Author's response to reviews

Title: Barriers and facilitators to mental health help-seeking for young elite athletes. A qualitative study

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Author's response to reviews: see over
Dear BMC Psychiatry Editorial Department,

Re: MS: 5355973256665123
Barriers and facilitators to mental health help-seeking for young elite athletes. A qualitative study
Amelia Gulliver, Kathleen M Griffiths and Helen Christensen.

Thank you for providing the reviewers’ comments on the above manuscript. We have now addressed the issues raised where possible. Our responses to each of the reviewer’s comments are as follows:

Reviewer 1: Debra Rickwood

- Major Compulsory Revisions
  1. “The main revision required in this paper is the application of an appropriate qualitative methodology. At present, there is nothing described relating to the qualitative methodology except, “Thematic analysis [53] was used to classify participant statements on reported barriers and facilitators into themes”. This is inadequate, and an appropriate qualitative methodology needs to be applied and fully described. For example, was a program like NVivo used to aid categorisation or was this done by hand? How were themes determined? Who undertook the coding and what reliability checks were put in place (ie, another researcher coding a proportion of the material, Kappa coefficient computed); How was the salience of themes determined – were they general, variant etc? At present, there is no qualitative methodology applied or described. This leads to the issue described in the next point.”

We agree that further information about the qualitative method is required. We have added information about the coder and computer program used - “Thematic analysis [53] conducted in NVivo 8 was used by the first author (AG) to classify participant statements on reported barriers and facilitators into themes using both a priori and grounded codes [57]. Given that the majority of topics in the focus group discussion were pre-defined, grounded theory [58] techniques for identifying core themes were used only for the self-initiated written activities on barriers and facilitators and the discussion on "mental health issues affecting elite athletes". However, the themes that emerged from all written activities as well as the volume of discussion created on each topic during the focus groups were both used to determine the major and minor themes for each section of the results. In addition, the self-initiated written activity question responses were categorised into themes and a concept map was created to represent the importance of
each theme” (p. 11). It has also been noted in the limitations that the method of coding may have biased the results – “A final limitation is that the thematic analysis was only conducted by one researcher. However, qualitative methods are by their nature subjective and the addition of a second coder to achieve high inter-rater reliability of analysed data may not necessarily ensure more valid conclusions. Moreover, it has been suggested that a single coder can generate valid interpretations of the data provided that the process followed is methodologically rigorous [53].” (p. 32)

2. “The results are largely presented as a narrative and no methodological rigour is evident. Each “theme” is described in a sentence or two and then a quote is provided. This approach is taken throughout most of the results, so that they read merely as a narrative argument. The reader is given no indication how general or variant the themes are. There is also little evidence of any deeper analysis regarding differences between participant’s views, and apart from the emphasis on stigma (which derives mostly from the quantitative data), the strength of different themes is not evident or well supported.”

To clarify the major themes identified, it is now noted in the first paragraph of the Results section (p. 10) that the discussion topics have now been sorted into major and minor themes. They have also been ordered by relative importance as judged by the amount of discussion created in each topic. In addition, to aid in demonstrating the differences between participants’ viewpoints, numbers have been added to identify individual participants. It has been noted where a difference of opinion between participants occurred (e.g., “There was some disagreement about whether lack of time was a barrier to seeking help.” (p. 20). Conversely, where there was substantial agreement, a note has been made in the text (e.g., “However, they were unanimously adamant that general practitioners were not an appropriate first source of help for mental health problems”. (p. 18).

3. The presentation of the quotes is often difficult to follow because no consistent format is applied. Sometimes quotes are presented in quotation marks, sometimes in italics, and often just as straight text. While it is generally evident which text comprises a quote, a consistent and appropriate format for presenting the quotes is required. Similarly, the level of headings used is not always clear. For example, on page 10, there is a heading of Performance followed by Injuries - yet this does not seem to be a sub-heading as it is introduced as “Another important theme raised…” This relates to an issue of how the themes relate to each other – in strength and in degree of association. A more rigorous qualitative analysis could provide this information through a concept map or other similar methodology.

Quotations are now presented using a consistent style (quotation marks and italics, indentation for quotes longer than 30 words). In addition, heading levels have been corrected and concept maps to illustrate the themes generated from the self-initiated written activities (Figure 1 and 2) have been added. These maps do not include the overall discussion as due to the structured nature of the discussions, a concept map based on these topics might have been influenced by the researcher defined topic choices.

4. The participants need to be more fully described. We are told that they comprise 15 elite athletes (9 male and 6 female) aged 16-23 from the AIS. Fundamentally, it is important to know what sports they come from. This relevance of different issues being relevant across different sports is briefly mentioned in several places, so it is important to understand who this small group of athletes comprises in terms of types of sport. A more minor point is that there is redundancy in description of the participants, with a section on 'Participants' on page 8 in the methodology and a repetition of most of the
same (limited) information in ‘Participant characteristics’ on page 9 in the results. The information in the results section should be incorporated within the earlier section.

The type of sport was not provided to protect the identity of the elite athletes involved. We have now provided this rationale in the text (p. 8). We have also inserted some further details of the participant groups without providing information that might identify them – “Participants were both Olympic and developmental elite athletes from two different types of sport: one team-based and the other an individual sport. The sport types are not named to protect the identity of the participants.” As requested, the participants section in the results has been incorporated into the methodology section (p. 8).

5. I would argue that the methodology is highly structured, rather than semi-structured as claimed in the method. It seems the participants were first asked what they think the most important mental health issues are for elite athletes. They are then given definitions of seeking help etc, and asked to write down three barriers (which provides quantitative data), then presented a prescribed set of barriers (derived from prior literature reviews) to respond to; the same approach is then taken for facilitators. This is a highly structured approach. Furthermore, I am not clear how the vignette of “Chloe” fits in and why this was undertaken first, as it would seem to clearly set up some possible expectations among the participants.

The description “Semi-structured” has been replaced with the term “structured” (p. 9) and the following note has been added in the Limitations section – “Another potential limitation is that the structured nature of the focus groups might have influenced the amount of discussion produced on each topic” (p. 32). With respect to the vignette, as noted (p. 9) we considered it important that participants be informed by an example of a mental disorder prior to the focus group discussion given that mental health literacy in young people is known to be poor. However, we acknowledge that this may have influenced the responses of the participants. Therefore, we have added this in as a limitation to the study – “The provision of a depression vignette was intended to inform the discussion of the focus groups. However, we acknowledge that the vignette may have influenced the participants’ responses” (p. 32).

6. While the issue of help-seeking among elite athletes is of interest as a point comparison with more mainstream young people and these young people may be a potential risk group in need of intervention themselves, very few implications of the findings of the research are provided. Potential implications are only briefly listed in the three final sentences of the conclusion. Further consideration needs to be given to what this research might mean in terms of better supporting young elite athletes at the AIS and how the experiences of these 15 young people informs better understanding of mental health help-seeking.

We have added several comments to address this point: Each relates to the implementation of intervention programs. In particular, we have added the following sentence to the discussion - “This lack of knowledge around mental disorders and their treatment has important implications for the continued refinement and delivery of programs that improve mental health literacy both for young people in the general community [66] and among young elite athletes [68]” (p. 27).

A further comment addresses coaching – “A previous Australian study implemented an educational program for football coaches in a rural community setting [72]. Data from the current study suggest that such programs should be made available to elite sport coaches to enhance their understanding of
mental health problems and needs and to assist them to facilitate help-seeking among elite athletes.” (p. 31).

Finally, a comment has been added to the stigma section of the Discussion as follows– "It may be helpful to implement programs for young elite athletes that can reduce the level of stigma surrounding common mental disorders [63], which might in turn lead to increased help-seeking in this group. It might be equally or more important to promote help-seeking among athletes by providing evidence-based online programs that can be accessed anonymously.” (p. 26).

Reviewer 2: Amy Morgan

- Minor Essential Revisions
  1. More detail about participants and how they were recruited is needed, as recommended by guidelines on reporting qualitative research (e.g. Tong et al. 2007. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. International Journal for Quality in Health Care 19: 349-357.) Please give a breakdown of which sports were represented in the sample. How was the study advertised – was it clear that the discussion would be around mental health problems, as this may have influenced who participated. If possible provide details around how many people refused to participate or dropped out. Also, did the author ask whether participants had experienced a mental health problem or sought help for one in the past?

Additional information has been added to provide further detail about the recruitment of the participants. A rationale has been provided above (Review 1, Q4) as to why the breakdown of sports was not listed. In addition, items in the COREQ checklist have been addressed. A sentence has been added to demonstrate that "Given the particularly sensitive nature of the issue for these very high profile athletes, participants were not asked if they had previously experienced or sought help for a mental health problem. No participants refused to participate or dropped out of the study after the commencement of the focus groups” (p. 8).

  2. Add the reference on which the vignette was based to the main body of the paper, rather than the additional file, so that it is included in the reference list.

This reference has now been added to the main body of the paper and is included in the reference list.

  3. The description of the analysis strategy is brief and somewhat confusing. Please provide more information on how themes were developed, e.g. did only one person code the data (this may impact the credibility of the analysis)? Were themes identified in advance or derived from the data?

As described above for Reviewer 1 (#Qs 1, 2), we have now added further information to the methods and limitations that addresses these issues.

Discretionary Revisions
  1. Some more information about the AIS and how it works would be beneficial for non Australian readers (e.g. athletes receive scholarships to live and train at the institute, what facilities are available to support athletes, etc).
We have added a description of the AIS and the services provided to the athletes. "The AIS is the national sports training institute offering highly competitive scholarships to the most talented young elite athletes from around Australia [55]. Athletes are provided a wide range of facilities and services including meals and accommodation, high performance coaching and training facilities, as well as sports medicine and sports science services, including medical and psychological care." (p. 8).

2. The results section would be easier to read if the author better distinguished between participant quotes and her text.

As addressed for Reviewer 1, quotation marks and italics now indicate every quote that is noted.

3. Would the author like to comment further on the implications of the research for work being done in the community to improve the mental health literacy of athletes and their coaches/family/friends, e.g. beyondblue and Mental Health First Aid?

We agree that this is an important point and have addressed this issue above (Reviewer 1, Q6).

Minor issues not for publication:
1. 9th line under Stigma in the Background, “female athletes attitudes” should be “female athletes’ attitudes”
2. 6th line under Methods: should be “three focus groups”
3. There is a typo in the 3rd line under Focus group methods in the Methods section
4. There is a typo in the 11th line under Facilitators in the Discussion section

These errors have now all been corrected.

Reviewer 3: Monnica Williams

Minor Essential Revisions:
1. Authors should define what they mean by “elite” athletes earlier in the manuscript. The last sentence on page 6, “For example, it has been reported...” is confusing. Generally, the paper was well-written and clear. However, many parts of the introduction and discussion were wordy and repetitive. For example, the entire first paragraph of the discussion section is unnecessary. The writing can be tightened up throughout the paper.

We have added that the participants were Olympic and developmental level athletes (p. 9) from the Australian Institute of Sport. The AIS is defined on p. 8 as “the national sports training institute for the most talented sports people in Australia.”. We now feel that this adequately describes the level of sport.

The sentence on page 6 has been clarified – “It has been reported that stigma often deters professionals working with the athletes from referring an athlete to a mental health professional [51].

As requested we have deleted the first paragraph of the discussion.

Major Compulsory Revisions:
1. The authors need to provide more description surrounding the rationale for the specific qualitative methods employed for extracting the relevant information from the focus groups. The methods section should also describe the nature and procedure for the written data collected. Some of the supplementary material appeared to emphasize the question of whether or not a website dedicated to this issue would be useful. The
authors should indicate if this is one of the research questions, or why so many prompts for this, relative to other issues, were included.

As described above for Reviewer 1 (Qs 1, 2) additional information on the methodology for the qualitative analysis has been provided. The procedure for the collection of the written data has been elaborated on and is listed in the Focus groups methods section (p. 9-10). A rationale has now been provided for the use of internet questions – “An additional aim in the present study was to investigate the participants’ views on the appropriateness of a mental health website tailored to athletes. Thus, probing questions in the anonymous help section included topic of a hypothetical website” (p. 10).

As a summary of the major changes with respect to the submission, we have an additional file, removed two tables, and added two figures to the manuscript. Moreover, in addition to the COREQ criteria, the RATS guidelines have been adhered to, and appropriate information has been added to meet these criteria:

"On arrival, participants read an information sheet and completed a written informed consent form. Participants recorded brief demographic information (age and gender) on a sign-up sheet and wore a name tag to facilitate discussion. Prior to the commencement of the group, participants were instructed by the primary researcher on appropriate focus group behaviour, as well as confidentiality, and the voluntary nature of the discussion." (p. 9).

"Quotes were selected to best represent the theme discussed." (p. 11).

We hope these modifications and responses address the reviewers’ concerns.

Yours faithfully,

Amelia Gulliver