

An international qualitative exploration informing the development of a national sport mental health service for young athletes

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**An International Qualitative Exploration Informing the
Development of a National Sport Mental Health Service
for Young Athletes**

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Developing a National Sport Mental Health Service for Young Athletes in the Community: An International Qualitative Exploration

Mental health services designed for young athletes may enhance access to care and deliver more specialised interventions when compared to the general national health service waiting lists. This study aimed to explore the perceptions of experienced leaders in the field of sport psychology and psychiatry regarding the development of a national sport mental health service, including potential barriers and facilitators to seeking help. Interviews were conducted with fifteen sport psychologists and sport psychiatrists working in seven different countries across various sports, and reflexive thematic analysis was used to analyse the data within an interpretive description paradigm. Four main themes emerged: 1) Athlete's Ecological Environment, 2) Service Strengths and Challenges, 3) Prioritising Athlete Wellbeing, 4) Specific Mental Health Population. Each theme comprised subthemes which provided deeper insight into the viewpoints of these experienced professionals. The findings emphasised the importance of fostering a healthy professional team dynamic that effectively engages with the athlete's ecological environment, and the potential benefits of having a national sport

mental health service. A central focus was the importance of addressing the athlete's mental health and wellbeing using a client-centred eclectic approach, as this were regarded as critical for optimal performance. This study represented an initial effort to understand the importance of a national sport mental health service in young athletes and served as a foundation for future research in this field.

Keywords: Sports; Mental health; Athletes; Young; National

Introduction

A systematic review and meta-analysis (Gouttebauge et al., 2019) reported that 19.6% (CI: 16.0 to 23.3) of athletes reported symptoms of distress, 26.4% (CI: 21.6 to 31.2) reported sleep disturbance, 33.6% (CI: 27.4 to 39.7) reported anxiety/depression, and 18.8% (CI: 11.1 to 26.5) reported alcohol misuse, among others. Therefore, athletes present with a broadly comparable risk of mental disorders as the general population (Rice et al., 2016) despite the positive relationship between mental health and sport performance or physical activity (Fossati et al., 2021). As mental health research and service provision progressed, the athlete population has been increasingly reported as a separate mental health population, with different mental health presentations and coping strategies (Reardon et al., 2019). Given that approximately half of all common mental disorders emerge before 18 years of age, these should be addressed early on in the athlete's career (Purcell et al., 2023). Nevertheless, stigma poses a major barrier for athletes seeking help, often stemming from the fear of looking weak, or due to fear of team deselection (Gulliver et al., 2012). Additionally, long waiting lists within the national health service (Salisbury et al., 2023)

may deter athletes from seeking help promptly, potentially worsening the athlete's mental health. Long waiting times can be mitigated with the development of sport mental health specialised services providing a targeted knowledge base to consult athletes as a unique cohort (Carr, 2006). Despite this, there is a scarcity of national sport mental health clinical models around the world, especially in young athletes (Purcell et al., 2019).

Beyond the general treatment of mental disorders, sport mental health services may have a preventative role in averting symptomatic deterioration, both directly and indirectly. Such novel health services may serve as a first point of contact, directly preventing deterioration in mental state (Singh et al., 2022). Furthermore, such clinics may indirectly prevent mental health deterioration by improving the athlete's performance through counselling and psychological skill development (Fossati et al., 2021). A recent systematic review and meta-analysis (Cosh et al., 2024) reported that 22.4% of athletes sought mental health support, which is comparable to the general population. The available resources and mental health support services are usually offered by elite clubs for elite athletes, side-lining recreational athletes, which is potentially why research has reported more mental health symptoms in recreational athletes when compared to elite (Tubić et al., 2022). Unfortunately, there is currently no comprehensive model of care to support the mental health needs of young athletes (Purcell et al., 2019). Moreover, young people (YP) are less keen on seeking mental health support due to factors such as stigma, lack of knowledge about services, and lack of financial or logistical support/independence (Radez et al., 2021). Therefore, a comprehensive national sport mental health service for YP requires urgent attention.

Malta is a Southern European country in the Mediterranean Sea consisting of a three-island archipelago of approximately 316 squared kilometers (Cuschieri et al., 2022), with a population of slightly over 500,000 (Scerri et al., 2023). Comparable to the British National Health Service, the Malta public healthcare service is a comprehensive tax-based service comprising of a national mental health service (Mental Health Malta) including a child and adolescent mental health service. Notwithstanding the fact that the results from this study will inform the service development of a national sport mental health service for young athletes in Malta, the multinational variety of the sample helped centralise innovative data

around this poorly explored topic. Therefore, the primary research objective of this study was to gather insights from leading professionals in the field on the usefulness and proper implementation of a national sport mental health service for young athletes, drawing from their professional experiences. In line with the study's philosophical positioning, the authors had the preconceived knowledge of the current available national mental health services and conducted this study specifically with the aim to inform the necessary adaptations to establish a national sport mental health clinic for young athletes. The secondary objective was to seek an understanding around the outside-service barriers limiting access to care, such as stigma, inadequate funding, and a scarcity of specialised clinics. This will serve to gather and analyse valuable information to inform the development of a national sport mental health service for young athletes. While there have been a few public sport mental health service models designed for athletes (van Slingerland et al., 2020; Kenttä & Hyland, 2021), these have focused mostly on the adult elite athlete population. This research project aimed to build on work carried out with adult athletes (Henriksen et al., 2023) combining a clinical and athletic framework where athletes are referred for a comprehensive mental health approach within the national mental health service. To the researchers' knowledge, this is the first study of its kind to investigate the need and development of a national sport mental health service for YP for both elite and non-elite athletes.

The authors of this research are cognizant that several different professionals may work in a sport psychology or sport psychiatry team, including sport psychologists (psychologists formally trained with a professional license in sport psychology), sport psychology practitioners (professionals registered to practice sport psychology), sport psychiatrists (psychiatrists who specialised in sport psychiatry) and psychiatrists with a special interest in sport psychiatry (psychiatrists who would have undergone additional training in sport psychiatry). For this study, the terms 'sport psychologist' and 'sport psychiatrist' will be used to include the above.

Materials and Methods

Philosophical Positioning

As a qualitative study, this was broadly underpinned by an interpretivist paradigm guided by a constructionist epistemology (Ponterotto, 2005). The inductive analytical approach integrated a traditional qualitative approach (reflexive thematic analysis, RTA; Braun & Clarke, 2019) with a more applied qualitative method (interpretive description, ID; Burdine et al., 2021; see Wilson, 2025, for a discussion on the combination of RTA and ID). While RTA served to explore broad patterns within the data in an inherently subjective manner, ID involved ample researcher reflexivity and guidance from their experience in the field. Therefore, this epistemological stance was adopted within the preconception that the research team possessed a framework of a sport mental health service for young athletes in mind. While this may have constrained the degree of interpretivism; the study nonetheless fully applied an inductive, semi-structured approach within the remit of that discussion. This approach still abided by the notion that reality often has multiple interpretations and is dependent on the individual's lived experiences (Book et al., 2024). This reflected our commitment as researchers to uncover the meaning within participants' feelings and experiences by gaining a deeper understanding of beliefs which were not explicitly evident or objectively observed (Renjith et al., 2021).

Reflexivity

Considering the notion of co-constructed knowledge, it is imperative to reflect on the researchers' input (Braun & Clarke, 2019). The first author is a consultant psychiatrist in child and adolescent psychiatry with additional training in sport psychiatry, and a registered sport psychology practitioner, with experience in qualitative and quantitative research. The research objective supports the first author's vision of formalising the first documented national sport mental health service for YP. The second and third authors are sport and exercise psychology lecturers and researchers, with the latter being a professor of sport and exercise psychology. Their collective experience allowed them to critically appraise each other's opinions, thus refining and challenging interpretations during analysis (Smith & McGannon 2017).

Participants

Fifteen professionals, including sport psychologists ($n = 9$), psychiatrists ($n = 4$), a sport psychology practitioner ($n = 1$), and a performance psychologist ($n = 1$), with professional involvement in multidisciplinary settings, were recruited for this study (Table 1). Due to the absence of professionals working exclusively within a sport mental health service for young athletes (both locally and within wider documented literature), various professions were included to obtain a multidisciplinary perspective. Participants were identified through professional networks and selected by purposive sampling. Participants had experience ($M_{\text{age}} = 13.13$ years, $SD = 12.02$) working with sports teams and individual athletes on an elite and sub-elite level, assuming a leadership role, either within an organisation or on an independent level. This included experience working with the English Premier League (football), Serie A (Italian football), Bundesliga (German football), Team USA (Olympics), Lawn Tennis Association (United Kingdom), Malta Olympic Committee, England and Wales Cricket Board, UK Sports Institute (diving), and martial art athletes, among others.

Table 1. Anonymized List of Participants (in no order)

Role	Experience	Experience (Years)	Country of Work
- Sport psychiatrist	England and Wales Cricket Board, Independent practice	4	UK
- Sport psychologist	Bundesliga, German Paralympic Team	18	Germany
- Sport psychologist	Malta Olympic Committee, Independent practice	7	Malta
- Psychiatrist (special interest in sport psychiatry)	UK Sports Institute	8	UK
- Sport psychologist	Lawn Tennis Association, Independent practice	31	UK
- Sport psychiatrist	Team USA, US Anti-Doping Agency	45	USA
- Sport psychologist	UK Sports Institute (Diving), Swim England, Independent practice	8	UK
- Sport psychology practitioner	Independent practice	3	Malta
- Sport psychiatrist	UK Anti-Doping Agency, UK Olympic/Paralympic Team, Independent Practice, Premier League	11	UK
- Sport psychologist	Independent practice	5	Portugal

- Sport psychologist	Malta Olympic Committee, Malta Football Association, Independent practice	25	Malta
- Sport psychologist	Independent practice	2	Slovenia
- Sport psychologist	Serie A, Independent Practice	8	Italy
- Performance psychologist	Independent practice	8	UK
- General adult psychiatrist (special interest in sport psychiatry)	National Health Service, UK Sports Institute	14	UK

Eight participants were male, and seven were female. Professionals who had no experience working in sport multidisciplinary teams (MDTs) were excluded. Having participants from different countries helped gather a better understanding from various systems, ensuring that the results informing the development of this national service were as comprehensive and holistic as possible. Notwithstanding, all chosen participants were from Western world countries in view of significant differences in theoretical paradigms and healthcare systems between Western and Eastern world countries (Sharma, 2019). Furthermore, this national sport mental health service will operate in Malta, a European country which closely follows the British healthcare system due to recent socio-political affinity (Bland, 1994). Having a sample of fifteen participants was in line with thematic analysis recommendations (Braun & Clarke, 2013). Furthermore, the sample was not set in advance; during the last three interviews, it was noted that codes were being increasingly replicated, with no new contributions to the analysis, suggesting category saturation (Saunders et al., 2018).

Data Collection

Semi-Structured Interview Guide

The interview guide was developed by the research team for the purpose of this study, considering a social constructionist epistemology and the absence of a specific tool in the literature. A semi-structured approach was chosen for its flexibility, exploring deeper topics, and allowing the participants to elaborate on various topics which were not predetermined

by the researcher (DeJonckheere & Vaughn, 2019). The guide and interviews were in English as all participants fluently understood and spoke the English language. The guide included twelve open-ended questions aimed at stimulating discussion and moving at the participant's pace. It focused on the participant's experience in the field (clinically and academically), benefits and limitations of having a national sport mental health service for YP, working within an MDT, working with different athletic age groups, and the role of family support. It also concentrated on current resources in sport psychology and psychiatry, the associated stigma therein, the vision and goals to drive such a service, the sensitive balance between performance-enhancement work and the athlete's mental health/wellbeing, and reflections on one's career. The interview did not follow a strict chronological order to ensure a flowing discussion.

Interview Process

The participants were interviewed by the first author via online platforms (Zoom and Microsoft Teams) due to the transnational nature of the research. The interviews lasted between 45 and 75 minutes ($M = 50.47$, $SD = 8.34$), and were digitally recorded and transcribed verbatim. Participants were asked to choose a comfortable setting for the online interview, most of which chose their home or clinic. Participation was entirely voluntary, and no incentives were promised.

Data Analysis

RTA was used to analyse the transcripts, following thematic analysis recommendations (Braun & Clarke, 2019). This was embedded within the principles of ID (Burdine et al., 2021) as the researchers brought in their experiential knowledge and knowledge of existing theory using a constant comparative analysis. Both qualitative approaches aligned philosophically and were integrated to capture nuanced insights and meaning within the data. The first author read the transcripts in detail and got immersed in the data to gain a deeper understanding, a process called familiarisation. Significant patterns were identified and labelled accordingly, assigning codes (in the form of keywords or short sentences), which were then grouped further into subthemes. Similar subthemes were grouped into themes, which were reviewed by the three researchers to ensure that they accurately

represented the data. The themes were then refined and defined, allowing the researchers to develop a clear narrative that encapsulates the essence of the themes. Nonetheless, the research team maintained theoretical flexibility and reflexivity throughout. Therefore, the researchers were not solely passive observers of theme formation but engaged in an active interplay of discussion and thought processing, using their experience in the field. This ensured that the researcher's interpretations were grounded in the data, while remaining cognizant of their biases and preconceptions. The analysis was overall inductive as the coding process was not carried out in line with any pre-existing theory (Braun & Clarke 2006).

Rigor and Ethics

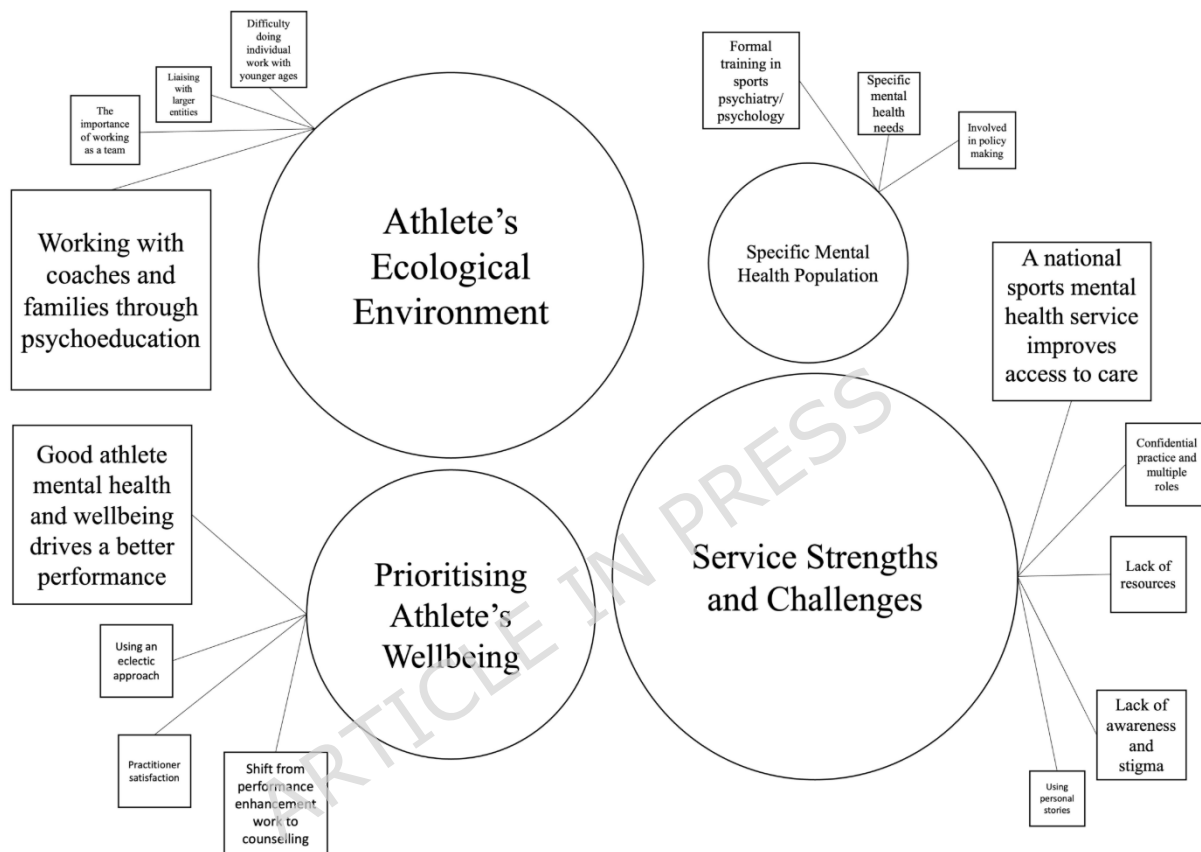
To enhance the study's rigor, the researchers aligned with the relativist approach of judging qualitative research (Smith & McGannon 2017). This meant that the analysis distanced itself from a criteriological approach, utilising open-ended concepts that are not fixed or predetermined. Reflections were carried out within the research team, with the second and third authors acting as 'critical friends'. This dialogue and reflexive acknowledgment explored alternative interpretations of multiple truths and perspectives which generated qualitative inferences. Ethical approval was obtained from the Health Ethics Committee on the 22nd of December 2023 (HEC19/23 - Ministry for Health and Active Ageing, Malta). Research governance approval was obtained from the Chairman of the Department of Psychiatry (Malta Mental Health Services). The study participants were given a study information sheet prior to consenting. Informed consent to participate in the study was obtained from all participants. All data were stored anonymously in a password-protected spreadsheet in an encrypted computer.

Results

The analysis yielded 4 final themes (16 subthemes and 372 initial codes; Figure 1). The four themes helped explore both the primary aim (exploring methods to implement a national sport mental health service for young athletes) and the secondary aim (exploring the outside-service barriers and their effect on athletes' access to mental healthcare). The qualitative assertions made by the participants in this section were made in the context of

the development of a national sport mental health service for young athletes as this was the main point of discussion during interviews.

Figure 1. Bubble Map Showing Level of Thematic Categorisation (Themes in Circles; Subthemes in Squares - Larger Circles/Squares Signify More Frequently Mentioned Themes/Subthemes; No Statistical Testing)



Athlete's Ecological Environment

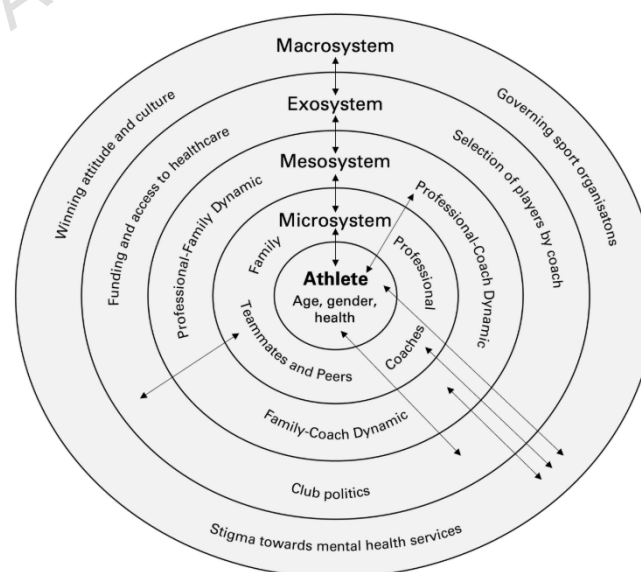
This theme was a central and salient notion which all participants touched upon, including the athlete's interactions with their ecological environment (see Figure 2) and the importance of gaining a deeper understanding of the athlete's ecological context to enhance the effectiveness of a sport mental health service. Participants commented on the 'pretty invaluable' positive team dynamic, both between professionals in clinic, and within sport organisations:

I was engrained with the team, I used to see them regularly, have lunch with them and have regular sessions there. I used to have sessions with the coaches to discuss things. When it was qualifiers or UEFA finals of a few years ago, I was very well-embedded within the team. (P1)

Participants indicated that a national sport mental health service for young athletes should adopt a broader focus beyond athletes themselves, being 'more effective if one used a systemic approach' (P4), which involves 'investing in coaches and families around the athlete, helping to make the ecological environment around the athlete more psychologically informed' (P5). Participants expressed discontent towards the behaviours of athletes' parents, noting that their actions can be 'very non-adult-like on the side-lines because they'd be living their own fantasies' (P7). They acknowledged the significant influence parents have on a young athlete's career and overall experience:

I think they have a critical role to play there because we know that parents are probably the biggest source of competence information for a child at that stage, so children pick up on cues from parents in terms of what's most important to them with respect to achievement. (P13)

Figure 2. The Athlete's Ecological Environment Based on the Results (Adapted from Bronfenbrenner, 1979)



Participants indicated a consensual drive away from individual psychological work with younger athletes since 'it is very difficult for a sport psychologist to help children understand psychological concepts... as their thinking process is still limited and they're still very intuitive rather than logical and abstract' (P10). When engaging with younger athletes, most participants acknowledged the significance of collaborative efforts and the necessity of fostering a positive dynamic with the athletes' support figures and teams:

The cut-off has to be around 14. Below that age, I think you shouldn't be working with the individual athletes, but you should be offering some kind of standardised programme of support to the people working with the athletes... for people under the age of 14, I would perhaps invest your efforts in coaching the coaches, coaching the parents, coaching the environment... (P5)

Participants also recognised the need to look beyond the world of sport mental health and liaise with other entities which have 'established performance-enhancing and wellbeing-enhancing approaches' (P5). Participants generally agreed that, considering the relatively recent inception of sport psychology and sport psychiatry, these services should evolve along similar paths as those of more established fields:

And I would like to have clinics in the way that we have sports medicine clinics... So, the UK Sport Institute or UK Sport, an organisation like that, would establish a mental health clinic in the same way that they have a physiology lab or a rehabilitation unit for complex injuries. (P2)

Reflecting on and analysing the participants' comments, the authors recognise the intentional drive towards systemically engaging with the athlete's ecological framework, including gathering collateral information, and acknowledging non-sporting aspects of the athlete's life, such as family and intimate relationships. However, it was observed that most participants passed subtle comments (or through tonal cues) about time and resource constraints impeding the practical application of systemic and ecological work in real-life settings. The authors feel that addressing these resources in the field is paramount to ensure standardised practice, moving away from an improvisation style of practice.

Specific mental health population

Participants appreciated that athletes possess distinct mental health needs, with one noting how ‘some of them are mentally incredibly unhealthy’ (P11). Consequently, athletes may be viewed as a unique mental health demographic, necessitating specialized professional training tailored to their specific needs. All participants agreed that service developers and policy makers should plan service roadmaps with the athlete population as the main stakeholder:

I was interested in looking at athletes as a unique patient population, just like child psychiatrists look at kids as a unique population, geriatric psychiatrists look at the elderly as a unique population. So, I always believed that athletes have unique characteristics when it comes to, not just psychopathology, but you know, mental health issues. (P7)

When addressing the socio-political push towards a specific athlete mental health population, participants discussed their engagement in public policy and management. This was viewed as a crucial aspect of a sport practitioner’s role. One participant mentioned his involvement with the International Olympic Committee (IOC): ‘I joined the IOC Mental Health Working Group, on the back of my track record of having published extensively in sports psychiatry’ (P2). In line with recognising athletes as a specific mental health population, participants heavily supported centralising efforts and developing formal training pathways in the practice of sport psychiatry and sport psychology, which would equip professionals with the right skills to be part of a sport mental health MDT for young athletes. Additionally, some participants referred to individuals identifying as ‘mental coaches’ as ‘uncertified people that come from any background you can imagine, sometimes with no school background’ (P4):

If you want to become a doctor, for example, everyone knows that to become a doctor you need to know anatomy. But in sports psychology, there isn’t much of a universal agreement around what are the core things that you need to be skilled and knowledgeable about. (P5)

Reflecting on this theme and drawing parallelisms with social identity approaches (Rees et al., 2015), the authors argue that focusing on a defined athlete mental health population is important not only for athletes but also for professionals working with athletes in a national sport mental health clinic. These professionals would have dedicated ample time specialising in the field to maintain the required standard of care. Therefore, having a specific athlete mental health population (specialised services, registers, budget allocations, training courses etc.) fosters a shared social identity within professionals, giving practitioners a sense of belonging within a broader professional community (a sense of 'us'). Along with upholding standards of care, this collective identity may help explain why participants were vociferously opposing the inclusion of 'mental coaches' in sports promising rapid psychological recovery and performance gains. Consequently, participants highlighted the importance of having professionally licensed individuals working within the national sport mental health service for YP, which is the central component of this research. The establishment of the International Society of Sport Psychology and the International Society of Sport Psychiatry has likely enhanced the sense of belonging within professionals. This likely helped to set standardised professional boundaries and role descriptions providing a more coherent and effective system, avoiding multiple role dilemmas.

Service Strengths and Challenges

Despite being the central focus of the research project, the authors felt that this warranted its own distinct theme because participants repeatedly referred to it. The lack of resources dedicated to the mental health of athletes was a general concern expressed by most participants. Participants claimed that 'athletes don't have access to a safe space, to mental health support, and that it is often overlooked' (P6) and treated as the 'poor cousin' (P11) with a lack of 'sense of parity of esteem' (P11). Participants reported a perceived lack of awareness and stigma around the topic of mental health and athletes. It was made clear that 'sports and mental health were not something that people talked about' (P7) and athletes would 'see it as extra and would prefer going to a physio way more than going to a sport psych' (P9):

People always say that stigma around people accessing sport psychology services is decreasing. I don't think it will ever decrease entirely. I think, because of the nature of sport, because it is performance-based, and because athletes have to be selected based on how resilient a performer they are. (P5)

All participants felt that a national sport mental health service for YP would be beneficial to both athletes and the broader structures supporting them, recognising that such a service could function either as an independent public entity or funded by a larger sports institution or private organization. Participants noted a significant disparity in access to healthcare across different sporting disciplines, which is largely attributable to varying financial and healthcare agreements among athletes. They also spoke in favour of an inclusive service: 'Including this in the NHS makes complete sense. Sport psychology is for everyone, not just for those who are experiencing a mental disorder or a difficulty' (P4). Indeed, a concern that emerged about mental health support in athletes was the 'perception that it is just for the elite' (P11), and the importance for it to be accessible to all athletes. Therefore, a national sport mental health clinic for YP would be especially useful for non-funded athletes:

Where I think there's a massive gap in sport psychology, is those who are serious yet aspiring. So, these are the people who are not from funded programmes but are amazing in what they do and would love access to sport psychology... they would go privately but it's expensive... I want to optimistically believe that all mental healthcare can be free and provided. (P8)

To enhance athlete engagement and increase session effectiveness within such a service, several participants proposed implementing mental health sessions in a group/team setting, viewing athletes as equal contributors to the process. By fostering a collaborative environment within a national mental health service for young athletes, athletes can share their experiences, leading to richer discussions and preventing athletes from being individualised, which may happen in any general mental health service. Participants remarked how athletes exhibit general reluctance to seek assistance from general mental health clinics, as these are often perceived as lacking the necessary specialisation: 'They

wouldn't want to access general NHS care because of the long waiting lists and there'll be someone who doesn't understand the sport' (P6). By implementing a specialized referral framework, the proposed service could significantly enhance accessibility for athletes seeking timely support, fostering a more supportive environment for addressing mental health issues within the sporting community. Therefore, a national sport mental health service for YP was deemed by the participants to be a more effective therapeutic experience:

You know, referrals and waiting times. And often, when an athlete seeks sport psychology services, it is reactive to a problem lived experience. So, if they have to go through a referral process from their doctor or their coach, by the time they would actually get into the service, it might have taken too long. (P5)

Multiple participants felt that confidentiality is a crucial ethical principle for the smooth functioning of such a service. This helps to 'make sure that your client is protected' (P4). One of the athletes' main concerns would be their fear of deselection if deemed to be mentally unhealthy: 'Athletes have to be selected based on how resilient a performer they are... they would always want a confidential service provider they can go to' (P5). Therefore, mental health professionals should reassure the athlete that they 'have no influence on performance or coaching decisions or selection' (P6), and 'on that basis, it might be that the coach is not privileged to all the information from a mental health performance point of view' (P13). Therefore, confidentiality needs to be a central component of such a service to avoid unnecessary dual role implications which might hinder the therapeutic alliance:

If an athlete isn't confident that what they tell you, both as an individual and as a group, will stay confident, unless its suicidality or something like that, you're not going to get anywhere. Because they don't want to be viewed as having flaws. Even though they're desperate for help. Nobody would want their opponent to know their weaknesses; every athlete gets to know that very early on. (P7)

To foster a more effective therapeutic alliance with athletes, several participants noted that sharing their personal athletic experiences facilitated deeper connections. One participant

remarked, 'being an athlete helps in understanding them' (P10), indicating that shared experiences generate empathy, relatability, and a positive rapport. As such, in contrast to being viewed as 'just someone in an ivory tower writing books and papers about this' (P7), sport psychologists and psychiatrists will be perceived as relatable figures who genuinely understand the challenges faced in the athletic realm: 'So, I'm sure that working with athletes from my sports definitely helps with this alliance in the beginning, because they know I've been, or I still stand where they stand.' (P14)

Further analysis and reflection on the data suggested that participants were signalling a need to identify workable balances that would enable the service's successful implementation. A publicly funded, inclusive, and equitable model serving both elite and non-elite athletes would require internal clinicians to actively liaise with independent sport mental health professionals who might feel that their service is threatened by the free provision. Furthermore, while addressing a genuine clinical gap, professionals should avoid adopting an exclusive clinical model and be able to balance the mental health domains within an integrated framework (e.g., through outreach sessions).

Prioritising Athlete's Mental Health

The overall sentiment was that that prioritising the athlete's mental health, such as within a national sport mental health service for young athletes, helps refine their overall performance. As 'an important part of the rehabilitative process' (P2) one can view 'sports performance as an important part of that person's life that would be regained as health is restored' (P2). Participants emphasized that athletes should 'start the journey from a foundation of good mental and emotional health' (P13) because 'mental health is the basis for all our life... without mental health, we cannot do performance sport, or we will break apart.' (P15):

We are mental health professionals, and we need to keep the person in front of us at the forefront, but performance does follow! I had athletes who in no way were they going to the Olympics, but with mental health support, they're actually going. (P11)

An invaluable part of the athlete's positive wellbeing is the athlete's capability to enjoy the sport. Participants felt that one of their main roles in therapy is to help athletes enjoy their sport, as this 'will help make them feel more relaxed and more motivated, which improves performance' (P4). Participants felt that 'when you are performing well, you are reinforcing that enjoyment' (P4), stressing the reciprocal link between enjoyment and performance:

With every athlete that I've worked with, we always come to the endpoint that says, 'If you enjoy what you're doing, you're going to perform well'. But we never lower the expectations or the standards. So, we're not saying that the aim is to enjoy this, or that the aim is an Olympic medal. But how do you enjoy this journey to get there... So, it's like, the enjoyment of the sport is our foundation in which all our performance goals can be met. (P8)

Some participants highlighted the importance of redefining the concept of winning in sports, emphasizing the need to be 'more focused on personal bests than the winning aspect' (P1). Participants emphasised that such a concept could be introduced at the early stages of therapy at a sport mental health service for young athletes. This shift in perspective allows athletes to prioritize individual progress and personal achievements. By redefining winning in this manner during therapy sessions with young athletes, athletes can cultivate a more enriching experience that enhances their enjoyment and fulfilment in sport, beyond the traditional definitions of victory:

What I try to do, is tell them: 'You're right! Winning is an important part of sport. But how do we define winning? Is it winning if you go out and do your personal best?' And you know, being one of the godfathers of this field, when I had an athlete who gave me his best performance, who played hard and fair, and did their best, and they took last, I consider that winning. So, using a modified CBT approach... redefining winning. Winning the medals is one way, but there are other ways that we can win. (P7)

Participants noted a significant systematic shift from traditional performance-enhancement strategies toward counselling and therapeutic dialogue. It was felt that this

transition reflected a broader recognition of the importance of athlete mental health support, prioritising the psychological needs of athletes alongside their physical training. Thus, participants recognised the necessity for comprehensive support systems that address both psychological and performance-related concerns:

I think that within my time in professional football, as I got a little bit more mature, I definitely started to drift away from just psychological strategies or PST, but more into... a slightly more counselling-oriented approach, whereby you're taking more time to listen to the current context... trying to formulate what's going on for them. (P13)

Some participants expressed a preference for specific therapeutic modalities, such as cognitive behavioural therapy and acceptance and commitment therapy, primarily based on their training in these approaches. This inclination reflects a reliance on familiar frameworks, allowing these practitioners to draw upon their expertise and deliver targeted interventions that align with their professional skillset. However, to maintain an athlete-centred approach, most participants expressed a preference for an eclectic therapeutic framework that integrates various theoretical paradigms tailored to individual cases. This perspective emphasizes the recognition of the diverse needs and experiences of athletes, emphasizing the importance of customizing interventions to effectively address their unique circumstances. This was also the approach which was mostly recommended for a national sport mental health clinic for young athletes. By adopting this multifaceted approach, sport professionals can better accommodate the athlete's mental health needs, ultimately enhancing the effectiveness of the support provided:

You'd choose which approach is more functional in the given context. Within that underpinning philosophy, there's a lot of different modalities you can take. It depends on your areas of competence. So, I will adopt the approach that I'd think is going to be the most effective within a given context. (P5)

Participants expressed a profound sense of fulfilment as mental health professionals when their clients reached significant athletic milestones. These experiences were described by

participants as being 'a very emotional time' (P1) and 'very satisfying' (P2), highlighting the deep emotional resonance and professional gratification associated with client success:

The moment that you see someone who would have struggled with sport and performance, and clearly understanding their change, and how they have improved... When they realise the transferability of what they've done with you to other contexts, it has a massive impact and it's what keeps me going. (P4)

The authors observed notable differences between the viewpoints of sport psychiatrists and sport psychologists. While sport psychiatrists focused on mental health symptoms, sport psychologists revolved more around the athletic performance, reflecting their training background. Nevertheless, all professionals were aware that good athletic mental health will positively impact performance. Reflecting on this, the authors understood the importance for both professionals to be present within a sports MDT, thus having an equitable and integrated emphasis on both the mental health and performance enhancement of athletes.

Discussion

Primary Aim - Implementing the Service

The primary aim explored the usefulness and proper implementation of a national sport mental health service for young athletes, based on the insights and experiences of leading professionals in the field. The participants were interviewed inductively on this specific topic to gather expertise, evaluate the need for such a service, and inform proper implementation. The service was perceived by our study participants as a significant intervention to address existing gaps within the field of sports, notably by enhancing access to mental healthcare and mitigating the existing stigma and resource limitations. Furthermore, the professionals asserted that the mental health and wellbeing of athletes are fundamental to achieving optimal performance. The participants highlighted that a robust mental health support system is essential not only for the individual welfare of athletes but also for the overall success of sport organizations. By prioritising mental health, the proposed service aims to foster a more holistic approach to athlete care, ensuring that mental wellbeing is recognised as a critical component of athletic excellence. This reflects

assertions made by previous researchers indicating a bidirectional and reciprocal relationship between mental health and performance (Fossati et al., 2021).

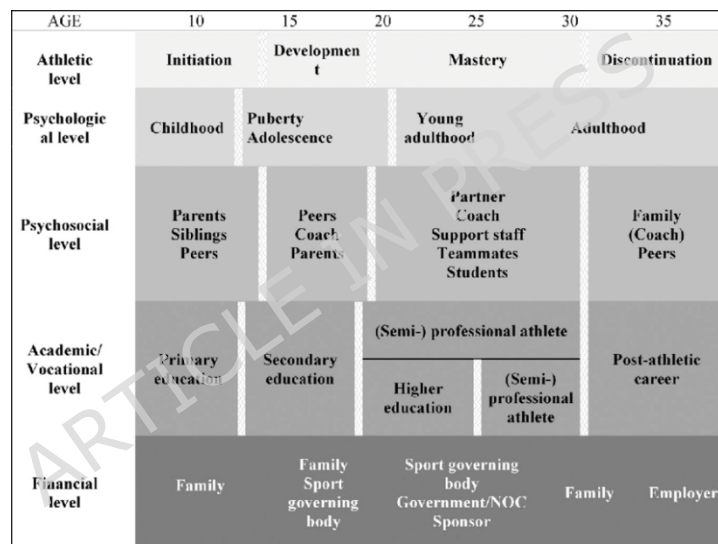
Most participants were excited at the prospect of establishing a national sport mental health service for YP as it was something they had never encountered. Apart from improved access to specialised care, such a service will allow the confidential space provided by such a service which is not employed by the club, alleviating fears of deselection and potential stigmatisation, as reported in a previous study (Gulliver et al., 2012). There is a considerable possibility that the sport psychiatrist/psychologist will be viewed with caution and suspicion by coaches and team management (Begel, 2018). Being mindful of this potential conflict, the mental health professional should plan discussions with coaching and administrative staff in advance, ensuring that relevant ethical principles, such as confidentiality, are upheld.

Previous research has emphasised the importance of working with young athletes, during self-identity development, as illustrated by the Holistic Athlete Career (HAC) model (Figure 3; Wylleman & Rosier, 2016). This model stressed the importance of ensuring good athlete wellbeing between the ages of approximately 12 and 18 years, when individuals are developing at an athletic level, during the adolescent psychological phase. Wylleman and Rosier (2016) discussed the psychosocial interactions of athletes with their peers, coaches, and parents, particularly in adolescence. Reflecting the assertions made by such models and the results obtained from our study, a sport mental health service for young athletes should include those between 12 and 18 years of age. Participants emphasized the necessity of cultivating a supportive team dynamic among professionals while actively engaging with the athlete's ecological environments, particularly those in the younger demographic.

Consistent with this, participants in our study emphasised how pivotal it is to work with these athlete microsystems and mesosystem (Bronfenbrenner, 1979; Figure 2) at this age and interact with them professionally. Moreover, our study results corroborate previous research (Chakraborty & Bhide, 2020) which reported that, while supportive therapy might be beneficial across all age groups, more tailored individual therapeutic

approaches should begin in older children/adolescents. Several participants also commented on the shift from more traditional exclusive performance-enhancing approaches to a more counselling approach. This paradigm shift was increasingly reported in the 2024 Paris Olympic Games, where a sport psychologist working with Olympic athletes commented, “the culture of mental health is rapidly shifting” (Abrams, 2021). The client-centred eclectic approach aligns with the participants’ view that good athlete mental health/wellbeing enhances athletic performance and sport enjoyment, echoing previous research (Purcell et al., 2019). This can be used to advocate for sport organisations to invest in mental health/psychological programmes for athletes, improving athletic performance.

Figure 3. The Holistic Athlete Career model (Obtained from Wylleman & Rosier, 2016)



Overall, and in response to the primary aim, the prospect of a national sport mental health service for young athletes was well-received and supported by the participants of this study. The main principles in favour of this service were inclusivity (elite and non-elite athletes; sponsored and non-sponsored athletes may utilise the service), confidentiality (and the sensitivity around team deselection), the lack of such clinics on a national level (especially for young athletes), and the use of an eclectic and pragmatic therapeutic approach. Therefore, such a service should be built around these core principles using a multidisciplinary framework.

Secondary Aim - Barriers to Athlete Mental Healthcare

The second aim explored the outside-service barriers and their effect on mental healthcare in young athletes. The results from this study indicated the presence of multiple barriers which would need to be addressed when implementing a sport mental health service for young athletes. Considering that the stigma around athletes seeking mental health support remains widespread (Cosh et al., 2024), the insights gathered from this research underscore the numerous benefits of implementing a national sport mental health service which is accessible, confidential, and equitable. Furthermore, the results generated from this study indicated a lack of standardized training and educational frameworks in sport psychiatry which might serve as a barrier towards delivering a standardised and reliable service. This emphasised the importance of formal training, competence, and evidence-based practice in sport psychology and sport psychiatry, mirroring previous research (Fairburn & Cooper, 2011).

The lack of specialised mental health systems for young athletes is a current barrier impeding access to specialised care. Our study results, and previous research (Rice et al., 2016), have supported the notion of a specific athlete mental health population. This will hopefully bolster existing allocated service budgets and encourage more professionals to specialise in the field. As the participants remarked, the introduction of untrained individuals (e.g., 'mental coaches) who would present themselves as highly effective, might dilute the quality of services within the field. Reflecting on this, one of the roles of the MDT would be to unify the strengths of different professionals and ensure a comprehensive and standardised approach.

Another barrier mentioned by participants was the lack of financial resources. Some participants expressed scepticism about the long-term success of such a service because of overstretched national health budgets and resources (Khan, 2023). However, the consensus was that if implemented successfully, it would be beneficial to athletes at all levels. A salient reflection here is that the widespread lack of financial and human resources might serve as a demotivating barrier to developing such an innovative service.

Nonetheless, autonomous motivation has been identified as a notable facilitator of improved proactive, high-quality work-related behaviour (Veensra et al., 2022). Consequently, the role of the service lead would be to foster an intrinsically motivating environment to heighten optimism and goal-oriented beliefs among professionals. An effective way of doing this is by adopting a shared identity leadership approach, fostering a sense of 'us' and higher perceived peer leadership quality (Edelmann et al., 2020).

Study Recommendations and Limitations

Recommendations for future practice include the development and maintenance of a national sport mental health service for young athletes using a multidisciplinary approach. Furthermore, centralised efforts are required to standardise and formalise training in sport psychology and psychiatry. The authors recommend future research such as a mixed-methods longitudinal analysis of a national sport mental health service for YP. Furthermore, the authors also suggest future research including participants from underrepresented regions and non-funded sporting disciplines for a more comprehensive understanding.

A potential limitation of this study was the non-probabilistic sampling method (purposive sampling), limiting generalisability, and possibly introducing selection bias (Palinkas et al., 2015). However, considering the social constructionist epistemology and specialised topic, the targeted small number of participants was deemed appropriate. Another limitation was the lack of standardised interview guide within the literature. To mitigate this, the interview guide was discussed with experienced researchers in the field and the necessary changes were made before conducting the interviews. More specifically, researcher bias was potentially introduced since the researchers had their own theoretical preconceptions as professionals. Furthermore, this study unilaterally explored the professionals' perceptions and not that of the service users. Therefore, qualitative work exploring the service users' needs, recommendations, and experiences, would help develop a more holistic service.

Conclusion

This study reported that a good professional team dynamic and adopting a holistic approach will help sport psychologists/psychiatrists to better engage with the athlete's ecological environment, especially in the younger age groups where individual therapy might be a struggle. The athlete performance was reported to be driven by good athlete mental health and wellbeing. A national sport mental health service for young athletes will improve access to care and reduce the associated stigma. This study stresses the importance of having a national sport mental health service for YP and highlights the need for future applied research and more formalised training in the field.

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Declarations

Ethics guidelines

Ethical approval was obtained from the Health Ethics Committee on the 22nd of December 2023 (HEC19/23 - Ministry for Health and Active Ageing, Malta). Research governance approval was obtained from the Chairman of the Department of Psychiatry (Malta Mental Health Services). All methods were carried out with national guidelines and regulations. Clinical trial number: Not applicable.

Consent to participate

Informed consent to participate in the study was obtained from all participants.

Consent to publish

Informed consent to publish the data was obtained from all participants.

Competing interests

The authors declare no competing interests.

Data Availability

The datasets used and analysed during the current study are available from the corresponding author on reasonable request.

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