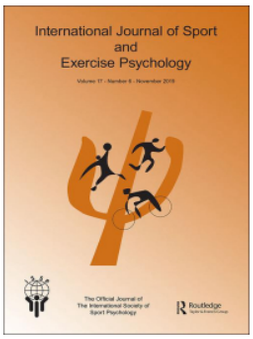

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International society of sport psychology position stand: elite athlete mental health revisited

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ABSTRACT

Athlete mental health, though long present within research and practice, has recently become a central topic area within the sport and exercise psychology field. The International Society of Sport Psychology has been at the forefront of these discussions, evidenced by a foundational position stand in 2018 and subsequent consensus statements derived from international think tanks. Within this position stand, contributors from the international community spanning five continents collaborated to present key, updated ideas and emerging concepts relating to clinical understandings of athlete mental health, trends in athlete mental health status, the role of the sport environment, mental health in relation to athlete careers, the global treatment of athlete mental health, cultural considerations in relation to understanding this topic, and nine synthesising postulates.

KEYWORDS

Elite athletes; mental health; ISSP

While physical prowess and performance have historically dominated discussions surrounding athletic excellence, the significance of mental health in optimising athletic performance and overall athlete welfare is increasingly recognised. The intersection of mental health and elite sport has become a critical area of concern within sport psychology. The rigours of training, competition, injury rehabilitation, and the relentless pursuit of excellence can place athletes under psychological strain. Media scrutiny, fan expectations, financial pressures, and the uncertainty of athletic careers further compound these challenges. Left unaddressed, mental health challenges can not only detrimentally affect athletes' performances, but also have far-reaching consequences on their personal,

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social, and professional lives. Inversely, a thriving mental health status in and through sport can positively affect elite athletes' lives.

The International Society of Sport Psychology (ISSP) has stimulated important discussions about elite athlete mental health, initiated with a foundational position stand (Schinke et al., 2018). ISSP position stands stimulate a progressive agenda of discovery and application in relation to key topics in the domain. Position stands have been defined as published documents used "to communicate its specific beliefs and recommendations, promote discussion on emerging topics, provide an overview of scholarship that informs the topic [and] call for further evidence … " (Schinke et al., 2024, p. 2). Progress in relation to athlete mental health is rapidly unfolding, including an increasingly accepted and de-stigmatised view of compromised mental health, the influence of organisational structures on mental health status, the integration of mental health officers within Olympic organisations to triage and manage critical care concerns, and comparative discussions among nations about how to support holistic thriving, and diagnoses and treatments of elite athlete mental health. The ISSP has contributed expansively to this topic with its founding position stand on athlete mental health (Schinke et al., 2018), two consensus statements derived from international think tanks (see Henriksen, Schinke, McCann, et al., 2020; Henriksen, Schinke, Moesch, et al., 2020), two editorials about elite amateur (Schinke, Papaioannou, Henriksen, et al., 2020) and professional mental health (Schinke, Papaioannou, Maher, et al., 2020) during the onset of covid, and a commentary on covid as a crisis transition among aspiring elite athletes (Stambulova et al., 2022). These elements, situated within this project, were examined from the perspectives of a broader number of contributors than the original 2018 position stand, spanning four continents and a balance of scientific and practical expertise. To update ISSP's vantage on the topic of athlete mental health, the contributing authors, self-assigned to sections, were led by: (a) Zella Moore (clinical understandings, trends, and patterns), (b) Kristoffer Henriksen (role of the sport environment), (c) Natalia Stambulova (career development), and (d) Jessica Bartley (global diversity and treatment) and coordinated by the ISSP Managing Council members Robert Schinke and Kristoffer Henriksen. Our task was to consider recent knowledge of previously identified topics whilst integrating emerging trajectories pertaining to how athlete mental health might be understood by athletes situated within their daily lives. Key terms discussed within this contribution are identified in Table 1.

Clinical understandings of elite athletes' mental health

Health has been defined as positive physical, mental, and social well-being (World Health Organization [WHO], 2016) that contributes to effective human functioning. This definition reflects everyone's unique ability to adapt and respond when faced with mental, social, and physical challenges. However, viewing health from the vantage of the WHO's definition does not differentiate between physical and mental health within our contexts, which can be intertwined. Within elite sport, physical challenges including intense training, sport injury, rehabilitative commitment, concussive injuries, physical burnout, eating patterns, and sleep hygiene can have psychological consequences, including cognitive, emotional, physiological, and behavioural sequelae (Fan et al., 2023). Likewise, psychological challenges such as relational problems, maladaptive

Table 1. Position stand terminology.

Behavioural Sequelae. Temporary or long-term dysfunctional behavioural choices that residually stem from maladaptive cognitions and emotions.
Clinical. A doctoral level subdiscipline of the field of psychology that focuses on the research, assessment, and treatment of diagnosable psychological disorders, subclinical psychological states, pathological processes, and the attainment and maintenance of psychological well-being.
Disorders. A level of psychological distress and dysfunction that meets standard diagnostic criteria for a clinical disorder. Clinical disorders frequently include maladaptive processes of cognition, emotion, and behaviour, and often lead to reductions in quality of life and functioning in a variety of life's domains.
Dysfunction. Impaired or maladaptive functioning in cognition, emotion, brain function, and/or behaviour, which may residually affect quality of life in multiple life domains.
Mental Health. The dynamic interaction of our psychological, social, and emotional well-being, which culminates in our pattern of thoughts, perceptions of the self and others, expectations, emotions, stress reactions, and behaviours.
Mental Health Continua. A modern approach to understanding the mental health experience in which one end of a continuum, of which there are several, represents a high-functioning state of mental health where the individual's psychological state does not presently interfere with daily functioning, and the other end represents a presently lower functioning state consisting of a variety of problematic cognitive, emotional, physiological, or behavioural characteristics, which may or may not meet clinical diagnoses. A mental health continuum approach appreciates that mental health is not a discreet, fixed state of mind, mood, or behaviour, but it an ever-evolving state of being.
Mental Illness. The presence of one or more mental health conditions that meet clinical diagnostic criteria.
Stigma. Mental health stigma arises when an individual or organisation experiences and/or expresses unfair attitudes about or bias toward individuals struggling with mental health concerns. Such stigma may lead individuals to withhold sharing mental health concerns with others, for fear of judgment or retribution.
Subclinical. A level of psychological distress that does not fully meet standard diagnostic criteria for a clinical disorder, but still includes numerous symptoms of a disorder and adversely affects an individual's overall quality of life and functioning.
Well-being. A dynamic state or experience of quality of life in one or more of life's many domains, such as physical, psychological, spiritual, emotional, interpersonal, social, familial, cultural, financial, occupational/professional, recreational, intellectual, existential, and environmental.

personality traits, emotion regulation deficits, traumatic stress, anxiety, depression, aggression, disordered eating, and substance-use can culminate in significant short- and long-term physical consequences (Henriksen, Schinke, McCann, et al., 2020; Moore & Marin, 2019). Physical and psychological stress can further impact athletic performance and hinder training, career transitions, interpersonal functioning, identity development, and physical rehabilitation, unless properly addressed (Ayala et al., 2022).

The term mental health is found in the WHO's definition of health (2016), yet their definition orients toward the general population, whereas our viewpoint situates within elite sport. Wylleman et al. (2015) crafted a direct reference to elite athlete mental health, referring to it as a condition of effective performance or mental processing that leads to fruitful endeavours; rewarding interactions with others; and the capacity to adjust to change, withstand challenges, and overcome difficulties. Recently, Kuettel and Larsen (2020) expanded that:

> Mental health is a dynamic state of well-being in which athletes can realize their potential, see a purpose and meaning in sport and life, experience trusting personal relationships, cope with common life stressors and the specific stressors in elite sport, and are able to act autonomously according to their values. (p. 23)

A historical use of the term "mental health" dichotomously discriminated between optimal and sub-optimal personal functioning. Based on the outmoded classic medical model, those using the term would assume that elite athletes either *did* or *did not* struggle with a psychopathological concern. This outdated approach led to misconceptions and negative connotations that were an impediment to appropriate and necessary help-seeking behaviours (Conway & Krueger, 2021; Gulliver et al., 2012). Contemporary

psychological science has long held that the traditional bifurcated view of mental health versus mental illness is overly simplified, forces overstatements, and restricts focus to mental and behavioural dysfunction. Yet, modern empirically supported mental health services aim to not only remediate psychological concerns, but also build resilience and enhance adaptive skills (Moore & Bonagura, 2017). Contemporary psychological scientists maintain dynamic premises, such as: (1) that on a purer "mental health" continuum, one end may represent the status of being high-functioning individuals whose psychological states do not presently interfere with daily functioning, and the other may represent presently lower functioning individuals whose psychological states consist of a variety of problematic cognitive, emotional, physiological, or behavioural characteristics, which may or may not meet clinical diagnoses (Conway & Krueger, 2021; Herrero et al., 2021); and (2) while the aforementioned continuum can be helpful to determine a momentary state of psychological functioning and behavioural sequelae, there can be *multiple* continua representing the myriad of human qualities, characteristics, and modes of functioning relevant in athletes' lives (Gardner & Moore, 2006). There can be internal mental health continua, performance continua, cognitive functioning continua, emotional functioning continua, overt behavioural continua, and interpersonal functioning continua plotted on fluid non-bifurcated dimensions. These continua are not discreet, fixed states of mind, mood, or behaviour. One's current status might be understood on multiple fluid continua, ranging from (a) active mental illness to (b) subsyndromal (concerning issues not meeting diagnostic criteria), to (c) normative distress levels (occasional symptoms), and to (d) marked psychological wellness (asymptomatic) (Hayes et al., 1996).

Utilising mental health continua to understand athletes' experiences allows for a comprehensive and context-sensitive understanding that acknowledges a range of psychological health and functioning between two opposing extremes, promoting a wider range of conceptualisation and intervention considerations. Research indicates that even subclinical levels of psychological distress, which do not fully meet the diagnostic criteria but still display many symptoms of a disorder, can adversely affect how well individuals function in a manner akin to those with a clinically diagnosed disorder (Gulliver et al., 2012). A consideration of the range of wellness continua when evaluating athletes highlights the individual variances among athletes who either exceed or do not meet standard diagnostic criteria, while considering the subtleties of their mental health, levels of distress, strengths, and functional capacity (Gardner & Moore, 2006; Maher, 2023).

Modern evidence-based psychological care mirrors this conceptualisation. Empirically supported interventions within clinical psychology (see Barlow, 2021) do not simply aim to remediate clinical diagnoses, but likewise, promote personal strengths, build resilience, maximise positive personality traits, foster skill development, and cultivate continued growth in ways that promote overall health and well-being whilst potentially guarding against future mental health concerns. Sport psychology practitioners can also view the intersection of mental health and athletic performance as a complex and dynamic relationship that involves the interplay of psychological, emotional, behavioural, and physical factors; and can address athletes' well-being in a way that resolves certain concerns, such as performance dysfunction, performance barriers, subclinical and clinical psychological conditions, burnout, cultural adaptation, emotion regulation issues, and rehabilitation avoidance; whilst simultaneously stimulating the attainment and

maintenance of positive attributes, such as commitment to training, resilience, self-awareness, emotion regulation, mindfulness, practice intensity, coping skills, and overall performance (Henriksen, Schinke, McCann, et al., 2020; Moore & Marin, 2019).

Performance and mental health

Elite athletes not only need to be physically fit and skilled; they also require strong psychological resilience and mental health to reach and maintain optimal performance (Arnold & Fletcher, 2022; Henriksen, Schinke, McCann, et al., 2020; Maher, 2023). As mental health and athletic performance are interconnected, addressing mental health is primarily about managing or remediating psychological issues, and only thereafter, about enhancing overall sport performance and enjoyment (Moore & Bonagura, 2017). Yet, Qin and colleagues (2023) found that at very least in China, psychological rehabilitation services lag behind physical rehabilitation services in the athletic domain, thereby potentially inhibiting higher levels of well-being and performance. Because elite athletes are human beings first, and both their mental health and physical health are integral to overall well-being, ignoring mental health can lead to issues that affect performance and impact an athlete's quality of life. Mental health is directly linked to athletic performance (Ayala et al., 2022; Fogaca, 2021), and sound psychological functioning contributes to better focus, concentration, decision-making, training, and resilience (Chang et al., 2020), and to dealing with setbacks, injuries, competition pressure, and the demanding nature of high-performance sport environments. Focusing on physical training without considering mental health can lead to burnout, physical and mental fatigue, decreased motivation, a decline in overall performance, and reduced commitment to sport (Chang et al., 2020; Fan et al., 2023).

Trends in athlete mental health

Elite athletes experience a wide range of subclinical and clinical mental health symptoms and disorders (Reardon et al., 2019). Estimates indicate that approximately half of all elite athletes report symptoms of at least one mental health disorder over their careers (Åkesdotter et al., 2020; Gulliver et al., 2015), with 4-week to 12-month prevalence estimates ranging between 19-34% for various common disorders (Gouttebarge et al., 2019). Conversely, recent evidence suggests high rates of psychological resilience among athletes, as well (Kuettel et al., 2021; Qin et al., 2023), with elite athletes higher in psychological resilience than recreational athletes. Yet, researching mental health among athletes remains challenging. Notably, attempts to examine athlete mental health remain sparse (Rice et al., 2016); these attempts are also limited by measurement and definition issues; and the majority of such research has been published in predominantly white Western nations (e.g., across Europe, North America, and Australia and New Zealand), thus potentially limiting insight into regional and cultural variations (Kuettel & Larsen, 2020).

A growing body of research has reported disorder-specific prevalence rates, although a range of disorders, including posttraumatic stress disorder, bipolar disorders, and neurodevelopmental disorders, remain largely unexamined among athlete populations (Reardon et al., 2019). There is also less information regarding verified diagnoses, with the majority of literature relying on self-reported symptoms using varied measures,

making comparison of prevalence across disorders difficult. Several of these disorders follow below.

Depression. In the general population, lifetime prevalence rates for the most common depressive disorder (major depressive disorder) range from 11% in low- to middle-income countries to over 20% in high income countries (Hasin et al., 2018; Kessler & Bromet, 2013), with the WHO (2017) estimating that the number of individuals living with depression across the world increased by over 18% between 2005 and 2015. Among athletes, the reported point prevalence for varying types of depression ranges from below 10% (Weber et al., 2018) to as high as 30-34% (Hammond et al., 2013; Poucher, Tamminen, Sabiston, et al., 2021). Variations across sport contexts are also noted, with athletes in individual sports reporting higher depression symptoms than those in team sports.

Anxiety disorders. Among athletes, prevalence of generalised anxiety disorder ranges from 6% for a verified clinical diagnosis to 14.6% for elevated self-reported symptoms (Reardon et al., 2019), compared to a lifetime clinical prevalence rate of 7.8% among much of the general population (Roemer et al., 2021), with slightly lower lifetime prevalence rates in lower- and middle-income countries (Ruscio et al., 2017). Less is known regarding other anxiety disorders. Estimates suggest that panic disorder affects 1–5% of athletes, social anxiety disorder and obsessive-compulsive disorders are estimated to affect 14.9% and 5% of athletes, respectively (Cromer et al., 2017; Gouttebarge et al., 2019; Gulliver et al., 2015), compared to the general population where there are multinational prevalence rates of 1.7% (panic disorder; de Jonge et al., 2016), 7–13% with social anxiety disorder (Aderka & Hofman, 2021), and 1.3% diagnosed with obsessive compulsive disorder (Fawcett et al., 2020). Conversely to depression, elite athletes at higher competitive levels generally report fewer anxiety symptoms than their counterparts in lower ranks (Cromer et al., 2017).

Eating disorders and REDs. Among the general population, the three most common clinical eating disorders are anorexia nervosa, bulimia nervosa, and binge eating disorder, with lifetime prevalence rates of 0.16%, 0.63%, and 1.53%, respectively (Qian et al., 2022). However, among athlete populations, prevalence rates of clinical eating disorders (EDs) and subclinical disordered eating are inconsistent across studies (Rice et al., 2016), with reported 4-week prevalence varying between 1-28% (Gouttebarge et al., 2019). Female athletes are more likely to report disordered eating symptoms than males (Åkesdotter et al., 2022), and those in lean sports may be most vulnerable (Torstveit et al., 2008).

Though not a clinical eating disorder, some sport psychology practitioners have recently began studying relative energy deficiency syndrome (REDs), a non-psychological syndrome associated with poor health and suboptimal athletic performance caused by insufficient nutritional sources (Stellingworff et al., 2021) that may be associated with or completely unrelated to clinical eating pathologies (Mountjoy et al., 2018). The prevalence of REDs remains uncertain, although experiencing at least one of (a) low energy availability, (b) amenorrhea, and/or (c) decreased bone density has been reported to be potentially common manifestations of this energy-deficient state. While it has been noted that REDs is correlated with mental health outcomes (Pensgaard et al., 2023), conceptualisation of REDs has largely overlooked psychosocial factors linked with eating behaviours, especially those specific to elite sport. Recently, the physiological REDs model (Mountjoy et al., 2018) has been updated (Pensgaard et al., 2023) to better consider the interplay between psychosocial, social, and demographic factors including gender,

sport, and social environment. Ongoing consideration of REDs and low energy availability must better encapsulate the intersection of psychosocial factors and sporting contexts, and consider the clinical overlap between EDs and REDs.

Substance misuse and addiction. The general-population substance use epidemic has tragically impacted countries around the world, especially industrialised nations (Higgins et al., 2021). For instance, a recent estimate suggested that roughly 20 million (7.4%) Americans 12 years of age and older met clinical criteria for a substance use disorder within the span of one year (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019). Yet, understanding of rates of substance use disorders among athletes, especially for illicit substances, remains limited. Athletes' self-reported use of illicit substances suggests low usage, although estimates may be higher when athletes are asked to report about others' use. A meta-analysis suggests a prevalence of 19% for alcohol misuse (Gouttebarge et al., 2019), although this may vary over the playing season (Rice et al., 2016). Evidence regarding gambling is also scant but suggests that 2-7% of athletes may engage in problematic gambling behaviours (Gouttebarge et al., 2019), and this may be higher among retired athletes.

Disorder onset, course, and trajectory

Among athletes, the majority of mental health disorders emerge during adolescence and early adulthood, with symptoms often escalating in tandem with the demands of competitive sport during the peak competitive years. First disorder onset among elite athletes typically occurs by age 19 (Åkesdotter et al., 2020) and a comparative study identified that young athletes had higher rates of clinical disorders than other athlete age groups (Schaal et al., 2011). Despite this, youth athlete mental health remains under researched (Purcell et al., 2023). Limited prevalence studies suggest that 6.7% and 9.5% of youth athletes have elevated anxiety and depression symptoms, respectively (Weber et al., 2018), while another study revealed that 23% reported at least four or more mental health symptoms (Brand et al., 2013). Studies comparing mental health between youth athletes with non-athlete controls indicated minimal differences in well-being.

The current body of athlete mental health research largely consists of cross-sectional studies and short duration prospective studies, limiting understanding around course and trajectory of mental health disorders. Some cross-sectional evidence indicates a high self-reported recurrence of episodes among athletes (Åkesdotter et al., 2020). Limited evidence also suggests high rates of comorbidity (Åkesdotter et al., 2022), especially between depression and anxiety symptoms (Poucher, Tamminen, Kerr, et al., 2021), which is likewise commonplace among the general population. While elevated mental health symptoms are observed when transitioning out of competitive sport (Gouttebarge et al., 2016), greater clarity as to whether these symptoms are emerging for the first time, persisting, or increasing upon retirement is warranted.

Risk factors related to athletes' mental health

Among the general population, a multitude of epidemiological factors commonly contribute to the onset of mental disorders, including but not limited to low socioeconomic status, perceived reductions in social supports, high levels of experiential avoidance,

family history/genetics, aversive childhood, stressful events, bias, temperament/personality variables, and transitional/developmental changes (Sheldon et al., 2021). While athletes are no less prone to the aforementioned risk factors, they also face a range of sport-specific risk factors that may contribute to the development of mental health disorders (Reardon et al., 2019; Rice et al., 2016). At an organisational level, elite sport settings are often characterised by a narrow focus on performance and a winning-at-all-costs mentality, which can be detrimental to well-being (Carless & Douglas, 2013).

At the elite sport level, injury and concussion are frequently reported to be associated with anxiety and depression symptoms (Kuettel & Larsen, 2020). High training loads also increase injury risk and thus the likelihood of subsequent mental health symptoms. A history of concussion is associated with higher depression symptoms, and depression risk increases with multiple concussions. Inadequate recovery is another sport-specific risk factor for mental health, being closely associated with the etiology of maladaptive training and burnout (Kellmann et al., 2018). Recovery can be limited by stressors such as long-lasting competition schedules combined with frequent travel, poor sleep hygiene, and an inability to psychologically detach and unwind. Increasing pressure to constantly be monitored and to be active on social media platforms can also impact recovery and overall well-being.

Protective factors related to athletes' mental health

Relatively little attention has been placed on factors promoting athletes' mental health (Kuettel & Larsen, 2020). Using an ecological approach, Purcell et al. (2019) suggested that mental health can be promoted across all levels of athletes' eco-systems from the individual through to the broader sporting contexts. At the individual level, various recovery modalities that incorporate physical (e.g., massage, sauna, sleep), emotional (e.g., mindfulness), and social (e.g., activities with friends and family) factors can potentially counterbalance stressors experienced in and outside of elite sport (Kellmann et al., 2018). Furthermore, adequate coping strategies (Fogaca, 2021), which can be fostered through physical activity, and psychological resources such as self-compassion can also buffer against a broad spectrum of adversities (Cormier et al., 2023). Environmental protective factors include coaches' caring support (Kegelaers et al., 2021), and supportive team cultures (Walton et al., 2023), and will be further outlined below.

Sport environments and elite athletes' mental health

Athlete mental health is not an individual affair. In 2018, the ISSP hosted its first international and multi-societal think tank on athlete mental health resulting in a consensus statement (Henriksen, Schinke, Moesch, et al., 2020) highlighting that sport environments can nourish or malnourish athlete mental health, and that sports organisations should openly and critically review the degree to which their environments are a resource for their athletes' mental health. In a recent mental health action plan, the International Olympic Committee (IOC, 2023) emphasised that "the mental health of athletes exists within the context of the wider sports system [and that] the athlete is inseparable from their teammates/colleagues, coaches and support staff, and family or primary supports, as well as their sporting organisation" (p. 12). The recently published Team Denmark

applied model of mental health (Henriksen, Diment, et al., 2023) reveals layers of the environment – the training environment, leadership, everyday life, and cultural norms – and provides stakeholders with a lens through which they can analyze, talk about, and optimise how their sport environments support the mental health of their athletes. Such examples of the increase in attention to the role of the environment in effecting athlete mental health should be seen in combination with the introduction of terms such as psychologically informed environments, psychologically safe environments, and psychological safety, each linked with athlete mental health.

Sport environments can be considered as physical contexts and psychological and social constructions that coalesce and contribute to athletes' mental health and performance. The sport environment includes micro and macro levels and athletic and non-athletic domains (Henriksen et al., 2010) and such diverse factors as the physical location of practice and game facilities; the approach and expectations manifested by staff toward preparation, competitiveness, and responding to results; the awareness and respect given to the cultural and ethnic contexts of athletes; and attention to travel and related logistical tasks. Individuals may perceive their sport environment as more or less safe, helpful, and motivational. While few studies (e.g., Gulliver et al., 2012; Lundqvist & Sandin, 2014; Poucher, Tamminen, Sabiston, et al., 2021; Poucher et al., 2023) have directly investigated the influence of the sporting environment on athletes' mental health, these frameworks indicate how environments malnourish or nourish athlete mental health, and/or influence help-seeking behaviour and stigma processes.

Sport environment factors that nourish and malnourish mental health

Prominent sport environment factors that may malnourish athlete mental health include maltreatment, organisational stress, and general sport-environment risk factors. Maltreatment is widespread in sport and occurs in many relational (e.g., physical, sexual, emotional abuse or neglect) and non-relational (e.g., systematic abuse, organisational abuse, physiological abuse or neglect) forms, and via individual, organisational, systemic, and societal policies and practices. Sport specific risk factors for maltreatment include the characteristics of sport environments, the importance placed on the coach-athlete relationship, the competition level, type of sport, media exposure, time spent in distant training centres, recruitment procedures of young athletes, years spent playing the sport, role within a team, and the distance from an athlete's home or school environment (see Mountjoy et al., 2016). Given the scope of these risk factors, the prevention of maltreatment in sport environments requires a multifaceted approach. Safe sport initiatives have emerged and have been widely implemented (see Mountjoy et al., 2016). Additionally, researchers have warned that sport organisations may not have the trauma-informed expertise to engage survivors safely and effectively, and thus may unintentionally re-traumatise and trigger further unsafety.

Athletes report encountering stressors in their sport organisations that can influence their welfare related to cultural and political environments, coaching and management style, training and competition environments, and team issues (Arnold & Fletcher, 2022; Kegelaers et al., 2021). When encountering such demands, athletes may be more likely to experience depression, anxiety, and eating disorders, than nonathletes (Rice et al.,

2016) and there is emerging evidence illuminating the impact of high lifetime stressor exposure on sport performers' health, well-being, and performance.

Turning to sport environment factors that can nourish athlete mental health, there are a range of frameworks and lines of inquiry that provide a diverse and rich knowledge. The holistic ecological approach in sport psychology situates the environment at the center of research attention. While ecological factors focus on athletes' environments that affect their development, holistic refers to a view of the environment as a complex and dynamic whole that consists of multiple settings (e.g., club and national team), levels (micro, meso, exo, macro), and domains (sport and non-sport). Similarly, Purcell et al. (2019) proposed an early intervention framework to support athletes and promote mental health in elite sport settings. In this framework, the authors also recognised the ecological system in which athletes are located. Another prominent line of research, organisational sport psychology (see, for reviews, Wagstaff, 2019), reveals programs of research on positive factors that promote organisational functioning, environmental factors that influence thriving (e.g., Passaportis et al., 2022), thriving environments, and organisational resilience (e.g., Fasey et al., 2022). Further work relating to nourishing environments for athlete mental health include heuristic models for youth athlete development and calls for the integration of occupational health and safety perspectives (Giffin et al., 2024; Schinke et al., 2022).

These lines of work indicate that multi-level, social processes and interpersonal relationships founded on clarity, reciprocal commitment and understanding, flexibility, openness, and trust, can support the development of environments that nourish athlete mental health. Open, trusting, and meaningful connections between athletes and coaching staff (McHenry et al., 2022), teammates (Passaportis et al., 2022), and science and medical staff (Poucher, Tamminen, Kerr, et al., 2021) have been associated with athlete well-being and/or mental health. Moreover, climates that support basic psychological needs, such as competence, autonomy, and relatedness, appear to support athlete mental health (e.g., Coyle et al., 2017; Gulliver et al., 2012; Lundqvist & Sandin, 2014), thriving, and optimal functioning. Kuettel and Larsen (2020), reported sport-environmental *protective* factors to include mental health literacy and support; trusting and mastery-orientated climate; successful retirement adjustment; and positive sporting relationships. Again, we might turn to ecologically informed and systemic intervention frameworks to mitigate against problematising or pathologising individual athletes and normalising the view that mental health is a shared endeavour in sport environments. Finally, the literature on psychological safety in sport has grown rapidly (see Vella et al., 2022; Walton et al., 2023), with scholars outlining models they believe could increase help-seeking and better mental health outcomes (e.g., Walton et al., 2023). Individuals are likely to seek help when they feel safe to show their authentic self, psychological harms are minimised throughout the organisation, when they establish trusting relationships, and perceive their environment to support mental health needs.

Promoting athlete mental health by optimising environments

Regarding the promotion of mental health, such work should integrate the sport environment. Scientist-practitioners have offered insights into models of practice for supporting mental health in sport environments (e.g., Henriksen, Diment, et al., 2023; Maher, 2023; Wagstaff & Quartiroli, 2023) as well as an ecological systems-informed early intervention

mental health framework (Purcell et al., 2022) and "toolkit" (e.g., Walton et al., 2023). Consequently, the creation of a sport environment, informed by psychological science, is a priority sport organisational development task (Wagstaff & Quartiroli, 2023). This task presents opportunities for sport psychology practitioners, in collaboration with applied researchers, to design environments where athletes thrive along with coaches and staff, and where mental health stigma is reduced.

Several basic organisational development expectations and actions have been used by one of the authors in professional and collegiate sport organisations. These include: (a) articulating a clear vision and definition of athlete mental health endorsed by leadership; (b) considering athlete mental health as a positive state of being, rather than as absence of mental illness; (c) recognising that coaches, support staff, and executives are key contributors to positive athlete mental health; (d) equipping these contributors with useful knowledge and skills, allowing them to provide support to athletes while encouraging them to seek professional assistance for mental health concerns; (e) understanding the interdependencies of individual, team, and organisational polices; psychoeducational programs; and referral procedures in fostering athlete mental health; and (f) using a process for monitoring and evaluating mental health initiatives and then making adjustments based on systematic evaluation (Maher, 2023). Professionals can then ascertain whether psychological treatment is needed for a mental health concern, and appropriate evidence-based treatment can then be provided either in-house or via referral to a qualified professional.

While athletes have comparable access rates to mental health support as the general population, in many instances they do not engage with these services or choose to seek expertise outside of the sport environment (e.g., Poucher, Tamminen, Kerr, et al., 2021). Recently, Åkesdotter et al. (2024) reported athletes' reasons for seeking external support to be driven by the presence of the performance narrative, which influences stigma processes, with athletes reporting seeking to exclude from their life any form of psychological vulnerability and adopting impression management strategies in their sport environments. Researchers have also noted that other sport-specific barriers to help-seeking are evident, including the impacts of stigma with regards to athlete identity, selection, the team, environment, and culture, as well as challenges around confidentiality (Cosh et al., 2024). Other barriers include low mental health literacy, lack of awareness of services, the process of therapy, and questions about the benefits of therapeutic care. The factors that lower help-seeking thresholds largely mirror barriers, yet also illuminate the valuable role of reducing stigma, a climate of trust, and athlete role models in normalising and de-stigmatising mental health and help-seeking (see, for reviews, Cosh et al., 2024; Kuettel & Larsen, 2020). Normalising experiences of mental health in sport settings through role models, ensuring clarity around confidentiality, stigma reduction interventions, and fostering team cultures that promote mental health as an organisational priority are key help-seeking facilitators.

Athletes' career development and mental health

Major conceptualisations of athletes' career development

During the five-decade evolution of the athlete career sport psychology discourse (Stambulova et al., 2021), several conceptual foundations were established by researchers and

practitioners worldwide reflecting their shared understanding of athletes' careers – all important for safeguarding athletes' mental health. In *the holistic developmental approach*, Wylleman and colleagues (2004; 2015; 2020) promoted understandings of *an athlete as a whole person* (having more in life than just sport) and *athletes' developments as holistic* with interrelated athletic, psychological, psychosocial, academic-vocational, financial, and legal levels making an athletic career a part of athletes' lifelong career. In the complementary *holistic ecological approach*, Henriksen and colleagues (2010; 2023) added understandings of athletes' career development as mutual accommodations between athletes and their holistic (micro – and macro-; athletic and non-athletic) environments. Both approaches reveal athletes' *career transitions* (e.g., between the career stages or when moving from the one environment to the next) as turning phases in athletes' development that might lead to positive or less positive changes in the career trajectory as well as promote or compromise athletes' mental health (Schinke et al., 2018; Stambulova et al., 2021). Applied aspects of this discourse, termed *career assistance*, are based on the career transition research, contain a range of applied frameworks and methods used by individual sport psychology practitioners and/or within Career Assistance Programs (CAPs) and focused on supporting athletes' holistic development and well-being as well as on optimising their respective environments (Henriksen & Stambulova, 2023; Stambulova et al., 2021).

Career perspectives on athletes' mental health

There is an intricate relationship between athletes' career developments and mental health. Traditionally, positive mental health was considered as an important resource for athletes' performance and development, and mental illness was seen as a barrier that can be prevented or treated (Schinke et al., 2018; Stambulova et al., 2024). In line with the growing scholarly interest in athletes' mental health (e.g., Gardner & Moore, 2006; Henriksen, Schinke, McCann, et al., 2020; Henriksen, Schinke, Moesch, et al., 2020; Moesch et al., 2018; Reardon et al., 2019), scholars now view athletes' mental health as a resource and an outcome of career development and transition coping, which may contribute to athletes' striving for *career excellence,* which in a recent ISSP Position Stand (Stambulova et al., 2021), was defined as follows:

> … an athlete's ability to sustain a healthy, successful, and long-lasting career in sport and life. In this definition, *healthy* means high resourcefulness and adaptability … , *successful* means athletes' striving for achieving meaningful goals in sport and life while satisfying basic psychological needs and maintaining health and well-being, and *long-lasting* means sustainability and longevity in sport and life. (p. 14)

One connotation of this conceptualisation of career excellence is that a successful athletic career is more than just athletic success. Helping athletes to strive for career excellence is seen as a target for career assistance interventions. Torregrossa et al. (2020) provided a taxonomy of CAPs consisting of holistic CAPs for elite athletes focusing on sport, education, work, and personal growth; sport-specific CAPs for professional athletes helping with business, legal, financial, and mental health issues; and dual career CAPs for student-athletes facilitating their sport-study-private life combination and optimising environmental influences. The CAPs revealed the holistic developmental and ecological

approaches as complementary in guiding career-long support services. Such services are seen as multidisciplinary (i.e., addressing a whole person), multilevel (i.e., from different levels/domains of one's environment), and multimodal (i.e., different forms according to individual needs) collaborations of various practitioners to support athletes in their strivings (Ekengren et al., 2021; Henriksen, Schinke, McCann, et al., 2020). A diverse range of support services (e.g., psychologists, lifestyle advisors) are involved in helping athletes manage career transitions, and, when needed, developmental crises.

Athletes' major transitions and support promoting healthy coping

Transitions are processes of an interplay between transition demands, resources, barriers, and coping strategies leading to several transition pathways with primary (successful and crisis) and secondary (delayed successful and unsuccessful) transition outcomes (Stambulova, 2023). Such interplays are influenced by a relevant transition environment that "bridges the two settings that an athlete is transitioning from and to" (Henriksen & Stambulova, 2023, p. 6) and supplies external resources (e.g., support from, and overlap of, cultural practices between donor and receiving environments), or creates barriers (e.g., by leaving athletes to cope alone). The better the fit between an athlete's personal resources and those provided by the transition environment, on the one hand, and the transition demands and barriers, on the other, the stronger are the athlete's chances for efficient and healthy coping. In the pursuit of career excellence, healthy coping is characterised by athletes meeting transition demands and gaining resources (e.g., competencies, new social connections, and mental health) to be ready for nearby transitions. From this perspective, healthy coping is facilitated by the transition support being proactive (i.e., before or at the beginning of the transition to prevent a crisis), holistic (i.e., considering demands and resources at various levels of development and prioritising to treat potential reasons of health-related and other symptom issues), and flexible (i.e., working to meet the athlete's needs and/or with the transition environment) to lead to a successful transition outcome (Stambulova et al., 2021). Transition coping can be effective in terms of meeting the relevant demands but also unhealthy if the coping process drains personal resources and leaves the athlete vulnerable in facing forthcoming transitions. Therefore, an "at all costs" transition strategy, although often useful in a short-term, might lead to a higher probability of crisis and unsuccessful transitions in the long-term if resources are not timely gained and/or support is not available. The importance of athletes' resourcefulness and adaptability have been illuminated by the COVID-19 pandemic coping when athletes experienced unexpected changes in all levels of their development, and most of these changes compromised their mental health and well-being (e.g., Dithurbide et al., 2022; Stambulova et al., 2022). The pandemic experiences drew more attention to athletes' mental health and helped to reduce stigma related to discussing mental health publicly and addressing for professional help (Schinke, Papaioannou, Maher, et al., 2020; Stambulova & Henriksen, in press).

Major athletes' career transitions, where mental health is particularly at risk, and support facilitating healthy coping is of paramount importance, include the junior-to-senior transition, cultural transitions, major competitions, and athletic retirement. The normative junior-to-senior transition exposes athletes to the higher demands of senior sport (e.g., in training, competitions, organisational and lifestyle factors) and may coincide

with an individual's transition to higher education. In such instances, this transition becomes a quasi-normative dual career transition initiated by the athlete's decision to continue studies after compulsory school education. Related research grounded in holistic developmental and ecological approaches (e.g., Kegelaers et al., 2022; Stambulova & Wylleman, 2019; Stambulova et al., 2024) has revealed that student-athletes need holistic support in searching for and maintaining an optimal dual career balance as "a combination of sport and studies that helps student-athletes achieve their educational and athletic goals, live satisfying private lives, and maintain their health and wellbeing" (Stambulova et al., 2015, p. 12).

Cultural transitions can be planned for (e.g., moving abroad on professional contract) or forced (e.g., refugees' transitions) with higher probability of mental health problems for the latter group, especially in the acute adaptation phase (Ryba et al., 2018). In such transitions, a good overlap of cultural practices between the donor and the receiving environments is rare, and therefore more support responsibility lies with the receiving environment to meet athletes' needs in trust, belonging, accepting differences, and meaning making to facilitate sociocultural sport and non-sport adaptation (e.g., Giffin et al., in press).

Major competitions, especially Olympic Games, can be viewed as quasi-normative transitions that qualify candidates progress through phase-by-phase during the Olympic quadrennial (e.g., Henriksen, Schinke, Moesch, et al., 2020). During preparatory phases, gaining mental health resources in parallel with all forms of the Olympic preparation is crucial for facing pressures of the Olympic tournament and related environment and performing up to the expectations. After the Games, athletes may have the autonomy to decide whether to transition to the next Olympic quadrennial or to retire.

Athletic retirement is normative and the most studied of athletes' transition, yet approximately 20% of athletes continue to experience this change as a crisis or unsuccessful transition, for a variety of reasons. Research indicates that during such crises, athletes report "paying a cost" in terms of their mental-ill health, including frustration, depression, alcohol, drug abuse, eating and other disorders (e.g., Gardner & Moore, 2006; Stambulova, 2023). Developing resources for this transition should begin when athletes are still active in sport by means of planning for retirement and their after-sport future, creating a support network, expanding personal and social identity, and developing career-building competences to continue gaining resources as they enter alternative vocations.

Global understanding and treatment of elite athletes' mental health

Research examining societal perceptions of athletes and mental health has shown that mental health disorders are viewed as incompatible with athlete success, which means athletes carefully consider whether to publicly disclose around mental health (Elsey, 2019). While stigma is a key barrier to help-seeking and associated with low help-seeking intentions among the general population, the amplified stigma within sport poses additional barriers to help-seeking behaviours (Cosh et al., 2024). Athletes report being reluctant to access mental health help due to fears about reactions of teammates and coaches (Harris & Maher, 2022; O'Keeffe et al., 2022), concerns of deselection, and the potential loss of playing time, training opportunities, and scholarships (Castaldelli-Maia

et al., 2019; Gulliver et al., 2012; O'Keeffe et al., 2022). Athletes also report a concern that seeking help for mental health is counter to the expectations of athletes as strong (Coyle et al., 2017; Harris & Maher, 2022; Moore, 2017) and mentally tough (Delenardo & Terrion, 2014).

Further barriers to help-seeking include concerns around confidentiality of mental health services (Moore, 2017; Poucher et al., 2023), time constraints due to training and travel (e.g., Giovannetti et al., 2019; Kola-Palmer et al., 2020), and a lack of understanding regarding mental health symptomatology (Giovannetti et al., 2019; Gulliver et al., 2012; O'Keeffe et al., 2022), especially in the context of normal athletic fatigue or somatic symptoms. Many athletes are also unaware of available services provided by their sporting organisations (Giovannetti et al., 2019; Gulliver et al., 2012; O'Keeffe et al., 2022), or perceive these as tokenistic or performance focused (Coyle et al., 2017; Harris & Maher, 2022). Despite these challenges, athletes appear to seek help at similar rates to the general population. A recent meta-analysis indicates that 22% of athletes report having sought professional help for their mental health, although variations are seen across sport settings (Cosh et al., 2024), and we do not know how many athletes need help and do not seek it.

To support athletes seeking help for their mental health, a number of organisational and cultural changes may be beneficial. First, normalising help seeking and reducing stigma within elite sport through role models (Delenardo & Terrion, 2014; Gulliver et al., 2012), is an important avenue. The recent trend of top-level athletes openly discussing their struggles has reduced stigma and empowered other athletes to speak up about mental health. This should, as suggested by Purcell et al. (2022), be part of a cultural shift across all levels of sporting environments, including away from a performance only focus to an acknowledgment of mental health, because perceptions of teammates, coaches and staff are central to help-seeking (Coyle et al., 2017; Poucher et al., 2023). Second, help-seeking should be actively encouraged within sport settings (Gulliver et al., 2012), especially with mental health providers and other sport staff acting to identify distress and prompting or facilitating help seeking (i.e., acting as "navigators", Purcell et al., 2019). Finally, mental health services provided within elite sport settings may facilitate help seeking by allowing the flexibility needed around sporting schedules (Reardon et al., 2019) and transparency and surety around confidentiality in services provided in sport organisations (Gulliver et al., 2012; Moore, 2017; Poucher et al., 2023).

Effective monitoring systems are vital for early detection and appropriate intervention, facilitating the implementation of suitable treatment approaches (Rice et al., 2020). Furthermore, proactive monitoring helps prevent the potential long-term consequences of untreated mental health issues in athletes. By identifying problems early and offering appropriate interventions, we can mitigate the risk of chronic mental health conditions, improve athletes' quality of life, and support their continued participation in sports (Gulliver et al., 2012; Reardon et al., 2019). A variety of tools and assessments have been exclusively developed to serve the purpose of mental health assessment among athletes. Psychological questionnaires, have proven instrumental in gaining valuable insights into athletes' mental health status, identifying potential issues, and providing guidance for appropriate interventions. Aside from heavily validated clinical measures, several noteworthy examples of mostly sport-specific psychological questionnaires include: *The Athlete Burnout Questionnaire* (Raedeke & Smith, 2001), *The Athlete Psychological Strain*

Questionnaire (Rice et al., 2020), *The Mental Health Continuum-Short Form* (MHC-SF; Lamers et al., 2011), and a recent triage tool (Shannon et al., 2024). Beyond these assessments, ecological assessments of this topic would further our understanding. The ecological assessments worthy of consideration include, but are not limited to arts based methods and photo elicitation to understand one's status holistically, mobility methods whereby athletes and coaches situate their current and previous status within the places where they train and live, community-based methodologies to spur group discussion whilst de-stigmatising athlete mental health discussions among peers, collateral organisational interviews with stakeholders to build a broader understanding of shortfalls in advance of intervention, and further qualitative approaches at the individual and group levels to gain deeper meanings within and across people, in accordance with recent discussions about occupational health and safety in elite sport (see Schinke et al., 2022).

Recognising the distinctive needs of athletes, sport-specific interventions designed to address the mental health challenges specific to this population are needed. Various strategies, programs, and methodologies could be employed to enhance mental well-being among athletes, including psychological skills training, mindfulness-based interventions, cognitive–behavioural therapy, and technological interventions, encompassing mobile apps and online platforms (Seçkin et al., 2023). Recognising and addressing the unique challenges they face, implementing efficient monitoring strategies, and providing multidisciplinary support are essential steps towards cultivating a mentally healthy sports culture that supports athletes throughout and beyond their careers. However, promoting holistic well-being among athletes entails more than solely addressing mental health issues; it necessitates the promotion of healthy lifestyle choices, the cultivation of robust social support networks, the implementation of stress management techniques, and the exemplification of healthy choices and environments that are conducive to thriving.

Cultural considerations

The influences of cultural contexts and sports systems on athlete mental health are complex and multifaceted (Reardon & Factor, 2010; Rice et al., 2016; Schinke et al., 2018). Cultural contexts shape athletes' mental health experiences, as cultures hold distinct beliefs and attitudes towards mental health (Rice et al., 2016). We focus on Western and Eastern nuances, all the while recognising that approaches from the South and North are understudied. Western cultures have embraced proactive initiatives (Gulliver et al., 2012). The NCAA in the US integrates mental health education into athlete development programs, emphasising early detection through regular mental health assessments (Reardon & Factor, 2010). In Eastern cultures, prevention strategies are emerging within the context of their holistic sports systems. China emphasises mental health education for athletes, focusing on stress management and coping strategies. The influences of cultural contexts on athlete mental health treatment are profound. In Western cultures, the emphasis on individualism may contribute to open discussions about mental health, while collectivist cultures found in the East may prioritise group harmony, potentially hindering individual athletes from seeking treatment due to fear of disrupting team dynamics (Lin & Cheung, 1999; Reardon & Factor, 2010). The challenge

lies in finding a balance respectful of cultural values while addressing the mental health needs of each athlete.

Some Western and Eastern cultures often diverge in their conceptualisations and attitudes towards mental health. Among Eastern cultures, individuals might have holistic principles towards factors related to mental health such as contradiction that each experience is associated with its opposite, change that the world exists in a state of constant flux, and context that there is an interconnectedness of all things (De Vaus et al., 2018). Compared to Westerners, Eastern people's negative affects do not escalate into clinical disorders at quite the same rate. For athletes from Eastern cultures, the frequent emphasis on maintaining harmony within the group may contribute to a reluctance to express vulnerability, though this is an open empirical question at this time. Despite challenges, there are emerging opportunities to enhance mental health support for athletes in Eastern cultures, where there are progressive efforts to destigmatise mental health discussions through sports training center-based mental health screening, educational and intervention programs (e.g., Si et al., 2021).

The global diversity in athlete mental health treatment systems underscores the need for context-specific approaches. Western cultures often emphasise individualised, comprehensive treatment, while Eastern cultures often seek to integrate cultural practices into mental health interventions. Among Eastern and Western cultures addressing the issues of mental health for athletes, opportunities lie in collaborative efforts, innovative treatment modalities, and a unified commitment where the entire nation is involved in supporting and nurturing the development of athletes (Si et al., 2021). In Western cultures, the way of supporting athletes' mental health requires a comprehensive and integrated approach with a synchronised effort from all sectors of the same sports organisation can also be applied (e.g., Vella et al., 2018). By incorporating mental health education, establishing a network of professionals, integrating assessments into athlete monitoring, fostering positive team cultures, tailoring support to individual needs, leveraging technology, addressing societal pressures, and creating transition programs, nations can contribute to the holistic well-being of their athletes (Purcell et al., 2022). Finally, the success of national systems in supporting athlete mental health lies in their ability to recognise the interconnectedness of cultural, societal, and sports factors, fostering an environment where athletes can thrive on and beyond their field of play.

Postulates

In the following nine postulates we briefly summarise the message of this ISSP position stand considering it as an update of the previous (Schinke et al., 2018) position paper on athletes' mental health.

(1) Elite sport contexts that relentlessly challenge the limits of athletes' body and mind contain a lot of risk factors for athletes' mental health. Therefore, the ISSP continues the line of the position stands addressing elite athletes' mental health and relevant support services. In this position stand the multinational and multidiscipline expert group contributes to enrichment of mental health sport psychology discourse by

promoting new conceptual, theoretical, methodological, empirical, and applied developments.

(2) The conceptual and theoretical developments emphasise that elite athlete mental health status is fluid and must account for the various parts of one's life. The dimensional perspective on mental health status promotes an idea of various interrelated continua representing athlete mental health, performance, cognitive, emotional, and interpersonal functioning (and more) to enrich a holistic approach in research and applied work keeping in mind potential compensatory relationships between the continua in focus (e.g., reducing distress by enhancing resilience). The ISSP promotes a shift from bifurcated conceptualisations of athlete mental health to a wider lens of considerations and supports negotiations of the common language within the discourse to facilitate stakeholders' communication and collaboration (see Table 1).

(3) Methodological developments are related mainly to mental health assessment. Athlete mental health status can be evaluated through a diversity of psychometric, observational and qualitative assessment tools to differentiate (a) active mental illness, from (b) concerning issues that do not meet diagnostic criteria yet warrant support, (c) distress levels and occasional or short-term symptoms that should be understood as normal in relation to training and seasonal demands, and (d) sound mental health, where one is asymptomatic, with broad based optimised functioning. A balanced approach comprised of reliable and valid standardised assessment tools, especially sport-specific psychological questionnaires, complemented by art-based methods and photo elicitation can provide knowledge about current mental health functioning *in situ* and the holistic developmental and ecological approaches can offer insight into the various demands elite athletes negotiate each day (e.g., through guided tours across training or competition environments).

(4) Recent empirical research on elite athletes' mental health, training, performance, recovery, and lifestyle confirms the key role of mental health in efficient training, performance, and injury rehabilitation as well as the importance of athletes' physical and mental recovery for preventing injuries, overtraining, and burnout. This research continues to demonstrate varied results on prevalence of the most common mental disorders and symptoms, such as depression, anxiety, eating disorders, and substance misuse or addiction depending on contexts and samples involved. A new focus is on relative energy deficiency syndrome (REDs) caused by insufficient nutrition and associated with athletes' suboptimal mental health, performance, and social life.

(5) Ecological research focusing on holistic exploration of athletes' environments along their careers has flourished during the last decade, and continues to do so. The researchers consider mental health as imbedded in a mutual accommodation between athletes and their environments and promote essential features of psychologically safe talent and dual career development environments with less attention paid so far to elite sport environments. Meanwhile, research reveals that maltreatment and organisational stressors characteristic for toxic elite environments lead to prominent mental health stigma and leaving athletes alone with their mental health and other issues. Considering athletes' environments holistically (i.e., as having micro – and macro-levels/contexts and athletic and non-athletic domains) the researchers promote an idea and provide recommendations on how to design

psychologically safe elite environments with mastery-oriented climate and compromised performance narrative, mutual trust and open dialogues, increased mental health literacy and reduced stigma, where athletes can thrive along with coaches and staff.

(6) In recent career research, athletes' development is intricately connected to their mental health, which is both a resource and an outcome of career development and transitions. An at-all-costs-strategy in transition coping which drains athletes' resources, is seen as unhealthy although it can be effective in the short-term. Healthy coping means that athletes cope with transition demands/barriers and fulfill/gain their resources. Major athletes' career transitions, in which mental health might be particularly at risk include the junior-to-senior transition, cultural transitions, major competitions, and athletic retirement. New insights on supporting transitional athletes are brought by a new concept of a transition environment, related models, and recommendations for research and practice. Career-long support services by being holistic, proactive, flexible, evidence-based, and context-sensitive facilitate healthy career development by enhancing athletes' resourcefulness and adaptability, preventing, or treating mental ill-health, and contributing to their striving for career excellence.

(7) This position stand illuminates further overlaps between mental health and cultural sport psychology discourses by focusing on nuances in understanding mental health, displaying stigma, and providing mental health services to elite athletes depending on sport system and sociocultural contexts. Western sport systems grounded in individualist cultures tend to support mental health monitoring and open discussions to reduce the stigma associated with help seeking, while in Eastern collectivist cultures, the possibility exists that stigma might be higher because athletes prefer to hide their problems to avoid disruption of their team harmony. The challenge is in finding a balance between respecting cultural values and addressing the mental health needs of each athlete. To meet this challenge context-informed research on elite athletes' mental health should be conducted more evenly across the world to facilitate global discussion on the mental health issues and context-driven support and treatment.

(8) Elite athletes are strong people, but they always acknowledge the external social and professional support they receive to maintain their challenging lifestyles, especially under adverse conditions, such as the COVID-19 pandemic. Assisting elite athletes in their pursuit of performance, career, and personal excellence requires multidisciplinary expert support teams led by a mental health officer coordinating all support efforts to meet each athlete's needs. Educational and clinical sport psychology practitioners can collaborate with medical personnel, physiologists, nutritionists, statisticians, and other experts on monitoring athletes' mental health and related continua characteristics, identifying early symptoms of potential mental disorders to proceed with preventive and/or coping interventions, in which still prominent psychological skills training, mindfulness training, and cognitive–behavioural therapy are complemented by more recent mobile apps and online platforms. In line with three recent ISSP position stands on scientist practitioners, occupational health, and cultural praxis, this position paper further promotes holistic, evidence-

based, context-driven, and proactive sport psychology services meeting athletes' current needs and having a view for the future.

(9) Based on this update of the elite athletes' mental health topic, the ISSP suggests the following roadmap for further development of the mental health sport psychology discourse. Main challenges include: (a) to promote new conceptual, theoretical, methodological developments, research finding on elite athletes' mental health and applied directions through sport psychology education, supervision, publications, think tanks, and other public discussions involving sport scientist practitioners, athletes, coaches, managers, sport policy makers, and media; (b) to further develop existing lines of mental health research on prevalence of mental disorders among various groups of athletes, forms of treatment, mental health stigma, healthy and unhealthy sport environments, successful and crisis-transitions, and others; (c) to promote emerging lines of research on mental health and related continua, elite sport environments, transition environments, healthy transition coping, and cultural nuances in understanding mental health and stigma, especially in non-Western countries; (d) to further promote an integration of the holistic developmental and ecological approaches in research and practice to better understand an interplay between risk and protective factors for elite athletes' mental health and conduct evidence-based interventions; and (e) to increase the role of sport psychology practitioners in multidisciplinary support teams in regard of mental health monitoring, increasing mental health literacy of athletes and staff and conducting destigmatising mental health interventions. To meet these challenges the ISSP invites elite sport stakeholders across all continents to openly discuss athletes' mental health issues and collaborate for the sake of healthy elite sports worldwide.

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