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Assessing Responses for Hockey Teams Following Team Tragedy

By

Owen Bravo

A Thesis

Submitted to the Faculty of Graduate Studies through the Department of Kinesiology in Partial Fulfillment of the Requirements for the Degree of Master of Human Kinetics at the University of Windsor

Windsor, Ontario, Canada

2023

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Assessing Responses for Hockey Teams Following Team Tragedy

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Declaration of Originality

I hereby certify that I am the sole author of this thesis and that no part of this thesis has been published or submitted for publication.

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Abstract

Historically, hockey has been a sport entrenched in a culture of silence rooted in the ideals of hegemonic masculinity and the refusal to show vulnerability. Accordingly, it can be difficult for athletes to receive appropriate care and resources following a team tragedy or crisis. Although there has recently been a greater acknowledgement of the importance of mental health within society, hockey organizations tend to resist change – holding to past patterns. There has been, however, a greater call to action from prominent industry stakeholders to increase mental health resources and provide improved player outcomes. In team-related emergency situations, athletes may face long term mental health complications as a result of their participation in sport if they are not provided with adequate resources to properly recover following a traumatic experience. These complications could arise from situations such as observing a teammate’s death, experiencing a bus crash, or even witnessing a gruesome injury within the sport. This study attempted to identify the resources that exist within organizations that can be accessed and administered in times of grief, while also blueprinting what a response to tragedy could resemble given the barriers and capacities that exist throughout different hockey organizations. The findings provide multiple opinions and viewpoints on what an appropriate response to team tragedy could-should include. The results of the study showed that all participants believed athletes exposed to tragedy should have access to mental health professionals and resources, and that an emergency response plan would be of value to their organization. Nevertheless, organizations lacked clear direction in drafting protocols and action plans. This inquiry culminated in the creation of policy recommendations that can help guide organizations prepare and administer an emergency action plan that will help suffering athletes.

Acknowledgements

I would like to thank my thesis advisor, Dr. Craig Greenham for presenting me with this research opportunity, and for his patience and mentorship throughout the entirety of this project. His insight and feedback were invaluable, and I could not have undertaken this journey without them. I would also like to acknowledge Dr. Todd Loughead for his continued support throughout this project, as his proficiency in data analysis proved to be a significant asset in the research process. Thank you as well to Dr. Kyle Brykman for being part of the thesis committee and offering his expertise and feedback.

I would like to acknowledge all our participants who generously gave their time to share their stories and expertise with the research team. Their contributions are at the core of this project. I am also grateful for my former classmates Shaun Smith and Joe Miller who contributed their own research on the topic of team tragedy in hockey. Without their initial discoveries, the current research would not be possible. A big thank you to Dr. Zachary Evans who provided me with editing help, feedback, and moral support over the course of my degree. Finally, I would like to thank my family, especially my parents, for their continued understanding, motivation, and support throughout my academic career.

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List of Abbreviations

Amyotrophic Lateral Sclerosis (ALS)
Canadian Hockey League (CHL)
Emergency Medical Services (EMS)
Greater Ontario Junior Hockey League (GOJHL)
Massachusetts Department of Mental Health (DMH)
National Association for Stock Car Auto Racing (NASCAR)
National Basketball Association (NBA)
National Basketball Players Association (NBPA)
National Hockey League (NHL)
National Sport Organization (NSO)
Office of Canada's Sport Integrity Commissioner (OSIC)
Ontario Hockey Association (OHA)
Ontario Hockey League (OHL)
Ontario Minor Hockey Association (OMHA)
Post-traumatic stress disorder (PTSD)
Provincial Junior Hockey League (PJHL)
Quebec Major Junior Hockey League (QMJHL)
Research Ethics Board (REB)
Riverside Minor Hockey Association (RMHA)
Sport Dispute Resolution Centre of Canada (SDRCC)
Western Hockey League (WHL)

Glossary of Terms

Canadian Hockey League: A developmental hockey league which oversees the three highest levels of junior hockey in Canada (OHL, WHL, and QMJHL), acting as a pathway to professional hockey careers for athletes aged 15-21 years old.

Clinical Support: Mental health support and resources from professional clinicians who specialize in the field such as psychologists and therapists.

Hegemonic Masculinity: Normalizing ideology of gender relations involving the production, negotiation, and reproduction of male domination over women and other men (Levy, 2007).

Hockey Canada: The national governing body for grassroots hockey in Canada, overseeing the management of programs in Canada from entry-level to high performance teams and competitions (Hockey Canada, n.d.)

Junior Hockey: A level of competitive hockey for players aged 16 to 21.

Mental Health: A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (World Health Organization, 2022).

Mental Health Literacy: Knowing how to achieve and sustain good mental health, comprehending mental illness and how to treat them, reducing stigma associated with mental illnesses, and improving the effectiveness of seeking help (Kutcher et al., 2016).

Minor Hockey: Local amateur hockey for players 6 or under to 20 years old, classified by age divisions.

Organizational Capacity: A multidimensional concept that includes a blending of capabilities, knowledge and resources, and the human capital to actuate the service mission (Sobeck & Agius, 2007).

Ontario Minor Hockey Association: Largest minor hockey association in the world overseeing programming to a participant base of nearly 100 000 at the U6-U21 age groups in communities across Ontario (OMHA, n.d.).

Social Support: The perception or experience that one is loved and cared for by others, esteemed, and part of a social network of mutual assistance and obligations (Wills, 1991).

Traumatic event: Where the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or other (APA, 2000).

Well-being: A state of happiness and contentment, with low levels of distress, overall good physical and mental health and outlook, or good quality of life (APA, n.d.).

Researcher Position Statement

This study examines factors and relationships that exist within the Canadian hockey system. I have played, officiated, and been involved in hockey from a young age, and as a result I have developed countless friendships, memories, and an overall positive relationship with the sport. In my adult years, I have also volunteered on the board of directors of my local minor hockey association, which has provided me with firsthand insight into the management of these organizations. Through these countless experiences, I have also been able to acquire an understanding of hockey culture in Canada. I have seen the ways in which this culture has perpetuated both positive and negative behaviours, such as a higher degree of hegemonic masculinity, which can lead to unfavourable mental health outcomes. However, I also experienced many positive outcomes maintained from this same environment, such as the creation and development of meaningful relationships. Aspects of this culture can and should be considered toxic, but my lived experience in this climate has allowed me to assess that not all aspects of hockey culture are negative and, in my view, has healing potential with respect to team tragedy. I have seen the prevalence with which these events occur and can appreciate the difficulties that would arise from losing a teammate, even though I do not possess firsthand experience enduring team tragedy.

In addition to my firsthand experience within the Canadian hockey system, I also possess education and training in hockey and sport management research that make me a qualified candidate to undertake this type of study. I have obtained a bachelor's degree in sport management, for which I completed classes such as research design and hockey in Canada. The latter of these two provided me further education on both the history and culture of hockey in the country of Canada. While working towards obtaining my master's degree in sport management, I was also enrolled in the graduate research methods course, which gave me insight and experience utilizing methods such as the semi-structured qualitative interview. Additionally, I was a graduate assistant for the Hockey in Canada course, which offered even greater perspectives into Canadian hockey culture. Prior to beginning this research, I also successfully completed the Course on Research Ethics based on the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS: CORE 2022).

I have closely followed teams and leagues at both the junior and professional levels, in the way of a billet family and as a fan. Although I do have emotional investment in certain organizations that stem from this fandom, none of these were included in the study and I do not have any financial investments in any organization or this project. My interest as a researcher focuses on improved outcomes for all athletes within the sport, regardless of affiliation. I have endured the struggle of mental illness and have prioritized mental health, both personally and through supporting others who are suffering. Regardless of organizational affiliation, my hope is to continue elevating the prevalence of mental health and provide improved outcomes for athletes who are forced to endure tragedy in the future. Though I have experienced the positive aspects of hockey culture, I have also seen the toxic forms it can assume. Through this project, my hope is to amplify these beneficial attributes while helping identify aspects of this culture

that can prove to be problematic. In combining both my love for the sport of hockey, as well as the promotion of mental health, this study provides a fulfilling intersection of two subjects that are significant to my interests. By bringing awareness to the issue of team tragedy and improving organizational cultures in relation to mental health, then the hockey experience can be improved upon for current and future players.

It should also be noted that this study is the third and final installment of a three-part project examining the experiences of the 1986-87 Swift Current Broncos and the presence of support in hockey following tragedy. The researchers involved in this larger project include Dr. Craig Greenham, Dr. Todd Loughead, Shaun Smith, Joe Miller, and Owen Bravo (author). In the current phase of the project, Dr. Loughead served as a critical friend and helped guide the data analysis portion of the project. However, all interviews were conducted by Mr. Bravo and Dr. Greenham, who then used the collected information to inform and create policy recommendations. As such, unless otherwise stated, all mentions of the research team, researchers, or interviewers relates directly to Mr. Bravo and Dr. Greenham who were the primary contributors to this phase of the project.

Purpose

The purpose of this study is to identify best practices and strategies for hockey teams in crisis following a team tragedy. Team tragedy can take several forms, but in the case of this study, it will be defined as the sudden death of a teammate, or a traumatic event witnessed or experienced in the team setting (witnessing a gruesome injury, experiencing a bus crash, etc). Consultation with community and industry stakeholders allows the research team to comprehend resources at the disposal of multiple organizations. Contextual understanding is vital, and speaking with organizations at various levels of the sport allows for a better assessment of the

differences in capacity that each organization possesses. The research team was then positioned to create policy recommendations designed to service teams that experience a crisis or traumatic event. By identifying the differences and limitations that each organization must consider, these policy recommendations are designed with an extensive understanding of the resources that exist in hockey. Conversations with participants allowed the research team to determine what considerations must be in place to serve athletes when confronted with tragedy. The capacity to support athletes at various levels was better understood by speaking with stakeholders ranging from the grassroots to elite competition. Additionally, the research team explores the culture of hockey and its relationship with mental health. Hegemonic masculinity is a phenomenon often associated with hockey (Alsavre, 2020; MacDonald, 2014), and investigating how this value system influences help-seeking behaviours is an important consideration in the policy recommendation process.

This study is part of a three-part project that explored the effects of supports in sport following a team tragedy. The first study was led by Shaun Smith and utilized surviving members of the 1986-87 Swift Current Broncos as participants. Four members of this team were killed in a bus accident, and surviving players, team personnel, and billets were asked to recall their experiences following the crash. The project identified a lack social supports offered to crash survivors and explored consequences of being under-resourced, both in the short and long-term. The second stage was led by Joe Miller and, using a similar participant pool, assessed how team tragedy shaped the survivors' relationship with hockey post-accident. His findings showed that most participants re-gained a positive relationship with hockey and continue to be involved in the sport to this day. For many, the motivation in doing do is to continue improving the culture of the sport and to ensure future players are not victimized the same way they were in 1986. The

third and current part of the project was directed by the information collected in these previous studies. In the current phase, opinions from current industry stakeholders will be sought to create recommendations that will continue to improve the sport of hockey in the realm of team tragedy.

Context

On the afternoon of December 30, 1986, 21 members of the Swift Current Broncos of the Western Hockey League (WHL) embarked on the team bus bound for an away game in Regina, Saskatchewan. Players, aged 16-20, were accompanied by six other passengers which included the driver, team staff, and a local reporter as the bus travelled down the Trans-Canada Highway. In adverse winter weather conditions, and after travelling only four kilometres, the driver passed over ice and lost control of the bus, which left the road and overturned while driving at 55 kilometres-an-hour (Culp et al., 2012). Four players lost their lives as a result of the crash: Trent Kresse, aged 20, Scott Kruger, 19, Chris Mantyka, 19, and Brent Ruff, 16. Survivors were negatively affected because of the accident. Visible injuries healed over time, but the emotional damage, left untreated, created is still having an effect to this day (Culp et al., 2012).

This tragic incident produced a state of shock that was palpable throughout Swift Current and the entire Canadian hockey community (Culp et al., 2012). Despite its severity, the players – many of whom were teenagers living away from home – were denied access to any form of counselling or any emotional well-being initiative after losing four teammates (Culp et al., 2012). This lack of treatment forced the players to try to overcome the psychological distress without the necessary resources that an organized response could deliver. Head coach and general manager Graham James was steadfast that the Broncos quickly returned to normalcy, and the team resumed play just 10 days after the accident, and only days after a public memorial was held in Swift Current (Culp et al., 2012). Significant evidence within the literature shows that the surviving players should have been provided with clinical and social supports to help them overcome the trauma they had just experienced. Untreated trauma can cause numerous psychological complications later in life, including PTSD (Benight et al., 2008; May & Wisco,

2016). Players were left under resourced and struggled with new realities. Some Broncos players turned to alcohol and other vices to help them cope (Culp et al., 2012). This unmanaged trauma resulted in cases of anxiety, depression, and substance abuse among survivors (Culp et al., 2012).

Untreated trauma should come as little surprise to those with an understanding of the culture associated with Canadian hockey. Hockey culture has long celebrated a warrior code premised on the ideals of hegemonic masculinity which glorifies aggression and violence, while also carrying the expectation that players should persevere through adversity and show little emotion (Alsarve, 2020; Gee, 2009; MacDonald, 2014). In the case of the Broncos, the team was applauded by Canadian hockey fans for their quick return to play, despite the fact that many Broncos had not even begun to process the realities of the accident (Culp et al., 2012). When the team won the Memorial Cup in 1989 as the CHL champions, the team was lauded again by Canadian hockey fans and media for its perseverance and ability to overcome (Culp et al., 2012). The Broncos players fit neatly into Canada's hockey code that one should not display any signs of weakness or emotional vulnerability through the perception that they were quickly able to overcome the tragedy (Culp et al., 2012; Gee, 2009; MacDonald, 2014). The perception of mental fortitude fit neatly into the image of Canadian hockey culture and hockey fans across the country chose to view the Broncos as inspirational (Culp et al., 2012).

Smith (2022) studied the 1986-87 Swift Current Broncos and interviewed former players and team personnel more than 35 years following the accident. Through these interviews, it became clear that the participants recognized their teammates as the primary and most significant sources of functional social support, although this often took the form of companionship more than healthy forms of support or conversation (Smith, 2022). Parents also served as a source of social support, although this was not easily accessible to all players as many lived away from

home with billet families (Smith, 2022). Due to the distance between many of the players and their families, parents often took on a more perceptual form of social support, the perception that resources and social support will be available if needed (Smith, 2022). Billet families and friends were also mentioned as forms of social support by some participants (Smith, 2022). The only trained individual at the disposal of the players with any form of counselling experience was the guidance counsellor at the local high school, who also happened to be a billet (Smith, 2022). Interview participants felt that her expertise was insufficient to address all the needs of the survivors given the scale of the situation (Smith, 2022).

The CHL and WHL failed to protect and care for its players in the aftermath of this traumatic event. There were no policies or systems in place that could help guide the league, team, or players in the recovery process, and players were prevented from receiving any form of professional support (Culp et al., 2012). This lack of support was expected by many of the players at the time and was seen as no big deal by those around the team (Culp et al., 2012). However, with the benefit of hindsight, all participants agreed that they had been ignorant of their own mental health at the time of the accident (Smith, 2022). There was a strong sentiment that they would have handled the situation much differently with the knowledge and mental health literacy they now possess (Smith, 2022). Many participants also agreed that the structure of junior hockey contributed to the stigmatization that complicated any attempt to deal with the outcomes of the bus accident (Smith, 2022).

Kennedy et al. (2019) studied the Humboldt Broncos, a Canadian junior hockey team that suffered its own devastating bus crash in 2018, and how the public reacted to the accident. The study noted that characteristics of hegemonic masculinity, including “grit” and “determination” were viewed as inherent to hockey culture and the make-up of Canadian hockey players

(Kennedy et al., 2019). Many of the values cited by Canadian hockey fans following the Broncos crash in 1986 were also identified by fans and media after the Humboldt accident in 2018. These findings only further highlighted the fact that much of this value system continues to exist in Canadian hockey circles. Although progress is being made to improve hockey culture in Canada, the perpetuation of hegemonic masculinity as the main value system in hockey persists. The inherent belief that any form of weakness is unacceptable within the sport (Allain, 2008; MacDonald, 2014), continues to influence the behaviours of athletes both on and off the ice (Alsavre, 2020).

In recent times, the Canadian public has demanded accountability and a culture change in Canadian youth hockey. From professional hockey players (Douglas, 2021) to government officials (Goodyear, 2022), several prominent Canadian figures have established the importance ameliorating the culture of hockey. Improving these outcomes will take time, however, considerations for establishing a safe environment should begin immediately. The Swift Current Broncos of 1986-87 serve as an example of what happens when unsupported players are largely left to endure traumatic events alone, and the long-term effects of this damage are still significant. By establishing best practices for teams in crisis prior to the event taking place, the system of Canadian hockey can ensure that its players are protected and do not endure the same mental hardships as the Swift Current Broncos.

Thesis

The 1986-87 Swift Current Broncos bus crash survivors were unsupported and ill-resourced for post-crash life. Cultural improvements have been made in Canadian hockey and stand in stark contrast to the Broncos reality almost four decades ago, but hockey organizations remain largely unprepared to respond to team tragedy or crisis. Limited resources for athletes in

crisis do exist, however, the quality and quantity vary between teams and level of play. Currently, existing resources are not organized in a manner that would make them easily administrable. Insurance is available to all junior and minor hockey teams in Canada, yet these policies are limited, and the financial and human resources at the disposal of teams fluctuates considerably between organizations. It is also evident that because of these discrepancies, emergency action plans and protocols need to be tailored and organizational capacity is a key consideration. The time for optimal preparation is possible since hockey organizations have created improved team cultures, emphasize the importance of mental health and value proactive measures. In many instances, athletes are encouraged to utilize these assets and display vulnerability, presenting a dramatic shift from the findings of Smith (2022) and previously held beliefs in hockey culture (MacDonald, 2014). This research demonstrates that organizations with adequate resources, as well as an appreciation for mental health, possess the ability to successfully respond to team tragedy. Organizations without these same inherent values and access to resources could struggle to adequately support players should a tragic event arise. A formal planning mechanism is lacking within the sport, despite the perceived successes that some organizations have had in administering these responses. The research team provides suggestions that can improve the future of youth hockey by considering the resources and capacities that exist throughout organizations, as well as the shifting perspective of mental health in the sport. With the information collected in this study, it is expected to provide institutions, coaches, managers, and decision makers a greater understanding of the necessary resources that should be provided to athletes following team tragedy, as well as how to create a comprehensive plan for such a response.

Methods

Procedure and Data Collection

The research team conducted semi-structured qualitative interviews to gather participant experiences, perspectives, and opinions on policy creation. Semi-structured interviews are the most commonly used method in qualitative research due to their versatility and flexibility (DiCicco-Bloom & Crabtree, 2006). The structure of the interview can be altered to enable reciprocity between the researchers and the participant depending on the purpose of the study (Galletta, 2013). This technique allowed both parties the freedom to explore and question themes and ideas as they surfaced. In all, the semi-structured interview was a well-suited method for this research as it allowed the interviewers to remain focused, while still possessing the ability to explore pertinent ideas and themes that were mentioned, further enhancing the understanding of the topic being discussed (Adeoye-Olatunde & Olenik, 2021).

While collecting data, the purpose was to use the informative process of qualitative interviewing to gather experiences and opinions of participants and identify best practices in responding to team tragedy. This information could then be used to guide the policy recommendation phase of the project. Researchers were focused on establishing a better understanding of the unique experiences and opinions of each participant, in addition to a generalized testimony of team tragedy in hockey.

Ethical clearance was granted from the University of Windsor's Research Ethics Board. Informed consent was acquired from each participant prior to the data collection, both in the Letter of Consent, and through verbal consent at the beginning of the interview. The research team then conducted individual, open-ended, semi-structured interviews with each participant. All interviews were conducted over Microsoft Teams, except for one which was conducted in-

person. In order to analyze the data, audio recording was necessary for transcription purposes, and both mediums allowed for that outcome. For the in-person interview, an audio recording app on the researcher's phone was used, while Microsoft Team's recording and transcription tools were used for all virtual interviews.

Themes and subjects pertinent to the semi-structured interviews were developed into two interview guides, which can be found in Appendix A. Questions in both interview guides were standardized in terms of themes across all participants, but varied slightly depending on if the participant was representing a team, an association, or an NSO. Questions were designed with the intent of creating dialogue that allows for collaboration between stakeholders. The interviewers were also given some latitude and probes were available for each question. This style of interview provided participants with a vehicle from which to start outlining an improved response from hockey institutions through open-ended questions while touching on their experiences as leaders in the hockey industry. It also allowed the researchers to follow up on certain subjects and pose additional questions based on the responses of the participants, who were given the freedom to address any issues that they felt were relevant to the topic and communicate how they experience collective realities. Participants were asked to use their extensive knowledge of the inner workings of their own organizations to help identify integral aspects of an emergency action plan that can be administered to respond to future team tragedies. Participants were also encouraged to self-reflect and provide information outside of the scope of the question being posed rather than simply answering direct or indirect questions. Interviewees were allowed the opportunity to answer unasked questions or address subjects they felt were relevant. This method allowed for the realization of a shared vision in improving the response

from the institution of hockey by complimenting the academic knowledge of the research team with the practical knowledge of the individuals being interviewed (Reason & Bradbury, 2008).

The semi-structured interview had six main objectives: 1) to determine what supports the organization could currently offer, 2) ascertain what supports the organization wished they could offer, 3) establish what resources are required to offer said supports, 4) recognize what barriers impede organization from those resources, 5) learn what a feasible response to team tragedy could resemble from each organization, and 6) understand the current relationship between hockey culture and mental health. The first section allowed the researchers to better understand the resources and supports that currently exist and could be accessed in times of tragedy by the organization in question. These included financial resources, human resources, logistical resources, and plenty of other assets that were unique to the organization of each participant. The second area gave researchers a focus into the perspectives of participants with respect to what they believe an adequate response should resemble. The third section aided researchers in understanding what resources are required to offer appropriate supports and responses following a tragedy. The fourth component afforded researchers an improved understanding of the barriers that exist within different organizations and how these may prevent them from administering their ideal response to tragedy. The fifth element guided the researchers in appreciating the perspectives of various organizations and what they believed to be a realistic solution and response to team tragedy. The sixth and final consideration allowed the research team to contextualize the advancements in mental health perceptions within hockey. This section offered the research team a greater understanding of the interpretations of stakeholders in relation to progressions that have been made in mental health. This six-section approach permitted the

research team to understand the capacities of the participating organizations and establish policy recommendations that are realistic and within the means of the organizations in question.

Participant Pool

The participants in this study are all stakeholders within the Canadian hockey system, ranging from managers at the grassroots and junior hockey levels, to administrators at the Provincial and National levels. Insight was sought from both elite competition leagues such as the PJHL, GOJHL, and CHL, national and provincial governing bodies such as Hockey Canada and the OMHA, as well as community organizations like RMHA. In total, nine participants were interrogated over the course of eight interviews which ranged from 30 to 75 minutes in length. It should be noted that the two participants from the OMHA were interviewed together (Ian Taylor and Mark Krawczyk). Interviews allowed stakeholders the opportunity to discuss their interpretations of the supports necessary for athletes in crisis, what resources are currently available, what resources would be ideal, as well as the resources that could reasonably be implemented based on organizational limitations. A select number of participants had also experienced their own hockey-related tragedies in the past, and these conversations allowed the researchers to understand organizational response and areas in need of improvement. These stakeholders provided valuable insight for the research team to develop policy recommendations that can guide best practices for teams following team tragedy. Canadian Minister of Sport was given the opportunity to take part but declined. A full roster of participants can be found in Appendix B.

Participants were recruited from different hockey organizations through email and/or by telephone. Internet research was used to acquire contact information that rests in the public domain. A number of participants were also recruited via a snowball sampling method.

Participants with an extensive network in the hockey industry were asked for assistance in recruiting other research participants by providing the contact information of individuals they believed would be of value to the project. Snowball sampling is a method that is often employed in order to access hard to reach populations (Browne, 2005). This sampling method relies on a series of referrals in which research participants share with others the details of the study being conducted (Browne, 2005). Through the networks of the first participants, snowball sampling was used to access the contact information of other stakeholders within varying hockey organizations.

Regarding demographic, all participants except one were male. All participants agreed to speak on-the-record, and each resides within Canada and is affiliated with a Canadian hockey organization.

Data Analysis

Data from the interviews was transcribed by the research team and stored on a password-protected computer only available to the researchers. This data was then subsequently sorted and coded using the Dedoose software. Dedoose served as a useful tool for analyzing the audio from the qualitative interviews, as its software was designed to expedite the arrangement of themes and codes. Through this software, the research team could categorize large sets of transcription data, which facilitated an in-depth thematic analysis. To help with the coding portion of the project, the research team called upon the expertise of a critical friend. In sum, a critical friend is a colleague with a comparable education and background that evaluates the work of another (Carlson, 2015). This person is trusted professionally and asks provocative questions, analyses data through a different lens, and offers critique of the work being done (Carlson, 2015). The critical friend can then provide feedback that is constructive, clear, and aides in developing and

improving the research study (Carlson, 2015). This individual advocates for the success of the work with a clear understanding of what the group is working towards (Carlson, 2015). For this project, the main role of the critical friend was to guide the coding process by recognizing, establishing, and verifying themes.

In order for qualitative research to be accepted as trustworthy, qualitative researchers must show that the data analysis phase has been conducted in a manner that is precise and consistent (Nowell et al., 2017). This process is accomplished through recording, systematizing, and disclosing the methods of analysis in order to determine the credibility of the process (Nowell et al., 2017). For the analysis portion of the current study, a thematic analysis was used. The thematic analysis is a technique that enables the researchers to locate, examine, and understand themes or patterns of meaning within the data set (Clarke & Braun, 2017). By identifying, analyzing, organizing, describing, and reporting themes that are present (Nowell et al., 2017), this analytical approach allows the researchers to recognize themes (or patterns of meaning) most pertinent to the subject being analyzed and differentiate them within the data (Braun & Clarke, 2006). This series of steps allowed for the creation of accessible and systematic procedures for generating codes and themes from qualitative data (Clarke & Braun, 2017). The thematic analysis allowed the research team to identify patterns within the data that relate to the experiences, views, and perspectives of the research participants (Clarke & Braun, 2017).

The process of the thematic analysis was inspired by the work of Braun and Clarke (2006) and followed many of the steps identified in their analysis process. The first phase of this process includes familiarizing yourself with the data (Braun & Clarke, 2006). In the current study, researchers familiarized themselves with the data by transcribing the qualitative interviews

into individual documents. The research team then conducted repeated readings of the interview transcriptions to acquaint themselves with the depth and breadth of the data and begin recognizing themes. Following this came the generation of initial codes (Braun & Clarke, 2006), which in the case of this study, included the identification macro level themes such as resources, culture, and protocols. Doing so allowed the research team to organize the information in a systematic fashion by collating the data relevant to each major theme identified. Researchers then focused on identifying specific themes within the initial codes, the third phase of the thematic analysis (Braun & Clarke, 2006). Once the initial major themes were identified and coded, the research team focused on identifying more specific themes within these large data sets. For example, one of the major themes that was first identified and coded was the resources available to hockey organizations. This phase allowed for a more micro level analysis to take place through the realization of sub-themes. The data that was previously coded under resources was then further specified using subcodes such as human resources, financial resources, mental health resources, community support, etc. All the data related to the newly identified themes was coded, allowing for a more nuanced and organized analysis.

The fourth phase of the thematic analysis involves reviewing themes (Braun & Clarke, 2006) and it was at this point that the research team called upon a critical friend. The critical friend for this project was someone with vast experience and expertise in analyzing qualitative data. This individual was not involved in the interviews and brought an outside perspective to the analysis, articulating the thoughts of the research team and validating or questioning analytical pathways. During this phase, several themes were removed, added, and refined based on conversations between the research team and the critical friend. The review process also began to illustrate the relationship between different themes, helping generate a thematic ‘map’ for the

analysis (Braun & Clarke, 2006). Researchers then reviewed and re-read the collated extracts for each theme, ensuring they formed a coherent pattern, and each piece of coded data was included in the appropriate spot (Braun & Clarke, 2006). The fifth phase of the thematic analysis is identified as defining and naming themes, an ongoing analysis of refining the specifics of each theme (Braun & Clarke, 2006). Once a satisfactory thematic map of the data had been created, this process allowed researchers to identify the overall story the analysis tells (Braun & Clarke, 2006). Once the ‘essence’ of each theme was recognized, the research team was able to identify how they all added to the overall story being told. These were then organized in an order that allowed the author to communicate the comprehensive analysis in a structured and logical manner. The final component of the thematic analysis included producing the report once themes were identified in their entirety (Braun & Clarke, 2006). This phase was the final opportunity for analysis, as extracts and examples were extrapolated to provide evidence of the themes existing within the data. By following the six steps of Braun and Clarke’s (2006) thematic analysis, the research team was capable of creating a compelling and analytical analysis, culminating in the current scholarly report.

Thematic analysis is frequently employed in psychology, and is now used by various academic disciplines, including media and sport studies, largely to comprehend experiences, perceptions, practices, and incidental factors underlying phenomena (Clarke & Braun, 2017; Fugard & Potts, 2015). In the case of this study, the primary goal of the investigators was to conceptualize the experiences and perceptions of participants regarding team tragedy in hockey in a way that allowed this data to shape future protocols. Thematic analysis was an ideal process for discerning related concepts between participants and organizing these data points in a clear and concise manner. By identifying themes, related data between different participants could

then be categorized and divided, allowing the researchers a more comprehensive view of each individual aspect being studied. This method afforded the research team the ability to identify, organize, and analyze important concepts throughout large data sets and subsequently use this information to inform future best practices.

Limitations and Delimitations

The research team encountered multiple limitations over the course of the data collection process. Rather than conducting face-to-face interviews, all interviews except for one were conducted virtually through Microsoft Teams. This limitation presented itself due to the extended geographical distance between researchers and certain participants, as well schedule considerations for participants that found it most convenient to online. Although connections can be built virtually, rapport building can be established more organically in an in-person setting. While the research team was at ease using the Microsoft Teams platform, certain participants may not have been (this was not communicated or identified by the research team but may have been present). The relationship between the research team and interviewees may have been affected due to these virtual filters. An additional limitation was imposed by the REB when it was determined that the researchers would be limited to conducting one-on-one interviews with participants, as opposed to incorporating group panels. Bringing participants together in a focus group environment may have yielded different results, as allowing stakeholders the opportunity to discuss matters in this setting would have prompted additional dialogue that otherwise was non-existent. These limitations may have influenced the findings of the study as a result of the virtual nature of these one-on-one interviews.

Participation limitations were also present in this study. At the provincial and national levels, some stakeholders did not answer the requests of the research team. The same was true

for potential participants working in government positions across Canada. As a result of these difficulties, this study has a regional focus based on the social networks of both the research team and the research participants. The majority of connections that both the research team and participants possessed resided within southwestern Ontario. Speaking with stakeholders from other provinces may have offered different perspectives, as well as a more comprehensive understanding of the different provincial bodies that exist under Hockey Canada. Therefore, it is possible that provincial exceptions and nuances could limit a generalization. Indeed, even within Ontario there remain differences in capacity and resources. It should also be noted, on the topic of participant willingness, that Canada's Minister of Sport refused our interview request and directed our attention to provincial bodies.

Several important delimitations were acknowledged and selected intentionally by the research team. The choice to focus exclusively on hockey organizations was done so intentionally as the purpose of the research was heavily influenced by the experiences of the Swift Current Broncos. The decision to speak with hockey executives rather than players was also done purposely in order to grasp the capacities and perspectives of organizations and to provide a juxtaposition with the previous research that was player-focused. Granted, players may have provided additional ideas, but the focus of this phase is the evaluation and assessment of organizational response. Lastly, the study focused primarily on the youth-male hockey participation. This, too, was done intentionally as a greater proportion of junior hockey teams in Canada are male-only. Additionally, the research team wanted to compare the results of the Swift Current Broncos and their interpretations of hockey culture to those of male junior hockey teams today. Focusing on the experiences of junior hockey players enabled this comparison and allowed investigators the ability to understand the progressions that have been made. Mixed-

gender perspectives were also examined through conversations with minor hockey associations, though these viewpoints were limited as a greater majority of their registrants are male.

The final delimitation is related primarily to scope. Rather than focusing on one level of the sport, participants were recruited from a variety of levels which ranged from the grassroots to elite/high level competition. In doing so, there was not a focus on one area of the sport, but rather a variety of opinions and data collected that painted an all-encompassing outlook to help determine best practices for hockey teams moving forward. This strategy offered a breadth of perspectives that would not be possible when only focusing on one level of the sport. The multitude of insights allowed the research team to observe and understand the discrepancies that exist between different organizations, which was an important factor in the determination that a one-size-fits-all approach would not be possible. Rather, the differing points of view allowed for an improved process in crafting recommendations that can be suitable for organizations at different levels of hockey. The research team was better prepared to create realistic recommendations that will benefit teams at diverse levels of hockey as a result of an intuitive understanding of the means and resources as the disposal of these organization.

Literature Review

In Canadian minor and junior hockey, there continues to be instances of tragedy and catastrophic events that have led to the injury and/or death of athletes and team personnel, placing a large emotional toll on surviving athletes. The Humboldt Broncos bus crash in 2018 that killed 16 athletes and support staff was an unfortunate reminder of this possibility (Foot, 2018). When left unaddressed, the teammates and survivors of these accidents can be subject to elevated levels of emotional and mental struggle (Culp et al., 2012). The importance of helping these survivors navigate the aftermath and try to make sense of their reality following these

traumatic experiences cannot be overstated. The healing journey following such instances can be difficult, but having the proper support available can make a significant difference (Rees et al., 2003). As such, hockey leagues and organizations need to ensure that there are effective policies in place that will help athletes traverse this difficult emotional terrain and offer the necessary resources to those struck by tragedy, whether witnessed or experienced.

In the current literature, tragedy in sport is often studied from a community perspective, focusing on the role of professional sports teams in boosting community morale in the aftermath of crises (Inoue et al., 2022; Fortunato, 2018). Often, the perspectives of the athletes themselves and the context of elite sport are overlooked, as the individual long-lasting effects have not been studied to the same degree as organizational perceptions following tragedy (Sokolova, 2014; Dal Bello et al., 2019). In recent years, researchers in sport psychology have begun to consider traumatic events in the sport context (Day & Schubert, 2012). There is significant research that shows individuals subjected to traumatic events, whether experienced or witnessed, are at a greater risk of developing mental illnesses such as posttraumatic stress disorder (PTSD) (Day & Schubert, 2012). In part, this gap in the literature may be explained by the fact that athletes facing mental health disorders encounter significant barriers to help due to the stigma imposed by sport cultures (Bauman, 2016), and that stigma may be even more pronounced within hockey culture (MacDonald, 2014).

In the Canadian context, hockey has created environments that promote mental toughness and demonstrate disapproval for those who display any sign of weakness (MacDonald, 2014), causing mental health issues to be unaddressed (Bauman, 2016). Often, winning becomes the focal point of coaches and team personnel, placing the well-being of the athletes behind the importance of success (Botterill, 2004). Many hockey players feel the need to conform to athletic

norms of hegemonic masculinity (Gee, 2009), further perpetuating the idea that mental health issues are weaknesses and complicate the pathway to help in times of emotional crisis (Watson, 2005). This ethos is woven deep into the roots of Canadian hockey, causing hegemonic masculinity and the characteristics within it to dominate (Gee, 2009). One of the main expectations through this masculine Canadian identity is the suppression of emotions and vulnerability (MacDonald, 2014) which can have cascading consequences in the wake of tragedy when social and clinical supports are vital to an athlete's emotional well-being (Inoue et al., 2022).

While acknowledging the stigma and the lack of literature concerning social support for athletes following crises, the current study will serve as a pathway to better support and help athletes that have endured team tragedy. By better understanding the realm of tragedy in sport, and with the guidance of community stakeholders, the research team aims to create strategies that will place athletes in a better position should they ever find themselves in the situation of handling a team tragedy. Smith (2022) has begun to bridge this gap in the literature by assessing the long-term effects of tragedy in sport by studying survivors of the 1986-87 Swift Current Broncos bus crash. Although these findings help to understand the consequences of a lack of social support following tragedy in sport, they do not inform what steps should be taken for athletes in similar positions moving forward. The objective of this study is consulting partners from the hockey community to find solutions for athletes overcoming trauma.

Canadian Hockey Culture

Hockey remains a prominent aspect of Canadian culture, often used as a vehicle to inform the world about what it means to be Canadian (Allain, 2010). As a result, the ice rink often serves as a primary site of socialization for Canadian boys and men (MacDonald, 2014).

Hockey has been linked to a sense of national identity for Canadians since confederation (Robidoux, 2002), and as a result, it can serve to reproduce certain power operations within a national context (Allain, 2010). Literature on Canadian hockey has shown that it has long perpetuated ideas of masculine character traits to the point where they can become problematic (Robidoux, 2002; Allain, 2010; Gee, 2009). By positioning hockey as central to Canadian national identity, it maintains the idea of this identity to be unequivocally masculine in nature (Allain, 2010). Within the hierarchy of types of masculinity, hegemonic masculinity sits on top, and refers to “normalizing ideology of gender relations involving the production, negotiation, and reproduction of male domination over women and other men” (Levy, 2007). Identity construction within Canadian hockey is linked to hegemonic masculinity through the encouragement of values such as dominance, physical strength, and aggression (Lucyk, 2011). The socialization that is done within the context of the ice rink can become problematic when young men begin embodying characteristics of hegemonic masculinity (MacDonald, 2014).

In the context of Canadian hockey, the socialization that takes place in the arena leads to young men who are expected to be aggressive, stoic, competitive, independent, show little emotion, and police these traits amongst their team (MacDonald, 2014). Grunieu and Whitson (1993) identified North American hockey as a remaining site where men can perform and embody aggressive masculinity. This aggressive component can be seen as rooted deeply within the culture of hockey (Gee, 2009). As a result, a “win-despite-cost”, and “eye-for-an-eye” value systems will often prevail, meaning that players should be expected to do whatever it takes to help their team (Botterill, 2004). Through these ideals, Robidoux (2001) and Pappas et al., (2004) posit that athletes begin acquiring a shared set of goals, as well as a collective worldview that is dependent on the values of hegemonic masculinity. As a result, players are expected to

play while injured if necessary to help the team win (Botterill, 2004). This creates a complex injury dynamic where players will risk their long-term health for the team's short-term ambitions (Botterill, 2004). The culture of hockey in Canada states that players should be willing to play through physical injury (Botterill, 2004), thus the perceptions of playing through a psychological injury are not expected to be different. This can make it incredibly difficult for a hockey player to show vulnerability and seek assistance in times of emotional crisis or when suffering from mental illness.

Pryer (2002) expressed that the ideal hockey player should have high levels of physical and mental endurance, be willing to play through pain and injury, be competitive and fearless, and display a desire to win at all costs. Robidoux (2001) and Pappas et al., (2004) added that hockey players should also be expected to show a lack of emotion outside of what is associated with winning and losing. As such, there is an expectation within the sport that one should possess a high degree of mental stamina, and not show any emotion that could be interpreted as weakness (Pryer, 2002). This can make it incredibly difficult for a hockey player to navigate the complex emotional field that exists after being subjected to traumatic events. From one perspective, clinical, and social supports will be crucial in that athlete's ability to overcome the trauma and not be subjected to long-term symptoms of PTSD (Reese et al., 2003). On the other hand, the culture of the sport which has been deeply engrained in athletes through socialization states that players should not show emotion outside of the outcomes of the sport and that the only priority should be to win at all costs (Botterill, 2004). Furthermore, men can become apprehensive about their own masculinity when they fail to meet the expectations of the hegemonic standards asserted within the sport (White & Gillett, 1994). Through hockey, men are expected to come together to reproduce the ideals of hegemonic masculinity by not having to

show or share their emotions with others in this space (Connell, 2005). However, when struck with tragedy and the ensuing complicated emotional terrain that comes with it, it can become complex for male hockey players to navigate as they continue to abide to the virtues of hegemonic masculinity that they have been socialized to for so long (MacDonald, 2014). As the institution surrounding them continues to perpetuate aggressive and competitive masculinity, the idea of showing emotions and seeking help can be a foreign one to many male hockey players. As such, policy and best practices should be established to help guide these athletes in the event of trauma and emotional distress so that these feelings are not suppressed in the way that is often expected in the context of Canadian hockey (MacDonald, 2014).

Recent hockey-related events shone light on the abusive and toxic culture that exists within the sport. As hegemonic masculinity continues to be a driving force in the socialization of young boys and men (Gee, 2009), there has been high profile cases that exemplify this dominance of men over women and vulnerable populations throughout the sport. In December 2021, the Chicago Blackhawks of the NHL settled a lawsuit with former player Kyle Beach who alleged that Blackhawks video coach, Brad Aldrich, sexually assaulted him during the team's 2010 playoff run (ESPN, 2021). A third-party law firm was brought in to investigate the way in which the claims were handled within the organization (ESPN, 2021). The investigation found that several of the organization's leaders were made aware of the accusations, but failed to act, allowing Aldrich to continue in his position until the end of the season (ESPN, 2021). For more than a decade, the organization attempted to bury the matter and claimed Beach's accusations were meritless (ESPN, 2021). This situation represents an unaccountable culture and a system preoccupied with championships. Nevertheless, Beach's experiences should be the catalyst of a change in hockey culture.

In May of 2022, another story of sexual abuse in hockey was brought to the public eye when TSN reported that Hockey Canada had settled a lawsuit with a woman who alleges that she was sexually assaulted by eight players of the 2018 Canadian World Junior team in 2018 (The Canadian Press, 2022). Following a gala in London, Ontario to celebrate the gold medal victory of the team, the woman's stepfather informed Hockey Canada that she had been assaulted by the players while intoxicated (The Canadian Press, 2022). Since then, Canadian Minister of Sport, Pascale St-Onge ordered a forensic audit of Hockey Canada, while all federal funding to the organization has been frozen until they disclose recommendations made by a third-party law firm (The Canadian Press, 2022). Moreover, many of Hockey Canada's corporate sponsors, including Tim Horton's, Esso, Scotiabank, and others have withdrawn sponsorship dollars from the organization (The Canadian Press, 2022). Throughout the process, it was discovered that there have been up to two complaints of sexual misconduct each of the last five or six years within Hockey Canada (Clipperton, 2022). This includes new allegations of sexual assault concerning the 2003 Canadian World Junior team, of which authorities in Halifax have opened a criminal investigation (Westhead, 2022). St-Onge has also called on Hockey Canada to "improve the culture in Hockey Canada and change the culture of silence" (Clipperton, 2022). In the meantime, Hockey Canada is requiring all players, coaches, staff, and volunteers associated with the program to participate in mandatory sexual violence and consent training (Clipperton, 2022). The organization will undergo a third-party investigation and will be required to become a signatory to the Office of the Integrity Commissioner, while creating a confidential complaint mechanism (Clipperton, 2022). It appears the culture of silence within Hockey Canada and hockey in general is finally being probed and questioned, although it will require further action

for that culture to be reformed. The organization's future actions will go a long way in determining the truth behind their calls for change.

Trauma in Sport

Traumatic events in the sport context can take several different forms, including the sudden death of an athlete on the sports team, hearing about the death of another athlete, the suicide of an athlete, hearing about the injury of a teammate, athletic career termination, among others (Day & Schubert, 2012). According to the Diagnostic and Statistical Manual of Mental Disorders IV-TR (APA, 2000), an event can be considered traumatic if: "the person experienced, witnessed or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or other." Brewin & Holmes (2003) found that most clinical models of PTSD develop from a direct sensory experience of trauma, either as a direct victim or a witness to traumatic events. The same study noted that a risk of vicarious traumatization is present for those who witness trauma. Vicarious traumatization refers to: "harmful changes that occur in an individual's view of themselves, others, and the world as a result of exposure to graphic or traumatic events" (Baird & Kracen, 2006). These results are substantiated by Updegraff and Taylor (2000) who concluded that there can be significant impact on those who experience severely stressful events, such as a serious injury or vehicle accident. Lerias and Byrne (2003) concurred that being a witness to traumatic events, or simply listening to the description of a traumatic event can cause prolonged anxiety. The range of events considered traumatic is wide, and individuals can be affected by these events whether they experienced them, were witness to them, or were given an oral or visual recollections of the events (Day & Schubert, 2012).

Despite the elevated number of instances of tragedy within sport, very little attention has been given to the results of team trauma from the perspective of the athletes within the literature. Wann & Waddill (2007) explored the online reaction of fans following the premature death of NASCAR driver Dale Earnhardt, while the Munich Air Disaster has been explored in terms of how it changed the culture of fandom surrounding the club (Mellor, 2004; Pope, 2016). Following Hurricane Katrina and the September 11 terrorist attacks in 2001, sport was analyzed in relation to its role in helping with community recovery (Serazio, 2010). An investigation by Fortunato (2018) assessed the resources provided by the Florida Panthers to the state of Florida following Hurricane Irma. A fan's perspective has also been investigated in relation to the aircraft crashes affecting the Brazilian soccer team Chapecoense, and the Kontinental Hockey League's Yaroslavl Lokomotiv and how sport can combine to create or strengthen a sense of cultural identity (Sokolova, 2014; Dal Bello et al., 2019). Despite the lack of literature regarding the effect of these tragedies on individual athletes, it is clear that these incidents are not unheard of and can produce themselves in many different forms. This fact only further highlights the need for support services for athletes who are impacted by catastrophic events. There is a lack of literature concerning the effects of team tragedy on individual athletes. Despite the isolated nature of these events, there continues to be a need for support services for athletes who are impacted by catastrophic occurrences.

Beinecke (2014) looked at the trauma and recovery experiences of individuals involved in the 2013 Boston Marathon bombing and the level of care offered by the city of Boston and the state of Massachusetts. With support from federal, state, and municipal sources, more than 120 teams of grief counsellors were deployed, covering 207 mental health sessions served to over 1500 people over the course of 600 hours (Beinecke, 2014). Additionally, 34 Massachusetts

trauma center responders served more than 600 individuals directly and 3,500 additional people indirectly in the three weeks following the bombings (Beinecke, 2014). With the help of federal agencies, the Massachusetts Department of Mental Health (DMH), trauma centres, public safety organizations, local hospitals, and the Red Cross, organizations were able to provide a response that the DMH called “effective and coordinated” (Beinecke, 2014). The associate chief of psychiatry at Massachusetts General Hospital also stated that “their preparation worked like a charm” (Beinecke, 2014). These findings helped emphasize the importance of coordination between multiple stakeholders in crisis planning, as the coordinated mental health services were a key component in response of the terrorist attack (Beinecke, 2014). What this study helped illuminate is that mental health should be linked with primary care, physical health, and the overall medical response following a traumatic event (Beinecke, 2014). Preparations that help individuals with mental health should be incorporated into disaster planning and coordinated with both government and non-government organizations (Beinecke, 2014). This is an important consideration for hockey organizations as they seek to institute action plans in the face of tragic events.

The psychological effects of the loss of a teammate were investigated by Henschen and Heil (1992) as they conducted open interviews with ten college football players who endured the sudden loss a teammate. Researchers conducted interviews incorporating open-ended questions and discovered three main themes that prevailed among all participants (Henschen & Heil, 1992). There was a similar initial response that included shock and disbelief, as well as a sense of injustice and unfairness. Secondly, athletes expressed continuous memories of their deceased teammate, frequently thinking of him on a regular basis. Lastly, there was a shared meaning given to the event from the players, as they noted that the unfortunate events allowed them to

better appreciate the life that they have. These impacts were felt by most of the players on the team, and yet the death of their teammate was not discussed among teammates (Henschen & Heil, 1992). Even though the interviews were conducted four years following the death of the teammate, it remains clear that these athletes continued to struggle with the emotions of shock and disbelief at the times of the interviews (Henschen & Heil, 1992).

Symptoms of Trauma

The implications of experiencing or bearing witness to trauma can cause a wide array of health problems that can be seen in both the short and long terms (Day & Schubert, 2012).

Traumatic events in sport, including witnessing or experiencing a serious sporting injury, can have significant detrimental impacts on the physical, social, and psychological well-being of an athlete (Day & Schubert, 2012). The athlete must cope with both the physical pain and symptoms of the injury, while also potentially experiencing a wide range of psychological and emotional responses (Thatcher et al., 2007). This can include anger, panic, anxiety, disappointment, and depression (Udry et al., 1997); a sense of loss, decreased self-esteem, and frustration (Tracey, 2003). These symptoms can arise not only in the individual suffering the injury, but also in those witnessing such events (Day et al., 2013).

There are several symptoms that have been reported from individuals following traumatic events, many of those can persist for months or even years following the event (Lerias & Byrne, 2003). The direct aftermath can induce intense fear, helplessness, or horror (Day & Schubert, 2012). While the literature regarding the impacts of vicarious trauma in sport is still in its infancy, preliminary suggestions from O'Neil (2008) state that witnessing injury may lead to psychological disturbances and even symptoms that are in line with subclinical PTSD. In the study conducted by Day and Schubert (2012), they found that the immediate response to

witnessing a teammates' injury (from injury occurrence to 48 hours post injury) included heightened feelings of fear, anxiety, disbelief, and shock, as well as physical symptoms such as nausea and shaking. For those who encounter trauma, the most distressing symptoms will occur in the 48 hours immediately following the traumatic event (Sutton, 2002). Individuals have reported that what they are experiencing does not feel real, alongside physical symptoms which include cardiac complications, panic attacks, muscle tension and fatigue (Saari, 2005). Additionally, Lang (2007) reported that individuals who witness a traumatic event may experience feelings of guilt afterwards.

Following the initial symptoms, numerous other response symptoms can persist, including elevated levels of anxiety and arousal, re-experiencing the event (by way of flashbacks or dreams), persistent avoidance, and social or occupational impairment (APA, 2000). These findings are aligned with the research of Lerias and Byrne (2003) who found that vicarious traumatization can invoke feelings of horror, fear, and helplessness, while also posing the risk of re-experiencing the event through intrusive images. Additionally, individuals will often attempt to avoid reminders of the event, have impaired functioning, and experience emotional numbness (Lerias & Byrne, 2003). In the study by Day et al., (2013), research participants also recalled re-experiencing their trauma through flashbacks and nightmares. According to Parkinson (1993), trauma can be re-experienced in the hours, days, months and even years following the event. In addition, while re-experiencing these events, the physical and emotional feelings that were present at the time of the trauma can be experienced as though they were happening in the present moment (Parkinson, 1993). Lastly, Chen et al., (2022) found that there is a significant risk for motor neurone diseases (MND) such as amyotrophic lateral sclerosis (ALS) in

individuals who have experienced multiple traumatic life events due to elevated levels of oxidative stress.

There is substantial literature that states that those who are victim of or witness traumatic events are at a greater risk of developing PTSD (Benight et al., 2008; May & Wisco, 2016). PTSD is a condition that can lead to lost productivity, increased risk of suicide attempts, and elevated levels of lifetime psychiatric comorbidity (Kessler, 2000). The severity of PTSD is often associated with the manner in which victims interpret traumatic events (Lerias & Byrne, 2003). Symptoms of PTSD will be more severe in those who perceive the event to be more threatening (Lerias & Byrne, 2003). These symptoms are abundant and can often include intense psychological and physical distress, memory loss, outbursts of anger, difficulty sleeping, difficulty concentrating, restricted range of emotions, reduced interest in important activities, and debilitating anxiety, which can last for years following the event (Lerias & Byrne, 2003). Post-traumatic stress symptoms are a main risk factor for the development of PTSD, as well as other depressive and anxiety related disorders (Lerias & Byrne, 2003). When these symptoms are left untreated, prolonged post-traumatic stress symptoms are an important indicator to whether the victim will continue to develop physical and psychological impairments in the form of PTSD (Lerias & Byrne, 2003).

Unexpected trauma can cause such symptoms in those who experience it vicariously because these events challenge the global beliefs system of an individual at its most fundamental level (Day et al., 2013). When an individual has a set of beliefs regarding the world, the introduction of trauma can disrupt these systems as beliefs about why things happen can feel untenable (Day et al., 2013). Research by Amour (2006) demonstrated that most people will have a difficult time making sense of traumatic events, struggling to find any sort of ‘silver

lining' following the occurrence. Lazarus (1999) also found that in the aftermath of trauma, the meaning that is attributed to the trauma can cause existential issues that can impact the future well-being of the individuals in question. While small and gradual changes can be seen over time, trauma can change an individual's fundamental assumptions about the world in a sudden manner (Janoff-Bulman, 1999). According to Epstein (1991), there are four core beliefs in particular that are susceptible to change following a traumatic event: the belief that the world is benign; that the world is meaningful; that the self is worthy; and that people are trustworthy.

After witnessing the injury of a teammate, athletes experienced an increased awareness of the risk of injury (Day & Schubert, 2012). Though this might heighten risk awareness in the future, participants described no longer feeling safe in their sporting environment, leading to an increase in injury anxiety and an increase in injury-related cognitions regarding certain pieces of equipment (Day & Schubert, 2012). This can manifest itself into skill avoidance, making participants unwilling to complete certain skills, which is incongruous with their desire as athletes to improve upon their craft (Day & Schubert, 2012). While athletes found themselves avoiding certain skills and pieces of equipment, participants also avoided discussing the injury, attempting to block intrusive thoughts, and avoiding any reminders of the injury (Day & Schubert, 2012).

Social Supports

The benefits of seeking social support have been well-documented in sport injury research (Day & Schubert, 2012) and throughout the literature at large. Social support, defined as "an individual's belief that help is available from other people in different situations" (McCormack et al., 2015) is one of the most common coping strategies used following a traumatic event and has been correlated with positive affects (Aldwin, 2009). Streeter and

Franklin (1992) added that social support is a multidimensional construct, encompassing relationships, behaviours, and consequences. One's connection with their social environment occurs at the community level, the social network level, and at the level of intimate relationships, often occurring in the context of family (Lin, 1986). In order to effectively respond to and recover from a traumatic event, there is a substantial amount of social support required for those affected (Inoue et al., 2022). Social supports can deliver stress mitigating effects, helping protect the individual from both physical and psychological effects of traumatic experiences (Rees et al., 2003). In a study of returning soldiers, Pietrzak et al., (2009) concluded that social support following deployment was negatively associated with traumatic stress and symptoms of depression in war veterans. In a survey of 272 veterans, they found that individuals with elevated levels of social support scored significantly lower on levels of PTSD compared to those with low levels of social support (Pietrzak et al., 2009). These results would suggest that interventions to increase social support following traumatic events may help reduce the severity of traumatic symptoms (Pietrzak et al., 2009). Conversely, poor, or no social support following a traumatic event is a direct risk factor for the development of PTSD among adults (Robinaugh et al., 2011). A study of 102 survivors of motor vehicle accidents showed that low social support following the traumatic event to be associated with elevated levels of PTSD symptoms (Robinaugh et al., 2011).

The availability of coping resources and a supportive environment can enable athletes to seek out and utilize social supports, helping individuals cope with the traumatic event (Payne et al., 2007). Day et al., (2013) substantiated these findings as they reported that supportive social environments influenced group members to engage with social supports. A study by Pruitt & Zoellner (2008) found that social support influenced the degree to which individuals directly

experienced negative affects after being exposed to trauma, as well as the frequency of intrusive cognitions. Moreover, an absence of social support was attributed with an increase in frequency of intrusive thoughts and negative affect (Pruitt & Zoellner, 2008). Thus, Payne et al., (2007) suggests that sport environments should encourage athletes to utilize these approach-based coping strategies, such as social support, to accept traumatic events and enhance their well-being. The degree to which an individual is exposed to empathetic engagement can predict the occurrence of future trauma symptoms (Lerias & Byrne, 2003). Therefore, a supportive social circle that offers elevated degrees of social support is an important factor in overcoming traumatic experiences.

Attempting to process a traumatic event can be challenging for anyone, whether directly involved in the event or as a bystander to such occurrences. As a way of coping with this new reality, many individuals will resort to avoidance coping strategies (Day & Schubert, 2012). This coping strategy often includes attempting to avoid reminders of the event, an inability to recollect details of the event, social withdrawal, and avoiding the emotions brought on by the event (Lerias & Byrne, 2003). Such avoidance may help in reducing symptoms in the short term; however, research has suggested that using avoidance coping following trauma can be detrimental to an individual's well-being (Day & Schubert, 2012). According to Wippert & Wippert (2008), in the immediate aftermath of a traumatic experience, avoiding the trauma-related experience is related to the formation of traumatic stress symptoms. Moreover, Bryant and Harvey (1995) posit that avoidance coping is positively associated with symptoms of PTSD and may also lead to further psychological symptoms down the road (Mellman et al., 2001). Finally, this type of coping strategy may also cause PTSD symptoms to persist longer into the future (Day & Schubert, 2012). With a lack of social supports and a failure to acknowledge the

accident after resuming play, the members of the 1986-1987 Swift Current Broncos were seemingly encouraged to use avoidance coping strategy as their way of overcoming a bus crash that killed four teammates (Culp et al., 2012). Research has proven that this strategy is not effective and will likely lead to further complications in the long-term.

Sport environments offer a unique setting for offering social support as scholars have found links between team identification, perceptions of emotional support, and well-being (Inoue et al., 2022). Identification within a sport organization has the ability of increasing perceptions of social support amongst group members (Inoue et al., 2022). Individuals are better positioned to gain access to psychological resources (relatedness, social support) from other in-group members when they identify strongly with that group (Jetten et al., 2017). These resources play a valuable role in restoring, maintaining, and enhancing well-being as they can act as protective devices, helping alleviate the negative emotions brought forth by a traumatic experience (Inoue et al., 2022). Individuals are also more likely to seek resources that will improve their well-being following a traumatic experience when that desire is supported by their social environment, which in the case of sports, relates to teammates, coaches, and other team personnel (Payne et al., 2007). Junior hockey players are often required to leave home at a young age to live with a billet family, placing them at greater risk of being unable to access social supports. As group identity is paramount in encouraging young athletes to access help, it is essential to allow athletes the space to share their story, know that their emotions are validated and that there is a support system in place (Buchko, 2005). This group identification is vital, as it can enhance feelings of trust following a traumatic event, and people feel higher degrees of trust towards those who share a similar social identity (Drury et al., 2019). This feeling of trust promotes

cooperation within group members, contributing to a collective response and overall member well-being (Drury et al., 2019).

The way in which individuals react to trauma is varying, unpredictable, and can be very fluid in nature (Day et al., 2013). In the study conducted by Day et al., (2013), researchers analyzed two elite gymnastics coaches who were both witnesses to a gruesome injury of one of their athletes. On a jump, the gymnast's leg went through the trampoline, and the athlete suffered an open fracture to his right leg, with skin ripped off and his bone exposed (Day et al., 2013). Both coaches returned to coaching the week after the accident (Day et al., 2013). In each case, the two individuals experienced several flashbacks and intrusive thoughts of the injury due to the vicarious trauma they had experienced (Day et al., 2013). The first coach engaged in avoidance coping following the event, a strategy that can be used to avoid the distress of re-experiencing the trauma (Cahill & Foa, 2007). However, this style of coping can also lead to greater negative post-traumatic symptomology effects later in life (Krause et al., 2008). The second coach took an acceptance coping approach that helped process the situation and emphasized that injuries of that nature remain incredibly uncommon (Day et al., 2013). Once the first coach began to receive social support, they said that it allowed them to talk through the accident and be reassured (Day et al., 2013). This support also allowed the individual to offer help to other members within the club that had been present at the time of the accident. In doing so, the first coach was able to feel value in helping others, as well as gain some control psychologically over an incident that was otherwise unchangeable (Day et al., 2013). This coach now says that they are completely unchanged from the trauma. While all individuals will react to trauma differently, there is convincing evidence that social supports could help alleviate intrusive thoughts and allow

individuals to return to the setting where the traumatic experience took place without continuing to experience severe symptoms (Day et al., 2013).

As highlighted by the results of Smith (2022), the most mentioned source of structural social support received by the surviving players of the 1986 Swift Current Broncos was that of their teammates. Other sources were noted, including the local school counsellor, parents, girlfriends, friends, and billet families, however the majority of players attributed teammates as their most significant source of social support (Smith, 2022). Having suffered through the bus crash together, all participants noted that they had become closer with their teammates as a result (Smith, 2022). Despite this, the players did not speak of the accident in a socially supportive way, choosing instead to just be there for one another which still provided great value (Smith, 2022). The local community also factored into the social support received by players. As well-known athletes in a small town, they often received preferential treatment, and this extended to the support shown after the crash (Smith, 2022). A local player recalled the community coming to his house to pay respects for his deceased brother and to support his family (Smith, 2022). The community also stepped up for the non-local players, housing several new players who had not yet been assigned a billet house (Smith, 2022).

Despite the positive effects of having teammates for social support, the Broncos were not afforded any sort of counselling or professional help (Culp et al., 2012). As a result, the participants generally agreed that the supports available to the players were insufficient (Smith, 2022). The majority of players interviewed said that they needed resources in order to recover, and even for those who did not mention that their teammates should have received resources (Smith, 2022). Many of the participants cited the implementation of mandatory counselling as an ideal solution, allowing affected players to receive the help they need while also eliminating the

stigma of mental health that remains prevalent in the social environment of junior hockey (Smith, 2022). Other social supports brought forth by the participants included team doctors, an accreditation system, a trauma response team, and a hotline (Smith, 2022). Despite this, the participants also pointed to various reasons as to why those solutions may be unrealistic, generally agreeing that the business of hockey and the financial implications of altering the current system were to blame for the lack of change (Smith, 2022). One participant specifically referenced Hockey Canada and their reluctance to change due to the priority of their own financial interests (Smith, 2022). Another participant suggested the creation of a standard that is accepted by the hockey system, creating an accreditation process that removes the onus from individual teams and instead allows them to participate in the process should they be struck by tragedy or crisis (Smith, 2022).

Nearly all participants in the study mentioned that there was a manifestation of trauma, even 35 years following the accident (Smith, 2022). A prevalent theme that emerged when speaking of coping mechanisms was that of alcohol abuse (Smith, 2022). Of the eleven participants interviewed, only two testified that they had not used substances after the accident (Smith, 2022). Four of the participants classified their past substance abuse as addiction (Smith, 2022), further highlighting the problematic culture within junior hockey at the time as players were forced to turn to vices such as alcohol rather than receiving professional help for the trauma that had manifested. Another unhealthy coping mechanism utilized by all of the participants was a delay in addressing their trauma following the accident (Smith, 2022). The stigma towards mental health that was present within the social environment of hockey at the time acted as a deterrent for those who required resources (Smith, 2022). For others, it was an ignorance of mental health and the effects of trauma entirely (Smith, 2022). As the research has suggested,

avoidance coping in the face of trauma can be detrimental to an individual's well-being (Day & Schubert, 2012), while avoiding trauma-related experiences in the direct aftermath of a traumatic experience is related to the formation of traumatic stress symptoms (Wippert & Wippert, 2008). Evidently, the position that the Broncos were forced into did not provide them with the social support necessary to process a traumatic event. Instead, survivors turned to unhealthy coping mechanisms that are positively associated with the formation of PTSD symptoms (Bryant & Harvey, 1995).

Barriers

Sport cultures have historically cultivated environments that promote mental toughness and show disapproval for those who display any sign of weakness (Bauman, 2016). In hockey specifically, there is a perpetuation of the ideals of hegemonic masculinity, emphasizing the suppression of emotions (MacDonald, 2014). In turn, this can create a stigmatized environment surrounding mental health matters, causing it to not be properly addressed or talked about (Bauman, 2016). Many athletes feel the need to conform to sporting norms of toughness and resiliency, further perpetuating the idea that a mental health injury is a weakness, resulting in athletes avoiding mental health resources (Watson, 2005). This is no different for male hockey players who, from a young age, are socialized to play through pain and not display signs of weakness (Botterill, 2004). Young people in general avoid seeking mental health resources, and this fact is even more pronounced for elite athletes (Gulliver et al., 2012). A study by Watson (2005) indicated that elite athletes may have more negative perceptions regarding seeking mental health resources compared to non-athletes. Within the general population, attitudes are an important predictor of help-seeking behaviours, thus, young athletes may be at even greater risk of not seeking help for their mental health problems (Rickwood et al., 2007). Based on the

interpretations and perceptions of mental health from both elite athletes and hockey players, this population is far less likely to seek proper support when it becomes necessary (Rickwood et al., 2007; MacDonald, 2014).

There is little doubt that accessing mental health resources continues to be a very stigmatized endeavour in society at large, yet this remains even more prominent within the sporting context (Gulliver et al., 2012). Several barriers to seeking mental health support exist specifically, or more prominently, for elite athletes (Gulliver et al., 2012). Within the literature, numerous help-seeking barriers have been recognized for elite athletes. These can include poor mental health literacy, attitudes and personal characteristics, stigma, and practical/resource barriers (Gulliver et al., 2010). Of particular interest to this study, males and younger athletes have been found to have more negative attitudes towards seeing a sport psychologist when compared to female and older athletes (Martin et al., 2004). More recent research by Wendt and Shafer (2016) substantiated these results as they found that men were less likely than women to show positive attitudes towards help-seeking behaviours for mental health issues. Understanding the perceptions that male hockey players have towards mental health and the stigmas that exist to discourage them from seeking help are important to understand so that policymakers can create services that can better serve this vulnerable population (Cutler & Dwyer, 2020).

The stigmatization of athletes who seek mental health resources has been well documented (Kamm, 2005; Martin et al., 1996). One of the main reasons for this stigma is the perception that athletes who seek mental health resources will be seen as weak by their teammates and coaches (Watson, 2005). In a study examining the attitudes of male college athletes, it was found that they negatively assessed athletes who consulted a “psychotherapist,” but not a “sport psychologist” as the latter is involved with mental health issues (Van Raalte et

al., 1992). The stigma surrounding help-seeking behaviours does not only affect the athlete, as it has been reported that stigma will also deter professionals within the athletes' circle from referring them to a mental health professional (Watson, 2005). Exterior stigmas are not the only barriers that athletes face when it comes to seeking mental health support, as an individual's thoughts towards themselves for seeking help (personal stigma) can also act as a barrier to seeking support (Cutler & Dwyer, 2020). Research has shown a direct relationship between high levels of personal stigma and a lack of self-seeking mental health resources and support (Kaier et al., 2015). For hockey players, failing to live up to the requirements of hegemonic masculinity will have them questioning their own masculinity (Gee, 2009), and seeking mental health support is certainly incongruous with the notion of being emotionless (MacDonald, 2014). Additionally, Kaier et al., (2015) found that elite-level student athletes had higher levels of personal stigma than the average college student.

Athletes have reported a fear that teammates and coaches will consider them weak for seeking help, or that it will negatively impact their sporting careers (Gulliver et al., 2012). Student athletes often worry that an admission of mental illness could lessen their chances of success by weakening a coach's confidence in their ability, reducing playing time, and through a lowering of self-efficacy (Kern et al., 2017). In line with this theme, the study by Gulliver et al., (2012) conducted interviews with elite athletes between the ages of 16 and 23 and found that athletes were more comfortable speaking with psychologists for performance related problems, rather than for their mental health. The athletes noted that they would be worried about others finding out that they sought help for their mental health (Gulliver et al., 2012). 40% of the barriers established by these athletes related to stigma and embarrassment of seeking help (Gulliver et al., 2012). When coaches use terms such as "suck it up" or "never show weakness,"

it can further perpetuate stigmas, while creating a negative relationship for help seeking behaviours amongst athletes (Moore, 2017). Wilkerson et al. (2020) found that black football student athletes believed that their coaches perceived team members that utilized mental health resources as being less capable athletes. Finally, Kern et al., (2017) reported that student athletes may think less of a teammate who seeks mental health treatments. When athletes are faced with a traumatic situation that requires mental health support, they may feel stigmatized by those around them in accessing such resources (Gulliver et al., 2012). Therefore, systems must be in place so that when athletes are faced with trauma, resources are offered in a way that allows athletes to access them without being concerned about the perceptions of others.

Two more related barriers that were established in the interviews conducted by Gulliver et al., (2012) were a lack of knowledge about mental health services and of the symptoms of mental disorders. Poor mental health literacy (one's ability to recognize the signs and symptoms of mental illness) is exacerbated by sporting cultures that promote mental toughness (Patafio et al., 2021). Athletes who are part of sport organizations where there is a lack of knowledge of mental health resources and a positive attitude towards help-seeking intentions perceive that the sporting environment restricts their ability and willingness to seek resources that will help improve their mental health (Patafio et al., 2021). This is certainly the case in hockey. As a result, the idea of seeking mental health support is not one that has traditionally been supported within hockey circles (Lefebvre et al., 2022). Along with the stigma of mental health, this idea of the warrior is likely to prevent athletes from seeking support in moments of emotional crisis unless it is presented in a team-wide setting (Lefebvre et al., 2022).

In the case of the 1986 Swift Current Broncos, many participants strongly believed that the structure of junior hockey acted as a barrier to receiving the help that they needed (Smith,

2022). The majority of participants in the study agreed that ignorance of mental health had decreased, but the opinion was much more split when it came to stigma (Smith, 2022). Many participants acknowledged that the structure of junior hockey contributed to the stigma they faced in dealing with the outcomes of the bus accident (Smith, 2022). They described a social environment where showing signs of vulnerability was untenable, consistent with the literature on hegemonic masculinity and the image of the warrior hockey player (Gee, 2009). This dynamic created a significant barrier for the players to receive any type of help following the accident (Smith, 2022). Despite the fact that some participants believed that social progress has gone a long way in dismantling the stigma of mental health, others were less than convinced (Smith, 2022). Of all participants, only one said that they would have utilized mental health resources had they been provided (Smith, 2022). The others all strongly denied that they would have used such resources on an individual level due to the stigma attached to such actions (Smith, 2022). However, many participants did mention that if they had seen their teammates using these resources or were introduced to them in a group setting, they would be more inclined to do so as well (Smith, 2022). Regardless of the timeline of these results, many of the stigmas mentioned by the Broncos continue to be prevalent for athletes today (Watson, 2005). There is continued work that needs to be done in order to eliminate barriers for athletes who seek mental health support, despite the progress that some Broncos noted with regards to diminished stigmatization (Smith, 2022).

Financial resources will always be a barrier to consider when it comes to mental health care. For the average Canadian, private insurance plans typically cover between \$400 and \$1500, which covers only two to eight therapy sessions a year (Moroz et al., 2020). Of the 2.3 million Canadians who said that their mental health needs were not met or only partially met in 2018,

78,2% cited barriers that relate to personal circumstances, including not being able to pay for services (Moroz et al., 2020). Canadians spend a collective \$950 million annually on private psychotherapists, and 30% of Canadians pay out of pocket for these services (Moroz et al., 2020). For youth and junior hockey players, these are expenses that are far out of the price range for the average young adult, further emphasizing the need for organizations to step up and help athletes access these services. Accessibility is another significant barrier to seeking help for Canadians, as there has been a 75% increase in emergency room visits for mental health problems in youth aged 5-24 since 2005 (Moroz et al., 2020). While diverting care outside of emergency departments would be beneficial to the medical system, this is not always feasible. Wait times for counselling and therapy sessions are extremely high for children and youth, with wait times of six months to a year observed in Ontario (Moroz et al., 2020). In 2017, 12 000 children waited two and a half years to access these services (Moroz et al., 2020). Lack of sufficient funding has been touted as a significant barrier to adequate mental health resource delivery, as in 2015, Canada spent only 7% of its total health spending on mental health, while countries such as France approached 15% (Moroz et al., 2020).

There are signs that the Canadian government is making efforts to increase access to mental health, as in 2017, the Federal Government committed \$5 billion over 10 years to mental health support (Moroz et al., 2020). From the perspective of junior hockey leagues, such as the for-profit Canadian Hockey League (CHL), these financial barriers are an important consideration. Cumulatively, the member teams of the league operate at a profit just under \$3 million per year, according to a report from KPMG (Joyce, n.d.). However, It should also be noted that this is a disputed total, and the exact totals could be much higher or lower in certain instances (Joyce, n. d.). These figures exist at the highest level of junior hockey in Canada, while

most minor hockey associations operate as not-for-profit entities. The CHL has previously claimed that it does not have access to sufficient financial resources to pay its players (Joyce, n.d.). As such, it can be assumed that many of these organizations do not operate with the ability to offer spontaneous mental health support to athletes, given the high cost of doing so (Collie, 2019). This lack of resources only further highlights the needs for mental health considerations to be made well in advance so that leagues and organizations have plans in place to support athletes when tragic events transpire. Due to the significant cost of accessing mental health resources in Canada, leagues such as the CHL should have a comprehensive plan in place that will help athletes access mental health resources when they are needed.

Prior literature has also indicated numerous facilitators to help-seeking, despite the multitude of barriers that exist for athletes attempting to access mental health resources. Emotional competence, mental health literacy, positive attitudes towards seeking help, positive past experiences, social encouragement, and a trusted relationship with professionals have all been identified as facilitators for athletes seeking support (Gulliver et al., 2012). These factors are important to consider in the hockey landscape as they could serve to better facilitate players to get the help that they need amidst emotional crises. In the study by Gulliver et al., (2012), they established that providing evidence-based anonymous online programs could be a way of promoting help-seeking behaviours among athletes. As these athletes identified that males would have more difficulty seeking help than females, it was proposed that encouragement and positive attitudes of others could help facilitate help-seeking (Gulliver et al., 2012). Specifically, these athletes thought that having a coach with a positive attitude towards help-seeking would be an important facilitator (Gulliver et al., 2012). Therefore, programs developed for coaches and athletes that help explain mental health problems and normalize the issue within the team

environment could be important steps in eliminating stigma and encouraging athletes to seek help from a trusted provider following the exposure to a traumatic event (Gulliver et al., 2012).

Sport Policy

Policies targeting youth sport and the health of young athletes have become increasingly common internationally in recent years (Stylianou et al., 2019). In the Canadian context, Sport Canada continues to be the primary sport policy developer, creating policies for the hosting of international events, women and girls in sport, doping in sport, and many more (Thibault & Harvey, 2013). On June 20, 2022, the Sport Dispute Resolution Centre of Canada (SDRCC) launched the first phase of operations of the Office of Canada's Sport Integrity Commissioner (OSIC) (Abuse-free Sport, 2022). The OSIC is responsible for handling instances of maltreatment in sport by receiving complaints about alleged violations of the universal code of conduct (Abuse-free Sport, 2022). However, they are also responsible for assessing systemic issues while offering education, prevention resources, and mental health referrals (Abuse-free Sport, 2022). As such, the Canadian government has placed increased emphasis on the creation of policies that help protect athletes in times of crisis. Although the scope of this project may not align perfectly with the responsibilities of the OSIC, their goal is to offer "inclusive, accessible, welcoming and safe sport experiences" (Abuse-free Sport, 2022). It has been established that consideration must be given to the realm of tragedy in sport in order to ensure the well-being of athletes and offer a safe sport experience. Sport Canada has continued to emphasize the importance of creating a sport system based on principles of integrity (Abuse-free Sport, 2022). To carry on promoting these ideals, the inclusion of mental health resources must continue to be at the forefront of these improvements. Many of these resources, including mental health support, are harmonized with the goals of this project and the creation of new positions in this

realm helps show that Sport Canada has begun to address this issue. However, attention must be placed on continuing to improve mental health resources throughout sport.

To create policy, partnerships must be created between different sectors and stakeholders, because no one sector can solely address the complexity of youth sport (Hogan & Stylianou, 2016). According to Bloyce and Smith (2009), all policies are said to involve the following: human action aimed at achieving certain objectives, human action aimed at resolving an identified ‘problem’, and human action aimed at maintaining or modifying relationships within an existing organization or between different organizations. In the current study, the ‘problem’ can be identified as the need to create policy to aid and guide sport teams following traumatic events. Fullan (2015) stipulated that change does not simply involve policy implementation. The cultures of all involved systems must be reformed also. Therefore, successful reforms must consider the perspectives of multiple stakeholders, while establishing shared meaning is a key component to creating change (Stylianou et al., 2019). When Sport Canada renewed the 2002 Canadian Sport Policy in 2012, they sought feedback and reports from individuals, sport organizations, and governments across Canada (Thibault & Harvey, 2013). Policy makers often misunderstand the intentions of other stakeholders since they are unable to understand the constraints within which key players work (Bloyce & Smith, 2009). This fact only stresses the importance of considering multiple viewpoints and perspectives in the policy creation process.

All policies begin as issues that develop and change through existing human relationships (Bloyce & Smith, 2009). Fullan (2007) conceptualized policy implementation as ‘a dynamic process involving interacting variables over time.’ Policy enactment is a socially complex process, and the process of adopting policy is quite intricate due to the involvement of numerous stakeholders and the purpose of enacting real change (Stylianou et al., 2019). Stylianou et al.,

(2019) identified four characteristics of change that should be considered during the policy creation process. The first is need, referring to the extent to which a proposed policy is perceived as a priority need by involved stakeholders (Stylianou et al., 2019). Next is clarity, emphasizing the degree to which actors' perspectives are clear in terms of the policy goals and the means of achieving them. Third is complexity, which involves the degree of difficulty and extent of change required by those implementing the change, and lastly, quality and practicality include the quality of the proposed change and the development of necessary resources (Stylianou et al., 2019). As a result of these factors and the relationships that play out among them, policy creation and implementation is a complex phenomenon (Stylianou et al., 2019).

An example of successful sport policy implementation can be seen in Australia in the early-2010s when the federal government recognized that the general population was recording alarmingly low levels of physical activity (Hogan & Stylianou, 2016). The Australian government, in response, called for a comprehensive policy change to address the issue of physical inactivity (Hogan & Stylianou, 2016). The result was a \$100M policy initiative named Sporting Schools seeking to deliver sport programs to schools across the country (Hogan & Stylianou, 2016). Williams (2012) argues that complex policy issues such as this one cannot be resolved by a single agency acting alone. In this case, it was imperative that the state relinquished a hierarchical, authoritative decision-making structure for a bureaucratic system that emphasized network relationships (Hogan & Stylianou, 2016). This Australian example called for collaboration between federal, state, and local governments, National Sport Organizations (NSOs), and industry professionals to work together towards finding a solution to their problem (Hogan & Stylianou, 2016). In this network, particular stakeholders act as 'boundary spanners' who help promote collaboration between various stakeholders (Hogan & Stylianou, 2016).

Indeed, ‘boundary spanning revolves around people and organizations working together to manage and tackle common issues, to promote better coordination and integration of public services ... to make the best use of scarce resources and to meet gaps in service provision’ (Williams, 2011). Boundary spanners play an important role in managing policy problems within a political and organizational framework, and in the case of this specific policy, authors posit that NSOs have taken up this boundary spanning role in enacting sport policy in Australia (Hogan & Stylianou, 2016). In this case, NSOs created the programs that would be delivered within the Sporting Schools policy initiative, and it was considered to be a substantial improvement over previous school-based sporting initiative (Hogan & Stylianou, 2016).

There are several considerations that need to be made in order to produce strong and effective sport policy. Individuals who are involved in the policy planning and implementation rarely consider the possible side-effects (in the short and long term) of pursuing policy (Bloyce & Smith, 2009). This oversight is a result of sport policymakers failing to understand how perceived problems have come to be the way they are (Bloyce & Smith, 2009). Because their work revolves around the notion of stimulating change to reduce or eradicate perceived social problems, most existing sport policies are built to obscure, rather than clarify, a greater understanding of the problems they are constructed to solve (Bloyce & Smith, 2009). Policy is established with the goal of bringing forth solutions, however, these policies are frequently selected with a poor understanding of the social problem at hand (Bloyce & Smith, 2009). Often, objectives are poorly specified, and policymakers attempt to create a response that is quick, cheap, and visible, while being saturated with ideology based on a lack of evidence (Bloyce & Smith, 2009).

Policies implemented with only the present in mind are often dismissive of planning that is more theoretically informed and developmental in nature (Bloyce & Smith, 2009). Often, policies are created with the goal of solving a current issue, without the long-term development of the problem at hand being taken into consideration (Bloyce & Smith, 2009). Such present-centered approaches to policy can be problematic for a variety of reasons. When a particular social problem arises, such as the need to protect athletes in the face of tragedy, there is a need for policymakers to detach themselves from their own ideological preconceptions and engage in an analysis of the structural roots of the problem (Bloyce & Smith, 2009). Policymakers can strive to produce solutions that are sufficiently wide-ranging and based on reality by attempting to understand the long-term processes of an issue (Bloyce & Smith, 2009). This strategy will enable them to decide whether practical measures implemented in the short-term will not produce difficulties and disadvantages that are even greater (Bloyce & Smith, 2009). Therefore, rather than viewing policy problems from convoluted perspective, policymakers should attempt to detach and view these social issues from a long-term developmental perspective (Bloyce & Smith, 2009). By collecting relevant information on the problem at hand, policymakers can better make predictions for the future and create policy that will continue to address the issue moving forward (Bloyce & Smith, 2009). This level of consideration will be the goal while working with industry professionals to craft policy that can benefit and protect athletes in the long-term.

Results

It's just being able to normalize the fact that tragedy is going to happen and ignoring it and pretending it doesn't exist is such a problem. -Russ Herrington, Head Coach, York University Men's Hockey.

Roster of Participants (In order of Interview)

Anne Marie Schofield – President, RMHA. Anne Marie Schofield brought expertise in the domain of minor hockey associations and has been at the head managing one for more than a decade. She has expert knowledge of her organization’s resources and capacities and was able to provide a clear picture of what an organization of her size is willing and capable of providing grieving athletes. Her position allowed the research team a greater understanding of the tragedy recovery process from the perspective of minor hockey associations. She also connected the research team with additional stakeholders at the OMHA and Hockey Canada via her network.

Mike Pailey – General Manager, Essex 73’s Hockey Club. Mike Pailey offered his knowledge as a leader within a junior C organization. As General Manager of the Essex 73’s, Pailey oversees the majority of player and staff decisions, and thus has an influential role on the hockey experiences of young athletes. With his role comes the responsibility of overseeing day-to-day hockey operations, which provides him with superior knowledge of the organization’s resources and capacities. Pailey offered the research team valuable perspective from a junior hockey organization, allowing us the ability to compare these results to minor hockey organizations and other junior hockey teams. Pailey was also generous enough to connect us with Tim Barrie (see below).

Tim Barrie – Director of Hockey Operations, Ayr Centennials Hockey Club. Tim Barrie was a valuable contributor to this study, as someone that organized a response to team tragedy within his own organization. In September 2022, the captain of the Ayr Centennials, Eli Palfreyman, collapsed and passed away in the team dressing room during an intermission. Barrie led much of the response to this tragic event because of his position in the organization. He coordinated counselling services for players and staff through the league and an independent provider. Barrie

communicated with the family and league officials, directed inquiries from the media, planned the funeral and other commemorative events, and in time, created efforts that could memorialize Palfreyman's legacy, including a team award and scholarship. Barrie also tried to tend to the mental and emotional well-being of his players, staff, community, and the family of the deceased athlete. Barrie's long tenure with the Centennials indicates a wealth of knowledge concerning the capacities of junior hockey organizations (he even played with the club as a teenager). His knowledge of junior hockey and his experiences in triaging a response to a tragedy made him an expert interviewee. By receiving firsthand opinions on what actions were seen as successful and which others were less effective, it allowed the research team to produce recommendations that incorporated successful attributes of this response, while also learning from and improving upon measures that were less helpful. Additionally, Barrie was also able to put the research team in contact with two other participants in this study, Ben Fanelli and Russ Herrington (see below).

Ian Taylor – Executive Director, OMHA. As Executive Director of the OMHA, Ian Taylor holds one of the highest positions in the association, which is the largest minor hockey association in the world. He has also worked in this position for several years and has had many experiences dealing with tragedies within the sport. These included players and officials collapsing and passing away on the ice, severe on-ice injury, and plenty more. With his experience, he could explain the processes that occurred following these events and was also able to articulate the progression of these responses over time. Due to his position, he also possesses a strong understanding of the resources and capacities available to not only his organization, but minor hockey associations across the province. Lastly, Taylor is also very familiar with the insurance proceedings following any type of injury or tragedy. This information

was valuable to the research team in discerning the insurance that is available to organizations, as well as the process that must be undertaken to access such support.

Mark Krawczyk – Manager, Hockey Development & Insurance, OMHA. Mark Krawczyk is another important member of the OMHA and has considerable experience in his position. Of significant interest to the research team, Krawczyk’s primary responsibility with the OMHA is coordinating insurance matters between individual teams or associations and Hockey Canada. As such, Krawczyk has a high degree of expertise of the Hockey Canada insurance coverage, as well as the process that must be undertaken for teams to access such coverage. He explained the steps that associations must take when they wish to file an insurance claim, and understanding this process was pertinent to the policy recommendations phase of the project. Through his position, Krawczyk also connected researchers with his Hockey Canada contact, whom he often works with on these insurance matters.

Ben Fanelli – Founder, Heroic Minds. Ben Fanelli is another participant who had direct exposure to a near tragic incident in a hockey game, except it was him who nearly lost his life. As a 16-year-old playing in the OHL for the Kitchener Rangers, Fanelli was hit from behind and laid motionless on the ice. As a result of the hit, Fanelli fractured his skull, experienced brain bleeds, suffered a very serious concussion, and playing hockey again was nearly entirely out of the question. Fanelli was back on the ice two years later with the Rangers and finished his hockey career playing for the University of Waterloo Warriors, despite the skepticism of doctors. Since the end of his playing career, Fanelli has gone on to coach, receive his master’s degree in counselling psychology, and has also created the mental health application, Heroic Minds. Heroic Minds is described as a one-stop shop for mental health resources, including podcasts, articles, and speakers, with the ultimate goal of providing users with the tools they need to

become the person they want to be. Available as both a free and paid service, Heroic Minds has already partnered with hockey leagues across the province, including the OHL and GOJHL, to provide players, coaches, and staff members access to these mental health resources.

Additionally, Fanelli was a part of the response in Ayr following the death of Eli Palfreyman, checking in with both players and staff members to offer his support in any way he could.

Fanelli's insights into the subject of tragedy recovery were invaluable due to his experiences both personally, as well as with his experiences with both the Heroic Minds platform and the tragedy in Ayr. Fanelli has expert knowledge of the state of mental health and tragedy recovery in hockey as a result of these experiences. As well, Fanelli spends considerable time working and speaking with hockey players at both the minor and junior levels, which gives him additional perspective on the evolution of hockey culture with respect to its relationship with mental health. It should be noted that because the Heroic Minds app is available as a paid service, Fanelli does have a financial stake in its success.

Brian O'Reilly – High Performance & Culture Coach, Windsor Spitfires. Brian O'Reilly is an experienced, high performance and culture coach who has worked with schools, businesses, and sport organizations for more than 40 years. His work focuses on the shifting psychology of institutions and teaching how to draw performance out of people. In hockey specifically, O'Reilly has worked with teams ranging from minor hockey to the NHL, and he is also the father of a 14-year NHL veteran Ryan O'Reilly. O'Reilly possesses an extensive knowledge of the innerworkings of hockey teams at various levels, as well as the psychological implications and considerations of working in team environments. He has been able to identify the ways in which hockey culture has evolved, as well as how far it still needs to go, due to his decades of experience working with hockey players and focusing on their psychology. This perspective was

crucial to the research team's ability to contrast the experiences of junior hockey players over time as it relates to culture and mental health. As an affiliated member of a major junior hockey team in Ontario, O'Reilly was able to use his expertise in psychology and explain what he believed to be necessary steps in responding to a team tragedy at this level. He also has a seasoned understanding of different organizational capacities due to his extensive experience working with various levels of hockey teams, which also proved to be valuable in the policy recommendation process.

Russ Herrington – Head Coach, York University Men's Hockey. Russ Herrington is another participant with a direct tie to team tragedy in hockey. As head coach of the York Lions, Herrington coached Mark Cross for five seasons, (2011-2016). Following his playing days at York, Cross took a coaching job with the Humboldt Broncos. Sadly, Mark was a passenger on that deadly bus ride in 2018 and died as a result. Along with Herrington, many players and staff members at York University knew Cross personally and were affected by his death. However, Herrington took this sad incident and created a plethora of meaningful gestures, from scholarships and awards to memorial games and apparel, in order to keep the memory, as well as the values exhibited by Cross, alive. With the experience of coordinating these memorial efforts, and knowing the pain induced by such events, Herrington reached out to Tim Barrie to check in on him, as well as to give him ideas to memorialize his own deceased player. Herrington even came into Ayr to speak with players, staff, first responders, and the Palfreyman family to offer his support, as well as to suggest pathways forward due to his own experiences with these tragic events. As such, Herrington was very familiar with both incidents, and was able to provide the research team with extensive knowledge of the efforts that were undertaken in their aftermath. Herrington currently coaches at the U Sports level, but also has experience in junior hockey as a

player and coach spanning 30 years. With this vast perspective, Herrington was also able to describe his interpretations of the dynamic of hockey culture and the ways in which this has evolved, along with the proactive mental health measures his current organization has been implementing.

Zahir Ali – Associate Counsel, Insurance & Risk Management, Hockey Canada. Zahir Ali has been in his position with Hockey Canada for more than a year. Ali presented a voice from the perspective of Hockey Canada, the main governing body of hockey in the country, which was a high priority for the research team. Similar to the participants from the OMHA, Ali works primarily with insurance. He coordinates with teams, organizations, provincial members, as well as Hockey Canada’s insurance provider. Ali possesses extensive knowledge of the insurance coverage under Hockey Canada due to his frequent communications with the insurance provider. Ali has coordinated several insurance claims on behalf of individuals and teams, ranging from physical injury to mental health complications. Ali indicated the precise figures that Hockey Canada insurance provides, which aided our understanding what resources athletes and organizations have access to through this avenue.

Past Tragic Experiences

Participants were asked to recall any past tragic/traumatic situations that they have experienced within hockey to encapsulate the prevalence of tragedy within Canadian hockey. Numerous examples were cited, which further highlighted the frequency of which these types of situations occur. Encounters with tragedy included the passing of both a player and a referee on the ice in the middle of a game. Deaths of players, coaches, and family members were also listed. Additionally, severe injuries were also mentioned, including a player who suffered a serious injury in a game that led to paralysis. These examples reaffirmed that events of this type can

manifest themselves in very unpredictable and different ways. Cited past incidents also highlighted that calamity is no stranger to hockey and fortifies the need for research in this domain. Tragedy recovery in hockey is an area that needs to be continuously analyzed and ameliorated.

Tim Barrie, Director of Hockey Operations for the Ayr Centennials, was tasked with handling the response to a tragic situation this past season after a player on his team collapsed and died in the dressing room during a game. The organization, with assistance from the league and other outside sources, was able to provide a response that Barrie deemed to be successful, despite the absence of specific protocols to handle this response. It was emphasized several times that the players on the team only became closer as they went through this recovery process, checking in on one another and truly adopting a team-first mentality.

I think we did everything for Eli. And I think we did everything for his family. And as tragic as it was, I think we have a lot to be proud of. -Tim Barrie, Director of Hockey Operations, Ayr Centennials.

Perceived Preparedness

The participants were asked to gauge their current level of perceived organizational preparedness to respond to team tragedy. This information allowed researchers to understand how organizations, at different levels of youth hockey, could act. It also allowed participants to express whether they believe that additional resources are required to aid in responding to team tragedy, or if they believed that existing organizational resources are sufficient. Regarding current levels of preparedness, most stakeholders (excluding minor hockey) felt their organization was at least somewhat prepared to respond to a tragic situation, but qualified their replies based on the unpredictable nature of team tragedy.

It gets described as either an accident or an unexpected tragedy. Both those things, by definition, mean that it's a surprise, and it comes out of the blue. So I think it's one of those things where, you really can't be prepared necessarily for it. -Russ Herrington, Head Coach, York University Men's Hockey.

At the minor hockey level, participants expressed less confidence in their levels of organizational preparedness.

So, in a nutshell, we're probably not as prepared as we should be. -Anne Marie Schofield, President, RMHA.

Though participants from minor hockey felt less confident in their levels of preparedness, managers in junior hockey felt as though their respective organizations are prepared to respond to tragedy. These organizations vary in size, but typically contain more resources, both financial and human, compared to minor hockey associations. In the OHA, for example, teams are mandated by the league to have a preventative service appointee within the team structure. This individual is available to meet with players to provide counselling and mental health supports. The fees for these services are covered by the team, meaning the players themselves are not responsible for any expenses. Proactive measures allow junior hockey teams to be better prepared to handle crisis situations. These resources also permit organizations to feel prepared in directing players to the proper outlets should they require someone to talk to.

So I absolutely feel in Essex that we're prepared if something were to happen ... I feel like the league is taking the right steps, whether it be through the OHA or the OHF to make sure teams are prepared -Mike Pailey, General Manager, Essex 73's.

Participants representing governing bodies at both the provincial and national levels also felt they are prepared to handle a tragedy, should it arise. At the OMHA and Hockey Canada,

there is experience handling past crisis situations, wherein affected individuals were able to avail themselves of necessary resources through the guidance of the governing organizations.

We did recognize in some of these situations that the team was in need of support or individuals were in need of support. -Ian Taylor, Executive Director, OMHA.

Additionally, there is a broader awareness of mental health issues within these ranks that has resulted following the COVID-19 pandemic and other significant events such as the Humboldt Broncos bus crash in 2018. As such, a greater focus has been placed on providing more positive mental health outcomes for hockey players at all levels.

I think, because of those two incidents that I'd mentioned, Swift Current and Humboldt, Hockey Canada is a little bit more involved and aware of that kind of stuff. -Mark Krawczyk, Manager, Hockey Development & Insurance.

I think the organization right now is prepared to respond effectively to player tragedies. I think about obviously Humboldt, instances where a player collapses and passes away, potentially player suicides, things like that. Mental health issues are a big issue now and quite frankly should have always been. But we're now having a broader spotlight on the issue. So I do think Hockey Canada is, I would say, more prepared to respond to these situations than we have been at any other time in our history. -Zahir Ali, Associate Counsel, Insurance & Risk Management, Hockey Canada.

Despite elevated levels of perceived preparedness, the OMHA noted that these sentiments are heavily influenced by the Hockey Canada insurance program, rather than their own preparations.

Our readiness is really we're a cog in the chain and that's the overall Hockey Canada insurance model. All of our rostered participants are covered by Hockey Canada insurance and that's what we would tap into. – Ian Taylor, Executive Director, OMHA.

This quote communicated that provincial members do not possess their own precautions or resources, but rather rely heavily on Hockey Canada for financial assistance. There was also acknowledgement of a juxtaposition in that people in hockey organizations do not like to think about the possibility of tragedy, causing them to disregard its potential impact.

People don't think about this kind of stuff ever happening or wanting to think that it happens, right? So you put it in the back of your mind and then I think the awareness was brought up again when Humboldt happened. -Mark Krawczyk, Manager, Hockey Development & Insurance, OMHA.

You don't want to think about it because you don't want to acknowledge that something like that would happen and until it happens then it's like, okay, what do I do? -Mark Krawczyk, Manager, Hockey Development & Insurance, OMHA.

In addition to potential oversights, provincial member also explained that they (nor Hockey Canada) are not prepared to suggest mental health providers to affected organizations. Instead, the responsibility of this process is left to be handled by volunteers in minor hockey or staff in junior hockey.

Unfortunately they [Hockey Canada] don't provide or suggest the counsellors. They just say that you look locally, whether it be through some contacts, some people might locally know somebody. -Mark Krawczyk, Manager, Hockey Development & Insurance, OMHA.

Awareness of Protocols

Established plans aimed at tragedy management were investigated to better understand whether there is current policy in place. Participants were asked whether they were aware of existing protocols or procedures that currently exist within their organization to guide them through a tragedy response. There was a clear contrast between the knowledge of protocol between teams/associations and the governing bodies. Each participant within minor and junior hockey acknowledged that they were unaware of a specific protocol, either at the organizational or league level, that could guide them in these situations.

At the local levels, they may exist. I've never heard of any and I've been involved in the league level for a really, really long time. I've never heard anything; anyone talk about it. I've never seen anything on other people's websites. -Anne Marie Schofield.

I'll be honest with you, I don't know if OHA, OHF, Hockey Canada [has anything in place]. -Mike Pailey, General Manger, Essex 73's.

At the provincial and national levels, participants explained that there is a standardized process for handling instances of tragedy that requires coordination between multiple stakeholders. Most of these protocols centred around Hockey Canada insurance, and how the participants might access this coverage to funnel resources to the teams or athletes in need. Both the OMHA and Hockey Canada have clear processes in place to communicate with one another, along with the Hockey Canada insurer, in order to facilitate individual teams' access to resources.

So that process is locked down no matter what happens. -Ian Taylor, Executive Director, OMHA.

Despite the strong relationship between these organizations, there remained a lack of a formal crisis recovery plan. The OMHA and Hockey Canada questioned whether organizations are even aware of the processes required to access this insurance.

Not that you want to operate without a plan and just hope that there's someone to act as a safety net, but I think in some of these cases sometimes we're not aware of that opportunity to tap in. -Ian Taylor, Executive Director, OMHA.

I don't know if every minor hockey association at the lowest levels knows who I am ... So there are resources at Hockey Canada, it's just going to take some time for everyone to know who we are. -Zahir Ali, Associate Counsel, Insurance & Risk Management, Hockey Canada.

Also mentioned was the notion that nobody likes to think about these types of scenarios, and therefore, can oftentimes find themselves scrambling without a plan or necessary knowledge when faced with an adverse event.

And so there is sort of a process. Now whether teams are aware of that or not. I'll be honest with you, a lot of people don't even think about this, right? It's at the back of their mind. They don't even want to think of it. -Mark Krawczyk, Manager, Hockey Development & Insurance, OMHA.

Current protocols

Participants from a club or league level had a general sense of steps they would take in the event of tragedy, but made it clear they were unaware of existing measures and mandates. Minor hockey associations acknowledged a greater reliance on their parental organizations, provincial and national governing bodies like the OMHA and Hockey Canada, for resources and guidance in these moments. They also acknowledged a sense of who they could contact to acquire those resources.

On the assumption that I or a member of the executive has been notified, then, probably the first thing I would do is immediately contact the president of the OMHA and let him know. I don't care if it's voicemail or whatever, and I don't mean that to be, that's the most important person, right? Obviously, there's a whole lot of other important people, but from a protocol perspective, they need to know right away. -Anne Marie Schofield, President, RMHA.

In contrast, junior hockey teams showed an inclination to handle matters internally with less reliance on league structure or organization for a response.

As far as protocols go, I would say that's probably how we would handle that situation, is trying to make sure that the player gets a chance to talk to (preventative service appointee) as soon as possible, and hopefully we could help out with anything not related to a counselling or therapy standpoint. -Mike Pailey, General Manager, Essex 73's.

Hockey Canada has a significant responsibility when it comes to response, however, while provincial members serve as a liaison between associations and Hockey Canada. Provincial bodies, like the OMHA, would notify Hockey Canada of any kind of serious or tragic situation of which they are made aware. From there, Hockey Canada must notify their insurer who will communicate with the representatives at the provincial and national levels to access pertinent information, such as injury reports and team rosters. This procedure is rather consistent from the perspective of the OMHA. They explained that regardless of the circumstance at hand, the process of contacting Hockey Canada and subsequently working with the insurance company to retrieve necessary details has remained the same.

They're communicating to the insurer. I would say that process is quick. I would say it's efficient and, by that, I'm not involved in the background but efficient in terms of response, of support. -Ian Taylor, Executive Director, OMHA.

Once all appropriate stakeholders have been notified of the occurrences, a Hockey Canada representative will get in touch with the team or association to communicate the grief counselling benefit. At this point, teams or associations can begin to access grief counselling or therapy services, with the costs of such resources being covered by Hockey Canada insurance. Teams are currently capped at \$1000 for grief counselling under the current Hockey Canada insurance plan. These mental health services and providers, however, are not provided to the team or association by Hockey Canada. The affected group is required to seek out and coordinate these resources locally, and then recover the financial resources by way of an insurance claim. This process does not differ significantly at the Hockey Canada level whether they are contacted by a different provincial member or a junior hockey league. This communication is commonly done with a team official, not with the impacted family, so that necessary paperwork can be returned to the insurer.

What I'd like to do is perhaps reach out to the league and say, is there an individual on the team I can contact? Because at some point we do have to think about the submission of the accidental death and dismemberment claim forms. And you obviously want to give the family time and space to grieve. -Zahir Ali, Associate Counsel, Insurance & Risk Management, Hockey Canada.

In severe cases, the representative from Hockey Canada may also fly to the location of the tragedy, with guidance from senior management, to provide support and help coordinate the response in any way that is possible.

You really want to say, I'm here to help you, I'm here to connect with you. This is a crisis right now and we need to help the families, the team, the town, in whatever way we can and

it's a very fluid process because you don't know what type of help they do need. -Zahir Ali, Associate Counsel, Insurance & Risk Management, Hockey Canada.

Regardless of the ability of some junior hockey teams to handle team tragedy through their own means, Ali says Hockey Canada will be involved in some capacity. Whether to offer support or financial resources to those who require them, Hockey Canada noted that they are committed to supporting teams and individuals confronted by these tragic situations. The specifics of this support will vary based on circumstances and what is required, but the representative from the organization made it abundantly clear that they are committed to assisting the recovery process in any way they are capable.

Future Protocols

Participants shared opinions of what aspects should be considered and included when creating a plan to help organizations proceed through a crisis recovery. The most frequent suggestion from interviewees was a dedicated individual or group of individuals within a minor hockey association or junior hockey team to develop an organization-specific protocol, considering local contexts. Participants also emphasized the importance of determining mental health providers that can be quickly deployed. The importance of pre-determining these providers was stressed on multiple occasions, as these sources have unpredictable availability. Interviewees cited that wait times can often vary from weeks to months. Participants explained that these resources should be easily accessible for managers and decision-makers and included within an organization's emergency action plan.

It could be part of a team's organizational package that they know if something happens, this is who I call. -Tim Barrie, Director of Hockey Operations, Ayr Centennials.

There's enough evidence to suggest that there should be somebody within the organization or within the league that is sitting back and going, okay, when something bad happens this year, these are the steps we're going to take. -Russ Herrington, Head Coach, York University Men's Hockey.

Ian Taylor and Mark Krawczyk at the OMHA level, as well as Zahir Ali at Hockey Canada, were clear that there are set processes in the field of insurance. However, specific protocols for teams in crisis do not exist at the local levels despite these insurance processes. Consequently, it is the responsibility of organizations at both the minor and junior levels of Canadian hockey to create their own organizational policies for responding to team tragedy, as these do not currently exist within their governing bodies. At the minor hockey level, Anne Marie Schofield explained she would need to adapt any national or provincial strategies to the local level, taking into consideration specific community contexts. Moreover, Schofield explained that due to RMHA's limited resources, it would like to provide suggested pathways to parents and athletes so that affected individuals can continue to seek treatment on their own once the organization's capabilities have been exhausted.

It was emphasized by several participants that these emergency plans need to be adapted to individual organizations and cannot follow a one-size-fits-all approach due to the capacity discrepancies that exist between them. Not only will organizational resources differ significantly, but the details surrounding the circumstances will be unique, the age and quantity of traumatized athletes will vary, and the locations of both the event that has transpired and of the organization will play a role in determining best practices. Nevertheless, participants believed that it is possible and advisable to create emergency action plans that are consistent in their general themes, but also uniquely adapted to reflect local considerations.

And at the same time, it needs to be fluid because a cookie cutter approach won't work... So overarching, it could be kind of the same, but in the minutiae, it's got to be fluid and case-by-case. -Russ Herrington, Head Coach, York University Men's Hockey.

Additional considerations for creating an organizational protocol were offered by participants. Many of the suggestions were similar in nature, including the importance of players speaking with mental health professionals as soon as possible, but unique themes emerged. These included: having a team meeting/conversation directly after the event to guide athletes in the direction of receiving mental health support; seeking out all available resources, regardless of where they may be derived from; hiring individuals at the governing body level who are educated and trained in handling these responses; and bringing in speakers who have potentially endured similar traumatic events in their lifetime to speak in a group setting and offer guidance and support through a relatable voice who has lived comparable experiences. These individuals could use their past experiences to help foster a healing environment by offering the organization suggestions on how to move forward and offer support to those struggling. Another important consideration shared by a participant at the national governing level was the potential value in working alongside other NSOs throughout both Canada and other countries to gauge their preparation in these spaces. The incorporation of ideas and viewpoints from other NSOs and other nations could be an effective manner to determine best practices.

I think the discussion is with Soccer Canada, Baseball Canada. I think the discussion is across national sports organizations. The discussion could be with USA Hockey too, other international hockey organizations. How do they handle crisis management? -Zahir Ali, Associate Counsel, Insurance & Risk Management, Hockey Canada.

Barriers

Participants were asked to identify barriers that would hinder an effective response to team tragedy. Financial concerns were mentioned most frequently by participants, particularly those that operate in the not-for-profit space.

I think that cost is always a concern. I mean we are a not-for-profit organization. When I think about Hockey Canada, we're an organization that's 150, 175 people. That's it for Hockey Canada. And the members groups, the provincial members are even smaller. And the associations, most of those people are volunteers. I would say people are stretched fairly thin as it is, and funding and finances are probably what limit your ability to come up with proactive programs. -Zahir Ali.

The lack of resources within the organization was also identified as a significant barrier by Schofield. Doubts of whether or not the appropriate resources exist at the provincial and national organizational levels were also mentioned as a potential barrier to providing an adequate response.

The first would be that they (resources) don't exist. Either at the parental, organizational parental level or at the association level. I suspect that at the parental organization level it would be nothing more than a suggestion. On that assumption, then it would be up to the local organization to find the right resources. -Anne Marie Schofield, President, RMHA.

Ben Fanelli, creator of the Heroic Minds mental health resource app, was also cognizant of the fact that finances could limit the ability to deliver this platform on a wider scale. Although this application is already being offered to players, coaches, trainers, and staff at some levels of junior and minor hockey, the reality is these resources require significant financial

considerations. While some junior hockey leagues have the financial resources to offer these types of proactive measures to their members, most not-for-profit organizations simply cannot.

They [not-for-profits] can't step up and say, oh yeah, we'll foot the bill for every kid and coach and trainer etcetera. But how do we work together so that we can get this in as many hands as possible? It comes down to finances at some point. -Ben Fanelli, Founder, Heroic Minds.

Participants at the junior hockey level did not emphasize financial resources as a barrier. Mike Pailey explained that a preventative service appointee is available at no cost to all Essex 73's players. All of these fees are covered by the organization in order to eliminate any player hesitancy to seek mental health assistance. Tim Barrie of the Ayr Centennials was tasked with coordinating the response following the death of one of his players, but did not perceive finances as a barrier to that response. The resources provided to players, including grief counsellors and the previously mentioned mental health app, were league-financed.

Aside from money and resources, it was frequently communicated by participants that the culture of hockey is slowly making positive improvements in the area of mental health. Two participants explained that hockey culture could continue to act as a barrier to resources. When asked about hockey's ability to offer compassion-based treatment in times of crisis, Brian O'Reilly, who has more than four decades of experience working amidst the culture of hockey noted:

Hockey is probably the furthest sport away from that. -Brian O'Reilly, High Performance & Culture Coach, Windsor Spitfires.

Fanelli also reiterated the warrior mentality that continues to prevail in hockey, despite the advancements that have been made in addressing mental health.

The hockey world is *push* through. “It’s fine. Let’s go on to the next game” etcetera. It’s like, “No, no, no. Wait a second. Let’s sit here together as many would say, let’s sit in this shit,” so to speak. -Ben Fanelli, Founder, Heroic Minds.

Showing vulnerability or weakness has often been associated with concept of “damaged goods.” Players labelled as such struggle with that reputation, and it can crush hockey dreams held since childhood. Affected players have traditionally stayed silent for fear of damage to their image as well as being ostracized from the hockey community – the only one some players know.

Players get lost in themselves, they come out of the OHL, they don’t know who they are. All they’ve identified who they are as a hockey player, and then they don’t make it and, 97% of those athletes, eventually, don’t make it. And they’re lost human beings. -Brian O’Reilly, High Performance & Culture Coach, Windsor Spitfires.

Actually the pizza of who you are as a person. If the majority of that pizza and the pie graph is hockey, you’re now more vulnerable to the world outside of the game because hockey, or sport, any sport, you’re in a fishbowl world. -Ben Fanelli, Founder, Heroic Minds.

For those with ambitions of playing professionally, and even for those who may not find much value outside of the sport, seeking mental health resources may seem detrimental to their long-term goals.

Responsibility

Opinions on who should be responsible for handling a response to tragedy varied between participants. Some believed that individual teams should be responsible for coordinating and delivering their own resources and response. Others believed it should be governing bodies, such as Hockey Canada, that take charge. Differences in opinion seem to reflect respective resources.

Hockey Canada would have the same responsibility as local school boards, or the University of Windsor. If there's an accident that involves the kinesiology group, the University of Windsor should have protocols in place for how to manage psychological issues that manifest itself or stem from that. -Anne Marie Schofield, President, RMHA.

From the other end of the spectrum, teams at the junior hockey level with greater resources expressed the sentiment they would rather lead. Reasons cited included the close team relationships, as well as uncertainty pertaining to an athlete's responsiveness to outsiders.

I would assume that we probably want to do that as a family and the outside assistance would be a very nice gesture and really nice to have in your back pocket. But I think most people would rather deal with it inside of their organization. -Mike Pailey, General Manger, Essex 73's.

Barrie recalled his experiences in Ayr and made it clear that there was a combination of these two approaches. Mental health providers were accessed by players and team personnel and funded by the league, but it was also the family-oriented, team-first approach that was a key factor in the team's ability to support one another and navigate these treacherous emotional terrains.

Successful Response

Assessing what a successful response to tragedy resembles can be a difficult and nuanced endeavour. Interviewees were asked to describe short- and long-term success following a team catastrophe. Though all answers varied in context, the most consistent theme was that success would be attained once a healing environment that allows individuals to work through grief at their own pace is created. One participant explained that in the short-term, ensuring player care was the most important metric. Another interviewee reiterated this point by explaining that in the

immediate aftermath, priorities should include offering tools, resources, and space that are conducive to healing. It was also emphasized that individuals should be given the opportunity to work through their emotions at their own pace, rather than being expected to go right back to working hard in an attempt to distract themselves from these internal feelings.

At the provincial and national levels, participants described a hope that those involved in the tragedy, including athletes, families, teams, groups, and associations can feel as though their governing bodies provided tremendous support and catered to their needs along the way.

Simply the fact that we were there, and we did everything we could to support them. -Ian Taylor, Executive Director, OMHA.

If you're there for that person and you try to cater to their needs as much as you can, I think that's probably the best measure of a positive outcome in a very negative situation. -Zahir Ali, Associate Counsel, Insurance & Risk Management, Hockey Canada.

Long-term success, it was shared, should not hinge on terms like "fixed" or "closure" as they reflect an unrealistic outcome.

If you can create a situation where they feel like they've healed and there is a healing process that they've been a part of and is ongoing and facilitated by you, I think that's where you would define success in those situations. -Russ Herrington, Head Coach, York University Men's Hockey.

Schofield, from the minor hockey ranks, presented a unique perspective. She suggested that a successful outcome would be to see the player(s) return to hockey.

Memorializing

A theme that prevailed was the importance of honouring and memorializing the athletes who had lost their lives, according to participants who had both endured team tragedy and were

also responsible for coordinating much of their organization's response. In the cases of both the Ayr Centennials and York Lions, participants stressed the healing powers that emerged from celebrating the life of the deceased, while also using a tragic moment to create something positive for the organization. For the Centennials, the organization kept the family of the deceased involved throughout the recovery process and the implementation of memorial efforts. Family attended all the team's home games, and after every win, the players skated towards where they sat to celebrate as a hockey family. Players huddled in their usual team embraces, while the family stood against the glass to celebrate with them. This mutual support was a way for both parties to communicate their unwavering support towards one another.

So every time we won, they [the players] went to the glass to celebrate with the family. I can still hardly talk about it. -Tim Barrie, Director of Hockey Operations, Ayr Centennials.

It was reported that this was often a very emotional scene, but the reciprocal support shown by both the players and the family helped each other overcome what was an emotional season.

In both Ayr and at York, teams created an award dedicated to the deceased player, as well as a scholarship fund to support future athletes within their programs. The awards are presented annually to the players who best demonstrate and embody the character and values that were portrayed by the players they lost. This gesture is intended to help not only keep the memory of the player alive, but also continues to instill the important values and lessons exemplified by these leaders to future athletes within the organization. Herrington also explained that the team keeps a photo of Mark Cross in their dressing room, along with a meaningful acronym created through his last name, further embodying the spirit of the player. York University holds a yearly memorial game, and sell commemorative apparel, all with the intention of raising funds for the

scholarship. Memorializing efforts were described as a way of allowing the organizations to do right by their former players and keep their memories alive for generations to come.

Knowing what they have said to my bosses and the other people involved, the Cross family feels like we provide them with that. With a healing space, when we do these things for Mark.

-Russ Herrington, Head Coach, York University Men's Hockey.

Resources

It was necessary to understand the resources that reside within these organizations to better understand their capacities of delivering aid in situations of tragedy. The participants were asked to identify any resources within their organization or that they believed would be at their disposal and aid them in responding to a team tragedy. The main resources identified were separated into four groups: human, financial, mental health, and free or donated.

Human Resources

At the minor hockey level, participants acknowledged a lack of resources within non-profit organizations, save for the human resources of the volunteer board of directors. In situations of crisis, Schofield noted the need to rely heavily on this board to offer suggestions for caring for the affected athletes. There was also uncertainty in terms of what resources currently reside within the minor hockey association, because they are not entirely certain what would be necessary from a resource perspective. Mike Pailey reiterated the fact that their size could act as a resource in times of crisis.

I definitely feel like there's enough within the organization and the only reason I say that is we do have a large staff. We do have a large executive. Minor hockey might be a touch different because they don't have the same kind of staffing on each team. A team that basically has a coach, two or three assistant coaches and a manager, right? So it might be

different that way. I think there's a lot more resources at our level. -Mike Pailey, General Manger, Essex 73's.

O'Reilly also listed the importance of human resources within organizations in times of crisis, especially individuals who are focused on providing the best outcomes for players.

People are more important than resources because, I think, if the intention is there, then people will find a way to make it happen. -Brian O'Reilly.

At the national level, the introduction of a new position in injury prevention was acknowledged as a potential valuable resource moving forward. Hockey Canada has recently unveiled a new sports safety department which includes various areas, but of interest to this project is the vacant role that focuses primarily on injury prevention. Zahir Ali says that this role will become a valuable resource in preventing and treating future injuries, both physical and mental.

There is a desire to bring in dedicated resources and capacity for mental wellness, in the realm of a dedicated person in Hockey Canada to handle injury prevention, both on the physical and mental side. And we are in the process of bringing in someone to lead us in that field. But we don't have that person yet. -Zahir Ali, Associate Counsel, Insurance & Risk Management, Hockey Canada.

Hockey Canada expressed a desire in acquiring an individual in this capacity, but as it stands, this resource does not currently exist within the organization.

Mental Health Resources

For teams at the junior hockey level, cited mental health resources included the involvement of a team mental wellness provider, as well as the ability to count on league structure for assistance in providing such resources. Mental wellness providers had titles which included preventative service appointee, high performance and culture coach, and a more

traditional social worker. In the cases of junior C and junior B teams, the position is mandated by the league to ensure every team has someone to assist players through their mental health struggles. It is a recent league mandate but the Essex 73's have made this resource available to its players for the past 10 years. Players can make appointments to speak with this individual without organizational oversight or knowledge. This process provides a level of confidentiality and allows players to access this resource without fear of judgement or negative perceptions from teammates, coaches, or management. Pailey, whose organization has an individual in this role, feels that it provides players with a strong resource in responding to a team tragedy.

I mean, probably a selfish answer here, but I feel like we've got the right systems in place to deal with something like this. -Mike Pailey, General Manager, Essex 73's.

Not only are these resources available to athletes on a regular basis, but pre-implementation within an organization allows them to be immediately accessible.

Instead of being reactive to it, we're now trying to be proactive in terms of the mental wellness...So bring her in and give them some proactive tools of how to manage their mental wellness and try to get ahead of it. -Russ Herrington, Head Coach, York University Men's Hockey.

Barrie said that the mental health resources at the disposal of the Ayr Centennials were sufficient. The league had proactively identified and partnered with a hockey-based counselling service that is on call to help assist with any mental health crisis. The provider was able to respond and offer grief counselling services to players and staff immediately following the tragedy. This measure was pre-emptively included by the league prior to any incident, but proved to be of great value in resourcing athletes when it was needed. Players and staff who were

affected also had access to the Heroic Minds mobile phone application, which offered mental health resources and counselling.

I would say our boys, they got everything they possibly needed from the private counselling, from the public counselling, from Ben and his app. -Tim Barrie, Director of Hockey Operations, Ayr Centennials.

Financial Resources

A common theme that was recognized throughout the interview process was the discrepancies in financial capacities between teams at the junior hockey level and minor hockey associations. Minor hockey associations mainly focus on acquiring sufficient funding to remain operational, while junior hockey teams generally have supplemental financial resources. From a proactive perspective, multiple participants explained the inclusion of mental health providers as a permanent fixture within their junior hockey organizations. In the case of the Windsor Spitfires, the organization has O'Reilly meet with players on a weekly basis, while the Essex 73's have an individual that is around the team frequently. Though a certain level of financial flexibility is required in order to access them, having a team staff member focused on mental health is a great way of protecting the well-being of athletes both in everyday life and following a tragedy. The profitable nature of junior hockey organizations allows them access to these assets independently, while associations at the minor hockey level may struggle to offer the same level of resources.

Oh yeah, it's taken care of, the player doesn't have to pay anything if that's what you're asking. When they go see (preventative service appointee), as long as they're on the team, we take care of it through the team...As far as the financial side goes, we provide that for them at no cost. -Mike Pailey, General Manager, Essex 73's.

When organizations had to respond quickly to crisis situations, these same financial resources played an important role. The GOJHL had a plan to ensure the funds were at their disposal and could quickly be accessed in a crisis where mental health resources were necessary. The league chose to take the money paid in fines to pay for mental health services for athletes. Once a tragic situation had occurred, the funds were ready to be accessed to provide players with grief counselling.

When teams get fined, it goes into a pool, and I think what our governors group did is we decided to send that towards mental health, including the app and we had to pay for every time that this group (of grief counsellors) met with us. So I'm really proud of our league that we've set it up that way that fines for like a head check goes towards mental health to help kids. -Tim Barrie, Director of Hockey Operations, Ayr Centennials.

By taking money for breaches of conduct, the league was able to take negative circumstances and turn them into a very valuable and helpful resource. The pool also funds the league's contract with the Heroic Minds app, giving access to mental health resources to players, coaches, and staff throughout all teams.

Free/Donated Resources

Multiple participants in non-profit roles with hockey organizations spoke on the possibility of accessing free or donated mental health resources following a tragedy. There was a strong belief that mental health providers in the community would be willing to donate their time and services to assist the affected athletes through their recovery process. Multiple participants felt that these local providers would have the capacity to understand the importance of offering support to athletes who may not have the means of acquiring such resources otherwise.

I suspect, in the event of a tragedy, in the immediate aftermath of such an event, that some resources would be willing to give of their time. -Anne Marie Schofield, President, RMHA.

Within the OMHA, this thought was reiterated as something that has occurred in previous situations of tragedy.

Generally, you look locally. Sometimes these are for free. Sometimes they're using some sort of donation. -Mark Krawczyk, Manager, Hockey Development & Insurance, OMHA.

It is important to note, however, that this type of assistance is retroactive, which lacks many of the benefits discussed with proactive resources. In these situations, a catastrophe would need to occur to stimulate the attention of community members in stepping up to offer their services.

Reactive measures will be limited in their effectiveness in comparison to proactive ones, but they still have the potential of offering considerable value in tragedy recovery.

Heroic Minds

Heroic Minds is a mobile mental health application that takes a proactive approach to psychological wellness. Several leagues within Ontario at both the junior and minor levels have already implemented the app and offered its contents to all team-affiliated players and staff. Described by its founder, Ben Fanelli, as a one-stop-shop like Netflix or Spotify for mental health resources, the app provides educational pieces that allow those using it to acquire tools that help them solve problems in their lives. The library of content within the app continues to grow daily, allowing users to focus on the exact mental health problem they may be dealing with. The app has focused significant attention on the grieving process, providing education on grieving versus mourning, and helping subscribers navigate difficult times in their lives following loss. According to Barrie, this resource played a key role assisting the Ayr Centennials through their team tragedy and could potentially assist young athletes in the future.

We just took Ben Fanelli on for a three-year contract, and I was actually one of the governors that pushed the hardest for Ben, not just because he was a friend, but because I know how important it is that kids have someone safe, that they can call and you can call anonymously, cause it's on an app. -Tim Barrie.

The app provides resources written at a Grades 8 to 10 reading level, meaning it is aiming to be accessible to both athletes in minor and junior hockey. Moving forward, the hope from Fanelli is that more leagues will follow suit and allow their players, coaches, trainers, and staff access to these proactive mental health measures, which can also be of immense value in times of grief following a tragedy.

In my mind, what I would love to do with Heroic Minds as we slowly partner with more leagues is show proof of concept. And then one day, knock on Hockey Canada's door and say, hey, we'd love to provide this resource on a greater scale. -Ben Fanelli, Founder, Heroic Minds.

Insurance

At the provincial and national levels, the Hockey Canada insurance was cited as a main resource in responding to team tragedy with the grief counselling that is available through the insurance coverage. There was, however, some uncertainty as to whether or not members were aware of the of the opportunity to access these resources. All registered hockey players and coaches playing under the Hockey Canada umbrella, from the CHL to minor hockey, as well as people in leadership positions throughout these organizations, are covered under this insurance plan. As long as the league is sanctioned and registered with Hockey Canada, participants will have access to these benefits. Those that participate in non-sanctioned, non-registered leagues (as it relates to Hockey Canada) do not have coverage. There are two pieces to this insurance

coverage, with the first being a secondary major medical dental benefit coverage, which covers situations ranging from tooth injuries, physical injuries, to a player who has experienced a traumatic incident in the arena. Examples of this have ranged from player suicide to a player collapsing on the ice, in which teams and associations have been able to access grief counselling following those events. Currently, the grief counselling available per team is capped at \$1000, meaning teams would likely have to access this resource in a group setting because of the elevated prices of individual therapy sessions. The second piece of this insurance plan is accidental death and dismemberment coverage, which covers situations where a participant suffers a loss of limb, loss of eye, or even a death. In these cases, financial compensation can be obtained from the insurer, while expenses for things such as funerals and therapy are also covered. There are maximums to this coverage for teams and players participating in Hockey Canada sanctioned events and activities outside of the country or continent. As such, teams are advised to obtain additional insurance if they plan on travelling. The insurance policy allows for the deployment of on-site crisis management personnel, depending on the severity of the incident. The current maximums imposed may prove to be insufficient in adequately resourcing players and teams in crisis, despite the fact that grief counselling is available to teams in instances of tragedy.

An important aspect to note is that this insurance is a secondary insurance plan, meaning that if a player or their parents did not have their own insurance coverage, Hockey Canada would be the primary carrier. However, if a participant or their parents do have their own insurance coverage, then that insurance must be accessed first. Although, if this primary insurance does not cover the entirety of the costs associated with the injury, then Hockey Canada's insurance coverage could cover those costs, to a limit. Two participants from the OMHA also spoke about

previous cases where grief counselling was necessary and reported that Hockey Canada usually stepped up to offer it immediately, without requiring participants to go through their primary insurance coverage first (note that specific cases of these actions were not cited by the interviewees, as they spoke in broader terms).

Community Support

One theme mentioned by multiple participants was the ability to count on community support in instances of tragic events. Both perceptual and tangible feelings of support were identified by participants, including from those who have previously responded to tragic events and were able to see the support from both the hockey and local communities firsthand. For those who have not lived these same circumstances, stakeholders acknowledged seeing the outpouring of support that was directed towards the Humboldt Broncos from the Canadian hockey community following their devastating bus crash in 2018. Participants felt that this type of community outreach could also be expected in future instances of team tragedy.

I'm positive that the outreach in the community would be received very well...I think personally, within the organization we have enough people, but I know for a fact that this community would want to chip in and help out where they could. -Mike Pailey, General Manger, Essex 73's.

Barrie echoed this sentiment after seeing how much the local community was engaged in helping with the healing process in Ayr. People from across the community contacted the organization looking to help and offer support in any way they could.

Ayr got us through this, like the fans, stuff they were doing for the boys, just cheering for them, the lining up on the railing to meet them. We don't usually talk to the parents in junior hockey, but a lot of the parents were coming up to me and just letting me know how much

support the boys were getting from so many different people. It's heartwarming. -Tim Barrie, Director of Hockey Operations, Ayr Centennials.

The support from the hockey community was not felt solely on a local scale, but also from provincial and international perspectives. Gestures included a team from Europe who was participating in the tournament where the incident occurred, putting patches on their jerseys. Another team within the province made helmet stickers and shipped them to teams across the Ontario. At the team's next game, the opposing team lined up and placed their helmets on the ice to honour the player who had lost their life. After news of the incident made way around the country, Ron MacLean, best known for his on-air host position on Sportsnet's *Hockey Night in Canada*, offered to come speak at the funeral, where more than 1000 people showed up, many attired in their minor and junior hockey jerseys. The cascade effects on the tragedy spread across the country, despite the fact that so much of the community support came locally. The hockey community showed once again that it is there to offer its support to those who are grieving.

When Russ Herrington was made aware of the tragedy that had occurred in Ayr, he reached out to Barrie to check in and offer his condolences. Herrington was familiar with these types of tragic occurrences and wanted to offer his support, having previously lost a friend in the Humboldt crash. After consultation with Barrie, Herrington made the trip to Ayr to meet with the team and he held a presentation on remembering the lives of people that passed and offered the organization ideas on how to honour Palfreyman. Though Herrington was under no obligation to do so, he gave his time to other members of the hockey community after having endured a similar struggle firsthand. Moving forward, Barrie asserts that this selfless behaviour and desire to help others will be at the forefront of his priorities should another organization endure a similar crisis.

I know for myself if any other teams in our area, if something happens, I think I'll pick up the phone and call them because that stuff helps. -Tim Barrie, Director of Hockey Operations, Ayr Centennials.

Family Nature of Hockey Teams

People in hockey have often been criticized for the culture they perpetuate with respect to mental health. However, there may be an aspect of that same culture that, when channelled appropriately, serves as a positive contributor to a successful response following team tragedy. Several participants noted the family culture that resides in many arenas and locker rooms across Canada. This “hockey family” does not only extend from team-to-team, but across the hockey community as a whole. This notion was evidenced when 16 members of the Humboldt Broncos passed away in 2018, as the outpouring of support stretched from coast to coast and team affiliations were no longer a consideration. Four different participants acknowledged that this family aspect of hockey either helped them overcome a team tragedy or could be a positive benefit in responding to one in the future. Though not always tangible in nature, the participants explained that there is a binding fiber that connects people within hockey and allows them to come together over a common challenge or situation.

There's like some sort of stronger love to these sporting environments where people are willing to reach out and help each other. -Ben Fanelli, Founder, Heroic Minds.

The team identity of the sport was recognized as an important factor in creating and reinforcing people's desire to reach out and help others who are struggling.

There is something special about hockey because of the difference between it and a lot of other sports is...What do we market in hockey? We market the team. We don't market the individual and every other sport tries to market the individual. So there's still that team first

mentality and maybe that's why in hockey, when something bad happens, it's easy for everyone to rally around because ultimately we're one big team. -Russ Herrington, Head Coach, York University Men's Hockey.

This idea of team identity was reiterated by Pailey when he explained his position on reaching out to Barrie.

I mean on the ice we're competitors and we fight each other, but off the ice we take care of each other too. -Mike Pailey, General Manager, Essex 73's.

Despite the unrelenting intensity and physicality that can exist between hockey teams, there was a clear theme communicated by participants that when the realities of a situation are more important than the game, priorities and focus can be shifted very quickly. In many of these cases, that shift is an automatic response to being part of a much larger team, one that extends far from the ice and aims to support those sharing a common passion.

For the Ayr Centennials, that unique relationship and love that exists between players and team staff served as a significant asset in the recovery process. Though hockey teams have historically been associated with strong bonds between team members, enduring a trauma together can have cascading effects on the family culture of a hockey team beyond what is generally associated within the confines of a dressing room. Experiencing an event as a group has the ability of creating a strong sense of connection between team members. In this study, Barrie identified teammates as the most influential source of social support amongst players. In situations of tragedy, these types of experiences are far from desired, but it is that familial setting within a team that can be important in allowing athletes to overcome their struggles together. This was evidenced by Barrie, as he highlighted just how important that family nature was for each individual athlete in recovering. Though formal resources were provided and helped, he

explained that sometimes it was simply easier to express vulnerable emotions with people you trust and know the best.

When you're sitting in a room and you got a counsellor, and you're a teenage boy, then you have, social anxiety or whatever. It's a lot different than being in a group chat where you're, sitting in your basement and you're on your phone and you're maybe able to say those things and then it just snowballs. When I go back and I look at our chats that were happening around the death, it's amazing. One of our equipment guys, grown man, laying it all out there just saying, you know what? I love you guys and that stuff helped everybody. -Tim Barrie, Director of Hockey Operations, Ayr Centennials.

Physical and verbal gestures of love were present and encouraged, creating a unique bond between players that saw them only get closer to one another as time passed. The Centennials emphasized the creation of a safe space within their team environment where players did not have to shy away from communicating their honest emotions for fear of judgement. Players supported each other in expressing their feelings and displaying vulnerability, something that, in addition to the collective identity created from having endured trauma together, only enhanced the trust between athletes. This allowed the Centennials to provide both physical and emotional support to one another, without any hesitations.

But I mean, I'm talking like full on, I love you guys, you're my brothers. Like just bearing it out there and you would almost be a little awkward or embarrassed about it. But when you lose someone like your captain, who's the glue. Guys were vulnerable and they said stuff, they shared stuff. But the amount of physical hugging, group hugging, crying. I didn't see anybody not cry. And I think the group chat really brought them together. -Tim Barrie, Director of Hockey Operations, Ayr Centennials.

The notion of loving the other members on a hockey team and the benefits that this can provide was one that was talked about by multiple participants.

And just allow these people to feel what they should be feeling when you lose a loved one right like let's call a spade a spade, in hockey we love each other and just allowing, being there to allow people to feel what they need to feel, to work through it. -Ben Fanelli, Founder, Heroic Minds.

In Ayr specifically, the loss of their captain brought an already tight group even closer together as players supported and looked out for one another. Through the tragic nature of the circumstances, the family dynamic that existed between players allowed them to overcome their challenges together, and in the long run, brought them even closer as a team.

And then even days off, they would be going out for breakfast, doing stuff together. I was so proud of those guys, cause like they're checking in on me. -Tim Barrie, Director of Hockey Operations, Ayr Centennials.

Players and staff were frequently monitoring each other, and this created a safe environment where players could communicate their emotions amongst a group who had all experienced that situation together. This is another component of the team environment which acted as an important resource in the recovery process.

I think they felt that this is my safe spot with my boys. And when I talk about Eli, it makes me sad. But I only want to talk about it with my boys and I heard that over and over again. And it's interesting that you brought that up because I kind of forgot about that, but that's when they wanted to talk about it. It's like a little circle of the people that were there. They were the ones who talked about it. -Tim Barrie, Director of Hockey Operations, Ayr Centennials.

Many participants acknowledged that despite the fact that hockey culture can often be perceived negatively, there is a unique identity that allows individuals within hockey to come together in times of difficulty to support one another, regardless of team affiliation. Within individual teams, these concepts of family and love are clearly present, and they can prove to be an important asset in successfully recovering from a tragic situation that affects a large group.

Increase in Awareness

Mental health has become a topic of important and frequent discussion in sport and society at large in recent years. Though this shift in mindset has not been linear, organizations across different sectors have made commitments to improving mental health resources and outcomes. Part of this transformation has included the creation of organizational cultures where the idea of seeking resources for mental health conditions is no longer frowned upon, but encouraged. In the Canadian hockey system specifically, this shift in awareness is long overdue in an institution where the status quo has long been to internalize mental health conditions and show no weakness or vulnerability. There is no better example of this than the experiences of the 1986-87 Swift Current Broncos who were denied any form of structured support, and any discussion pertaining to emotional vulnerability within the team setting was essentially non-existent. When discussing mental health resources in hockey at the time of the Broncos, Schofield put into perspective the historic reservations that existed on this topic.

It didn't exist. No seriously, in the 80s it was shut the fuck up and move on. Be a man. -Anne Marie Schofield, President, RMHA.

As social acceptance surrounding the topic has increased, many organizations throughout hockey have vowed to improve their internal culture when it comes to mental health. The research team hoped to understand whether this new mindset was palpable within the

organizations of the participants. As such, participants were asked to explain the change in values concerning mental health within hockey and whether or not they have seen these amendments within their own organizational structure. Though opinions differed in the details of this progression, in one way or another, all participants believed that there is an increased awareness of the prevalence of mental health conditions and the resources that athletes require to successfully counter them. Two participants explained that this focus on mental health is not just happening in hockey, but in society at large. This is especially true following the COVID-19 pandemic and the mental health concerns that can result from tragic events, which were brought to the forefront as a result.

I mean, COVID has accelerated a ton of things, both good and bad, but that particular area is probably good because it's really accelerated the conversation on it and the focus on it, the pandemic. -Russ Herrington, Head Coach, York University Men's Hockey.

Incidents in hockey, including the 2018 bus crash involving the Humboldt Broncos, have also put the need for mental health resources at the forefront of the minds of decision-makers in the sport. As new leaders enter the sport in positions of authority, they bring with them very different perspectives than those of decision-makers in years past. Participants at both the provincial and national levels expressed that there is a strong sentiment that leaders at the highest level of the sport are taking notice of the shifting climate of mental health and the need to be better prepared to respond to crisis situations.

I think over the years that I've been here, I've seen a little bit more of this going through and like you said, those two unfortunate incidents have probably brought awareness, not only to minor hockey, but also to Hockey Canada. -Mark Krawczyk, Manager, Hockey Development & Insurance, OMHA.

So I think that you'll see that with Hockey Canada, especially given things that have happened to the organization, there is a shift in focus and a desire to change, and changing in all facets. Which includes mental health supports, physical health supports for players and all types of participants within their organization. -Zahir Ali, Associate Counsel, Insurance & Risk Management, Hockey Canada.

In addition to increased awareness, Hockey Canada has committed to hiring someone with expertise in mental health and injury prevention and are currently in the process of doing so. Hockey Canada hopes that this individual can communicate required resources and help lead the organization in establishing improved mental health outcomes for hockey players of all ages, as well as help coordinate responses to any crisis situations. This initiative points to a culture that is increasing its awareness of mental health and prioritizing the well-being of its athletes. Pailey acknowledged that this does not mean the sport is at a point where everyone would utilize the resources provided to them in a crisis, despite the positive developments in the perception of mental health in hockey. There remain athletes who may be hesitant to access these resources, regardless of the emphasis on normalizing speaking with mental health professionals.

I want to think that our guys wouldn't have a problem going to see somebody. Would I say that about everybody? Probably not. I think it's probably pretty split... Which is good because it's an improvement from where we were right where no one wanted to talk about anything. - Mike Pailey, General Manager, Essex 73's.

Moving forward, numerous participants believe it is imperative that organizations continue to foster cultures where mental health and seeking resources is normalized. At the highest level of hockey, there is an acknowledgement from Ali that this area of the sport must continue to improve. At the level of provincial and national governing bodies, there is a desire to

achieve exactly that, but they remained adamant that this will require coordination from stakeholders across the country.

Provincial members and the organization understand that everyone needs to work together, be on the same page, manage expectations. Recognize that the support can no longer be what it was 25 years ago, five years ago, even one year ago. That's the change and there is an appetite to change. -Zahir Ali, Associate Counsel, Insurance & Risk Management, Hockey Canada.

The ways in which this continued improvement can be accomplished may vary. One participant suggested mandating mental health awareness training for coaches and coaching staffs, as well as ensuring that team managers are not driven to focus solely on winning at all costs. Dedicated staff members to deal with mental health problems and online reading resources were also mentioned as potential solutions. This is the type of progression that Hockey Canada wishes to achieve, and they plan on continuing to hire people in these spaces to help attain that goal.

Discussion

This section will assess the results of this study in comparison to previous research addressed in the literature review. This section then shifts to policy recommendations that can be implemented in the minor and junior levels of hockey in Canada. The last set of recommendations will be posited towards Hockey Canada to be applied in a national context for both minor and junior hockey.

Results Analysis

Many of the discoveries of this study substantiate findings that have previously been reported in hockey and sports literature. As well, a number of emerging themes were also identified within the Canadian hockey system. Instances of tragedy that place significant emotional burdens on athletes remain prevalent in Canadian hockey, as was acknowledged by

multiple participants. Prior literature from Rees et al., (2003) suggested that having proper resources in place can make a significant difference in the healing journey of athletes, and this sentiment was corroborated by participants who had personally experienced team tragedy. Access to appropriate and sufficient mental health resources allowed organizations to provide responses which culminated in what was reported as more favourable outcomes for athletes and team personnel in a state of grieving. The stigmatization of mental health has been well documented within sport literature (Bauman, 2016; Gucciardi et al., 2017; Souter et al., 2018; Bird et al., 2021), and this notion has only been further perpetuated in hockey through environments that promote toughness and disapprove of displays of weakness (MacDonald, 2014; Gee, 2009). Though many of these themes were reiterated by participants, it was also apparent that the culture of hockey is shifting as these environments begin to adopt more positive relationships with mental health. Numerous organizations at the junior hockey level have implemented proactive mental health measures and personnel within their organization, while encouraging athletes to utilize these resources and be more cognisant of their mental well-being. Though traditional stigmas surrounding the need for hockey players to conform to the norms of hegemonic masculinity still exist, the disapproval that has historically been there for athletes seeking mental wellness resources seems to be dissipating.

As coaches and managers in hockey begin to alter the dynamics of the relationships they have with their athletes, the emphasis on addressing mental health issues continues to rise in prevalence. Previous research in hockey has extensively studied and concluded that male hockey players are expected to show a lack of emotion in this environment outside of what is associated with winning and losing (Robidoux, 2001; Pappas et al., 2004; Connell, 2005). However, the results of this study demonstrate these expectations are less prominent, with one participant

noting the importance of their team coming together to hug and to cry following the sudden loss of a teammate. In this instance, the hockey culture was not toxic but healing. This display of emotions was certainly not encouraged within the dressing room of the 1986-87 Swift Current Broncos, as previous research did not uncover any such themes of emotional vulnerability between teammates (Smith, 2022). Rather, the aftermath of this tragedy promoted ideals of silence and emotional suppression, something that many survivors believe contributed to their long-term struggles making sense of the event (Smith, 2022).

The contrast between the experiences of the Broncos and those of the Ayr Centennials highlight the progress that has been made in terms of emotional vulnerability within these spaces. Although some participants confirmed the continued presence of hegemonic masculinity within hockey, the overall trends point to a sport that is now encouraging emotional vulnerability, especially in instances of tragedy and grief. Ascertaining the current relationship that exists between hockey culture and mental health was crucial given the six objectives listed in the methods section. Determining the current climate of this relationship allowed researchers to achieve the sixth objective, as it became evident that the topic of mental health continues to rise in prominence throughout all levels of Canadian hockey. Though inhibitions remain, leaders in the industry are making a point of encouraging athletes to seek out and use resources. This demonstrates significant progress from where the sport's culture has been in the past. There is still work that needs to be done on this topic, as even Hockey Canada has acknowledged the need to stay committed to addressing toxic behaviour within the sport (Clipperton, 2022; Westhead, 2023), and the requirement of incorporating further mental health resources throughout. However, this study has shown that these dynamics are being altered, and athletes are, more now than ever, empowered in their mental struggles and resourced more appropriately.

Previous research has studied the responses to tragic events in sport and emphasized the importance of preparation in creating a successful response (Beinecke, 2014). Following the Boston marathon bombing in 2013, several federal and local agencies coordinated the provision of more than 120 teams of grief counsellors to those affected by the events (Beinecke, 2014). In doing so, these organizations offered an effective response, with the associate chief of psychiatry at Massachusetts General Hospital stressing that their preparation was paramount in providing counselling services (Beinecke, 2014). This study also noted that preparations for mental health resources should be incorporated into disaster planning, meaning planning for all potential contingencies and emergencies (Beinecke, 2014). It was also expressed that the coordination between relevant organizations in providing such resources is crucial (Beinecke, 2014). The findings of the current study support these discoveries, as prepared organizations were capable of coordinating with appropriate stakeholders to offer required resources. When mental health providers were proactively identified and contacted, and the hockey organization was aware of who needed to be deployed in the immediate aftermath, it reduced wait times and allowed athletes access to grief counsellors in a timely manner. Undoubtedly, this quick action contributed to improved outcomes for players, and further highlights the importance of taking a proactive approach. In accordance with previous literature which highlighted the significance of preparation for crisis to be incorporated in disaster planning, the research team fully acknowledges the positive impacts that doing so can have in creating positive mental health outcomes. Further considerations that should be made by hockey organizations in preparing themselves for these outcomes will continue to be discussed.

Significant research has been conducted to assess the prevalence of social support in recovering from traumatic events. Inoue et al., (2022) posited that substantial amounts of social

supports are required for athletes affected by trauma, as these have the ability of delivering stress mitigating effects, helping to shield individuals from both the physical and psychological effects of traumatic experiences (Rees et al., 2003). The results of our study are congruous with these concepts, as social support played a crucial role in aiding athletes subjected to tragedy make sense of these events and make full emotional recoveries. Support from teammates, mental health professionals, and the community at large were significant enablers in allowing athletes to be vulnerable, speak on their feelings, and find connection that helped them through difficult circumstances. Through these avenues, social support helped create healing environments where athletes did not hesitate to express their emotions. They were also capable of finding comfort from others within their organization who had lived through the same experience while encountering similar emotional hardships. This support helped mitigate the potential physical and psychological effects induced by the traumatic experience, which is in line with the literature on the subject (Rees et al., 2003).

A prevalent theme throughout the interviews was the importance of organizations creating a supportive environment when it came to mental health, allowing athletes to speak on these issues and access appropriate supports without the concern of judgement from others. Payne et al., (2007) found that the availability of coping resources and a supportive environment can enable athletes to seek out and utilize social supports. Many participants in this study acknowledged the importance of this supportive environment, as they noted an increased willingness in athletes utilizing mental health resources once they had seen some of their other teammates do the same. Knowing they would be supported in doing so, this helped eliminate inhibitions that athletes may have felt in speaking to a grief counsellor following trauma. It was also stated that participants have encouraged their athletes to access the mental health

professionals within their organizations. In turn, athletes showed a greater willingness and rate of engagement once it was evident that the organization both supported and encouraged the use of these resources. Multiple participants also acknowledged an emphasis on immersing themselves within the team environment in order to identify athletes that might struggle with their mental health or another dimension of life. In doing so, coaches and managers have been capable of creating trust relationships with athletes, and they can also direct them towards the appropriate resources or personnel when necessary. This environment is fostered through an open-door policy where troubled athletes are encouraged to speak with their coaches. The junior C Essex 73's also conduct individual pre, mid, and post-season interviews to better gauge the well-being of their athletes. This approach represents a significant progression from both what has been noted in previous literature, as well as the experiences of the 1986-87 Swift Current Broncos who were not given any guidance pertaining to their mental health (Smith, 2022).

Research has shown that perceptions of social support in groups can be significantly altered by team identity within sport organizations (Inoue et al., 2022). It was mentioned several times by participants who had endured trauma that the concept of team identification played an important factor in permeating social support within the group. This identity was said to only grow stronger as the organization traversed its healing journey. Though their shared experience was tragic, the emphasis on supporting one another and looking out for their teammates only brought them closer together. It allowed group members access to psychological resources such as relatedness and social support, which are shown to serve as protecting devices that can help alleviate negative emotions (Inoue et al., 2022). Access to these social resources is enhanced for athletes when they identify strongly with their group (Jetten et al., 2017), and can aid in restoring and enhancing both mental and physical well-being (Inoue et al., 2022). Our results are

consistent with these notions as there was a heavy emphasis placed by participants on the importance of team identity and the ways in which this dynamic fostered a healing environment amongst athletes. In Ayr, this notion was described as essential to their collective recoveries, as the team identity and related experiences shared between players brought them closer together and allowed them to offer support to one another. The ways in which players identified with their team was only exacerbated following the tragedy, and this strong team environment was essential in creating a healing environment that helped the athletes overcome their mental hardships induced by their teammate's death. Social support derived from team interactions, whether physical gestures such as hugging or vocal gestures such as saying, "I love you guys," was cited as the most influential factor in allowing the team to prevail over the difficulties that were present due to their trauma. All club-affiliated participants believed that the athletes within their organization shared a tight bond and believed that this a common denominator within hockey dressing rooms. A reason given for this perception is the team-first approach that is permeated within hockey that is not often communicated as strongly in other sports. Barrie even went as far as saying that he had never seen a tighter bond between players than what was witnessed following their teammate's death. Research has suggested that team identity is a key component in player outcomes, this study substantiated these results in finding that a strong team identity extended a social support that was invaluable in producing positive mental health results.

When Smith (2022) studied the outcomes of the 1986-87 Swift Current Broncos bus crash with surviving members, the most mentioned source of social support was that of their teammates. For participants in this study, teammates were again mentioned as the most influential and important sources of social support. Despite this similarity, the experiences of the Broncos in 1986-87 and those of participants in recent times were significantly different. Though

the Broncos acknowledged they became closer with their teammates as a result of their shared trauma, this support was seen more in forms of physical presence and unspoken or assumed bonds rather than openly expressed emotions (Smith, 2022). In this study, open expression of emotions among teammates was not only present, but encouraged. Physical gestures such as hugging and crying were a commonality, while words such as “I love you” and “you’re my brothers” were frequent and especially notable in an environment historically correlated with hegemonic masculinity and the suppression of emotions (Lefebvre et al., 2022). These findings were in line with research from Drury et al., (2019) who posited that group identification can be enhanced following a traumatic event, while enhancing degrees of trust amongst those who share a similar social identity.

In Ayr, Barrie described an environment that was considered a safe space to talk through their feelings, while the surviving Broncos failed to communicate emotions in a productive or healing manner. The trust between athletes in Ayr was enhanced due to the collective identity they shared having experienced trauma together, and this allowed them to provide support for one another in an environment where emotional vulnerability was encouraged. When comparing the experiences of the 1986-87 Broncos to those of the participants in our study, there is evidence of a stark change in direction within hockey. Ameliorations are still necessary, of course, but there is a definitive improvement in the ways in which athletes are allowed to grieve and behave following tragedy. The results of this study point to a climate where mental health is a much greater consideration, and the suppression of emotions is no longer expected from athletes experiencing mental hardships.

As the culture of hockey shifts from one of silence and emotional disconnection to one with greater regard for mental wellness, there appears to be a desire within the industry to adapt

to these changes. Proactive mental health resources are becoming more prevalent and are already being incorporated into team staffs at numerous levels. The next step to ensure athlete well-being within the sport is proactive preparation. As it currently stands, most hockey organizations are not prepared to effectively respond to a team tragedy. There remains a lack of preparation in terms of a planned response that can aid in properly administering appropriate resources. For other organizations, not only is there a lack of protocol in place, but there is also limited knowledge of resources, which could make responding to a team tragedy extremely difficult. Proactively identifying these resources and creating a comprehensive plan to access them will be at the foundation of policy recommendations.

Interpretations

Participants from junior hockey and governing bodies said they believed their organizations were prepared to effectively respond to a team tragedy if it were to occur. Only participants from minor hockey acknowledged concerns about under-preparation. Although junior hockey clubs and governing bodies perceived their organizations to be prepared, the overall data pointed to a system that is not sufficiently ready to respond to team tragedy.

Participants in minor hockey felt ill-equipped to handle a tragedy response, which is telling since more than 420 000 minor players were registered with Hockey Canada in 2022 (Hockey Canada, 2022). If the organizations currently in charge of administering potential responses to the greatest proportion of Canadian hockey player do not feel prepared, then regardless of what Hockey Canada says or feels, more needs to be done. As has been acknowledged, minor hockey associations do not generally possess the financial capacity to administer mental health resources on their own and would depend heavily on their governing bodies. Representatives from OMHA and Hockey Canada cited the \$1000 grief counselling allocation via its insurance providers as a

main asset in administering support to athletes struck by tragedy. This asset links to this study's first research objective: determine what resources are currently in place and available to teams struck with tragedy. These financial resources are insignificant when considering the rising cost of counselling services, however, and the number of players on a team who might require care. A healing plan could require multiple sessions with mental health providers, potentially in an individual setting, and a \$1000 limit would not cover costs. The current insurance provisions create significant shortfalls in treatment options. If this resource is the primary one cited by governing bodies in responding to tragedy, then it points to a system that is much less prepared to handle crisis events than they wish to portray.

Hockey Canada's representative did express a strong desire to increase mental health resources throughout the organization, including the hiring of someone to work primarily in that field. These are undoubtedly positive developments and point towards an organization that recognizes more needs to be done in protecting the well-being of athletes. However, until these additional resources are actually implemented and offered to players, then their words are nothing more than good ideas. Given the current mistrust between Hockey Canada and the rest of the country (Ibrahim, 2023), Canadians are not likely to offer the organization the benefit of the doubt until tangible changes are made and implemented. In the interview for this study, Hockey Canada's Ali gave examples of the progressions the organization wished to reach with respect to mental health resources available to athletes. These included: reading resources; online resources; dedicated staff members; and mental health awareness training. Ali also explained that the organization is currently in the process of acquiring a staff member to work in the area of injury prevention, focusing on reducing the prevalence of both physical and psychological injuries. Including these examples allowed the research team to determine the second research

objective, ascertaining the supports organizations wish they could offer. However, when discussing what is holding back Hockey Canada's ability of offering these supports, finances were cited as a main barrier. In fact, financial resources were the main requirement mentioned by participants in their ability to offer better mental health support. These discoveries connect with the third and fourth research objectives of determining what resources organizations would be required to offer an ideal response, as well as the barriers that are currently stand in the way of ideal. Ambitions of improving mental health support are promising and suggest that Hockey Canada is aware that more needs to be done when it comes to providing mental health resources. But until these changes are implemented, the organization cannot cite these resources are reasons to feel prepared in handling team tragedy given the fact they do not yet exist.

Perceptions of preparedness were highest among participants representing junior hockey organizations. This viewpoint might seem reasonable given greater resources and capacities than minor hockey associations. Many of these organizations have already implemented mental health resources and staff within their team structure, giving them further confidence in their ability to successfully respond to the outcomes of a tragedy. One of these represented organizations, the Essex 73's, credited their feelings of preparedness to the mental health provider currently included in their team staff. These perceptions are logical, given the fact they would have instant access to support in times of crisis. However, when looking at the response from the Ayr Centennials following their team tragedy, greater assistance was necessary. The Centennials also had an individual in a mental health role, but required additional help from outside providers in administering support. Given the size of these organizations, including players, coaches, and staff, having a single person to administer mental health provisions in an efficient manner is unreasonable. Additionally, this individual is often considered part of the team themselves, so if

a tragedy were to occur, there is a possibility this person would also be affected and require their own emotional support. Without contingency plans in place to access outside resources, the organization could find themselves unprepared.

It should also be considered that counsellors specialize in providing support for those who are grieving, which may not be the case for every team-affiliated mental health provider. As such, the team provider may be underqualified to effectively resource athletes, depending on the nature of the crisis. This is why the Centennials executives called upon an outside team of grief counsellors to speak with their athletes following the death of their captain, despite the fact they had their own mental health provider within the organization. Perceptions of preparedness hinged primarily on the inclusion of this individual for the Essex 73's, as no other concrete examples of structured internal support were provided. These results point towards an organization that may be faux prepared, as the necessary resources after a team tragedy are likely much greater than originally perceived. Though an internal mental health provider is undoubtedly a positive resource for an organization in times of crisis, the experience of the Ayr Centennials proved that much more is necessary to adequately resource athletes. Junior hockey organizations may perceive themselves to be prepared to handle these responses because they do have a tangible resource in place. However, much like Hockey Canada and their insurance coverage, the extent to which these resources will allow for the administration of support is limited. This can create a false sense of preparation.

The final consideration that led the research team to conclude that hockey organizations are not sufficiently prepared to handle tragedy was the lack of planning currently in place. None of the participating organizations had a protocol to guide them through a tragedy response, nor were they aware of any at the higher league levels. Even at the governing body levels, consistent

practices are in place to handle insurance matters, yet no formal crisis recovery plan exists at the OMHA or Hockey Canada to help guide them or affected organizations through a tragedy response. Whether there is a clear acknowledgement of a lack of preparation in minor hockey, or a faux sense of preparedness in junior hockey, all these organizations lack procedures for crisis recovery. Without the existence of formal protocols, organizations cannot be considered fully prepared to effectively handle a tragedy response. Including this type of formal policy within these organizations would significantly improve perceptions of preparedness across all levels. But until these policies are created and implemented, hockey organizations will continue to lack in their true levels of preparation.

Given the lack of preparation that currently exists in Canadian hockey with respect to tragedy response, an ideal solution to the problem is for Hockey Canada to step up and take full control of crisis recovery. As it currently stands, personnel for minor hockey associations and junior hockey teams/leagues are responsible for planning and administering a response following any sort of team tragedy. Given that many of these organizations are partially or fully ran by volunteers, it is unlikely they would possess the full capacities and expertise required to undertake such a task. Rather than making organizations create their own protocols for a response, and then also requiring them to lead the administration of resources, Hockey Canada should be taking charge in providing both. The organizational leadership has made clear declarations of their motivations of improving the culture of hockey across the country and mental health resources for athletes. They have also noted a greater awareness for the need to be prepared to respond to potential team tragedies. If they truly mean many of these statements that they have communicated both publicly and in the interview for this study, the creation of a

department focused on mental health and tragedy recovery would go a long way in increasing levels of preparedness.

One potential avenue to achieving this would be for Hockey Canada to provide mental health professionals in-house, meaning the hiring of dedicated providers who can offer counselling or therapy services to athletes. Having direct access to these individuals within the organization would reduce the strain on small associations attempting to identify local sources. This is especially true for organizations located in rural communities where finding providers locally is simply not an option. From an everyday perspective, these individuals could focus on proactive messaging, helping individual teams improve their relationships with mental health by offering education and continuing to improve levels of mental health literacy throughout the country. Should tragedy strike, Hockey Canada could then deploy this team directly to the association or team that is in need to assist in providing the necessary counselling and/or therapy services. They would also have the ability to consider these events on a case-by-case basis to determine the specific types of resources needed. Incorporating this type of internal team would streamline the recovery process for both Hockey Canada and local organizations, while creating a uniformed response that is unaltered across the country. This method would also remove the emphasis on insurance coverage, allowing affected athletes to receive professional help without waiting for the insurance process. It may also allow athletes with greater access to professional care over an extended period, as they are longer hindered by the barrier of insurance policy maximums or insufficient funding. Dedicating a team of professionals in the area of mental health could be a worthwhile investment for Hockey Canada that provides value both proactively and reactively.

In the interview for this research, Hockey Canada's Ali cited finances as a barrier that could impede them from providing some of the ideal resources discussed. However, publicly available documents suggest that the financial resources exist within Hockey Canada, it is a matter of them choosing to dedicate those resources towards mental health and crisis planning (Gatehouse & Leung, 2022). In the fiscal year ending June 30, 2021, Hockey Canada recorded a \$13.2 million budget surplus for the year, increasing their asset worth to more than \$153 million (Gatehouse & Leung, 2022). These values suggest that financially, Hockey Canada is positioned to do more. Additionally, it was also discovered by Canadian journalists that Hockey Canada used player registration fees to build a financial reserve dedicated to covering lawsuits for sexual assault (Freeze & Robertson, 2022). Officials acknowledged that this fund was used to pay nine sexual assault claims, totalling \$7.6 million since 1989, and another \$3.55 million lawsuit in 2022 (Freeze & Robertson, 2022). If Hockey Canada is willing to spend millions of dollars in these circumstances, it needs to ensure the well-being of their athletes is protected. Given recent scandals, Hockey Canada finds itself at a moral impasse. Using their assets to ensure athletes are sufficiently resourced following team tragedy would go a long way in taking them down the correct moral pathway.

The research team recognizes that Hockey Canada taking full responsibility for responding to team tragedies would be an ideal solution to ensure all organizations have access to sufficient resources. It would create a system with standardized procedures and responses in a manner that all affiliated organizations are aware of and can easily access. A system of this nature would present proactive benefits, such as increased levels of mental health literacy, while also taking the strain off small organizations who do not possess expertise in the field. Of most importance to the goals of this project, it would protect the well-being of athletes and ensure they

are sufficiently resourced following a team tragedy. At the end of the day, this should be one of the most significant objectives for Hockey Canada moving forward. However, until dedicated mental health professionals are brought in, the onus of resource administration remains with individual organizations. As such, the following recommendations are based on what is available and feasible for hockey organizations in the current moment. Though the research team fully acknowledges that an ideal response would be for Hockey Canada to take responsibility in responding to these tragic events, it is not currently in place. Until a change of this nature is made, organizations remain limited in their capacities and will need to continue implementing their own crisis planning. The following recommendations are meant to assist teams in preparing these plans, with instructions dedicated to each phase of a potential response. Until Hockey Canada makes significant changes to their preparations in this area, the following suggestions will offer organizations the best ability of providing effective response following a team tragedy.

Recommendations

The most mentioned consideration when asking participants what should be considered in crafting a response to team tragedy in hockey was the creation of a protocol that organizations can turn to in times of need. Participants felt that this proactive preparation is necessary to provide quick and efficient responses. Every organization, from minor hockey associations to junior hockey teams and leagues, should have an emergency action plan created specifically for their organization that can be easily accessed in any instance of tragedy or crisis. Data collected throughout the interviews provided researchers with a greater understanding of organizational capacities in both minor and junior hockey. The results helped the research team determine what a feasible response to tragedy could resemble at these levels; the fifth research objective highlighted in the methods section. Below are recommendations that can guide hockey

organizations in the creation of emergency protocols, and guide them towards a feasible response given the resources that currently exist. These considerations include resource awareness, acquisition, and administration.

Resource discrepancies between organizations led to the conclusion that a universal protocol or policy to responding to team tragedy is not possible. Rather, emergency responses need to be adapted to fit the unique barriers and considerations of each individual organization. Policy recommendations will include considerations for both minor hockey associations and junior hockey teams in order to better address the many logistical differences between these two levels of hockey. Though there are intersections in many of the considerations for all organizations, the specificity of available resources will need to be adapted to local contexts. As such, a ‘cookie cutter’ approach to preparing emergency plans is not feasible. Organizations will need to consider their unique resources and barriers when creating these plans, while also including providers and resources that will be unique to each city or community. From a macro perspective, there is overlap in many of these considerations, but the differences will be much more apparent from a micro point of view.

Minor hockey associations are the grassroots organized Canadian hockey. These non-profit organizations are typically run by a volunteer board of directors who make many important decisions for their association. Financial resources for minor hockey associations typically include player registration fees and fundraisers, which cover costs such as ice time, player jerseys/equipment, tournaments, and referee fees. Consequently, there is little residual revenue to be applied to expensive services such as mental health professionals or grief counselling. Financial considerations can be substantial barrier for these associations in their ability to acquire mental health resources, both proactively and reactively. Therefore, these organizations rely on

their provincial bodies, as well as Hockey Canada, to guide and support them in times of crisis. Resources tend to be more plentiful at the junior hockey level, as most organizations operate on a for-profit basis and have greater access to both financial and human resources. It should also be remembered that resource discrepancies exist between different junior hockey teams. The higher the level of hockey, generally, the greater the resources. A local junior C team may draw attendance figures in the hundreds, while certain major junior teams at the CHL level can average upwards of 10 000 fans per game. A difference in capacity between organizations at the same level can exist, however, and it is usually owing to matters of location, community factors etc. These factors point to disparities in resources and substantiates the importance of customizing emergency action plans.

Awareness

An initial first step for organizations creating an emergency response plan is being aware of the fact that when it comes to tragedy in sport, prior research and participant testimony have shown that it can affect all types of organizations in unpredictable ways. The hope is, of course, that tragic events will not transpire, and organizations are never required to access their emergency action plan or the resources within it. It is inevitable, however, that some organizations will be confronted by extreme hardship. Consequently, all hockey organizations should be prepared. The following recommendations target the aspect of resource awareness that organizations should consider their emergency response plans.

Minor hockey associations can access mental health providers through their Hockey Canada insurance. Organizations have the responsibility of contacting their provincial governing bodies to access this insurance and eventually, coordinate professional mental health providers. As to acquire such resources, minor hockey associations should be aware of the individuals at the

provincial and national levels who must be notified of these emergency situations. For organizations in the OMHA, Mark Krawczyk is the primary contact for insurance matters. At Hockey Canada, Zahir Ali works as Associate Counsel, Insurance & Risk Management, and coordinates all insurance matters between Hockey Canada and their insurer. These two individuals work in unison to relay necessary details to the insurer and guide teams through the logistical aspects of the insurance claim. For purposes of uniformity, all OMHA members should first contact Krawczyk following team tragedy, as he will communicate with Ali directly to expedite the insurance process. Organizations belonging to Hockey Canada, but who reside outside of OMHA jurisdiction, should contact their provincial or territorial governing body, and determine the appropriate individual to inform regarding insurance matters. This way, necessary contact information will be easily accessible, and the affected organization can immediately correspond with their provincial member to begin the insurance process. The appropriate individual at this level can then communicate with Ali to help the organization in need receive support. In both cases, teams will receive accurate guidance from their provincial governing body who will adopt the responsibility of collecting required logistical details surrounding the event.

Once the appropriate provincial and national stakeholders have been informed of the circumstances, the onus then shifts to the minor hockey association. Although the provincial members or Hockey Canada may be capable of providing suggestions, finding the appropriate local mental health providers is a decision that is ultimately undertaken by the affected organization. Minor hockey associations must become aware of all potential mental health providers and resources that could be of assistance in these circumstances. Specific considerations will be further highlighted, but the research team suggests that all minor hockey

associations have a pre-determined list of local mental health providers that can be contacted immediately following a crisis. It is important to consider that minor hockey associations provide hockey participation for individuals aged 4-21 years old. Therefore, it is also suggested that these lists include providers with specialties ranging from young children to young adults. This way, regardless of the age group of the team that has experienced a tragedy, there will be options available to the association that can be target a particular age range. It should also be noted that the \$1000 limit imposed by Hockey Canada's insurance will prohibit players seeking one-on-one assistance; the hourly rates of therapy will not allow it. Meetings with grief counsellors or other mental health providers will need to be conducted in group settings in order to maximize the dollar amount. Organizations should first ensure that potential therapy partners offer group setting services, prior to including a provider within an emergency response plan. This consideration can be assessed by searching the provider's website or contacting them directly to understand if group sessions are available.

Wait times, regardless of location, are a barrier for individuals seeking mental health support in Canada (Moroz et al., 2020). Mental health resources and providers within Canada are stretched relatively thin and are being pushed to their limits (Butler, 2022). Not all providers are looking to accommodate new clients, nor do they all possess the capacity to handle the additional workload. As such, associations should take further proactive measures by considering all potential avenues of care. They are encouraged to proactively identify providers who would have the capacity to offer their services in unexpected times of tragedy. Organizations would benefit from contacting multiple local providers and creating a partnership with those who would have the capabilities of providing their services in a sudden manner. This agreement would be advantageous in ensuring a level of preparedness from both parties. The specifics of this

affiliation do not need to be robust or complex. It is more important to create partnerships and understandings. Proactively creating a mutual partnership will allow minor hockey associations to contact able mental health suppliers in a timelier manner, rather than reactively attempting to assess suitable providers following a tragedy. Fostering these pre-emptive relationships can give associations peace of mind in knowing that they have access to appropriate and capable providers if it is ever needed. From the perspective of the provider, these relationships are a proactive approach that ensure preparedness if the situation materializes.

As was identified in this study, financial resources present a significant barrier in individual minor hockey associations' ability to provide resources, as do the limits imposed by Hockey Canada insurance. Accordingly, free mental health providers within the local community should be a consideration. The availability of free resources could vary drastically based on location. However, proactive research can still be done to assess any potential free-of-charge services. Crisis centres are available at most Canadian hospitals, while certain cities also have dedicated mental health crisis centres that can be accessed gratis. It is the responsibility of each association to determine where these centres are in proximity to their community to afford athletes and families spaces to turn to if someone is in crisis. Additionally, private mental health foundations exist in certain Canadian cities, providing free counselling services and safe spaces. Many of these foundations are funded by government grants and public donations, while existing to serve their communities free of charge. Due diligence should be undertaken to assess whether resources of this type exist within proximity of each association. If they do, this will provide athletes with additional free resources within their community that can be accessed in both the short and long terms.

As important as it is to recognize potential services within the local community, wait times and other factors can influence the availability of these resources. Therefore, online mental health resources should also be included in this list of options, providing athletes with care they can access remotely. Having greater awareness of the services that can be accessed both in person and online will give associations a multitude of options in offering appropriate care and resources to affected athletes. These resources can be accessed on their own time and are not subject to extended wait times like some clinical options. In person, remote, paid, and free resources should all be included and categorized within an organization's emergency action plan. The board of directors of minor hockey associations should begin by leaning on the knowledge of one another to identify potential resources and providers that they are aware of in their own community and online, and then further research should be undertaken to create the most comprehensive list possible.

At the junior hockey level, some response considerations are different based on organizational size and reach. There is overlap, however, as these junior organizations are under the guidance of Hockey Canada, and registered players are covered under the same insurance policy that exists for minor hockey players. As such, junior hockey organizations should follow the same considerations mentioned for minor hockey associations, including an awareness of the Hockey Canada insurance program and the appropriate person to contact at this level. As well, organizations should determine both local and remote mental health providers. Additionally, individual teams should contact their league to assess if they have any crisis protocols or mental health providers affiliated with their organization. In the case of the Ayr Centennials, the GOJHL had a pre-arranged agreement with a mental health provider who was able to quickly provide

grief counsellors to the team in crisis. If a crisis response does not exist at the league level, club executives are encouraged to advocate for one.

Additional financial resources at the junior hockey level open a wide range of additional possibilities in acquiring both proactive and reactive resources for athletes. Several interviewees at the junior hockey level explained a league mandate in which teams are required to offer a mental health provider to players under the title of preventative service appointee. This individual is available to each team member remotely, while also attending practices and home games to meet with players who require an outlet regarding any mental health or general life concern. While this member would be an important outlet to acquire mental health resources in a period of crisis, pre-emptively including them in the team staff could also present additional value. By proactively including someone in this position prior to any crisis or tragedy, it could help increase the awareness of mental health within the organization and foster an environment where the communication of emotions is normalized and encouraged. In this case, when a tragedy does present itself, athletes will have an outlet who they trust and are familiar with, in an environment where they know it is acceptable and encouraged to utilize such resources.

Additionally, encouraging team members to regularly speak with someone in a mental health capacity will only help in improving the mental health literacy of athletes within the organization. Mental health literacy is defined as knowing how to achieve and sustain good mental health, comprehending mental illnesses and how to treat them, reducing stigma associated with mental illnesses, and improving the effectiveness of seeking help (Kutcher et al., 2016). Although the psychological hardships imposed by traumatic events will still be considerable, having athletes with a better understanding of how their experiences are affecting their mental health, while also improving the effectiveness of their help-seeking behaviours, will only

expedite the recovery process. For these reasons, organizations at the junior hockey level with the capacity to include a staff member focused on mental health are recommended to do so, as this can be an incredibly valuable asset, even if tragedy never does occur.

Due to the discrepancies in financial capacity at the junior hockey level, incorporating a full-time or even part-time staff member may not be feasible for every organization. However, this does not mean that pre-emptive measures cannot be taken. The previously mentioned Heroic Minds mental health application is already being offered to a number of junior hockey players across the province. The paid service includes a growing library of mental health resources divided into categories based on potential struggles that individuals may encounter. The application offers quotes, articles, podcasts, and a plethora of additional offerings that can guide an individual through a particular struggle, or simply help them in reaching their athletic peak. Currently, the application is being offered to all players, coaches, and staff in at least one Canadian junior hockey league, as well as multiple provincial minor hockey associations. Although the ideal scenario would be for teams and leagues to use their financial resources to provide a mental health appointee to all members of their organization, the app does present a more cost-efficient method for teams to elevate levels of mental health literacy throughout their organization.

Acquisition

Once organizations have identified the resources that they have access to, an important next step is recognizing the necessary processes to acquire them in times of need. Being aware of the measures that must be undertaken in order to acquire resources is an additional aspect of an emergency action plan that should be determined in advance. Having these operations prepared

beforehand is another way of eliminating confusion and ensuring a streamlined response following tragedy.

Although the purpose of these policy recommendations is to be as proactive as possible prior to team tragedy, some steps are inherently reactive due to their nature. The first priority for any organization following a tragedy or traumatic situation is contacting emergency services and the families of the affected athletes. Calling 911 (or the equivalent emergency number) for emergency services such as EMS and fire are crucial for handling medical emergencies, vehicle accidents, and other potential emergencies that fit the definition of this research. Parents and guardians of involved athletes should also be contacted as soon as possible to be made aware of what has occurred. In the case of minor hockey, once both parties have been contacted, the next priority should be to immediately communicate with the appropriate member of their provincial body to begin the insurance process and help athletes receive necessary supports as quickly as possible. In order to be proactive on this front and avoid unnecessary scrambling, it is imperative that organizations know exactly who to contact at this level, as well as their contact information beforehand. The research team recommends that every minor hockey association should have the name, telephone number, and email of the individual working in insurance at both the relevant provincial level, as well as at the Hockey Canada level, included in their emergency action plan. In doing so, when a crisis presents itself, there will be no confusion as to who needs to be contacted, nor will there be any lost time in finding their contact information.

Following a crisis, insurance procedures require Hockey Canada to be in contact with both their insurers and the affected organization to determine all pertinent details. The quicker these steps are accomplished; the quicker resources will be administered to distressed athletes. The contact information for members who handle insurance matters should be easily accessible,

and a phone call or email can be made immediately, allowing the governing bodies to commence the insurance process and guide the organization through any other uncertainties they may have. Having this information in place will allow resources to be made available and administered to athletes efficiently. Wait times for counselling and therapy sessions can be lengthy for children and youth in Canada, with some individuals having to wait upwards of six months before gaining access to these resources (Moroz et al., 2020). Research has shown that early psychological interventions for individuals exposed to trauma is effective in reducing symptoms of PTSD (Roberts et al., 2019). As such, organizations should strive to provide these interventions in as timely a manner as possible, and prior preparation that defines how these resources are acquired is a necessary step towards that intention.

For junior hockey organizations, these same considerations should be made for contacting Hockey Canada, seeing as they are also under their jurisdiction and entitled to these same insurance benefits. If the organization identifies ahead of time that Hockey Canada insurance benefits would be necessary in providing an effective response, then the contact information of the appropriate person to notify at this level should be included. As well, junior hockey teams should have a clear understanding of who to contact at their league level, with this information pre-emptively included in the organization's emergency action plan. This process could be as simple as notifying the head of the league, or a specific individual who oversees matters of risk management, player well-being, mental health, or insurance. The simple task of identifying appropriate stakeholders is an additional consideration that can streamline the resources acquisition process.

In one interview, there was a finding that may help eliminate financial barriers and allow junior hockey organizations to acquire necessary resources in times of crisis. Tim Barrie

explained that the junior hockey league to which his organization is affiliated (GOJHL) put the financial resources acquired through fining teams for violations towards mental health resources. Teams can be fined for a number of violations, including suspensions for penalties, coach ejections, illegal practices, etc. Rather than traditional uses for this money, the league re-invested these funds into a pool dedicated towards mental health resources for all teams in the league. For the Ayr Centennials, this included access to grief counsellors from a local provider who came to speak with the team, as well as the Heroic Minds phone application that was made available to every player, coach, and staff member in the organization. The idea of having a fund that directly serves to ensure the mental well-being of athletes is a strategy that has shown great utility in both proactive and reactive circumstances. This is an approach that allowed the league to acquire the financial resources necessary to provide mental health professionals to athletes. For this reason, it is also a strategy that can and should be emulated by other junior hockey leagues across Canada. Turning negative situations that call for financial punishment into positive mental health outcomes is one that benefits all parties involved and should improve the long-term health of the sport. The finances collected by leagues through fines could be used to fund proactive mental health initiatives, such as the preventative service appointee position, or access to the Heroic Minds application, for organizations who cannot afford to provide those resources independently. A system of this nature can provide proactive resources for athletes to increase levels of mental health literacy, while also ensuring sufficient finances are in place to access appropriate providers when a tragedy presents itself.

Administration

In the administration of resources following team tragedy, both minor hockey associations and junior hockey teams should prioritize a timely delivery of resources to athletes.

The proactive measures identified in the awareness and acquisition phases of the response will offer organizations the best ability of doing so. Being aware of the resources at an organization's disposal, in addition to the distinct processes defining how they can be acquired in times of need are two of the most important steps in the creation of an emergency action plan. Establishing these factors in a proactive fashion should help eliminate confusion and uncertainty in the wake of tragedy, promoting a quick administration of resources. However, organizations must also understand their responsibilities in the administration process, and pre-emptively identifying these considerations is the third and final component in the creation of an emergency response plan. Considerations will again fluctuate between the minor and junior hockey levels, and even amongst the junior hockey ranks. Thus, associations and teams will again need to consider all contextual factors within their organization for an effective administration of mental health supports.

It was established at the minor hockey level that associations are tasked with identifying and organizing grief counselling and other mental health provisions independently. When tragedy occurs, the association should be in contact with potential providers as soon as possible to begin planning a delivery of these services. The organization in question will need to work with the mental health provider to determine a time and location that their professionals can meet with athletes. Options may include the arena, a community centre, or the provider's location, but these are flexible and will likely differ on a case-by-case basis. These decisions should be made in a way that allows all affected athletes with access to the professional resources. If the finances allow for multiple meetings, then these should also be scheduled accordingly.

The financial capacities of minor hockey associations will eventually be exhausted, barring additional financial support from either the local community or Hockey Canada. In such

a case, the association should provide all affected athletes and their families with a list of resources they can seek on their own, including paid, free, in-person, and remote options. This consideration will provide athletes and their families with extended opportunities to receive support. Finally, it should be noted that the specific details surrounding the types of mental health resources that need to be administered is outside the scope of expertise of the research team. The possibilities of support will likely fluctuate based on the nature of the tragedy, age of affected, etc, and should be evaluated by professionals in the field of psychology and mental health. These professionals can also assess the duration of treatment required depending on the nature of the event, the age of the athletes, and any other factors they deem relevant. The goal of the administration section is to aid organizations consider all responsibilities in organizing the delivery of resources. However, determining the exact type and duration of those resources is the responsibility of those with proper education and accreditation in the provision of mental wellness.

Similar administrative considerations must be made at the junior hockey level, although it should be acknowledged that the resource deployment will likely be a joint task between the affected team and the league to which it belongs. This type of collaboration was evidenced in the response to the Ayr Centennials tragedy, and the concise communication between Centennials management and the GOJHL produced an efficient delivery of resources to players. It is also important to include this type of checks and balances approach to be certain athletes are receiving the support they need. This strategy of resource deployment is a way of ensuring no organization has too much power or control over the recovery process. A checks and balances outlook will help ensure the health of players is the main priority of all parties involved, while also avoiding instances where the well-being of athletes is unaccounted for. When considering

the Swift Current Broncos, the lack of oversight from the WHL and CHL allowed team management to ignore the best interests of the athletes and focus primarily on getting them back on the ice as quickly as possible. A checks and balances approach that includes administration from both the team and the league is critical in ensuring these circumstances do not repeat themselves.

Mental health providers and the means that will allow organizations to acquire these resources should have already been identified prior to tragedy occurrence. Like minor hockey, once a tragedy does take place, the affected junior hockey team should be in direct contact with these pre-identified providers to begin scheduling grief counselling or other related sessions. As was previously identified, the financial capacities between junior hockey teams and leagues at different competitive levels can vary considerably. Organizations with capabilities might provide athletes with private, individual counselling services, while smaller ones may only be able to offer this support in a group setting. Additionally, some teams may be able to offer these services for a prolonged amount of time, while for others it may be shorter. These are all context specific considerations that should have already been accounted for when the organization established its' emergency action response.

Junior hockey teams should take charge in contacting these mental health providers and scheduling an opportunity for them to meet with athletes, whether that be individually or in a group setting. In the awareness and acquisition phases of tragedy preparation, organizations should have recognized their financial status and identified potential resources based on this information. Again, this proactive planning will only expedite the administration process. When scheduling services, the times and locations will again vary, but it is the organization's responsibility to schedule matters in a way that allows every athlete the opportunity to receive

professional support. Whether resources are being offered for a short or extended period, organizations should be in regular communication with their provider and their athletes to continue planning future delivery of support. The communication with athletes should also include periodic wellness checks to gauge the overall well-being of athletes as they traverse the recovery process. These checks can be short individual meetings that would provide organizational leaders with an understanding of how their athletes are progressing. It would also help determine further steps that should be taken and the urgency with which future resources need to be administered. The details surrounding the specific nature of mental health provisions should be determined by professionals, but incorporating wellness checks is a way of allowing leaders to keep a pulse on their athletes and identify improvements in their mental health. If improvements are not apparent, further actions can be taken to alter or increase the administration of resources.

Participants were clear in their opinion that the culture of hockey has and continues to shift in respect to mental health. Those who had experienced tragedy described environments where all players held a positive attitude towards help seeking behaviours, while those who had not, believed that a majority of their players would feel the same. However, it was stressed that this would not be the case for everyone, as certain athletes may be more hesitant to receiving support, or may even feel as though it is not necessary for them. For this reason, multiple participants noted that resources provided to athletes in the form of grief counselling, whether individually or as a group, should be mandatory for players prior to returning to the ice.

In interviews with the 1986-87 Swift Current Broncos, many of these players agreed that recovery efforts should be made mandatory for all athletes on the team (Smith, 2022). Participants stipulated that without that order in place, they would not have accessed any

resources (Smith, 2022). It is important to note that the culture of hockey and the perceptions of players in 2023 compared to 1986 have changed significantly. However, virtues of toxic hockey culture persist in certain corners of the sport. As such, making these sessions mandatory is a way of ensuring that certain players are not missing out on these resources because of toxic ideals that have been perpetuated to them within the sport. As well, it has been established that symptoms of PTSD can come to the surface more than six months following trauma exposure (Utzon-Frank et al., 2014). Therefore, organizations should prioritize their athletes receiving support quickly, rather than allowing them to claim they are stable and having symptoms appear in the future when resources have already been exhausted. One way of avoiding this situation is ensuring athletes work through their emotions from the beginning.

Another critical consideration in tragedy response is that every circumstance is going to be unique and the ways in which different people perceive tragedy and trauma can vary drastically. Leaving all conversations of toxic hockey culture and hegemonic masculinity aside, certain individuals will be more affected emotionally by tragic events than others. What is considered traumatic by one individual, may not be seen the same way by someone else. The age of the participants subjected to the event in question can also play a significant role in determining emotional perceptions. The research team has defined team tragedy as sudden player death or traumatic events experienced in the group/hockey setting. Outside of a player passing away, these traumatic events could manifest themselves in the way of bus/vehicle accidents or severe injury/medical emergency within the team. However, researchers fully acknowledge that trauma and tragedy can be subjective terms and will be experienced differently by everyone. It is also possible that trauma manifests itself in ways the research team has not yet considered. This idea is also an example of why a one-size-fits-all policy recommendations will not be effective,

as every situation is fluid and the ways in which organizations respond to them must remain flexible as well.

It is important to note that despite the propensity for some organizations to handle the tragedy recovery independently, they cannot have complete control over this process. Although it is crucial for teams to have a plan and take leadership, Hockey Canada and/or the league in which the team participates must also be involved in this process. Hockey Canada must ensure that all appropriate measures are being taken and they are not subjecting themselves to a blind spot in where athletes are not receiving the care they need. When Smith (2022) interviewed the 1986-87 Broncos to recall the aftermath of their deadly bus crash, it became clear that there was no guidance or involvement from the WHL, the CHL, or Hockey Canada. Players were not provided with anywhere close to sufficient supports as a result of Swift Current's independent handling of the recovery. Instead, players kept their emotions private while the organization pressed them to get back on the ice and continue with the season. Without any interventions from the CHL or Hockey Canada, the Broncos swept much of the anguish under the rug, while outsiders perceived that the team had supported its players appropriately, when this was far from the case (Smith, 2022). From the opposite perspective, coordination between the Ayr Centennials and members of the GOJHL contributed to an improved allocation of resources and what was perceived as improved player outcomes. Therefore, it is important that moving forward, governing bodies such as Hockey Canada have a high degree of involvement in instances of tragedy to ensure that athletes are receiving appropriate levels of care, and the steps in the recovery process are being followed correctly in order to avoid future accusations of malpractice.

A summary of the considerations in the awareness, acquisition, and administration phases is available in the table below.

Organization type	Awareness	Acquisition	Administration
Minor hockey associations	<ul style="list-style-type: none"> -Identify the appropriate individual to contact at the provincial governing body level for insurance purposes and include their contact information. -Identify local mental health providers and create partnerships. -Become aware of all local resources, both free and paid, that could be available to athletes. -Include free and paid online or remote services to give athletes and families a multitude of options. 	<ul style="list-style-type: none"> -Immediately contact emergency services and the families of athletes. -Contact the appropriate individual at the provincial level to communicate details and begin the insurance claim process. 	<ul style="list-style-type: none"> -Immediately contact local providers to organize the administration of in-person services in as timely a manner as possible. -Mandate these sessions to the entire affected team and staff Provide athletes and families with the list of identified remote and in-person mental health services and providers. -Administer periodic wellness checks to gauge the overall well-being of athletes as they traverse the recovery process.
Junior hockey teams	<ul style="list-style-type: none"> -Contact the league to determine any existing crisis protocols or mental health partnerships/resources. -Identify the appropriate individual to contact at the league level in an instance of tragedy and include their contact information. -If Hockey Canada insurance will be needed for support, the appropriate 	<ul style="list-style-type: none"> -Immediately contact emergency services and the families of athletes. -Contact the appropriate individual at the league level or Hockey Canada if insurance benefits will be necessary. -Use the financial resources acquired through team fines to help in covering the 	<ul style="list-style-type: none"> -Immediately contact local providers to organize the administration of in-person services in as timely a manner as possible. -Mandate these sessions to the entire affected team and staff -Provide athletes and families with the list of identified remote and in-person mental

	<p>individual working in insurance should also be included in this plan.</p> <p>-Identify local, remote, free, and paid mental health providers and services that could be available for athletes.</p> <p>-Include a dedicated mental health provider within the team staff.</p> <p>-Give athletes access to the Heroic Minds or similar mental health phone application.</p>	<p>expenses of mental health resources.</p>	<p>health services and providers.</p> <p>-Administer periodic wellness checks to gauge the overall well-being of athletes as they traverse the recovery process.</p>
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Recommendations for Hockey Canada

The remaining recommendations are posited directly towards Hockey Canada. Through Hockey Canada’s current insurance program, all registered participants are insured by a secondary major medical dental benefit coverage, as well as accidental death and dismemberment coverage. Under the first coverage, and of specific interest to this study, players exposed to traumatic situations can access grief counselling. However, the \$1000 per team allotment creates shortfalls in treatment options. Group setting counselling might be the only option with the modest money provided by Hockey Canada’s insurer. Under the second type of coverage, if there were an accidental death or injury resulting in dismemberment during a Hockey Canada-sanctioned event, there would be additional coverage for the affected athletes in terms of both physical injury recovery and therapy. There is also coverage for funeral costs in

cases where an athlete passes away. These recommendations will focus primarily on the first category of insurance as this aligns more favourably with the focus of the study.

The ability for athletes to speak to mental health professionals while in the grieving stages following team tragedy is currently heavily influenced by Hockey Canada's insurance policy. Unless the parents of the athletes, or the athletes themselves have insurance coverage through their work or school, any additional grief counselling or mental health services would need to be paid out of pocket. In Canada, fees for private therapy can range from \$50-\$240 per hour (Collie, 2019). This is an important consideration for two reasons: firstly, the \$1000 maximum under Hockey Canada's insurance is unlikely to cover more than a couple of group sessions, which is doubtful to protect the long-term well-being of athletes. Second, for those who may seek assistance on their own, the high prices are likely to act as barrier, as many do not have the expendable income to pursue such expensive resources. Even for those with personal insurance covering mental health resources, plans typically cover between \$400 and \$1500 annually, accounting for only two to eight therapy sessions a year (Moroz et al., 2020). Again, this is likely insufficient in treating the long-term effects that can arise from experiencing or witnessing trauma or tragedy. Due to these factors, it is strongly recommended that Hockey Canada work with their insurance provider to increase the monetary allocation of grief counselling and mental health services available to teams. A more realistic total would provide extended therapy sessions for grieving athletes and may even allow those affected to meet privately with counsellors or therapists. With the rising cost of almost all services across the country, Hockey Canada must consider their offerings for teams and organizations struck by tragedy.

Another important consideration for increasing insurance maximums for mental health was brought to light by Smith (2022) and the Swift Current Broncos. In this research, many Broncos expressed they would likely feel uneasy receiving therapy or counselling in a group environment (Smith, 2022). Given the range of emotions that could present themselves in tragic circumstances, these former players saw greater value in offering individual sessions with mental health professionals (Smith, 2022). Doing so would allow for greater vulnerability and honesty between the athlete and the provider, as well as a more personalized treatment plan for the affected individual. In a group setting, this may not be possible, and may also create further inhibitions for children, teenagers, and young adults with varying levels of comfort expressing themselves in social environments. Hockey Canada can provide longer-term support that is more personalized by re-considering their current insurance policy stipulations.

Team tragedies in hockey are unpredictable and can manifest themselves in many ways. Whether it be the sudden death of an athlete or a bus crash, no organization can be fully prepared to respond to these types of events. Planning for these circumstances and understanding the responsibilities of all involved parties is important, but these measures can only go so far if the culture within the sport is not conducive to protecting mental well-being and the creation of a healing environment. The onus must shift towards Hockey Canada in seeing through their commitment to eradicate toxic cultures within the sport and replace them with healthy conditions. Improving the culture of mental health at all levels of hockey has the opportunity of paying dividends in many ways, even if tragic events never do occur. By providing athletes at all levels with mental health education, initiatives, and resources, the potential is there to improve the mental health literacy of players across the country. It can also be an effective way of eliminating cost barriers that are often present for Canadians seeking mental health support

(Collie, 2019). Research has shown the positive effects that are derived from elevated levels of mental health literacy in both everyday life and in moments of high stress and anxiety (Kutcher et al., 2016). There have also been reported links between greater knowledge of mental ill health and lower levels of personal stigma, which may increase an individual's willingness to access proper care when necessary (Anderson & Pierce, 2012). Proactively preparing for tragedy does involve planning required resources, but should also include developing psychologically strong individuals with elevated levels of mental health literacy. This improved awareness will be helpful during the healing process by fostering a resilient generation of young athletes who understand the significance of mental health and can identify when further assistance is required. Even if these traumatic events never do occur, these tools will be valuable in guiding athletes through stressful life moments as they continue to grow into young adults. In both scenarios, Hockey Canada would be a leading force behind improving communities and Canadian society as a whole through the development of well-rounded teenagers and young adults. The following recommendations will tackle ways in which Hockey Canada can use its national influence to foster an improved culture of mental health, while also proactively preparing athletes to overcome mental hardships.

Previous research conducted at the Canadian junior hockey level has shown that players with NHL aspirations may be more reluctant to access mental health resources for fear of appearing as damaged goods (Smith, 2022). Results of this study may have pointed towards an improving environment throughout the sport, however the need to continue destigmatizing mental health remains prevalent. One potential avenue for accomplishing this goal would be to create a messaging campaign from the highest level of hockey in Canada, being Hockey Canada, promoting the importance of mental health and the ideal that it is okay to not be okay. Hockey

Canada has access to some of the most influential hockey players in the world, with the likes of Connor McDavid, Sidney Crosby, and Marie-Philip Poulin. These are stars that hockey players look up to, from the grassroots all the way to the highest levels of junior hockey. Having them speak on the importance of mental health would be a manner of humanizing these athletes and continuing to amplify the message throughout the sport that mental health is a priority.

Eradicating negative stereotypes should be an important goal for Hockey Canada moving forward. Creating a culture where athletes know that seeking assistance for their mental hardships is not a form of weakness, nor will it impact their ambitions within the sport, will be paramount.

Athletes in other sports, such as the NBA's DeMar DeRozan, have come public with their mental health struggles (Lee, 2022). In 2018, DeRozan opened up about his battles with anxiety and depression, and this began a cascading effect throughout the league (Lee, 2022). Following DeRozan's admission of his struggles with mental health, other athletes around the league, such as Kevin Love, also came public with their own stories. The NBPA also began its mental health and wellness program a few months after DeRozan's comments (Lee, 2022). One prominent athlete being honest about his battles triggered a ripple effect that had a significant positive impact on the league and its players. Having prominent Canadian hockey players speak on the importance of mental health could be an effective way of beginning this dialogue in hockey. It can also help elevate the message that if it is acceptable for athletes at the highest level of the sport to not be okay, then so too is it for minor and junior hockey players. In addition to fostering a sporting culture that is encouraging of seeking mental wellness, it may also help in reducing inhibitions from players in accessing support when confronted with their own struggles. Hockey Canada has remained adamant in its goal of improving the sport's culture (Westhead, 2023), and

ensuring that athletes are not concerned of looking like damaged goods when seeking help should be at the forefront of these efforts. A strong message from the peak of the sport that vulnerability and seeking help should be seen as a strong and positive endeavour, rather than one that implies weakness, could go a long way in accomplishing that goal.

Earlier in the recommendations, it was posited that Hockey Canada should hire its own in-house mental health providers to be deployed in cases of tragedy. This solution would create a structured and streamlined response to all instances of crisis, while taking the responsibility away from small organizations that may not have the capacities to sufficiently resource athletes. As well, acquiring individuals in this role could help the organization improve its proactive messaging with regards to mental health. With the goal of pre-emptively educating and resourcing athletes with regards to their mental health, Hockey Canada should also seek to add a mental health resource page to its website. This page could include a variety of readings and resources that athletes, coaches, officials, and parents can access at any time. These types of resources can help support young athletes in times of crisis, while also serving as a proactive means that can aid young athletes navigate difficulties they may be facing in everyday life. Additionally, this section should include links to further resources under the jurisdiction of federal funding, such as the Canadian Mental Health Association and teletherapy services. All Hockey Canada participants, regardless of age, would have accessible resources they could turn to, whether following a team tragedy, or in an effort to improve their mental health literacy.

In both public media and in interviews for this study, members of Hockey Canada have expressed a clear desire to improve the culture within the organization and dedicate additional resources and capacities in the spaces of mental health. Hockey Canada is in the process of acquiring a dedicated individual to handle injury prevention with a focus on mental health.

Although this is a good start, the impacts of this will likely not be felt by individual athletes for years to come. If Hockey Canada is truly dedicated to improving the culture of the sport and providing more positive experiences for their members, a further consideration should be offering the Heroic Minds application to all registered players in U12 divisions and above. The cut off is based on the suggested reading level of the app being for those at a Grade 8 level or higher. This is also an age where many kids are already using electronic devices such as phones and tablets. This access could serve as an incredibly influential resource for young hockey players across Canada. Providing this outlet on a national scale would help create a generation of young Canadian athletes who recognize the importance of mental health, and who help normalize it as an important factor in one's overall well-being. Literature has highlighted the positive effects that can be derived from elevated levels of mental health literacy, including the increase of mental health knowledge, improving attitudes towards help-seeking behaviours, and the promotion of attitudes aimed at destigmatizing mental health (Anderson & Pierce, 2012; Moll et al., 2018; O'Connell et al., 2021). Hockey Canada has the ability to demonstrate true conviction behind its messages, and providing its members with appropriate resources to ensure their mental well-being is protected would go a long way in accomplishing this.

Conclusion

The implications of this study are far-reaching and relevant for every hockey team and organization in Canada. Tragedy can manifest itself in numerous ways, and previous literature, as well as the experiences of the participants in this study, confirmed the prevalence with which these events transpire. The results of this research point to a Canadian hockey system unprepared for these tragedies, even if the system is better positioned to handle one than in the past.

Although previous literature has painted Canadian hockey as an institution that promotes

hegemonic masculinity and the discouragement of vulnerability, this study posits that these values are evolving. From provincial and national governing bodies to individual teams, organizations in hockey are acknowledging a greater awareness of the importance of mental health. Proactive measures are being taken to improve the emotional intelligence of athletes while also providing them with resources to work through their struggles. Comparing these results to those of Smith (2022) and the Swift Current Broncos, there is a clear amelioration in the realm of mental health support in minor and junior hockey. Organizations that have experienced tragedy have been capable of providing improved mental health outcomes to players through professional providers and the development of team cultures that promote the use of such resources. Despite the inclusion of these assets, further attention must be placed on organizing their deployment in times of crisis. Proactive measures can offer organizations the peace of mind in knowing that their athletes will be cared for and protected if and when they are exposed to a traumatic situation.

The recommendations presented in the discussion of this work were done so following numerous interviews with hockey leaders and a comprehensive data analysis that aimed to identify best practices following team tragedy. These suggested considerations are comprehensive and should help organizations in their creation of an emergency action plan. Recommendations included considerations separated into three phases: awareness, acquisition, and administration. Each phase of the emergency response is meant to present organizations with considerations that will allow them to proactively define all steps in a tragedy response. This emergency planning will provide a greater degree of preparation and help guide organizations through their recovery. A proactive approach of this nature will allow associations and teams to be prepared for the worst-case scenario and administer resources in a quick and effective

manner. Although the ultimate goal is for Hockey Canada to lead the way in providing mental health resources and administering responses to team tragedy, the organization is not currently set up to do so. Therefore, the suggestions presented will offer organizations the best ability of being prepared to handle crisis. Additional recommendations included potential solutions that could be implemented by minor hockey associations, junior hockey teams, and Hockey Canada to improve the mental health literacy of athletes across the country. This knowledge can serve as proactive measure to help ensure the mental health of hockey players is protected in both instances of tragedy, and in everyday life. Not only could these implementations increase levels of emotional intelligence throughout the country, but they will also aid in improving the sport's culture at large. As hockey transitions to an era with greater recognition of the importance of mental health and an improved attitude towards seeking help, these suggestions can help guide it in that direction.

The leading organization of hockey in Canada, Hockey Canada, has expressed a clear desire to improve the culture surrounding mental health within the sport, with a greater degree of attention being paid to the realm of tragedy. In order to show genuine meaning behind these words, it is imperative that the organization continues its focus on providing greater mental health resources and the desire of providing improved player outcomes. The results and recommendations of this study will help both governing bodies and individual organizations in preparing themselves to ensure the well-being of their athletes is accounted for. Past and recent events have shown that tragedy in Canadian hockey remains relevant, and to not be prepared to respond to these events would be irresponsible. Consequently, hockey organizations at the minor and junior levels can use the presented recommendations to create a comprehensive plan that will assist them in responding to team tragedy, providing surviving athletes with their best

opportunity to not suffer long-term psychological consequences. These suggestions will also allow organizations to take proactive measures that increase understanding of mental health, as well as foster an environment where psychological well-being is at the forefront of the minds of decision-makers. It will also help develop a sporting culture with reduced stigmatization of mental health, and greater acceptance of displaying vulnerability and seeking help when it is necessary. As Hockey Canada attempts to turn a new page in its history, focus has shifted on eradicating a past toxic culture and replacing it with one focused on well-being and improved player experiences. The recommendations put forth in this study could help associations, teams, and Hockey Canada as a whole, move forward in that direction.

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Appendices

Appendix A

Interview Guides

Interview Guide: Minor Hockey Associations and Junior Hockey Teams

Objective 1: Inventory of resources

- 1) In an instance of tragedy or crisis within your organization, how do you feel as though your organization would be prepared to handle it?**

Probes:

- Why do you feel that way?
- Who would oversee determining what that response looked like?

- 2) Is there currently protocols or policies in place to help guide you through this process?**

Probes:

- If not, would implementing one be beneficial to your organization?
- 3) What resources do you currently have in place that would allow you to handle the crisis effectively?**
- Are financial resources a concern?
 - Would this be something that is covered under your current insurance policies?
 - Do these resources fluctuate?
 - Are these resources easy to access if necessary?

Objective 2: Ideal Response

- 4) In an ideal world, what does an effective response to crisis or tragedy look like from your organization?**

Probes:

- What resources are offered to athletes?

- Who would be the primary source(s) of support?
 - Would support be offered to more than just the athletes?
- 5) To what degree would you require support from governing bodies such as OMHA and Hockey Canada?**

Probes:

- How difficult do you think it would be to get their support?

Objective 3: Resourcing the ideal response

- 6) Thinking back to that ideal response, what resources would your organization require in order to offer that response?**

Probes:

- How realistic is it for you to acquire these resources?
- If so, what would you need to acquire those resources?
- Would insurance help you acquire some of these resources?

- 7) What resources could the OMHA or Hockey Canada help provide you with in order to respond to trauma or tragedy?**

- How difficult do you believe it would be to coordinate with either organization?
- Would they be willing to offer support?

- 8) To what extent could members of the community be able to help provide necessary resources?**

- 9) In your opinion, what does a successful response to tragedy look like?**

Objective 4: Barriers to the ideal response

- 10) What barriers are currently inhibiting your ability to acquire the necessary resources to provide an ideal response?**

Probes:

- Who is imposing these barriers?

- Do these barriers fluctuate or are they always the same?

11) How do you believe you could overcome those barriers?

Probes:

- Who would you need collaboration from in order to do so?
- How long would it take you to do so?

Objective 5: Realistic Response

12) Based on the resources at your disposal and those you believe you could acquire, what does a realistic response to crisis look like for your organization?

- What kinds of resources should be included in this response?

13) Do you think this response should be created by your organization or a governing body such as OMHA or Hockey Canada?

Probes:

- Would you trust their ability to create a comprehensive plan that was viable for all organizations such as yours?
- If given proper instruction, would you implement this response into your own organization's policies?

Objective 6: Understand how the culture of hockey is changing

14) What kind of culture are you trying to establish within your organization in regard to mental health?

Probes:

- Do you speak about mental health in a team setting?
- Are players comfortable talking about it?

15) In your experiences, how has the culture of hockey changed when it comes to issues such as mental health and offering support to athletes?

Probes:

- What do you think is driving this change?

- Will this continue to move in a positive direction?

16) Is there anything we have not discussed so far today that you believe would be of use to us in our research on this topic?

Interview Guide: Provincial and National Governing Bodies

Objective 1: Inventory of Resources

1) In an instance of crisis or tragedy within Canadian hockey, from the grassroots to the elite levels, to what extent is your organization prepared to respond to it?

Probes:

- Why do you feel this way?
- Who would be responsible for enacting that response?

2) What resources do you have in place that could help assist a team within your organization that endures a crisis?

Probes:

- Are these resources difficult to access?
- Are the resources consistently there or do they fluctuate?
- What is the nature of these resources?

3) What would this current response look like?

Probes:

- Who would be in charge of administering it?
- Would this response be detailed within policy?

4) Is there current policy in place that addresses how your organization should respond to crisis? If so, what does it resemble?

Probes:

- What does it cover?
- Where can it be found?

- If not, would creating one be beneficial?

Objective 2: Ideal Response

- 5) In an ideal world, what does an effective response to crisis look like from your organization?**

Probes:

- What resources would be offered to athletes?
- What/who would be the main providers of support?
- Could this response be streamlined across all levels of hockey?
- Aside from the athletes, who else could access this support?

- 6) What kinds of additional collaboration would be required from Hockey Canada/federal government or other outside stakeholders?**

Probes:

- How difficult would it be to get collaboration from those stakeholders?
- What exactly would you require from them?
- Do you judge that they would be willing to help provide those necessary resources?

- 7) How would this ideal response affect the image of your organization?**

Objective 3: Resourcing the ideal response

- 8) What additional resources would you require in order to make that ideal response a reality?**

Probes:

- Is acquiring these resources realistic?
- How difficult would it be to acquire them?
- What would you need to acquire them?

- 9) To what extent would Hockey Canada/the federal government help you in acquiring those resources?**

10) How much does insurance help with providing financial resources in these types of situations?

Probes:

- What types of scenarios does your insurance cover?
- What aspects of the response would insurance help cover?

11) In your opinion, what does a successful response to tragedy look like?

Objective 4: Barriers to the ideal response

12) What barriers are currently inhibiting your ability to acquire the necessary resources in order to provide an ideal response?

Probes:

- How difficult would it be to overcome those barriers?

13) How could these barriers be overcome in order to access necessary resources?

Probes:

- How realistic is this?
- Could Hockey Canada/the federal government help in overcoming these barriers?

Objective 5: Realistic Response

14) Based on the resources at your disposal and those you believe you could acquire, what does a realistic response to crisis look like for your organization?

Probes:

- Is this response sufficient?
- Should policy be created in order to standardize this response across hockey?
- Who should be in charge of creating this policy?

15) Do you believe it should be your organization's responsibility to handle crisis response or should it be handled at the team level?

Probes:

- Do teams have the necessary resources to respond to crisis effectively?

16) What level of priority is it to create policy that outlines proper steps in responding to trauma or tragedy?

Probes:

- At what level should this policy be created?

Who should be involved in the policy creation process?

Objective 6: Understand how the culture of hockey is changing

17) What kind of culture are you trying to establish within your organization regarding mental health?

Probes:

- Do you speak about mental health in a team setting?
- Are players comfortable talking about it?

18) In your experiences, how has the culture of hockey changed when it comes to issues such as mental health and offering support to athletes?

19) Is there anything we have not discussed so far today that you believe would be of use to us in our research on this topic?

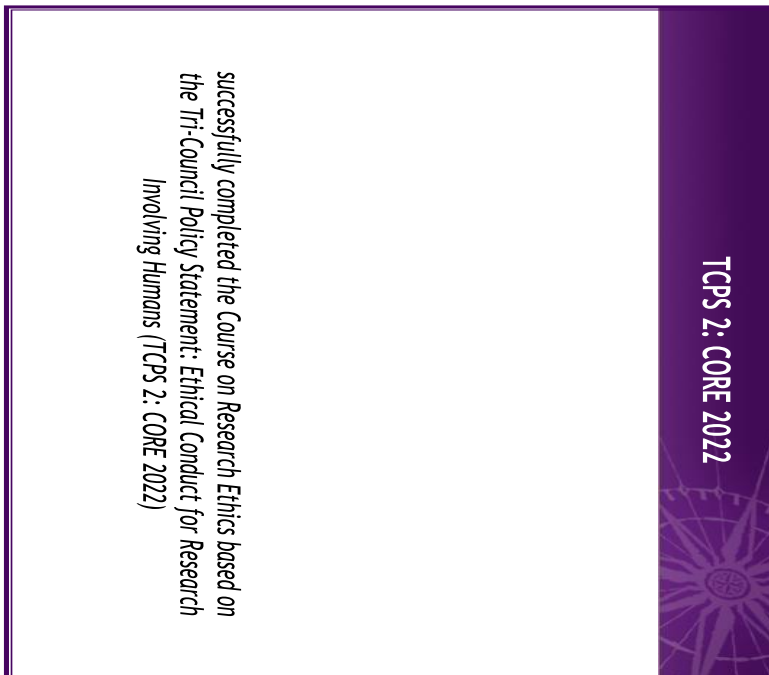
Appendix B

Roster of Participants

Participant	Title	Organization
Anne Marie Schofield	President	Riverside Minor Hockey Association – Minor Hockey
Mike Pailey	General Manager	Essex 73's – Junior C
Tim Barrie	Director of Hockey Operations	Ayr Centennials – Junior B
Ben Fanelli	Creator	Heroic Minds – Independent Organization
Ian Taylor & Mark Krawczyk	Executive Director & Manager, Hockey Development and Insurance	Ontario Minor Hockey Association – Provincial Governing Body
Brian O'Reilly	High Performance and Culture Coach	Windsor Spitfires – Major Junior
Russ Herrington	Head Coach	York Lions Men's Hockey – U Sports
Zahir Ali	Associate Counsel, Insurance and Risk Management	Hockey Canada – National Governing Body

Appendix C

TCPS Certificates of Completion



TCPS 2: CORE 2022



successfully completed the Course on Research Ethics based on
the Tri-Council Policy Statement: Ethical Conduct for Research
Involving Humans (TCPS 2: CORE 2022)

Vita Auctoris

Owen Bravo was born in 1999 in Windsor, Ontario. He obtained a B.H.K. degree from the University of Windsor in 2021 and is currently a candidate for the Master's degree in Kinesiology at the University of Windsor and is scheduled to graduate in 2024.