellbeing promotion initiatives. **Sustainability of impact** means that the core outcomes of the program endure even after an intensive focus has passed. That is, the way sporting clubs operate to support mental wellbeing has fundamentally and permanently changed as a result of the program.

TABLE 7: CRITERIA FOR SUSTAINABILITY

Sustainability of program
The community and a range of stakeholders have a vested interest in the program.
The program is financially self-sufficient and not dependent upon grants.
The host organisation is “mature” (stable, resourceful).
The value and mission of the program fit well with the broader community.
The program meets legal and compliance responsibilities.
The program represents 'good value for money' for the club
Sustainability of Impact
The program has a clear (documented) strategy for achieving ongoing impacts for individual club members.
The program has a clear strategy for supporting the development of knowledge/expertise/championing of mental health within clubs.
The program has a clear strategy for supporting positive culture change within community clubs

Institutional or program sustainability

The program is sustainable at an organisational level if the host organisation has good governance models, is mature, able to generate ongoing funds and well aligned with the broader community. Programs need to be supported by people who are effective at leading the organisation they serve, while also meeting their legal and compliance responsibilities. They mitigate and manage risk, they have established objectives, performance indicators and quality records and they understand their financial position.

According to Shediac-Rizkallah and Bone (1998), the main features that are known to be associated with **institutional or program sustainability** are:

- There is evidence that the program is effective.
- Consumers/funders/decision-makers were involved in its development.
- The host organisation provides real or in-kind support from the outset.
- The potential to generate additional funds is high.
- The host organisation is “mature” (stable, resourceful).
- The program and host organisation have compatible missions.
- The program is not a separate unit but rather its policies, procedures and responsibilities are integrated into the organisation.
- Someone in authority (other than the programme director) is a champion of the program at high levels in the organisation.
- The program has few “rival providers” that would benefit from the program discontinuing.
- The host organisation has a history of innovation.
- The value and mission of the program fit well with the broader community.
- The program has community champions who would decry its discontinuation.
- Other organisations are copying the innovations of the program.

Source: (Hawe, Ghali, & Riley, 2005, p. 254).
Sustainability of impact

The program creates sustainability at an individual level, in relation to knowledge development, skills to support mental health, enhanced mental health. The program creates sustainability at a community level through fundamentally

changing practices within clubs. Volunteers are now skilled to support mental health, individuals are trained within clubs, the club culture has changed, club champions have been developed and mental wellbeing support is now aligned with club ethos and identity.

Collectively, these criteria inform best-practice for the provision of mental wellbeing programs in sporting clubs. The next section outlines the market of providers impacting the state of Victoria and includes a response from a sample of sporting organisations.

PHASE 2) MARKET ANALYSIS - SCOPING OF INITIATIVES IMPACTING THE STATE OF VICTORIA

Key providers offering mental health service to community sports clubs in Victoria

The search of providers identified ten key providers offering support services operating within the state of Victoria, Australia, which are documented in Table 8 (an additional 28 providers were found to be supporting MHW more broadly (Table 10)). These providers were all active in working in the community sport sector and offered a range of resources and support to club. Table 8 provides a brief overview of the services they offer and key areas of focus.

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TABLE 8: OVERVIEW OF KEY PROVIDERS OFFERING MENTAL HEALTH SUPPORT TO COMMUNITY SPORTS CLUBS

ORGANISATION	WEBSITE	INTERVIEW	AREA OF FOCUS	SERVICES OFFERED	COST TO CLUBS
Love Me, Love You	www.lovemeloveyou.org.au	Y	All community clubs, all ages, players, parents, coaches and volunteers. Awareness raising, education and referral pathways.	A not for profit organisation providing interactive and engaging programs that challenge the views and stigmas surrounding mental health. Provide: • Education workshops delivered face to face and online. • Education focuses on general awareness of mental health topics and then specifics focusing on mental wellbeing. • Education also seeks to equip parents, coaches and volunteers to recognise and support mental health. • Series of toolkits and downloadable resources, videos focusing on maintaining positive mental health. • Referral pathway, support individuals requiring mental health treatment, act as a referral and assist individuals to access the right treatment for them. • Awareness raising via social media	Free or subsidised
Outside the Locker Room	https://otlr.org.au	Y	All community clubs, all ages, players, parents, coaches and volunteers. Awareness raising, education and referral pathways.	Deliver a mental health education and welfare support program for community sporting clubs across Australia, in all sporting codes. Program includes: • Education workshops; two face to face visits and online follow up. • First session covers broad aspects of mental health, clubs chose the focus of second session.	Yes

				• An App provides support and referral pathways. All who attend workshops are encouraged to register via the app, those requiring additional support are then referred to other support services. • Toolkits and resources including toolkit to support clubs dealing with the aftermath of suicide. • Awareness raising via social media.	
Tackle Your Feelings	https://www.tackleyourfeelings.org.au	Y	AFL focused, targets coaches and volunteers to raise their knowledge of mental health issues and how to support/refer participants, tailored for junior, youth and adult awareness raising, education and accreditation of clubs.	Focus on ensuring coaches feel able to respond to mental health challenges amongst participants and create environments that support positive mental health. • Offer 1 hour face to face training and 3 online modules. • Participation leads to club accreditation • Videos and articles available via website. • Champions profiled. • Awareness raising via social media.	Free
Orygen	https://www.orygen.org.au	Y	Mental health organisation offering some support to sports clubs, focus on developing supportive cultures in clubs.	Sport specific search found a web based toolkit at https://www.orygen.org.au/Training/Resources/Physical-and-sexual-health/Toolkits/Supporting-mental-wellbeing-in-community-sport • Ran small scale pilot program in WA providing face to face education. Intending to extend this. • Online webinars. • Generic mental health research and policy support; referral service; training.	Free

Sport and Life Training (SALT)	https://www.sportandlifetraining.com.au	Y	Sports focused education programs with online support. Main focus is building healthy culture in sports clubs.	Offer a number of services including: • 7 education units offered to sports clubs 60-90 mins long (adults) • 10 education units for juniors – targeting different ages, genders, parents, coaches; gender separate sessions • An online interaction live quiz (creating conversations) • An interactive webinar (SALT lunchbox - 3X free weekly) • Online webinars available • COVID-19: Club Re-connect at https://sportandlifetraining.com.au/club-reconnect/ Main focus on football and netball clubs, however also starting to target individual sports too (e.g. tennis, golf)	Yes Do provide some free sessions if criteria is met (e.g. funding from Football/Netball leagues) Webinars - free
Game Changers	http://game-changers.life	Y	Youth focused organisation to mentor and upskill young people with a leadership focus.	Offer a number of services including: • Camps (education through immersive experiences, team building and performance; tailored to specific group needs and run between 24-hours to 7 days). • Workshops (facilitate an understanding of leadership and building strong community). • Speaker (keynote presentations on specific topics; community sport as a healthy pathway from adolescent to adulthood; positive culture in sport; roadmap to developing progressive sporting clubs; gender equality in sport; the masks we	Yes Can get sponsored/ subsidised

				wear, mental health, drugs and alcohol; coaching coaches). • Consulting (tailored approach to achieve best possible outcome for the group) • Leadership programs (AFLW leadership program, girls and young women's leadership program, Indigenous Sports leadership program; You community bank sports leadership program, Whittlesea council program, captains camp, Essendon football club next generation academy, Williamstown football club community leadership series).	
Good Sports	https://goodsports.com.au/this-is-good-sports/	Y	Aim is to reduce harm and positively influence health behaviours, funded by Australian Drug Foundation. Work with sports clubs to prevent and minimise the harm cause by alcohol and other drugs.	Overall works on changing club cultures to create positive club culture. • Primary focus is drugs and alcohol, however a specific program on mental wellbeing called 'Healthy Minds' at https://goodsports.com.au/programs/healthy-minds/ • Program can be face-to-face or online deliver • Works with leadership (e.g. committee and influencers of the club), however also works with whole of clubs and associations/leagues. • Accreditation process and ongoing, continued support from Good Sports. • Programs support and reinforce each other. • COVID-19 support at https://goodsports.com.au/safely-restarting/	Free

Ahead of the Game	https://aheadofthegame.org.au/	Y	Teaching young men about mental health to help them enhance their wellbeing.	In partnership with Movember • Use evidence-based research to facilitate online, face-to-face and webinar sessions with athletes, coaches and parents to reduce mental health stigma, and support each other. • Focused on men, however will deliver to women • Will be running with specific organisations/clubs via online delivery during the COVID-19 pandemic.	Free
Read The Play	https://www.readtheplay.org.au	N	Increase youth health awareness in relation to drugs, alcohol and mental health in Geelong region. Supported by Geelong Football and Netball Leagues.	Focused on young people, however targets players, parents and sporting groups. • Mental health literacy program. • Improve knowledge of mental health/support services, confidence of volunteers to respond to people with mental health problems, confidence to assist people to access support, improve attitudes towards health seeking. • Club representative (player Wellbeing Officer) does a 3-day training program. • Local mental health workers involved (as a constant resource and support for PWO). • Education developed by a nurse and mental health clinician. • Evidenced based program in line with clinical recommendations.	Unknown

State of Mind (NRL)	https://www.nrl.com/community/state-of-mind/	N	Flagship program 'The State of Mind' Grassroots Program is a four-step recognition process that has been developed in consultation with expert partners.	Use Rugby League to remove stigma, connect communities with mental health partners and local services providers by: Providing appropriate literature and resources Educating and informing through face-to-face session to improve mental health literacy and develop elite players to be leaders in mental health advocacy. Face to face delivery to club administrators, coaches, managers and senior members of grassroots Rugby League clubs across Australia.	Unknown

The key themes emerging from the interviews have been collated in relation to each category of the framework. These are provided in Table 9 and summarise the ways in which the programs are aligning with each criteria within the framework. Individual program notes and summaries are anonymized and contained in Appendix 3

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TABLE 9: SUMMARY OF ALIGNMENT WITH THE FRAMEWORK AREAS (BASED ON ANALYSIS OF INTERVIEW DATA WITH PROGRAM PROVIDERS)

FRAMEWORK CRITERIA	OVERARCHING OBSERVATIONS
PROGRAMS ARE PART OF A STRATEGIC FRAMEWORK	
Program has explicit ties with an established overarching mental wellbeing framework.	Programs all discuss that they seek to connect to frameworks advocated by external, large, well established mental health organizations, such as Beyond Blue and Orygen, some discussed drawing on an academic literature base. Most are reliant on the mental health professionals they work with to bring this expertise. Across many programs this was not an aspect that was articulated clearly other than to refer back to the overarching organizations. Most focus on the promotion and increasing understanding of mental health within the work they undertake so tend to target one level of broader strategic frameworks. Generally, the programs noted a lack of coordination in the mental health and community sport space and a lack of connection between themselves, SSAs, community associations and leagues.
Program uses language and approaches consistent with established MWP frameworks.	The emphasis by programs was on the use of language that was relatable in a sport club context, jargon free etc. There was limited discussion of issues with interchangeability or terms like mental health, wellbeing or consideration of the language that might be being used in other settings (e.g. schools, workplaces).
Programs underpinned by well-established models/theories of mental wellbeing provision.	Programs have all been developed in consultation with a range of mental health experts who draw on their knowledge of models and established practice. The experts have uneven level of ongoing involvement, some have continued to support and offer guidance to projects, and others were only involved in the initial design. Programs have input/influence from any/a number of the following: psychologists, mental health practitioner (i.e. mental health nurses, counsellors), youth workers, social workers, teachers, educators. Each bring unique expertise but not all have had influence from educators for example or youth workers. Few programs could articulate the models/theories they explicitly drew on. Several raised the issue of avoiding responding to particular mental health 'fads' and trying to ensure that what they did draw on and practices they advocated for were supported by the mental health experts they were aligned with.
Program targets the individual, social (i.e. masculine norms, social climate), media (i.e. social media) and policy layers (i.e. policy against the use of harmful language).	While most programs have multiple foci, predominantly, the focus is on the individual. This involved supporting positive mental health and increasing knowledge of support and help seeking behaviour in the individual, whilst also equipping 'others' to provide this guidance (parents, coaches, committee members). Some programs, but not all, explicitly address issues of culture, inclusion and their relationship with mental health. Examples included tailoring of content for Indigenous participants, addressing gender relations, masculinity, women's empowerment and the impact of negative club cultures such as drug and alcohol use, exclusionary practices (coaches encouraging players to harden up). Very few work at the policy layer but some encourage clubs to develop mental health strategy and encourage them to look at how they embed positive mental health practices as part of their everyday club operations. None explicitly focused

	on social media use and relationships with mental health, although all programs utilised social media to promote support and raise awareness. Programs have notably different scopes. Several offer a broad breadth of services across education, referral pathways, training at multiple levels of the clubs whereas others are much more niche and focused in their offering, i.e. only working with volunteers and coaches, only working with young people.
Program utilises well-resourced expertise that can continually provide training, support and alignment of the program to a contemporary evidence base.	All programs drew on a range of expertise in their construction and delivery. Across several there is a personal drive from one key individual in the organisation that shapes and influences what and how resources and support are developed (e.g. ex-elite athletes who have experienced mental illness) but this is always supported by guidance from experts. Most had a number of facilitators that received training from the organisations (minimum of 2 days) and most recruited facilitators that had expertise in the areas of education, youth work, community development and mental health. Several programs were co-delivered with a facilitator and mental health expert. All programs were reviewed regularly based on participant feedback and also changes within the sector, their mental health partners were important for supporting updates in content and focus based on latest research and evidence.
Program voices are seen to be personable, approachable and relatable (i.e. not overly authoritative).	This was discussed as critical amongst projects but was deployed in different ways. Some organisations recognised the value of having a sporting figurehead, who had personal experiences of mental illness to act almost as a story teller and initial engager. This seemed particularly valuable when working with male teams as a relatable figure. Others were critical of this approach and suggested that it was problematic in the mental health context. Others drew on facilitators who were trained by the organisation but lived in the local community so were perceived to be relatable and approachable. One used teachers, youth workers and social workers who were thought to understand both educative principles and connecting with diverse groups. Programs emphasised it was important not to overly medicalise sessions, as such, whilst psychologists and mental health practitioners often supported the sessions, they rarely delivered the full program because it was felt they wouldn't always be relatable in this context. Programs working with young people stressed the importance of having facilitators who were skilled at engaging and supporting young people, emphasizing that this did require a different skill set. A number also highlighted the importance of having men and women able to facilitate, suggesting that female teams often preferred women facilitators.
Program helps clubs establish community support for the need to focus on mental wellbeing.	Most programs do this but in varying ways. A number discussed how initially it was often challenging to engage with clubs and particularly parents who didn't consider that mental health was an issue amongst members at the club. However, the general rising awareness of youth mental health issues and several clubs directly impacted by youth suicide, has resulted in clubs proactively seeking out organisations. Most programs work with club committees to ensure there is commitment from the club overall to supporting positive mental health, a number insist that committee members and leading figures in the clubs such as captains, head coaches etc. have to be part of the training and key advocates for the program. There is usually the identification of key individuals in the club who will be a point of contact for mental health related issues moving forward.
Program has clearly stated goals or outcomes.	All programs have particular goals but again these vary and can at times be vague, key goals focus around raising awareness of mental illness, strategies for positive mental health, challenging stigma, equipping coaches and volunteers

	with the confidence and skills to support positive mental health, identify mental health challenges, refer players to support, improving the mental health of club members and equipping participants with techniques to support their mental wellbeing. Other objectives included supporting clubs to build inclusive cultures and address negative cultures. The overarching goals can be aligned to three key areas, raising awareness, improving knowledge and understanding and changing attitudes.
Intervention format	
The program offers a variety of high-impact delivery methods and modalities to suit a range of participant needs, i.e. different delivery methods (online, podcast, one to one, peer, in groups); intervention/program types and; duration and frequency of intervention/program.	The programs use a variety of formats and methods in their delivery. These range from website, text-based resources and fact sheets, face to face delivery, online module delivery, webinars, short bits of information and awareness raising provided through social media, podcasts and several also have Apps to support individuals. With education, the emphasis was on delivery that was interactive, was not just a facilitator presenting, but engaged participants in discussion, was tailored to their specific context and often scenario based. Education sessions were usually delivered in larger groups for 45 minutes to an hour after club training. The programs recognised the limitations of what they could do in this time but often referred to the online support as something that participants could return to. Two programs offered referral support services where they offer direct mental health support to participants in need. Participants self-identify and the organisations psychologists and counsellors then work with them on an individual basis to refer them to other support services in the community. The organisations usually work with these participants intensely for a period of around 3 weeks. Only some programs return to clubs, although the issue of turnover of players, coaches and volunteers was noted. Not all programs explicitly tailor for cultural diversity, Indigenous participants or other aspects of diversity. Programs are tailored for youth/adult cohorts with youth often split into young teens and older teens. Programs are also tailored for coaches specifically or other adults (players/parents/non-coaching volunteers).
Program is targeting different cohorts both within and beyond sport clubs.	All programs target different cohorts, although as mentioned, some have a focus on singular cohorts such as youth or coaches and parents. There is recognition that adapting to different cohorts is important. As mentioned, there isn't always evidence of tailoring to ensure the program reflects aspects of diversity. There is also limited connection beyond the club, some programs either work with or have tried to work with state leagues as a platform to connect with clubs but few have worked with sporting associations directly, they are generally club focused.
Intervention components	
Program has clearly stated outcomes and content is consistent with them	As stated, some of the programs had fairly vague outcomes but the content and focus generally aligned with the core focus of awareness raising and improving knowledge. Where programs were seeking to shift attitudes, there was little evidence of strategies, beyond education, that might achieve this.
Provides appropriate ways to raise awareness of and promote mental wellbeing.	All organisations do this through their education component and social media sites, the engagement of key leaders within clubs and the hope that they will continue to advocate for and promote mental health initiatives is an important element of this.

Program reflects a detailed understanding of sport settings and organisations (i.e. knowledge of developmental, cultural, social and systemic issues)	All organisations had a detailed understanding of the community sport settings and the challenges of this context for supporting positive mental health. These ranged from identification of exclusionary cultures within community sport, the damaging forms of masculinity associated with some forms of community sport, and other damaging health behaviours associated with certain sports (e.g. prevalence of eating disorders within gymnastics). They also suggested that whilst there were aspects that would negatively impact on mental health of participants, the sports club was often a context of connection within the local community so recognised its power as a platform to raise awareness and increase knowledge. At a practical level, all program highlighted some of the challenges of working with a volunteer base, the turnover of coaches, volunteers and players, making sustainability and embedding of practices difficult.
Program consistently and continuously communicates its strategy through supportive language that avoids prejudicial or pejorative references.	All organisations have a focus on using inclusive language and are careful in their detailing of mental health to avoid terms that further stigmatise/marginalise individuals experiencing mental illness.
The program draws on local knowledge and baseline measures to tailor itself to local needs (whilst maintaining integrity to a framework, i.e. language)	Most organisations tailor their program to match local requirement and suit local need, they work with clubs in the preparation of programs to draw in specific aspects and will ensure that education for example is personal to that particular club. This is important particularly when working with clubs who have experienced suicide amongst their membership. Several conduct surveys with club members prior to delivering whilst others meet with committee members to gain an understanding of the specific requirements of the club and any existing issues they may be aware of. Those programs who have adapted their content to support Indigenous participants have done so in consultation with local Indigenous organisations and health providers to ensure they are culturally appropriate. This was not discussed by all programs however.
Program links to and works collaboratively with other programs and initiatives to extend messaging, leverage existing activity and create collaborative action.	All organisations have received guidance from larger mental health organisations and refer sporting clubs and members to these organisations for more detailed support and help. There were limited examples of the organisations we spoke with working collaboratively and perhaps some missed opportunities for partnership working.
Evaluation and Efficacy	
Measures are clearly aligned with stated program outcomes and program content	Engagement with evaluation was mixed across programs, some had undertaken no evaluation at all, others were in the process of undertaking fairly robust evaluation involving external organisations and pre-post intervention data collection. Some collected post education evaluation questionnaires but this was highly mixed. Two programs had undertaken extensive research examining their approaches, including undertaking a randomized controlled trial.
The program has utilised valid and reliable measures/methods to understand its impact on mental health promotion and mental health outcomes	Only a small number of projects discussed using validated tools and pre - post intervention methodologies, but we were unable to access examples of what these were other than in projects that have produced published journal articles.

What works is known, how it works is known, and repeatability is universal.	The organisations felt they know what works but much of this was intuitive, based on experience and what they see and feel is happening and informal feedback from clubs and individuals they work with. There is little robust evidence available documenting what works in this space and the multiple objectives of organisations will make this challenging.
Evidence collected is publicly available and open to external scrutiny (i.e. On website).	Two projects have publicly available evaluation data and summaries.
Sustainability of program	
The community and a range of stakeholders have a vested interest in the program	All programs have engaged a range of funding partners across government, corporate organisations, and philanthropic funders. Most did not discuss any issues with securing ongoing funding and felt the area continued to be viewed as important and as such accessing funding had become easier.
The program is financially self-sufficient and not dependent upon grants.	All are dependent on ongoing funding from external sources, this is important in keeping the cost either low or free to community sports clubs.
The host organization is “mature” (stable, resourceful).	Most organisations were stable, although they had been established from between 8 months-2 years.
The value and mission of the program fit well with the broader community.	This was evident across all programs.
The program meets legal and compliance responsibilities.	The provider did not explicitly state if they were meeting legal and compliance measures, although there were examples from two providers that discussed going through rigorous processes with legal organisations to ensure that these were met.
The program represents 'good value for money' for the club	A variety of funding models were evident across organisations, some had received funding to enable them to offer programs free to clubs, others had some sponsorship and could offer subsidised rates or free to clubs that met certain criteria (i.e. regional clubs, those in high areas of deprivation). Clubs that are required to pay for the services offered are encouraged to fundraise, gain sponsorship from local businesses.

Sustainability of Impact	
The program has a clear (documented) strategy for achieving ongoing impacts for individual club members.	Most programs have considered ongoing sustainability of impact. Key strategies including involving club leaders, coaches and parents to support mental health promotion on an ongoing basis, encouraging clubs to develop a mental health strategy, development of Apps that individuals can continue to engage and use, web based resources and online training to allow for refreshing of concepts and options for repeat training within some of the programs.
The program has a clear strategy for supporting the development of knowledge/expertise/championing of mental health within clubs.	As above, most encourage leaders, committee members and key influencers in the club to undertake the role of ongoing champion. Some have explicit education sessions targeting individuals to perform this role, one program focuses on supporting young people to become key champions in their club.
The program has a clear strategy for supporting positive culture change within community clubs	Whilst an overarching ambition this was less well articulated, the education has a focus on the importance of positive culture and addressing some aspects of negative culture but there were generally no resources/support available for ensuring tangible action.

In undertaking the market analysis, we additionally identified organizations offering advice and guidance on mental health issues to the community sport sectors. These agencies were identified as only offering this support so were not included in the more detailed analysis of providers documented above. Table 10 provides an overview of these organisations and links to their resources.

TABLE 10: OTHER RELEVANT ORGANISATIONS AND PROVIDERS OFFERING INDIRECT SPORT SERVICES/PRODUCTS (VICTORIA/AUSTRALIA)

NAME	URL	AREA OF FOCUS/SERVICES OFFERED
AFL (various resources, programs, initiatives and projects)	Example: AFL mental health education https://www.afl.com.au/afl-education/mental-health Example: AFL junior mental health program https://www.afl.com.au/news/441504/afl-beefs-up-junior-mental-health-programs	The AFL is committed to ensuring a safe, welcoming and inclusive environment for all people involved in Australian football. To achieve this the AFL will promote the importance of mental health and wellbeing of those within the AFL industry via education resources. Partnership with headspace, education program particularly targeting young players moving towards the professional game, support the next generation of talent. The programs will be tailored to 16 to 18-year-old boys and girls in the NAB AFL Academy, state academy programs and multicultural and Indigenous talents.

Australian Institute of Sport (AIS)	https://ais.gov.au/health-wellbeing	Dedicated landing page with click through articles, blogs and support. Links to a variety of projects involving elite athletes in community sport: Lifeline Community Custodians at https://ais.gov.au/custodians Bite Back Mental Fitness Training at https://www.ais.gov.au/bite-back Mental health Referral Network (mainly targeting high performance athletes) at https://www.ais.gov.au/mhrn COVID-19 AIS framework for rebooting sport is a three-step plan is a positive step towards the reintroduction of sport and recreation at https://www.ais.gov.au/health-wellbeing/covid-19#ais_framework_for_rebooting_sport
Australian Sports Commission (SportAus)		Sport Australia has developed a 'Return to Sport Toolkit' that includes a suite of resources to help sporting organisations get ready to recommence training, competitions and programs in a safe, responsible and low risk manner post COVID-19
Better Out than In	http://betteroutthanin.com.au	Developed by the AFL Players' Association, in partnership with its Alumni services, the AFL Coaches Association, MATES in Construction, La Trobe University and Cummins & Partners as part of Beyondblue's STRIDE Project with donations from the Movember Foundation. Website that includes stories, individual support/advice referrals, actions to support others. Uses sports analogies and set up through sport organisations
Beyond Blue mental health sports rounds (e.g. AFL, NRL)	https://www.beyondblue.org.au/get-involved/rugby-league-beyond-blue-round https://www.beyondblue.org.au/get-involved/afl-victoria-i-beyondblue-i-round	Through community partnerships with elite sporting clubs and high-profile events around the country, Beyond Blue is able to deliver its mental health messages to large and diverse populations. Dedicated sports round for mental health awareness raising.
Black Dog Institute hub	https://www.ffa.com.au/news/introducing-black-dog-institute-hub	Providing mental health education and support to grassroots football (FFA) community and employees, national team players, directors and stuff by partnering with Black Dog Institute.

(FFA in partnership with Black Dog)	https://www.ffa.com.au/black-dog-institute	Utilises Black Dog Institutes resources across digital properties. Uses online resources, tools and apps.
Clearinghouse for Sport	https://www.clearinghouseforsport.gov.au/knowledge_base/high_performance_sport/performance_preparation/athlete_mental_health	Sport and Mental Health online information and facts, includes web links to services for athletes and coaches High performance athlete focus (knowledge base for performance preparation)
Club Respect	https://clubrespect.org.au	Website focused on supporting clubs to plan for and implement a safe, fair and respectful environment. Includes: ask an expert; success stories; podcast; some PDFs Focus is respect with no specific mental health/wellbeing link
Community street soccer (Big Issue soccer program)	https://www.thebigissue.org.au/community-street-soccer/about/	The heart of Street Soccer is weekly training sessions held across Australia. Participants get together in a safe and non-threatening environment, allowing them to get fit, make new friends and seek support and advice. Support staff also work closely with players, linking them to services that address issues including homelessness, substance abuse, family breakdown and mental illness. For locations go here https://www.thebigissue.org.au/community-street-soccer/where-we-play/
Headspace Head Coach	https://headspace.org.au/headcoach/	Some of Australia's best athletes share how they train their minds – what are the little or everyday things they do to reach their potential and live fun and fulfilling lives
Game Plan (Australian Cricket Association)	https://auscricket.com.au/gameplan/	GamePlan is the Australian Cricketers' Association's wellbeing and education program. This provides support to members, professional contract holders, ex-players and some others
Hey Sport, R U OK?	https://www.ruok.org.au/sport	Hey Sport, R U OK? is a campaign to benefit all participants, officials, administrators and supporters across the grassroots sporting community. The first phase of the campaign provides resources and tips for coaches to help them build an R U OK? Culture to support their athletes and players. Website includes: Coaches Toolkit and Host a Round resources, plus promotional material

Mind Max	https://mindmax.com.au/#home	MindMax is an app to maximise wellbeing and resilience and create a community of fit minds. Funded by Movember Foundation and made in collaboration with AFL players, this free and accessible app empowers you to build, strengthen and maintain a fit mind.
Mind Room	https://themindroom.com.au/	High performer mental skills, mindful athlete, mental condition program. Performance psychology, mental health in sport and performance, profiling, strategy and advice, athlete scholarship, partnerships. Psychology services - more focused on elite performance
Reboot Sport	https://rebootsport.com.au	Website and consultancy service with guides to supporting mental health in sport post COVID-19. Some mention of health and inclusion. Support packages for sale ranging in cost and inclusions. Also offers: writing for grants, links to other organisations, blogs/news – see '4 steps to reboot mental health through sport'
Movember	https://au.movember.com/	Men's mental health charity that offers a broad range of resources and support. Mental health focus at https://au.movember.com/about/mental-health Also see 'Ahead of the game' in Table 8
Play by the Rules	https://www.playbytherules.net.au	Play by the Rules provides information, resources, tools and free online training to increase the capacity and capability of administrators, coaches, officials, players, parents and spectators to assist them in preventing and dealing with discrimination, harassment, child safety, inclusion and integrity issues in sport. Webinars, blogs, articles, news and other resources to support mental health and wellbeing found at https://www.playbytherules.net.au/search?q=mental+health
Pride Cup	https://pridecup.org.au	Offers education programs and events targeting LGBT+ inclusion in sport. Offer: education programs for players, coaches and officials (30- or 90-minute sessions and custom sessions (for varying settings); coordinate events; online information/blogs/posts
Pride in Diversity	http://www.prideinclusionprograms.com.au	Pride in Sport is the only sporting inclusion program specifically designed to assist National and

		State sporting organisations and clubs with the inclusion of LGBTQ employees, players, coaches, volunteers and spectators. Provide face to face education, expert advice with a number of Pride Inclusion programs (e.g. Pride in Health and Wellbeing). Website includes: the world-first Pride in Sport Index (PSI) benchmarks and assesses the inclusion of LGBTQ people across all sporting contexts; membership program; Australian Pride in Sport Awards
Proud2Play	https://www.proud2play.org.au	Proud 2 Play have helped shape the landscape of sports inclusion for LGBTI+ people in Victoria, and parts of Australia. Approach LGBTI+ inclusion in sport from all angles to provide grassroots organisations, clubs, state and national sporting organisations and other sporting associations with education, inclusive policy and procedure, inclusive events and improvements in LGBTI+ visibility in their sport. Education includes LGBTIQ+ mental health
Pukaup	https://www.pukaup.com/pukaup	Collation of mental health provider support website links, offers talks/speaker, podcast, online shop
Smiling Mind	https://www.smilingmind.com.au/smiling-mind-app	A mindfulness app. Also includes: training courses/PD (target teachers, workplace, made to order); resources/resource hub; stories; blogs In 2012, Smiling Mind and Cricket Australia's Sport Psychology Team partnered to create a specific sports-based meditation program. The program can be found on the Smiling Mind app under programs at https://www.smilingmind.com.au/cricket-australia
Soccer Mindset Challenge (US based app linked to Football Victoria)	https://www.soccerscene.com.au/product/soccer-mindset-academy-a-fix-for-footballs-mental-health-concerns/	The aim of the challenge is to increase young players' awareness of different mindset tools that can be accessed while social distancing during the COVID-19 restrictions. The Soccer Mindset Academy app has daily workouts that can be completed at home Source is https://www.soccermindsetacademy.com/
Speak Up! Stay ChatTY	https://staychatty.com.au/	Work to promote positive mental health and prevent suicide by normalising conversations about mental health and encouraging help seeking behaviours. In partnership with relationships Australia Tasmania and for sports clubs, with Good Sports. Provide community events, fundraisers and presentations to community groups, workplaces, sporting clubs and schools to promote the SPEAK UP! Stay ChatTY message; COVID-19 webinar.

		See Sport Program here https://staychatty.com.au/programs/sports-program/
Sport and Recreation Victoria	https://sport.vic.gov.au	We work with industry and the sport sector to support the development of world class infrastructure and facilities and to build inclusive participation in sport and recreation Provide: grants, publications, resources; strategic plans; work with others e.g. VicHealth. Various initiative supporting general inclusion in the community sports sector i.e. Gender Equality projects
The Resilience Project	https://theresilienceproject.com.au/sports-clubs/	Broader project but started working with elite level sports clubs including training with players, coaches and admin staff. Offer programs that typical includes presentations for the players, the coaches, administration staff and the player's partners. May have elite focus
VicSport	https://www.vicsport.com.au	Vicsport's aim is to get as many people in Victoria engaging in sport and physical activity as possible. Broad inclusion focus. Provide: advice, assistance, support; advocacy, policy, resources, events, awards, research; information (inclusion & diversity)
Wired to play	https://www.wiredtoplay.com	Book plus consulting firm; focus is on elite athletes and mental health

The key findings from the interviews are summarized below:

- All providers were in agreement that there has been a rise in the number of organisations offering mental health support services to the community sport sector. They pointed to an urgent need for regulation and guidelines in this space suggesting that the quality of providers varied significantly but clubs were often unaware of how to determine which providers they should be working with and the quality/suitability of the product they were offering. At the moment the sector is relatively unregulated, although this wasn't evident in the programs we spoke with, all the interviewees highlighted the potential for programs to be established without the necessary expertise and guidance and they felt that it was fairly easy for organisations to sell their product to clubs without any questions regarding quality or value. The majority of providers advocated for a type of accreditation system that would make it easy for clubs and sporting associations to determine if programs were legitimate and appropriate. Given the sensitivities around delivering mental health interventions and the potential negative impact of poorly delivered interventions, this was determined by the providers as a key priority.

- All providers acknowledged the challenges of working within the voluntary sport sector and recognized that they could often only start a dialogue, raise awareness and provide some basic information to clubs in the time that they had to work with volunteers, coaches and members. Many indicated that they would like to deliver more comprehensive education programs and that this was essential to drive significant changes in culture but the ability to do this currently was limited.

- Related to this, many providers acknowledge that work needs to be undertaken to address the exclusionary nature of sport, as a key aspect of promoting positive mental health within community sports club settings. However, most providers feel unable to undertake education and work that begins to address broader aspects of exclusion in club settings. Instead the focus is on basic mental health first aid and awareness raising of mental health issues across a number of the programs. Some indicated that they touched on issues of culture, particularly damaging cultures associated with some forms of masculinities but felt that their programs were constrained and unable to focus in any depth on this. Issues of health equity were not necessarily able to be addressed by the programs. Similarly, there was a recognition that club sport could be a setting that fosters negative behaviours also connected to poor mental health and wellbeing such as alcohol and drug use. A number of programs interwove education around alcohol and drug use in addition to general information on mental health.

- Beyond two of the programs, evaluation of initiatives is limited, making it difficult to make informed judgements regarding the impact of programs on the community sport sector.

- The majority of providers work with AFL clubs and nearly all tend to engage with team sports. Very few work with individual sports despite acknowledging that there can often be significant mental health issues associated with some individual sports.

- Most acknowledged the gendered dimensions of mental health, which is an important to consider in the design and delivery of programs. Fewer articulated considerations regarding cultural adjustments and only one discussed the adaptation of resources and education for Indigenous participants.

- Programs have different capacities and reach, some chose to focus on a narrow area of work in this space but still provide valuable services. Furthermore, there is limited collaboration between different organisations or sharing of resources/expertise. There is a feeling of competitiveness within the market place with different organization seeking to stake their claim in the market share. However, many providers expressed that they wanted greater collaboration and particularly to work more with higher level structures in sport such as leagues and associations to develop a more coherent and strategic approach to raising awareness of mental health.

- Building on the above point, structurally there seems a considerable disconnect within this space between the mental health providers, state sporting associations, leagues and associations and the clubs. Providers tend to work directly with clubs and rely on word of mouth referrals from other clubs, direct approaches and marketing directly to clubs themselves. Some have sought to work through leagues and associations at a local level where possible but have found that leagues often want payment to promote their services to their club members. Few work through the State Sporting Associations, which potentially limits the opportunity for coordination, regulation and more effective promotion to clubs.

- Whilst acknowledging the limitations of what they could do with community sport participants, most providers were in agreement that offering one or two education sessions to community clubs and then exiting was ineffective and providers needed to offer ongoing support, refresher sessions and continuing training for positive mental health practices to become embedded within the club.

Program providers considered there were a range of roles for VicHealth in this context moving forward.

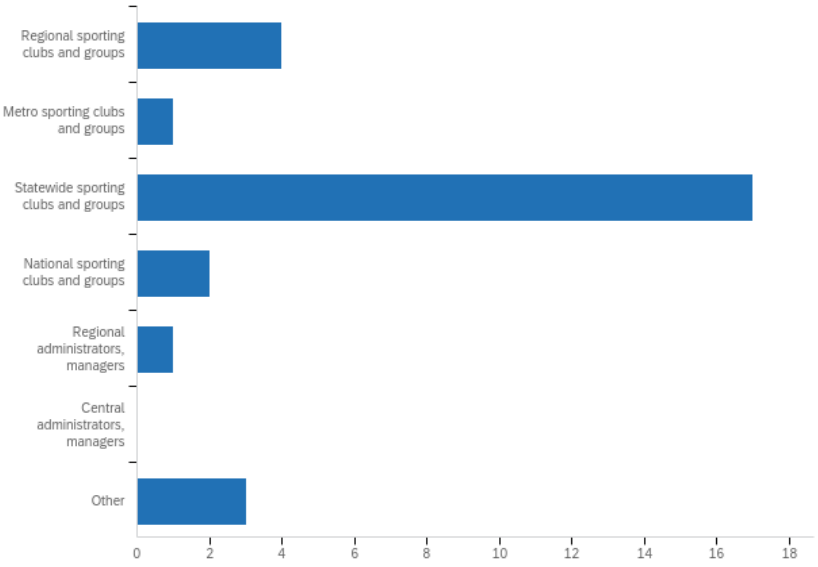
- Advocacy with the sports sector and encouraging State Sporting Associations and leagues and associations to encourage clubs to engage with mental health was considered to be an important role that VicHealth could play.
- Advice and guidance to the sport sector as to who to engage with in relation to providers, endorsement of certain programs as being quality programs.
- Providing, lobbying for and offering direction on possible funding sources.
- Encouraging greater levels of collaboration between providers.
- Development of resources, tools to support the work providers undertake, for example videos, factsheets etc.
- Establishment of a steering group made up of experts in MHW, program deliverers and participants to develop guidance and coherence across the space.

PHASE 3) SPORT ORGANISATION USAGE OF MENTAL WELLBEING PROGRAMS

As per details outlined in the method, a survey was sent to 88 state sporting association representatives from a range of sports (n = 76) and regional sports assembly contacts (n = 15) that are involved in supporting sport within Victoria. Some of the more significant mass participation sports like AFL, rugby, cricket and netball did not have any of their contacts respond. While basketball, tennis, hockey, swimming and surf lifesaving among others presented a response. Four of the nine regional sports assemblies responded to the survey. Amongst many reasons why people might not respond to a survey, the COVID-19 shutdown likely played a significant role in response rates. At the time of the survey in Victoria, local sport had not yet restarted. The response rates may also suggest that for some sporting groups, mental wellbeing provision may not constitute a significant enough priority to warrant input.

Participants who completed the survey were associated with their organisation in a number of roles. General managers, program managers, participation managers, program coordinators, development officers, diversity and inclusion managers and team leaders all completed the survey. These participants worked with a range of audiences with the bulk of respondents working state wide across sporting clubs and groups (n = 17) as highlighted in Figure 1.

FIGURE 1. AUDIENCE RESPONDENTS PRIMARILY WORKED WITH



In relation to mental health provision, participants were asked if their role was connected to supporting the provision of mental health and wellbeing in clubs. 18.5% felt their role was directly connected, 59% felt it was indirectly connected and 22% felt it was not connected at all. Examples of roles from the indirectly connected group were provided and included the following responses:

R1: We loosely provide support regarding alcohol management and highlighting the importance of keeping an active lifestyle but this is as far as it would go in regards to providing clubs information or assistance with supporting mental health and well-being initiatives at club level.
R2: Have been researching potential initiatives for our clubs to adopt.
R3: In my role, it is up to me to direct our organisation to look into these issues.
R4: We provide a sympathetic ear to volunteers and listen to their concerns, trying to make their job easier wherever possible.

Participants were asked how much of a priority was supporting mental health and wellbeing within your organisation. Responses were evenly spread between it being a low priority (36%), a moderate priority (32%) and a high priority (32%). When just looking at State Sporting Associations, the breakdown was even across low, moderate and high

priorities. For Regional Sports Assemblies two felt it was a low priority, two felt it a high priority and one felt it was a moderate priority. Participants were asked an open-ended question about what their organisation does to support mental wellbeing in community sport. Responses included not having anything formal, where the sport itself provides a resource for mental health, or open communication, for example:

- We recognise the value of connection and the importance of the social aspect of playing <sport>.
- Promotion of activity as research indicates <the sport> contributes highly to positive mental health, athlete wellness programs, safe sport.
- Our organisation tries to promote examples, articles and positive uplifting messages and images of <the sport> and sport as a whole, as well as promote the benefits of our sport (such as mental health and well-being) to the community in the hope that individuals take up the sport.
- We currently don't have any targeted initiatives yet, however, we maintain regular contact with key volunteers and coaches to ensure we are providing appropriate personal support for them to carry out their roles.
- We don't have resources or formal mechanisms set up.

Responses also mentioned the provision of niche programs and passing on of resources without being comprehensive or strategic. For example:

- Free MH First Aid training, EAP Program, Policies to protect and support employees, strong focus on culture and inclusion, 1:1 check-in's via Team Leaders/Management, regular posts on Yammer re importance of health.
- We run our men's health round during the Victorian Governments Men's Health Week. Partnered with beyondblue and share mental health resources and tips with our clubs.
- We provide information and resources.
- Resources, messaging, some programs, overall social interaction, sense of belonging through clubs.
- Promotes other organisations that support mental health and wellbeing, promotes special days or events e.g. RUOK
- Education session, support groups, critical response management.

At least two suggested they had formed more formal partnerships with providers for example:

- Partnership with Outside the Locker Room, including staff PD

It appears COVID-19 has had an impact on organisations looking to do more in mental wellbeing as the following participants suggested:

- We have just run a resilience program during COVID and provide psych support during HP Squads and clinics.
- We have not provided anything directly until the pandemic - we are now working with Tackle Your Feelings and offering to provide mental health service links if requested by clubs that we speak with.
- COVID has revealed how important social connection is.

No one appeared to provide information that would suggest they are implementing a strategic approach to supporting mental wellbeing connected to an overarching strategic framework like you might find in a workplace context. As the data suggests, for many of these organisations and likely for a range of reasons, mental wellbeing provision is not a high priority and even where it is, there is no apparent systematic approach. Whilst the larger groups are able to

support staff within their own organisation, at the community sporting club level there is less control and no systematic framework to draw upon, as outlined in the following:

> *We provide a huge number of resources and programs to support our internal staff from Culture Club, Employment Assistance Programs, Education programs etc. Externally with our stakeholders it is somewhat more challenging as we do not control the environments in which they operate. Our support mechanisms are via our field staff across a various of mediums, generally it is at a committee level and governance matters. We have member protection programs, integrity unit and defer when necessary to Beyond Blue and other supportive agencies.*

Another question asked what SSA's and RSA's might find useful in supporting sporting clubs to be proactive around mental wellbeing. A mixture of online and face-to-face education and training as well as one-off guest speakers from the sporting sector who have worked through a mental health condition were considered the most useful. Table 11 provides a breakdown.

TABLE 11: WHAT MIGHT BE USEFUL IN SUPPORTING MENTAL WELLBEING IN CLUBS

#	Resource	Very useful		Moderately useful		Slightly useful		Not useful
1	Online education and training	52.00%	13	32.00%	8	16.00%	4	0.00%
2	Face to face education and training	56.00%	14	32.00%	8	12.00%	3	0.00%
3	Mixture of online and face to face education and training	64.00%	16	32.00%	8	4.00%	1	0.00%
4	Hardcopy print resources and materials to distribute at clubs	16.00%	4	40.00%	10	36.00%	9	8.00%
5	Text-based content distributed to members via social media and web-based platforms (i.e. flyers, information sheets)	16.00%	4	48.00%	12	36.00%	9	0.00%
6	Digital media content distributed to members via social media and web-based platforms (i.e. Podcasts, YouTubes)	36.00%	9	36.00%	9	24.00%	6	4.00%
7	One-off guest speaker/s with expertise in mental health and wellbeing	44.00%	11	36.00%	9	12.00%	3	8.00%
8	One-off guest speaker/s from sporting sector who have worked through a mental health condition	56.00%	14	24.00%	6	12.00%	3	8.00%
9	A series of scheduled face to face sessions on mental health and wellbeing	24.00%	6	44.00%	11	24.00%	6	8.00%
10	Case-studies of scenarios and best practice responses	32.00%	8	36.00%	9	20.00%	5	12.00%
11	Suggested policies/strategies to impact club culture related to mental wellbeing.	44.00%	11	36.00%	9	20.00%	5	0.00%

The 56% 'very useful' endorsement of one-off guest speakers represents an interesting conundrum. The market appears to have an appetite for this approach, while the research data suggests mental wellbeing support needs to involve consistent and persistent messaging that sits across contexts to be most effective. Given clubs are often positioned as being volunteer run, time poor and struggling to address even their core business of getting competition underway, one-off events may offer an attractive and manageable way to support mental wellbeing without overburdening volunteers.

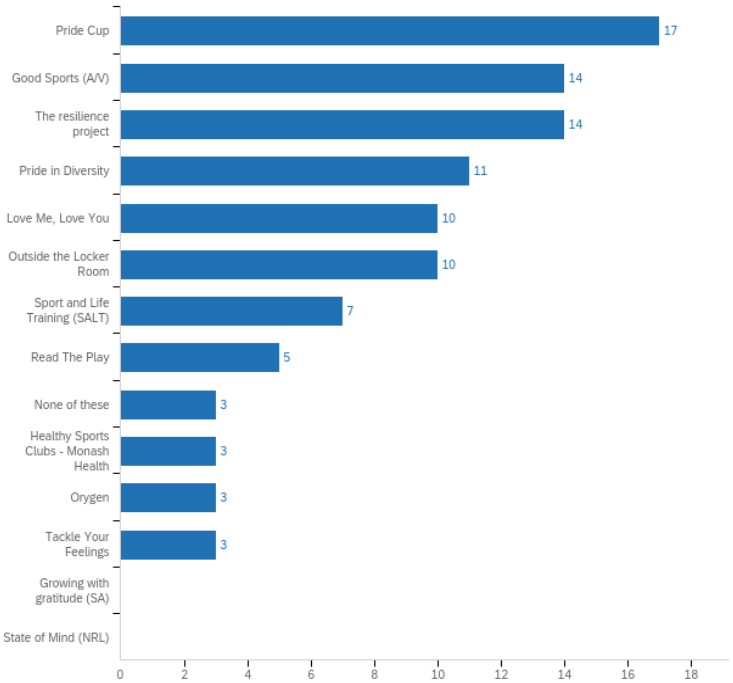
Whilst awareness raising is important, sport itself remains a problematic context for mental wellbeing. It may be that a one-off powerful message, whilst raising awareness, is unable to subvert the ongoing impact of the social ecology of the club. For example, a club culture that reinforces toxic masculinity and discourages help-seeking behaviour, or one where 'weigh ins' and a high-performance culture persist can overwhelm any short-term efforts to promote a supportive health message. The risk with providing SSA's and RSA's with a product they think they need, is that it may provide a false sense of security. It enables the ticking of a box so to speak, when broader factors are at play over time. This could be similar for the endorsement of one-off events like an RUOK round with little to no follow up. It could be that one-off events contribute to the overall message being provided in schools, workplaces and through mass media and therefore make an important contribution no matter how transient. But this assumes the messages are coherent, consistent and recognisable across contexts. If sport is to be a target site for primary prevention and particularly if public money is to be invested into evidence-based approaches, then it needs to strike a balance between providing sporting organisations with what they think they want, what they can realistically manage and what the research has identified works.

Given mental health is tied to other areas of interest within sporting organisations, like inclusion and gender equity, there is significant scope for an intersectional, coordinated and overarching strategic framework that integrates and leverages the promotion of inclusive and healthy sport. It also makes sense that messaging is part of a coordinated framework that can strive to deliver consistent messaging across contexts. It is however unlikely that SSAs and RSAs are in a position to oversee, implement and measure this given their priorities and capacity.

Awareness of mental wellbeing providers

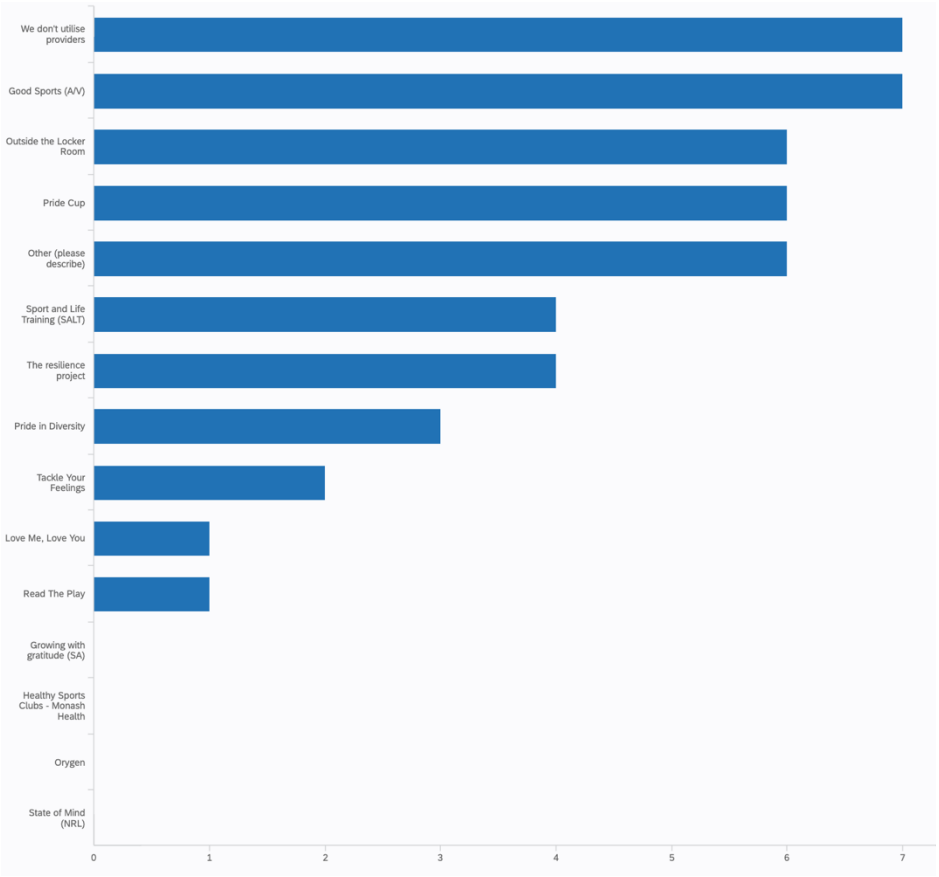
SSAs and RSAs were asked about their awareness of a limited range of providers of mental health and wellbeing programs in Victorian sport. There was modest awareness of Good Sports (14%), the Resilience Project (14%) and Pride Cup (17%) programs. There was some awareness of Love Me Love You (10%), Outside the Locker Room (10%) and SALT (7%) programs. With minimal awareness of other programs (<6%). Figure 2 provides a summary of the data. Most respondents had awareness of at least one of these providers but there wasn't overall a strong awareness of the market or any real dominant providers.

FIGURE 2: AWARENESS OF MENTAL HEALTH AND WELLBEING PROGRAMS IN SPORT



When asked which provider programs or resources their organisation has utilised, 'we don't use providers' was the equal top response (see Figure 3). Good Sports, Outside the Locker Room, Pride Cup, SALT and the Resilience Project were the most called upon initiatives. In the 'other' category, Lifeline, Phoenix Australia, Engage Health, Benestar, Beyond Blue, Christopher Shen and Sports Chaplaincy Australia were mentioned.

FIGURE 3: WHICH OF THE FOLLOWING PROVIDERS HAS YOUR ORGANISATION UTILISED



Clubs were asked to rate the quality of the initiatives against a range of criteria drawn from the rapid review in Phase 1. Overall, SSAs and RSAs rated the provision by providers as Excellent or Good for the majority of the categories. Modest concerns centred around the tailoring of the program, supporting clubs to generate a focus on mental health, the sustainability of the pricing and service model, ongoing support and the capacity of the initiative to develop sector skills and knowledge. The importance of tailoring initiatives was mentioned in an open response in reference to rural program provision:

We need support in rural areas but we need a product/program that speaks to regional communities, understands the challenges rural people face and mould that into a relatable mental health and well-being program.

Initiatives that were rated by 4 or more people are included in the data below (see Tables 12 through 16). The names of the programs have been replaced with a randomly generated number to protect the identity of the organisation.

MONASH University

TABLE 12: PROGRAM SIX

CRITERIA	EXCELLENT		GOOD		AVERAGE		POOR		UNKNOWN		TOTAL
Their people are approachable and relatable	28.57%	2	42.86%	3	14.29%	1	14.29%	1	0.00%	0	7
Content and resources are relatable (not authoritarian)	42.86%	3	28.57%	2	14.29%	1	14.29%	1	0.00%	0	7
Support clubs to focus on mental health	14.29%	1	42.86%	3	28.57%	2	14.29%	1	0.00%	0	7
Tailored to the sporting landscape	28.57%	2	42.86%	3	28.57%	2	0.00%	0	0.00%	0	7
Tailored for different levels of the organisation	14.29%	1	42.86%	3	42.86%	3	0.00%	0	0.00%	0	7
Based on identified community needs (not generic)	14.29%	1	42.86%	3	14.29%	1	14.29%	1	14.29%	1	7
Provide clear evidence of their impact	14.29%	1	57.14%	4	14.29%	1	14.29%	1	0.00%	0	7
Governance and communication	14.29%	1	42.86%	3	28.57%	2	14.29%	1	0.00%	0	7
Sustainable pricing and service model	28.57%	2	28.57%	2	14.29%	1	14.29%	1	14.29%	1	7
Ongoing support	28.57%	2	42.86%	3	14.29%	1	14.29%	1	0.00%	0	7
Develops sector skills and knowledge	28.57%	2	28.57%	2	14.29%	1	14.29%	1	14.29%	1	7
Other	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0

TABLE 13: PROGRAM EIGHT

QUESTION	EXCELLENT		GOOD		AVERAGE		POOR		UNKNOWN		TOTAL
Their people are approachable and relatable	83.33%	5	16.67%	1	0.00%	0	0.00%	0	0.00%	0	6
Content and resources are relatable (not authoritarian)	50.00%	3	50.00%	3	0.00%	0	0.00%	0	0.00%	0	6
Support clubs to focus on mental health	50.00%	3	33.33%	2	0.00%	0	0.00%	0	16.67%	1	6
Tailored to the sporting landscape	83.33%	5	16.67%	1	0.00%	0	0.00%	0	0.00%	0	6
Tailored for different levels of the organisation	50.00%	3	50.00%	3	0.00%	0	0.00%	0	0.00%	0	6
Based on identified community needs (not generic)	66.67%	4	16.67%	1	16.67%	1	0.00%	0	0.00%	0	6
Provide clear evidence of their impact	66.67%	4	16.67%	1	16.67%	1	0.00%	0	0.00%	0	6
Governance and communication	66.67%	4	33.33%	2	0.00%	0	0.00%	0	0.00%	0	6
Sustainable pricing and service model	0.00%	0	0.00%	0	16.67%	1	0.00%	0	83.33%	5	6
Ongoing support	16.67%	1	50.00%	3	16.67%	1	0.00%	0	16.67%	1	6

Develops sector skills and knowledge	33.33%	2	33.33%	2	16.67%	1	0.00%	0	16.67%	1	6
Other	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0

TABLE 14: PROGRAM NINE

QUESTION	EXCELLENT		GOOD		AVERAGE		POOR		UNKNOWN		TOTAL
Their people are approachable and relatable	50.00%	2	50.00%	2	0.00%	0	0.00%	0	0.00%	0	4
Content and resources are relatable (not authoritarian)	50.00%	2	50.00%	2	0.00%	0	0.00%	0	0.00%	0	4
Support clubs to focus on mental health	50.00%	2	50.00%	2	0.00%	0	0.00%	0	0.00%	0	4
Tailored to the sporting landscape	50.00%	2	50.00%	2	0.00%	0	0.00%	0	0.00%	0	4
Tailored for different levels of the organisation	50.00%	2	50.00%	2	0.00%	0	0.00%	0	0.00%	0	4
Based on identified community needs (not generic)	25.00%	1	50.00%	2	0.00%	0	0.00%	0	25.00%	1	4
Provide clear evidence of their impact	50.00%	2	50.00%	2	0.00%	0	0.00%	0	0.00%	0	4
Governance and communication	50.00%	2	50.00%	2	0.00%	0	0.00%	0	0.00%	0	4
Sustainable pricing and service model	0.00%	0	50.00%	2	25.00%	1	0.00%	0	25.00%	1	4
Ongoing support	25.00%	1	25.00%	1	25.00%	1	0.00%	0	25.00%	1	4
Develops sector skills and knowledge	25.00%	1	75.00%	3	0.00%	0	0.00%	0	0.00%	0	4
Other	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0

TABLE 15: PROGRAM THIRTEEN

QUESTION	EXCELLENT		GOOD		AVERAGE		POOR		UNKNOWN		TOTAL
Their people are approachable and relatable	75.00%	3	25.00%	1	0.00%	0	0.00%	0	0.00%	0	4
Content and resources are relatable (not authoritarian)	75.00%	3	25.00%	1	0.00%	0	0.00%	0	0.00%	0	4
Support clubs to focus on mental health	50.00%	2	50.00%	2	0.00%	0	0.00%	0	0.00%	0	4
Tailored to the sporting landscape	25.00%	1	50.00%	2	0.00%	0	0.00%	0	25.00%	1	4
Tailored for different levels of the organisation	25.00%	1	50.00%	2	0.00%	0	0.00%	0	25.00%	1	4
Based on identified community needs (not generic)	25.00%	1	50.00%	2	0.00%	0	0.00%	0	25.00%	1	4
Provide clear evidence of their impact	50.00%	2	25.00%	1	0.00%	0	0.00%	0	25.00%	1	4

Governance and communication	50.00%	2	50.00%	2	0.00%	0	0.00%	0	0.00%	0	4
Sustainable pricing and service model	0.00%	0	25.00%	1	25.00%	1	25.00%	1	25.00%	1	4
Ongoing support	25.00%	1	25.00%	1	25.00%	1	0.00%	0	25.00%	1	4
Develops sector skills and knowledge	50.00%	2	50.00%	2	0.00%	0	0.00%	0	0.00%	0	4
Other	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0

TABLE 16: PROGRAM ELEVEN

QUESTION	EXCELLENT		GOOD		AVERAGE		POOR		UNKNOWN		TOTAL
Their people are approachable and relatable	83.33%	5	16.67%	1	0.00%	0	0.00%	0	0.00%	0	6
Content and resources are relatable (not authoritarian)	50.00%	3	50.00%	3	0.00%	0	0.00%	0	0.00%	0	6
Support clubs to focus on mental health	16.67%	1	50.00%	3	16.67%	1	0.00%	0	16.67%	1	6
Tailored to the sporting landscape	83.33%	5	16.67%	1	0.00%	0	0.00%	0	0.00%	0	6
Tailored for different levels of the organisation	50.00%	3	33.33%	2	16.67%	1	0.00%	0	0.00%	0	6
Based on identified community needs (not generic)	50.00%	3	50.00%	3	0.00%	0	0.00%	0	0.00%	0	6
Provide clear evidence of their impact	33.33%	2	66.67%	4	0.00%	0	0.00%	0	0.00%	0	6
Governance and communication	33.33%	2	50.00%	3	16.67%	1	0.00%	0	0.00%	0	6
Sustainable pricing and service model	16.67%	1	50.00%	3	16.67%	1	0.00%	0	16.67%	1	6
Ongoing support	50.00%	3	33.33%	2	16.67%	1	0.00%	0	0.00%	0	6
Develops sector skills and knowledge	33.33%	2	50.00%	3	16.67%	1	0.00%	0	0.00%	0	6
Other	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0

TABLE 17: PROGRAM 'OTHER'

QUESTION	EXCELLENT		GOOD		AVERAGE		POOR		UNKNOWN		TOTAL
Their people are approachable and relatable	80.00%	4	20.00%	1	0.00%	0	0.00%	0	0.00%	0	5
Content and resources are relatable (not authoritarian)	60.00%	3	40.00%	2	0.00%	0	0.00%	0	0.00%	0	5
Support clubs to focus on mental health	40.00%	2	20.00%	1	20.00%	1	0.00%	0	20.00%	1	5
Tailored to the sporting landscape	40.00%	2	40.00%	2	20.00%	1	0.00%	0	0.00%	0	5
Tailored for different levels of the organisation	60.00%	3	40.00%	2	0.00%	0	0.00%	0	0.00%	0	5

Based on identified community needs (not generic)	60.00%	3	40.00%	2	0.00%	0	0.00%	0	0.00%	0	5
Provide clear evidence of their impact	40.00%	2	60.00%	3	0.00%	0	0.00%	0	0.00%	0	5
Governance and communication	60.00%	3	40.00%	2	0.00%	0	0.00%	0	0.00%	0	5
Sustainable pricing and service model	60.00%	3	20.00%	1	20.00%	1	0.00%	0	0.00%	0	5
Ongoing support	60.00%	3	20.00%	1	20.00%	1	0.00%	0	0.00%	0	5
Develops sector skills and knowledge	60.00%	3	20.00%	1	20.00%	1	0.00%	0	0.00%	0	5
Other	100.00%	1	0.00%	0	0.00%	0	0.00%	0	0.00%	0	1

Finally, SSAs and RSAs were given the opportunity to provide any additional information about providers of mental wellbeing in sport clubs and the challenges faced in engaging community sporting clubs in mental wellbeing. The primary message comprised of volunteer load and costs as emphasised in the following comments:

- Keeping costs down - unfortunately mental health is always one of the first line items accountants remove when budgets are tight.
- A lot of clubs are time poor as well as money poor which makes it hard to get these programs delivered.
- Time consuming, competing priorities, volunteer capacity.
- A lot of sports clubs already feel they have enough to 'manage' at a club level and sometimes are put off with the 'work load' that goes with organizing programs for their sporting community.
- Club volunteers having the capacity and confidence to adopt an initiative. As an emerging sport our clubs are quite new and are in a near-constant "survival mode" so they do not feel capable of taking on anything outside core activities.
- Clubs in crisis mode do not have capacity to function beyond basic operational and day to day level.

As noted in data presented earlier, mental wellbeing was not considered as ‘core business’ or a high priority within 68% of SSAs and RSAs, suggesting there is a role for awareness raising in some sectors and the need to mount a ‘business case’ argument as outlined in the following:

- Volunteers have high load of requirements to meet already, may not see this as core focus for the club.
- Mental health is still not seen as a priority and that sport has a role to play.
- Mental health isn't seen as serious.
- They may not see the need for the training (they may not think there is an issue)

One way to incentivise the completion of training was to utilise existing programs and look to accreditation as a tool, as in the following:

- Incorporate this into our coaching accreditation scheme and those who complete a course get awarded points etc. toward their accreditation, they would be more likely to complete training and learning.

As is often the case with complex societal issues, people are looking for simple solutions that don’t overburden those involved in their delivery. Whilst it is unlikely that simple solutions will have a significant impact on outcomes, these were sought after by some in the sporting sector as outlined below:

- Please keep it simple and easy to access, club volunteers do want to do what is best but we can't afford to overburden them.
- It needs to be simple for volunteers to execute.

The survey provided some insights into what the sporting sector see as priorities for mental wellbeing provision. There is an obvious tension between the provision of initiative features known to impact outcomes and the capacity of sporting clubs to deliver ‘what works’. It is likely another set of resources, perhaps via an overseeing body, will need to exist to at least initially to support and guide primary prevention for mental wellbeing in sport than what currently exist. Too many fragmented and competing interests, if it hasn’t already, may overwhelm the sector.

4) ANALYSIS OF INITIATIVES AGAINST CRITERIA

As part of the review process, drawing on the interviews, resources shared with the research team and publicly available resources, we have scored providers against the framework developed in phase 1. The scores and the scoring matrix for this process is provided in table 17 below. Programs have been randomised to maintain anonymity. Table 18 provides supplementary notes to explain scores where indicated.

TABLE 18: SCORING MATRIX FOR PROVIDERS INTERVIEWED TO DATE BASED USING BEST PRACTICE FRAMEWORK	P4	P8	P7	P2	P9	*P5	P6	P12
Programs								
1.1 Program has explicit ties with an established overarching mental wellbeing framework. 0=Not evident at all; 1=Weak links; 2=Modest links; 3=Strong links	2	3	1	3	1	0	3	3
1.2 Program uses language and approaches consistent with established MWP frameworks. 0=Unique language and definition of terms; 1=language is partially recognisable but inconsistent; 2=language is almost all consistent with overarching framework; 3=Language is fully consistent with overarching framework.	2	2	1	3	2	0	3	3
1.3 Programs underpinned by well-established models/theories of mental wellbeing provision. 0=No evidence of connection to models or theory; 1=Limited connection to models of theory; 2=Moderate connection to models or theory; 3=Strong connection to models and theory	0	2	1	3	1	0	2	3
1.4 Program targets the individual (awareness, MH literacy), social (i.e. masculine norms, social climate), media (i.e. social media) and policy layers (i.e. policy against the use of harmful language) 0=not clear; 1=single layer focus; 2=dual layer focus; 3=multi-layer focus	0	2	0	3	3	1	3	3

1.5 Program utilises well-resourced expertise that can continually provide training, support and alignment of the program to a contemporary evidence base. 0=No evidence of access to credible resources; 1=Limited access to credible resources; 2=Moderate access to credible resources; 3=Ongoing access to highly credible resources.	2	3	3	3	2	2	3	3
1.6 Program voices are seen to be personable, approachable and relatable (i.e. not overly authoritative). 0=Voices are impersonal and authoritative; 1=Voices are partly personable, approachable and relatable; 2=Voices mostly personable, approachable and relatable; 3=Voices are personable, approachable and relatable.	2	3	3	2*	3	3	3	3
1.7 Program helps clubs establish community support for the need to focus on mental wellbeing. 0=no evidence; 1=some evidence; 2=moderate evidence; 3=strong evidence	2	3	3	3	2	1	3	3
Intervention format								
2.1 The program offers a variety of high-impact delivery methods and modalities to suit a range of participant needs (i.e. different delivery methods (online, podcast, one to one, peer, in groups); intervention/program types and; duration and frequency of intervention/program). 0=Single format (i.e. guest speaker); 1=Dual-format (i.e. guest speaker and diary); 2=Multi-format; 3=High-impact, multi-format.	3	3	3	2*	2	2	3	3
2.2 Program is targeting different cohorts both within and beyond sport clubs. 0=Single focus; 1=Two cohorts (i.e. players/coaches); 2=Multiple cohorts within; 3=Multiple cohorts within and beyond club/sport	2	3	3*	3	2	3	2	2
Intervention components								
2.3 Program has clearly stated outcomes and content is consistent with them 0=No alignment evident; 1=Limited alignment; 2=Moderate alignment;	2	3	2	3	2	2	3	3

3=Excellent alignment								
2.4 Provides appropriate ways to raise awareness of and promote mental wellbeing. 0=No; 1=Limited; 2=Modest; 3=Strong	3	2	3	3	3	1	3	3
2.5 Program reflects a detailed understanding of sport settings and organisations (i.e. knowledge of developmental, cultural, social and systemic issues) 0=None; 1=Limited; 2=Modest; 3=Strong	1	2	2	3	3	2	3	3
2.6 Program consistently and continuously communicates its strategy through supportive language that avoids prejudicial or pejorative references. 0=no communication; 2=modest communication; 3= strong communication	3	3	2	3	3	2	3	3
2.7 The program draws on local knowledge and baseline measures to tailor itself to local needs (whilst maintaining integrity to a framework, i.e. language) 0=Generic program; 1=Limited tailoring (i.e. some communication about program needs); 2=Moderate tailoring (i.e. based upon some data); 3=Excellent tailoring (i.e. based upon communication, quality measures, large sample)	2	3	2	3	2	2	1	2
2.8 Program links to and works collaboratively with other programs and initiatives to extend messaging, leverage existing activity and create collaborative action. 0=No links beyond program; 1=One-way links no real collaboration; 2=Modest collaboration beyond program; 3=Strong collaboration beyond program	3	3	3	3	3	2	3	3
Evaluation								
3.1 Measures are clearly aligned with stated program outcomes and program content 0=No alignment evident; 1=Limited alignment; 2=Moderate alignment; 3=Excellent alignment	0	2*	0*	0	1*	2*	3	3

3.2 The program has utilised valid and reliable measures/methods to understand its impact on mental health promotion and mental health outcomes 0=No measures or invalid measures taken; 1=Limited measures (i.e. inferior measures, small numbers, post-test only); 2=Moderate measures (i.e. quality measures, small sample, pre-post); 3=Excellent measures (i.e. quality measures, large sample, pre-post)	0	3	0	0	1	0	3	3
3.3 What works is known, how it works is known, and repeatability is universal. 0=if what works is unknown and how it works is not known; 1=if what works is known, how it works is not known, and repeatability is also limited; 2=if what works is known, repeatability is universal, but how it works is not known; 3=if what works is known, how it works is known, but repeatability is limited; 4=if what works is known, how it works is known, and repeatability is universal.	0	4	0	0	2	0	4	4
3.4 Measures have established impact across different settings, sustained over time. 0=No impact established; 1=Impact in a single context; 2=Impact in limited/narrow contexts/time points; 3=Impact across settings and time	0	3	0	0	1	0	3	3
3.5 Evidence collected is publicly available and open to external scrutiny (i.e. on website). 0=Evidence if any cannot be readily located; 1=Evidence is very difficult to locate or shared when asked; 2=Evidence is moderately difficult to locate or shared when asked; 3=Evidence is readily available and open to scrutiny (i.e. published, peer reviewed).	0	0*	0	0	0*	0	0	3
Sustainability of program								
4.1 The community and a range of stakeholders have a vested interest in the program. 0=Single stakeholder; 1=Limited amount of invested stakeholder/community members; 2=A moderate amount of invested stakeholder/community members; 3=A range of invested stakeholder/community members.	3	3	3	3	3	2	3	3
4.2 The program is financially self-sufficient and not dependent upon grants. 0=Dependent on others; 1=Short-term self-sufficient (next 12 months); 2=Medium-term self-sufficient (next 3 years);	2	3	2	3*	2*	1*	3	3

3=Long-term self-sufficient (foreseeable future)								
4.3 The host organization is “mature” (stable, resourceful). 0=Fresh to market, immature product; 1=New to market, maturing product, limited resources; 2= Established (2-5years), stable, well resourced; 3=Well established (>5years), stable and very well resourced.	3	3	1	3	2	2*	3	3
4.4 The value and mission of the program fit well with the broader community. 0=No clear alignment or obvious fit; 2=clear alignment and obvious fit	2	2	2	2	2	2	2	2
4.5 The program meets legal and compliance responsibilities. 0=No; 1=Yes	0*	1	1	1	1*	1*	1	1
4.6 The program represents 'good value for money' for the club 0=Relative cost appears high; 1=Relative cost appears equal; 2=Relative cost appears low	2	1*	2	2	1	1	2	2
Sustainability of Impact								
4.7 The program has a clear (documented) strategy for achieving ongoing impacts for individual club members. 0=No strategy for ongoing impact (i.e. beyond the initial program focus); 1=Limited strategy for ongoing impact; 2=Modest strategy for ongoing impact; 3=Strong and clearly articulated strategy for ongoing impact (i.e. capacity building).	2	2	3	0*	1	1	3	3
4.8 The program has a clear strategy for supporting the development of knowledge/expertise/championing of mental health within clubs. 0=No clear strategy; 1=Limited strategy; 2=Modest strategy; 3=Well developed strategy	2	3	3	3	3	2	3	3
4.9 The program has a clear strategy for supporting positive culture change within community clubs 0=No clear strategy; 1=Limited strategy; 2=Modest strategy; 3=Well developed strategy	3	3	2	3*	3	3	3	3
Total Score	**48**	**73**	**51**	**63**	**57**	**40**	**76**	**82**

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* TABLE 19: NOTES

P4	3.1* No evaluation/measures – only goes by the concept that business is booming and getting referrals for clubs, so must be going well 4.5* Not clear
P8	3.1* hard to know specifically the measures that are being collected 3.6* currently getting an external evaluation, not publicly ready yet, but may be in future, so scored 0 for time being 4.6* cost for those in Vic is $1500, all other states et free sessions based on government/state/sporting organisation partnerships. Good value for money if the club makes it worthwhile, however some clubs (if limited interest) may pay the $1500 and only get 2 sessions – so depends on the club themselves.
P7	2.2* Targets leadership/coaches, however also every coach who does accreditation process through AFL completes a module through TYF 3.1* - evaluation -has an external evaluator – and in early days (est.2019), so only have pilot data and still making changes. Discussed evaluator is looking at measures (direct & indirect impact) and branding, messaging, language use etc. In process of evaluation, however no further details on it. 4.9* currently developing action plans for this. Did not discuss specific inclusion strategies however a positive cultural change for mental wellbeing
P2	1.6 *Did not see content of the program, so hard to establish specifically. 2.1* New program, so still establishing. Discussed doing face-to-face and online components already and webinars Evaluation (3) no evaluation has taken place, however plans to, and will do an in-depth evaluation (capability to do so). Have only received generalised feedback so far. 4.2* - hard to specifically tell if the sport component is, however P4 as a company is. 4.7* - still in program infancy 4.9* - unsure if this is a written strategy, however discussed the multiple facets of culture change, and discussed how to do this
P9	3.1* collects pre-and post- feedback, mainly on the session but also raising knowledge/awareness. Main criteria it wants to address is help seeking behaviour, and measures this 3.5* No but is working on evaluation 4.2* hard to say how long for – does have some funding, also costs associated to program for sustainability 4.5* believe it would (not based on evidence)
P5	*Mental health is woven through the program but is not an explicit focus in the way it is with other providers 3.1* Do post session/camp surveys to get feedback on if they increased confidence etc., which is a main focus of the program 4.2* stated that they are dependent on grants/funding

	4.3* Still developing, even though have been around a long time 4.5* Cannot explicitly state yes

Discriminating Criteria

Upon examining the scores across the criteria, it appears some criteria were better able to explain the variance in what constitutes 'best practice'. Scoring (on four–point items) that showed a larger than 1-point gap between highest and lowest scores were considered to explain the greatest amount of variation for overall 'best practice'. That is, these criteria (see below) take on extra significance because they matter most when looking to distinguish between programs. For this reason, these criteria lend themselves to be most useful for anyone looking to distinguish between programs. These criteria should form candidates for modification and simplification for use in the sport sector more widely (see Figure 4).

INTERVENTION STRUCTURE

- Has explicit ties with an established overarching mental wellbeing framework.
- Uses language and approaches consistent with established MWP frameworks.
- Underpinned by well-established models/theories of mental wellbeing provision.
- Program targets the individual (awareness, MH literacy), social (i.e. masculine norms, social climate), media (I.e. social media) and policy layers (i.e. policy against the use of harmful language).
- Helps clubs establish community support for the need to focus on mental wellbeing.

INTERVENTION COMPONENTS

- Program reflects a detailed understanding of sport settings and organisations (i.e. knowledge of developmental, cultural, social and systemic issues)
- *The program draws on local knowledge and baseline measures to tailor itself to local needs (whilst maintaining integrity to a framework, i.e. language)

EVALUATION

- Measures are clearly aligned with stated program outcomes and program content.
- The program has utilised valid and reliable measures/methods to understand its impact on mental health promotion and mental health outcomes.
- What works is known, how it works is known, and repeatability is universal.
- Measures have established impact across different settings, sustained over time.

FIGURE 4: CLUB PROVIDER CHECKLIST

CONCLUSIONS

A rapid review of literature was undertaken to determine a set of best practice criteria for mental wellbeing initiatives in sporting club contexts. These criteria established four overarching areas that underpinned quality mental health promotion initiatives. These comprised:

1. Programs are part of a **systematic framework** for mental wellbeing promotion.
2. Programs have **clear strategies** in place that guide mental wellbeing promotion in sport.
3. **Evaluation** is in place to establish efficacy.
4. Programs demonstrate a capacity for **sustainability**.

The rapid review highlighted how effective MHW initiatives draw on a recognised framework and a clear strategy to provide MHW support. These have groundings in research and are underpinned by theory. Programs are tailored to audience needs and deliverers are relatable and non-authoritarian so as to reduce stigma associated with mental illness. Quality programs undertook evaluation against clearly formed objectives and were delivered by organisations that could provide sustained and extended messaging and support.

A set of criteria were developed from the literature that spoke back to these overarching areas. Following a market analysis that identified initiatives for Mental Wellbeing provision in sport within the state of Victoria, a survey was sent to SSAs and RSAs to ascertain their need for, use of and evaluation of initiatives. In addition, ten spokespeople representing key MHW programs for community sport were subsequently interviewed in depth.

Findings support the notion that sport, because it provides a trusting social community network, lends itself to supporting a focus on mental wellbeing (Breslin, Haughey, Donnelly, Kearney, & Prentice, 2017). As testament to the potential of the community sport sector to provide a service in this space, providers spoke of the significant growth of programs albeit in a largely unregulated environment. The research identified 38 different programs with some links to mental health and sport.

The rapid review suggested that quality programs delivering mental wellbeing promotion to sporting clubs should integrate with an overarching mental health and wellbeing strategic framework tailored to sport. In 2015 the Australian Government recognised the mental health system comprised a ‘collection of often uncoordinated services that have accumulated spasmodically over time, with no clarity of roles and responsibilities or strategic approach that is reflected in practice’ (Department of Health, 2015, p. 5). While the Australian Government has looked to redress this within mainstream health provision, this research suggests the sport sector in Victoria continues to operate outside of any consistent and consolidated framework for MHW provision, with little coordination across the sector. There was no real evidence that an overarching strategic framework exists within sport and both interviews and the review revealed a resounding need for direction and leadership in this area from one or more peak bodies. The development of a mental health promotion strategy in sport should be considered as part of this leadership and direction.

For those SSA’s and RSA’s that responded to the survey (non-response may in part, indicate a low priority for the topic), two thirds felt MHW promotion was a low or moderate priority. If sport and its significant community network is to be a utilised as a strategic vehicle to positively impact MHW, then the sector may need support to establish the ‘business case’ for making MHW promotion a priority focus and potentially adopt a more coordinated approach to working with providers. Providers suggested there was little coordination of MHW programs through centralized bodies like SSA’s or RSA’s with clubs acting in isolation to engage providers.

Survey data suggested most common programs amongst those presented to them, were Good Sports, Outside the Locker Room, Pride Cup, SALT and the Resilience Project. Initiatives were generally rated highly by SSAs and RSAs

with tailoring of the program and sustainable pricing important considerations. The preference was for a range of delivery formats, one-off speakers and suggestions for changing culture through addressing club strategy and policies were popular.

The preference amongst SSA and RSA staff for one-off speaker events as a process of awareness raising was evident. This is understandable given the constraints facing sporting clubs and the limitations of their capacity. Additionally, most MHW program spokespeople we interviewed lamented the lack of 'contact time' with clubs to effect change and could do little more than provide an 'introduction to' MHW support. They were acutely aware of the limited resources clubs had and whilst they could readily 'scale up' to do more protection and intervention work with clubs, the demand was not there for this. Benefits from more substantive engagement with programs that aim to impact, for example, mental health literacy and cultural change, may be missed without additional support or incentive to engage. The preference for one-off speakers potentially undermines more comprehensive and systemic approaches identified in the literature review that, for example, call for **protection** through risk reduction and increasing protective factors, **promotion** of mental health and referral for **intervention**. Currently promotion through awareness raising is the major deliverable. A lack of clear objectives and limited evaluation suggests more work is needed in this space to ascertain how best community sport can be leveraged as a vehicle through which to promote MHW.

Providers who agreed to interview were generally supportive of the idea for oversight and quality regulation. They pointed to a need for an accreditation process for providers where they had to meet particular criteria to be endorsed. The rapid review suggested that quality MHW programs delivering to sporting clubs should have access to well-resourced and credentialed expertise that can provide necessary training, support and alignment with overarching MHW frameworks and the contemporary evidence base. There is an apparent lack of coordination between local and state government, the mental health providers, state sporting associations, leagues and associations and the clubs. To better support the sporting sector and program providers, the establishment of a steering group (qualified experts in MHW, participants and practitioners) should be considered to provide some oversight for the sport sector.

An analysis of existing initiatives listed in Table 8 was undertaken against the criteria developed from the rapid review. Data were obtained only from initiatives willing to share information with the researchers, leaving gaps in understandings about others. Programs that scored highly against the criteria tended to target multiple levels of the club, were approachable and relatable, had clearly stated outcomes, drew on local knowledge to tailor themselves, undertook quality evaluation, were mature, stable and resourceful and financially self-sufficient.

The demand placed upon volunteers in the community sport sector was recognised as being difficult to manage by both SSAs, RSAs and MHW initiative spokespeople. As well as hosting sport competitions, sporting clubs are being increasingly called upon to address a range of positive community initiatives that potentially ask them to choose one cause over another. Given cross-over between aims and objectives of MHW promotion and other agendas tied to, for example, gender-based violence and inclusion and even growing participation rates in sport more broadly, these might be better 'packaged' as part of an overall strategic health promotion framework within the sport sector. This approach might draw from other 'settings-based' approaches to health promotion or similar holistic frames applied in other areas.

This research concurs with Breslin et al. (2019) who identified a need for guidelines for the implementation and evaluation of mental health programs in non-elite sporting contexts because they impact a significant number of people worldwide. In developing consensus statements to support mental wellbeing in sport, they identified the growing number of health awareness programs emerging within the sporting landscape. These programs varied considerably in content, design, theory and evaluation with a degree of uncertainty about the outcomes or their effectiveness. There was a lack of agreement on minimal training requirements for supporting content development and provision and they recognised a greater need for evidence-based recommendations within the sector.

RECOMMENDATIONS

The following recommendations are made from the project:

Translate and disseminate quality criteria

The rapid review saw the development of a set of quality criteria for the provision of MHW in community sport. These criteria need to be developed into common language statements and piloted amongst community sporting clubs, RSAs and SSAs. A sample of how key criteria may be translated is provided in Figure 4. A complementary education component is also recommended to give key decision makers some guidance and insight around selecting a provider. Feedback regarding usability can be incorporated before wider dissemination.

Promote the market analysis

A comprehensive list of providers in Victoria is presented in tables within this report. These tables provide summary data on major providers and what they offer. This information can be collapsed and presented in a way that can help clubs make more informed decisions about what providers are out there and what they offer.

Address the health equity vacuum in sport

Providers felt that whilst it was important, they were unable to undertake education and work that begins to address broader aspects of exclusion in club settings and addresses some of the root causes of mental health problems, including, for example, alignment with strong masculine norms. Instead the focus in this space remained on **promotion** and limited **intervention** specifically for MHW. This constituted the provision of basic mental health first aid and awareness raising of mental health issues. The limited focus on wider culture, meant that the element of **protection,** as part of a strategic MHW framework, is largely missing and issues of health inequity were not able to be addressed. It is recommended that peak bodies like VicHealth, with support from local government and regulating agencies (i.e. coach accreditation), consider how they might move beyond a singular focus on mental health, to reform cultural and social practices that continue to marginalise people within sporting contexts and impact health, including mental health, more widely.

Develop a mental health promotion strategy for sport

Given the ad-hoc nature of MHW provision in the community sport sector and the calls amongst providers for greater guidance and regulation, there is a significant opportunity for peak bodies, like VicHealth, to take a leadership role and develop this potentially fruitful and health enhancing space. Unlike large work places where policy reform can be more readily regulated, catering for the unique context of sport, with its volunteer base and wide cross section of community requires particular insight and presents unique challenges. If organisations like VicHealth feel community sport warrants the investment of public resources and funds in MHW promotion, how resources are best utilized needs to be carefully considered and monitored. The report recommends that VicHealth work collaboratively with other relevant agencies to establish a steering group comprising representation from MHW experts, including experts with links to overarching strategic government frameworks, providers of MHW programs and sporting club participants. This group can work towards achieving some or all of the following:

- Play an advocacy role and help to establish an authorizing environment. Incentivise the sporting community and funding bodies to take action on not just mental health, but health equity, and to do it with a focus on quality and consistency.
- Establish an authorising role that can lead to the recognition and accreditation of programs.
- Support and facilitate collaboration amongst providers to help grow and improve service provision and program variety.
- Establish clear outcomes for the sector that link with overarching frameworks and other relevant sectors (schooling, workplaces).

- Establish appropriate evaluation tools and practices linked to clear outcomes. Whilst encouraging varied intervention approaches, consistent outcomes and measures enable comparison within and across sectors and establishes what is working in this space.
- Consider how best to incentivise clubs to invest resources time and energy on MHW and more broadly health equity, given the obvious constraints on resources (volunteer time, costs). Where clubs are effectively doing the work of health promotion, consider how best to appropriately resource and support them. For example, local government could leverage scheduling, facility provision and hire rates as incentive to adopt particular foci.
- Progress MHW promotion in sport beyond low level awareness raising to incorporate protection and link tightly in with appropriate referral systems for intervention. Where providers don't have space or time to broach complex cultural change, consider centralising this process (see previous point).
- Improve reach and impact by redressing the apparent narrow focus of MHW provision in particular sports (i.e. focus on males who play AFL) to encompass more broadly the sport sector and those who participate in it. There is also potential to consider linkages into other relevant areas such as self-organised community sport.
- Embed where possible MHW promotion and health equity into coach education training and accreditation.
- Provide centralised messaging to clubs such as policy samples, posters and social media messaging that create a supportive environment, display health enhancing language, and reinforce sporting spaces as safe and inclusive.

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APPENDIX

APPENDIX 1: RAPID REVIEW – ARTICLE ANALYSIS

Sport and MH specific exemplar articles

(01) Breslin, G., Shannon, S., Haughey, T., & Leavey, G. (2017). Mental health and well-being interventions in sport: A review and recommendations. Retrieved from http://www.sportni.net/sportni/wp-content/uploads/2017/03/Mental-Health-Report-Final.pdf

Most effective programs or interventions consider the:
- delivery method: online, one to one, peer, in groups The review investigated six studies that employed both online courses and face to face training programs. Accompanying this was the inclusion of qualitative data in the form of stakeholder interviews. Combined results regarding delivery indicated variety in chosen approaches. Tailoring of programs to meet the population's requirements (e.g. Online, trained facilitators, adaptation of existing programs, individual meetings on various topics) was highlighted between studies. It was recommended to train the governing body in mental health awareness in the first instance, integrate MH training into coaching courses, and make available sport specific psycho educational programmes for coaches and athletes.
- intervention/program type Various interventions were investigated. There was variety in how each program was designed and implemented in response to the community needs. **- duration and frequency of intervention/program** Six Articles: 1. 3 x 8hour (FACE TO FACE) Bapat, Jorm and Lawrence (2009) 2. 12 x 1hour (INDIVIDUAL) Donohue et al (2014) 3. 1 psycho educational session (ONLINE) Gulliver et al (2012) 4. 12 hrs (FACE TO FACE) leaders/informal info session players and other Pierce, Liaw, Dobell and Anderson (2010) 5. 1 x 1.5hour, plus 6 weeks at home session Longshore and Sachs (2015) 6. Web- Based Program Van Raalte, Cornelius, Andrews, Diehl and Brewer (2015) **- intervention components**

(02) Visek, A.J., Harris, B.S. & Blom, L.C. (2013). Mental training with youth sport team: developmental considerations and best-practice recommendations. Journal of Sport Psychology in Action 4, 45-55.

Most effective programs or interventions consider the:
- delivery method: online, one to one, peer, in groups very coach-player centric **- intervention/program type** **- duration and frequency of intervention/program** Advised for youth- sessions are less (duration) but more often. Children 14 and under- 15-30 minute
- intervention components 'Mental skill delivery' Approaches meet the needs of the team (e.g. Performance vs Life-skills/participation) Practitioners to work with coaches, coaches to work with youth. More experiential and hands-on/ simulated experiences to help then grasp concepts. Reduce sitting time move slowly through content, dedication of several sessions to practice skills

(03) Gorczynski, P., Currie, A., Gibson, K., Gouttebarge, V., Hainline, B., Castaldelli-Maia, J. M., ... & Swartz, L. (2020). Developing mental health literacy and cultural competence in elite sport. Journal of Applied Sport Psychology, 1-15.

IMPLICATIONS FOR PRACTICE

- Mental health literacy interventions should be based on detailed knowledge of developmental, cultural, and social issues related to sport participation and systemic issues within sport settings and organizations.
- Mental health literacy interventions should be designed in a manner which takes due account of cultural issues and contexts, where sport organizational goals are considered while helping organizations recognize and address mental health symptoms and disorders and also create sport environments where individuals can thrive.
- Mental health literacy interventions should have measurable impact on both organizations and individuals.

Most effective programs or interventions consider the:

- delivery method: online, one to one, peer, in groups

- intervention/program type

- focus on elite athletes

- duration and frequency of intervention/program

- intervention components

1. Sports psychiatrists, sport psychologists, and clinical psychologists need to play foundational roles in the design, delivery, and evaluation of mental health literacy interventions in elite sport
2. Developmental approach mental health literacy training starts at an early training age, is developmentally appropriate and specific, and delivered over the lifespan
3. cultural issues and contexts, where sport organizational goals are considered while helping organizations recognize and address mental health symptoms and disorders and also create sport environments where individuals can thrive (SWOT Analysis - strengths, weaknesses, opportunities, threats)
4. mental health of all individuals in a sport organization needs to be recognized, including coaches, officials, sport psychologists, sports psychiatrists, clinical psychologists, sport and exercise scientists, support staff, family members, and fans.
5. avoiding prejudicial or pejorative references and being mindful of individual, cultural, and environmental factors
6. interventions need to have measurable impact on both organizations and individuals. Organizations must demonstrate changes in organizational culture and environment through clear and transparent policy structures.
7. interventions and collected data need to be shared to foster collaboration and enhance evidence-based practice in elite sport
8. Socio-ecological context. Income, culture. Any recommendations for the construction of mental health literacy intervention must be considered and applied within the local resources and beliefs contexts

(04) Curran, K., Rosenbaum, S., Parnell, D., Stubbs, B., Pringle, A., & Hargreaves, J. (2017). Tackling mental health: the role of professional football clubs. Sport in Society, 20(2), 281-291.

Most effective programs or interventions consider the:

- delivery method: online, one to one, peer, in groups

1. Premier League Health (PLH) - Delivered by Professional football clubs. Evaluation through survey and interview
2. Extra Time - delivered in professional football clubs (in groups in football stadium)
3. Imagine your goals - does not state
4. Notts County Football - groups
5. It's a goal - group-based

- intervention/program type

1. Men's health program
2. Older adults (55+) - engaged in weekly classes of broad physical and social activities
3. An ongoing mental health intervention which aims to improve social inclusion and well-being for people with mental illnesses, as well as tackle mental health stigma and discrimination
4. Men with early onset dementia sport and PA with a wide range of gentle and easy-to-follow activities (e.g. football, bowls, cricket).
5. Men 18-35 years, aimed at improving mental well-being

- duration and frequency of intervention/program

1. year national programme
2. Weekly
3. year programme
4. Weekly
5. Does not specify

- intervention components

1. Social support networks
2. Broad physical and social activities (does not specify)
3. Does not specify. Worked with partnership with Mersey Care NHS Trust (mental health service) to ensure participants most 'in need' are provided with consistent and quality care - this is considered best practice
4. Participants and carers were consulted on activities they wanted to take part of prior to the session. Brand of football club and personalized service in 'dementia free' environment were key components
5. helped young adult men with mental illness to improve self-esteem, aid inclusion, and address the subject of suicide (does not specify how)

Additional components:

- Education exchange between mental health organizations and community coaches. Coaches should be skilled in mental health first aid, and know reporting processes (Professional Development)
- Researchers should consider non-traditional outcomes that may change in response to football-led interventions including (i) reduced stigma associated with mental health services, and any subsequent increase in traditional service utilization, especially among young people, (ii) cardiorespiratory fitness which is known to be reduced among people experiencing mental illness and a key modifiable risk factor in response to physical activity (Stubbs et al. 2016; Vancampfort et al. 2015, 2015), (iii) social connectedness, and (iv) self-confidence, quality of life and motivation (Vancampfort et al. 2015, 2015). Ensuring that evaluation of

interventions also extends to those involved in the design and delivery (i.e. coaches) must also be a fundamental consideration (Pringle et al. 2015).

- Commissioning could be the single most important factor in stimulating change in the area of mental health football-led interventions. This process could enact a situation whereby recipients of funding must evidence partnership working, continuing professional development planning for community coaches and evidence a clear monitoring and evaluation framework. For this to occur, it appears that commissioners must also consider their role within the process, reflect, and in some cases engage in their own professional development to enhance the effectiveness of their practice.

(05) Appleton, P., Tweed, L., & Tiler, C. (2017). Final Evaluation Report August 2017.

Recommendations

For the local delivery, we recommend:

- Sources of support from outside of the programme are included in the wider programme.
- Concentrating efforts on providing a regular timetable of sessions and minimise schedule changes and cancellations
- The Get Set to Go (GStG) project focuses efforts on increasing the quality of motivation of their participants by facilitating feelings of autonomy, competence and connectedness. For example, focusing on fun and enjoyment, increasing the value of exercise for the participant, facilitate learning of new skills within the capabilities of the individual, non-controlling reinforcement, acknowledging negative feelings.
- The GStG project focuses efforts on increasing the quality of motivation of their participants by facilitating feelings of autonomy, competence and connectedness. For example, focusing on fun and enjoyment, increasing the value of exercise for the participant, facilitate learning of new skills within the capabilities of the individual, non-controlling reinforcement, acknowledging negative feelings.
- A continued focus on reducing the barriers to exercise. Specifically, focusing information on how to overcome barriers and in particular the very initial barriers (e.g., providing information about how someone might expect feel when attending something or somewhere new).
- Encouraging participants to reduce their time sitting as well as increasing the amount of exercise they do.
- Promoting walking as an achievable and sustainable method of being active, as well as promoting the numerous benefits of walking.
- Group sessions continue to be used to promote quality connections with others, and foster empathetic and welcoming environments.
- The peer model embedded throughout GStG continues to be a key part of the programme design.
- Putting a structure in place where Peer Navigators and Peer Researchers can meet (either face to face or via online communication) regularly to discuss ideas, to raise concerns and share best practice.
- Concerted efforts are made with new participants to support them in the first session where participants expressed being at their most anxious. For example, it is useful to provide them with practical information about the session prior to the session so they know exactly what to expect, thus reducing anxiety of the unknown.
- Using personalised supportive text messages as prompts for participants including those participants who have lapsed in their physical activity behaviour.
- When groups are organised, logistical considerations are made and information is provided to prospective participants on how they can get to the session.
- GStG continues to engage mainstream facilities in a positive manner. We also recommend that staff from mainstream facilities attend the mental health awareness training to reduce stigma, and to gain information on how best to interact with individuals who have mental health problems to help prevent participants dropping out or lapsing from the programme.

Most effective programs or interventions consider the:

- delivery method: online, one to one, peer, in groups

- LOCAL DELIVERY- tailored support from MIND using peer support and one-to-one advice.
- MIND worked with mainstream facilities to improve awareness around mental health by providing training to sport staff
- Mind worked with mainstream sports providers, engaging them with the programme and supported them through Mental Health Awareness in Sport and Physical Activity training to better understand the needs of people with mental health problems.

- DIGITAL DELIVERY- complimentary online 'sport peer support' to their existing online peer support community, Elefriends. https://www.elefriends.org.uk/
- NATIONAL DELIVERY- Three communication campaigns focusing on 1-general population, 2- women, 3 south asian women via films, advertising, information resources, and social media

- intervention/program type

- Encourage individuals with mental health problems to get involved in sport Use of Peer Navigator Model
- MHASPA training developed, and led by Mind, was successful in creating a positive change to mainstream sport staff's perceptions of understanding, awareness, confidence of addressing stigma, and adapting sessions for service users.
- NATIONAL- 2 weeks in duration

- duration and frequency of intervention/program

- 0,3,6,12 months, 18 months,

- intervention components

SPECIFIC LOCAL RECOMMENDATIONS-

- we recommend that family members are included in the programme.
- we recommend concentrating efforts on providing a regular timetable of sessions and minimising schedule changes and cancellations.
- GStG programme focuses efforts on increasing the quality of motivation of their participants by facilitating feelings of autonomy, competence and connectedness. For example; focusing on fun and enjoyment of the activity, increasing the value of exercise for the participant, promoting the learning of new skills within the capabilities of the individual, using non-controlling reinforcement, and acknowledging negative feelings.
- We therefore recommend a continued focus on reducing barriers to exercise. Specifically, focusing information on how to overcome barriers and particularly the very initial barriers
- We recommend promoting walking as an achievable and sustainable method of being active, as well as promoting the numerous benefits of walking
- The peer model embedded within GStG was effective in increasing perceptions of social provision which was associated with mental wellbeing, and attributed to taking part in sports sessions within a comfortable, safe and supportive environment.
- Sports Coordinators were essential in the support of the Peer Navigators. This support was vital to PN wellbeing and confidence to carry out their roles effectively. We recommend regular supervision sessions between SCs and peers. Our findings also suggest that Peer Navigators and Peer Researchers may benefit from supporting each other. Therefore, we also recommend putting a structure in place where Peer Navigators, and Peer Researchers can meet (either face to face or via online communication) regularly to discuss ideas, to raise concerns and share best practice.
- We recommend that concerted efforts are made with new participants to support them in the first session. For example, it is useful to provide them with practical information about the session so they know exactly what to expect, thus reducing anxiety of the unknown.
- We therefore recommend that personalised supportive text messages are used as prompts for participants including participants who have lapsed
- We recommend that all Peer Navigators are provided with information on the signs of over training in order to provide effective guidance in these cases.

- Group sessions led by the Peer Navigators were the most useful and effective intervention component to improve social provision. We recommend that group sessions continue to be used to promote quality connections with others within an empathetic and welcoming environment
- We recommend that when groups are organised, logistical considerations are made, and information is provided to participants on how they can get to the session. It would be useful to have sessions running in different areas of the region to optimise the reach to participants. This will be dependent on what facilities are available in the region, availability of volunteers to run the sessions and relationships/partnerships with facilities
- We recommend that GStG continues to engage mainstream facilities in a positive manner. We also recommend that staff from mainstream facilities continue to attend the Mental Health Awareness for Sport and Physical Activity (MHASPA) training to reduce stigma within the facilities, and provide information on how best to interact with individuals who may have mental health problems.

DIGITAL

- We recommend that any information provided by the Ele is brief and concise. If the content needs to be long, consider breaking it up into bite size sections to attract more readers.
- We recommend that the Ele continues to host specific chat room conversations around physical activity focusing on the initial barriers and what individuals have done to overcome those barriers. Positive peer to peer interaction should be encouraged.
- We recommend that the online Elefriends team consider ways that participants can access local information via the Elefriends platform to attend group sessions/meet ups off line. (i.e. accessibility, cost, facilities).

OTHER

- evaluation embedded

(06) Such, E., Burton, H., Copeland, R. J., Davies, R., Goyder, E., Jeanes, R., ... & Magee, J. (2019). Developing a theory-driven framework for a football intervention for men with severe, moderate or enduring mental health problems: a participatory realist synthesis. Journal of mental health, 1-12

Most effective programs or interventions consider the:
- delivery method: online, one to one, peer, in groups - participating in/playing football/soccer as the intervention (adult men 18+)
- intervention/program type - A variety, including involvement of football clubs, sport governing bodies, mental health charities and mental health service providers developing their own programs **- duration and frequency of intervention/program**
- intervention components - Framework details that the mechanisms of football intervention worked in four interrelated ways: 1 Bringing about social connection; 2. Promoting identity security; 3. Enhancing normalisation; and 4. Encouraging positive affectivity (see detail in section above).

(07) Wilkerson et al. (2020). Black football student-athletes perceived barriers to seeking mental health services. Journal of Issues in Intercollegiate Athletics, 58-81.

Most effective programs or interventions consider the:
- delivery method: online, one to one, peer, in groups - semi-structured interviews with Black male Division I football players - to understand barriers to professional mental health treatment from the Black football student-athlete's lived experience
- intervention/program type **- duration and frequency of intervention/program**
- intervention components - This was not an intervention/program In line with social learning theory (O'Conner et al., 2016), the researchers recommend that all practitioners utilize the NCAA's (2016) best practices for mental health. The NCAA (2016) recommends membership institutions: (1) provide student-athletes with professional mental health care; (2) have procedures in place to assist student-athletes in seeking out mental health professionals; (3) screen student-athletes for mental health disorders; and (4) promote and advocate for mental health. As such, athletic departments should use the recommendations of the NCAA (2016) to better assist in reducing the stigma related to mental health and in turn promote mental health among student-athletes by reducing perceptions of weakness and silence barriers.

(08) Shannon, S., & Breslin, G. (2020). Determining the efficacy of mental health awareness interventions in sport using a systematic review. SAGE Research Methods Cases.doi:10.4135/9781529710717 https://methods.sagepub.com/case/efficacy-mental-health-awareness-interventions-sport-systematic-review

NOT APPLICABLE

(09) World Health Organization. (2004). Promoting mental health: Concepts, emerging evidence, practice (Summary Report). Geneva: Author

The determinants of mental health need to be described and operationalized in each setting with the aim of developing interventions:

Mental health promotion involves actions to improve psychological wellbeing and promote positive mental health outcomes. With the goal of improving treatment and promoting mental healthcare through all stages of life, the World Health Organisation has identified that advocacy, policy and strategy development is need to include actions that target the promotion of human rights, de-stigmatisation of mental illness and efforts towards increasing public awareness. In relation to children specifically, McCabe et al. (2013) suggests that: “it is helpful to conceptualise advocacy regarding mental health in terms of a continuum of promotion, prevention, and treatment” (p. 19).

supported by a government’s social development as well as health and mental health policies.

Types of evidence

- Type A: What works is known, how it works is known, and repeatability is universal.
- Type B: What works is known, how it works is known, but repeatability is limited.
- Type C: What works is known, repeatability is universal, but how it works is not known.
- Type D: What works is known, how it works is not known, and repeatability is also limited.
-

WHO can assist countries in developing appropriate strategies and programs for implementation. Some of the factors to be considered are:

- evidence of effectiveness
- the principle of prudence
- cultural appropriateness and acceptability
- financial and personnel requirements
- level of technological sophistication and infrastructure requirements
- overall yield and benefit
- potential for large-scale application.

WHO recommendations

1 Promotion of mental health can be achieved by effective public health and social interventions. The scientific evidence base in this area is relatively limited, but evidence at varying levels is available to demonstrate the effectiveness of several programmes and interventions for enhancing mental health of populations.

2 **Intersectoral collaboration** is the key to effective programmes for mental health promotion. For some collaborative programmes, mental health outcomes are the primary objectives; however, for the majority these may be secondary to other social and economic outcomes but are valuable in their own right include:

- the adoption of a unifying language with which to work across sectors;
- a partnerships approach to allocation and sharing of resources; and
- a strengthening of capacity across the individual, organizational, and community dimensions.

3 **Sustainability of programmes** is crucial to their effectiveness. Involvement of all stakeholders, ownership by the community, and continued availability of resources facilitate sustainability of mental health promotion programmes.

4 More **scientific research and systematic evaluation of programmes** is needed to increase the evidence base as well as to determine the applicability of this evidence base in widely varying cultures and resource settings.

5 **International action is necessary for generating and disseminating further evidence**, for assisting low and middle-income countries in implementing effective programmes (and not implementing those that are ineffective), and for fostering international collaboration.

working collaboratively need to:

- build on existing activity in sectors, settings and organizations;
- create different partnerships for different purposes, at varying levels; and
- create collaborative action "horizontally" within government departments and organizations, and between those experts in policy, practice, and research.

The main features that are known to be associated with programme sustainability are:

- There is evidence that the programme is effective.
- Consumers/funders/decision-makers were involved in its development.
- The host organization provides real or in-kind support from the outset. The potential to generate additional funds is high.
- The host organization is "mature" (stable, resourceful).
- The programme and host organization have compatible missions.
- The programme is not a separate unit but rather its policies, procedures and responsibilities are integrated into the organization.
- Someone in authority (other than the programme director) is a champion of the programme at high levels in the organization.
- The programme has few "rival providers" that would benefit from the programme discontinuing.
- The host organization has a history of innovation.
- The value and mission of the programme fit well with the broader community.
- The programme has community champions who would decry its discontinuation.
- Other organizations are copying the innovations of the programme.

(10) Craig P, Dieppe P, Macintyre S, et al. Developing and evaluating complex interventions: the new Medical Research Council guidance. BMJ. 2008;337: a1655. https://doi.org/10.1136/bmj.a1655.

Guidelines, like those proposed by the Medical Research Council (MRC) on developing and evaluating complex interventions: goes into detail about feasibility and program effectiveness

Most effective programs or interventions consider the:
- delivery method: online, one to one, peer, in groups
- intervention/program type **- duration and frequency of intervention/program**
- intervention components (in development of interventions) • *Identifying existing evidence*—Before a substantial evaluation is undertaken, the intervention must be developed to the point where it can reasonably be expected to have a worthwhile effect. The first step is to identify what is already known about similar interventions and the methods that have been used to evaluate them. If there is no recent, high quality systematic review of the relevant evidence, one should be conducted and updated as the evaluation proceeds. • *Identifying and developing theory*—The rationale for a complex intervention, the changes that are expected, and how change is to be achieved may not be clear at the outset. A key early task is to develop a theoretical understanding of the likely process of change by drawing on existing evidence and theory, supplemented if necessary by new primary research. This should be done whether the researcher is developing the intervention or evaluating one that has already been developed. • *Modelling process and outcomes*—Modelling a complex intervention before a full scale evaluation can provide important information about the design of both the intervention and the evaluation. A series of studies may be required to progressively refine the design before embarking on a full scale evaluation. Developers of a trial of physical activity to prevent type 2 diabetes adopted a causal modelling approach that included a range of primary and desk based studies to design the intervention, identify suitable measures, and predict long term outcomes.3 Another useful approach is a prior economic evaluation.16 This may identify weaknesses and lead to refinements, or even show that a full scale evaluation is unwarranted. A modelling exercise to prepare for a trial of falls prevention in elderly people showed that the proposed system of screening and referral was highly unlikely to be cost effective and informed the decision not to proceed with the trial.

(11) Sport and Recreation Alliance, https://www.sportandrecreation.org.uk/policy/the-mental-health-charter/template-action-plans

Focuses on mental health in physical activity and sport using a multi-pronged approach. Uses a mental health charter: (examples on the following website) https://www.sportandrecreation.org.uk/policy/the-mental-health-charter/sign-up-to-the-charter
Has examples of case studies, action plans, ambassadors (elite athletes), sporting organisations, principles of good governance.
Members join the alliance and receive resources, information, events etc.
Values are very much aligned to the core concepts that we have discussed i.e. innovation, accountability, collaboration, excellence, value.
Collaborates with the organisation MIND (a mental health organisation).

Most effective programs or interventions consider the:
- delivery method: online, one to one, peer, in groups
- intervention/program type
- duration and frequency of intervention/program -Training (mental health awareness for sport and physical activity - a 3 hour in-house course aimed at sport and PA providers, coaches, sport administrators, front of house staff and volunteers)
- intervention components - Uses a charter to sign, discusses action plans, collaborations (with mental health organisations such as MIND), language and terminology, training, toolkit, mental health first aid, webinars, events, good governance report

MONASH University

APPENDIX 2

Program provider assessment with framework, notes to accompany coding framework.

Project Code	P4
Program has explicit ties with an established overarching mental wellbeing framework.	No. Originally consulted with a number of authorities e.g. Beyond Blue, Butterfly Foundation, ADF to ensure that they were doing things correctly/appropriately, with the appropriate information.
Program uses language and approaches consistent with established MWP frameworks.	Aligned with MWP concepts. They define what mental health and mental wellbeing are, part of content delivery (specifically online).
Programs underpinned by well-established models/theories of mental wellbeing provision.	Not that we can determine.
Program targets the individual, social (i.e. masculine norms, social climate), media (i.e. social media) and policy layers (i.e. policy against the use of harmful language).	Cannot see evidence of targeting multi-levels.
Program utilises well resourced expertise that can continually provide training, support and alignment of the program to a contemporary evidence base.	All facilitators are counsellors. Have a referral system for a number of health care professionals e.g. psychologists.
Program voices are seen to be personable, approachable and relatable (i.e. not overly authoritative).	Start every session with the personal storytelling/lived experience. Very real approach – no 'fluffing' about. Lots of interest from football clubs specifically, but open to everyone, and do not target anyone directly.
Program helps clubs establish community support for the need to focus on mental wellbeing.	Concept is to foster positive change, take a leadership role in their own lives and create a ripple effect in the community.
Programs	
Intervention format	
The program offers a variety of high-impact delivery methods and modalities to suit a range of participant needs (i.e. different delivery methods (online, podcast, one to one, peer, in groups); intervention/program types and; duration and frequency of intervention/program).	Uses multiple delivery methods to provide ongoing support and assistance. The concept is to continually be able to provide support and guidance (or referrals) to those who require help. Provide group training sessions (in different contexts – different programs), as well as online support, referral systems, webinars and support pathways.
Program is targeting different cohorts both within and beyond sport clubs.	Has different programs for different cohorts, both within sporting clubs and in other settings.
Intervention components	
Program has clearly stated outcomes and content is consistent with them.	Specific programs have specific outcomes and the content is aimed at the target audience.
Provides appropriate ways to raise awareness of and promote mental wellbeing.	Lots of awareness raising and promoting mental wellbeing through both face-to-face and online sessions, including how to seek support, mindfulness and other tools.
Program reflects a detailed understanding of sport settings and organisations (i.e. knowledge of developmental, cultural, social and systemic issues)	Discussed specific cultural examples e.g. working with a Muslim sporting group, where these discussions on mental health and wellbeing may not be acceptable at home, the sporting environment/club culture is important setting for these conversations to be open and accessible. Also working with other groups and provides a connection to reality.

Program consistently and continuously communicates its strategy through supportive language that avoids prejudicial or pejorative references.	Appears to be so. Want to empower, support and encourage individuals and the community to help each other. Very clear with language used.
The program draws on local knowledge and baseline measures to tailor itself to local needs (whilst maintaining integrity to a framework, i.e. language).	Draws on local knowledge.
Program links to and works collaboratively with other programs and initiatives to extend messaging, leverage existing activity and create collaborative action.	Initially discussed with large mental health providers (e.g. BeyondBlue). Continues to work with partners and initiatives. COVID helped to raise awareness for the organisation that there will be better reach/accessibility if do more online training programs, and that people are more willing to do these styles of sessions now. Can also access more people who may not be able to be reached as easily (e.g. rural/regional communities) – although have a regional/rural manager who travels, means less time travelling/onus on individual to deliver content face-to-face.
Evaluation	
Measures are clearly aligned with stated program outcomes and program content.	No measures used.
The program has utilised valid and reliable measures/methods to understand its impact on mental health promotion and mental health outcomes.	No.
What works is known, how it works is known, and repeatability is universal.	No
Measures have established impact across different settings, sustained over time.	Only go by referral systems i.e. business is still going and getting busier, so must be doing well. Use generalised feedback from participants and collective team.
Evidence collected is publicly available and open to external scrutiny (i.e. on website).	No.
Sustainability of program	
The community and a range of stakeholders have a vested interest in the program.	A number of different partners and stakeholders involved.
The program is financially self-sufficient and not dependent upon grants.	Grant assist, however not dependent on these.
The host organization is “mature” (stable, resourceful).	Has been ongoing for several years (since 2013) and is resourceful, especially with some new partnerships.
The value and mission of the program fit well with the broader community.	Focus on individuals within a community, everyone being empowered and helping each other.
The program meets legal and compliance responsibilities.	As far as can see, not specifically mentioned.
The program represents 'good value for money' for the club	Try to keep costs as low (or free) as possible. Use grants, partnerships, philanthropy to subsidise costs for clubs to keep costs as low as possible. Also has a referral system in terms of people being able to recommend a club to be involved.
Sustainability of Impact	
The program has a clear (documented) strategy for achieving ongoing impacts for individual club members.	A documented strategy, however not clear on how it is achieving this.
The program has a clear strategy for supporting the development of knowledge/expertise/championing of mental health within clubs.	Provides ongoing online support and pathways, referral systems to assist individual members. Certain programs assist caregivers/coaches etc. to help club

	members (empowering accessibility and leadership within clubs).
The program has a clear strategy for supporting positive culture change within community clubs	Very much focused on cultural change within clubs and environments. Stated that if clubs are just doing it to 'tick a box', they are not as invested. Clubs who wanted to make cultural change and make mental wellbeing part of their club will really take it on board and 'make a difference'.

Project Code	P8
Program has explicit ties with an established overarching mental wellbeing framework.	In establishment of program consulted with the big mental health organisations (e.g. Lifeline, Beyond Blue) to ensure correct resources, content etc. Continues to consult with clinical team and use overarching frameworks such as ADF framework, Orygen framework and Mind framework.
Program uses language and approaches consistent with established MWP frameworks.	Ensures to use consistent and appropriate language across platforms.
Programs underpinned by well-established models/theories of mental wellbeing provision.	Unable to determine. Takes a holistic, inclusive approach.
Program targets the individual, social (i.e. masculine norms, social climate), media (i.e. social media) and policy layers (i.e. policy against the use of harmful language).	Appears to do so. Discussed different levels involved in sporting clubs, however may not address all of these layers.
Program utilises well-resourced expertise that can continually provide training, support and alignment of the program to a contemporary evidence base.	Always updating and doing personal development staff to ensure up to date. Underpinned with evidence, and the data that they collect from all of the programs and app.
Program voices are seen to be personable, approachable and relatable (i.e. not overly authoritative).	Use 'local legends' to connect to the community members and gain interest, be approachable.
Program helps clubs establish community support for the need to focus on mental wellbeing.	Very focused on community support, hence the local people being involved. The program trainers also are trained up, however need to be passionate about mental health and wellbeing, and come from a sporting background (preferable) to create relatability to the audience. Focus is on mental wellbeing, prevention as the main aim.
Programs	
Intervention format	
The program offers a variety of high-impact delivery methods and modalities to suit a range of participant needs (i.e. different delivery methods (online, podcast, one to one, peer, in groups); intervention/program types and; duration and frequency of intervention/program).	Caters to a range of methods and modalities. Two sessions face-to-face. Some clubs that started in the initial year are still involved. App component to keep engaged, however welfare officers are able to be contacted at any time. Do follow up phone calls if anyone is high risk from the app. Referral process too. Different programs to suit different audiences/needs. Also do podcasts.
Program is targeting different cohorts both within and beyond sport clubs.	Mainly aimed at young people, however the app is for everyone and ultimately want to help anyone and everyone who needs it. Using local legends helps to go beyond the sports clubs. Important for parents/caregivers/coaches to be involved too. Whole-of-club/community approach.
Intervention components	
Program has clearly stated outcomes and content is consistent with them	Every club starts with a mental health session (e.g. mental first aid session), and then focus on what the club want to.
Provides appropriate ways to raise awareness of and promote mental wellbeing.	Goes through support and mechanisms to assist with coping as well as promoting mental wellbeing.

Program reflects a detailed understanding of sport settings and organisations (i.e. knowledge of developmental, cultural, social and systemic issues)	Discussed issues of time with volunteers, and a lot of problems that Presidents face e.g. sessions that come in once and then go, and being overburdened. Highlighted the important of programs being consistent and providing ongoing support.
Program consistently and continuously communicates its strategy through supportive language that avoids prejudicial or pejorative references.	Strategy reiterated in communications with clear language.
The program draws on local knowledge and baseline measures to tailor itself to local needs (whilst maintaining integrity to a framework, i.e. language)	Using a local representative to be involved, very much tailored to local community. Another example is current project working with Indigenous communities in collaboration with partners to support engagement, content, app-specific.
Program links to and works collaboratively with other programs and initiatives to extend messaging, leverage existing activity and create collaborative action.	Would like to engage with other mental health and wellbeing programs in sport, however have found that challenging. Would like to engage with VicHealth at a strategic level, and an advisory group for this space. Does work with other programs, has received federal funding, and partnerships with sporting organisations and State government for collaborative action.
Evaluation	
Measures are clearly aligned with stated program outcomes and program content	Stated that bases everything off data and evaluation. Have not seen measures, however described that they would not do things unless it's based off data.
The program has utilised valid and reliable measures/methods to understand its impact on mental health promotion and mental health outcomes.	Uses DASS-21 for screening on app, and a number of other measures both at baseline of program delivery and end of program delivery and through the app.
What works is known, how it works is known, and repeatability is universal.	Yes, it would be able to be determined.
Measures have established impact across different settings, sustained over time.	Have been collecting data for a while now from the programs and app, and continuing to do so, whilst refining. Currently in process of ensuring the measures/data is reliable through. Working with external evaluation company to evaluate programs/data/content.
Evidence collected is publicly available and open to external scrutiny (i.e. on website).	It will be through the evaluation, however not currently.
Sustainability of program	
The community and a range of stakeholders have a vested interest in the program.	A number of different stakeholders (community, locals, facilitators, staff, government, sporting organisations). Leagues/Associations often refer this organisation to sporting clubs.
The program is financially self-sufficient and not dependent upon grants.	Grants are helpful, but not reliant on them, just helps to ensure cost is free for sporting clubs/schools.
The host organization is "mature" (stable, resourceful).	Has been operating for almost 6 years and is highly resourceful.
The value and mission of the program fit well with the broader community.	Prevention is key, and want to fit within the broader and local community's needs.
The program meets legal and compliance responsibilities.	Discussed the legal and ethical components involved with the app. Has a legal representative.
The program represents 'good value for money' for the club	$1500 to be involved in the program (in Victoria). For the time being other States have access to 'free' programs, based on funding. At worst, clubs will receive

	2 training sessions, however will provide ongoing support, resources, app.
Sustainability of Impact	
The program has a clear (documented) strategy for achieving ongoing impacts for individual club members.	Through the app they monitor the individual impacts, so there is data on it.
The program has a clear strategy for supporting the development of knowledge/expertise/championing of mental health within clubs.	Targets mental health and wellbeing within clubs with ongoing support, and helping one another within the club community.
The program has a clear strategy for supporting positive culture change within community clubs	Data to show that the program does assist in creating positive culture change, that is a big focus of the program.

Project Code	P7
Program has explicit ties with an established overarching mental wellbeing framework.	No overarching mental wellbeing framework discussed. Psychologists established content.
Program uses language and approaches consistent with established MWP frameworks.	Language is consistent for coaches in football. Uses simplistic language, no link to MWP framework specifically.
Programs underpinned by well-established models/theories of mental wellbeing provision.	Underpinned by sport psychologists and coach delivery.
Program targets the individual, social (i.e. masculine norms, social climate), media (i.e. social media) and policy layers (i.e. policy against the use of harmful language).	Cannot not state if program does address the multi-layered levels. Targets coaches specifically (and leaders within club). To be fully accredited, all coaches in club, plus President and board members have to complete training.
Program utilises well resourced expertise that can continually provide training, support and alignment of the program to a contemporary evidence base.	Use research and are evaluating delivery, content etc. 8-hour training for psychologists to be involved, 2-day training course for facilitators.
Program voices are seen to be personable, approachable and relatable (i.e. not overly authoritative).	Use expertise from psych's, however use coach's language for program delivery to not be authoritative and relatable.
Program helps clubs establish community support for the need to focus on mental wellbeing.	Focuses on assisting coaches (and leaders) to help their own wellbeing, however also help the clubs (and wider communities) mental wellbeing also.
Programs	
Intervention format	
The program offers a variety of high-impact delivery methods and modalities to suit a range of participant needs (i.e. different delivery methods (online, podcast, one to one, peer, in groups); intervention/program types and; duration and frequency of intervention/program).	Delivers an initial face to face module, then online modules, also has podcasts, e-learning too. Has shifted to online delivery for COVID. Suits different cohorts needs (e.g. junior coaches, youth coaches and adult coaches).
Program is targeting different cohorts both within and beyond sport clubs.	Targets AFL coaches specifically (and leaders in the club), however uses a local psychologist so that the connection can continue, and to have local knowledge/assistance. Also partners with State leagues.
Intervention components	
Program has clearly stated outcomes and content is consistent with them	Focus on awareness, action (stigma – coaches with confidence and skills) and accreditation (changing attitudes and behaviours) and is consistent with them.
Provides appropriate ways to raise awareness of and promote mental wellbeing.	Focus on helping yourself (the coach) and helping others, creating conversations, assisting to refer other people.
Program reflects a detailed understanding of sport settings and organisations (i.e. knowledge of developmental, cultural, social and systemic issues)	Takes a leadership/top-down approach.
Program consistently and continuously communicates its strategy through supportive language that avoids prejudicial or pejorative references.	The program appears to, based on the language used and foci of the program.
The program draws on local knowledge and baseline measures to tailor itself to local needs (whilst maintaining integrity to a framework, i.e. language)	Links with local psychologist (who goes through training) and changes program based on the community's needs. Specifically detailed that the local knowledge and support is integral.

Program links to and works collaboratively with other programs and initiatives to extend messaging, leverage existing activity and create collaborative action.	Partners with AFL coaches and AFL Players associations and State leagues. Has a compulsory online module (15 mins) for all AFL coaches to complete when going through their accreditation process.
Evaluation	
Measures are clearly aligned with stated program outcomes and program content	Currently is using an external evaluator. Unsure specifically what they are evaluating, although stated a number of the measures (in terms of direct and indirect impact), but also brand, messaging, language use
The program has utilised valid and reliable measures/methods to understand its impact on mental health promotion and mental health outcomes	Unclear.
What works is known, how it works is known, and repeatability is universal.	Unclear.
Measures have established impact across different settings, sustained over time.	Unclear.
Evidence collected is publicly available and open to external scrutiny (i.e. On website).	Commenced last year (2019), so only have pilot data, and still making lots of changes.
Sustainability of program	
The community and a range of stakeholders have a vested interest in the program.	Through the partnerships and funding from charities, philanthropists. Community from coaches and local psychologists.
The program is financially self-sufficient and not dependent upon grants.	Dependent from philanthropy which will last until the end of 2024.
The host organization is “mature” (stable, resourceful).	Relatively new (2019 launched), however are resourceful.
The value and mission of the program fit well with the broader community.	Focus on community wellbeing and helping others.
The program meets legal and compliance responsibilities.	Went through rigorous risk management/compliance funding partners.
The program represents 'good value for money' for the club	Free for clubs.
Sustainability of Impact	
The program has a clear (documented) strategy for achieving ongoing impacts for individual club members.	For the coaches/leaders who do the program and this may filter into the club/community.
The program has a clear strategy for supporting the development of knowledge/expertise/championing of mental health within clubs.	Directly for the coaches/leaders, want them to be champions within the club, and have all the leadership group be involved (the club won’t get accreditation unless they all are).
The program has a clear strategy for supporting positive culture change within community clubs	Currently creating action plans for this. Did not discuss specific inclusion strategies however concept is to create a positive cultural change for mental wellbeing.

Project Code	P2
Program has explicit ties with an established overarching mental wellbeing framework.	Many frameworks (from website), and also using evidence-based approach.
Program uses language and approaches consistent with established MWP frameworks.	Appears to use language consistent with framework
Programs underpinned by well-established models/theories of mental wellbeing provision.	Very evidence-based. Would like to do a project asking the stakeholders (e.g. youth sports participants) on their experiences with providers, what their needs are.
Program targets the individual, social (i.e. Masculine norms, social climate), media (i.e. Social media) and policy layers (i.e. Policy against the use of harmful language).	Discussed the different layers (first example of challenging hegemonic masculinity in clubs) and the different intersections within these.
Program utilises well resourced expertise that can continually provide training, support and alignment of the program to a contemporary evidence base.	Use evidence for everything and conduct research.
Program voices are seen to be personable, approachable and relatable (i.e. Not overly authoritative).	Approachable and accessible voices.
Program helps clubs establish community support for the need to focus on mental wellbeing.	Helping leaders (e.g. coaches, parents) and community members to focus on mental wellbeing (main focus on depression and anxiety, but lots of interest in other areas that they want to address also).
Programs	
Intervention format	
The program offers a variety of high-impact delivery methods and modalities to suit a range of participant needs (i.e. Different delivery methods (online, podcast, one to one, peer, in groups); intervention/program types and; duration and frequency of intervention/program).	Fairly new program, however has different components (e.g. face to face delivery, webinars, online resources). Covid put a hold on many of the project intentions.
Program is targeting different cohorts both within and beyond sport clubs.	Does this and also targets PE teachers who have a wider influence, as thought that those who would be disengaged in sport clubs would not be getting as much assistance. Want to have a wider reach.
Intervention components	
Program has clearly stated outcomes and content is consistent with them	Clearly aligned with research team.
Provides appropriate ways to raise awareness of and promote mental wellbeing.	Discussed how to start the conversation and appropriate ways to help someone (flow chart resource in toolkit online).
Program reflects a detailed understanding of sport settings and organisations (i.e. Knowledge of developmental, cultural, social and systemic issues)	Discussed specifics to the sporting context, but also to the systemic, cultural and social issues within sport (and wider society).
Program consistently and continuously communicates its strategy through supportive language that avoids prejudicial or pejorative references.	Ensures to use supportive language.
The program draws on local knowledge and baseline measures to tailor itself to local needs (whilst maintaining integrity to a framework, i.e. Language)	Discussed need to work with the stakeholder groups (e.g. youth from minority groups) to co-design the content and facilitate sessions.
Program links to and works collaboratively with other programs and initiatives to extend messaging, leverage existing activity and create collaborative action.	Works with other elements of organisation and other research projects.
Evaluation	

Measures are clearly aligned with stated program outcomes and program content	Has not conducted evaluation (however wants to). Just some generalised post session feedback forms.
The program has utilised valid and reliable measures/methods to understand its impact on mental health promotion and mental health outcomes	Not at this stage.
What works is known, how it works is known, and repeatability is universal.	Not at this stage.
Measures have established impact across different settings, sustained over time.	Not at this stage.
Evidence collected is publicly available and open to external scrutiny (i.e. On website).	Not at this stage.
Sustainability of program	
The community and a range of stakeholders have a vested interest in the program.	A number of stakeholders e.g. research team, community members (everyone welcome approach) and schools/PE teachers.
The program is financially self-sufficient and not dependent upon grants.	Funded from grants currently.
The host organization is “mature” (stable, resourceful).	Organisation is mature, the program currently does not appear to be.
The value and mission of the program fit well with the broader community.	Want to help train as many people as possible to help in this space and be educated on mental health/wellbeing, signs and symptoms and how to assist.
The program meets legal and compliance responsibilities.	Cannot state explicitly.
The program represents ‘good value for money’ for the club.	Unsure.
Sustainability of Impact	
The program has a clear (documented) strategy for achieving ongoing impacts for individual club members.	Still in its infancy.
The program has a clear strategy for supporting the development of knowledge/expertise/championing of mental health within clubs.	Primary foci of the program with sports clubs.
The program has a clear strategy for supporting positive culture change within community clubs	Wants to address multiple facets of culture change (e.g. intersections).

Project Code	P9
Program has explicit ties with an established overarching mental wellbeing framework.	Not explicit ties, does use some information from other bigger mental health organisation. More so from past experiences, although evidence-base was also discussed.
Program uses language and approaches consistent with established MWP frameworks.	Uses consistent and appropriate language, not necessarily in established MWP framework.
Programs underpinned by well-established models/theories of mental wellbeing provision.	Not necessarily, did not discuss any specifics, however did discuss inclusionary practices for mental wellbeing.
Program targets the individual, social (i.e. masculine norms, social climate), media (i.e. social media) and policy layers (i.e. policy against the use of harmful language).	Targets different elements (e.g. gender segregated sessions).
Program utilises well resourced expertise that can continually provide training, support and alignment of the program to a contemporary evidence base.	Consults with mental health providers and wants to establish itself with major mental health provider (e.g. BeyondBlue). Discussed using contemporary evidence and keeping up to date.
Program voices are seen to be personable, approachable and relatable (i.e. not overly authoritative).	Tailored to youth, or specific cohort that it is delivered to in approachable way.
Program helps clubs establish community support for the need to focus on mental wellbeing.	Use club as a community to focus on mental wellbeing. Not necessarily whole of community, however discussed using local providers.
Programs	
Intervention format	
The program offers a variety of high-impact delivery methods and modalities to suit a range of participant needs (i.e. different delivery methods (online, podcast, one to one, peer, in groups); intervention/program types and; duration and frequency of intervention/program).	Face-to-face main source, but also online, webinars, expert speaker. Different programs to suit different needs (60 mins to 1.5 hours).
Program is targeting different cohorts both within and beyond sport clubs.	Starting to get into corporate world now too.
Intervention components Program has clearly stated outcomes and content is consistent with them	 Has specific objectives that is trying to reach and the programs underline them.
Provides appropriate ways to raise awareness of and promote mental wellbeing.	Creates safe, comfortable spaces to raise awareness of and promote mental wellbeing, including using technology for young people to have an anonymous voice.
Program reflects a detailed understanding of sport settings and organisations (i.e. knowledge of developmental, cultural, social and systemic issues)	Discussed multiple factors within sport settings, including issues that need addressing to create welcoming and inclusive clubs for all (e.g. problematic drinking, language-use, exclusionary practises).
Program consistently and continuously communicates its strategy through supportive language that avoids prejudicial or pejorative references.	Uses supportive and inclusionary language.
The program draws on local knowledge and baseline measures to tailor itself to local needs (whilst maintaining integrity to a framework, i.e. language)	Tailors itself to local club (e.g. content and uses photos from club themselves in presentations to create connection/investment).
Program links to and works collaboratively with other programs and initiatives to extend messaging, leverage existing activity and create collaborative action.	Discussed wanting to become more collaborative with other providers in this space too.

Evaluation	
Measures are clearly aligned with stated program outcomes and program content	Collects pre-post– feedback, more so on knowledge, awareness and session itself (e.g. length, facilitator engagement).
The program has utilised valid and reliable measures/methods to understand its impact on mental health promotion and mental health outcomes	No.
What works is known, how it works is known, and repeatability is universal.	Unknown.
Measures have established impact across different settings, sustained over time.	No.
Evidence collected is publicly available and open to external scrutiny (i.e. on website).	Not currently. Specific programs receiving external evaluation.
Sustainability of program	
The community and a range of stakeholders have a vested interest in the program.	Range of stakeholders including corporate partners, philanthropic, government funders, community.
The program is financially self-sufficient and not dependent upon grants.	Reliant on grants, but in process of developing corporate sponsorship to go National.
The host organization is “mature” (stable, resourceful).	Has been in existence for several years.
The value and mission of the program fit well with the broader community.	Values sit well with the broader community.
The program meets legal and compliance responsibilities.	Unsure.
The program represents 'good value for money' for the club.	Hard to say, unsure re costs, but some clubs can get free sessions.
Sustainability of Impact	
The program has a clear (documented) strategy for achieving ongoing impacts for individual club members.	Unsure if documented.
The program has a clear strategy for supporting the development of knowledge/expertise/championing of mental health within clubs.	Has a leadership focus (wants leadership groups involved, including coaches, parents, captains, everyone).
The program has a clear strategy for supporting positive culture change within community clubs	Focus is on creating positive cultural change within clubs.

Project Code	P5
Program has explicit ties with an established overarching mental wellbeing framework.	Not explicitly.
Program uses language and approaches consistent with established MWP frameworks.	Not in relation to established frameworks.
Programs underpinned by well-established models/theories of mental wellbeing provision.	More so focused on individual experiences from the team who designed content (mixture of educators, youth workers).
Program targets the individual, social (i.e. masculine norms, social climate), media (i.e. social media) and policy layers (i.e. policy against the use of harmful language).	Elements of the sessions target different areas, to what depth remains unclear.
Program utilises well resourced expertise that can continually provide training, support and alignment of the program to a contemporary evidence base.	Training for facilitators, have engaged with psychologists to assist with content approach more based on CEO approach.
Program voices are seen to be personable, approachable and relatable (i.e. not overly authoritative).	Use approachable techniques e.g. pre-session constant check in's, reassurance about anxieties.
Program helps clubs establish community support for the need to focus on mental wellbeing.	Limited, there is a big focus on the mentor/mentee relationship.
Programs	
Intervention format	
The program offers a variety of high-impact delivery methods and modalities to suit a range of participant needs (i.e. different delivery methods (online, podcast, one to one, peer, in groups); intervention/program types and; duration and frequency of intervention/program).	Do a range of sessions, programs, workshops, longer/in-depth programs.
Program is targeting different cohorts both within and beyond sport clubs.	Focus on sporting clubs but also has worked with schools too.
Intervention components	
Program has clearly stated outcomes and content is consistent with them.	Focus on building leadership and life skills in young people.
Provides appropriate ways to raise awareness of and promote mental wellbeing.	Does not do this directly, however does look at how to help mental wellbeing, addressing feelings etc.
Program reflects a detailed understanding of sport settings and organisations (i.e. knowledge of developmental, cultural, social and systemic issues).	Discussed unhealthy and healthy club cultures, issues within clubs that need addressing. What the young person wants to address is key.
Program consistently and continuously communicates its strategy through supportive language that avoids prejudicial or pejorative references.	Uses supportive and encouraging language.
The program draws on local knowledge and baseline measures to tailor itself to local needs (whilst maintaining integrity to a framework, i.e. language).	When delivering workshops based on specific sporting clubs needs, they work with the young people.
Program links to and works collaboratively with other programs and initiatives to extend messaging, leverage existing activity and create collaborative action.	Focused on mentor/mentee element, and building this within clubs e.g. getting young person on the committee, also has a community action they need to commit to and address. The young people often come back and become facilitators.
Evaluation	
Measures are clearly aligned with stated program outcomes and program content.	Do post sessions surveys – mainly around what the young person has learned and if their confidence has grown.

The program has utilised valid and reliable measures/methods to understand its impact on mental health promotion and mental health outcomes.	No.
What works is known, how it works is known, and repeatability is universal.	Unclear.
Measures have established impact across different settings, sustained over time.	Unknown.
Evidence collected is publicly available and open to external scrutiny (i.e. on website).	No.
Sustainability of program	
The community and a range of stakeholders have a vested interest in the program.	A number of partners, but looking to grow and expand.
The program is financially self-sufficient and not dependent upon grants.	Dependent on grants mainly. Clubs/sponsors of young people, and on some families paying. Stated that they are not sustainable in terms of finances at least.
The host organization is “mature” (stable, resourceful).	Existent for 8 years.
The value and mission of the program fit well with the broader community.	To build individual capacity in the community.
The program meets legal and compliance responsibilities.	Would imagine so, however not explicitly stated.
The program represents 'good value for money' for the club.	Some programs may be quite comprehensive, others remain unclear.
Sustainability of Impact	
The program has a clear (documented) strategy for achieving ongoing impacts for individual club members.	No clearly document for ongoing impact.
The program has a clear strategy for supporting the development of knowledge/expertise/championing of mental health within clubs.	Focus on developing the individual, which includes a mental health element, but not directly.
The program has a clear strategy for supporting positive culture change within community clubs	A big focus on changing culture.

Project Code	P6
Program has explicit ties with an established overarching mental wellbeing framework.	Was established based on WHO and Ottawa Charter frameworks. Healthy Minds established with Beyond Blue.
Program uses language and approaches consistent with established MWP frameworks.	Consistent language. Consistency is key with this provider, and uses language consistently across all programs.
Programs underpinned by well-established models/theories of mental wellbeing provision.	Programs based on evidence, models and frameworks.
Program targets the individual, social (i.e. Masculine norms, social climate), media (i.e. Social media) and policy layers (i.e. Policy against the use of harmful language).	Mental health program not directly doing this, however does because of the wider programs that is implemented alongside it, has wider social impacts, and policy and media layers.
Program utilises well resourced expertise that can continually provide training, support and alignment of the program to a contemporary evidence base.	Continually updating resources and content. Currently going through this process.
Program voices are seen to be personable, approachable and relatable (i.e. Not overly effective).	Personable and relatable language used.
Program helps clubs establish community support for the need to focus on mental wellbeing.	Focused on sporting community cultural change and support, specific program focusses on mental wellbeing, and all programs support/tie into one another.
Programs	
Intervention format	
The program offers a variety of high-impact delivery methods and modalities to suit a range of participant needs (i.e. Different delivery methods (online, podcast, one to one, peer, in groups); intervention/program types and; duration and frequency of intervention/program).	Delivery can be face-to-face, online, webinars. Different levels and sessions, so provider consistently comes back and checks in with the club (within seasons and over years).
Program is targeting different cohorts both within and beyond sport clubs.	Focus is on sporting club leadership (committee and influencers) specifically.
Intervention components	
Program has clearly stated outcomes and content is consistent with them.	Overall very clear and concise, with the content supporting and consistent with the outcomes.
Provides appropriate ways to raise awareness of and promote mental wellbeing.	Focuses on three main goals, and is very conscious of discussing mental health and wellbeing in a specific way (e.g. will not go lower than 14 years old - too young to provide to and sporting clubs don't have the mechanisms to continue that support).
Program reflects a detailed understanding of sport settings and organisations (i.e. Knowledge of developmental, cultural, social and systemic issues).	Whole basis is cultural change – very aware of the issues with sporting clubs e.g. time, volunteer base, hyper-masculinity and so on.
Program consistently and continuously communicates its strategy through supportive language that avoids prejudicial or pejorative references.	Uses supportive language consistently within strategy and content delivery.
The program draws on local knowledge and baseline measures to tailor itself to local needs (whilst maintaining integrity to a framework, i.e. Language).	Specific program does not draw on local knowledge (however does change provider details to suit local needs). Looking into how this can be amended, as not a specific mental health provider. Overall other programs are tailored.
Program links to and works collaboratively with other programs and initiatives to extend messaging, leverage existing activity and create collaborative action.	Very much so links into other work and messaging provided.
Evaluation	
Measures are clearly aligned with stated program outcomes and program content.	Evaluation was after initial implementation, currently in 2 year evaluation process of Tassie program.

The program has utilised valid and reliable measures/methods to understand its impact on mental health promotion and mental health outcomes.	Has done an evaluation of the program when originally implemented including qualitative and quantitative data (pre and post). Other programs have gone through an RCT.
What works is known, how it works is known, and repeatability is universal.	Yes, could be replicated.
Measures have established impact across different settings, sustained over time.	Unsure which measures are being used in current evaluation. Have report from previous evaluation. Programs changing based on evidence.
Evidence collected is publicly available and open to external scrutiny (i.e. On website).	Not currently.
Sustainability of program	
The community and a range of stakeholders have a vested interest in the program.	A vested interest from community and stakeholders too. Support from government (Federal and State). Works with clubs, leagues/associations.
The program is financially self-sufficient and not dependent upon grants.	Receives ongoing funding federally and additional support from State's.
The host organization is "mature" (stable, resourceful).	Ongoing for over 20 years.
The value and mission of the program fit well with the broader community.	Whole community change approach that aligns with the community, and club.
The program meets legal and compliance responsibilities.	Yes.
The program represents 'good value for money' for the club.	Free for clubs.
Sustainability of Impact	
The program has a clear (documented) strategy for achieving ongoing impacts for individual club members.	Currently updated strategy. Continuously revising and updating strategy and has a strategic manager.
The program has a clear strategy for supporting the development of knowledge/expertise/championing of mental health within clubs.	Focus is on the leadership/influencers of the club, however can deliver to whole of clubs too. Aim is focused on the leadership creating change, and if new leadership enters the club, start program afresh.
The program has a clear strategy for supporting positive culture change within community clubs	Primary focus on creating positive club culture.

Project Code	P12
Program has explicit ties with an established overarching mental wellbeing framework.	Has ties with an overarching mental wellbeing framework. Takes an evidence-based approach.
Program uses language and approaches consistent with established MWP frameworks.	Consistent language used within frameworks.
Programs underpinned by well-established models/theories of mental wellbeing provision.	Based off Keye's mental health continuum and a broader socio-ecological model of behaviour
Program targets the individual, social (i.e. masculine norms, social climate), media (i.e. social media) and policy layers (i.e. policy against the use of harmful language).	Targets multiple layers and in different ways e.g. adolescent-focussed program explicitly discusses masculinity, whereas coaches program uses forms of communication to address masculinity.
Program utilises well resourced expertise that can continually provide training, support and alignment of the program to a contemporary evidence base.	Very much so, continuously updates evidence-base and contributes to field of research in this area. Program provider as consultant research experts.
Program voices are seen to be personable, approachable and relatable (i.e. not overly authoritative).	Program language/voices are approachable and relatable.
Program helps clubs establish community support for the need to focus on mental wellbeing.	Targets supporting each other within the club and focus on mental wellbeing. Key area is helping each other out.
Programs	
Intervention format	
The program offers a variety of high-impact delivery methods and modalities to suit a range of participant needs (i.e. different delivery methods (online, podcast, one to one, peer, in groups); intervention/program types and; duration and frequency of intervention/program).	Provides online, face to face workshops, different programs for different cohorts (e.g. adolescence, coaches, parents).
Program is targeting different cohorts both within and beyond sport clubs.	Program is aligned with other programs that can support this – primary focus of this program is within sports; however, messages would extend beyond.
Intervention components	
Program has clearly stated outcomes and content is consistent with them.	Outcomes include (but are not limited to) reducing stigma, promoting help seeking behaviours, which the content is consistent with.
Provides appropriate ways to raise awareness of and promote mental wellbeing.	Part of the outcomes to raise awareness and promote mental wellbeing. Does this in an appropriate manner.
Program reflects a detailed understanding of sport settings and organisations (i.e. knowledge of developmental, cultural, social and systemic issues)	Very aware of the sports setting and the complexities and issues within this. Tried and tested different ways to determine the best way to approach sports settings and groups within this (e.g. coaches-specifically).
Program consistently and continuously communicates its strategy through supportive language that avoids prejudicial or pejorative references.	Program does this.
The program draws on local knowledge and baseline measures to tailor itself to local needs (whilst maintaining integrity to a framework, i.e. language).	Still refining to work with specific local groups. Was working in one area, and only now expanding out, so are tailoring currently.
Program links to and works collaboratively with other programs and initiatives to extend messaging, leverage existing activity and create collaborative action.	Works with other programs to extend the messaging.
Evaluation	
Measures are clearly aligned with stated program outcomes and program content.	Measure's align with the program outcomes and content.
The program has utilised valid and reliable measures/methods to understand its impact on mental health promotion and mental health outcomes.	Very much so, has undertaken controlled trials and measured qualitative data also.

What works is known, how it works is known, and repeatability is universal.	Yes.
Measures have established impact across different settings, sustained over time.	Reported on different measures which have been established, and amended with learnings.
Evidence collected is publicly available and open to external scrutiny (i.e. on website).	Yes, research papers are on the website.
Sustainability of program	
The community and a range of stakeholders have a vested interest in the program.	A range of stakeholders have a vested interest, including community sports clubs.
The program is financially self-sufficient and not dependent upon grants.	Yes.
The host organization is “mature” (stable, resourceful).	Yes, been ongoing since 2014.
The value and mission of the program fit well with the broader community.	Yes.
The program meets legal and compliance responsibilities.	Yes.
The program represents 'good value for money' for the club	Free for clubs.
Sustainability of Impact	
The program has a clear (documented) strategy for achieving ongoing impacts for individual club members.	Yes.
The program has a clear strategy for supporting the development of knowledge/expertise/championing of mental health within clubs.	Discussed having a specific ‘club champion’ does not work, however working with President’s/Secretary’s and Manager’s as most successful to promote mental wellbeing in clubs.
The program has a clear strategy for supporting positive culture change within community clubs	Yes.