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# The role of identity leadership in promoting athletes' mental health: A cross-cultural study

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**Abstract**

Identity leadership is the process through which leaders create, advance, represent, and embed a sense of 'we' and 'us' (i.e., social identities) within the teams they lead. This paper extends the existing sports psychology literature by investigating the relationship between identity leadership and athletes' mental health, as mediated by team identification and social support. Additionally, the study explores the generalisability of these relationships across culturally diverse countries, as well as high and low-collectivistic cultures. To this end, we employed a large cross-sectional study design involving 2,861 athletes from 193 football (also known as soccer) teams across eight countries. Study results indicated that identity leadership on the part of coaches, team captains, and the best athlete leaders within the team was associated with greater feelings of 'we-ness' amongst athletes. This sense of 'we-ness' in turn correlated with athletes' increased perceptions of available social support for themselves and their team, ultimately contributing to enhanced well-being and reduced burnout. With some minor variation, these patterns were observed across all studied countries and across high and low-collectivistic cultures. In essence, identity leadership provided by coaches and athlete leaders was associated with better athlete mental health across geographical borders and cultures.

**KEYWORDS**

comparative study, cross-country, cultural practice, cultural value, group dynamics, informal leader, peer leader, social influence

# INTRODUCTION

Competitive sports present athletes with intense physical and psychosocial demands that can significantly impact their mental health (Lundqvist, 2011). Reflecting a growing awareness of these challenges, sport psychology has seen a surge of interest in athlete mental health, paralleled by the publication of expert consensus statements from key governing bodies such as the International Olympic Committee and the International Society of Sport Psychology (Henriksen et al., 2020; Reardon et al., 2019). These statements align with the World Health

Organisation's (2014) definition of mental health as "a state of well-being in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community."

A crucial insight from this definition is its holistic perspective, which emphasises that mental health is more than just the absence of mental illness (Henriksen et al., 2020). This aligns with Keyes' (2002) two-continuum model, which distinguishes between (a) the presence or absence of mental illness and (b) the presence or absence of mental health. Building on this framework, the present study conceptualises mental health along both continuums. Specifically, athlete burnout—characterised by emotional and physical exhaustion, a diminished sense of achievement, and a growing devaluation of one's sport—serves as a proxy indicator of heightened risk for mental illness (e.g., depression, anxiety) along continuum one (Glandorf et al., 2023, 2024; Raedeke & Smith, 2009). In contrast, well-being reflects the extent to which athletes experience positive mental health along continuum two.

Recognising the significance of athlete mental health, Henriksen et al. (2020) in their expert consensus statement called for research that focuses on ways of actively promoting mental health in sport. This is precisely the challenge that the present study seeks to address — by examining how identity leadership within sports teams may function as a vehicle for enhancing athlete mental health. Specifically, we explore how identity leadership — exercised by both formal leaders (e.g., coaches, captains) and informal athlete leaders (i.e., athletes who attain leadership status through interactions with teammates; Loughead et al., 2006) — shapes the social environment in ways that support athletes' mental health. Furthermore, we investigate social identification and social support as key psychological mechanisms through which the benefits of identity leadership are realised. Finally, we consider whether these relationships hold across contexts that vary in their cultural values.

To test these ideas, we conducted a large cross-sectional study of athletes from football (soccer) teams in eight culturally diverse nations (Australia, Belgium, India, Iran, Japan, Poland, Spain, and the United Kingdom). Football was chosen to minimise sport-specific confounds and to ensure that our findings reflect broader cultural differences rather than differences between sporting contexts (Statistics-and-Data, 2020). In the sections that follow, we situate identity leadership within its broader theoretical framework, articulate why it is expected to play a pivotal role in promoting athlete mental health, and explore how these processes may be shaped by cultural values.

## The Social Identity Approach to Leadership

Leadership, defined as "the process through which an individual influences a group of individuals to achieve a common goal" (Northouse, 2021, p. 5), has been the focus for multiple streams of research informed by the social identity approach (Haslam, Reicher, et al., 2020). This approach integrates two complementary theories: *social identity theory* (Tajfel & Turner, 2001) and *self-categorisation theory* (Turner et al., 1987). The former explains how individuals define themselves both through their internalised sense of individuality and uniqueness (i.e., personal identity) and through the sense of self they derive from group membership (i.e., social identity; Haslam, Reicher, et al., 2020). Building on this, self-categorisation theory explores how social identities enable group behaviour and shape cognition, emotion, and behaviour (Turner et al., 1987).

The social identity approach to leadership views effective leadership as a form of group behaviour in which leaders' ability to exert influence is derived from a sense of shared group membership that identity leaders (a) represent by embodying the norms and values of the group, (b) advance by promoting the interests of the group, (c) cultivate by creating a sense of shared identity within the group, and (d) embed by initiating activities, events and structures that allow the group to live out their shared identity (for more details see Haslam, Reicher, et al., 2020; Steffens et al., 2014).

## The Relationship Between Identity Leadership and Athlete Mental Health

Theoretically, identity leaders are well-placed to support and improve the mental health of their team members because they foster shared social identities (Haslam, Fransen, et al., 2020; Haslam, Reicher, et al., 2020). Drawing on parallel literature on the social identity approach to health, often referred to as the "social cure", it is argued that the strength and number of a person's social identities form the basis for their ability to access a range of social and psychological resources, including — but not limited to — social support, meaning, and purpose (Jetten et al., 2017; Steffens et al., 2021). For example, imagine that Maya and Zara are both members of the football team, the Purple Devils but that while Maya identifies strongly with the team, Zara does not. Since Maya is highly identified with the team, she is likely to interpret any support she receives from the team as genuine and helpful. She is also more inclined to offer support to her teammates and feels that the team provides her with a sense of purpose and meaning in life. Zara, on the other hand, may view support from teammates with scepticism, be less willing to offer support, and derive minimal sense of purpose or meaning from being part of the same team.

In line with these arguments, research in sports psychology has identified positive relationships between identity leadership, team identification, and mental health. That is, higher levels of identity leadership, whether exhibited by formal leaders (i.e., coaches and team captains) or informal athlete leaders, have been observed to be positively linked to elevated levels of well-being and reduced burnout among players (Fransen et al., 2023; Fransen, McEwan, et al., 2020). Moreover, in these studies, shared perceptions of team identification among players were found to mediate the relationships between identity leadership and both well-being and burnout.

Additionally, experimental studies have shown that participation in an identity leadership development program increases athlete leaders' ability to engender a sense of 'us' within their team (i.e., by engaging in identity leadership) relative to athlete leaders in a no-treatment or wait-list control group (Mertens et al., 2020, 2021). Furthermore, in these studies, players in the experimental group reported higher well-being and lower burnout over the course of the season than those in the comparison group.

Beyond this, there is emerging evidence from sports settings which indicates that identity leadership and team identification play a significant role in athletes' mental health by providing them with access to a range of social and psychological resources. For instance, research demonstrates that the positive effects of social support on mental health are more pronounced when both providers and recipients perceive themselves as sharing a social identity (Hartley et al., 2022; Murray et al., 2023). Additionally, when coaches in various amateur and professional sports (e.g., football, kickboxing) engage in identity leadership, athletes feel they have

more resources — such as social support, self-efficacy and a sense of control — to cope with the stressors of their sporting environment (Miller et al., 2020). These relationships are mediated by players' sense that there is a shared social identity with the team.

Nevertheless, to our knowledge, no research — in sporting or other contexts — has explicitly linked identity leadership to psychological resources (which in this study are operationalised as social support) and mental health (through team identification). Seeking to fill this gap, we therefore test the following hypothesis:

> **H1.** Leaders' (i.e., coaches, team captains, and key athletes in a team) perceived identity leadership will (a) positively predict mental health (i.e., higher well-being and lower burnout) via team identification and social support (see Figure 1).

Moreover, we conducted a robust test of H1 by testing it across the complete sample (H1a) and within each of the eight countries in which data were collected (H1b).

## Cultural Values as Moderators of the Identity Leadership-Mental Health Relationship

Most of the research on identity leadership in sports contexts (including the studies described in the section above) has been conducted in countries (e.g., Belgium, Australia, Canada, the United Kingdom) with broadly similar cultural values (i.e., broad tendencies of societies to favour certain conditions or outcomes over others; Hofstede, 2001; House et al., 2014; House et al., 2004). This raises questions about the generalisability of these findings to countries with different cultural values. Drawing on the value-belief theory of culture, the values and beliefs that are shared within a culture determine whether particular behaviours are perceived as legitimate, acceptable, and effective (Hofstede, 1980; Triandis, 1995). Accordingly, it follows that followers' perceptions of identity leadership—and its relationship with mental health—are likely to be influenced by the cultural values of the context in which it is studied.

A particularly relevant cultural value in this regard is collectivism. More specifically, collectivists tend to define themselves in more interdependent terms, place greater emphasis on belongingness, and prioritise relationships and the needs of others (Markus & Kitayama, 1991; Triandis, 1994, 1995). They are also more likely to integrate into strong cohesive in-groups and sacrifice personal goals for collective ones (Hofstede, 1980; Schwartz, 1994; Triandis, 1994, 1995). As such, identity leadership, which centres on creating a sense of "we-ness" and puts the social group at the heart of its analyses of leadership, is potentially more likely to be seen as legitimate, accepted, and ultimately more effective for promoting athlete mental health in more collectivist cultures. Furthermore, simply experiencing a sense of "we-ness" (i.e., a social identity) is more aligned with a collectivist value orientation and is therefore more likely to have stronger relationships with both social support and mental health outcomes.

Research conducted across 23 countries ($N = 7225$) supports this argument, showing that in settings with stronger collectivist values, identity leadership by formal leaders is more strongly linked to the mediator, team identification and through it, to the outcome of innovation (Bracht et al., 2023). However, their study focused on organisational contexts, in which teams tend to be more stable, with long-term deadlines and targets. In contrast, sports settings are more dynamic, with teams changing throughout the season (e.g., due to injuries), and here performance demands are shorter-term but involve a high degree of pressure. Moreover, the study
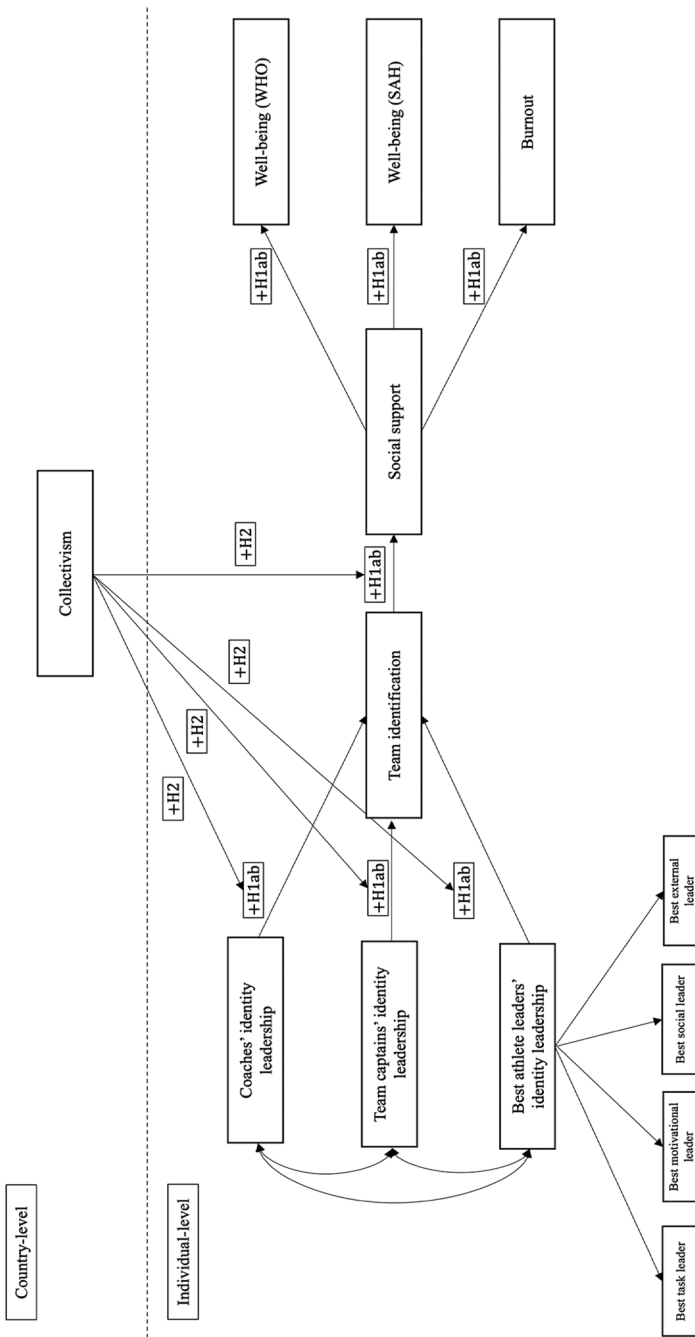
**FIGURE 1** Hypothesised Model.

**Note.** Given that all three predictors tapped into the same underlying construct of identity leadership, we specified a correlation among them. Variables were modelled as parcels except for the best athlete leaders' identity leadership, which was modelled as a latent variable, comprising parcelled constructs of task, motivational, socia and external leaders' identity leadership. For a more comprehensive discussion on the rationale for using parcelling, please refer to Little et al. (2002).

did not address mental health outcomes, nor did it explore identity leadership from informal leaders—a shortcoming that is persistent in the field of leadership research (Haslam et al., 2024). To address these gaps, the present research extends H1 by testing the following hypothesis:

> **H2.** Collectivism will moderate the relationships specified in H1 (as shown in Figure 1) such that they will be stronger in contexts with more collectivistic values.

# RESEARCH DESIGN AND METHODS

## Procedure

This study is part of a larger international project (i.e., Cross-Cultural Research of Leadership in Sports or CROLIS) that aims to study the potential influences of cultural values on leadership expectations, practices, and effectiveness. Ethics approval for the project was obtained from the first author's university (G 2019 10 1810). To ensure compliance with country-specific ethics regulations, collaborators in Australia (202911), Canada (REB102432), Japan (21 - 25), and the United Kingdom (GUEP 787R) also obtained approval from their respective institutional review boards. The study questionnaire was developed in English and then back-translated into the participant's native language, including Dutch, Persian, Polish, or Spanish (Brislin, 1970). The only deviation from this process was in Japan, where researchers took a collaborative approach to questionnaire translation (Douglas & Craig, 2007). The sample size for this project was determined based on an a priori power analysis,[1] and the questionnaire took about 30 minutes to complete.

To ensure the relevance and quality of the collected data, specific inclusion criteria were employed for teams and participants eligible for the study. First, football teams had to compete in official competitions (i.e., no recreational teams) and have at least two training sessions per week. Second, participants were required to be over the age of 16. Finally, to enhance the generalisability of the findings, collaborators were asked to collect data from a sample balanced in terms of gender.

The majority of participants were recruited using a combination of convenience and purposive sampling techniques (Etikan et al., 2016). Data in Australia, Belgium, Iran, Japan, Poland,

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[1] We determined sample size based on two team-level a priori power analyses using G*Power, as future articles using the CROLIS dataset will explore team-level research questions. We assumed that sufficient team-level power would ensure adequate individual-level power (the current manuscript examines individual-level relations). For the first analysis, we specified linear multiple regressions with a fixed model and $R^2$ deviation from 0 for small (Cohen's f = .02), medium (Cohen's f = .15), and large (Cohen's f = .35) effect sizes, with a power of .80, an alpha of .05, and 2 predictors. We found that 485 teams were needed to detect a small effect, 68 teams for a medium effect, and 31 teams for a large effect. For the second analysis, we specified a two-tailed t-test to compare means between two independent groups for small (Cohen's d = .20), medium (Cohen's d = .50), and large (Cohen's d = .80) effect sizes, with a power of .80, an alpha of .05, and an allocation ratio N2/N1 of 1. This revealed that 788 teams were required to detect a small effect, 128 teams for a medium effect, and 52 teams for a large effect. Based on these findings, we concluded that collecting data from 270 teams (approximately 30 teams per country) would provide sufficient statistical power to detect a small to medium effect. Given the limited research on cross-cultural leadership in sport psychology, we did not have a clear expected effect size. Therefore, we considered the required sample size across different effect sizes.

and Spain were collected in person following participants' training sessions. In India (about 60%) and the UK (about 80%),[2] most of the data were collected online.

In most cases, participants did not receive any rewards for participating in this study, except for the option to receive the study's findings via email. The exceptions to this were (a) India, where a sport psychology workshop was offered to the team and (b) Canada, where participants were given a 10-dollar gift card. Data collection, which occurred between October 2019 and March 2023, took much longer than anticipated due to COVID-19-related restrictions on sports participation.

## Sample

Participants with more than 50% missing values and individuals who were coaches were excluded from the study. Thus, the final sample consisted of 2,861 athletes from 193 teams, with 67.81% identifying as men, 31.91% as women, and .24% as other. These participants were on average 21.38 years old ($SD = 5.04$) and engaged in an average of 4.02 ($SD = 2.08$) training sessions per week. Table 1 presents an overview of the sample characteristics for each country.

## Instruments

### Individual-Level Variables

Unless stated otherwise, all questionnaires used a seven-point Likert scale with responses ranging from 1 (*strongly disagree*) to 7 (*strongly agree*) and were analysed as composite variables by averaging the item scores.

*Identity Leadership Inventory — Short Form (ILI-SF)*
Participants were asked to rate the identity leadership of six different leadership sources, including their coach, team captain, and the best (a) task leader (i.e., provides task-related guidance), (b) motivational leader (i.e., encourages team members), (c) social leader (i.e., fosters a positive team atmosphere), and (d) external leader (i.e., serves as a link between the team and external entities) in their team (Fransen et al., 2014) using the ILI-SF (Steffens et al., 2014). This measurement instrument comprises four items, each of which measures one of the four dimensions of identity leadership. The items were prefixed with either 'Our coach/team captain' or 'The task/motivational/social/external athlete leader' and included: '...is a model member of my team' (identity prototypicality), '...acts as a champion for my team' (identity advancement), ' ... creates a sense of cohesion within my team' (identity entrepreneurship), and '... creates structures that are useful for team members' (identity impresario ship).

To identify the team's best athlete leaders, participants rated each of their teammates' task, motivational, social, and external leadership qualities on a Likert scale ranging from 0 (*very bad leader*) to 10 (*very good leader*). These ratings helped participants reflect on the best leaders in each role. They then assessed the identity leadership of the athlete they rated the highest in each role using the ILI-SF.

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[2]We did not find significant differences in the means of the study variables between the data collected online and offline; therefore, all the data were pooled for subsequent analyses.

**TABLE 1** Sample characteristics.

| | Sample N | N of Teams | % Men (Women) | Mean$_{age}$ (SD) | Mean $_{Training\ sessions/week}$ (SD) | In-Group Collectivism |
|---|---|---|---|---|---|---|
| Overall | 2861 | 193 | 67.81 (31.81) | 21.38 (5.04) | 4.02 (2.08) | |
| Australia | 86 | 7 | 90.70 (8.14) | 23.27 (4.33) | 2.69 (.64) | 4.17 (low) |
| Belgium | 414 | 32 | 44.69 (55.31) | 22.62 (5.46) | 2.55 (1.77) | 4.21 (low) |
| India | 383 | 31 | 91.64 (7.57) | 19.72 (3.26) | 5.71 (3.05) | 5.92 (high) |
| Iran | 346 | 26 | 90.46 (8.09) | 25.01 (6.34) | 3.24 (1.28) | 6.03 (high) |
| Japan | 436 | 16 | 90.14 (9.63) | 18.56 (1.81) | 5.92 (.43) | 4.63 (low) |
| Poland | 481 | 32 | 51.14 (48.86) | 19.87 (4.57) | 4.36 (1.86) | 5.52 (high) |
| Spain | 462 | 30 | 53.90 (45.89) | 23.05 (5.31) | 3.30 (.91) | 5.45 (high) |
| United Kingdom | 253 | 19 | 49.41 (50.59) | 20.95 (3.88) | 2.84 (1.04) | 4.08 (low) |
| | | | | | | M (SD) = 5.00 (.73) |

*Note*: * Gender percentages may not sum to 100%, as the remaining percentage includes individuals who identify with genders other than male or female.

## Social Identification in Sports Questionnaire (SISQ)

We used the SISQ developed by Bruner and Benson (2018) to assess participants' identification with their sports teams. This is a nine-item measure designed to assess the three dimensions of social identification: ingroup ties, ingroup affect, and ingroup centrality. Illustrative items were: 'I find it easy to form a bond with other members in this team' (for ingroup-ties), 'I feel good about being connected with other members in this team' (for in-group affect) and 'The fact that I am a member of this team often enters my mind' (for cognitive centrality).

## Team-Referent Availability of Social Support (TASS-Q)

Participants were asked to indicate the extent to which their team had access to or received social support using the 16-item TASS-Q developed by Coffee et al. (2017). The measure assesses the four dimensions of team-referent availability of social support by the in-group which include emotional, esteem, informational, and tangible support. Items were prefixed with the phrase 'If needed, to what extent would someone in your team …'. Illustrative items included 'provide your team with comfort and security' (i.e., emotional support), 'reinforce the positives' (i.e., esteem support), 'give your team constructive criticism' (i.e., informational support), 'do things for your team at competitions/matches' (i.e., tangible support).

*Mental Health*

Participants' perceptions of their mental health were assessed using three different measures.

*Well-Being.* Two measures were employed to evaluate participants' perceptions of their overall well-being.

*5-Item World Health Organisation Well-Being Index (WHO-5).* Participants responded to five items prefaced with the statement 'Over the last two weeks …' The items include 'I felt cheerful and in good spirits, 'I felt calm and relaxed', 'I felt active and vigorous', 'I woke up feeling fresh and rested', and 'my daily life has been filled with things that interest me'. Participants indicated their agreement with these statements on a six-point Likert scale ranging from 0 (at no time) to 5 (all of the time). The composite score is then calculated by multiplying the sum of the five items by 4, with a score of 0 indicating the worst possible well-being and a score of 100 indicating the best possible well-being. Validated translations of the WHO-5 were utilised by the research team, thereby obviating the need for back-translation (Topp et al., 2015; WHO, 1998).

*Self-Assessed Health (SAH).* Participants rated their 'physical health', 'state of mind', and 'energy levels' since the start of the season on a Likert scale ranging from 1 to 7, with 1 being very bad and 7 being very good (after Khan et al., 2014). Although this scale originates from a rural, non-sport context, it has been used and shown to be reliable in previous studies that examine the role of leadership in athlete mental health (e.g., Fransen, Haslam, Steffens, Mallett, et al., 2020; Fransen, McEwan, et al., 2020).

*Athlete Burnout Scale (ABS).* We evaluated burnout using the 15-item ABS created by Raedeke and Smith (2009). The scale measured three dimensions of burnout, namely reduced accomplishment, emotional/physical exhaustion, and devaluation. It included statements such as 'I don't really feel successful at my sport' (i.e., reduced accomplishment), 'I feel physically worn out by my sport' (i.e., emotional/physical exhaustion), and 'I am not into my sport like I used to be' (i.e., devaluation). Participants indicated the experienced frequency of the listed items on a Likert scale from 1 (*almost never*) to 7 (*almost always*).

## Covariates

### Gender

Participants were asked to specify their gender by choosing one of three options: (a) male, (b) female, or (c) other.

### Age

Participants indicated their age in years by answering the question: "What is your age?"

## Sessions Per Week

Participants were asked, "How many weekly practice sessions do you attend?" This information served as a proxy indicator for the team's competitive level.

### Country-Level Variables

*Collectivism.* Countries were split into two groups, one marked by high collectivism and the other by low collectivism. To do this, we relied on in-group collectivism practice scores from the '*Global Leadership and Organizational Behavior Effectiveness*' (GLOBE) project (refer to Table 1 to see scores for each country; House et al., 2004). Due to the unavailability of scores for Belgium and Scotland, we used the GLOBE cluster scores for Germanic Europe as a substitute for Belgium and the GLOBE country scores for England as a substitute for Scotland. Subsequently, the in-group collectivism scores of all countries were averaged. Countries with scores above the mean were categorised as high in collectivism, while those with scores below the mean were categorised as low in collectivism.

# DATA ANALYSES AND RESULTS

Analyses were performed in R Studio (R Studio Team, 2019) and Mplus (Muthén & Muthén, 1998-2012), and the code is available at: https://osf.io/ez6cs/?view_only=c30c746c74124aeb9b40dd6ffcbd2fcf.

## Preliminary Data Analyses and Results

Post-hoc power analyses were conducted using Monte Carlo simulations and revealed sufficient power to test H1a and H2 (see Appendix 1 for details). For H1b, we found adequate power to test the model in Belgium and Japan but not in Australia. More specifically, the Monte Carlo simulations for the Australian sample failed to converge, regardless of whether we specified a sample size of 86 or a 1000. This may be attributable to the starting parameter estimates used in the power calculations being unreliable, as they were derived from a small sample ($N = 86$). Additionally, the complexity of the specified model may have exacerbated the issue. Based on these findings, we decided not to test H1b with the Australian sample.

For the remaining countries, we had sufficient power to test most effects, with some notable exceptions. First, in India, we lacked the power to detect any direct or indirect effects on burnout. Second, in Iran, we had insufficient power to detect the indirect effect of team captains' identity leadership on athlete well-being and burnout. Third, in Poland, we lacked the power to detect any direct or indirect effects of team captains' identity leadership on outcomes. Fourth, in Spain, we could not accurately test the effect of team captains' identity leadership on well-being as measured by the WHO-5. Finally, in the UK, we lacked the power to test (a) the direct effect of social support on well-being (WHO-5), (b) the indirect effect of team identification on both well-being measures and (c) the indirect effect of coaches' or team captains' identity leadership on well-being (WHO-5) and burnout. Although we have reported all H1b results, the findings for effects with insufficient power should be interpreted with caution and represent a limitation of this study.

Missing data accounted for .03% of the overall dataset and were omitted from analyses. We also examined skewness and kurtosis scores for all measurement items. Data were considered normally distributed if the skewness values fell within the range of $\pm$ 2 and the kurtosis values fell within the range of $\pm$ 7 (Hair et al., 2009). The results indicated that all measurement items met these criteria. In addition, to check for common method bias, we loaded all items used in this study onto one common latent factor in an unrotated exploratory factor analysis (i.e., Harman's single factor test; Podsakoff et al., 2003). Results showed that the average variance explained by the latent factor was 27%, which falls well below the recommended threshold of 50% (Aguirre-Urreta & Hu, 2019; Podsakoff et al., 2003).

Next, to ensure that the instruments used had similar measurement properties across countries, we conducted invariance testing using the alignment method (for more details on the procedure followed see Fischer & Karl, 2019). As shown in Table 2, all instruments were approximately invariant, with $R^2$ values for factor intercepts and loadings being between .98 and 1 (values closer to 1 indicate a greater degree of invariance; Fischer & Karl, 2019). Furthermore, the average percentage of non-invariant factor intercepts (indicative of scalar invariance) and factor loadings (indicative of metric invariance) for all instruments were below the recommended cut-off of 25% (Asparouhov & Muthén, 2014; Fischer & Karl, 2019). To assess internal consistency, we used Cronbach's alpha, and all study instruments met the recommended standards (i.e., $\geq$ .70), both overall (see Table 3) and within each country (see Appendix 2; Nunnally, 1978). Finally, we computed descriptive statistics and correlations for all study variables, both for the overall data (see Table 3) and the data grouped by country (see Appendix 2).

## Data Structure

Given the nested data structure, with participants within sports teams and sports teams within countries, we computed Intraclass Correlations (ICC1) for all study variables shown in Figure 1. Results revealed greater variability in study variables at the team level than at the country level (see Table 2). Moreover, observed ICC1 values indicate a substantial degree of variation (i.e., >.01; Bliese, 1998) in the dependent variables at both levels, which points to the need to conduct multilevel analyses. This analysis helps account for clustering, thus providing more accurate estimates of standard errors and reducing the risk of making type II errors (Bliese et al., 2018).

## Hypothesis Testing

### H1a

H1a was tested using complex, two-level multilevel structural equation modelling. The two-level model accounted for data clustering at the team level, while the 'complex' function in Mplus accounted for clustering at the country level. In particular, two models were specified, both of which included coaches', team captains', and the best athlete leaders' identity leadership as independent variables, with team identification and social support as mediators (in that order). In the first model, the dependent variables were well-being — measured using the SAH — and burnout, while in the second model, the dependent variable was well-being

**TABLE 2** Measurement invariance and ICC.

| Variable name (Measure name) | ICC (1): Country level | ICC (1): Team level | $R^2$ ($\lambda$) | $R^2$ ($\nu$) | % noninvariant $\lambda$ | % noninvariant $\nu$ | M % noninvariant $\lambda$ and $\nu$ |
|---|---|---|---|---|---|---|---|
| 1. Coach identity leadership (ILI-SF) | .05 | .30 | .99 | 1.00 | .00% | 28.10% | 14.05% |
| 2. Team captain identity leadership (ILI-SF) | .04 | .21 | 1.00 | 1.00 | .00% | 9.40% | 4.70% |
| 3. Task leader identity leadership (ILI-SF) | .06 | .16 | .99 | 1.00 | .00% | 18.80% | 9.40% |
| 4. Motivational leader identity leadership (ILI-SF) | .08 | .19 | 1.00 | 1.00 | .00% | 18.80% | 9.40% |
| 5. Social leader identity leadership (ILI-SF) | .06 | .13 | 1.00 | 1.00 | .00% | 15.60% | 7.80% |
| 6. External leader identity leadership (ILI-SF) | .05 | .13 | 1.00 | 1.00 | .00% | 9.40% | 4.70% |
| 7. Team identification (SISQ) | .07 | .18 | .99 | 1.00 | .00% | 36.10% | 18.05% |
| 8. Social support (TASS-Q) | .15 | .34 | .99 | 1.00 | 3.90% | 23.40% | 13.65% |
| 9. Well-being (WHO-5) | .06 | .13 | .99 | 1.00 | .00% | 17.50% | 8.75% |
| 10. Well-being (SAH) | .05 | .13 | .98 | 1.00 | .00% | 20.80% | 10.40% |
| 11. Burnout (ABS) | .07 | .22 | .98 | .99 | 5.80% | 36.70% | 21.25% |

*Note*: $\lambda$ (factor loadings); $\nu$ (factor intercepts).

measured using the WHO-5. These models were specified separately because collaborators in Iran omitted the WHO-5 during data collection for a large portion of the sample (273 of 343). As a result, these participants were excluded from the analyses for the second model ($N = 2,588$), while the complete dataset ($N = 2,861$) was used for the first model. Figure 1 provides an integrated representation of both specified models.

**TABLE 3** Means, standard deviations, correlations, and internal consistency.

| Variable | M | SD | α[CI] | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Coach identity leadership | 5.59 | 1.20 | .91[.90–.92] | | | | | | | | | |
| 2. Team captain identity leadership | 5.65 | 1.17 | .91[.90–.92] | .46** | | | | | | | | |
| 3. Task leader identity leadership | 5.69 | 1.02 | .85[.84–.86] | .38** | .57** | | | | | | | |
| 4. Motivational leader identity leadership | 5.73 | 1.05 | .88[.87–.89] | .38** | .56** | .75** | | | | | | |
| 5. Social leader identity leadership | 5.63 | 1.11 | .89[.88–.90] | .34** | .56** | .67** | .71** | | | | | |
| 6. External leader identity leadership | 5.51 | 1.18 | .91[.90–.92] | .38** | .53** | .62** | .65** | .70** | | | | |
| 7. Team identification | 5.58 | 1.02 | .92[.91–.92] | .47** | .43** | .40** | .41** | .40** | .40** | | | |
| 8. Social support | 5.42 | 1.00 | .96[.95–.96] | .42** | .39** | .38** | .39** | .37** | .40** | .59** | | |
| 9. Well-being (WHO-5) | 68.75 | 18.40 | .85[.84–.86] | .24** | .14** | .14** | .16** | .14** | .16** | .34** | .31** | |
| 10. Well-being (SAH) | 5.38 | 1.11 | .77[.75–.79] | .30** | .20** | .18** | .18** | .19** | .21** | .41** | .33** | .57** |
| 10. Burnout | 2.94 | 1.24 | .93[.93–.94] | .20** | .16** | .15** | .14** | .14** | .11** | .23** | .14** | .26** | .31** |

*Note:*

*p < .05 **p < .01
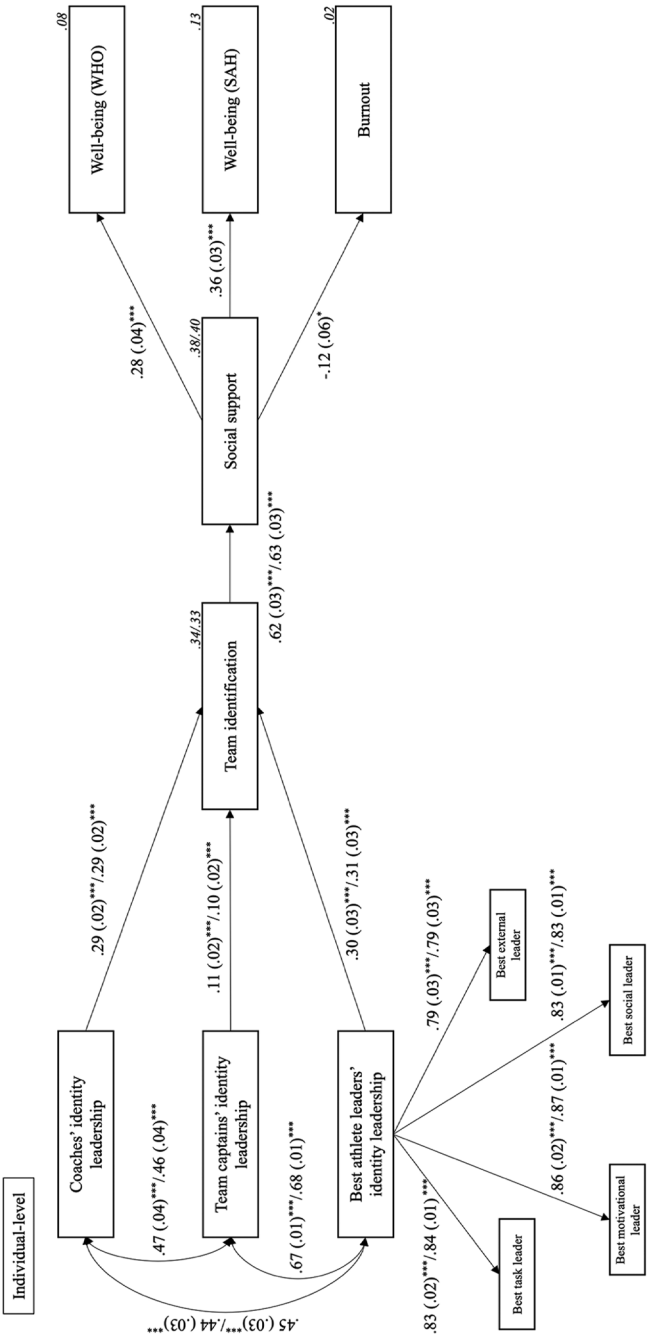
**FIGURE 2**  H1a Results.

**Note.** Regression coefficients, standard errors, and p-values for the model with well-being (measured using the SAH) and burnout as dependent variables are presented first. Those for the model with well-being (measured using the WHO-5) as the dependent variable are presented next, separated by a forward slash; p < .05*; p < .001 ***; The standard errors can be found within parentheses next to the standardised regression coefficients. $R^2$ can be found at the top right corner of each parcel.

Furthermore, both models included a random intercept for each variable and used robust maximum likelihood as the estimation method.[3] Zhao et al.'s (2010) guidelines for testing mediations were followed. More specifically, we modelled paths between the (a) independent variables and mediator(s) and the (b) mediator(s) and dependent variables. We then evaluated the indirect effect of the independent variables on the dependent variables. Model fit was examined by evaluating multiple goodness-of-fit indices (Cheung & Rensvold, 2002). These included the Comparative Fit Index (i.e., CFI; Bentler, 1990), Tucker-Lewis-Index (i.e., TLI; Tucker & Lewis, 1973), Root Mean Square Error of Approximation (i.e., RMSEA; Steiger, 1990), and the Standardised Root Mean Square Residual (i.e., SRMR; Bentler, 1995). A good fit was indicated by CFI and TLI values $\geq .90$, and RMSEA and SRMR values $\leq .07$ and .08, respectively (Hooper et al., 2008).

The results support H1a and are presented in Figure 2 and Table 4. More specifically, the hypothesised models demonstrated a good fit with the data, and leaders' perceived identity leadership was positively associated with well-being (regardless of whether it was measured using the WHO-5 or the SAH) and negatively associated with burnout. Athletes' perceptions of team identification and social support mediated these relationships. Furthermore, the indirect effects of coaches and the best athlete leaders' identity leadership on well-being (measured using the SAH or WHO-5) through team identification and social support were similar, while the indirect effect of team captains' identity leadership on well-being was slightly smaller. Additionally, the indirect effects of all three sources of identity leadership (i.e., coaches, team captains, and the best athlete leaders) on burnout through team identification and social support were comparable. All these associations were small to medium in size (Cohen, 1988).

## H1b

Complex multilevel structural equation modelling that helped account for participant clustering within teams was conducted separately for each country (except Australia due to insufficient power). For the most part, the model specifications for H2 were identical to those for H1, except that both well-being measures (i.e., SAH and WHO-5), along with burnout, were specified as dependent variables within the same model. In Iran, as explained above, well-being measured using the WHO-5 was excluded because the collaborators omitted this questionnaire during data collection for most participants. Results are presented in Table 4 and indicate that, in general, findings for H1a are held across countries. There were, however, seven noteworthy points of difference.

First, the hypothesised model did not fit the data in Iran. Therefore, we explored possible reasons for model misfit by looking at the model's modification indices and adjusting the model in ways that were theoretically sensible. As a result, the final model for Iran included only one mediator (i.e., team identification), as opposed to the two that were specified for other countries (i.e., team identification and social support). The other parts of the model remained unchanged, and only the results of this final model for Iran are presented in Table 4.

Second, the significant indirect effect of coaches' identity leadership on burnout did not replicate in three of the seven countries, namely Belgium, India, and the UK. Third, the significant

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[3] We tested a random slopes model for H1a; however, the model did not converge, possibly due to low power at the country level. This is also why we refrained from treating collectivism as a continuous variable and avoided employing multilevel moderated mediation analysis to test H2.

**TABLE 4** Standardised regression coefficients and standard errors: H1.

| | Overall SAH/ABQ | Overall WHO-5 | Belgium | India | Iran | Japan | Poland | Spain | UK |
|---|---|---|---|---|---|---|---|---|---|
| **Direct Effects** | | | | | | | | | |
| Coach identity leadership → Team identification | .29(.02)*** | .29 (.02)*** | .21 (.08)** | .23 (.10)* | .42 (.07)*** | .27 (.06)*** | .21 (.07)** | .33 (.08)*** | .25 (.06)*** |
| Team captain identity leadership → Team identification | .11(.02)*** | .10 (.02)*** | .04 (.10) | .16 (.08)* | .17 (.09)* | .10 (.08) | .13 (.08) | .14 (.06)* | −.04 (.12) |
| Athlete leader identity leadership → Team identification | .30 (.03)*** | .31 (.03)*** | .34 (.08)*** | .36 (.09)*** | .11 (.09) | .25 (.09)** | .26 (.09)** | .33 (.08)*** | .40 (.14)** |
| Team identification → Social support | .62 (.03)*** | .63 (.03)*** | .62 (.04)*** | .63 (.05)*** | | .71 (.04)*** | .65 (.05)*** | .49 (.06)*** | .71 (.03)*** |
| Social support → Well-being (WHO) | | .28 (.04)*** | .34 (.05)*** | .44 (.05)*** | | .32 (.07)*** | .27 (.04)*** | .14 (.07)* | .09 (.07) |
| Social support → Well-being (SAH) | .36 (.03)*** | | .35 (.05)*** | .45 (.06)*** | .45 (.06)*** | .34 (.05)*** | .36 (.06)*** | .33 (.06)*** | .16 (.06)** |

(Continues)

**TABLE 4** (Continued)

| | Overall SAH/ABQ | Overall WHO-5 | Belgium | India | Iran | Japan | Poland | Spain | UK |
|---|---|---|---|---|---|---|---|---|---|
| Social support → Burnout | −.12 (.06)* | | −.20 (.05)*** | −.13 (.07) | | −.26 (.05)*** | −.27 (.06)*** | −.35 (.06)*** | −.19 (.08)* |
| Team identification → Well-being (SAH) | | | | | .53 (.06)*** | | | | |
| Team identification →Burnout | | | | | −.20 (.08)* | | | | |
| **Indirect Effects** | | | | | | | | | |
| Coach identity leadership → Well-being (WHO) | | .05 (.01)*** | .04 (.02)* | .07 (.03)* | | .06 (.02)** | .04 (.02)* | .02 (.01) | .02 (.02) |
| Team captain identity leadership → Well-being (WHO) | | .02 (.01)** | .01 (.02) | .04 (.02)* | | .02 (.02) | .02 (.01) | .01 (.01) | .00 (.01) |
| Athlete leader identity leadership → Well-being (WHO) | | .05 (.01)*** | .07 (.02)*** | .10 (.03)*** | | .06 (.02)* | .04 (.02)* | .02 (.01) | .03 (.02) |

**TABLE 4** (Continued)

| | Overall SAH/ABQ | Overall WHO-5 | Belgium | India | Iran | Japan | Poland | Spain | UK |
|---|---|---|---|---|---|---|---|---|---|
| Team identification → Well-being (WHO) | | .18 (.03)*** | .21 (.04)*** | .28 (.04)*** | | .22 (.05)*** | .17 (.04)*** | .07 (.03)* | .07 (.05) |
| Coach identity leadership → Well-being (SAH) | .07 (.01)*** | | .05 (.02)* | .07 (.03)* | .22 (.04)*** | .06 (.02)*** | .05 (.02)* | .05 (.02)** | .03 (.01)* |
| Team captain identity leadership → Well-being (SAH) | .02 (.01)*** | | .01 (.02) | .04 (.02)* | .09 (.05) | .02 (.02) | .03 (.02) | .02 (.01)* | .00 (.01) |
| Athlete leader identity leadership → Well-being (SAH) | .07(.01)*** | | .07 (.02)*** | .10 (.03)** | .06 (.05) | .06 (.03)* | .06 (.03)* | .05 (.01)*** | .05 (.02)* |
| Team identification → Well-being (SAH) | .22 (.02)*** | | .22 (.04)*** | .28 (.05)*** | | .24 (.04)*** | .23 (.05)*** | .16 (.04)*** | .12 (.04)** |
| Coach identity leadership → Burnout | −.02 (.01)* | | −.03 (.01) | −.02(.01) | −.08 (.03)* | −.05 (.02)*** | −.04 (.02)* | −.06 (.02)** | −.03 (.02) |

(Continues)

**TABLE 4** (Continued)

| | Overall SAH/ABQ | Overall WHO-5 | Belgium | India | Iran | Japan | Poland | Spain | UK |
|---|---|---|---|---|---|---|---|---|---|
| Team captain identity leadership → Burnout | −.01 (.00)* | | −.01 (.01) | −.01 (.01) | −.03 (.02) | −.02 (.02) | −.02 (.02) | −.03 (.01)* | .01 (.02) |
| Athlete leader identity leadership → Burnout | −.02 (.01)* | | −.04 (.02)** | −.03 (.02) | −.02 (.02) | −.05 (.02)* | −.05 (.02)* | −.06 (.02)*** | −.05 (.03) |
| Team identification → Burnout | −.08 (.04)* | | −.13 (.03)*** | −.08 (.05) | | −.18 (.04)*** | −.18 (.05)*** | −.17 (.04)*** | −.13 (.06)* |
| Coach identity leadership → Social support | .18 (.01)*** | .18 (.02)*** | .13 (.05)** | .15 (.06)* | | .19 (.04)*** | .14 (.05)** | .16 (.05)*** | .18 (.04)*** |
| Team captain identity leadership → Social support | .07 (.01)*** | .06 (.02)*** | .03/.06 | .10 (.05)* | | .07 (.06) | .08 (.05) | .07 (.03)* | −.03 (.09) |
| Athlete leader identity leadership → Social support | .19 (.02)*** | .19 (.01)*** | .21(.05)*** | .23 (.06)*** | | .18 (.06)** | .17 (.06)** | .16 (.04)*** | .28 (.09)** |

**TABLE 4** (Continued)

| | Overall SAH/ABQ | Overall WHO-5 | Belgium | India | Iran | Japan | Poland | Spain | UK |
|---|---|---|---|---|---|---|---|---|---|
| $R^2$ Team identification | .34 | .33 | .24 | .46 | .37 | .26 | .24 | .41 | .28 |
| $R^2$ Well-being (WHO-5) | | .08 | .12 | .20 | | .10 | .07 | .02 | .01 |
| $R^2$ Well-being (SAH) | .13 | | .12 | .20 | .28 | .12 | .13 | .11 | .03 |
| $R^2$ Burnout | .02 | | .04 | .02 | .04 | .07 | .07 | .12 | .03 |
| $R^2$ Social support | .38 | .40 | .39 | .39 | | .50 | .42 | .24 | .51 |
| $\chi^2$(df) | 447.14 (37) | 283.29 (27) | 112.01 (38) | 107.83 (38) | 55.46 (23) | 139.97 (38) | 153.54 (38) | 110.46 (38) | 66.82 (38) |
| CFI/TLI | .95/.93 | .99 (.99) | .93/.91 | .94/.91 | .95/.93 | .95/.93 | .93/.90 | .93/.90 | .97/.96 |
| RMSEA/SRMR | .06/.08 | .06 (.07) | .07/.06 | .07/.09 | .06/.04 | .08/.08 | .08/.09 | .06/.09 | .06/.06 |

*Note:*
*p < .05**p < .01***p < .001; Bold and italics indicate a divergence of country-level results from the overall results.

indirect effect of team captains' identity leadership on well-being (measured using the SAH), as observed for H1a, held in only two of the seven countries: India and Spain. For well-being measured using the WHO-5, it held in only one country: India. Fourth, the indirect effect of team captains' identity leadership on burnout was significant in just one country: Spain. Fifth, the significant relationships between coaches' and team captains' identity leadership and well-being, as measured using the WHO-5, did not replicate in Spain or the United Kingdom. Sixth, in Iran, the indirect effect of the best athlete leaders' identity leadership on well-being (measured using the SAH) did not hold. Lastly, the significant indirect effect of the best athlete leaders' identity leadership on burnout did not replicate in three of the seven countries (i.e., India, Iran, and the UK).

All models specified to test H1 were also tested with covariates (i.e., age, gender, and sessions per week). Results showed that all standardised regression coefficients of the independent variables in the models with and without covariates differed by <.10 (see Appendix 3; Becker et al., 2016). Thus, the differences were deemed to be negligible, and all subsequent analyses were conducted without covariates. Also, given that H1 results were nearly identical for both well-being measures (i.e., SAH and WHO-5) and the limited sample size for WHO-5, we conducted H2 analyses using only two mental health outcomes: well-being (measured with SAH) and burnout.

## H2

Multigroup, complex two-level multilevel structural equation modelling was used to examine whether collectivism moderated the paths shown in Figure 1. Similar to H1a, the complex function in Mplus accounted for data clustering at the country level, while the two-level model accounted for clustering at the team level. Step 1 of this analysis involved assessing the fit of the hypothesised model separately for the set of countries high on collectivism and those low on collectivism. Results showed that the hypothesised model was a good fit for the data in both groups: high collectivism (CFI = .99, TLI = .98, RMSEA = .07, SRMR = .09) and low collectivism (CFI = .95, TLI = .93, RMSEA = .08, SRMR = .07). In Step 2, we fitted the hypothesised model concurrently for both groups. The model was a good fit for the data, and the standardised beta coefficients for each group are presented in Table 5.

In Step 3, we used Wald tests, which help assess whether significant differences exist in the beta coefficients (for both direct and indirect effects) between the two groups for paths we expect to be moderated by collectivism. The results revealed that almost all direct and indirect effects were invariant across groups. However, there were notable exceptions that provided mixed evidence regarding H2: one finding supported H2, while two others contradicted it. To elaborate, in line with H2, the direct effect of coaches' identity leadership on team identification was significant and positive across both groups but was significantly stronger in the high collectivism group. Furthermore, contrary to H2, the relationship between team identification and social support was significantly stronger in the low collectivism group, despite being positive and significant in both groups. Also contradicting H2, the indirect negative effect of athlete leaders' identity leadership on burnout was significant only in the low collectivism group.

The results indicate that collectivism generally does not moderate the hypothesised relationships between identity leadership and mental health. Moreover, in cases where moderation does occur, its direction is not always as we had hypothesised. Overall then, H2 was not supported.

**TABLE 5** Standardised regression coefficients and standard errors: H2.

| | High in-group collectivism | Low in-group collectivism |
|---|---|---|
| **Direct Effects** | | |
| Coach identity leadership → Team identification | .30 (.03)*** | .25 (.02)*** |
| Team captain identity leadership → Team identification | .15 (.01)*** | .05 (.06) |
| Athlete leader identity leadership → Team identification | .30 (.03)*** | .32 (.05)*** |
| Team identification → Social support | .59 (.03)*** | .66(.00)*** |
| Social support → Well-being (SAH) | .40 (.03)*** | .31 (.05)*** |
| Social support → Burnout | −.07 (.08) | −.20 (.02)*** |
| **Indirect Effects** | | |
| Coach identity leadership → Well-being (SAH) | .07 (.01)*** | .05 (.01)*** |
| Team captain identity leadership → Well-being (SAH) | .04 (.01)*** | .01 (.01) |
| Athlete leader identity leadership → Well-being (SAH) | .07 (.01)*** | .07 (.00)*** |
| Team identification → Well-being (SAH) | .24 (.03)*** | .21 (.03)*** |
| Coach identity leadership → Burnout | −.01 (.01) | −.03 (.01)*** |
| Team captain identity leadership → Burnout | −.01 (.01) | −.01 (.01) |
| Athlete leader identity leadership → Burnout | −.01 (.02) | −.04 (.01)*** |
| Team identification → Burnout | −.04 (.05) | −.13 (.01)*** |
| Coach identity leadership → Social support | .18 (.02)*** | .17 (.01)*** |
| Team captain identity leadership → Social support | .09 (.01)*** | .04 (.04) |
| Athlete leader identity leadership → Social support | .18 (.02)*** | .21 (.04)*** |
| $R^2$ Team identification | .40 (.02) | .27 (.01) |
| $R^2$ Well-being (SAH) | .16 (.02) | .10 (.03) |
| $R^2$ Burnout | .01 (.01) | .04 (.01) |
| $R^2$ Social support | .35 (.04) | .44 (.01) |
| $\chi 2$(df) | 761.68 (81) | |
| CFI/TLI | .94/.93 | |
| RMSEA/SRMR | .08/.08 | |

*Note*:
*p < .05**p < .01***p < .001

# DISCUSSION

This study examined the role of identity leadership in shaping athlete mental health within a large, cross-cultural sample of football players ($N = 2{,}861$). Specifically, it tested two key hypotheses: first, that team identification and social support would sequentially mediate the

relationship between identity leadership and mental health (operationalised as well-being and burnout) both at the full-sample level (H1a) and within each participating country (H1b). Second, it tested whether these relationships would be moderated by collectivism, with stronger effects expected in cultures characterised by higher collectivist values (H2).

The results provided strong support for H1a, showing that perceptions of identity leadership—whether provided by coaches, team captains, or the best athlete leaders—were associated with higher well-being and lower burnout, with these effects being mediated by team identification and social support. These relationships were largely consistent across countries (H1b). However, two notable exceptions emerged. First, the identity leadership of team captains did not consistently predict mental health outcomes across countries. Second, in Iran, team identification—rather than both team identification and social support—was the key mechanism linking identity leadership to mental health.

By contrast, H2 was not supported, as collectivism did not systematically moderate the relationship between identity leadership and mental health. In fact, some findings contradicted expectations. For example, the relationship between team identification and social support was stronger in low collectivist cultures, and the relationship between athlete leaders' identity leadership and burnout was significant only in low collectivist contexts. The only instance where results aligned with H2 was in the link between coaches' identity leadership and team identification, which was stronger in high collectivist cultures—but remained significant across both cultural settings.

## Major Findings

Five major findings emerge from this study. First, aside from minor variations, the positive relationship between identity leadership and mental health was consistent across countries and cultures. This suggests that the psychological benefits of identity leadership are not bound by cultural context but instead reflect more universal group processes. This conclusion is also reinforced by our finding that variation in identity leadership and its outcomes was greater at the team level than at the country level. In this way, our study extends the reach and impact of the social identity approach to leadership in sports, demonstrating its relevance across geographical and cultural boundaries (Haslam, Fransen, et al., 2020; Haslam, Reicher, et al., 2020). These findings align with research in organisational contexts, where identity leadership has been shown to play a similarly pivotal role across different geographical and cultural settings (Bracht et al., 2023; van Dick et al., 2021, 2018). More broadly, these findings align with psychological research suggesting that, despite some cultural differences, human behaviour is often defined more by commonalities than by differences (Muthukrishna et al., 2020).

A key implication of these findings is the importance of *perceived* identity leadership—that is, leadership that team members recognise as creating, advancing, representing, and embedding a shared team identity. While the psychological benefits of perceived identity leadership appear to be universal, the specific ways in which leaders enact identity leadership are likely to vary across teams and cultures. This is because identity leadership is not about enacting a fixed set of behaviours but about effectively fostering a shared identity. In some teams, this may involve embedding a commitment to *excellence* at the heart of the team's identity, whereas, in others, this shared identity may be built around values such as *courage* or *resilience*.

Second, consistent with the research outlined in the Introduction, our findings provide empirical support for the idea that the effectiveness of identity leadership hinges on its capacity

to build a strong shared identity within teams (Fransen et al., 2023; Fransen, McEwan, et al., 2020; Haslam, Reicher, et al., 2020). Our results also show that these shared social identities serve as a platform for accessing psychological resources, such as social support—a factor that, in turn, enhances well-being and protects against burnout (Haslam et al., 2018; Miller et al., 2020). Taken together, these findings help to clarify not just that identity leadership relates to mental health, but also why—by shaping the social environment in ways that allow athletes to experience more wellness and less illness.

Third, our findings indicate that the relationship between athletes' perceptions of identity leadership—whether provided by coaches or the best athlete leaders—and their mental health is generally similar in magnitude, both in the overall sample and across countries. This is notable given that mental health interventions in sports tend to focus predominantly on coaches (James et al., 2020; O'Connor et al., 2023). In contrast, our results suggest that it is equally important to consider the role of athlete leaders, as they too play a critical role in fostering a team environment that supports mental health (Fransen et al., 2023; Reardon et al., 2019). Beyond this, our findings raise important new questions. For example, could the identity leadership of others within the sporting ecosystem—such as physiotherapists, strength trainers, or support staff—also contribute to athlete mental health? If so, what are the mechanisms through which this occurs? These are crucial avenues for future research.

More broadly, our findings align with prior research demonstrating the importance of athlete leaders' identity leadership for mental health (Fransen et al., 2023; Fransen, McEwan, et al., 2020). However, previous studies examining the role of coaches have produced mixed results. Specifically, while some research has found significant associations between coaches' identity leadership and athlete well-being (Fransen, McEwan, et al., 2020), others have failed to replicate these effects (Fransen et al., 2023). Such inconsistencies may stem from differences in the sports sampled (e.g., football vs. handball vs. multi-sport), study designs (e.g., cross-sectional vs. longitudinal), or the specific measures used to assess identity leadership and well-being (ILI-SF vs. ILI; Keyes, 2002; Khan et al., 2014; Topp et al., 2015). Understanding how these methodological and contextual factors shape findings will be critical for refining our understanding of the role of coaches' identity leadership in athlete mental health.

Fourth, the associations between team captains' identity leadership and mental health outcomes were observed in only a few countries. Even where these associations were present, they were weaker than those found for coaches or the best athlete leaders. This pattern of results raises important questions about how team captains are selected and whether they are always chosen for the right reasons. While motivational and social leadership skills are typically valued in captains (Butalia et al., 2021), the reality is that selection often prioritises other factors—such as sport-specific competencies—over leadership capability (Fransen et al., 2019). This, in turn, suggests that coaches and team members should adopt a more strategic approach to leadership selection—one that prioritises athletes who are recognised by their peers as effective identity leaders. Leaders who are chosen by 'us' are far more likely to lead for 'us', as they create, advance, represent, and embed a shared social identity. At the same time, leadership in teams is rarely the responsibility of just one person (Fransen, Haslam, Steffens, Peters, et al., 2020). Rather than defaulting to the traditional model of appointing a single team captain, teams may benefit from embracing a more distributed leadership structure—one in which leadership is shared between coaches and a select group of athlete leaders. Indeed, growing evidence suggests that this collective approach to leadership can be a powerful strategy for enhancing athlete well-being (Mertens et al., 2020, 2021).

A fifth and final key finding is that, for the most part, culture did not moderate the relationships between identity leadership and mental health (via team identification and social support). This contrasts with findings reported by Bracht et al. (2023), and one likely reason for this discrepancy lies in the way culture was operationalised. Whereas Bracht et al. (2023) treated culture as a continuous variable, we dichotomised countries as either high or low in collectivism based on a mean split. While this approach had practical advantages—allowing us to address our research questions despite the relatively small number of countries in our sample—it also had notable limitations. Most importantly, it collapsed meaningful variation between countries, potentially obscuring cultural nuances that may shape identity leadership processes. For instance, country's that scored just above the mean on collectivism were treated as indistinguishable from those that scored significantly higher, despite likely differences in cultural dynamics (Rucker et al., 2015).

Given these issues, a more nuanced approach to cultural analysis is needed. More specifically, future research should investigate whether cross-level interactions—for example, between individual-level identity leadership and country-level continuous culture scores—predict athlete mental health outcomes. Unfortunately, our ability to explore this possibility was constrained by statistical power limitations, as our study included only eight countries. This limitation was further compounded by the COVID-19 pandemic, which led to a year-and-a-half delay in data collection and the withdrawal of collaborators from nine additional countries (e.g., South Africa, Korea, Serbia). Moving forward, expanding the number of countries sampled in identity leadership research will be critical. Doing so will provide a stronger empirical foundation for understanding whether and how cultural values shape the psychological benefits of identity leadership.

## Study Strengths

This study has three key strengths. First, it advances the field by examining identity leadership across multiple leadership types—coaches, team captains, and the best athlete leaders—within diverse cultural contexts. This breadth of analysis allows for a more nuanced understanding of how identity leadership operates across different levels of influence within teams. Second, the study addresses a longstanding issue in sport psychology: the field's heavy reliance on WEIRD (Westernised, Educated, Industrialised, Rich, and Democratic) samples, which has often led to the implicit assumption that findings generalise universally (Dorsch et al., 2023). This overrepresentation of WEIRD contexts risks distorting scientific conclusions by overlooking how psychological processes unfold in non-WEIRD settings. By integrating both WEIRD and non-WEIRD populations, our study not only broadens the scope of sport psychology but also provides a more rigorous test of our study hypotheses. Third, despite some minor variations, the core finding—that identity leadership has a meaningful effect on athlete mental health—emerges consistently. This provides a strong validation of the social identity approach to leadership and health, reinforcing its relevance across different cultural landscapes (Jetten et al., 2017; Steffens et al., 2014). More broadly, these findings serve as a call to action for researchers to critically examine the generalisability of their assumptions and to ensure that sport psychology research reflects the full diversity of athlete experiences worldwide.

## Limitations and Future Research

Like any study, this research is not without its limitations. First, in some countries (i.e., India, Iran, Poland, Spain, and the UK), limitations in statistical power constrained our ability to detect certain direct and indirect effects—though it is important to note that these instances were relatively limited. While findings are reported in full, caution is warranted in their interpretation, reinforcing the need for future research with larger samples to allow for more definitive conclusions.

Second, in operationalising cultural values, we focused exclusively on collectivism. While this provided a meaningful lens through which to examine cross-cultural variation, it is also clear that leadership effectiveness may be shaped by a range of other cultural dimensions, including gender egalitarianism and power distance (Crede et al., 2019; House et al., 2004). Accordingly, future research should explore whether the benefits of identity leadership are moderated by these and other cultural factors that extend beyond the scope of the present study.

A third limitation concerns the generalisability of our sample. Since our data were drawn exclusively from football teams, it remains unclear whether our findings extend to other sports—both team-based and individual (e.g., volleyball, cycling). Additionally, despite concerted efforts to achieve a gender-balanced sample, this proved particularly challenging in India and Iran. However, including gender as a covariate in our analyses—both at the overall and country levels—did not substantively alter the results. Furthermore, as data within each country were collected from regions where study collaborators were based, our samples may not fully represent national populations, particularly in countries with significant regional variation (e.g., India; Muthukrishna et al., 2020).

A final limitation is that the study's cross-sectional design prevents us from making causal claims or drawing conclusions about how the relationships we examine unfold over time (Cummings, 2018). However, our hypotheses were grounded in well-established theoretical frameworks that have been tested in both longitudinal and experimental studies within sport settings (e.g., Fransen et al., 2023; Mertens et al., 2021). This gives us confidence that the observed relationships are meaningful rather than spurious. Nevertheless, there is clear value in further research—both quantitative and qualitative—that explores these dynamics in greater depth. In particular, it would be good to explore exactly what effective identity leadership looks like in different contexts (e.g., cultures), so that we might explore local variation as well as high-level commonalities.

## Practical Applications

This study underscores the central role that leaders play in promoting and sustaining athletes' mental health. In doing so, it highlights the need for leadership development to be an integral part of sports policies aimed at supporting athlete well-being. Crucially, though, effective leadership is not limited to formal leaders such as coaches and team captains. Rather, our findings indicate that informal athlete leaders can be just as influential in shaping a climate of wellness in their sports team. Indeed, in some cases, they may play an even more significant role than team captains and coaches in fostering mental health.

Regarding the practicalities of leadership development, we recommend a two-step approach. The first step is to identify the best athlete leaders within teams. Shared leadership mapping—

an approach that uses social network analysis to identify leaders from the athletes' own perspective—provides a powerful way to achieve this (Fransen et al., 2015; Fransen, Haslam, Steffens, Mallett, et al., 2020). Ensuring that those selected as leaders are recognised and accepted by their teammates strengthens their capacity to lead effectively (Fransen et al., 2017, 2018). The second step then centres on developing these leaders' identity leadership skills, equipping them with the tools to create, advance, represent, and embed a shared team identity. A growing body of research indicates that social identity-based leadership interventions can be highly effective, not only in strengthening leadership but also in enhancing well-being (e.g., Mertens et al., 2020, 2021).

Our findings also suggest that the role of team captains in shaping athlete mental health is not universal but instead varies across contexts. Specifically, captains' identity leadership was linked to mental health outcomes only in Spain, India, and cultures with high collectivist values. This suggests that leadership development efforts should be targeted accordingly. In settings where captains play a more influential role, investing in their leadership development may be particularly beneficial, whereas in other contexts, attention may be better directed towards coaches or informal athlete leaders. Moreover, when resources are constrained, organisations and practitioners can optimise leadership development by focusing on the leadership source most strongly associated with athlete mental health in each cultural or country setting (e.g., coaches in Iran or the best athlete leaders in Belgium). Finally, while our study focuses on sport, its implications extend beyond this domain as the principles of identity leadership are relevant in any group-based setting, including organisations, schools, and community groups.

## CONCLUSIONS

In recent years, major sporting bodies have called for research to better understand the factors that support athlete mental health. Existing evidence suggests that coaches and athlete leaders play a central role in this process, with their effectiveness shaped by the quality of their identity leadership. More broadly, this perspective offers a powerful theoretical framework for understanding the interplay between leadership and health. However, much of the existing research in this area has been conducted in culturally similar settings, providing limited insight into how cultural values may moderate the relationships between identity leadership and mental health. To address this gap, our study examined this relationship across a large and culturally diverse sample. In doing so, we also provided the first test of a model in which team identification and social support function as sequential mediators of identity leadership-mental health relationships. Our findings offer robust evidence for these pathways, with results that were largely consistent across countries and cultures. Taken together, our findings reinforce the idea that strengthening the identity leadership of coaches and athlete leaders is a promising strategy for supporting athlete mental health across diverse cultural contexts. 'Making us better' is therefore not just a performance goal in itself but also a way for leaders to support team members' health as they pursue that goal.

## CONFLICT OF INTEREST STATEMENT

We have no conflicts of interest to disclose.

## DATA AVAILABILITY STATEMENT

Not all the data used in this study can be made openly available due to legal restrictions. However, certain sections of the dataset may be shared upon request by contacting the first, second, or last authors.

## ETHICS STATEMENT

Ethics approval for the project was obtained from the first author's university. To ensure compliance with country-specific ethics regulations, collaborators in Australia, Canada, Japan, and the United Kingdom also obtained approval from their respective institutional review board.

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## SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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