



EVIDENCE BRIEF

Five Practices to Promote Mental Health Among Black Youth in Team Sports

This Evidence Brief summarizes recommended practices to build and support improved mental health among Black youth in team sports settings.

HOW DID WE COMPILE THIS EVIDENCE?

We searched YouthREX's online Knowledge Hub, Google Scholar, and Google using the following key terms: "Black", "African American", "racialized", "minority", "youth", "adolescent", "sport", "team sport", "mental health", and "intervention".

DEFINITION OF KEY TERMS

Mental Health: Often confused with mental illness, the scope of mental health reaches far beyond illness and is an integral part of a person's wellbeing. The World Health Organization defines mental health as "a state of wellbeing in which an individual realizes his or her own abilities, can cope with the normal stress of life, can work productively, and is able to make a contribution to his or her community"¹. Like physical health, mental health can be impacted by a variety of factors.²

Intersectionality: This term was coined by Kimberlé Crenshaw in 1989 to counter the way anti-discrimination laws treated gender and race as mutually-exclusive categories for Black women. Intersectionality provides a framework for multiple facets of identity (such as gender, class, race or sexuality) to intertwine and overlap, creating unique experiences of discrimination and disadvantage.³

KEY MESSAGE:

THE CORRELATION BETWEEN MENTAL HEALTH AND SPORTS PARTICIPATION IS COMPLICATED

Despite the seemingly positive correlation between sports participation and mental health, the relationship between the two is a complicated one. While sports participation for children is a predictor of protection against mental illnesses, children and adolescents are not immune to stressors from sports performance.⁴ Studies have shown athletes face as many mental health illnesses as the general population.⁵ In addition, Black youth face increased mental health risk factors due to historical and ongoing systemic oppression. Limited portrayal of Black excellence in fields other than sports may cause increased pressure for Black youth, particularly young Black men, to excel in athletics.⁶ Despite over-representation in certain sports⁷, Black athletes find themselves faced with barriers in sports settings in the form of unequal access to resources, less qualified teachers and coaches, overt racism, and racial microaggressions.⁸ Racial aggressions and oppressive messages in the media can also contribute to negative self-worth and depressive symptoms in adolescents.⁹ Black youth participating in sports face not only barriers related to their racial identity, but also athlete-specific mental health challenges related to the ongoing evaluation of themselves and others, including depression, anxiety, substance use, and eating disorders.¹⁰

SUMMARY OF EVIDENCE: FIVE PRACTICES TO PROMOTE MENTAL HEALTH AMONG BLACK YOUTH IN TEAM SPORTS

01. PLAN AND SET MENTAL HEALTH GOALS FOR PROGRAMS AND PARTICIPANTS

In order to promote improved mental health of Black youth, sports programs should clearly identify goals in terms of both quantifiable and qualifiable measures – at the program *and* participant levels.

In one case study, a program designed for ethnic minorities in low-income neighbourhoods in the United States – The Optimum Performance Program in Sports (TOPPS) – proved to be successful in decreasing symptoms of Social Anxiety Disorder¹¹; the mental health impacts of the program were tracked through a combination of interviews and checklists scheduled at three different stages of the program.¹¹ The Canadian Centre for Mental Health and Sport (CCMHS) argues that sports organizations have a duty to protect their athletes and must regularly reflect on their internal structure and policies to best provide support.¹²

Programs must also support youth participants to set personal and specific mental health goals. Mental health interventions with goal-setting and planning practices have proven to be effective; one study in the UK found that participants who engaged in goal-setting and planning reported considerably higher amounts of satisfaction and measures of outcome expectancy and efficacy for goals.¹³

02. INCREASE MENTAL HEALTH LITERACY AND SKILLS FOR STAFF AND PARTICIPANTS

In a 2017 report, mental health was identified as one of the top 10 issues affecting Black youth in Ontario.¹⁴ Mental health literacy for Black youth should not be

limited to the *what* of mental health, but also the *how*.

As defined by the Canadian Alliance on Mental Illness and Mental Health (CAMIMH),

“**mental health literacy** is the knowledge and skills that enable people to access, understand, and apply information for mental health. The revised definition places more of an emphasis on empowerment for health, a key concept in health promotion and health literacy. As such, enhancing mental health literacy involves more than simply providing people with information — it involves support for skill development and empowerment so that people can understand information and make informed decisions about how to apply it to promote mental health.”¹⁵

CCMHS recommends providing sports participants with the understanding of how mental health and mental performance affect sports performance, as well as ensuring that resources are accessible for those with different abilities.¹⁵

Early intervention programs promoting mental health literacy for staff have been shown to be effective. An Australian study found that even brief interventions of mental health literacy may help program staff to identify common mental illnesses, which in turn may lead youth participants to the appropriate care pathways.¹⁶

Beyond the knowledge of mental health illnesses, mental health literacy serves to dismantle the stigma associated with mental health. A CAMIMH report revealed that 42% of surveyed Canadians would be uncomfortable revealing a mental health challenge to others, and 44% believed that someone with a mental illness would have difficulty holding a full-time job.¹⁵ Stigma around mental health among and towards Black youth and communities is also significant; in one study, Black youth revealed that they kept their mental illness diagnosis from friends and family, believing they would be berated or bullied.¹⁷ Due to fears of stigma from the community, Black youth frequently are forced to deal with their mental health issues alone.¹⁴ Increasing

mental health literacy and knowledge leads to less stigma, thereby encouraging youth to seek out help when necessary. Offering training in Mental Health First Aid to both youth and youth practitioners, for example, has been proven to lower stigma and encourage confidence.¹⁸

Teaching skills to help regulate mental health is also an effective technique. Modelling and practicing skills has proven to be effective in self development and decreasing mental barriers in sports.⁹ This may include both cognitive and behavioural skills, such as positive thinking, emotional regulation, and distress management.¹⁹

03. SUPPORT THE DEVELOPMENT OF STRONG IDENTITIES

Team sports can serve to help youth forge strong social and individual identities. Social identities have been defined as “that part of an individual’s self-concept which derives from his [her/their] knowledge of his [her/their] membership of a social group (or groups) together with the value and emotional significance attached to that membership”²⁰. Participants with stronger social identities related to their team and sports communities were reported to have higher levels of joy and success in the sport, leading to positive mindsets.²¹

While team sports may positively influence social identities, it is also important they contribute to individual identities. Coaches and mentors may aid in the construction of individual identity through positive reinforcement, as well as putting participants in positions of leadership, as leadership roles aid in the development of both individual and social identity.²¹

Program staff must recognize the intersectionality of identity among Black youth. The combined oppression of gender, sexual orientation, and racial identity may lead to psychological consequences, making it important for coaches and mentors to create safe spaces for expressions of identity among sports teams. Strong ethnic identity has led to lower levels of self-stigma among African American youth.²² Black female

youth may benefit from racial socialization and identity in particular, as general and gendered racial socialization of pride were associated with positive feelings about being Black, which in turn was negatively correlated with depressive symptoms.⁹ Strong personal and social identities lead to improved self-image and confidence, minimizing a risk factor of image-related mental illnesses.

04. ENGAGE FAMILY, TEAMMATES, AND COACHES/MENTORS

Social support as a tool for the improvement of mental health among Black youth should not be overlooked. Social support for depressive symptoms has a mitigating effect on mental health stressors.²¹ Coaches and mentors are encouraged to use their positions of care and influence to engage teammates, peers, and parents/caregivers or other family members in conversations and interventions targeted to improve mental health and mental health literacy.

Familial support in responding to mental health is especially effective in ethnic minority populations.¹¹ The intervention methods used in TOPPS, for example, were more effective for youth than adults, showing that young participants may particularly benefit from family engagement.¹¹ Familial involvement is shown to be effective for adolescent boys; in one study of African American boys, familial support ranked above both peer and professional support.²⁰ While parent/caregiver/family support is important to youth, many parents/caregivers lack the necessary mental health literacy to adequately support youth, furthering the argument that families should be encouraged to become engaged in mental health literacy interventions.¹⁸

05. ENSURE CLEAR PATHWAYS TO MENTAL HEALTH CARE

Black communities have experienced disproportionate discrimination and neglect in Canada, resulting in food and financial insecurity and experiences of racism and police brutality.²³ Furthermore, despite Canada’s universal healthcare, one in five children are unable to access the mental healthcare they need, with Black

children and youth facing even higher barriers.²⁴ The criminalization of mental illness towards Black youth further discourages help-seeking behaviour, and the combination of systematic oppression and lack of mental health literacy may lead youth to resort to substance use.¹⁵ In order to ensure youth are not discouraged from seeking mental health support, resources, including referrals to relevant programs/organizations, should be widely shared with program participants.

As many Black youth engage in lower levels of self-reporting due to social stigma²², coaches, mentors, and other program staff must be able to recognize mental health warning signs and take necessary action. Black youth receive mental healthcare through their involvement in the criminal justice system and in emergency settings at much higher rates than other population groups, suggesting that they need mental health interventions before their experiences escalate to mental health crises.²⁴

ENDNOTES

- 1 World Health Organization. (2004). **Promoting mental health: concepts, emerging evidence, practice: Summary report.** https://www.who.int/mental_health/evidence/en/promoting_mhh.pdf
- 2 Government of Canada. (2020, June 22). **About mental health.** <https://www.canada.ca/en/public-health/services/about-mental-health.html>
- 3 Proctor, S. (2017). **Intersectionality and school psychology: Implications for practice.** National Association of School Psychologists (NASP). <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/diversity-and-social-justice/social-justice/intersectionality-and-school-psychology-implications-for-practice>
- 4 Liddle, S. K., Deane, F. P., & Vella, S. A. (2017). Addressing mental health through sport: A review of sporting organizations' websites. *Early Intervention in Psychiatry*, 11(2), 93-103.
- 5 Cornejo, B. J. (2013). Mindfulness, attention, and flow in the treatment of affective disorders in athletes. In D. A. Baron, C. L. Reardon, & S. H. Baron (Eds.), *Clinical sports psychiatry: An international perspective* (pp. 124-131). John Wiley & Sons.
- 6 Steinfeldt, J. A., Reed, C., & Steinfeldt, M. C. (2010). Racial and athletic identity of African American football players at historically Black colleges and universities and predominantly white institutions. *Journal of Black Psychology*, 36(1), 3-24.
- 7 Frank, M. (2018). **Athletic identity and mental health: The experiences of Black male former student-athletes** (455) [Doctoral dissertation, University of San Francisco]. University of San Francisco Scholarship Repository. <https://repository.usfca.edu/diss/455>
- 8 Comeaux, E., & Jayakumar, U. M. (2007). Education in the United States: Is it a Black problem? *The Urban Review*, 39(1), 93-104.
- 9 Stokes, M. N., Hope, E. C., Cryer-Coupet, Q. R., & Elliot, E. (2020). Black girl blues: The roles of racial socialization, gendered racial socialization, and racial identity on depressive symptoms among Black girls. *Journal of Youth and Adolescence*, 49(11), 2175-2189.
- 10 Donohue, B., & Phrathep, D. (2020). Mental health in sport. In M. Long (Ed.), *Routledge handbook of athlete welfare* (pp. 141-148). Routledge.
- 11 Donohue, B., Phrathep, D., Stucki, K. B., Kowal, I., Breslin, G., Cohen, M., White, S., Jefferson, L., White, T., Irvin, J., Reese, G., Kessler, F. H. P., Kieslich da Silva, A., Gabriel Santos da Silva, F., Fothergill, M., Robinson, G., Allen, H., Light, A., & Allen, D. N. (2021). Adapting an evidence-supported optimization program for mental health and sport performance in collegiate athletes to fit youth from ethnic/racial minority and low-income neighborhoods: A National Institutes of Health stage model feasibility study. *International Journal of Psychiatry in Medicine*, 912174211006547.

- 12 Van Slingerland, K. J., Durand-Bush, N., Bradley, L., Goldfield, G., Archambault, R., Smith, D., Edwards, C., Delenardo, S., Taylor, S., Werthner, P., & Kenttä, G. (2019). Canadian Centre for Mental Health and Sport (CCMHS) position statement: Principles of mental health in competitive and high-performance sport. *Clinical Journal of Sport Medicine*, 29(3), 173-180. <https://doi.org/10.1097/JSM.0000000000000665>
- 13 Farquharson, L., & MacLeod, A. K. (2014). A brief goal-setting and planning intervention to improve well-being for people with psychiatric disorders. *Psychotherapy and Psychosomatics*, 83(2), 122-124.
- 14 Anucha, U., Srikanthan, S., Siad-Togane, R., & Galabuzi, G. E. (2017). *Doing right together for Black youth: What we learned from the community engagement sessions for the Ontario Black Youth Action Plan*. Youth Research and Evaluation eXchange (YouthREX). <https://youthrex.com/report/doing-right-together-for-black-youth-what-we-learned-from-the-community-engagement-sessions-for-the-ontario-black-youth-action-plan/>
- 15 Canadian Alliance on Mental Illness and Mental Health. (2008). *National integrated framework for enhancing mental health literacy in Canada: Final report*. <https://mdsc.ca/documents/Publications/CAMIMH%20National%20Integrated%20Framework%20for%20Mental%20Health%20Literacy.pdf>
- 16 Sebbens, J., Hassmén, P., Crisp, D., & Wensley, K. (2016). Mental Health in Sport (MHS): Improving the early intervention knowledge and confidence of elite sport staff. *Frontiers in Psychology*, 7. <https://doi.org/10.3389/fpsyg.2016.00911>
- 17 Kranke, D., Guada, J., Kranke, B., & Floersch, J. (2012). What do African American youth with a mental illness think about help-seeking and psychiatric medication?: Origins of stigmatizing attitudes. *Social Work in Mental Health*, 10(1), 53-71.
- 18 Hurley, D., Swann, C., Allen, M. S., Okely, A. D., & Vella, S. A. (2017). The role of community sports clubs in adolescent mental health: The perspectives of adolescent males' parents. *Qualitative Research in Sport, Exercise and Health*, 9(3), 372-388.
- 19 Gavrilova, Y., & Donohue, B. (2018). Sport-specific mental health interventions in athletes: A call for optimization models sensitive to sport culture. *Journal of Sport Behavior*, 41(3), 283-304. <https://www.proquest.com/openview/083ddbfb12e40885cfacc8010bafc91/1?pq-origsite=gscholar&cbl=30153>
- 20 Lindsey, M. A., Joe, S., & Nebbitt, V. (2010). Family matters: The role of mental health stigma and social support on depressive symptoms and subsequent help seeking among African American boys. *Journal of Black Psychology*, 36(4), 458-482.
- 21 Martin, L. J., Balderson, D., Hawkins, M., Wilson, K., & Bruner, M. W. (2018). The influence of social identity on self-worth, commitment, and effort in school-based youth sport. *Journal of Sports Sciences*, 36(3), 326-332.
- 22 Cheng, H-L., Kwan, K-L. K., & Sevig, T. (2013). Racial and ethnic minority college students' stigma associated with seeking psychological help: Examining psychocultural correlates. *Journal of Counseling Psychology*, 60(1), 98-111.
- 23 Francis, A. (2021, January 4). Black communities have long faced barriers to mental-health care. These organizations are working to change that. *Toronto Star*. <https://www.thestar.com/news/gta/2021/01/04/black-communities-have-long-faced-barriers-to-mental-health-care-these-organizations-are-working-to-change-that.html>
- 24 Fante-Coleman, T., & Jackson-Best, F. (2020). Barriers and facilitators to accessing mental healthcare in Canada for Black youth: A scoping review. *Adolescent Research Review*, 5, 115-136.

