

# Teachers and Sports Coaches Supporting Young People's Mental Health: Promotion, Prevention, and Early Intervention

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**Abstract**—Young people have a high prevalence of mental health problems, yet tend not to seek help. Trusted adults in young people's lives, such as teachers and sports coaches, can make a major positive contribution to the mental health of young people. Teachers and sports coaches may be in a position to be effective in supporting young people's mental health through promotion, prevention and early intervention. This study reports findings from interviews with 21 teachers and 13 sports coaches of young people aged 12 to 18 in Canberra, Australia, regarding their perceptions of the relevance and effectiveness of their role in supporting young people's mental health. Both teachers and coaches perceived having influential but slightly different roles to play in supporting mental health. There may be potential to elevate the influence of teachers and coaches as sources of support for young people and their mental health care.

**Keywords**—Early intervention, mental health promotion, coaches, teachers, young people

## I. INTRODUCTION

YOUNG people have the highest prevalence of mental health problems of any age group. Despite the negative and long-lasting impact that mental disorders can have on a young person's life, most young people do not seek help from professionals for mental health problems [1]. In fact, less than one of every four Australian young people with mental health problems receive professional help [2]. Furthermore, it is often only when symptoms reach a crisis point that young people seek this help [3], and they usually do not seek services or treatment on their own [4]. Young people prefer to seek help from someone they already know and trust. It is evident that young people tend to need the advice, encouragement and guidance of adults in order to seek appropriate professional help for their mental health problems [5]. Promoting the mental health and wellbeing of young people, preventing the development of mental health problems, and intervening early to detect and effectively treat mental health problems is essential [6]. Delay in the treatment of mental health problems has been linked to poor symptomatic and functional outcomes, both short and long term [7]. Early intervention is critical in minimising the impact of mental health problems over an individual's life span [8]. Focusing mental health promotion interventions on young people, also acts towards preventing a range of problems in later life including obesity, criminality, unemployment, homelessness and excessive financial strain [9].

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Mental health is an issue for the whole community. Many of the socio-economic and psychological protective and risk factors relating to mental health and well-being develop outside the scope of mental health services [10-11]. Promotion, prevention, and early intervention activities need to be carried out across a wide range of contexts. This requires cooperation and partnerships that extend well beyond mental health services, into the broader community [12]. Schools, workplaces and communities have been targeted as settings to deliver programs aiming to improve mental health literacy and enhance resilience [8]. Given the elevated prevalence and impact of mental health problems amongst young people, as well as their low rate of help-seeking, it is vital that adults who have contact with young people promote positive mental health and well-being, advocate for the prevention of mental health problems, and facilitate early intervention. Adults who occupy positions of care or responsibility over young people, such as teachers and coaches, can make a major contribution to the mental health of those young people [13]. Teachers and coaches are often in regular contact with young people and are able to develop and maintain trusting and enduring relationships with them. Young people are likely to feel more comfortable and willing to seek help and receive support from these adults than they are from professionals they have not previously met [5]. Recently, teachers have received increasing attention and have been highlighted as important sources of support and influence for young peoples' mental health. Teachers have been identified as prominent adult role models in a young person's life who are in a unique position to make a difference when it comes to promoting and addressing young people's mental health concerns [14]. It has been argued that promoting the mental health and wellbeing of young people is a vital part of the core role of teachers and that they need to be comfortable and confident in promoting and teaching for mental health [15]. Furthermore it has been suggested that it is part of a teacher's role to be supportive and aware of student difficulties and to direct them to the appropriate resources for help where needed [14]. The recognition of the role of teachers in young peoples' mental health care has led to the development and implementation of school-based initiatives becoming a primary focus for mental health promotion in Australia [16]. There has been strong evidence supporting these programs' effectiveness in improving functioning and reducing risks for mental health problems [10]. In contrast to the significant focus on teachers, and other school staff, little research has examined the role of sports coaches in supporting young peoples' mental health. However, the position of leadership, trust, and support that coaches fulfill, along with their regular contact with young people, suggests that coaches have the potential to be a helpful source of early identification, assistance, and recommendation for mental health problems amongst young people [17-18].

Additionally, sports psychology literature shows that psychological skills — such as peaking under pressure, anxiety, coping with adversity, concentration and focus, goal setting, mental preparation, confidence and motivation — influence athletes' performance, further indicating that coaches have a role in the promotion and practice of psychological skills, beneficial to their young athletes' mental well-being [19-20].

An Australian study by Donovan et al. [13] investigated behaviours performed by both teachers and coaches that support the mental health of those in their care. The most frequent behaviours coaches identified performing were providing stimulation and positive reinforcement, having good communication, and setting realistic goals. For teachers, providing stimulating environments, positive reinforcement and good communication were also salient behaviours for supporting the mental health of those in their care, along with recognizing and dealing with problems promptly and sympathetically, and encouraging relationships with family and others.

There has been a recent movement to increase the focus of the role of adults within the community, such as coaches and particularly teachers, in supporting young people's mental health [21]. It is therefore important to investigate these sources' perceptions and views towards supporting mental health within their role. Potential challenges or limitations that increase the difficulty of teachers and coaches ability or willingness to support young people's mental health within their professional role also need to be identified. The current study aimed to investigate how teachers and coaches perceive their role to be relevant and effective in the promotion, prevention and/or early intervention in young people's mental health.

## II. METHOD

### A. Participants

Participants were 34 teachers and sports coaches of young people aged 12 to 18, who were employed or volunteer within Canberra, Australia. Twenty-one teachers, 11 female and 10 male; and 13 coaches, 5 female and 8 male, were included in the sample. The age of participants ranged from 23 to 65 ( $M = 36.3$ ,  $SD = 11.5$ ). Years of experience in their role ranged from seven weeks to 49 years, with teachers' mean experience 12.0 years ( $SD = 10.7$ ) and coaches' mean experience 14.8 years ( $SD = 9.7$ ).

### B. Procedure

Approval for the project was obtained from the University of Canberra Committee for Ethics in Human Research. Teachers and sports coaches within Canberra, Australia, were invited to participate in the research through circulation of an advertisement flyer. The researcher then arranged individual interviews for interested participants at a time and location suitable to each participant. Interviews took approximately 20 to 30 minutes to complete and were audio recorded and fully

transcribed. All interviews were conducted by the primary researcher. Informed consent was obtained prior to participation in the study.

### C. Measures

A semi-structured interview was designed to explore teachers' and coaches' perceptions of their role in supporting young peoples' mental health. Demographic information was collected along with questions aiming to explore participants' awareness, acceptance, and involvement in supporting young peoples' mental health through promotion, prevention, and early intervention behaviours. Additional questions addressed limits or challenges to participants providing such support.

### D. Data Analysis

Transcripts of the interviews were analysed using thematic analysis, a method for identifying, analyzing, and reporting patterns and themes in qualitative data [22]. Thematic analysis involves repeatedly examining interviews for patterns of emphasis across responses, and systematically coding responses into themes. This method exposes commonalities concerning dominant themes as well as differences between participants and attributes [23]. Data were initially analysed by hand, followed by the use of NVivo qualitative data analysis software, version 8 [24].

Tests of coding reliability were conducted. Following completion of initial coding of all transcripts, six transcripts were re-coded by the same coder to assess coding consistency over time [25]. Inter-rater reliability was also tested through a second independent researcher coding six clean transcripts. Coding assignment was compared between coders with a calculated Kappa coefficient of .80, above the level of .75 generally considered excellent [26]. Coding discrepancies were also resolved by consultation with a third researcher, providing further strength of reliability through researcher triangulation.

To determine the level of representativeness of responses, four levels of frequency labels were applied. As proposed by Hill et al. [27], a theme that applied to all or all but one of the cases was considered *general*. A *typical* theme applied to more than half of the cases (up to the cutoff for general). A theme considered *variant* included at least two cases up to half of all cases. A theme that included two or three cases was considered *rare*. Findings that emerged from only one case were not reported as they were not considered to be descriptive of the sample.

## III. RESULTS

All participants identified young people's mental health as relevant to and part of their role as a teacher or sports coach of 12-18 year olds. Participants highlighted both the importance of their involvement as well as their acceptance of supporting young people's mental health within their roles. All participants were able to identify behaviours they perform within their professional role which they perceive to support young people's mental health. Limits of teachers' and coaches'

professional roles and the impact they have on their involvement in supporting young people's mental health were also noted.

#### A. Importance

The first major finding was that all participants identified young people's mental health as relevant to or part of their role as a teacher or coach. Furthermore, participants recognised the importance and need for their role in supporting mental health, and the opportunity they have to positively impact young people's mental health.

Both teachers and coaches (57% teachers, 54% coaches) typically reported knowledge of a high prevalence of mental health concerns being experienced by young people, particularly depression, suicidal ideation, and body image concerns. Most coaches (77%) additionally recognised the negative impact that mental health has on participation and performance in sport and related activities. Participants also highlighted that it was increasingly common for teachers and coaches to become aware of such concerns within the school or sporting environments.

*'I've noticed it's [young people's mental health] become more and more so [relevant to the role of a teacher], through the years from when I started... It's become more relevant as I've been involved longer, because there is just more and more kids who have issues.'* – Teacher.

One of the most common areas participants reported on (88% of total participants) regarded the established relationships and positions of support teachers and coaches hold with young people. The ability to establish such relationships was perceived to be a major factor contributing to teachers' and coaches' opportunity to positively influence young people's mental health. Both teachers and coaches typically (71% teachers, 62% coaches) reported that being approachable and having open communication with young people were important aspects to develop trust and enable them to support young people's mental health. Participants also noted their relationships with young people enable them to act as a trusted outlet or support person, as well as being in a position to monitor behaviour change, and approach the young person regarding their concerns if deemed appropriate.

*'Quite often kids look to you as a role model and listen to what you say, particularly if there's a common respect going both ways.'* – Coach.

#### B. Acceptance

Participants' acceptance of supporting mental health within their role, as well as other people's expectations of the roles of teachers and coaches, were reported as factors that affect participants' involvement in supporting young people's mental health. Typically participants (76% teachers, 85% coaches) reported an overall acceptance of supporting young people's mental health within their role, with many participants viewing

supporting mental health as 'just part of the job'. Both teachers and coaches reported holding personal values and expectations of themselves to take action to support young people's wellbeing. Participants also perceived a level of responsibility incumbent in their role, and typically reported a willingness to care for and communicate with young people regarding any concerns they observe or become aware of.

*'It is a major role and I think that we do have quite a responsibility as far as I suppose noting any issues that we either hear about or see.'* – Teacher.

Notably, a variant number of participants (24% teacher, 15% coach) emphasised that they were accepting of supporting mental health within their role only to a certain extent and reported taking caution to avoid too much responsibility for the care of a young person's mental health as they reported other professionals were more equipped to assist with mental health concerns. Teachers perceived greater expectations or pressure from others for their involvement in young people's mental health than did coaches.

Participants also identified on a variant level (14% teachers, 38% coaches), that the roles of both teachers and coaches are evolving and expectations for their roles have changed over time. They reported an increase in expectations, in recent years, for them to be involved and supportive of young people's mental health.

*'A coach and a teacher are asked to do a lot more than they were in years past.'* – Coach.

#### C. Behaviours

All participants were able to identify activities and behaviours they perform within their role which they perceive to support young people's mental health. Each of these behaviours were functions of promotion, prevention, or early intervention for young people's mental health.

##### 1) Promotion

Participants reported a number of behaviours that they perform within their role for the promotion of young people's mental health. Reported by over half of both teacher and coach participants (52% teachers, 54% coaches), providing a positive, friendly, and safe environment was the most common action identified as being conducted within participants' roles to promote positive mental health amongst young people.

*'Providing a safe, happy environment for those students to be in through the course of the day, an environment that keeps them busy, keeps them engaged and challenged, most times that's of value.'* – Teacher.

Close to half of all coach participants (46% coaches,) reported facilitating and encouraging participation within groups and activities as a focus of their role which positively

influences young people's mental health. Participation was rarely identified by teachers. A *variant* number of participants discussed promoting mental health in their professional role by assisting young people to develop life skills, through sport or education. Participants also identified influencing mental health indirectly through skill development or coping mechanisms.

*'I may not have tackled it intentionally or deliberately, but I think through the things we do, involved with sport, helps these kids immensely. It gives them self-belief, it gives them... improves their self-esteem, it does all those things that can help.'* – Coach.

Over one third (38%) of teachers also reported raising awareness and reducing stigma of mental health problems were acts they performed within their professional role to promote mental health amongst young people. Coaches rarely recognised educating young people on awareness of mental health and stigma reduction as a part of their role. Approximately half (48%) of all teacher participants also identified that certain areas of the curriculum they are required to teach target the promotion of mental health.

*'I guess we're also looking at trying to break down that sort of mental illness stigma with the kids, and we are trying to do that through our curriculum.'* – Teacher.

### 2) Prevention

Participants less frequently reported behaviours they undertake within their professional role to support the prevention of mental health problems in young people, in comparison to actions towards both promotion and early intervention for mental health. Participants, on a *variant* level (33% teachers, 15% coaches), reported an overall care for young people and their wellbeing as a value they hold which leads them to support young people within their role and act towards preventing mental health problems.

*'I guess at the end of a day as a teacher the most important thing for me is that the kids see that I care about them.'* – Teacher.

Approximately one third of participants (38% teachers, 31% coaches) also recognised certain predisposing factors — such as family and peer pressures, bullying, personality, family structure and conflict, biological disposition — to be aware of that can affect a young person's mental health.

*'It may not be particularly the kids fault, it could be a hereditary thing, a number of factors.'* – Coach.

### 3) Early Intervention

Behaviours for early intervention were the most commonly reported by participants, greater than both promotion and prevention activities. Teachers, in particular, reported being

frequently involved in early intervention for young people's mental health. *Typically* participants (52% teachers, 77% coaches) recognised the identification of mental health problems in young people as an action for early intervention performed as part of their role. Furthermore, most felt that they were able to identify or notice when a young person was experiencing a mental health problem, through indicators such as noticing a change in the young person's behaviour or in their level of, or attitude to, participation.

*'You can recognise when there's a problem... because you have the kids once each week or more sometimes, and you have them for an ongoing basis... so you recognise when there is a change.'* – Coach.

Participants *typically* also reported being previously involved in early intervention for young peoples' mental health through providing supportive guidance and direction to further sources of help, for young people with mental health concerns. All participants discussed guidelines, and referral pathways of involving other people in supporting young people's mental health. Coaches tended to report communicating only to the young person themselves and often their parents. Teachers commonly reported they would additionally communicate with other personnel within the school setting, such as school counsellors or pastoral care advisors, when concerned for a young person's mental health. Notably, both teachers and coaches, identified young people's parents as an important party to consider communicating with when taking action to support their mental health.

### D.Limits

Participants highlighted a number of limitations to their involvement in supporting young people's mental health. Participants *typically* identified capacity as a limitation. Teachers (76%) in particular recognised restrictions to supporting young people's mental health due to high demands and workload of their core professional role, the volume of young people they support, and lack of available time. Much fewer coaches (23%) identified capacity as a limitation to their ability to support young people's mental health.

*'You always say you'd like to get more involved, but the reality is you never have enough time.'* – Coach.

Participants also *typically* discussed a lack of knowledge, skills, and training in mental health, as a boundary to supporting young people's mental health. Nearly all coaches (77%), and most teachers (62%), reported skill and training deficits in mental health related areas. Many participants, particularly coaches (29% teachers, 62% coaches), expressed that more training and resources in these areas would be valuable.

*'It becomes difficult because you do want to help, but then you don't always know how, you don't want to say the wrong thing, I'm not trained enough to know.'* – Teacher.

Thirdly, *typically* participants (66% teachers, 46% coaches) noted that the professional boundaries and obligations of their role, as well as the associated risks of acting beyond such boundaries, can also limit their ability to support young people's mental health. Teachers more commonly reported professional boundaries as a consideration in supporting young people's mental health than did coaches.

*'It's important to recognise when it's too much for a teacher and to pass that on then.'* – Teacher.

#### IV. DISCUSSION

Interviews revealed that teachers and sports coaches do perceive themselves to be influential in young people's mental health. The ability to develop relationships with young people through their roles was considered a major factor contributing to their opportunity to positively influence young people's mental health. This is consistent with research emphasising the importance of an established relationship with young people given their preference to seek help from sources that they know and trust [5]. Teachers and coaches felt that their positions can allow them to act as an external and trusted outlet or support person, to which young people can communicate, and may also respond to. These findings provide support to Meldrum et al.'s [14] argument that teachers are in an opportune position to promote and support young people's mental health concerns, and Mazzer and Rickwood's [17] view that coaches have the potential to be a helpful source of early identification and support for young people's mental health.

Teachers and coaches were accepting of supporting mental health within their role, many describing it as 'just part of the job'. They expressed a willingness, to care for and communicate with young people regarding their concerns. This supports previous research which has argued that being supportive of young people's mental health and wellbeing is an important part of a teacher's role [6,14-15]. Teachers perceived greater expectations for involvement in supporting young people's mental health than did coaches.

Both teachers and coaches identified behaviours they perform within their role for the promotion, prevention, and early intervention of young people's mental health. Providing a positive, friendly, and safe environment was identified by both teachers and coaches as one of the most prevalent actions they encourage in supporting mental health. This was consistent with Donovan et al.'s [13] findings in which providing a stimulating environment, and using positive language, were amongst the most frequent behaviours identified by teachers and coaches to sustain young people's mental health.

In the current study, teachers perceived their role to have more involvement with early intervention than promotion or prevention, and viewed identifying mental health problems and increasing awareness of mental health as actions they perform within their role.

Similarly, recognising problems, having good communication, and encouraging relationships, were among the most common behaviours acknowledged by teachers as supportive of mental health in Donovan et al. [13]. Despite coaches reporting a smaller variety of actions to promote mental health than teachers, coaches viewed their role as being more frequently involved in promotion, than prevention or early intervention, for young people's mental health. Coaches recognised the impact that mental health can have on a young person's participation and performance in sport, and the supportive role they can play to assist them, through good communication and guidance. This result again supported by Donovan et al.'s [13] findings that using positive language, and goal setting, were salient behaviours performed by coaches in supporting mental health.

Consistent with Meldrum et al. [14], who argued that an important part of a teacher's role is to be aware of young people's difficulties or concerns and to direct them to the appropriate resources for help where needed, teachers in the present study regularly reported they would communicate with other personnel within the school setting when concerned for a young person's mental health. Teachers reported more awareness of structured pathways and procedures to assist them in supporting young people's mental health and involving others in their care. Coaches were not guided by the same level of structure, and reported that they would primarily communicate with the young person themselves.

A number of challenges to teachers and coaches supporting young people's mental health were identified, including limited capacity, lack of training, and professional boundaries. Many participants, particularly coaches, felt that they had skill and training deficits in mental health related areas, and expressed interest in, and need for, further training and resources. Making mental health training more available to sports coaches may be valuable in reducing boundaries to supporting mental health. These findings support the approach of Pierce et al. [28] who offered brief training in mental health to a group of sports coaches to encourage facilitation of early help-seeking behaviour, and had positive outcomes improving both coaches' ability to recognize, and confidence in assisting, someone with a mental health problem.

Qualitative research contains some general limitations which may have impacted this study and should be noted. The researcher's presence through data collection, which was necessary for conducting interviews, could have affected participants' responses. Also interpretation of the meaning of qualitative data is required in the development of themes within thematic analysis [22], and can be influenced by researcher biases. However, this was addressed in the current study through the use of inter-rater reliability and researcher triangulation. Further research investigating the roles of teachers and coaches in supporting young people's mental health, across a larger sample would be useful to determine the representativeness and generalisability of the current study's findings.

In conclusion, this study has explored the role of teachers and coaches in supporting young people's mental health. Both teachers and coaches were found to recognise supporting young people's mental health as relevant to and part of their roles. Teachers viewed that their involvement in supporting young people's mental health occurs predominantly through identifying mental health problems, and coaches through promoting positive mental health.

There may be potential to elevate the influence of teachers and coaches as sources of support and initial help for young people, as well as to facilitate their help-seeking and pathway to mental health care. However, challenges and boundaries to these sources involvement in supporting young people's mental health, particularly their reported lack of knowledge in mental health and pathways to care need to be addressed. It may be beneficial for teachers and particularly coaches to receive more training in mental health and education on how they can effectively support young people with their mental health.

#### REFERENCES

- [1] L. J. Barney, K. M. Griffiths, A. F. Jorm, and H. Christensen, "Stigma about depression and its impact on help-seeking intentions," *Australian and New Zealand Journal of Psychiatry*, Vol. 40, pp. 51-54, 2005.
- [2] Australian Bureau of Statistics, "National survey of mental health and wellbeing," Canberra, Australia, 2008.
- [3] K. Buston, "Adolescents with mental health problems: What do they say about health services?" *Journal of Adolescence*, Vol. 25, pp. 231-242, 2002.
- [4] A. R. Stiffman, B. Pescosolido, and L. J. Cabassa, "Building a model to understand youth service access: The gateway provider model," *Mental Health Services Research*, Vol. 6, pp. 189-198, 2004.
- [5] D. Rickwood, F. P. Deane, C. J. Wilson, and J. Ciarrochi, "Young people's help-seeking for mental health problems," *Australian e-Journal for the Advancement of Mental Health*, Vol. 4, Supplement, 2005.
- [6] headspace. "Evidence review of secondary school based mental health promotion, prevention and early intervention," Melbourne, Australia, 2011.
- [7] M. Berk, K. Hallam, N. Lucas, M. Hasty, C. A. McNeil, P. Conus, et al., "Early Intervention in bipolar disorders: Opportunities and pitfalls," *Medical Journal of Australia*, Vol. 187, 2007.
- [8] Department of Health and Ageing, "Responding to the mental health needs of young people in Australia," Canberra, Australia, 2004.
- [9] Queensland Health, "Strategic directions for mental health promotion 2009-2012," Brisbane, Australia, 2009.
- [10] Department of Health and Aged Care, "Promotion, prevention and early intervention for mental health - A monograph," Canberra, Australia, 2000.
- [11] Department of Health and Ageing, "Better access to mental health care," Canberra, Australia, 2008.
- [12] Department of Health and Aged Care, "National Action Plan for Promotion, Prevention and Early Intervention for Mental Health," Canberra, Australia, 2000.
- [13] R. J. Donovan, N. Henley, G. Jalleh, S. Silburn, S. Zubrick, and A. Williams, "The impact of mental health in others of those in a position of authority: a perspective of parents, teachers, trainers, and supervisors," *Australian e-Journal for the Advancement of Mental Health*, Vol. 5, 2006.
- [14] L. Meldrum, D. Venn, and S. Kutcher, "Mental health in schools: How teachers have the power to make a difference," *Health and Learning*, pp. 3-5, 2009.
- [15] J. Wyn, H. Cahill, R. Holdsworth, L. Rowling, and S. Carson, "MindMatters, a whole-school approach promoting mental health and wellbeing," *Australian and New Zealand Journal of Psychiatry*, Vol. 34, pp. 594-601, 2000.
- [16] Department of Health and Ageing, "Evaluation of the second national mental health plan," Canberra, Australia, 2003.
- [17] K. R. Mazzer, and D. J. Rickwood, "Community gatekeepers' advice to young people to seek help from mental health professionals: Youth workers and sport coaches," *The International Journal of Mental Health Promotion*, Vol. 11, pp. 13-23, 2009.
- [18] R. T. Sherman, R. A. Thompson, D. Dehass, and M. Wilfert, "NCAA coaches survey: The role of the coach in identifying and managing athletes with disordered eating," *Eating Disorders*, Vol. 13, pp. 447-466, 2005.
- [19] D. J. Edwards, "Sport psychological skills training and psychological well-being in youth athletes," D Phil in Human Movement Science, University of Pretoria, Pretoria, South Africa, 2007.
- [20] M. C. Meyers, and A. LeUnes, "Psychological skills assessment and athletic performance in collegiate rodeo athletes" *Journal of Sport Behavior*, Vol. 19, pp. 132-147, 1996.
- [21] Department of Health and Ageing, "MindMatters: Leading mental health and wellbeing," Canberra, Australia, 2009.
- [22] V. Braun, and V. Clarke, "Using thematic analysis in psychology," *Qualitative Research in Psychology*, Vol. 3, pp. 77-101, 2006.
- [23] M. Miles, and A. Huberman, "Qualitative Data Analysis: An Expanded Source Book (2nd ed.)," Thousand Oakes, California: SAGE, 1994.
- [24] NVivo qualitative data analysis software, QSR International Pty Ltd, Version 8, 2008.
- [25] L. Richards, "Handling Qualitative Data," London: SAGE, 2005.
- [26] C. Robson, "Real World Research: A Resource for Social Scientists and Practitioner Researchers (2nd ed.)," London: Blackwell, 2002.
- [27] C. Hill, S. Knox, B. J. Thompson, E. N. Williams, and S. A. Hess, "Consensual qualitative research: An update," *Journal of Counseling Psychology*, Vol. 52, 2005.
- [28] D. Pierce, S. T. Liaw, J. Dobell, and R. Anderson, "Australian rural football club leaders as mental health advocates: an investigation of the impact of the Coach the Coach project," *International Journal of Mental Health Systems*, Vol. 4, 2010.