MENTAL HEALTH STRATEGY FOR HIGH PERFORMANCE SPORT IN CANADA

GAME PLAN
PLAN DE MATCH

Canada

CCMHS CCSMS

OWN THE PODIUM | À NOUS LE PODIUM

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TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

Mental Health Strategy for High Performance Sport in Canada

1. EXECUTIVE SUMMARY

In the wake of accruing scientific evidence and athlete testimonials uncovering the importance of mental health in high performance (HP) sport, as well as existing gaps in the Canadian health care and HP sport system, the establishment of a *Mental Health Strategy for High Performance Sport in Canada* (herein referred to as the 'Strategy') is a priority. The primary aim of the Strategy is to improve mental health outcomes for all Canadian HP athletes, coaches, and staff.

The Strategy includes 5 priorities (see **FIGURE 1**), each outlined with clear objectives, background information, and recommended actions to guide stakeholders. The Strategy was developed based on a critical review of the scientific literature and national and international mental health reports, with careful consideration of the Canadian sport context. The work was conducted by stakeholders from the HP sport and mental health domains (i.e., Mental Health Partner Group, Mental Health Expert Group, Mental Health Review Group, Sport Community Group; see **TABLE 1** and **Appendix A**).

The premise underlying the creation of the Strategy is that athletes who have good mental health are more likely to achieve the highest levels in sport, perform at consistent levels, stay in sport on a long-term basis, and continue contributing to sport after retirement, than athletes who have poor mental health. Furthermore, athletes are more likely to reach their full potential and achieve success if coaches and staff equally have good mental health. The Strategy therefore focuses not only on HP athletes but also key leaders in the sport context responsible for helping them achieve their performance goals while preserving their mental health. Another premise is that to fully understand functioning and performance across the lifespan, both mental health and mental illness must be considered (see **FIGURE 2**). This has resulted in priorities and objectives targeting not only mental health promotion but also mental illness prevention and treatment.

In order for the Strategy to be successfully implemented and lead to sustainable positive mental health outcomes, alignment and cooperation at all levels of the sport ecosystem (see **FIGURE 3**) are necessary. This includes the macrosystem - e.g., Sport Canada, Own The Podium (OTP), Canadian Olympic Committee (COC), Canadian Paralympic Committee (CPC), Game Plan, Canadian Olympic and Paralympic Sport Institute Network (COPSIN), Coaching Association of Canada (CAC), AthletesCAN; the exosystem - e.g., National Sport Organizations (NSOs), Provincial/Territorial Sport Organizations (P/TSOs); the microsystem - e.g., coaches, teammates, IST, family/loved ones; and each individual athlete.

The Strategy was designed to be comprehensive and aspirational based on recommended best practices worldwide. To ensure relevance and feasibility of implementation, it is recommended that different elements of the Strategy (e.g., priorities, objectives, actions) be targeted based on each sport organization's specific gaps and needs. It will take time and resources to address all aspects of the Strategy. Guidance and support will be provided within the HP sport system to begin implementing foundational elements of the Strategy. Some of these elements include but are not limited to (a) hiring a national Mental Health Manager, (b) creating a national Mental Health Steering Group, (c) identifying COPSIN, NSO, and MSO (Multi-Sport Organization) points of contact, (d) establishing a network of qualified mental health practitioners, (e) defining clear referral pathways to access mental health care, and (f) developing and delivering fundamental educational programs across the HP system to increase mental health literacy.

FIGURE 1. MENTAL HEALTH STRATEGY PRIORITIES AND OBJECTIVES

PRIORITY 1
Objective 1.1 Identify Stakeholders
Objective 1.2 Identify a National Mental Health Manager and Mental Health Steering Group
Objective 1.3 Establish a Network of Mental Health Champions
Objective 1.4 Procure and Allocate Funding

PRIORITY 2
Objective 2.1 Build Mental Health Literacy and Mental Performance
Objective 2.2 Eliminate Stigma and Promote Help-Seeking

PRIORITY 3
Objective 3.1 Minimize Sport-Specific Risk Factors
Objective 3.2 Provide Additional Support During Known Periods of Vulnerability
Objective 3.3 Support the Universal Code of Conduct for Maltreatment in Sport
Objective 3.4 Develop Suicide Education Initiatives

PRIORITY 4
Objective 4.1 Provide Sport-Focused Mental Health Care Across the Quadrennium
Objective 4.2 Establish Clear Referral Pathways to Access Mental Health Care
Objective 4.3 Develop Literacy and Screening Programs for Early Detection Of Symptoms
Objective 4.4 Develop Stay-in-Play Protocols
Objective 4.5 Develop Return-to-Play Protocols

PRIORITY 5
Objective 5.1: Support Organizational Capacity to Implement the Strategy
Objective 5.2: Make Educational Programs and Resources Accessible and Inclusive
Objective 5.3: Monitor, Evaluate, and Improve the Strategy

2. RATIONALE AND DEVELOPMENT

The establishment of the Strategy is the culmination of several years of research, consultation, and teamwork performed by many stakeholders across Canada forming 4 different groups (see **TABLE 1**). In July of 2018, a group of Canadian sport leaders (the "Mental Health Partner Group") representing Own the Podium (OTP), the Canadian Centre for Mental Health and Sport (CCMHS), Game Plan, and the Canadian Olympic and Paralympic Sport Institute Network (COPSIN) began to lay the groundwork to develop the Strategy. The Mental Health Partner Group met monthly to establish and follow a rigorous process of data collection and analysis that informed the development and review of the Strategy. Three other groups were created to contribute to the process. The timeline and list of members within each group are included in **Appendix A.** Moreover, data were collected from the Sport Community Focus Group prior to developing the Strategy and findings are summarized in **Appendix B.** Members of the Sport Community also provided feedback on the Strategy after it was developed, and their comments and suggestions were integrated in the document.

TABLE 1. STAKEHOLDERS INVOLVED IN THE DEVELOPMENT OF THE STRATEGY

Group	Role
1. Mental Health Partner Group	Gathered foundational data and provided guidance, direction, and oversight of the Strategy
2. Mental Health Expert Group	Developed the content of the Strategy based on scientific evidence and professional expertise
3. Mental Health Reviewer Group	Reviewed the Strategy and provided input based on scientific evidence and professional expertise
4. Sport Community Focus Group	Provided input on needs and gaps prior to developing the Strategy and provided feedback after the Strategy was developed

This Strategy is released at a time when there is great opportunity to address gaps in awareness, education, and service provision in the area of mental health in HP sport. The sport community is increasingly recognizing the need for mental health knowledge and support, particularly given the prevalence of risk factors such as stress, injuries, and performance failure/setbacks in HP sport. Staggering Canadian mental health statistics outlined in **TABLE 2,** which are also deemed to apply to every sport participant (see estimated number of people that could be affected in a sport team of 20 based on general population statistics), call for effective preventative measures and care initiatives. The Strategy addresses these important elements, targeting topics such as leadership, promotion, prevention, treatment, and monitoring, in light of available world-wide evidence collected from the scientific literature and mental health reports (see **Appendix C** for a list of key consensus statements and systematic reviews).

TABLE 2. MENTAL HEALTH STATISTICS IN CANADA

Fact	% of general Canadian population affected	Estimated number of individuals that could be affected in a sport team of 20 based on general population statistics
Mental illness indirectly affects all Canadians at some time through a family member, friend or colleague.	100	20
In any given year, 1 in 5 individuals in Canada personally experiences a mental health problem or illness.	20	4
Mental illness affects people of all ages, education, income levels, and cultures.	100	20
By age 40, about 50% of the population has had a mental illness.	50	up to 10 depending on the age of athletes, coaches, staff
At least 20% of people with a mental illness have a co-occurring substance use problem.	20	up to 4 depending on the age of athlethes
70% of mental health problems have their onset during childhood or adolescence[1].	70	up to 14 depending on the age of athletes
10-20% of youth[2] are affected by a mental illness.	10-20	up to 4 depending on the age of athletes
Approximately 5% of male youth and 12% of female youth, age 12-19 experience a major depressive episode.	5 males 12 females	up to 1 male and 3 females depending on the age of athletes
Once depression is recognized, help can make a difference for 80% of people who are affected, allowing them to get back to their regular activities.	80	16
Only 1 out of 5 youth who need mental health services actually receives them.	20	up to 4 depending on the age of athlethes

[1]Adolescence is the transitional phase of growth and development between childhood and adulthood. The World Health Organization (WHO) defines an adolescent as any person between the ages 10 and 19.

[2]There are over 7 million youth in Canada; youth are aged from 15 to 29 years.

3. GLOSSARY

The following glossary includes definitions of key terms discussed in the Strategy. It serves to increase stakeholders' understanding of the terminology and acronyms used in this document and facilitate access to information. It also helps to comprehend the different professions and types of practitioners who may be involved in mental health prevention and care in HP sport. Concepts are presented in alphabetical order.

3.1 DEFINITION OF TERMS

Autonomy-Supportive Coaching
A style used by coaches to support their athletes' freedom, encourage their independence, and involve them in decision-making.[3]

Canadian Centre for Mental Health and Sport (CCMHS)
The CCMHS is a registered charity supporting the mental health and performance of competitive and high-performance athletes and coaches. The CCMHS offers collaborative, sport-focused mental health care services designed to help sport participants achieve their performance goals and preserve or restore their mental health. The CCMHS also endeavours to advance research in mental health and sport and provide the sport community with educational programs and resources to improve mental health literacy and mental performance.[4]

Canadian Olympic and Paralympic Sport Institute Network (COPSIN)
Network of individuals providing a world leading multi-sport daily training environment for high performance athletes, coaches, and practitioners through expert leadership, programs, and sport science and sport medicine services. The COPSIN includes 4 Canadian Sport Institutes (CSIs; Pacific, Calgary, Ontario, Québec) and 3 Canadian Sport Centres (CSCs; Saskatchewan, Manitoba, Atlantic).[5]

Canadian Sport Psychology Association (CSPA)
The CSPA is an organization overseeing the practice of mental performance in Canada. One of its mandates is to assess and list Mental Performance Consultants (MPCs) who meet minimum requirements to provide mental performance services in Canada. The CSPA also recognizes MPCs who are dually trained as licensed/registered mental health practitioners (i.e., psychologists, counsellors, psychotherapists, social workers). The CSPA provides professional development opportunities for its members and strives to protect and educate the public to work with qualified practitioners trained to facilitate the development of mental performance competencies to optimize learning, performance, well-being, and growth.[6]

Counsellors
Hold a master's degree in counseling or a related field and are trained to treat, but not diagnose, mental illness or distress. Counsellors also focus on mental health, wellness, relationships, personal growth, and career development through the application of recognized psychotherapies and principles.[7]

High Performance Athlete
Senior or Next Gen athlete on the podium pathway or equivalent as identified by the National Sport Organization and/or receiving AAP (Athlete Assistance Program) funding support.[8]

High Performance Sport
Involves training environments that support athletes identified on the Podium Pathway by their NSO to systematically achieve world class results at the highest level of international competition through fair and ethical means.[9]

Integrated Support Teams
Multidisciplinary teams of sport science, sport medicine, and sport performance professionals supporting coaches and athletes in their goal for international success. They include experts in exercise physiology, mental performance/psychology, biomechanics and performance analysis, sport nutrition, strength and conditioning, sport medicine, and sport administrators.[10]

Maltreatment
Volitional acts that result in harm or the potential for physical or psychological harm. Maltreatment exists within relationships of differential power and can generally be categorized as relational (i.e., physical abuse, sexual abuse, emotional abuse, neglect) and non-relational (e.g., harassment, bullying, corruption/exploitation, sexual exploitation/prostitution, institutional maltreatment, child labour, and abuse/assault by persons not known closely or not within a critical relationship with the individual).[11,12]

Mental Health
A state of psychological, emotional, and social well-being in which individuals are capable to feel, think, and act in ways that allow them to enjoy life, realize their potential, cope with the normal stresses of life, work productively, and contribute to their community.[13]

Mental Health Literacy
The proficiency with which individuals understand how mental health and mental illness can be improved, how stigma can be decreased, and how help-seeking and self-management capabilities can be enhanced.[14]

Mental Illness
A health condition characterized by alterations in individuals' feeling, thinking, and behaving, leading to significant distress and impaired functioning in their personal and professional activities. It pertains to all diagnosable mental health disorders such as depression, anxiety disorders, schizophrenia, eating disorders, and substance use disorders.[15,16]

Mental Performance
The capability with which individuals use cognitive processes (i.e., attention, decision-making, perception, memory, reasoning, coordination) and mental/self-regulation competencies (i.e., knowledge and skills) to perform in their changing environment. Examples of competencies include goal-setting, planning, motivation, self-confidence, arousal/emotional/attentional control, imagery, resilience, self-talk, stress management, communication, leadership, and evaluation.[17]

Mental Performance Consultants (MPCs)
Hold a master's and/or doctoral degree in sport psychology or a related field. With foundational knowledge and skills in sport sciences, psychology, and counseling, MPCs provide individual or group consultations geared toward improving sport performance, team processes, and overall functioning and well-being. MPCs do not diagnose or treat mental health problems, unless they have completed the same training as that of licensed/registered psychologists, counsellors, or psychotherapists.[18,19]

Multisport Service Organizations (MSO)
Lead or coordinate the delivery of specific services to the Canadian sport community.[20]

National Sport Organizations (NSOs)
National governing bodies for their respective sport in Canada (often referred to National Sport Federations (NSF) at the international level).[21]

Psychiatrists
Medical doctors (MDs) who are licensed to practice psychiatry by the Royal College of Physicians and Surgeons of Canada or by a provincial/territorial college, or they hold other specialist qualifications in psychiatry as recognized by the Canadian Psychiatric Association. Psychiatrists are qualified to diagnose mental health disorders and can prescribe and use medication to help manage these disorders. Some psychiatrists also do psychotherapy, similar to psychologists.[22]

Psychologists
Hold a master's and/or doctoral degree in psychology and are certified by the College of Psychology for the province/territory in which they practice. They are trained to use psychological tests to assess and diagnose mental health disorders, as well as problems in thinking, feeling, and behaving. They help people overcome or manage these problems using a variety of treatments or psychotherapies.[23]

Psychotherapists
Hold a master's degree in psychology or counseling and are trained to assess and treat, but not diagnose, cognitive, emotional, or behavioral disturbances by psychotherapeutic means. The work of psychotherapists is similar to that of counsellors, and differences usually relate more to the individual's training (e.g., areas of specialization), interests, and work setting than to intrinsic differences between the two types of therapeutic activities.[24,25]

3.1 DEFINITION OF TERMS

This section presents the different acronyms used in the in the Strategy along with their definitions.

TABLE 3. DEFINITION OF ACRONYMS

Acronym	Definition
AAP	Athlete Assistance Program
CAC	Coaching Association of Canada
CAIP	Canadian Athlete Insurance Plan
CCES	Canadian Centre for Ethics in Sport
CCMHS	Canadian Centre for Mental Health and Sport
CCPA	Canadian Counselling and Psychotherapy Association
CMHA	Canadian Mental Health Association
COPSIN	Canadian Olympic and Paralympic Sport Institute Network
COC	Canadian Olympic Committee
CPC	Canadian Paralympic Committee
CSPA	Canadian Sport Psychology Association
EAP	Employee Assistance Plan
FEPSAC	European Federation of Sport Psychology

TABLE 3. DEFINITION OF ACRONYMS (CONTINUED)

Acronym	Definition
GMP	Gold Medal Profile
HP	High Performance
IOC	International Olympic Committee
ISSP	International Society of Sport Psychology
IST	Integrated Support Team
KPI	Key Performance Indicator
MD	Medical Doctor
MHCA	Mental Health Commission of Canada
MHM	Mental Health Manager
MHN	Mental Health Network
MPC	Mental Performance Consultant
MSO	Multi-Sport Organization
NSO	National Sport Organization
OTP	Own the Podium
P/TSOs	Provincial/Territorial Sport Organizations
UCCMS	Universal Code of Conduct to Prevent and Address Maltreatment in Sport
WADA	World Anti-Doping Agency
WHO	World Health Organization
YTP	Yearly Training Plan

"I thought I could fix myself, and I should fix myself, when I was depressed ... Before that, I didn't even know I was depressed. It wasn't until someone intervened and educated me on the matter."

— Clara Hughes | Four-time Olympian

4. FRAMEWORKS SUPPORTING THE STRATEGY

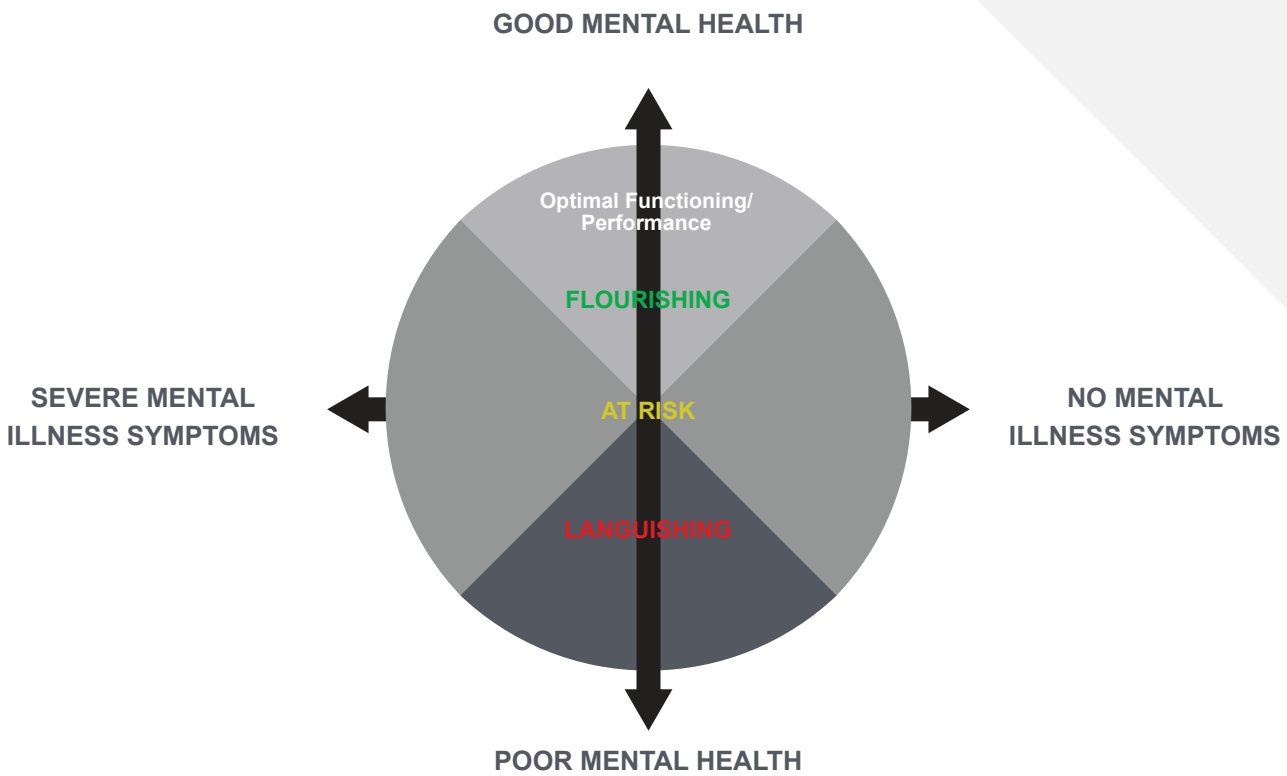
4.1 TWO-DIMENSIONAL MODEL OF MENTAL HEALTH AND MENTAL ILLNESS

The Strategy is built based on a widely empirically supported two-dimensional model of mental health and mental illness (see **FIGURE 2**). In this model, mental health and mental illness operate as separate but inter-related constructs. Both mental health and mental illness must be considered to fully understand individuals' (e.g., athletes, coaches, support staff) functioning across the lifespan. One dimension in the model indicates the presence or absence of mental health, and the other dimension represents the presence or absence of mental illness.[26,27,28,29,30,31]

Mental health and mental illness are dynamic constructs. People's levels of mental health and mental illness can fluctuate at any point in time across the four quadrants depicted in **FIGURE 2.** Individuals can have a mental illness or not, and they can also have languishing (poor), moderate, or flourishing (good) mental health. In the sport context, this means that athletes, coaches, and support staff can have a mental illness and be flourishing (have good mental health), they may not have a mental illness and be languishing (poor mental health), or they can have moderate mental health, with or without a mental illness.

One can argue that **optimal functioning** is characterized by a state of complete mental health whereby individuals are flourishing without a mental illness. However, while this is an ideal state, it does not mean that people with a mental illness cannot reach optimal levels of functioning and the highest levels of performance in sport. As an example, Michael Phelps is the perfect example, as he is the most decorated Olympian of all time and he struggled with depression throughout his career.[32,33] What is most important is that individuals get the right support to achieve their performance and mental health goals.

FIGURE 2. TWO-CONTINUA MODEL OF MENTAL HEALTH AND MENTAL ILLNESS



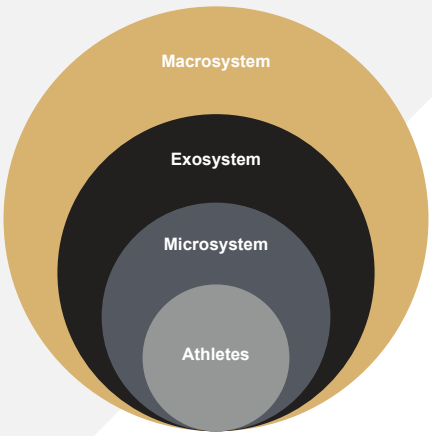
It is interesting to note that levels of mental health can actually distinguish levels of functioning in individuals with and without a mental illness. This highlights the importance of investing time and resources in optimizing mental health. Individuals who are flourishing but have an episode of mental illness actually function better (e.g., fewer missed days of work) than those who have moderate mental health, who in turn, function better than individuals who are languishing and have an episode of mental illness. In the sport context, the aim is therefore to help athletes, coaches, and staff achieve and maintain complete mental health so they can flourish/thrive, regardless of whether or not they experience a mental illness.

4.2 ECOLOGICAL FRAMEWORK TO SUPPORT MENTAL HEALTH

The Strategy also rests upon the principles of a comprehensive ecological framework showing the complex layered relationships between athletes, their support network, the sociocultural aspects of sport, and broader society (i.e., microsystem, exosystem, and macrosystem; see **FIGURE 3**). The framework emphasizes that both individual and environmental factors can increase athletes' risk of experiencing mental health challenges and must be considered in prevention and intervention initiatives.[34]

Of importance, many risk factors are modifiable by stakeholders who either serve as facilitators or barriers to athlete mental health. From an individual standpoint, athletes can increase their mental health literacy to recognize and seek help when they observe signs of mental health struggles. However, this is insufficient to address their needs. Stakeholders in the HP sport environment also play a role and have an opportunity to be difference makers and world leaders by promoting mental health as well as preventing and effectively responding to mental health concerns.

FIGURE 3. ECOLOGICAL FRAMEWORK TO SUPPORT ATHLETE MENTAL HEALTH



Macrosystem
National/international sporting bodies (e.g., IOC, Sport Canada, OTP, COC, CPC, Game Plan, CCMHS, COPSIN, CAC, AthletesCAN), media, society

Exosystem
Athletes' sport, rules, governing body (e.g., NSO, P/TSO)

Microsystem
Coaches, teammates, MPC/IST, family/loved ones

Athletes
Mental health and mental performance knowledge and attitudes, self-regulation/self-care/coping skills

4.2.1 GENERAL AND SPORT-SPECIFIC RISK FACTORS

There are several general and sport-specific risk factors that can affect mental health in HP sport (see **TABLE 4**; factors are not presented in any particular order from top to bottom or left to right). An important aspect of mental health literacy at all levels of the ecological framework is awareness of the different risk factors that can lead to mental health challenges and more serious disorders if no efforts are made to minimize or adequately manage these factors. Individuals in HP sport are not immune to mental illness and face the same general risk factors as the general population. They also encounter sport-specific risk factors, which combined with general factors, can impact the severity and onset of particular mental health symptoms.[35,36] The occurrence of mental health challenges should therefore be anticipated by all stakeholders in the HP sport environment, particularly since the period through which HP athletes train and compete overlaps with the primary ages of onset for most mental health disorders.[37,38] Aside from genetic factors, many general and sport-specific risk factors can be changed and improved (e.g. coach-athlete relationships, training demands, acceptance of mental illness, availability of support), which is promising for leaders and policy makers.

TABLE 4. GENERAL AND SPORT-SPECIFIC MENTAL HEALTH RISK FACTORS

General Risk Factors[39,40,41]	Sport-specific risk factors[42]
Major stressful life events (e.g., financial and legal problems, death of a loved one, marriage, separation/divorce, illness/injury, moving, childbirth, new job, job loss, retirement, workplace stress, transition to adulthood)	Sport-related stress (e.g., overtraining, under-recovery)[43,44,45] and performance culture (e.g., ethical norms)[46]
Low social support	Lack of healthy/supportive relationships with others (e.g., parents, coaches, teammates)[47]
Use of alcohol or recreational drugs	Substance abuse (e.g., anabolic-androgenic steroid, stimulants)[48,49]
History of mental illness in a blood relative	Sport type (e.g., individual vs. team sport)[50]
Poverty / financial strain	Performance failure[51,52]
Family conflict or violence	Maltreatment in sport (e.g., harassment, discrimination, abuse, neglect)[53]
History of abuse or neglect in early childhood	Extended travel away from home and exposure to unfamiliar (training) environments[54]
Parent with a substance abuse problem	Disruptive logistical issues associated with travel (e.g., lack of adaptive sport facilities and sleeping conditions for para-athletes)[55]
Inadequate or unsafe housing	Involuntary or unplanned retirement/transition out of sport, including loss of identity[56,57]
Ongoing (chronic) medical condition	Stigma, negative attitudes toward help-seeking, toughness ideation in sport[58]
Brain damage as a result of a serious injury (e.g., traumatic brain injury)	Sport-related injuries (e.g., concussion) [63,64,65]
Traumatic experience (e.g., assault)	Lack of mental health literacy[66,67]
Previous mental illness	Imapired sleep[68,69] Fear of negative consequences of help-seeking (e.g. deselection)[70,71,72]

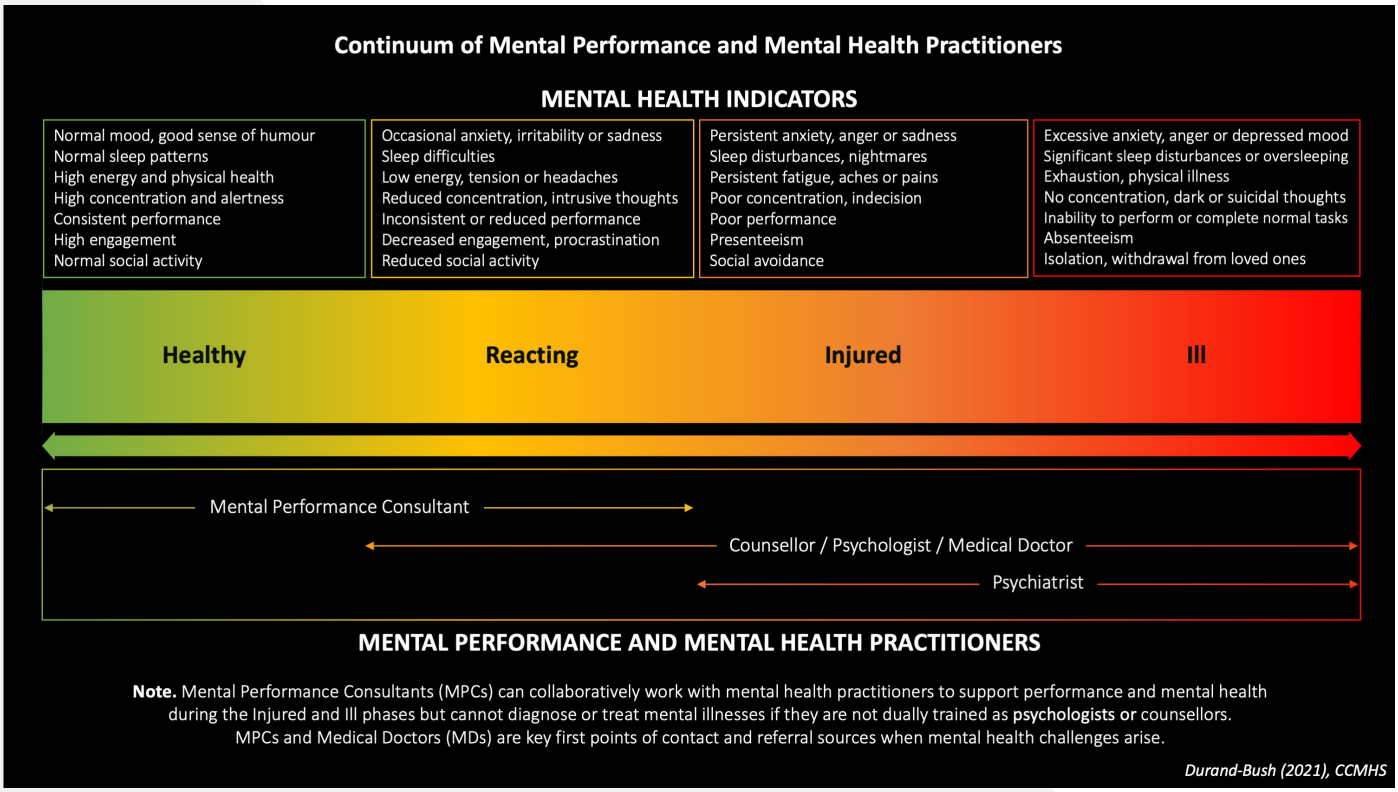
4.3 CONTINUUM OF MENTAL PERFORMANCE AND MENTAL HEALTH PRACTITIONERS

There are different types of practitioners involved in promoting and improving mental health and preventing and treating mental illness symptoms in HP sport. Each type of practitioner has different characteristics (i.e., education and training background, scope of practice). The Continuum of Mental Performance and Mental Health Practitioners (see **FIGURE 4**) illustrates the scope of practice of MPCs, Counsellors, Psychologists, MDs, and Psychiatrists.[73] **TABLE 5** provides more specific characteristics to help guide the types of practitioners to seek when requiring mental performance and mental health support in HP sport.

"The resources need to be more readily available and clearly laid out as to what they are, where they are and how to access them. This isn't just about stigma, it's on many different levels. It's a major issue in Canada … I want the help I had available to me — the support that allowed me to get through that and go on to do some really, pretty incredible things in my life that I continue to pursue — to be there for everyone."

— Clara Hughes | Four-time Olympian
As quoted by CBC

FIGURE 4. CONTINUUM OF MENTAL PERFORMANCE AND MENTAL HEALTH PRACTITIONERS



Generally, MPCs help with the enhancement and maintenance of sport performance and mental health (Healthy to Reacting Phases). Counsellors and psychologists help when either occasional (Reacting Phase), persistent (Injured Phase), or excessive changes (Ill Phase) in thoughts, feelings, or behaviors occur, which lead to reduced mental health and/or increased symptoms of mental illness (distress, impaired functioning). Psychologists, MDs, or psychiatrists must be sought if a mental illness diagnosis is required (Injured to Ill Phases). Finally, MDs or psychiatrists are required for any pharmacological treatment (prescription and management of medication). Depending on the level of mental health and severity or complexity of symptoms of mental illness (Injured to Ill Phases), MPCs may collaborate with Counsellors, Psychologists, MDs, and Psychiatrists to help maintain sport performance and support mental health.

TABLE 5. CHARACTERISTICS OF MENTAL PERFORMANCE AND MENTAL HEALTH PRACTITIONERS

Mental Performance Consultant (MPC)	Counsellor (C)	Psychologist (Psy)	Medical Doctor (MD)	Psychiatrist (MD/P)
EDUCATION				
Master's or doctoral degree in Human Kinetics, Kinesiology or a related field, with specialization	Master's degree in counselling or a related field	Master's or doctoral degree in psychology	Doctor of Medicine degree	Doctor of Medicine degree, with specialization
MAJOR REGISTERING BODY				
Canadian Sport Psychology Association (CSPA)	Canadian Counselling and Psychotherapy Association (CCPA) or Provincial / Territorial College	Provincial or Territorial Licensing College	Medical	Medical College
SCOPE OF PRACTICE				
Improve/maintain sport performance through mental skills training				
Yes	No yes, if dually trained as MPC	No yes, if dually trained as MPC	No	No
Improve/maintain mental health[3] through consulting or psychotherapy[4]				
Yes can do psychotherapy if dually trained as Psy or C	Yes	Yes	Yes	Yes
Diagnose mental illness through clinical assessment/testing				
No yes, if dually trained as Psy	No	Yes	Yes	Yes
Treat mental illness through psychotherapy				
No yes, if dually trained as Psy or C	Yes	Yes	No yes, if have training	Yes
Refer to other mental health practitioners and MPC based on needs and scope of practice				
Yes	Yes	Yes	Yes	Yes
Prescribe and manage medication				
No	No	No	Yes	Yes

[3]State of psychological, emotional, and social well-being in which individuals are capable to feel, think, and act in ways that allow them to enjoy life, realize their potential, cope with the normal stresses of life, work productively, and contribute to their community.
[4]Use of psychological methods to help change behavior, eliminate troubling symptoms, and/or overcome problems so a person can function better and increase well-being and healing (syn. talk therapy).

5. THE STRATEGY

A comprehensive process of data collection and analysis of the scientific literature and national and international mental health reports informed the development of the Strategy (e.g., see list of consensus statements and systematic reviews in **Appendix C**). Following is a description of the 5 priorities identified to achieve and preserve mental health as well as prevent and treat mental illness in HP sport. Each priority is described with background information and recommended actions for stakeholders The 5 priorities are not presented in order of importance and may be prioritized differently based on needs and gaps identified within an organization (see **Objective 5.1**).

PRIORITY 1: LEADERSHIP, STAKEHOLDER ENGAGEMENT, AND COMMUNICATION

TO BUILD COLLECTIVE LEADERSHIP TO ADDRESS MENTAL HEALTH IN HP SPORT.

OBJECTIVE 1.1 IDENTIFY STAKEHOLDERS

Background: The mental health of HP athletes is a shared responsibility and requires the engagement of stakeholders at multiple levels. Stakeholders play an important role in shaping sport environments and cultures, breaking down the stigma surrounding mental health and mental illness, and providing access to adequate mental health support.[67] To engage in world leading practices, every major stakeholder must be part of the solution and strive toward the common goal of protecting mental health within the HP sport environment through a clear and relevant Strategy (see different levels of stakeholders in **FIGURE 3**). At the macrosystem and exosystem levels, key organizations within the HP sport system (e.g., Sport Canada, OTP, COC, CPC, Game Plan, CCMHS, COPSIN, CAC, AthletesCAN, NSOs, P/TSOs) should commit to implementing the Strategy. Decision-makers should drive the implementation of the Strategy through actions related to policy, procedure, and resource allocation. Administrators and staff can be tasked with enacting policies and procedures at the ground level (e.g., developing infrastructure) and ensure a coordinated implementation effort. At the microsystem and athlete levels, coaches, teammates, IST staff, family/loved ones, and athletes themselves should also uphold policy and procedures set out by sport governing organizations. They can take action to improve system culture, understand how to recognize and refer distressed individuals to appropriate resources, and safeguard their own mental health through intentional self-care.

Recommended Actions
Identify key stakeholders within all major organizations contributing to HP sport to facilitate the implementation of the Strategy.

- Identify a stakeholder representative for each MSO, NSO, and CSI/C within COPSIN as well as AthletesCAN to ensure athlete representation.
- Engage stakeholders in decision-making processes related to the Strategy to optimize buy-in and adherence.
- Establish a sound communication plan with stakeholders to facilitate the dissemination of information pertaining to the Strategy.
- Establish a clear timeline for regular check-ins with stakeholders to monitor the implementation of the Strategy and the fulfillment of objectives based on elements prioritized within the Strategy.
- Use a collaborative approach to formally evaluate the Strategy with stakeholders on a yearly basis (see Priority 5).

OBJECTIVE 1.2 IDENTIFY A NATIONAL MENTAL HEALTH MANAGER AND MENTAL HEALTH STEERING GROUP

Background: Mental health and sport environments can be optimized through effective and efficient coordination and communication of mental health services and resources, in line with a broader system Strategy. A national Mental Health Manager (MHM) is vital to help oversee the Strategy and lead the establishment, coordination, and communication of system-wide mental health initiatives with all parties (e.g., stakeholders, mental health care providers) involved in the HP sport system to ensure clear and effective service-provision pathways and prevent the duplication of roles and resources.[76,77] The MHD is in an ideal position to help manage the Strategy along with a national Mental Health Steering Group, ensuring alignment and coherence across organizations, all the while considering context-specific needs and preferences.

1.2.1 Identify a MHM

Background: In line with world leading practices and recommendations, the MHM should have knowledge and experience working in HP sport and have education and training in both sport sciences and counselling/psychology.[78] This will ensure the provision of sport-focused mental health support and lead to increased effectiveness and credibility of the MHM within the HP sport system. Given the stark reality that athletes fear negative consequences of seeking help for mental health challenges[79] (e.g., deselection, loss of playing time; see sport community input in **Appendix B**), the MHM should be viewed as operating with autonomy to maintain the confidentiality and anonymity of service-users.[80] To this end, it is recommended that the MHM position be linked to an independent entity or organization (e.g., Game Plan, CCMHS) who works closely with members of the sport system (e.g., Mental Health Steering Group, COPSIN Mental Health Representatives), but can maintain the privacy of athletes, coaches, and staff seeking mental health support.

Recommended Actions

Hire a MHM to manage the Strategy and coordinate nationwide mental health services and resources in HP sport.

- Establish clear responsibilities and credentials required for the MHM to effectively perform mental health-related tasks in HP sport (see example of scope of work in **Appendix D**).
- Ensure the MHM works autonomously to gain the sport community's trust and maintain the confidentiality and anonymity of service-users.
- Link the MHM to a Mental Health Steering Group to ensure alignment and coherence in the coordination and communication of mental health initiatives.
- Build a team of COPSIN Mental Health Representatives (e.g., Game Plan Advisors, MPC Leads) to support the MHM and address needs and initiatives in local areas (see example of scope of work in Appendix E).

1.2.2 Identify a Mental Health Steering Group

Background: A Mental Health Steering Group (e.g., stakeholder representatives from key organizations at different levels of the sport ecosystem - see **Objective 1.1**) should be created to help manage the Strategy over time and support the work of the MHM. Together, they can prioritize the objectives within the Strategy based on available funding as well as both system and sport-specific needs. The aim should be to optimize processes across the HP sport system for effective and efficient resource allocation/uptake, communication, and adaptation of the Strategy based on gap analyses and needs.

Recommended Actions
Create a national Mental Health Steering Group to oversee the Strategy.

- Include stakeholder representatives from key organizations at different levels of the sport ecosystem to work in partnership with the MHM to ensure the success of the Strategy. Ensure there is athlete representation.
- Hold monthly meetings to ensure ongoing and consistent communication and alignment.

OBJECTIVE 1.3 ESTABLISH A NETWORK OF MENTAL HEALTH CHAMPIONS

Background: Mental health champions often have lived experience with mental health challenges. In the sport community, champions are 'on the ground' mental health supporters and promoters who are familiar with and can help support the implementation of mental health initiatives on a day-to-day basis. Champions may be respected coaches, athletes, and support staff (e.g., MPCs, team managers) striving to reduce stigma and create psychologically healthy and safe sport environments. With a foundational level of mental health literacy to refer distressed individuals to appropriate mental health resources, , champions can increase the likelihood that sport participants facing mental health challenges will seek and receive support. Furthermore, champions may support the MHM and COPSIN Mental Health Representatives in identifying the particular needs of their organization/team (e.g., gaps in policy, programming, services). They may help uncover effective knowledge pathways and communicate important information to targeted members of their organization/team.

Recommended Actions
Identify mental health champions within each NSO and CSI/C to help promote and implement the Strategy.

- Educate champions so they have adequate mental health literacy to promote the Strategy, direct sport participants to appropriate services and resources, and be valuable touchpoints for their organization/team.
- Hold quarterly update meetings to ensure ongoing and consistent communication and alignment.

OBJECTIVE 1.4 PROCURE AND ALLOCATE FUNDING

Background: Adequate funding is necessary to successfully implement, monitor, and evaluate the Strategy. Major funding organizations (e.g., Sport Canada, OTP, Game Plan) currently allocate necessary funds to support athletes, coaches, and staff on a yearly basis. By targeting monies specifically for mental health, these organizations can send a clear message that mental health is a priority and a crucial performance indicator in HP sport. It is important that sport system leaders (e.g., from NSOs, PSOs) equally make mental health a priority by including mental health support in their budgets and securing funding from major organizations subsidizing Canada's HP athletes (e.g., Sport Canada, OTP).

1.4.1 Fund the MHM Position

Background: The MHM position (see **Appendix D**) will require funding and monies may also be required to hire COPSIN Mental Health Representatives (see **Appendix E**) as gaps and needs are identified. Securing funding should be led by the Mental Health Steering Group who can build and present the business case for expanding access to mental health resources within the HP sport system.

Recommended Actions

Determine and secure funding to hire a MHM to manage the Strategy and coordinate mental health services and resources across the HP sport system.

- Build a business case in support of the Strategy, integrating the subsidization of a MHMposition as well as COPSIN Mental Health Representatives to help support the MHM; consider engaging a business strategy firm to assist with this.
- Perform a gap analysis to understand whether there is a discrepancy between current spending for the mental health of Canadian athletes, coaches, and support staff and anticipated spending based on population mental health statistics/data.[5]
- Leverage workplace mental health data to demonstrate the economic value of investing in the mental health of HP sport system employees such as coaches and administrators (see Deloitte, 2019)[6].
- Solicit insights from British and Australian counterparts, who are further along in formalizing structures to support the mental health of their HP athletes. Their input can further solidify the case for investing in Canadian sport participants' mental health.

1.4.2 Subsidize Mental Health Services and Resources

Background: Funding is also essential for the subsidization of mental health services and resources for athletes, coaches, and support staff. According to Sport Canada's **2019-2020 Status of the High Performance Athlete final report**[83], HP athletes are on a limited budget, typically through AAP support. Their average income earned per year[7] is below the 2020 Canadian Low Income Cut-Off for a one-person family unit,[8] which may preclude them from being able to afford mental health care. Also, many athletes do not have access to additional funds through employment or sponsorships and do not have additional health benefits through private insurance plans. Sport Canada's 2019-2020 report also shows that the majority of HP coaches are not employed full-time by their NSO, likely leading them to juggle multiple roles to make ends meet and putting them at risk of mental health challenges (e.g., burnout). Of importance, when leaders are mentally healthy, they tend to create safer and more positive environments for their athletes.[84,85] This is an incentive to invest in the mental health of sport leaders. In allocating funding, it is important to remember that athletes, coaches, and support staff have a right to pursue mental health care without their family/IST/NSO knowing this. Third-party mechanisms should be instituted for them to anonymously access funds for mental health support.

"I finally decided to accept the fact that I had a mental illness ... I found the right medicines to eliminate the extreme episodes of my depression and anxiety ... I learned coping tools to help curb anxiety, including deep-breathing techniques and meditation."

— Kendra Fisher | Goalie, Canada Women's National Hockey Team
As quoted by the Players' Tribune

[5]Athletes experience mental illness at a similar rate as that of the general population (Reardon et al., 2019).
[6]As an example, an analysis completed by Deloitte concluded a return on investment of $1.62 for every dollar allocated to initiatives to promote and improve employees' mental health and prevent distress.
[7]Carded athletes reported an average annual income of $28,858 for 2018.
[8]The low-income cut-off (LICO) represents the poverty line in urban areas of Canada, with a population of 500,000 or more. Individuals with income below LICO are considered poor. https://www.settler.ca/english/lico-2020-canada/

Recommended Actions

Establish a clear rationale and lobby major funding organizations to commit increased funding to subsidize mental health services and resources for athletes, coaches, and support staff.

- Advocate for the extension of the Canadian Athlete Insurance Plan (CAIP) to include psychological and pharmacological support (e.g., mental health injury card) unrelated to a physical injury sustained during training or competition, as well as support for women during and post-pregnancy. Identify and engage an insurance partner to reduce costs to the HP sport system.
- Work with Sport Canada to expand AAP funding available for athletes on an interruption of training due to injury to include interruption of training due to mental illness.
- Advocate for a robust Employee Assistance Plan (EAP) that includes coverage for psychological care for all NSO-employed coaches and staff.
- Develop and clearly communicate financial need standards allowing qualifying athletes, coaches, and support staff to receive financial support for mental health care services.
- Align protocols for subsidization of mental health care with clinically indicated guidelines.

PRIORITY 2: PROMOTION OF MENTAL HEALTH

TO IMPROVE AND SUSTAIN MENTAL HEALTH ACROSS THE HP SPORT SYSTEM.

OBJECTIVE 2.1 BUILD MENTAL HEALTH LITERACY AND MENTAL PERFORMANCE

Background: Mental health promotion is an effective positive approach involving policies and practices that enhance the capacity of individuals and systems to develop and sustain positive mental health. In the same way that physical health can be promoted through exercise, nutrition, and sleep, several actions (e.g., self-care; training) can be taken to boost mental health. Mental health literacy includes equipping individuals with mental health competencies and personal resources to help them be well along their sport journey. Athletes, coaches, and support staff must manage a myriad of stressors inherent and unique to sport, in addition to the pressures and stressors of everyday life. When high demands are not met with an equally fulsome capacity to cope, mental health issues can arise. Building mental performance and coping capacity through mental skills training (e.g., resilience) is another effective way to foster mental health. These skills can act as a buffer to stress, improving individuals' ability to self-regulate and respond to the many demands that originate both within and outside of sport. Mental Performance Consultants (MPCs) are trained to provide general and individualized mental skills training programs across the HP sport system.

"One of the best ways I can find freedom from some of my mental health challenges, anxiety, and depression that already play a factor in my life but are compounded by the pandemic, is discipline through routine."

— Josh Dueck | 3-time Paralympic medallist, Para Alpine
As quoted by the Canadian Olympic Committee

Recommended Actions
Develop and deliver standard training across the HP sport system to improve mental health literacy and mental performance.

- Provide sport participants with a basic level of understanding of mental health and mental performance; demonstrate how mental health and mental performance can impact athletic performance and vice versa, and how they can be promoted and improved across the HP sport system.
- Enlist the help of MPCs to build the mental skills and coping capacity of sport participants. Consider recommendations put forth in the Gold Medal Profile (GMP) for Psychology in Sport resource document, which targets several mental performance competencies, including resilience and stress management[78,9]
- Assist coaches, support staff, and athletes in integrating mental health action planning into their Yearly Training Plans (YTP); mental health action plans outline concrete steps and strategies to engage in regular self-care/self-monitoring, provide support when mental health is compromised, and respond to mental health crises.
- Use digital or web applications to deliver training in order to meet time, budgetary, and travel restraints and ensure training is accessible, sustainable, and inclusive (e.g., adapted for athletes with visual or hearing impairment).

OBJECTIVE 2.2 ELIMINATE STIGMA AND PROMOTE HELP-SEEKING

Background: More than two thirds of people living with a mental health problem or a mental illness do not seek help.[87] Stigma is one of the major barriers preventing individuals from getting the care they need even though it may be readily available. Many individuals report that the stigma they experience is often worse than the illness itself. Anti-stigma interventions aiming to increase knowledge and acceptance of mental health challenges and symptoms can improve help-seeking intentions in elite athletes.[88] This is important since some athletes remain in denial and refuse help even when it is available to them. The integration of testimonials and recovery stories from those who have experienced mental illness has been shown to be highly effective in reducing stigma and increasing help-seeking.[89]

Recommended Actions
Develop and deliver a mental health anti-stigma program across the HP sport system.

- Develop and implement policies and practices based on inclusive language to create HP sport environments in which individuals feel safe to talk about their mental health and ask for help, like they typically do for physical injuries.
- Engage athletes, coaches, and leaders in sharing successful recovery stories to help eliminate negative attitudes, stereotypes, and discrimination against those experiencing mental illness.
- Collaborate with organizations (e.g., CAC, CCES) to promote initiatives (e.g., Responsible Coaching Movement) ensuring the health, safety and well-being of all sport participants.

[9]The Gold Medal Profile (GMP) for Psychology in Sport resource document was written under the banner of Sport Scientist Canada. It outlines evidence-informed mental performance competencies underpinning podium performances in HP sport and aims to guide the work of MPCs.

PRIORITY 3: PREVENTION OF MENTAL HEALTH CHALLENGES AND MENTAL ILLNESS

TO MINIMIZE FACTORS THAT CONTRIBUTE TO POOR MENTAL HEALTH AND MENTAL ILLNESS.

OBJECTIVE 3.1 MINIMIZE SPORT-SPECIFIC RISK FACTORS

Background: Sport includes many unique factors and stressors that can trigger mental health challenges (see **TABLE 4**). Some of these factors may be unavoidable, such as predispositions to injury/illness and competing under public scrutiny. However, there are many factors that can be modified such as the training environment (e.g., training load), coaching style (e.g., communication), and sport culture (e.g., ethical norms).[90] Mental health challenges and illness may be prevented by developing high quality relationships characterized by trust and respect, adopting autonomy-supportive and inclusive coaching practices that satisfy basic needs (i.e., autonomy, competence, and relatedness), preventing overtraining through adequate monitoring and recovery, and eliminating detrimental cultural stereotypes and norms (e.g., 'win at all costs' philosophies, homophobia, dieting culture).

Recommended Actions
Develop and deliver training across the HP sport system to reduce sport-specific risk factors and create psychologically healthy training and competition environments.

- Assist coaches, support staff, and administrators in recognizing and curtailing sport-specific risk factors that can trigger or exacerbate mental health challenges and illness.
- Provide anti-bullying and anti-hazing strategies and resources to create safe, welcoming, and accepting environments for all HP sport participants.
- Collaborate with specialized organizations to ensure training is appropriate for diverse members of the sport community (e.g., BIPOC, LGBQT2S+, parasport).
- Align practices and messaging with UCCMS / Safe Sport Training.

OBJECTIVE 3.2 PROVIDE ADDITIONAL SUPPORT DURING KNOWN PERIODS OF VULNERABILITY

Background: There are periods and situations during which athletes, coaches, and support staff may be more vulnerable to mental health challenges in both their daily life and in certain competitive situations and periods during their career (see **TABLE 4**).[91] The development of proactive initiatives to support individuals during these time periods and situations can help prevent or decrease the severity of mental health challenges and illnesses, as well as the burden and costs associated with treatment, absenteeism, and lost productivity.[92]

Recommended Actions
DIdentify potential vulnerable periods in YTPs and be equipped to provide additional mental health support during these periods.

- Perform standard mental health screening during normal and vulnerable periods for early detection of symptoms based on norms and individuals' baseline measures, and provide timely interventions (see **Objective 4.3**).
- Increase mental performance support (see **Objective 2.1**), peer support opportunities/forums, and use of self-care practices during times of high stress and be ready to respond to mental health crises.
- Monitor athletes who sustain physical injuries (e.g., concussions) and ensure they can access resources to support their psychological health throughout recovery.
- Assist athletes as they transition out of sport (e.g., due to retirement, injury, deselection, or classification changes specific to Paralympic sport).

OBJECTIVE 3.3 SUPPORT THE UNIVERSAL CODE OF CONDUCT FOR MALTREATMENT IN SPORT

Background: According to an AthletesCAN report on the prevalence of maltreatment among current and former national team athletes, 20% of the 1001 athletes who were surveyed reported experiencing maltreatment, including emotional, physical, and sexual abuse, as well as harassment and neglect.[93] Links were found between all forms of maltreatment and negative health outcomes such as self-harm, disordered eating behaviours/eating disorders, and suicidal thoughts. In order to prevent mental health issues and illnesses related to maltreatment, all stakeholders in the HP sport system should uphold the values and guidelines laid out in the **Universal Code of Conduct to Prevent and Address Maltreatment in Sport (UCCMS).**

Recommended Actions
Implement mandatory education for all sport stakeholders to prevent and eliminate maltreatment in HP sport.

- Educate stakeholders across the HP sport system on their duty to report maltreatment and the process by which to do so.
- Include references to the UCCMS in all materials discussing safe and psychologically healthy training and competition environments.
- Empower coaches and practitioners to advocate on behalf of athletes when they suspect or witness maltreatment and protect them from developing mental illness.
- Ensure confidential mental health support and resources are available for victims of maltreatment.

OBJECTIVE 3.4 DEVELOP SUICIDE EDUCATION INITIATIVES

Background: About 4,000 Canadians per year die by suicide—an average of almost 11 suicides per day. After personal accidents, it is the second leading cause of death for people aged 15-24.[94] Suicide affects people of all ages and backgrounds and can have a devastating impact on individuals and families. Mental illness and suicide are linked and share many common risk and protective factors. In order to prevent suicide, stakeholders in HP sport should strive to minimize risk factors (see **TABLE 4**) and increase protective factors (e.g., mental health literacy, mental performance, psychologically safe environments).

Recommended Actions
Develop and deliver a suicide education plan across the HP sport system.

- Integrate suicide education in mental health literacy training (e.g., resilience, coping, stress management; see **Objective 2.1**).
- Collaborate with sport and community mental health organizations to provide mental health first aid[87] and suicide first aid88 training to all stakeholders in HP sport.
- Develop and communicate mental health emergency action plans to help guide individuals in the event that an athlete, coach, or support staff is in need of immediate and critical care (i.e., suicidal ideation or suicide attempt).
- Establish and provide crisis support (e.g., grief/trauma response) if someone dies by suicide.

PRIORITY 4: ASSESSMENT, DIAGNOSIS, TREATMENT, AND RECOVERY

TO MANAGE AND TREAT MENTAL ILLNESS WITHIN THE HP SPORT CONTEXT.

OBJECTIVE 4.1 PROVIDE SPORT-FOCUSED MENTAL HEALTH CARE ACROSS THE QUADRENNIUM

Background: Calls have been made for the development of comprehensive, sport-specific mental health care models for the effective treatment of mental illness, improvement of mental health, and gains in athletic performance in HP sport.[97,98] This may be done through multidisciplinary and collaborative mental health care teams comprised of registered or licensed practitioners with knowledge and experience in sport, counselling, psychology, and psychiatry.[99] Mental illness diagnoses can be complicated by the very nature of sport. For instance, food monitoring, overtraining, athletic identity, competitive pressure, narcissism, aggression, and obsessive passion can pose unique threats to practitioners attempting to make accurate diagnoses. While pharmacological therapy may be effectively used in combination with psychotherapy for the treatment of mental health symptoms and disorders, medication and potential side effects should be discussed in relation to athletic performance and World Anti-Doping Agency (WADA) regulations. Furthermore, while in-person and on-site treatment may be ideal, virtual care is essential due to the busy schedules and extensive travelling of HP sport participants. Finally, there are varying needs and stressors across phases of the quadrennium (e.g., pre-Games, during-Games, and post-Games phase) and age groups,[100] thus mental health care should be tailored for different developmental and time periods and be accessible at all times.[101]

Recommended Actions

Create a formal mental health network (MHN) of practitioners across Canada with knowledge of or experience in HP sport who are qualified to provide mental health care and support.

- Establish and communicate minimum qualifications required to be a member of the formalized MHN.
- Recruit and onboard psychologists, counsellors, psychotherapists, MPCs, psychiatrists, and physicians meeting qualifications for the MHN.
- Create policies and procedures necessary for the operation of the MHN, including but not limited to billing, invoicing, information sharing and inter-provincial case management, data tracking, communication with clients, care provision (e.g., consents/assents), and virtual care delivery; ensure applicable provincial/territorial privacy, security, and confidentiality regulations are respected.[10]
- Work to train and retain more mental health professionals in the Canadian sport system and provide professional development opportunities to ensure that practitioners can provide sport-focused mental health care that is based on the most up-to-date evidence.

"Let's not underestimate how important our mental health is … It's invisible so it's not as obvious to us as a cold or a physical symptom. But it is just as important and if we ignore our mental health, it actually can come out in physical symptoms … Mental health contributes to performance, but performance without mental health isn't worth it."

— Stephanie Dixon | 19-time Paralympic medallist, Para Swimming
As quoted by the Canadian Olympic Committee

[10]see Personal Information Protection and Electronic Documents Act; Personal Health Information Protection Act; Mental Health Act; Child, Youth and Family Services Act.

Recommended Actions
Create a framework allowing mental health practitioners to individually and collaboratively provide sport-focused mental health care to athletes, coaches, and support staff throughout the quadrennium.

- Ensure practitioners are available to offer diverse and inclusive care (e.g., using intersectional approach) across CSI/Cs and NSOs for common mental health conditions related to anxiety, depression, sleep, grief, trauma, eating disorders/RED-S, crisis, relationships, family, and adolescence.[11]
- Facilitate procedures for conducting assessments, initiating referrals, making diagnoses, prescribing medication, treating mental illness symptoms, and improving functioning and performance.
- Provide clear mechanisms of communication and collaboration between practitioners (see **FIGURE 4**), service-users, and supports (e.g., athlete, psychologist, MPC, team physician, parent).
- Enumerate the roles and goals of individuals involved in the management of mental health care plans (e.g., coaches, athletes, MPCs, other IST members).
- Track high-level statistics to understand trends in service delivery/usage and challenges that practitioners and service-users are facing.
- Lobby/advocate for national licensing of psychologists, psychiatrists, and sport medicine physicians to facilitate provision of care across provincial/territorial borders due to the unique expertise and limited number of practitioners trained in HP sport.

Objective 4.1.1 Provide Mental Health Support At Major Games

Background: Mental health support at Major Games is integral to the success and health of athletes, coaches, and support staff. Individuals who have a previously identified mental health condition may require ongoing support at the Games. Other individuals may encounter new or unexpected mental health challenges (e.g., as a result of failure, injury, harassment). The MHM should, in collaboration with MSOs (e.g., COC/CPC) and NSOs, work to ensure that mental health services are available on site and remotely throughout the Games. This is important as some individuals may have a pre-established mental health care team in place and may wish to continue to work with these individuals during Games or provide consent to have these individuals communicate with the practitioner(s) charged with care provision at the Games.[102]

Recommended Actions
Identify a team of practitioners within the MHN who can provide mental health care to athletes, coaches, and support staff attending Major Games.

Establish policies and procedures to facilitate communication and coordination of mental health care during the Games.

Ensure care can be provided in a timely and confidential manner in person as well as virtually if practitioners do not have direct access to athletes.

Collaborate with MPCs, team physicians, Chef de mission, and other IST staff who are accompanying athletes at the Games, as they are often the ones noticing distress and can be important referral sources.

Establish a process for those having accessed care during the Games to have appropriate referrals for continuity of care and support from an MPC following the Games.

[11]Adolescence includes individuals aged 10 to 19 years. Half of all mental health conditions start by 14 years of age but most cases are undetected and untreated.

OBJECTIVE 4.2 ESTABLISH CLEAR REFERRAL PATHWAYS TO ACCESS MENTAL HEALTH CARE

Background: The Canadian sport system currently lacks clear referral pathways for athletes, coaches, and support staff to access mental health services and resources in an effective and timely manner. Clear pathways (including types and costs of services and subsidization opportunities) facilitate help-seeking and foster efficient use of resources. According to ethical and professional guidelines, individuals should have choices when seeking care and decide the best course of action according to their needs and preferences (e.g., work with practitioners within or outside the HP system). They should be able to provide free and informed consent to care at all times, which means they should agree of their own free will without pressure or threats and without altered faculties, and they should receive all the information required to make a decision with full knowledge of the facts. Sport stakeholders and practitioners have an important role to play in this process to ensure that athletes, coaches, and support staff can make safe and informed decisions with regards to their own mental health care.[95]

Recommended Actions

Establish and communicate across the HP sport system clear pathways for athletes, coaches, and support staff to access mental health services and resources.

- Use a centralized e-platform to clearly denote access and referral pathways, including a description of each type of service (i.e., in/outside of HP sport system, sport-focused/traditional care), eligibility criteria and procedures to access each service, and available funding (if any) to subsidize the cost of care and how to access these funds.
- Define a clear triage process with multiple points of access/entry across the quadrennium (e.g., potentially more services right before and after major Games).
- Ensure every CSI/C and NSO knows how to access practitioners in the MHN for conditions related to anxiety, depression, sleep, grief, trauma, eating disorders/RED-S, crisis, relationships, family, adolescence; anyone seeking care should have a frictionless experience whether they access it through their personal or team physician, MPC, Game Plan, CCMHS, COPSIN Mental Health Representative or directly from a practitioner in the MHN.
- Ensure access to practitioners for those with additional barriers to care (e.g., disability, reside in rural area).
- Establish clear mental health emergency action plans for those in need of immediate and critical care (i.e., suicidal ideation or suicide attempt), including the role of practitioners within the MHN.
- Establish mechanisms for communication and information sharing based on professional standards, codes of conduct, as well as applicable provincial/territorial privacy, security, and confidentiality regulations.12

"The one thing I've had to manage over the course of my life is anxiety…Going through these experiences…has allowed me to accept that it's part of who I am…that it's going to be a matter of deliberate practices daily or weekly that I do to help cope and manage it for the rest of my life."

— Rosie MacLennan | Two-time Olympic champion, Gymnastics - Trampoline As quoted by Team Canada

[12]see Personal Information Protection and Electronic Documents Act; Personal Health Information Protection Act; Mental Health Act; Child, Youth and Family Services Act.

OBJECTIVE 4.3 DEVELOP LITERACY AND SCREENING PROGRAMS FOR EARLY DETECTION OF SYMPTOMS

Background: Since mental health challenges affect sport participants at the same rate as the general population, it is important that all stakeholders in the HP sport system have a minimum level of mental health literacy enabling them to recognize signs and symptoms of compromised mental health and make appropriate referrals to qualified practitioners. This is key as the earlier that symptoms are identified, the quicker they can by addressed by professionals to prevent more serious mental illnesses. In addition, standard screening protocols should be developed and applied by trained practitioners for early detection of symptoms and timely interventions.[104] Regular screening can be useful in determining when normal HP sport behaviours (e.g., superstitious, ritualistic, weight, food monitoring) start to become pathologic. It can also remove barriers to help seeking by eliminating the need for individuals to self-identify as struggling. The timing of screenings must be carefully considered given that demands and risks may fluctuate throughout a season.[105] While a number of screening instruments validated with the general population are available[106], it may be beneficial to develop athlete-specific tools given the unique stressors and diagnostic issues associated with HP sport. To provide comprehensive and secure data, screening tools should be used in conjunction with follow-up clinical interviews and gathered data should be recorded and stored following health information privacy regulations.

Recommended Actions

Develop and implement a standardized screening program to detect signs and symptoms of mental health challenges and illnesses.

- Identify relevant screening tools and establish protocols and timeframes for administering them (e.g., at the beginning of a season for baseline measures; during highly stressful periods/known periods of vulnerability in the quadrennium; during/following injuries).[107]
- Make screening tools accessible so that qualified practitioners can readily utilize them and facilitate referrals and communication with other professionals (see FIGURE 4).
- Consider integrating screening into athletes' regular health assessments (e.g., NSO, CSI, Olympic team health intake); this way, screening will become an accepted and normal part of athletes' routine and will not be an isolated event merely for those experiencing challenges.
- Provide guidelines for types of services required depending on symptoms and level of dysfunction detected (see **FIGURE 4** and **Objective 4.2**); this may include, in some cases, inpatient hospital care or referral to specialized treatment facilities.
- Ensure data gathered through screening tools are used and stored following applicable provincial/territorial privacy, security, and confidentiality regulations.13

Recommended Actions

DIdentify potential vulnerable periods in YTPs and be equipped to provide additional mental health support during these periods.

- Educate sport participants on the signs and symptoms of mental illness, duty of care to support and refer, disability rights,[14,108] and referral pathways to access mental health care in a timely manner (see **Objective 4.2**).
- Ensure mental health literacy training is accessible and delivered regularly to new entrants in the HP system.

[13]See Personal Information Protection and Electronic Documents Act; Personal Health Information Protection Act; Mental Health Act.
[14]Mental illness is a recognized disability under Canadian law.

OBJECTIVE 4.4 DEVELOP STAY-IN-SPORT PROTOCOLS

Background: Every athlete's experience with mental health challenges and illnesses is unique. While for some illnesses (e.g., eating disorders, burnout, manic phase of bipolar disorder), it may not be safe to continue training and competing until symptoms are managed or stabilized, many athletes (e.g., those suffering from mild to moderate anxiety or depression) can continue training and competing while managing symptoms. Including an option to stay in sport when it is deemed safe to do so by qualified practitioners is important, as work is often a positive experience for people recovering from mental illness. Staying in sport with appropriate subsidized care and accommodations can allow athletes to maintain their social network, a sense of accomplishment and purpose, and financial compensation (e.g., through AAP). However, it is important to note that recovery may be more difficult if stress levels are too high. Therefore, striking an appropriate sport/work/life balance and monitoring stress levels are critical if athletes stay in sport during recovery. Protocols should be developed to assist athletes in safely training and competing while working towards recovery.[109]

Recommended Actions

Develop and communicate stay-in-sport protocols for various mental health conditions taking into consideration the unique aspects of each condition as well as individual differences and the sport context.

- Ensure that existing workplace standards and protocols designed for the general population are applicable and useful in the sport context.
- Limit conflicts of interest to ensure athletes feel safe when selecting mental health care options. Obtain consent and respect confidentiality before communicating with coaches, NSOs, CSI/Cs, or any other practitioner within the MHN available to support athletes staying in sport during treatment/recovery.
- Educate team members to understand and appreciate individual circumstances in order to support athletes who may be on modified training schedules during treatment/recovery; this will reduce animosity between team members who have different expectations.
- Assist coaches and leaders in creating clear individual and team mental health action plans to support athletes while they remain in sport during treatment/recovery; ensure plans are adapted based on the mental health condition, the individual, and the sport context.

OBJECTIVE 4.5 DEVELOP RETURN-TO-SPORT PROTOCOLS

Background: Many organizations do not have established protocols and procedures for re-integrating athletes into training and competition following mental health challenges or crises that have taken athletes out of sport. Such processes are particularly important in team sports, where a culture of accountability to more than oneself creates social pressure to meet team standards and expected behaviours. While each case is highly individualized, broad protocols that indicate the steps to return to training and competition, including who can clear athletes to resume activity and at what level, will limit ambiguity and set expectations for all parties involved.[110]

"Through acceptance, through therapy, through medication, there are so many avenues that I have been able to seek out, that help with me coming to terms with the fact that I am bi-polar."

— Travis Gerrits | Olympian, Skiing - Freestyle |
As quoted by Team Canada

Recommended Actions

Develop and communicate return-to-sport protocols for various mental health conditions taking into consideration the unique aspects of each condition as well as individual differences and the sport context.

- Identify physicians or mental health practitioners within the HP sport system who can clear athletes to return to sport after temporary leave due to a mental illness.
- Establish appropriate communication channels between treating practitioners and team staff to share key information, within rules and guidelines of confidentiality, that may impact individual or team performance (e.g., medication side effects).
- Assist coaches and leaders in creating clear mental health action plans with returning athletes, and with athletes' consent, communicating these plans with relevant individuals in athletes' environment so that they know how to support recovery and are ready to respond in case of a relapse or a crisis.

PRIORITY 5: IMPLEMENTATION, MONITORING, AND IMPROVEMENT

TO SUCCESSFULLY DELIVER THE STRATEGY.

OBJECTIVE 5.1: SUPPORT ORGANIZATIONAL CAPACITY TO IMPLEMENT THE STRATEGY

Background: Implementing system-wide changes, programming, and policy requires human and financial resources. Stakeholders, particularly NSOs, should be supported to develop the necessary capacity to implement the actions laid out in the Strategy, and to obtain external support to ensure the Strategy's delivery is a success and does not place undue strain on their activities.

Recommended Actions

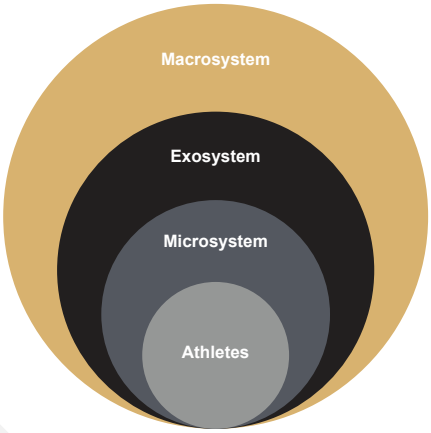
Develop a template and tool kit to assist stakeholders in implementing the Strategy in a way that is feasible and specific to their context and needs.

- Conduct an audit to determine gaps and needs within an organization (e.g., NSO, MSO, COPSIN). Prioritize elements of the Strategy based on the results of this audit. Note that the five priorities in the Strategy are not presented in order of importance and may be ordered differently based on the audit.
- Target the objectives in the Strategy requiring attention and implement them in stages, with identified actions and resources as well as anticipated outcomes and measures of success at each stage.
- Collaborate with stakeholder leads across the HP sport system (e.g., MHM, Mental Health Steering Group, COPSIN Mental Health Representatives, NSO stakeholder representatives, and the network of mental health champions) identified in **Priority 1** and **FIGURE 5** to implement the Strategy.
- Mobilize internal and external financial resources required to implement the Strategy (see **Priority 1**).

"I went to see my coach and I was like 'I really need to talk to you about something that I've been dealing with for the past two years'. I clearly remember that he just hugged me and he said that he would be there for me no matter what. In less than two days, I got help from Diving Canada and a psychologist."

— François Imbeau-Dulac | Olympian, Aquatics - Diving
As quoted by Team Canada

FIGURE 5. KEY STAKEHOLDER REPRESENTATIVES FOR STRATEGY IMPLEMENTATION



Macrosystem
National Mental Health Manager National Mental Health Steering Group (i.e., stakeholder representatives from key sporting bodies)

Exosystem
COPSIN and NSO Mental Health Representatives

Microsystem
Network of Mental Health Champions (i.e., coaches, teammates, MPC/IST)

Athletes
Network of Mental Health Champions (i.e., athletes themselves)

OBJECTIVE 5.2: MAKE EDUCATIONAL PROGRAMS AND RESOURCES ACCESSIBLE AND INCLUSIVE

Background: The implementation of this Strategy involves producing and delivering educational programs and resources for mental health promotion and mental illness prevention (see **Priority 2**, **Priority 3**, and **Priority 4**). These programs and resources should be affordable, available nationwide, and adapted for visually and hearing-impaired individuals. Materials should be inclusive, relevant to different populations (e.g., athletes, coaches, support staff, administrators), and fluid to ensure they adhere to evolving evidence and best practices. There is value in leveraging experts within sport and mental health organizations to assist in the development of educational programs and resources. Consider both regular programming and ad-hoc programming in response to system needs.

Recommended Actions
Develop clear objectives for educational programs and resources and review them regularly.

- Leverage synchronous and asynchronous technology and human resources to deliver educational programs and resources nationally.
- Ensure educational programs (e.g., mental health literacy, mental performance, anti-stigma, suicide education) and resources (e.g., screening tools, mental health action plans) are accessible for visually- and hearing-impaired sport participants, and are offered in English, French, and Indigenous languages.
- Ensure educational programs and resources are sport-informed and adapted to different sport populations (e.g., team, individual, parasport athletes, coaches, support staff, administrators, BIPOC, LGBTQ2S+).

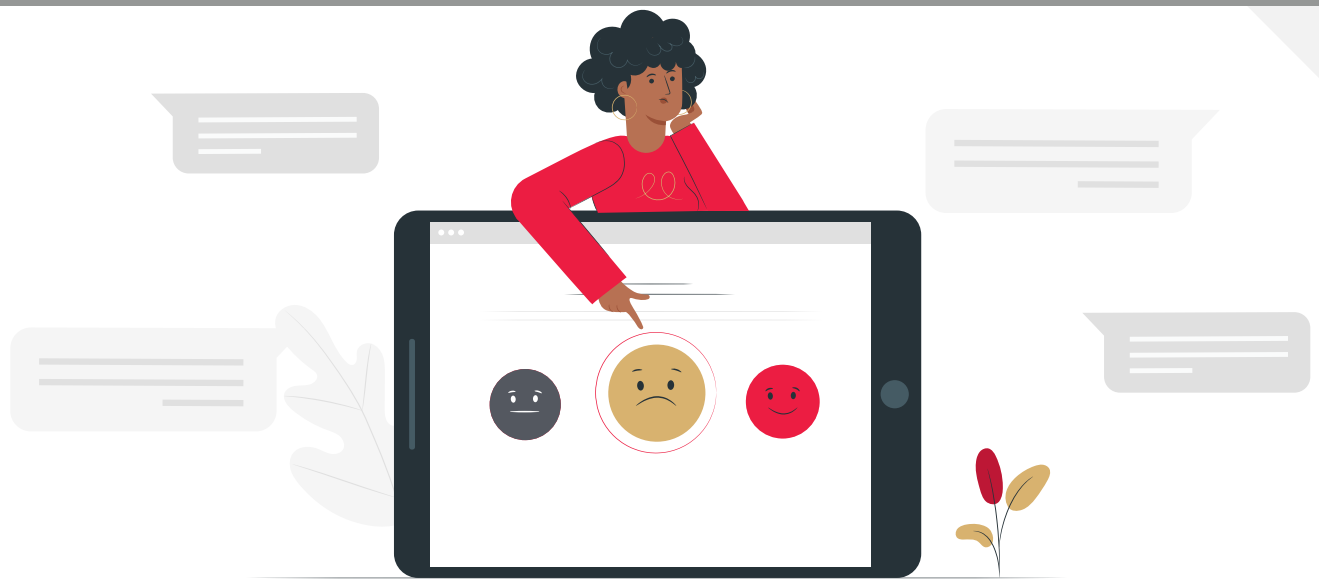
OBJECTIVE 5.3: MONITOR, EVALUATE, AND IMPROVE THE STRATEGY

Background: To ensure its success, the Strategy should be monitored, evaluated, and improved over time, as necessary. An evaluation framework should be developed and applied along with key performance indicators (KPIs) to assess the effectiveness of the Strategy and adapt it as necessary. A clear evaluation process will help to determine to what extent the objectives put forth in the Strategy are being achieved based on stakeholder engagement, sport-specific needs, and allocated resources. The evaluation process should include the collection of quantitative and qualitative data from various stakeholders across the HP sport system at different time points. It should also integrate feasible mechanisms for the provision of feedback and support. The careful selection and tracking of KPIs (e.g., milestones, objective/subjective results) will lead to an understanding of the performance and health of the Strategy and allow adjustments to be made to achieve the various objectives. Knowing and measuring relevant and meaningful KPIs may also lead to more motivation and immediate results. Integrating researchers to empirically document the process and outcomes of the Strategy's implementation is recommended.

Recommended Actions

Mobilize the MHM and Mental Health Steering Group to oversee the monitoring, evaluation, and improvement of the Strategy.

- Develop and implement across the HP sport system an evaluation framework with clear KPIs and a toolkit to optimize feasibility, motivation, and long-term engagement (see Priority 1 and FIGURE 5).
- Collect data using a variety of quantitative and qualitative methods (e.g., self-report questionnaires; interviews; performance and mental health-related statistics and trends) to assess KPIs at critical time points of the implementation process (e.g., annually; early, mid, late phase of quadrennium).
- Review with stakeholders the implementation of elements they have prioritized in the Strategy and provide feedback and support as necessary.
- Annually review the Strategy's objectives and make adjustments as necessary and in accordance with system change and stakeholder feedback.
- Integrate research initiatives to establish the validity, reliability, and feasibility of the Strategy over time and communicate findings with all stakeholders.
- Develop sport-specific mental health policies across the HP sport system based on the implementation and outcomes of the Strategy.



6. APPENDIX A: MENTAL HEALTH STRATEGY TIMELINE AND GROUP MEMBERS

1. MH Partner Group

1. Dr. Kirsten Barnes | MPC, CSI-Pacific
2. Dr. Natalie Durand-Bush | MPC, CCMHS
3. Tom Hall | Sr. National Manager, Game Plan, Olympian
4. Dr. Jane Labreche | Sport Science and Sport Medicine Advisor, OTP
5. Dr. Adrienne Leslie-Toogood | Clinical Psychologist, MPC, CSC-Manitoba
6. Dr. Paddy McClusky | Chief Medical Officer, CSI-Pacific
7. Dr. Andy Van Neutegem | Director of Performance Sciences, Research and Innovation, OTP
8. Dr. Krista Van Slingerland | Executive Director, CCMHS

2. MH Expert Group

1. Dr. Kirsten Barnes | MPC, CSI-Pacific
2. Dr. Véronique Boudreault | Clinical Psychologist, MPC
3. Dr. Lindsay Bradley | Sport Medicine Physician, CPC
4. Dr. Natalie Durand-Bush | MPC, CCMHS
5. Dr. Carla Edwards | Psychiatrist, Swimming Canada
6. Dr. Adrienne Leslie-Toogood | Clinical Psychologist, MPC, CSC-Manitoba
7. Dr. Karen MacNeill | Clinical Psychologist, MPC, COC
8. Micheal Pietrus | Mental Health Commission of Canada

3. MH Reviewer Group

1. Dr. Lisa Hoffart | Registered Psychologist, MPC, Game Plan Advisor
2. Dr. Margo Mountjoy | MD, PhD, IOC Working Group on Athlete Mental Health
3. Dr. Véronique Richard | MPC
4. Dr. Penny Werthner | MPC, COC

4. Sport Community Group

1. High performance athletes
2. Sport leaders (HP Directors, Coaches, IST and MSO Leads/Staff)

TIMELINE

Recruitment of Participants (MH Partner Group)
May-July 2019

Environmental Scan (MH Partner Group)
May-July 2019

Needs / Gaps Analysis (Sport Community Group)
Aug-Oct 2019

Content Building Task (MH Expert Group)
Oct 2019-Oct 2020

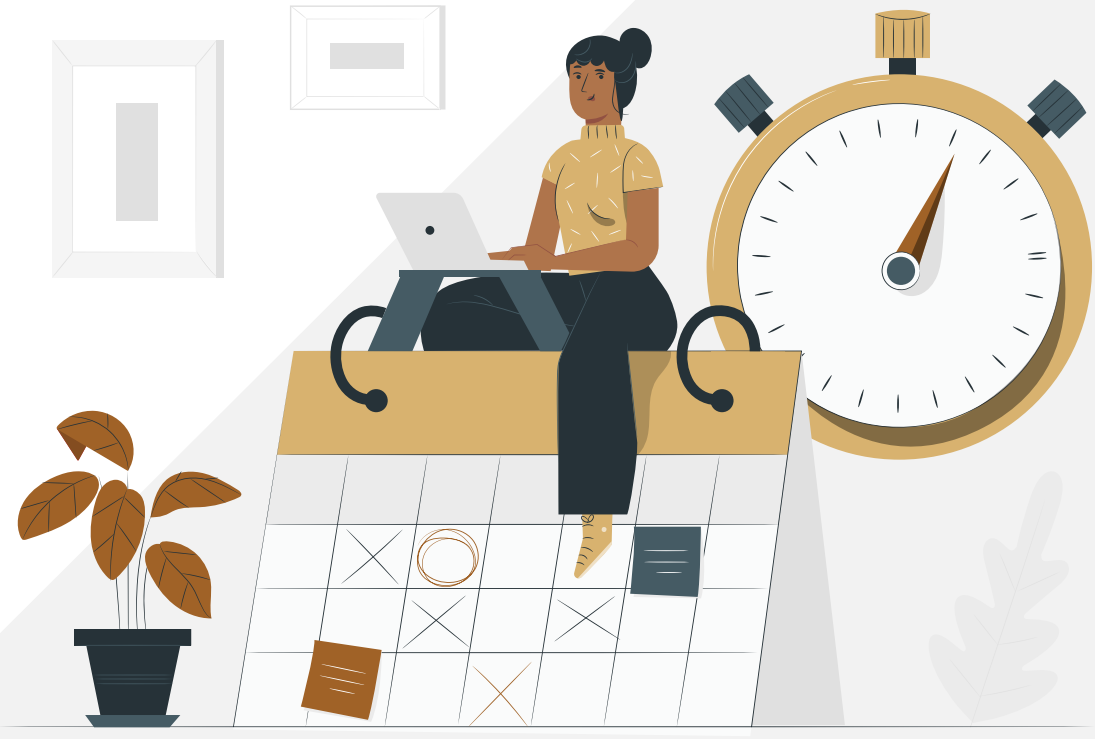
External Review Task (MH Reviewer Group)
Nov 2020

Integration / Iteration Task (MH Partner Group, MH Expert Group)
Dec 2020

Consensus Building (MH Partner Group, Sport Community Group)
Jan-March 2021

Final Revision Task and Implementation Planning (MH Partner Group)
April 2021

Implementation of Mental Health Strategy (All Groups and Overall Sport Community)
May 2021 and onward



7. APPENDIX B: SPORT COMMUNITY FOCUS INPUT

Members of the sport community were consulted prior to developing the Strategy to get their views on perceived mental health needs and gaps. Following is a summary of the data that were collected.

ATHLETES

Members of the Mental Health Partner Group (i.e., Game Plan and CCMHS) gathered data from athletes partaking in an AthletesCAN forum held in Toronto on September 20, 2019. Six focus groups were created to get input from athletes using a semi-structured discussion guide targeting mental health needs and support, athletic performance, and recommendations for a national mental health strategy. Following is a summary of the findings.

A. Mental health and sport

Finding 1. Athletes reported that their mental health can be both positively and negatively impacted by HP sport; it is a double-edged sword. While HP sport nurtures resilience, it can also lead to excessive stress, injuries, and isolation. Athletes highlighted that there must be more balance between their performance and mental health.

Finding 2. Athletes identified several factors that have had a positive and negative impact on their mental health, albeit the negative factors outweighed the positive ones. Support, being an ambassador, training in a healthy environment, and having breakthrough moments were identified as fostering mental health. Conversely, injuries, poor performance, constant change, loss of team/coach, and poor team dynamics were examples of factors impeding their mental health. Several factors were external in nature, which suggests that factors outside of athletes' control, such as their sport environment, play an important role in their mental health.

Finding 3. Athletes reported that their mental health can positively and negatively impact their athletic performance. They indicated that their mental health has social, psychological, emotional and physical implications for performance. In particular, their mental health affects their relationships, confidence, motivation, pleasure, focus, sleep, and communication. It also influences their training quality and consistency, and their capacity to withstand training loads. Their performance is negatively affected when there is no recovery and support, and when their self-worth is too attached to their performance.

B. Systemic address of mental health and support

Finding 4. Athletes indicated that their mental health is not sufficiently taken into consideration in HP sport. They want first and foremost to be treated as humans. They highlighted the need for more awareness, education, resources, and confidentiality. Stigma must also be reduced.

Finding 5. In terms of awareness to address mental health concerns, athletes reported that they themselves typically notice when their mental health is enhanced or compromised. For example, they indicated that they are more focused, motivated, rested, and communicate better with others when they have good mental health. Conversely, they overthink, have less energy and motivation, and have increased negative thoughts and mood changes when they have poor mental health.

Finding 6. Athletes engage in both helpful and unhelpful behaviours when their mental health is compromised. For example, some seek help from professionals, communicate or vent with teammates, and work out as a way to cope. However, others avoid their problems as well as certain individuals because of a lack of perceived trust and safety, or they wait too long before getting help.

Finding 7. Athletes had mixed views regarding the mental health resources available to them as athletes. Some identified family, friends, mental performance consultants/psychologists, and Game Plan as effective resources. However, others indicated that resources are not always available, accessible, or they simply don't know that they exist. Some athletes mentioned the need to have more access to women and to develop clear mental health care plans. Athletes can also 'be their own resource' by getting appropriate sleep and nutrition. Athletes indicated that in order for mental health services/care to be effective, they must be confidential. This has implications for the contractual agreement they sign with their NSO if they are carded.

C. National mental health strategy

Finding 8. Athletes made recommendations to integrate mental health support within HP sport. They indicated that athletes must be treated holistically and their mental health must be prioritized the same way their physical health is. Mental health must be normalized and promoted at all levels of sport and initiatives must be driven by NSOs. All staff should undergo training to increase their mental health literacy and create a culture of acceptance. Athletes should be provided several options for health care, including 3rd party services in order to maintain confidentiality. Athletes should undergo regular mental health screening/check-ins and having an MPC/sport psychologist in their daily environment would facilitate this. Financial support should be provided for mental health care.

Finding 9. Athletes provided insight into what should be included in a national mental health strategy for HP sport. They indicated that the strategy should include both preventative and treatment options. In terms of prevention, the strategy should iterate the importance of providing mental health training, mentoring, and peer-to-peer support as early as possible and involve coaches in the early detection of mental health challenges. From a treatment perspective, the strategy should provide clear protocols to ensure high quality, consistent, and confidential care.

Finding 10. Athletes indicated how a national mental health strategy could help them as HP athletes. It would facilitate daily monitoring, which in turn, would provide evidence to support their mental health. It was perceived that the strategy would also help to enhance their athletic performance and increase their trust in NSO/IST staff. It would equally foster retention of athletes in sport and facilitate retirement at the end of their career.

Finding 11. Athletes shared what will ensure the successful implementation of a national mental health strategy. They reiterated the importance of awareness and mandatory training for everyone at all levels. They indicated the importance of buy-in from NSOs and having mental health national standards for NSOs. Funding and scientific data are necessary to guide practice. Finally, confidentiality of mental health care must be respected and integrated in the design, implementation, and evaluation of the strategy.

SPORT LEADERS

In October 2019, sport leaders were approached to provide feedback to inform a national mental health strategy for high performance sport. Sport leaders (i.e., HP Directors [HPDs], Integrated Sport Team [IST] leads/staff, coaches) completed an online survey featuring open ended questions that asked them to comment on the mental health of the athletes under their purview, and to consider their own mental health. Participants provided rich, in-depth answers and represented a diversity of perspectives (e.g., individual and team sports; able-bodied and para-sports; small, medium, large NSOs). Following is a summary of the findings.

A. Mental health and sport

Finding 1. Participants agreed that mental health impacts HP athletes to varying degrees and noted a reciprocal relationship between sport participation and mental health. For example, sport leaders identified both general and sport-specific factors (e.g., lack of balance, social environment, relationship with coaches) that they believe can be facilitative or debilitative to athletes' mental health. General factors included biopsychosocial determinants of mental illness known to impact the general population and athletes alike, such as sexual orientation, trauma sustained outside of sport, learning disabilities and relationships with family and significant others. Within sport, participants recognized factors at the individual (e.g., injury, performance failure/success, relocation to train, retirement from sport), interpersonal (e.g., relationships with teammates, coaches, and support staff) and systemic level (e.g., funding cuts or gains, organizational approach to mental health) as impacting athletes' mental health.

Finding 2. Sport leaders also identified that mental health impacts both performance inputs (e.g., attentional focus, arousal, sleep, self-confidence) and outcomes (i.e., competition results): "I would estimate that nearly half of our national team experiences some level of negative impact on performance due to mental health" (IST Director). A clear perception emerged from response data that the experience of significant symptoms of mental illness (e.g., depression, anxiety) necessarily results in compromised athletic performance: "Athletes who have significant mental health concerns definitely under-perform relative to predicted or expected times" (IST Director). Furthermore, leaders acknowledged that in team sports, the impact of significant mental health concerns can extend beyond the individual to negatively impact the group: "Depending on the situation, an athlete's mood can affect the remaining members of the team and bring the general level of motivation down for the whole team" (HPD). A lack of funding was recognized as a barrier to comprehensively addressing the spectrum of mental health challenges that athletes might face.

Finding 3. Participants noted that their own mental health is impacted both positively and negatively by their position in HP sport. Sport leaders acknowledged the unique opportunities afforded to them because of sport such as attendance at Pan American and Olympic Games, assisting in team and program success, and building meaningful connections with coaches and athletes. Nonetheless, participants highlighted aspects of their work that challenge their mental health. Most of these stressors (e.g., workload, lack of human resources, letting people go, travel requirements, lack of balance, missed time with family, lack of job security) are not unique to working in sport. However, some challenges, such as workload increases coinciding with the Olympic cycle, OTP review processes, the "blues" following a major competition, the management of complex and high-profile scandals (e.g., related to Safe Sport or anti-doping), and a lack of long-term financial security (e.g., no pension) emerged as unique challenges faced by sport leaders. Participants noted that, at times, the highly demanding nature of their roles compromised their mental health, impacting their motivation, work quality, productivity, and interpersonal relationships with colleagues.

B. Systemic address of mental health and support

Finding 4. Sport leaders acknowledged that although traditionally the Canadian sport system has done little to formally support athletes' mental health, its regard for and approach to mental health has changed in the last decade. Funding as both a barrier and facilitator to the current system-level address of mental health was a recurring theme. Participants noted that funding volume and commitment by leadership to mental health as a funding priority (e.g., through its inclusion in policy, codes of conduct) are key factors to changing Canada's approach to mental health support in sport. Although sport leaders identified various initiatives within the sport system that aim to address mental health (e.g., supports available through COPSIN and Game Plan), they acknowledged that increased awareness and consistent integration of mental health professionals into the daily training environment would exact a broader positive impact than is currently being made. Overall, sport leaders placed the ownness of responsibility for improved systemic support of athletes' mental health on funders, NSOs and technical leaders.

Finding 5. Participant perceptions of available mental health support for sport staff were mixed. A minority articulated that the HP system provides adequate mental health resources and a supportive working environment for sport staff. However, most agreed that aside from employee benefits that cover or subsidize the cost of seeking mental health care, sport leaders have access to very few specialized mental health supports compared to athletes and coaches.

Finding 6. Methods for identifying athletes experiencing distress varied from relying on athletes to disclose symptoms verbally, to watching for internal (e.g., heart rate variance) and external cues (e.g. body language, tone of voice, interactions with others, changes in sleep) that may indicate an athlete is struggling. Variance in approaches differed based on respondents' role in the sport system. Where an IST Lead was more likely to be monitoring for signs of distress, HPDs and Coaches relied more heavily on athletes self-disclosing. One participant lamented the reactionary approach to noticing distress, noting that, "all too often it's the (performance) outcome that (triggers) the assessment (of an athlete's mental health)" (IST lead).

Finding 7. Responses made it clear that decisions to integrate mental health support are made at the NSO level and depend on a number of factors including leadership's knowledge / views / beliefs about mental health and available funding. The level of support varied across participants who described the different extent to which MPCs, psychologists, and psychiatrists are embedded into the IST. Unfortunately, most practitioners are being retained on part-time contracts. While participants did not highlight significant gaps in service provision (e.g., processes and supports their organization had in place), they saw room for improvement.

Finding 8. Ideally, most sport leaders imagine a system where mental health and mental performance support is seamlessly integrated into existing support structures (e.g., ISTs). In this system, barriers such as cost of care and practitioner availability do not hinder access. They acknowledged that increased awareness and further integration of existing resources (e.g., Game Plan and supports available through the COPSIN) ought to be improved to encourage greater uptake. Conversely, one participant noted that it would be beneficial for mental health supports to be separate from technical staff in order to encourage help-seeking and maintain confidentiality. Lastly, participants noted that educational initiatives to increase athletes' mental health literacy are needed to facilitate improved peer support and lower the threshold for help-seeking.

C. National mental health strategy

The greatest asks from sport leaders for a mental health strategy are (a) clearly defined processes and shared best practices for confronting and managing mental health issues, (b) improved access to qualified mental health professionals, (c) a unified approach across the sport system and (d) well-articulated and publicized pathways to care.

Beyond the above broad themes, a number of elements surfaced as needing to be included in a national mental health strategy:

- Stigma reduction strategy
- Continued data-gathering to understand how mental health impacts athletes, coaches, programs, technical and administrative staff
- Community of practice for coaches to learn and share best practices
- Minimum standard of support to be fulfilled by NSOs
- Educational initiatives to increase mental health literacy
- Policy and procedural frameworks and best-practice guidelines to support NSOs
- Communication of procedures, processes and available resources across the levels of the sport system
- Evaluative measures to ensure the strategy is effective

Above all, sport leaders emphasized that a re-evaluation of current funding models is necessary to meaningfully implement a pan-Canadian mental health strategy: “If mental health is a true area that the HP sport system wants to invest in, ensuring funds can be allocated to national federations to support this area would be a significant step in ensuring that all sports can have the same access to a mental health professional integrated into the daily training and competition environment.”

8. APPENDIX C: KEY CONSENSUS STATEMENTS AND SYSTEMATIC REVIEWS

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9. APPENDIX D: EXAMPLE OF SCOPE OF WORK FOR MHM

The MHM would be responsible for overseeing the implementation, monitoring, and evaluation of the Strategy. In collaboration with the Mental Health Steering Group and local COPSIN Mental Health Representatives, this individual would coordinate nationwide mental health services and resources in HP sport, ensuring efficiency and alignment and preventing unnecessary duplication of services and resources. This individual could be tasked with performing managerial, assessment, referral, and/or mental health care duties. The MHM's scope of work could include, but not be limited to:

1. Lead the system-wide implementation, monitoring, and evaluation of the Strategy to ensure alignment and coherence across organizations.

2. Identify system-wide mental health support needs and preferences of stakeholders.

3. Coordinate, communicate, and manage the system-wide provision of mental health care through clear referral pathways and a vetted network of practitioners.

4. Assist in the development of system-wide mental health policies and procedures.

5. Collect and aggregate system-wide screening and help-seeking data to identify systemic trends.

6. Coordinate the system-wide development and delivery of educational initiatives to promote mental health and prevent mental illness.

10. APPENDIX E: EXAMPLE OF SCOPE OF WORK FOR COPSIN MENTAL HEALTH REPRESENTATIVES

COPSIN mental health representatives would be responsible for collaborating with the MHM and Mental Health Steering Group to help implement the Strategy. They would be in charge of overseeing mental health initiatives within their respective Canadian Sport Institute/Center. Similar to the MHM, they could be tasked with performing managerial, assessment, referral, and/or mental health care duties but at a local level. The scope of work for COPSIN mental health representatives could include, but not be limited to:

1. Lead the implementation, monitoring, and evaluation of the Strategy within their Canadian Sport Institute/Centre.

2. Identify mental health support needs and preferences within their Canadian Sport Institute/Centre.

3. Coordinate, communicate, and manage the provision of mental health care within their Canadian Sport Institute/Centre.

4. Assist in the development of mental health policies and procedures within their Canadian Sport Institute/Centre.

5. Collect and aggregate screening and help-seeking data to identify trends within their Canadian Sport Institute/Centre.

6. Coordinate the development and delivery of educational initiatives to promote mental health and prevent mental illness within their Canadian Sport Institute/Centre.

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