

1 **Perceptions of young athletes on a national sports mental health service and the sport-**
2 **mental health intersection in Malta**

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Abstract

20 A lack of sports mental health services for young athletes has been reported. This study
21 analyzed young athletes' perceptions on a national sports mental health service, including their
22 views on the sport-mental health intersection. Semi-structured interviews were carried out with
23 fourteen athletes ($R = 14-21$ years, $M = 17.79$) and data were analyzed using reflexive thematic
24 analysis. Three overarching themes were constructed: 1) Sport and mental health - A connected
25 dynamic, 2) The athlete's ecosystem, 3) A specialized service for athletes. Athletes reported
26 therapeutic benefits in mental health and athletic experience. They perceived the sport-mental
27 health connection to be significant and appreciated the specialized approach compared to
28 general services. Athletes underscored the influence of the athlete ecosystem and felt that
29 therapeutic efforts should extend within this sphere. This study offers the first known
30 documented qualitative evidence on the topic aiming to inform service development and
31 national health policy.

32 Keywords: Young athletes, sport psychology, sport psychiatry, mental health service,
33 qualitative

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Introduction

35 The World Health Organization has defined mental health as “a state of mental well-
36 being that enables people to cope with the stresses of life, realize their abilities, learn and work
37 well, and contribute to their community” (WHO, 2025). From the first documented definition
38 of mental health in 1948 by J.C. Flugel at the first International Congress of Mental Health
39 (Galderisi, 2024) to more current definitions, a consistent commonality emerges: all definitions
40 mention the person's functioning. Reasonably, a defining factor in an athlete's perceived
41 functioning in life is physical activity. Physical activity has been positively associated with
42 health-related quality of life (Jiménez Boraita et al., 2024) and better mental health in children

43 and adolescents (Fu et al., 2025; Liu et al., 2025; Rodriguez-Ayllon et al., 2019). Since good
44 mental health is viewed as fundamental to maximising one's functional capacity (Defar et al.,
45 2023), it likewise plays a critical role in athletic development and performance (Watson, 2024).
46 Elite athletes have publicly disclosed their mental health challenges in mainstream media
47 (Arvinen-Barrow, 2016) and the link between athletic experience, functional capacity, and
48 mental health has emerged as a prominent triangulating theme within this discourse.

49 Elite athletes carry a broadly comparable risk of having a high-prevalence mental
50 disorder, such as anxiety and depression, as the general population (Rice et al., 2016). This
51 may seem counterintuitive, given the higher physical activity levels, and findings of lower
52 levels of perceived stress (Avery et al., 2022) and better resilience (Martín-Rodríguez et al.,
53 2024) in athletes. The discrepancy may be due to pressures of demanding athletic training
54 schedules and elevated expectations which may adversely affect the athlete's mental health
55 (Dišlere et al., 2025). These stressors could help account for why the prevalence of mental
56 disorders is similar between athletes and non-athletes, despite some protective factors in
57 athletic contexts. Notwithstanding, athletes tend to avoid seeking mental health support when
58 compared to the general population, potentially due to stigma, lack of awareness, and a fear of
59 deselection (Cosh et al., 2024). At its core, athletes' primary concern centres around the
60 possibility of being perceived as weaker to the opposition or fellow teammates (Gulliver et al.,
61 2012). Regrettably, this can give rise to a self-perpetuating cycle in which the athlete fails to
62 obtain the necessary psychological support, leading to subsequent declines in both wellbeing
63 and performance (Laranjeira et al., 2023). There is also a lack of research (Wang et al., 2025),
64 especially sport-focused research, mixed-method studies, and research with athletes from less
65 developed nations (Brown et al., 2025) which would probably consist of healthcare systems
66 with less specialized sports mental health professionals (Khan & Raza, 2021).

67 Young athletes, especially student athletes, may possess added risk factors for mental
68 health difficulties, such as balancing academic commitments with rigorous training regimens,
69 managing high expectations, sleep disorders, and issues with social identity (Xanthopoulos et
70 al., 2020). Early youth specialization in sport also has been associated with overuse injuries
71 (Mosher et al., 2022) increased attrition, and burnout (Jayanthi et al., 2013). The availability
72 of mental health resources is especially lacking in the young athlete population (Purcell et al.,
73 2023; Cotton et al., 2023), which is why additional research and the development of targeted
74 services is required to address this population's mental health needs. The high performance
75 demands with limited emotional maturity and coping skills makes the young athlete population
76 considerably vulnerable (Khan et al., 2026). Consequently, experts in the field have suggested
77 that this population should be viewed as a specific mental health population with their own
78 characteristics and multidisciplinary resources (Purcell et al., 2019).

79 A systematic review on the mental health of elite athletes (Rice et al., 2016) had
80 included 60 studies, with 50% of them ($n = 30$) including European research (31.67% of studies,
81 $n = 19$, conducted in UK and Scandinavian countries). However, only two of these (Greece,
82 Italy) included research in Southern European countries. Therefore, this is a region of the world
83 where more mental health research is needed. Malta is a Southern European three-island
84 archipelago (Malta, Gozo, and Comino) of approximately 315 squared kilometres (Cuschieri
85 et al., 2022) with a population of over half a million people (NSO, 2023). The Malta national
86 healthcare service consists of a comprehensive tax-based service comprising of a national
87 mental health service, including a child and adolescent mental health (CAMH) department,
88 among others. In 2021, the first author of this study initiated the pilot development of the
89 Performance Mental Health Clinic (PMHC), which is a sport mental health service for young
90 athletes experiencing mental health symptoms within the Malta national CAMH community
91 service. Sport psychology and psychiatry services in Malta include the PMHC within the

92 national mental health service, an independent multidisciplinary sport and exercise centre
93 within the private setting, and a few other sport psychology practitioners working
94 independently. Unfortunately, most Maltese sports organisations do not employ a sport
95 psychologist or psychiatrist within their system.

96 The PMHC follows a multidisciplinary approach made of different professionals
97 including a sport psychiatrist, sport psychology practitioner, a health psychologist, a
98 physiotherapist, and an occupational therapist. This service employs a tailor-made (client-
99 centred) combination of client-led and practitioner-led approaches by having professionals
100 trained in different modalities to develop a personalised therapeutic approach and view the
101 athlete as an equal partner in the business of healing (Coulter & Oldham, 2016). Being a
102 specialized clinic with relatively shorter waiting times within the framework of a tax-based
103 public service, this aims to improve access to care and service compliance. Utilizing a
104 keyworker-based model, athletes in this clinic are seen by the same practitioner to help develop
105 an effective therapeutic rapport and consistency (Haggerty et al., 2013). The PMHC was
106 established in response to the researcher's observation that, while several athletes were
107 receiving therapy through the general mental health service, insufficient consideration was
108 given to their athletic career and specialized mental health needs. This meant that the athlete's
109 identity and athletic commitment were not a central part of their treatment plan. Research has
110 shown that athletes attending specialized mental health services and programmes demonstrated
111 better mental health outcomes than services as usual (Donohue et al., 2018). This arises from
112 the recognition that athletes possess distinct mental health needs that differ from those of the
113 non-athletic population (Cosh et al., 2024). Vella and Rice (2026) explored these athlete mental
114 health needs and suggested four challenges and opportunities that may improve mental health
115 practice and research in sport psychology: First, they suggested a shift from a problem-oriented
116 to solution-oriented research. Second, they emphasized the importance to move from

117 individual-level programmes to systems-level approaches. Third, they recommended a
118 research agenda which is responsive to societal change and policy development. Fourth, they
119 suggested more conceptual clarity to guide policy development, practice, and research.

120 In this study, we explored a research gap in the area by qualitatively analysing the
121 experience of athletes who have received therapy at the PMHC. The rationale for this objective
122 is grounded in the aforementioned four recommendations outlined by Vella and Rice (2026).
123 The study also sought to explore the athletes' views on the intersection of sport and mental
124 health while gathering service user recommendations for further service development.
125 Therefore, the research questions were: 1) What is the perception of young athletes on their
126 experience at a national community sports mental health service? and 2) What are these athletes'
127 views on the relationship between mental health and the overall sports experience? Through
128 participant input, this study aimed to help guide the refinement of such services to better align
129 with athletes' needs and context. This study further explored the athletes' functioning and
130 mental health following their discharge from the PMHC, with the aim of evaluating the clinic's
131 long-term impact. **To our knowledge, the PMHC is the first documented national sports mental
132 health service for young athletes. Therefore, this athlete-centred qualitative exploration within
133 a critically under-researched area (Purcell et al., 2023) addressed a gap in the current literature.**

134 **Methodology**

135 **Philosophical Positioning**

136 As a qualitative and explorative study, this was broadly underpinned by an interpretivist
137 paradigm guided by a relativist ontology and a social constructionist epistemology (Ponterotto,
138 2005). However, this epistemological stance was adopted within the confined preconception that
139 the first author already possessed knowledge of the PMHC. While this may have limited the
140 degree of interpretivism, the interviews were carried out by two junior medical doctors who were

141 not part of the PMHC. Nonetheless, the study fully applied an inductive, semi-structured
142 approach within the realm of that discussion. This approach still assumed that reality often has
143 multiple interpretations and is dependent on the individual's lived experiences (Book et al., 2024).
144 This expressed the researchers' dedication to uncover the significance of participants' feelings
145 and experiences, pursuing a deeper comprehension of beliefs that were not overtly stated or
146 directly observable (Renjith et al., 2021).

147 **Participants**

148 Participants were recruited by purposive sampling and were all athletes who had
149 attended sessions at the PMHC over the past several years since its inception and had
150 terminated sessions from the service. This allowed representation of athletes who attended the
151 service at the beginning (2021) and those who attended more recently. The participants
152 (athletes over 18 years old) and parents (for five minors) were contacted **through a phone call**
153 by a junior doctor **(MD)** who was not part of the PMHC.

154 **Data Collection**

155 Semi-structured interviews were carried out with the athletes also by two junior doctors
156 **(MD)** who did not make part of the PMHC team. This was done to minimise the Hawthorne
157 effect (Mayo, 1945; performance bias due to being interviewed by a known professional or
158 superior, which was initially described when studying worker productivity in the late 1920s).
159 The interviews were carried out at the national community CAMH clinic. Interviews were
160 digitally recorded (in-person or remotely via Microsoft Teams depending on logistics and
161 availability) and transcribed verbatim. Interviews took place at the national community CAMH
162 clinic, lasted 30-60 minutes, and were held in English as all participants spoke in fluent English
163 since English is one of the official languages in Malta (Vella, 2013). The interview guide
164 (Appendix A) was developed for the purpose of this study and took the form of a semi-
165 structured questionnaire as qualitative inferences were generated inductively and were not

166 predetermined by the researcher. The guide included questions on the athletes' experience at
167 the service, the impact of therapy on the athletes' mental health and athletic performance, their
168 perception on the connection between sport and mental health, the availability of resources for
169 such services, whether athletes have recommended the service to peers, and whether the impact
170 of the service was still felt at the time of the interview. The interview guide was discussed in a
171 focus group made up of mental health professionals at the PMHC (sport psychiatrist, sport
172 psychology practitioner, health psychologist, nurse, psychiatry trainee doctor) and any
173 inconsistencies were discussed within the research team.

174 **Data Analysis**

175 Reflexive thematic analysis (Braun & Clarke, 2019) was used, based on thematic
176 analysis recommendations (Braun & Clarke, 2006) and due to it being widely used in health
177 research (Braun & Clarke, 2024). The first author read the transcripts in detail and immersed
178 himself in the data, a process called familiarisation. Significant patterns were identified and
179 labelled accordingly, assigning codes (in the form of keywords or short sentences), which were
180 then grouped further into subthemes. Similar subthemes were then grouped into themes, and
181 these themes were viewed and revised by the other researchers. The research team maintained
182 a high level of reflexivity throughout, thus allowing thought processing through their
183 experience in the field, ensuring that the interpretations were grounded whilst being mindful of
184 any biases or preconceptions of the researchers themselves. **Reflexivity was maintained using
185 a reflexive diary and discussions within the research team on the researchers' role and impact
186 on the analysis. This served to view subjectivity as a resource rather than a bias.**

187 **Ethics**

188 Research governance approval was obtained from the Clinical Chairman of the
189 Department of Psychiatry (Mount Carmel Hospital, Malta) and ethical approval was obtained

190 from the Health Ethics Committee (Ministry for Health and Active Ageing, Government of
191 Malta; HEC22/23) and the institutional ethics research committee on the 22nd of March 2024.
192 Informed consent for participation and publication was obtained from all participants;
193 participation was voluntary, and no incentives were promised.

194 **Reflexivity**

195 Considering the notion of co-constructed knowledge, it is imperative to reflect on the
196 researchers' input. The first author is a consultant psychiatrist in child and adolescent psychiatry
197 with additional training in sport psychiatry, and a registered sport psychology practitioner, with
198 experience in qualitative and quantitative research. The first author is also the lead clinician of
199 the PMHC and was directly involved in the athletes' therapeutic journey, possibly introducing
200 bias due to preconceived knowledge. The second and third authors are junior foundation doctors
201 working with the Malta national health service; these two authors carried out the interviews as
202 they were not involved in the athletes' therapy, thus minimizing the first author's potential bias.
203 The fourth and fifth authors are sport and exercise psychology lecturers and researchers, with the
204 latter being a professor of sport and exercise psychology. Their collective experience allowed
205 them to critically appraise each other's opinions serving as "critical friends", thus refining and
206 challenging interpretations during analysis and theme development through reflexive discussions
207 (Smith & McGannon 2017).

208 **Results**

209 Of the fourteen interviewed athletes, eight were females and six were males. Four of
210 the athletes practiced table tennis, three practiced football, and eight athletes practiced
211 volleyball, swimming, basketball, competitive dance, judo, gymnastics, and show jumping
212 (one athlete per sport). The mean athlete age at the time of interview was 17.79 years ($SD =$
213 1.76 , $R = 14-21$ years). The mean years of experience in the sport was 7.29 years ($SD = 2.76$,

214 $R = 4-14$). The mean athlete therapy duration was 290.36 days ($SD = 140.52$, $R = 79-547$),
215 while the mean amount of time passed since discharge from the clinic was 735.93 days ($SD =$
216 314.43 , $R = 236-1209$). The mean number of therapy sessions in these athletes was 11.86
217 sessions ($SD = 4.50$, $R = 6-24$) sessions. Athletes were referred due to competitive anxiety (n
218 $= 9$), burnout syndrome ($n = 2$), emotional dysregulation ($n = 2$), low mood/suicidal attempt (n
219 $= 1$), obsessive-compulsive personality disorder ($n = 1$), and global developmental delay ($n =$
220 1). The target of the sessions was to alleviate mental health symptoms using a multidisciplinary
221 approach, with a view to improve the sport performance and the overall sport experience. All
222 the interviewed athletes received an eclectic form of therapy at the PMHC combining client-
223 led and practitioner-led approaches. The reflexive thematic analysis process constructed nine
224 subthemes grouped into three overarching themes (Figure 1), namely: 1) A specialized service
225 for athletes, 2) Sport and mental health: A connected dynamic, and 3) The athlete's ecosystem.
226 The subthemes are supported by excerpts from the transcripts, enhancing engagement and
227 reinforcing their contextual relevance. All phrases marked by quotation marks (including in the
228 subtheme titles) were direct *in vivo* quotations from the interview transcripts.

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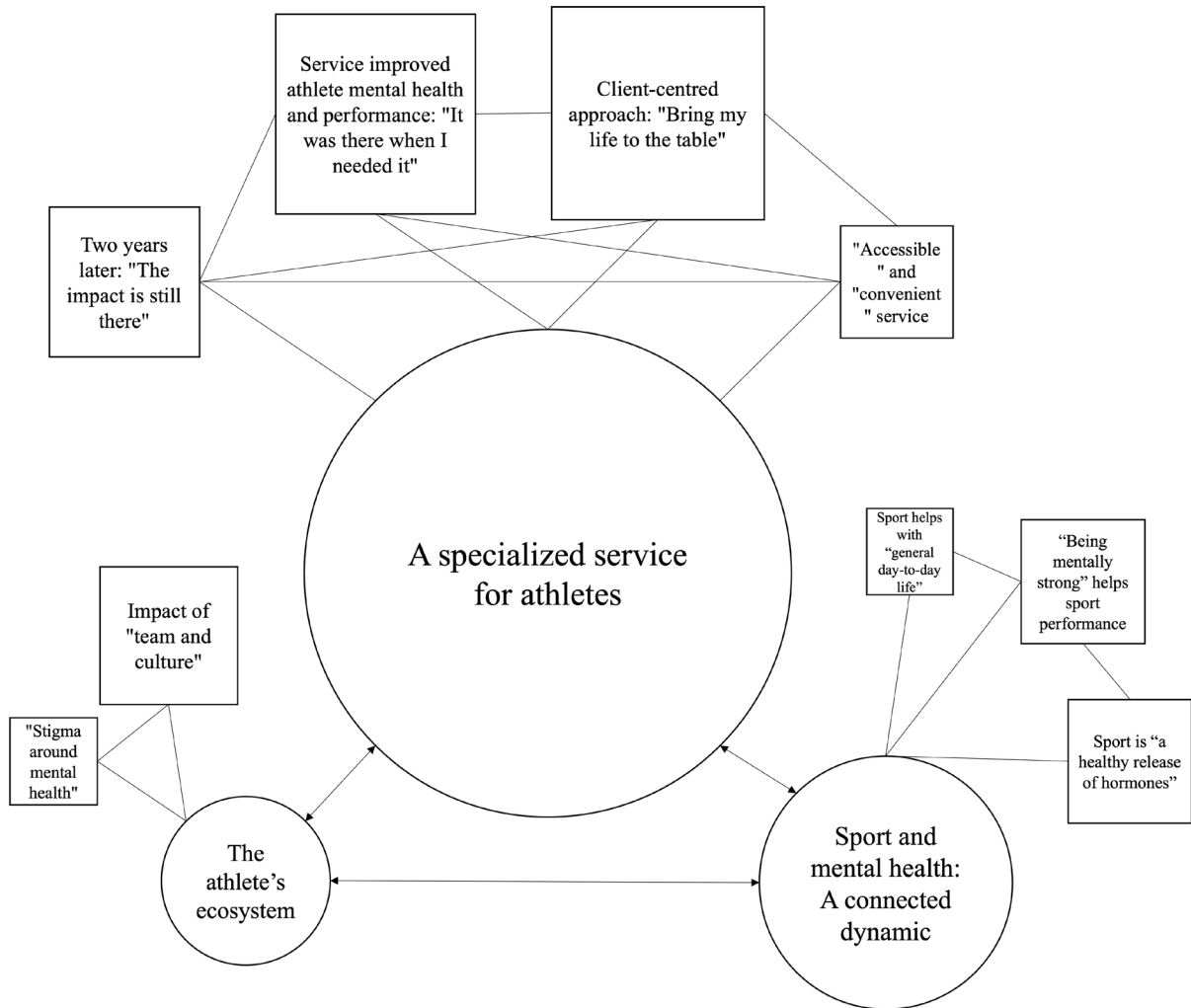
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236 **Figure 1**

237 *Thematic Map of Themes (Circles) and Subthemes (Squares); Size of Circle/Square Represents*
238 *the Weight of that Theme/Subtheme Based on the Coding Process (Length of Diameter*
239 *Corresponds to the Number of Codes)*



240

241 **Theme 1: A specialized service for athletes**

242 This theme addressed the first research question: What is the perception of child and
243 adolescent athletes on their experience at a national community sports mental health service?
244 and This theme interconnected the other two theme by functioning as a vision or proposed
245 remedy to the abovementioned issues. This also represented a follow-up point at roughly two

246 years following discharge (735.93 days; $SD = 314.43$, $R = 236-1209$) from the Performance
247 Mental Health Clinic.

248 ***Client-centred approach: “Bring my life to the table”***

249 Athletes described the professionals at the PMHC as approachable individuals who
250 came across as “very nice” (P1) and “friendly” (P2) which helped with engagement: “The staff
251 were very friendly, welcoming as well... It's like you're at home, it's easier to open up” (P10).
252 The informal and humanistic approach helped foster a more effective therapeutic alliance:
253 “They'd say jokes and stuff like that, and they don't use formal language. It helps because it
254 changes the atmosphere” (P2). Athletes implied the importance of acquiring the necessary
255 balance between the professional as a knowledgeable individual and an understanding person:

256 It was very evident that the doctor knew what he was doing. He gave me his time and
257 did not do the session quickly. He was very compassionate and regularly asked to make
258 sure that I had understood the concept. To a certain extent, you become friends sort of
259 (P13).

260 The perceived friendly environment helped athletes feel “comfortable coming here
261 again” (P6). Confidentiality was also an important aspect: “I liked the fact that if we said
262 something, it remained between us... every time we spoke, he kept his word” (P12). An athlete
263 also expressed a sense of comfortable familiarity with the therapist as he used to play the same
264 sport, claiming that “it was much easier to understand and get a feel of what he meant” (P3).
265 Several athletes also advised patience during therapy, as one might not feel the beneficial
266 effects at the beginning: “Initially, you might see yourself getting worse as you'd feel mentally
267 or physically tired. I think it's quite common... You need to trust the process” (P7).

268 Athletes appeared to favour an athlete-centred eclectic model, balancing client-led and
269 practitioner-led approaches as required for the specific athlete, which steers away from the
270 more traditional single modality therapeutic frameworks: “Some sessions were structured. But
271 overall, the sessions were free flowing to make sure that I can bring my life to the table” (P13).
272 Athletes described this as “going with the flow” (P6) and was perceived as a useful tailored
273 approach:

274 I did not have a specific target from one session to another. I used to talk about everyday
275 things such as my practice and how to do things better from that aspect. I used to do my
276 sessions that way, rather than having something like a school curriculum (P7).

277 Athletes also appeared to appreciate practitioner-led exercises such as psychological
278 skills training and cognitive restructuring, used in tandem with the client-led discussions,
279 creating the eclectic approach adopted in clinic:

280 The therapist really helped me to focus on good thoughts, overcoming the bad ones,
281 and always congratulating myself even on the little stuff... I would close my eyes and
282 visualise, and there would be a lot of self-talk. If I was saying that I believed in myself,
283 then I actually believed in myself (P10).

284 ***“Accessible” and “convenient” service***

285 There was an overall positive outlook on the logistics of the PMHC. The location is
286 “quite central, so accessible for everyone” (P4). Several athletes perceived the clinic as “very
287 friendly... with a bunch of drawings and colouring” (P2). However, given that it makes part of
288 a general CAMH service, an athlete commented: “As a location it's a bit childish, especially
289 for teenagers. In my opinion, it is not the nicest of places” (P11). Most athletes did not complain
290 about the waiting time, rather, they were quite understanding of how busy professionals would

291 be: “I mean, sometimes with appointments, as you probably know, they take you in a little bit
292 later, but I mean, it is normal in every place” (P3). Since the PMHC employs a keyworker-
293 based system where one professional from the MDT consistently reviews the athlete, athletes
294 felt that it helped “to have that continuity, the consistency... it’s always nice to have one person
295 who knows you well” (P1).

296 ***“It was there when I needed it”: Improved athlete mental health and performance***

297 All the interviewed athletes reported mental health and performance benefits after
298 attending sessions at the PMHC. Several athletes felt that these sessions helped with
299 performance and mental recovery: “I felt like I had fallen the stairs and got back up again”
300 (P12). One of the athletes commented on how these sessions served as motivation: “It gave me
301 a new perspective. When I came, I was in a dark time, and it basically gave me a bit of light to
302 keep fighting” (P9). He also underscored the positive impact on his sport performance:

303 I wanted to go out there more than I wanted to go pro. So I needed an edge. I needed to
304 go pro. And the performance clinic was like a no-brainer to me. That I should go to
305 make my performance improve. I generally improved in a lot of things (P9).

306 Several athletes observed improvements in their anger and emotional control during
307 competition, with one athlete saying, “it helped me accept that it is not always going to be my
308 day and that frustration is normal” (P3). Others remarked how people within their athlete
309 ecosystem observed the same improvement: “I’m happy because I’ve changed, and people
310 could see that I’ve changed. I didn’t have the anger anymore” (P6). Following these sessions,
311 athletes appeared to “enjoy playing more” (P4) and helped bring the recreational element back
312 into their athletic routine: “I think it helped me to look at the sport differently. Since I compete
313 a lot, it’s still nice to kind of look at it as a hobby, like a getaway from school” (P4). One athlete

314 also commented on psychiatric medications as an adjunct to therapy: “At a point, I got to a
315 really bad point. And they suggested starting medications and I felt better” (P14).

316 As a point of recommendation, one athlete suggested adopting a more holistic stance
317 by discussing other topics, such as nutrition, “as it affects both your physical and mental health”
318 (P7). Overall, athletes were satisfied with the service and transitioned effectively to a smooth
319 termination of therapy:

320 At the end, I felt hesitant because I was scared, like, I'm on my own now... But I knew
321 that I could go back whenever I wanted, they made that clear. But you know, I was
322 capable by myself, I managed. I had a tough one or two years. But slowly, it's like you're
323 waking up again (P14).

324 ***Two years later: "The impact is still there"***

325 Most athletes “saw a lot of improvement” and “still use the skills today” (P7). Athletes
326 mentioned having better coping strategies now compared to before attending the service,
327 including “better ways of dealing with things when stressed out” (P11) and better anger
328 management: “When I'm going to hit something, I stop and think for a second. Now, I try to
329 think before I do something” (P3). Athletes indicated that they still use the skills in competition:
330 “I use the things that we spoke about in sessions. Even nowadays, the impact is still there as I
331 would use those skills in big competitions” (P7). It was heartening to observe how all the
332 athletes felt excited to come back to the clinic and meet the professionals. Some waited for
333 more than an hour in the waiting area after the interview finished to let their past therapist know
334 that they're still doing well. One athlete mentioned that she still has the worksheets used in
335 therapy to help her memorise certain techniques: “I still have all the papers that he gave me in
336 case I ever wanted to go back and look at them” (P2).

337 An interesting notion which came across in the interviews was that of positive thinking;
338 several athletes shared that they now feel “confident in the system” (P8), and how “failure is
339 part of the process” (P9). This made athletes feel confident and empathic towards themselves:
340 “Now I'm much more lenient on myself. If I make a mistake, I say it's fine. It's one mistake.
341 Keep playing... It's not the end of the world” (P9). Despite a mean period of two years since
342 being discharged from the service, athletes expressed a great deal of positivity: “There are other
343 good things coming your way” (P7). They also compared how they current received feedback
344 with how they did prior to starting therapy sessions:

345 “Before, I was a quiet and anxious person. So, whenever I used to get feedback, it did
346 not impact me in the same way it does now. Now, when I receive feedback, I take it in
347 and say that I'm going to improve” (P2).

348 **Theme 2: Sport and mental health - A connected dynamic**

349 This theme addressed the second research question: What are these athletes' views on
350 the relationship between mental health and the overall sports experience? The connection
351 between sport and mental health was a mutually dependent theme which featured in all
352 interviews. Interestingly, athletes consistently used the sport-mental health dynamic as a
353 reference when mentioning their experiences. In the narratives, all athletes endorsed the
354 bidirectional impact between mental health and sport performance; robust mental health was
355 associated with enhanced sport performance, while engagement in sport appeared to positively
356 contribute to better mental wellbeing. Nevertheless, a few athletes reported instances in which
357 competitive sport experiences adversely affected their mental health.

358 ***“Being mentally strong” helps sport performance***

359 Most athletes indicated that optimal sport performance and overall experiential quality
360 were enhanced during periods of mental strength. They underscored the importance of “trying

361 to be positive” as this “affects performance” (P3). One athlete reflected on how anxiety
362 weakened his performance: “I was feeling very isolated and anxious around everyone. So, in
363 anything I did, I was afraid I was being judged. I couldn't really perform properly... I was
364 scared” (P2). Anxiety was deemed to be problematic especially “during tight moments and
365 moments of frustration and anger” (P3) during competition. Although there was a consensus
366 that good mental health positively impacts sport performance, several athletes highlighted the
367 need to normalise low to moderate stress (“balanced amount”, P11) and to integrate it within
368 the athletic experience as “part of the sport, especially at the highest levels” (P9):

369 Just a little bit of stress before competition would definitely help... This is like having
370 an exam, some stress would help as that would mean that you care for what you're
371 doing... Of course, sometimes it does impact negatively if it goes over the threshold.
372 But that is why we need to control it and know how to reduce it to a healthy level (P13).

373 Some athletes mentioned that their sport performance was negatively impacted by
374 anxiety-provoking situations within their non-athletic life, “like stresses at school and things at
375 work” (P4): “When I was younger, I was scared. I had an LSA who used to beat me. So, at that
376 point, I could not even win one point, or I would just lose” (LSA refers to learning support
377 assistant). Athletes also remarked how different individuals may respond differently to stress:
378 “I think it is normal to feel a bit stressed out. Because ultimately, everyone wants to win. Some
379 people compete very well under stress, others break. Some do well in practice, others freeze in
380 competition” (P7).

381 ***Sport is “a healthy release of hormones”***

382 Despite the high pressures put on them, athletes felt that a sport can be a “healthy
383 addiction” (P13) and can help them vent out and calm down: “It does put pressure on your
384 mental health. But if you do it for fun or just like physical exercise, I think it's kind of the

385 opposite and helps by improving your mental health by letting off some steam” (P2). Athletes
386 described sport as an ally of mental health, “especially with confidence” (P1) and as a coping
387 strategy for anxiety:

388 Sport has helped me a lot in my life. Without it, I would not have developed in the same
389 way as I have today. Before sessions I might be feeling anxious or confused or would
390 have mind fog. But after physical activity, and after I take a shower, I feel much better,
391 a new person (P13).

392 From an anxiety standpoint, athletes distinguished between competitive sport and
393 casual non-competitive sport: “Some people put a lot of pressure on themselves when
394 competing to reach a certain level and a goal. If you don't get there, you'd end up getting upset
395 and it can affect you overall mentally” (P2). Athletes explained how competition can be
396 “mentally very draining” (P8) and how anticipatory anxiety in sport can be detrimental to one’s
397 overall mental health:

398 From my experience, while I was in sports, there was pressure to perform well. I had a
399 lot of anxiety that if I don't reach a certain level in my sport, I wouldn't be, for example,
400 the first five in my basketball team. So yes, my mental health started declining (P11).

401 *Sport helps with “general day-to-day life”*

402 Athletes reported that sport extends beyond performance to shape broader non-athletic
403 life domains, functioning as a holistic framework supporting educational success and relational
404 wellbeing. Several athletes reported sport benefits in academic achievements as physical
405 activity helped their “way of thinking” (P10), while others highlighted the importance of
406 remaining engaged in sport during exam time: “During exams, I still continue training as it
407 really helps me to reduce anxiety” (P13). Athletes also commented how the confidence boost

408 obtained through sports helped them in other spheres of life: “I think that competitions help a
409 lot in life because it puts things into perspective. I've managed to compete in front of thousands
410 of people and managed not to screw up” (P2).

411 Sport was considered as a coping tool by several athletes, which helped form a more
412 constructive family environment: “I didn't like going at first because I thought it was a waste
413 of time. But then, I really saw my anger affecting my family. I wanted to continue to help my
414 anger (P6)” Athletes felt that, through the world of sports, they’ve “learnt to accept failure”
415 and “be calmer in situations of stress” (P9), which ultimately helped with their social life:

416 You'd have a target and you'd keep your mind active, rather than closing yourself at
417 home. It helps you to socialise, to meet people, and talk about life. So, while sport is
418 important physically, it leaves a much bigger impact from a mental standpoint (P7).

419 **Theme 3: The athlete’s ecosystem**

420 This theme also addressed the second research question: What are these athletes’ views
421 on the relationship between mental health and the overall sports experience? Most of the
422 athletes mentioned the individuals around them (athlete ecosystem) and how these shape their
423 trajectory in sport and in life. When aligned, the athlete ecosystem was reported to amplify
424 athlete growth and performance, while reducing disengagement. Athletes underscored the
425 significance and negative consequences of mental health stigma in sports.

426 ***Impact of “team and culture”***

427 Reflecting on team culture, athletes identified multiple individuals who had a direct or
428 indirect impact on their athletic and mental health experience. Some athletes felt that an
429 unhealthy interaction with teammates can be detrimental: “I had teammates who were fake
430 people, people who wanted you to do badly. And this made me lose confidence in my

431 performance” (P8). One athlete explained that he had to change to another sport club because
432 of this difficult dynamic:

433 I was scared of making mistakes. Scared of getting yelled at by the coach or getting
434 angry at me. Or getting swore at by other members in the team. I really stopped after
435 that because I couldn't take it anymore, because of the team and culture (P6).

436 Comparably, athletes also commented on their relationships with their coaches and how
437 the athlete-coach dynamic heavily impacts the athlete’s overall experience. One athlete
438 mentioned having “a very strict coach that instilled a level of discipline”, but still explained
439 that he “discussed this with the therapist, whether to change coach” (P13). Therefore, athletes
440 recommended maintaining a balanced athlete-coach relationship; overly rigid approaches were
441 perceived to adversely impact the athlete:

442 I still don't get along with how he coaches. Sometimes, he can be a bit harsh. Personally,
443 that does not work for me. Because if I'm trying to improve, I don't need to be knocked
444 down more. I would already be looking down on myself because I'd be a bit
445 disappointed with my performance (P2).

446 Several athletes mentioned their parents as a significant source of encouragement,
447 noting that merely their presence during competition contributed to improved overall athlete
448 wellbeing: “I would say that my family is watching me and that I need to calm down” (P12).
449 Parental encouragement was regarded as a highly beneficial asset in the athlete’s progression
450 within sport: “My mum was always telling me that when I get anxious, she would always be
451 there to help me be confident and say what I need to say. It's always good to have that
452 encouragement” (P6). This encouragement also featured as athlete-to-athlete support, with
453 peers advising one another and “recommending the clinic to someone going through a tough
454 time” (P7) during their athletic career: “This year at the European Championships, two younger

455 players were struggling with fear. I told them to speak to a psychologist” (P3). One athlete also
456 explained that she uses the skills learnt with her fellow athletes during coaching: “And now
457 even when I coach young ones, I try to pass on the advice that they gave me, and I feel like it
458 helps them a lot” (P4).

459 ***“Stigma around mental health”***

460 Described as “a real killer for services” (P9), interviewed athletes repeatedly alluded to
461 the concept of stigma towards mental health services. Several athletes mentioned that stigma
462 often resulted in delayed presentations to clinic, where symptoms “kept on layering up on each
463 other until it got to something huge” (P6). Notwithstanding the availability of a service, athletes
464 may still opt to avoid contact: “I felt I was alone by myself. I was in a sports school so I had
465 tried to go to some psychology sessions, but I never really spoke to them. It resulted in self-
466 harming” (P11). Athletes described training within a mentality which expects you to deal with
467 mental health symptoms yourself, perceiving it as a sign of strength:

468 Generally, you don't talk about mental health, you just go through it. Especially in
469 young males, you're expected to just take it in and keep fighting. There is only so much
470 you can take before you crack. Everyone has their own limits (P9).

471 Consequently, athletes recommended more resources dedicated to the field: “There
472 aren't enough people in the profession. Something like the Performance Mental Health Clinic
473 should be well-resourced as it helps everyone” (P13). Athletes specified the “need to reach out
474 to the right people... the right clinic” (P11).

475 **Discussion**

476 This study sought to explore the experience of athletes with mental health symptoms at a
477 national sports mental health service for child and adolescent athletes (PMHC), including its

478 impact on the athletes' mental health and overall sport performance. These findings are novel
479 because they describe, to our knowledge, the first documented sports mental health service
480 for young athletes operating within a national health service framework. This represents an
481 important development in the integration of specialized mental health provision into publicly
482 funded healthcare systems for athletic populations. The service offers a model for addressing
483 the psychological needs of young athletes while ensuring equitable access to evidence-based
484 care. As such, the findings contribute new knowledge to the fields of sports psychiatry, sports
485 psychology, and youth mental health, and may inform the development of similar services in
486 other healthcare settings internationally. Furthermore, research on the mental health of young
487 athletes is lacking, especially when considering the increase in published research in adult
488 mental health over the past two decades (Purcell et al., 2023).

489 **A specialized mental health service for athletes**

490 The dominant theme for this study was the perceived need for a specialized service for
491 athletes, in line with the first research question of this study. This specialized service ideally
492 consists of sport psychiatrists, sport psychologists, counselling psychologists, physiotherapists,
493 occupational therapists, nurses, among other professionals, all trained in sports psychology and
494 psychiatry. This service will be stratified separately from the general mental health service and
495 will have its own waiting list, resources, and referral protocol. Athletes highlighted benefits for
496 both client-led and practitioner-led modalities. Given that athletes are generally significantly
497 affected by their coach's style of communication and instructional approach (Otte et al., 2020;
498 Abreu et al., 2024), this would support a practitioner-led therapeutic approach. Nevertheless,
499 when analysing the results, it was clear that most athletes showed preference for a tailor-made
500 (client-centred) eclectic approach characterized by flexible techniques drawn from multiple
501 client-led and practitioner-led theoretical frameworks to suit the athlete's needs (Kumar et al.,

2017). One might argue that this preference might have been influenced by the athlete's experience within the service after gaining mental health literacy and exploring a constructive therapeutic alliance. The interviewed athletes overall commented on how their mental health improved with psychotherapy, a finding which mirrored the conclusions from a previous meta-analysis (Wang et al., 2025). They also revealed mental health benefits up to the interview date (approximately two years post-discharge from the PMHC) which is also consistent with previous research on the long-term effects on psychotherapy in children and adolescents (Krause et al., 2024; Duagi et al., 2024). This stresses the importance of investing further in specialized mental health resources for athletes (Reardon, 2023) which are equitable and accessible.

The link between mental health and sport performance

Most of the interviewed athletes ($n = 11$) perceived a bidirectional and interconnected link between sport and mental health, describing how engagement in a sport fosters athlete's mental health, which in turn enhances athletic performance and the overall sport experience. This has been consistently reported in the literature, including a meta-meta-analysis on the impact of physical activity on mental health symptoms (Rebar et al., 2015) and a meta-analysis on the impact of psychological interventions in athletes (Reinebo et al., 2024). However, recent research has revealed a non-linear relationship between mental health and sport performance, indicating that the link between the two is not always reciprocal and mental health symptoms may not necessarily worsen sport performance.

The athlete ecosystem

The interviewed athletes attributed substantial importance to the athlete's environment or ecosystem, describing how experiences with coaches and teammates positive (both negative and positive) shape their lives and influence wellbeing and athletic performance. The social

526 milieu was thus perceived as a crucial social determinant of the athletes' sport experience. The
527 Mediterranean Maltese culture is based on a closely-knit society which places a lot of
528 importance on family relationships (Briguglio & Brown, 2016). However, it is well-
529 documented how parental stress (Kovács et al., 2022) and unhealthy parental styles (Vega-Díaz
530 & González-García, 2024) can negatively impact the overall athletic experience. The
531 Bronfenbrenner's Ecological Systems Theory (Bronfenbrenner, 1979) is one of the most
532 widely known models and theorises how different systems (microsystem, mesosystem,
533 exosystem, and macrosystem) interact with an individual's life. More recent research has
534 implemented these ecological principles to sport psychology (Shlawe et al., 2025). For instance,
535 athletes in our study showed their disapproval towards the aggressive and controlling approach
536 used by some coaches which can be detrimental to the athlete's mental health (Hu et al., 2023).
537 Overall, athletes showed a drive towards a holistic experience in sport, where work is carried
538 out with the athlete's ecosystem as well as the individual. Previous researchers have argued
539 that "it takes a village to raise a child" (Reupert et al., 2022); more specifically to our research
540 area, "it takes a team" to enhance the athlete's health and wellbeing (Steins et al., 2024). Our
541 research further underscored the importance of this concept on the training ground as well as
542 in clinic.

543 Therefore, this study successfully analyzed the experience of athletes who have
544 received therapy at the PMHC over the past few years and explored the athletes' views on the
545 intersection of sport and mental health. The findings and reflections of the study are pertinent
546 and applicable to the development of sport mental health services for young athletes. On a
547 reflective note, all the interviewed athletes looked and sounded very comfortable during the
548 interviews. Despite having two interviewers who were unknown to them (minimising the
549 Hawthorne effect), several athletes asked to meet and greet their therapist following the

550 interviews. This indicated the presence of a good therapeutic rapport between the therapists
551 and the athletes during their time as clients within the service.

552 **Clinical Implications**

553 The results from this study reinforce the notion that a specialized sport mental health
554 service for child and adolescent athletes within the national mental health service may improve
555 access to care and may provide numerous therapeutic benefits. Several qualitative inferences
556 were generated to help guide service development to better align with the athletes' needs and
557 contexts. These include: 1) The importance of therapeutic eclecticism when working with
558 athletes, 2) the involvement of the athlete's ecosystem (family, coaches, etc.) within the
559 therapeutic framework, 3) the direct involvement of specialised sport psychology and sport
560 psychiatry professionals. Sport psychologists and sport psychiatrists are a crucial part of athlete
561 therapy and psychology to enhance their performance and overall sport experience. Sport
562 psychology services in Malta are lacking and most sport clubs do not have a sport psychology
563 service. Most practitioners work independently within the private sector. In recent years, the
564 Performance Mental Health Clinic was established as a sports mental health service within the
565 national child and adolescent mental health service. However, a national standardised and
566 validated service model is required, and these results can inform service development within a
567 local context.

568 **Strengths and Limitations**

569 This was the first documented research analysing the perceptions of athletes who
570 attended a national sport mental health service, thus addressing a research gap in the current
571 literature. **Furthermore, the PMHC is the first documented national sports mental health clinic
572 for young athletes within a national health service.** A potential limitation of this study was the
573 non-probabilistic sampling method (purposive sampling), which limits generalisability, and

574 possibly introduces selection bias (Palinkas et al., 2015). However, the study consisted of a
575 deep exploration of athlete perceptions, making the sampling method appropriate for the study
576 design. The Hawthorne effect might have been introduced as the interviews were carried out
577 in the same clinic where athletes received therapy. However, two junior doctors who were
578 unknown to the athletes conducted the interviews to minimise the risk of performance bias.

579 **Conclusion**

580 This study analyzed the perceptions of young athletes on a national sport mental health
581 service (PMHC) including their experiences of mental health and sport. All athletes felt that
582 therapy sessions within a specialized sport mental health clinic were beneficial for their mental
583 health and overall athletic experience. Most athletes felt that there is an important connection
584 between mental health and sport, and gave significant importance to the athlete ecosystem,
585 underscoring the importance of mental health professionals working with parents, coaches,
586 among others. Based on the findings from this study, the authors suggest further longitudinal
587 research to quantify the impact of such services in athletes, the development of systems to
588 improve communication with individuals within the athlete ecosystem, and the allocation of
589 more resources to develop national sport mental health services comprising of trained
590 professionals. These findings address a research gap in the current literature while providing
591 an avenue to inform service development and improve the services offered for athletes.

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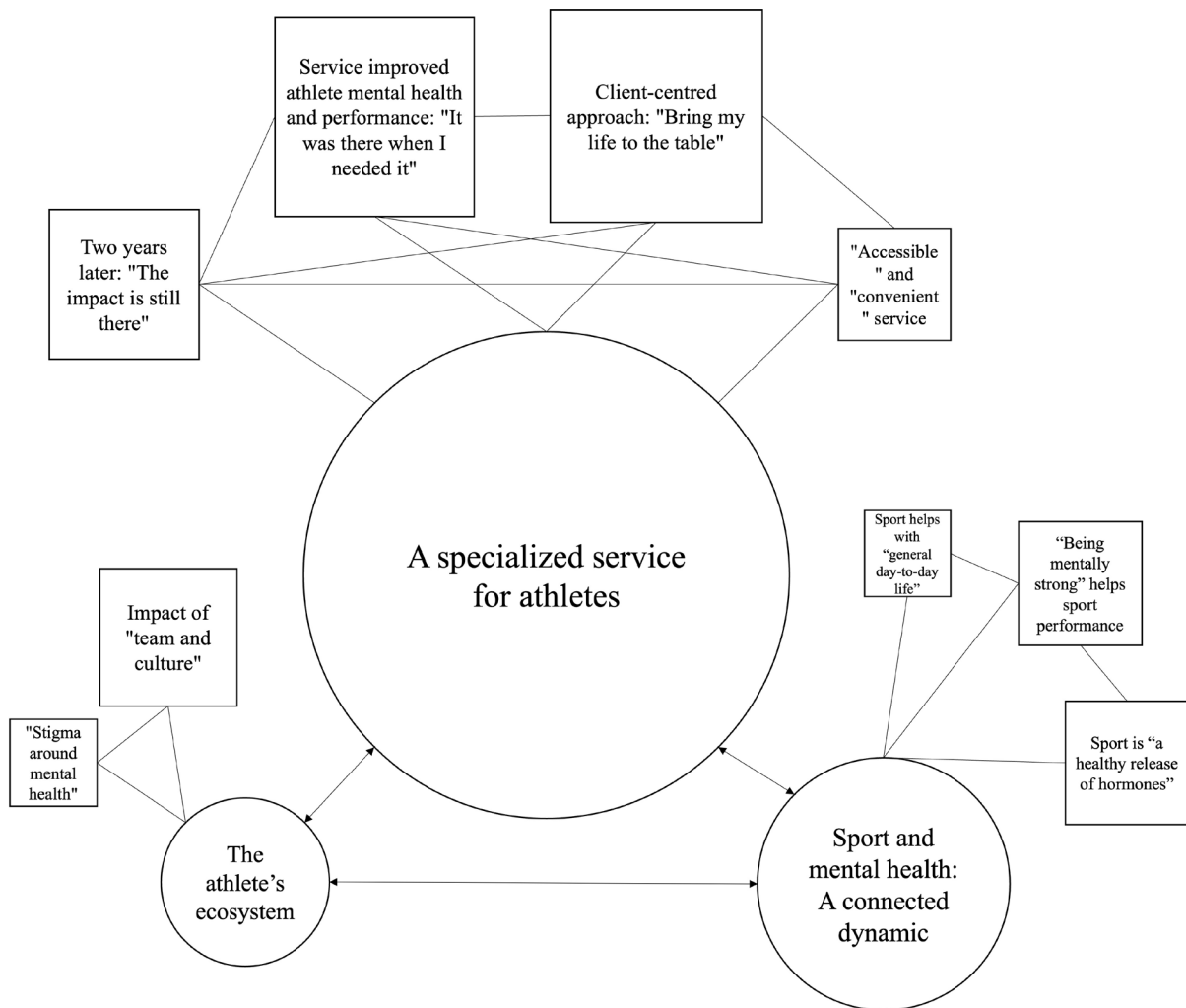
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Tables and Figures

Figure 1

805 *Thematic Map of Themes (Circles) and Subthemes (Squares); Size of Circle/Square Represents*
806 *the Weight of that Theme/Subtheme Based on the Coding Process*



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INTERVIEW GUIDE

- 1) Do you feel that sports and mental health are related? How so?
- 2) How was your experience within the Performance Mental Health Clinic?
- 3) What beneficial things did you encounter? What didn't you like?
- 4) Do you feel that this clinic helped with your mental health? How so?
- 5) Do you feel that this clinic helped with your performance? How so?

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- 6) Do you feel that the process and treatments were clearly explained to you?
- 7) Do you feel that the waiting time was adequate?
- 8) Do you feel that the location of the clinic was adequate?
- 9) Do you feel that clinics like these within the national mental health service are lacking? Or do you think that there are enough?
- 10) How do you think the service can be improved?
- 11) Would you recommend the clinic to a friend or relative should they need help?
- 12) Do you feel that stress during competition helps you to perform better or does it worsen your performance? How so?
- 13) How do you manage to optimise your stress levels during competition?
- 14) How do you feel mentally and psychologically now after approximately one year of stopping sessions?
- 15) Any other comments?