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EXECUTIVE MASTERS IN SPORTS ORGANISATION MANAGEMENT



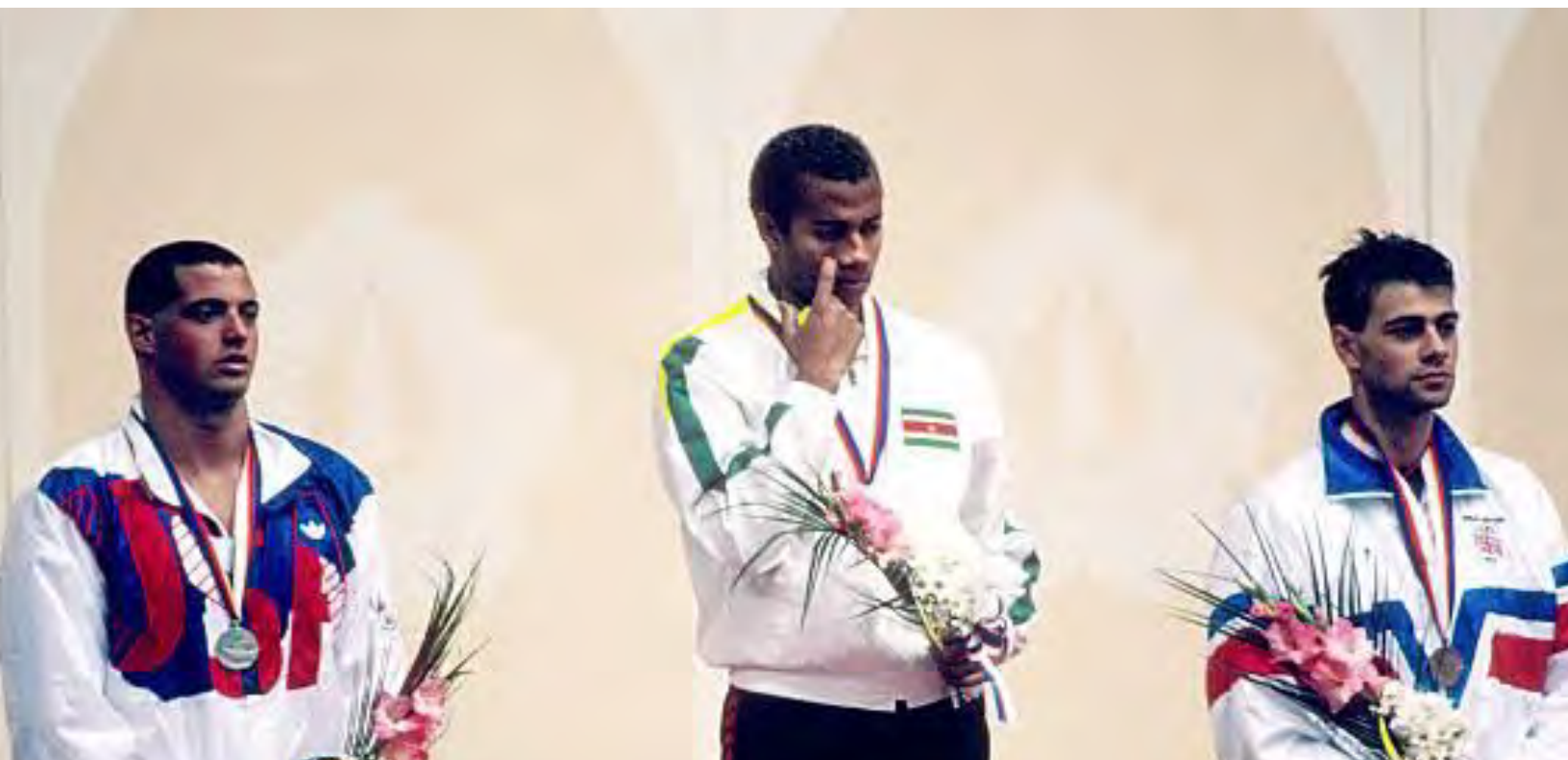
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Proposing a Mental Health Framework for Surinamese athletes based on a benchmarking study

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Chikhoer Sasha

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LIST OF ABBREVIATIONS

CCMHS: Canadian Centre for Mental Health and Sport, *a not-for-profit organization supporting competitive and high-performance athletes and coaches.*

CC: Care Coordinator

DNA: De Nationale Assemblée, *the parliament in Suriname*

FEPSAC: European Federation of Sport Psychology

IOC: International Olympic Committee

ISTs: Integrated Support Teams

NF: National Federation

NGO: Non-Government Organization

NOC: National Olympic Committee

NSPH: Surinamese National Strategic Plan for Health

OS: Olympic Solidarity

SOC: Suriname Olympic Committee

SG: Secretary General

WHO: World Health Organization

ABSTRACT

In recent years, numerous high-performance and elite athletes have come forward to address the mental health challenges they encounter. In response to this, the IOC has prioritized athletes' well-being by amending their Olympic charter. Some countries have also taken steps to develop their own sport policies, laws, and mental health frameworks to support their athletes. However, there has been minimal effort in Suriname to address the mental health needs of its athletes. This study aims to compare the Canadian mental health framework, specifically the Canadian Center for Mental Health and Sport (CCMHS), and provide recommendations for a mental health framework for Surinamese athletes. The study involved reviewing existing literature, benchmarking the CCMHS, and conducting two interviews. The key findings suggest that a mental health framework should involve recruiting professionals with a background in sports, providing collaborative care, considering sport-specific and cultural factors, establishing sport policies and legislation, promoting education and awareness to combat stigma, and securing long-term funding for sustainability. The recommendations focus on hiring a project lead to establish the framework, investing in educational programs and awareness, and promoting existing sport policies from the IOC. Additionally, developing and enforcing relevant policies and initiating the development of sports laws with the Ministry and Director of Sports are recommended.

Ces dernières années, de nombreux athlètes de haut niveau et d'élite se sont exprimés sur les problèmes de santé mentale qu'ils rencontrent. En réponse à cela, le CIO a donné la priorité au bien-être des athlètes en modifiant sa charte olympique. Certains pays ont également pris des mesures pour développer leurs propres politiques sportives, lois et cadres de santé mentale afin de soutenir leurs athlètes. Toutefois, le Suriname n'a déployé que peu d'efforts pour répondre aux besoins de ses athlètes en matière de santé mentale. Cette étude vise à comparer le cadre de santé mentale canadien, en

particulier celui du Centre canadien pour la santé mentale et le sport (CCSM), et à formuler des recommandations pour un cadre de santé mentale destiné aux athlètes surinamais. L'étude a consisté à examiner la littérature existante, à comparer le CCSM et à mener deux entretiens. Les principales conclusions suggèrent qu'un cadre de santé mentale devrait impliquer le recrutement de professionnels ayant une expérience dans le domaine du sport, la fourniture de soins en collaboration, la prise en compte des facteurs culturels et spécifiques au sport, l'établissement de politiques et de législations sportives, la promotion de l'éducation et de la sensibilisation pour lutter contre la stigmatisation, et l'obtention d'un financement à long terme pour assurer la viabilité. Les recommandations portent sur l'embauche d'un chef de projet pour établir le cadre, l'investissement dans des programmes éducatifs et de sensibilisation, et la promotion des politiques sportives existantes du CIO. En outre, il est recommandé d'élaborer et d'appliquer des politiques pertinentes et de lancer l'élaboration de lois sur le sport avec le ministère et le directeur des sports.

CONTENTS

ACKNOWLEDGEMENTS
LIST OF ABBREVIATIONS.....
ABSTRACT.....
LIST OF TABLES & FIGURES
1. INTRODUCTION AND REVIEW OF EXISTING KNOWLEDGE	1
2. RESEARCH METHODS	8
2.1 Methodology	8
3. RESULTS	11
3.1 Introduction.....	11
3.1 How the idea of the CCMHS started	11
3.2. Design phase of the CCMHS	12
3.3 Implementation phase of the CCMHS	15
3.3.1 <i>Mental Health Care Team</i>	15
3.3.2 <i>Intake and Referral Process</i>	15
3.3.3 <i>Treatment and Outcome</i>	17
3.3.4 <i>Reflection through a Case Study</i>	18
3.4 Evaluation phase of the CCMHS	18
3.4.1 <i>Acceptability</i>	19
3.4.2 <i>Appropriateness</i>	19
3.5 Development of a Gold Medal Profile.....	20
3.6 Interview with CCMHS lead researcher	23
3.7 Interview with the Secretary General of the NOC	27
4. DISCUSSION	30
5. CONCLUSION	38
5.1 Proposed Mental Health Framework Suriname	40
Recommendations	43
Research limitations.....	51
APPENDIX A.....	59

LIST OF TABLES & FIGURES

Figure 1.....	7
Figure 2.....	17
Figure 3.....	19
Figure 4.....	23

1. INTRODUCTION AND REVIEW OF EXISTING KNOWLEDGE

Every human being faces challenges in life. These challenges may be physical, mental, or a combination of both. Psychological challenges have been researched and described extensively in the past decades, mostly because research is, and has been, primarily focused on physical health rather than mental health. Only in 1946, the World Health Organization (WHO) altered its perspective on health in its constitution by presenting the following definition of health: “Health is not only the absence of disease but also a state of physical, mental and social well-being” (WHO, 2023). With the revision of the definition of health, the WHO recognized that health entails much more than physical health and should include mental and social well-being. In addition, it is essential and interesting to note that both mental health and mental illness operate on two different continuums, implying that the absence of mental illness does not equate to the presence of mental health (Keyes, 2005). If we look at the worldwide data on mental health disorders, the WHO concluded that in 2019, one in eight people lived with a mental health disorder and that these numbers increased when the COVID-19 pandemic started, especially the rates of depression and anxiety. There are several mental health disorders, and they all involve significant disturbances in thought, behavior, and emotional regulation, which in turn affect daily functioning negatively. While evidence-based treatment and prevention options exist, most people do not have access to this care, face discrimination of their human rights, stigma, or consider receiving mental health support as taboo. The WHO seeks to address these gaps through the implementation of its Mental Health Action Plan 2013-2030 (WHO, 2023).

Sport is practiced on many levels and has become an integral part of society. Some participate in sports for leisure and health benefits, and some participate in competitive sports on the highest levels. The various benefits of its practice are also well-recognized and well-researched. Apart from sports having short and long-term benefits on well-being and quality of life, it also builds a buffer against anxiety, stress, and depression (Hiremath, 2019; Muhsen & Muhsen, 2020; Congsheng et al., 2022) and personal development (Malm et al., 2019). In addition, certain social and mental health benefits facilitated through sports exceed those achieved through other recreational activities (Eather et al., 2023). Negative aspects of sports are often observed more in elite athletes or top athletes, where there is a fine line between optimal performance and negative health. Thus, sports can also have certain negative aspects, such as failure risks leading to mental health issues (Howie et al., 2022; Rice et al., 2016), risk of injury (Schwellnus et al., 2016; Soligard et al., 2016), eating disorders (Joy et al., 2016) and burnout (Gustafsson et al., 2018; Brenner, 2007). Sadly, in sports, there have also been reports of physical and psychological abuse (Lang & Hartill, 2014) and sexual abuse (Ohlert et al., 2020). Purcell, Gwyther, and Rice (2019) strongly advocate the importance of promoting mental health awareness and, even more importantly, including action plans or building a mental health framework to support athletes struggling with or at risk of developing mental health issues. Early detection of and intervention for mental health issues is necessary in the elite sports context. These approaches can help break the taboo around mental health and build a culture that acknowledges that the mental health needs of an athlete are just as crucial as his/her physical health needs and that both contribute to his/her optimal wellbeing and performance.

As mental health issues do not discriminate and can affect anyone, it is interesting and important to look at how the International Olympic Committee (IOC) is dealing with this matter within the elite athlete community and sports world. The world often has this strong and glamorous view of

athletes at the Olympic Games, thinking of them as invincible. However, a growing number of elite athletes are speaking out on the mental health struggles they have faced and are going through, like Michael Phelps in 2012 and, more recently, Simone Biles and Naomi Osaka. In 2018, the IOC Medical & Scientific Commission provided a consensus statement regarding mental health in elite sports (Reardon et al., 2019). Goutteborge et al. (2019) conducted a meta-analysis on the occurrence of mental health symptoms and disorders in current and former elite athletes revealing alcohol misuse (19%), anxiety and depression in current athletes (34%), and anxiety and depression in former athletes (16-26%). In 2022, Nile Wilson, a former Olympic champion, also shared his story of the mental health battles he faced in a TED talk, which has been watched by millions (Wilson, 2022). The impacts of mental health issues in elite athletes may be especially debilitating, affecting performance, creating an increased injury risk, delayed recovery from injury, and experiencing poorer quality of life. While data from sports research remains challenging partly due to the lack of reliable and valid screening tools, it seems that 5% to 35% of elite athletes have reported suffering from mental health disorders and have an increased risk for developing anxiety, depression, sleep-related issues, eating disorders, and alcohol misuse (IOC Mental Health Action Plan, 2023).

In 2020, the IOC developed the Athlete365 website to prioritize the mental health of elite athletes and sports professionals and give them a voice by providing resources (e.g. mental health stories and podcasts), mental health training, athlete support during and after their careers, promoting mental health within the Olympic Movement, collaborate with other stakeholders, provide screening tools and generate data. This website also serves as a safe space for elite athletes to discuss mental health issues. During this same year, the IOC revised the Olympic Charter embedding mental health as a top priority within the organization. In 2022, a survey was conducted within the Athlete365 community revealing that one in five elite athletes had been

suffering from poor mental health in the past year (IOC Mental Health Action Plan, 2023). In their Mental Health Action plan that was released in July 2023, the IOC aims to break the stigma around mental health, provide prevention strategies and tools for those at risk, provide activities to cope against stressful experiences, build resilience to recover from setbacks and how to achieve a flow-state (IOC Mental Health Action Plan, 2023).

In 2021, the IOC Medical and Scientific Commission, the IOC Athletes' Entourage Commission, and the IOC Athletes' Commission developed a Mental Health in Elite Athletes Toolkit for athletes' entourage members, healthcare professionals, national federations (NFs), clubs and teams. This toolkit can be accessed free online and can be used in developing and implementing initiatives or activities and best practices related to the protection and promotion of mental health in elite athletes. A year later, in 2022, the IOC included several rules regarding the Basic Universal Rules of Good Governance to be implemented in sports organizations to protect athletes' physical *and* mental health (IOC Mental Health Action Plan, 2023).

While the IOC is taking big strides to recognize, address, and provide opportunities and action plans regarding mental health for athletes, entourage members, healthcare professionals, national federations, clubs, and teams, it is the responsibility of each National Olympic Committee (NOC) along with National Federations (NFs) to oversee, provide and implement these opportunities and action plans.

The National Olympic Committee of Suriname (SOC), which represents the country of Suriname, was recognized in 1959 (IOC, 2023). Suriname is the smallest country in South America, with a population of roughly 600.000 people (ABS, 2021), and it has its challenges as a low and middle-income country (World Bank Team, 2018).

The SOC comprises nine board members, seven full-time staff, one part-time office assistant, and one project consultant. There are currently 17 NFs who are part of the SOC as a member. Until now, Suriname has only participated in the Summer Olympic Games, with Antony Nesty being our only gold medal winner in swimming at the 1988 Olympics. In 2019, the SOC established the Athletes' Commission as a result of internal (local sports incidents regarding safeguarding) and external factors (pressure from the IOC). After 2019, the Athletes' Commission proposed and attempted to implement a National Safeguarding Plan of Action, trying to involve all NFs. An evaluation meeting on the implementation of this action plan was held in October 2023, but the response was poor and disappointing. During this evaluation meeting, the Athletes' Commission presented a strategy to promote safeguarding by consulting a non-government organization (NGO), Stichting Ilse Henar-Hewitt, to train people to function as "confidants" for sport, due to their expertise on sexual violence and molestation.

The Stichting Ilse Henar-Hewitt is a non-governmental organization dedicated to providing legal assistance to underprivileged women and spreading awareness about women's rights in the Surinamese community. This NGO played a key role in advocating for the enactment of the law on workplace violence and sexual harassment, which was passed by the Surinamese parliament in 2022. To recruit and train individuals to serve as confidants, the NGO advertised the positions to all interested parties. Five individuals were chosen to undergo the training after thoroughly evaluating the applicants based on specific criteria. While these confidants are still in training, they can be present at sports events and effectively advocate for safeguarding within sports, as invited by the NFs. The author was unable to receive information on the selection criteria for the confidant position

Regarding mental health, the SOC currently lacks the expertise to address this issue and is open to suggestions. There is also no data yet available regarding the mental health issues of Surinamese elite athletes (Algoe, 2023).

The mental health gap in the general population has been estimated at around 90% for Suriname (Jadanansing, 2022). In the Surinamese National Strategic Plan for Health (NSPH) 2019-2028, there has been a refocus on the concept of health being currently defined as “a state of complete physical, mental, and social well-being” and not as an absence of illness or handicap. However, applauding this revision may seem premature. De Nationale Assemblée (DNA) has “only” allocated SRD 6.100.000 (approximately \$150.000 based on the current exchange rate) for sports development and no specific budget for the improvement of mental health and suicide prevention (Staatsbegroting, 2023). The specific financial allocations in the government’s annual budget are a reflection of the importance of mental health and sports in Suriname. The lack of government funding for the mental health field in Suriname also raises questions regarding the government's priorities.

Although data on mental health issues in elite athletes from the above-mentioned studies may be similar to Suriname, implementing a national mental plan of action for elite athletes in Suriname can pose several challenges. In the case of the Suriname National Olympic Committee, not much has been accomplished to date on this matter. What is the current state of affairs regarding mental health in Suriname? How is the National Olympic Committee addressing, specifically, mental health within their athlete community? Is there any data on mental health issues in Surinamese elite athletes?

From a benchmarking perspective, the researcher will consider work on mental health frameworks that other countries have done and how Suriname can learn from these best practices. The design, implementation, and evaluation of mental health frameworks is, despite evidence of mental health

crises in sports among athletes, a novel idea. Countries such as Australia, Sweden, and Canada are currently at the forefront of implementing mental health frameworks specifically tailored to athletes. For this study, the researcher will use the mental health framework developed in Canada as a benchmark. This is due to the extensive available literature and the network to reach out to researchers who worked on this framework for possible in-depth interviews. The above translates to the following research question:

“Based on the current situation, how can the SOC develop and implement a mental health framework for Surinamese athletes?”

Sub-research questions:

A. What are the key elements of the Canadian mental health framework for athletes that can be implemented in a mental health framework for athletes in Suriname?

B. What are the key considerations from the Canadian mental health framework for athletes that should be paid extra attention to when designing a mental health framework for athletes in Suriname?

Chapter 1 addresses an introduction and a review of existing knowledge on overall mental health issues, specifically in sports and among high-performance and elite athletes. *Chapter 2* focuses on the research methods employed in this study. *Chapter 3* will describe the data collection from the benchmarking study and two interviews with Krista Van Slingerland, from Canada and Dennis MacDonald from the Suriname NOC. In *Chapter 4*, the results will be discussed, and *Chapter 5* includes the conclusion and recommendations, respectively.

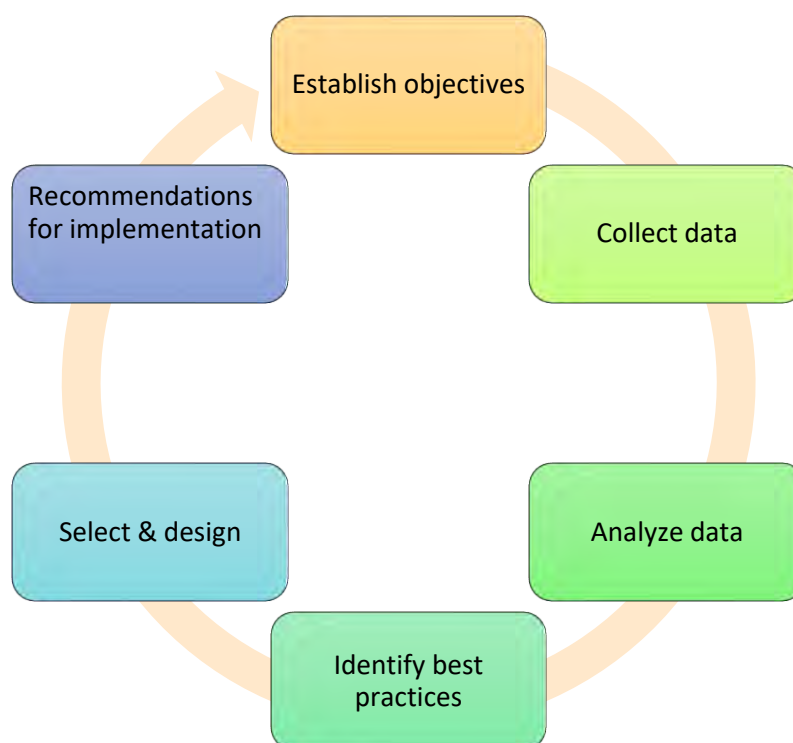
2. RESEARCH METHODS

2.1 Methodology

In this study, the chosen methodology is a qualitative research method, combining benchmarking and interviews to provide a comprehensive analysis and data on the research topic. By definition, “*the essence of benchmarking is the process of identifying the highest standards of excellence for products, services, or processes, and then making the improvements necessary to reach those standards commonly called best practices*” (Bhutta & Huq, 1999, 254). Thus, benchmarking is a tool used for the improvement of an organization by comparing other organizations that are considered top-level in their area of expertise or services offered (Freytag & Hollensen, 2001).

The process of benchmarking Canada’s mental health framework will involve several steps (See Figure 1). This study will carry out the benchmarking process in six steps: 1. establish the objectives of the benchmarking, 2. collect data from the various processes the organization underwent to reach the design phase, 3. analyze the collected data, 4. identify key points and best practices, 5. select processes and key points to design a mental health framework for Suriname, and 6. provide recommendations for implementing this mental health framework in Suriname.

Figure 1. Benchmarking process



2.2 Instruments used to collect data and procedure

To gather data, the researcher identified scientific articles on the design (planning phase), implementation, and evaluation of the Canadian Centre for Mental Health and Sport (CCHMS) framework. The articles were thoroughly read and analyzed between May and June 2024. Additionally, the researcher conducted two interviews scheduled for June 2024.

The first interview was with one of the lead authors and researchers of the CCMHS from Canada, Krista Van Slingerland. By interviewing the pioneer of this framework, the researcher wanted to gain a more in-depth understanding of the motivations, goals, and rationale that guided the creation of the mental health framework, gain insight into the entire process that led to the development of the framework, clarification of concepts and ensuring a better understanding of its key components. In addition, the

interviewee can provide suggestions on practical applications and implications as well as their potential impact. This interview was conducted through Zoom and the interviewee was asked about ten (10) questions. The session was not taped due to eventual sensitive information regarding the mental health of athletes; hence, the researcher was better served by detailed note-taking rather than recording. In addition, the researcher considered resource constraints; due to the weather, there have been fluctuations in WI-FI in the city over the past few weeks. This could have possibly upset the recording.

The second interview was conducted with the Secretary-General (SG) from the NOC from Suriname, Dennis MacDonald, concerning the financial implementation of a proposed mental health framework. The interview was conducted in person, and the interviewee was asked about five (5) questions. Because of the presence of the Office Manager and Supervisor, the interview was not recorded due to eventual sensitive information regarding the mental health of athletes that would be discussed. Hence, the researcher was better served through detailed note-taking rather than recording. The SG was approached due to his availability and knowledge regarding the day-to-day business of the NOC, including finances. By speaking with the SG, the researcher also wanted to ensure that a future mental health framework would align with the NOC's goals and strategies, increasing the likelihood of securing financial support for its implementation. In addition, the SG can provide possible information on available funding sources within the NOC or through partnerships with other organizations, which can help support the implementation of the mental health framework. It was also crucial for the researcher to gain insight into eventual decision-making processes within the NOC regarding financial support, including criteria for funding allocation and key stakeholders involved in the process. Lastly, through this interview, the researcher wanted to explore possible opportunities to collaborate with the NOC or other relevant stakeholders on funding the mental health framework, leveraging eventual existing resources. The results of these interviews will be mentioned in the next chapter.

3. RESULTS

3.1 Introduction

This chapter will start with how the idea of the CCMHS started. The next few paragraphs will focus on benchmarking the CCMHS, which will go through three (3) different phases: the design phase, the implementation phase, and the evaluation phase. The next paragraph will focus on specific competencies within a Gold Medal Profile that were developed, and which affect the mental well-being of an athlete. In addition, the data from an interview with the lead CCMHS- researcher will be described, as well as the data from the interview with the SG from the NOC of Suriname.

3.1 How the idea of the CCMHS started

Nathalie Durand-Bush and Krista Van Slingerland founded the Canadian Centre for Mental Health and Sport in 2017. Van Slingerland had been a master's student of Durand-Bush, and it was the latter's idea and dream to open a mental health center specialized in sports, and she thought Van Slingerland was the perfect candidate to study this. Both women had experienced the limitations of mental health support for athletes, and this was the driving motivation behind starting this project, which turned into the CCMHS. The CCMHS is a non-profit organization specialized in sport-focused mental health care services for athletes and coaches. The CCMHS collaborates closely with organizations associated with the Canadian Olympic Committee (COC) and other sports institutions nationwide such as Game Plan (a collaboration between the Canadian Paralympic Committee, Sport Canada, and Canadian Olympic and Paralympic Sport Institute Network), but maintains a certain distance to uphold trust and confidentiality (Singh, n.d.).

3.2. Design phase of the CCMHS

Data from the design phase was entirely taken and analyzed from the article *Canadian Centre for Mental Health and Sport (CCMHS) Position Statement: Principles of Mental Health in Competitive and High-Performance Sport* (Van Slingerland et al., 2019).

In an ideal sports setting, mental health services should be accessible to all athletes in competitive sports. Through the Physical Activity and Sport Act (S.C. 2003, c.2), Canada has made a commitment to the physical, mental, and emotional well-being of their athletes. However, until 2017, mental health services were not accessible to Canadian athletes in competitive sports, even though organizations such as the European Federation of Sport Psychology (FEPSAC) had advocated for evidence-based mental health care models to be available in competitive sports for all athletes. In addition, the FEPSAC stated that it was especially important to include practitioners in mental health who possess knowledge and insight from a competitive and high-performance sports context. However, the need for these specialized practitioners proved to be a challenge and a gap for Canada about their integrated support teams (ISTs), as very few psychiatrists, psychologists, and psychotherapists were specialized to provide mental health care for this specific population.

Thus, in September 2017, a multidisciplinary working group consisting of 20 stakeholders with different sports backgrounds (sports science, medicine, health, psychology, counseling, philanthropy) was established to explore the provision of mental health care in competitive and high-performance sports contexts. They all signed an agreement to work together to generate knowledge to identify and address the gaps in mental health care and improve these in practice. They worked from a Participatory Action Research (PAR) perspective to collectively problematize, design, implement, and evaluate a sport-focused mental health care model (Canadian Centre for Mental Health and Sport). The PAR-methodology is based on the assumption that knowledge is embedded in the lives

and experiences of individuals and should be coproduced by people from the community who will be affected by the outcomes. In short, they are considered experts by experience. The success of this model is based on three (3) pillars: integrated care, research, and community engagement. During a two-day summit, an environmental scan was executed to determine the current status quo of sports and mental health systems in Canadian sports and the availability and effectiveness of mental health care services to competitive and high-performance athletes. Through this process, misconceptions about the mental health of this population were identified, and it was imperative to clarify these misconceptions through common understanding before advancing further in research and practice. The group established that language can be used to reduce the stigmatization of mental health in competitive sports and educate athletes, coaches, and organizations about key concepts driving the discussions of mental health and mental illness in sports. Hence, in their position statement, these key concepts of mental health and mental illness in sports are defined in order to reach this common understanding. These key concepts are *competitive athletes, competitive sports, high-performance sports, mental health, mental health disorders, mental health literacy, psychiatrists, psychologists, psychotherapists, mental performance consultants and sport-integrated support teams*.

In addition, the following research questions guided the discussions during the two-day summit:

“1. What are the issues/experiences of stakeholders regarding the availability and effectiveness of mental health services for Canadian competitive and high-performance athletes?”

“2. What specialized collaborative mental health service delivery model can be feasibly designed and implemented in a Canadian Centre for Mental Health and Sport (CCMHS) to promote mental health and treat mental illness in this population?”

On day 1, focus group discussions were conducted to address both research questions. The sessions were audio-recorded and a student noted down the major themes on a flip chart in each focus group.

The result of the discussions was accumulated and finalized in a final document, which was shared with all stakeholders in preparation for day 2.

On day 2, the group participated in a group mapping exercise derived from the themes listed on day

1. The objective was to transform the themes into a visual conceptual model from the planning/design phase to implementation phase by using a specific software. The steps that they followed were: 1. preparation, 2. generation, 3. structuring, 4. representation, 5. interpretation and 6. utilization. The group mapping exercise led to 104 unique statements regrouped in six (6) specific clusters (Service Delivery, Communications and Promotion, Business, Policy, and Operations, Partnerships, Education and Training and Research). The results of these specific cluster statements led to the development of six (6) principles to improve mental health services, programming and policy in Canadian sport.

These principles are:

- 1. Athletes Are Susceptible to Experiencing Mental Health Challenges and Disorders*
- 2. Sport Organizations Have a Duty to Protect the Mental Health of Athletes*
- 3. Coaches Have a Duty to Foster the Mental Health of Their Athletes*
- 4. Competitive and High-Performance Athletes Seeking Care for Mental Health Challenges or Disorders Are Best Served by a Specialized Interdisciplinary Mental Health Care Team*
- 5. Truly Comprehensive Integrated Support Teams in Sport Include at Least One Practitioner Who Can Address Mental Health Challenges and Mental Illness in Athletes*
- 6. Institutions Offering Programs to Train Mental Health Professionals Have a Duty to Provide Opportunities to Develop Sport-Specific Competencies*

A breakdown of these principles can be found in Annex 1.

3.3 Implementation phase of the CCMHS

The implementation phase is based on the case study done with an elite athlete and examines the process of this athlete going through the CCMHS; from referral, screening, treatment, and outcomes of care. The data for this phase was entirely taken and analyzed from the article “*Providing Mental Health Care to an Elite Athlete: The Perspective of the Canadian Centre for Mental Health and Sport Team*” (Van Slingerland et al., 2019).

3.3.1 Mental Health Care Team

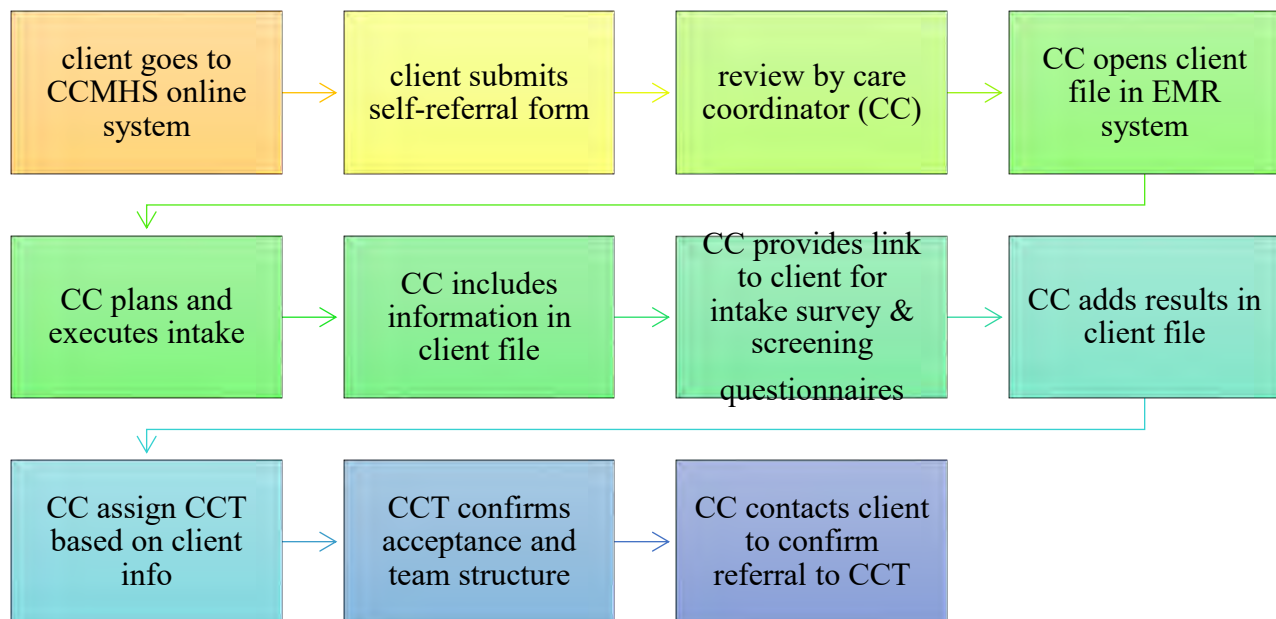
In 2020, the CCMHS included 16 mental health and mental performance specialists from several parts of Canada, including registered sports psychologists, mental performance consultants (MPCs), psychologists, counselors/psychotherapists, a psychiatrist, and a family physician. All had knowledge, experience, and competencies in competitive sports, which added an extra fit to the therapeutic alliance with the client. The CCMHS assigns at least two practitioners (lead and support) to each team for several reasons: 1. to ensure the availability for the client, 2. to accommodate time-zone differences, 3. to adhere to provincial restrictions on care provision (e.g. psychologists must be registered in the province in which their client lives) and 4. to encourage a culture of learning and development among the practitioners. In addition, all prospective clients must sign a consent form allowing information to be shared between the CCMHS practitioners.

3.3.2 Intake and Referral Process

The intake and referral process includes several steps. The prospective client consults the CCMHS online system and submits a self-referral form. This form is then received, reviewed, and processed by the care coordinator (CC) on eligibility based on inclusion criteria. The CC opens a client file in shared system of electronic medical records (EMR system) and contacts the client to schedule an online intake session using the secure online telehealth platform *Livecare*. The CC and client review

and fill in two information and consent questionnaires in this case study. In addition, they discuss important client information such as demographic information, reason for referral, sports history and current sports status, history and current core concerns and the overlap in sport and these core concerns, the client's support network, previous experience with psychological care and expectations of how the CCMHS might be helpful towards their request for help. During this intake session, the CC takes notes and includes them in the client's EMR and makes a preliminary assessment of the client's eligibility, needs, and best fit for a referral. The CC also provides information to the client on the referral procedure, estimated timelines, and next steps. After the completion of the session, the client receives a link to complete an online survey that is used to collect data on the client, such as living situation, employment status, hours dedicated to sport per week, and health history. The client is also requested to fill in 11 validated screening questionnaires to assess for mental health issues. A diverse working group of mental health practitioners with an affinity for sport, former athletes, and coaches chose these questionnaires. The intake survey includes questions to screen for immediate suicide risk. The results of the survey and questionnaires are then placed in the client's EMR. Based on the severity and complexity of the client's concerns and eventual provincial restrictions, the CC assigns a CCT (lead and support). Both confirm and accept the client and team structure. After this confirmation, the CC then contacts the client to confirm the CCT and transfers the client to the lead practitioner.

Figure 2. CCMHS intake and referral process



Inclusion criteria of prospective CCHMS clients

- 16 years and older
- Member of a sanctioned national sport organization
- Competing at provincial level or higher

Exclusion criteria

The CCMHS website mentions that it does not provide crisis services and that anyone who is (acutely) suicidal should contact emergency numbers, like 911, or go to the nearest hospital.

3.3.3 Treatment and Outcome

Treatment is usually based on an integrated care plan for the athlete. Treatment sessions can be executed either in person or through Livecare. In this case study there was significant progress for the athlete and the leading psychologist recommended completing the therapy sessions to maximize treatment outcomes as per the recommended guidelines.

3.3.4 Reflection through a Case Study

The implementation of the CCMHS care model was demonstrated in the abovementioned case study. Specific points were made evident through this case study: 1. The success of the model lies in the specialized mental health care to address sport-related factors that pose unique threats to the diagnosis and treatment of mental illness in athletes. 2. Offering athletes the opportunity to work with practitioners who can offer these competencies, knowledge, and experience in sport, allows these athletes to feel heard and understood. 3. When involving medication in the treatment of athletes, it is crucial to pay heed to the list of substances, in and out of competition, that are forbidden by the World Anti-Doping Agency. In addition, athletes can be especially worried about possible side effects of medication on their sports performances. 4. Digital challenges posed by telehealth waiting rooms and the availability of Wi-Fi. 5. Lack of research on the validity of internet-based and telehealth interventions for athletes specifically. 6. To prevent out-of-pocket expenses for athletes when the insurance does not cover certain health services, the CCMHS practitioners worked on a pro-deo basis during the first year. This is not a feasible model to sustain contingency. 7. Time zone challenges for the practitioner and athlete when scheduling sessions. 8. The availability of multi-disciplinary and colleague support and intervision or peer coaching for CCMHS practitioners to establish, implement, evaluate, and develop fitted care plans to meet the needs and demands of athletes. Considering these points, it is clear that the CCMHS appears to be a novel and promising pathway to fill a mental health gap in Canada for competitive and elite athletes.

3.4 Evaluation phase of the CCMHS

Data from the evaluation phase was entirely taken and analyzed from the article “*The Acceptability and Appropriateness of a Collaborative, Sport-Centered Mental Health Service Delivery Model for Competitive, and High-Performance Athletes*” (Van Slingerland et al., 2021).

In 2021, the CCMHS model was evaluated on its acceptability and appropriateness for competitive and high-performance athletes after being implemented for 16 months. Primary data was collected from practitioners and service users through semi-structured interviews and from CCMHS stakeholders during a project meeting. Secondary data was collected from clinical, policy, and procedural documents and were reviewed and analyzed to triangulate the primary data. The results will be discussed per component.

3.4.1 Acceptability

The results show that the CCMHS model successfully met all acceptability criteria. Both practitioners and service users provided instances of positive experiences such as trust, elevated self-confidence through support from the care coordinator, and reduced burden facilitated by virtual care delivery. Additionally, the care provided was perceived as ethical (e.g. confidential), effective (especially with a focus on sports, regarding time zone, physical distance, inter-jurisdictional barriers to practice, and technological difficulties), and coherent, as service users comprehended and applied the skills they learned during therapy. However, challenges to the model's acceptability included some negative affect like apprehension, communication difficulties between practitioners causing burden, and lack of intervention coherence due to collaboration issues among practitioners.

3.4.2 Appropriateness

Overall, the care provided or received through the CCMHS was perceived as appropriate [the right care (service characteristics), provided by the right practitioner (provider characteristics), to the right patient (client characteristics), in the right place, at the right time (contextual characteristics)]. The service characteristics refer to the specific focus on sports and sports knowledge, background, and experience of practitioners, which enhances trust in the practitioner. The provider characteristics refer

to the sports knowledge, background, and experience of practitioners, making them the right people to understand the athlete's sports environment. Balance. The intake process allowed clients and practitioners to be “matched” based on several factors, such as client needs, symptom severity, and location. This also contributed to perceptions of being the “right provider” to the athlete or service user. The contextual characteristics refer to the availability of telehealth; having their sessions from the comfort of their home, considering the amount and time they put into training, physical sessions might not be more time effective for some. The CCMHS Care Coordinator fulfills a central role in the effectiveness and quality of care. Previous research supports this notion.

Overall, the results indicate that the novel collaborative care offered by the CCMHS model was acceptable and appropriate to the practitioner and the service user and should be maintained. Some areas of improvement need to be worked upon.

3.5 Development of a Gold Medal Profile

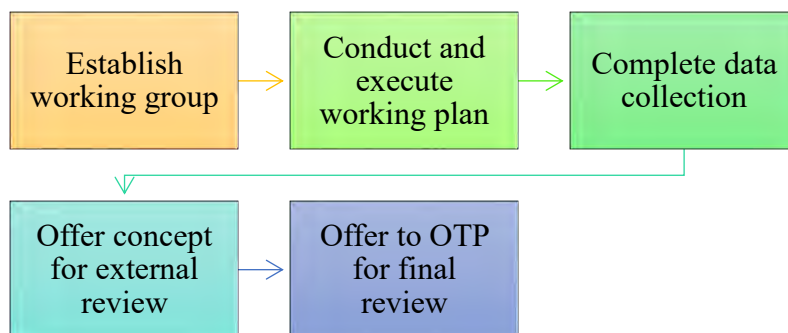
Data regarding the development of a Gold Medal Profile was entirely taken and analyzed from the article “*The Gold Medal Profile for Sport Psychology (GMP-SP)*” (Durand-Bush et al., 2022).

There has been an increasing interest in the link between mental performance and mental health in high-performance sports in Canada. In 2018, the foundation for the Gold Medal Profile in Sport Psychology (GMP-SP) was initiated and formally established by Own The Podium (OTP)—an organization that leads and funds Canada’s high-performance sport system to support athletes and coaches striving to win Olympic and Paralympic medals (Government of Canada, 2019; OTP, 2021).

A stakeholder group consisting of six experienced Canadian Mental Performance Consultants (MPCs) with experience in conducting research in sports established a working group for over two

years to collaboratively research, analyze, and identify mental performance competencies most relevant to athletes in high-performance sports specifically the Canadian context. Similar to the development of the CCHMS framework, this working group also used the PAR approach in order to compile the GMP-SP. The purpose of the GMP-SP is to function as a guide to practitioners and sports leaders to support athletes in their quest for development and podium success. At the first group meeting, a working plan was conducted and executed over the next couple of months. During that time, each member independently worked on their parts. After finalizing all data, the group listed the main competencies and constructs in a visualized concept model of the GMP-SP. This concept model went through an external review and a final review. Figure 3 depicts the entire process.

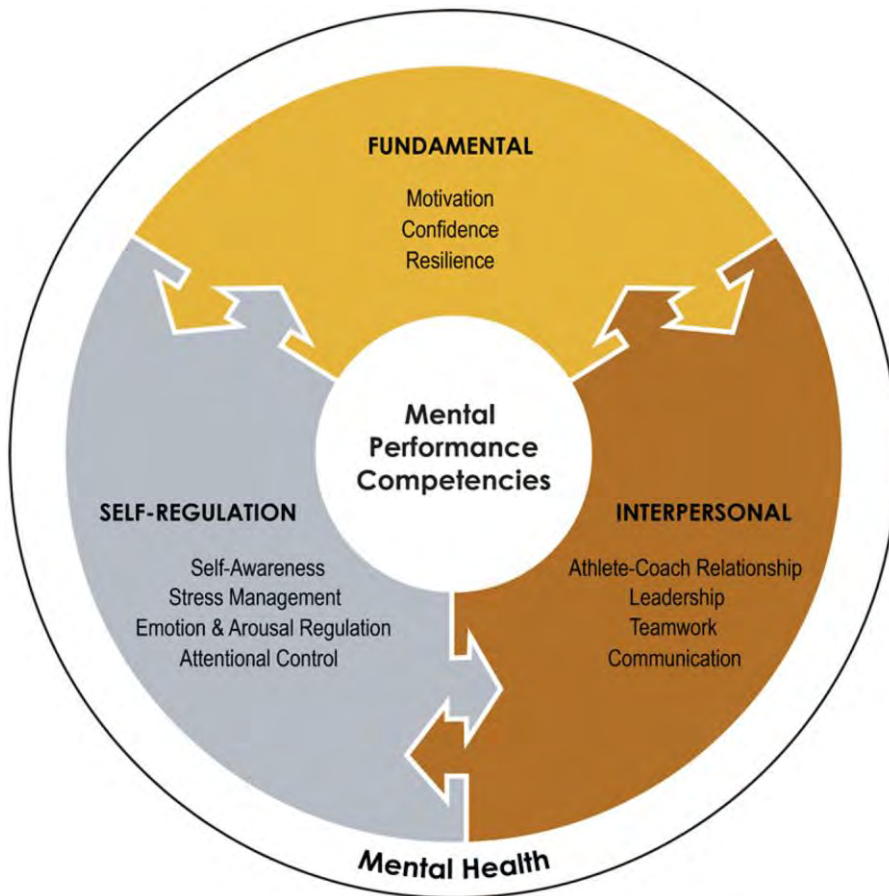
Figure 3. Development of the GMP-SP



The 11 mental performance competencies that have been identified and empirically linked to high-level performance are grouped under three (3) components: a. fundamental competencies (motivation, confidence, and resilience), b. self-regulation competencies (self-awareness, stress management, emotion, and arousal regulation, attentional control), and (c) interpersonal competencies (athlete-coach relationship, leadership, teamwork, communication). Gold, silver, and bronze medal successes were used as an analogy for these three components, indicating the priority of each component and its competencies for a high-performance athlete. The interconnectedness of mental health and athletic performance is illustrated through the

circular model in Figure 4. The central circle denotes the combined development of mental performance competencies and mental health, highlighting the cyclical nature of self-regulation. Foundational competencies are positioned at the top, signifying their crucial role in success and their contribution to the development of self-regulation and interpersonal competencies. The arrows between each competency category illustrate their interdependent nature and how they affect one another. All three categories of competencies converge at the center of the model, indicating their collective influence on mental performance. Moreover, these competencies extend outward to the outer circle, illustrating their impact on mental health and vice versa. The GMP-SP can help athletes reach their full psychological potential, increasing the likelihood of medal success. However, the researchers also acknowledge that more work is required to support the design, delivery, and tracking of sport- and context-specific interventions and that this framework will be one of the first efforts in that direction.

Figure 4. GMP-SP model derived from Durand-Bush et al. (2023)



3.6 Interview with CCMHS lead researcher

On June 24, 2024, an interview was scheduled with Krista Van Slingerland, the lead author and researcher of the CCMHS, through Zoom. She cleared some remaining information gaps and provided suggestions for setting up a mental health framework in Suriname. The questions and answers to this interview will be described below.

1. “How were the CCMHS practitioners recruited?”

To answer this question, the interviewee stated that in order to set up the CCMHS, stakeholder meetings were held first. The recruitment of these stakeholders primarily came from personal networks and legitimate references with a background in sports. The entire design phase with these stakeholders was based on volunteer work. During the implementation phase, practitioners were remunerated for their services, as the CCMHS wanted to prevent athletes from paying for these services out-of-pocket. However, the extra administrative time practitioners put into the collaborative care was a lot and unpaid. This issue has not been sorted out yet since the implementation of the CCMHS. The out-of-pocket fees refer to the nature of Canada’s health care system, which is publicly funded. The health insurance system in Canada covers medical services 100% that are provided by either a physician or a medical specialist unless you have a private insurance health plan for extra services. Services, for example, a psychologist or physiotherapist, must be paid out-of-pocket.

2. “Is the intake session always executed by the Care Coordinator (CC)?”

To answer this question, the interviewee stated that the intake session is always done by the CC, amplifying the importance of this role within the CCMHS. This intake session is free, and an electronic record is kept. Currently, the funding for this position is primarily from the lump sum the CCMHS receives annually from Game Plan.

3. “What must be the credentials of the CC, considering they review the referral?”

To answer this question, the interviewee stated that there has been some criticism regarding the credentials of the CC as they are MCPs and not registered psychologists. However, the set-up of the

CCMHS and the positions within this framework are legally protected. In addition, every potential client signs a consent form in which it is stated that information will be shared among the team.

4. “The mental health gap for athletes that was identified in Canada, is similar in Suriname. There are no sport-specific MH professionals. Considering this, what are the key steps involved in establishing a comprehensive mental health framework specifically tailored for athletes?”

5. “There are no MCPs in Suriname; just general psychologists, psychiatrists, physicians, and social workers. What alternatives are possible to set up an integrated care team?”

To answer these two questions, the interviewee stated that building a mental health framework will take a lot of time and commitment from a group of people. Key elements to consider are: 1. offering collaborative care is crucial as scientific research shows that this approach works best; 2. gaining support from relevant and necessary stakeholders; 3. building networks with people from other countries who have been in similar working groups, to learn from each other and possibly have training and courses offered by them; 4. persevere and push through, because people don’t always see the long-term results of mental health and sometimes it’s just not a priority; 5. consider the sports culture in one’s own country and sport-specific factors; 6. have a lawyer review the consent form and inform the user if the platform is a secure or non-secure form of communication; and 7. be transparent about how the funding will be spent. Potential sponsors are not always willing to fund the administrative side of an organization.

6. “Suriname doesn’t have a law on the digital privacy of patients yet. In addition, Wi-Fi is not always guaranteed in certain areas. Would offering telehealth and digital interventions be a legal and feasible possibility?”

To answer this question, the interviewee suggested that it is crucial to have legal protection. However, if that is not the case, it is important to inform the user in the consent form that the form of communication is not secure. It may be helpful if a lawyer would help you look at such a consent form.

7. “The CCMHS has a specific secured line for Livecare. How was that established?”

To answer this question, the interviewee stated that Livecare was used because of its availability, compliance and it is specifically tailored for the healthcare industry. For example, Livecare is encrypted end to end, its servers are in Canada, and the Healthcare Information Protection Act legally protects it.

8. “How did the CCMHS tackle the funding issues after the first year?”

To answer this question, the interviewee stated that funding the CCMHS has been a challenge, especially after the first year. Funding is primarily from Game Plan, a top-tier program that provides comprehensive support for the well-being and performance of athletes at all stages of the Olympic and Paralympic journey. In addition, a percentage of the income of CCMHS practitioners, workshops, and sponsors also goes towards funding the CCMHS. Lastly, after removing the physical working location they used to establish the legitimacy of the CCMHS, they were able to save on costs related to the building.

9. “Did the CCMHS observe a reduction in stigmatization/increase in help-seeking behavior from athletes? How many athletes have made use of the CCMHS services?”

To answer this question, the interviewee stated that although there has been no official evaluation of the numbers (increase in help-seeking from athletes), the CCHMS protects the anonymity of their clients. However, the interviewee added that there has been a significant increase in testimonials from athletes who have used these services and their positive experiences with them. Game Plan does possess certain reports on these numbers.

10. “What metrics/indicators can be used to assess the impact and effectiveness of the mental health framework once it is in place?”

To answer this question, the interviewee stated that evaluation of a mental health framework can be done either through quantitative (pre-posttests) or qualitative (testimonials, interviews with athletes, coaches or practitioners) methods.

3.7 Interview with the Secretary General of the NOC

On June 25, 2024, an interview was held with the Secretary-General (SG) of the SOC, Dennis MacDonald, concerning the financial implementation of a future mental health framework for athletes. The questions and answers to this interview will be described below.

1. “What resources or support does the National Olympic Committee provide for athletes' mental health and well-being?”

To answer this question, the interviewee stated that currently, there is no budget within the SOC for mental health and well-being for athletes. The budget we receive from the IOC is only for administrative purposes and day-to-day business.

2. “Are there existing programs or initiatives related to mental health within the organization that can be integrated into a new mental health framework?”

To answer this question, the interviewee stated that the NOC does not really have any existing programs or initiatives within the NOC. The Athlete’s Commission does have an ongoing project now on Safeguarding and the implementation of a Code of Conduct for NFs. For the implementation of a future mental health framework in Suriname, it could be beneficial to see how the Safeguarding initiative can be integrated into this framework or exist alongside it.

3. “How can external funding sources or partnerships be secured to support the implementation of a mental health framework?”

To answer this question, the interviewee stated that project proposals on mental health in sports can be submitted to and eventually funded by Olympic Solidarity (OS). External funding should be initiated more by the SOC; resuming talks with stakeholders from the government and private sector to secure more funding for sports initiatives by the SOC. Suriname does not have a sports law and there is no financial obligation from the government towards the SOC. In the past, the government made some promises, but until now, no action has been taken to commit to these promises.

4. “How can athletes, coaches, and other stakeholders be educated and trained to effectively support mental health initiatives within the sports community?”

To answer this question, the interviewee emphasized that mental health in sports is important, and there should be more awareness towards athletes, coaches, NOC members and other entourage members about the impact it could have on especially athletes and their performance. However, stigma in Suriname could pose a problem for this.

5. “Are there specific policies or protocols that need to be considered when developing a mental health framework for athletes under the National Olympic Committee's jurisdiction?”

To answer this question, the interviewee stated that there are no specific protocols and policies from the SOC to consider if a mental health framework will be implemented in the future. The national and international competition calendar will perhaps differ for certain sports. The SG recommends starting with a pilot implementation of a mental health framework, to get an estimate on the finances and how it will work.

4. DISCUSSION

The purpose of this study was to benchmark the mental health framework from Canada, acquire more knowledge into the key processes, key elements and key considerations of this framework, and provide recommendations on how these can be incorporated into a future mental health framework in Suriname. In addition, two interviews were conducted: one with one of the pioneers of the Canadian mental health framework and one with the Secretary General of the NOC of Suriname to gain some technical knowledge on the feasibility and possible pitfalls of such a mental health framework.

The main research question was: **“Based on the current situation, how can the SOC develop and implement a mental health framework for Surinamese athletes?”**

The sub-research questions are:

- a. What are the key elements of the Canadian mental health framework for athletes that can be implemented in a mental health framework for athletes in Suriname?
- b. What are the key considerations from the Canadian mental health framework for athletes that should be paid extra attention to when designing a mental health framework for athletes in Suriname?

In this chapter, there will be several points of discussion based on the review of literature, the benchmarking case, and the interviews that were conducted.

Stigmatization of mental health is still an issue

The World Health Organization (WHO) officially recognized mental health as an integral part of overall health in 1946 (WHO, 2023). Only in 2018, did the IOC Medical & Scientific Commission provide a consensus statement regarding mental health in elite sports (Reardon et al., 2019), and in 2020, mental health was included in the Olympic Charter as a top priority. Why did it take so long for the sports industry to wake up? Research on mental health in sports, particularly pertaining to high performance and elite athletes, has only garnered widespread attention in the past decade (Brenner, 2007; Lang & Hartill, 2014; Schwellnus et al., 2016; Soligard et al., 2016; Joy et al., 2016; Gustafsson et al., 2018; Hiremath, 2019; Malm et al., 2019; Congsheng et al., 2022;; Rice et al, 2016; Ohlert et al., 2020; Muhsen & Muhsen, 2020; Howie et al., 2022; Eather et al., 2023). This is largely due to athletes themselves speaking out about their experiences and challenges. The literature suggests that stigma surrounding mental health remains a significant issue, both in general and within the context of high-performance and elite sports (Van Slingerland et al., 2019). In the development of the CCMHS, efforts to combat stigma centered on dispelling misconceptions about mental health through clear and accessible language. Additionally, discussing these misconceptions was used as an educational tool for athletes, coaches, and organizations. However, it was observed during the evaluation phase that some athletes still exhibited apprehension, which in turn impacted their willingness to seek help (Van Slingerland et al., 2019). The Secretary General of the NOC in Suriname also confirmed that stigma towards mental health is a general issue in Suriname and should be considered when implementing mental health initiatives (personal communication).

Lack of specialized mental health professionals within the sport context

One potential challenge is the shortage of mental health professionals with specialized knowledge in the sports context in Suriname. This issue was also identified in Canada in 2017, as very few psychiatrists, psychologists, and psychotherapists specialized in providing mental health care for high-performance and elite athletes. The European Federation of Sport Psychology (FEPSAC) emphasized the importance of including practitioners in mental health with insight and expertise from a competitive sports context. Therefore, when designing the CCMHS, it was crucial to ensure that the mental health professionals involved had knowledge, experience, and competencies in competitive sports. This not only allows athletes to feel listened to but also understood, potentially increasing their willingness to seek help in the future. However, it should be noted that sports culture or sport-specific factors in each country should be considered as well (Van Slingerland et al., 2019). The CCMHS-lead researcher, Krista Van Slingerland, confirmed this notion (personal communication). The literature also suggests that this team of mental health professionals should remain a third party or maintain a certain distance from the NOC to uphold trust and confidentiality. The CCMHS in Canada is a non-profit organization specialized in sport-focused mental health care services for athletes and coaches and works closely with relevant sports stakeholders like the Canadian Olympic Committee (COC), yet maintains a certain distance to uphold trust and confidentiality (Van Slingerland et al., 2019). Therefore, Suriname will have to overcome challenges such as the shortage of mental health professionals with specialized knowledge in sports and ensuring that this group of professionals is organized within a non-profit organization that maintains a certain distance from the Suriname National Olympic Committee. It is also important to note that sport-specific factors and sports culture may differ in Suriname.

Building a mental health framework will take time

The development, implementation, and evaluation of the CCMHS was a lengthy process that involved the dedication of numerous professionals in a collaborative working group (Van Slingerland et al, 2019; Van Slingerland et al, 2019; Van Slingerland et al., 2021). The recruitment of these professionals was primarily achieved through personal networks and credible references with a background in sports. The design phase relied on the voluntary contributions of these stakeholders. Throughout the implementation phase, practitioners were compensated for their services to ensure that athletes did not have to bear the cost of these essential services. Establishing this framework required significant time and effort to persuade multiple individuals as mental health outcomes are not always immediately apparent and, therefore, may not be viewed as a top priority (personal communication). This process and certain challenges may be the same for Suriname in the future. In addition, the lack of prioritization is also evident in the current mental health gap in Suriname (Jadnanansing, 2022), the insufficient financial resources allocated by the government for mental health initiatives (Staatsbegroting, 2023), and the lack of data from the Suriname sports setting on mental health (personal communication).

Funding challenges

According to the lead-researcher from the CCMHS, Krista Van Slingerland, obtaining funding was a challenge. While practitioners were reimbursed for their time and services during the voluntary design phase, the additional administrative work required for collaborative care went unpaid. This issue has remained unresolved since the CCMHS's implementation. The out-of-pocket fees are a result of Canada's publicly funded healthcare system, which covers 100% of medical services provided by physicians or medical specialists unless individuals have private insurance for additional

services. Services such as those provided by psychologists or physiotherapists must be paid for out-of-pocket. The CCMHS receives an annual lump sum from Game Plan. A percentage of the income of CCMHS practitioners and income from workshops and sponsors also goes towards funding the CCMHS. Van Slingerland recommends transparency with potential sponsors regarding how the funds will be utilized (personal communication). Notably, the NOC in Suriname lacks a budget for athletes' mental health and well-being. The budget from the IOC is solely for administrative purposes and daily operations. The SG also mentioned that project proposals relating to mental health in sports can be submitted to Olympic Solidarity (OS) for potential funding. The NOC acknowledges the need for more efforts to secure additional funding from the government, private sector, or sponsors (personal communication). In addition, the government also has not allocated a specific budget for mental health in Suriname (Staatsbegroting, 2023).

Differences in sport policies and legislation

Another essential area of discussion pertains to the sport policies and legislation enforced by the IOC and particularly within the Canadian sporting context. The IOC has undergone a revision of the Olympic Charter, emphasizing mental health as a paramount concern within the organization and mandating rules pertaining to the Basic Universal Rules of Good Governance aimed at safeguarding athletes' physical and mental well-being (IOC Mental Health Action Plan, 2023). Notably, Canada has demonstrated its commitment to the holistic well-being of athletes through the enactment of the Physical Activity and Sport Act (S.C. 2003, c.2), addressing their physical, mental, and emotional health.

During the developmental phase of the CCMHS, the associated working group collaborated to establish six principles with the aim of enhancing mental health services, programming, and policy

within Canadian sport. These principles encompass recognizing the susceptibility of athletes to mental health challenges and disorders, as well as delineating the duty of sports organizations and coaches in safeguarding and nurturing the mental health of athletes. Furthermore, it is underscored that a robust support system within sports should comprise practitioners capable of addressing mental health challenges and illnesses among athletes.

The CCMHS utilizes the Livecare telehealth platform due to its accessibility, regulatory compliance, and industry-specific customization. Livecare employs end-to-end encryption, hosts its servers in Canada, and is legally safeguarded under the Healthcare Information Protection Act (personal communication).

Additionally, the CCMHS has clearly defined inclusion and exclusion criteria (Van Slingerland et al., 2019), while also maintaining legal protection for its framework and associated positions (personal communication). In Suriname, the NOC does not have specific protocols and policies as yet to consider if a mental health framework for athletes will be implemented in the future (personal communication). The literature addresses specific sports policies from the global governing body, the IOC, that each National Olympic Committee (NOC) must adhere to ensure athletes' physical and mental well-being. Surprisingly, the NOC did not mention these policies. The Canadian government has taken measures to safeguard athletes' well-being by enacting a sport law. It is worth noting that Suriname currently lacks any sports laws, and there are no ongoing initiatives by relevant stakeholders to advocate for the development and enforcement of such legislation.

Culture differences and sport specific factors

In every article about the CCMHS that is discussed in this paper, it is explicitly emphasized that the CCMHS has been researched within the Canadian context (Van Slingerland et al., 2019, 2021). Krista Van Slingerland emphasized this by stating that consideration of sports culture in one's own country and sport-specific factors are very important when using the CCMHS as a standard to build a mental health framework for athletes in Suriname (personal communication). This may also apply to the mental performance competencies developed in the Gold Medal Profile (Durand-Bush et al., 2022).

In the Surinamese sports landscape, there are a few key distinctions: 1. High-performance and elite athletes are primarily active in and around the capital city, Paramaribo, benefitting from superior and available sports infrastructure, facilities, and access to government sports structures. If high-performance sports become more decentralized in the future, this trend may shift, 2. Similarly, mental health practitioners, including psychologists and psychiatrists, are predominantly concentrated in Paramaribo. While this centralization eases access for athletes, it could restrict mental health services for athletes residing and training in distant districts. Failure to decentralize mental health services may compel athletes to relocate to the city, causing added stress associated with being away from family, schools, and the challenges of securing alternate employment and housing, 3. Given the similar mindset towards success shared by high-performance and elite-level athletes, it is likely that the mental health performance competencies among Surinamese athletes do not differ significantly. However, the lack of professionalization of sports in Suriname, as compared to Canada, may present obstacles to achieving the same level of success on the medal podium. 4. Suriname, being a low and middle-income country (LMIC), does not have access to the same financial resources for sports investment as Canada, a high-income country (World, 2024). Finances are a major factor in sports development, and currently, there is a lack of funding for mental health initiatives in general. , 5. The

population of around 600,000 is a significant factor in shaping the participation of both amateur and professional athletes in sports, as well as influencing the development of sports and the caliber of athletes produced. This fact is supported by the existence of just 17 national federations, two of which are dedicated to non-Olympic sports. 6. Additionally, due to its tropical climate, the country has exclusively participated in the Summer Olympics thus far, and this trend is likely to persist in the near future.

5. CONCLUSION

Based on the data collection of the benchmarking study and the interviews with the Secretary-General from the NOC of Suriname and Krista Van Slingerland, lead researcher of the CCMHS, the following conclusions and recommendations have been made in regard to the mental health of athletes:

The benchmarking study of the Canadian Center for Mental Health and Sport (CCMHS) provides valuable insights into the effectiveness of its model in promoting mental health and well-being in sport. The CCMHS's comprehensive approach, which incorporates education, screening, and support, demonstrates its commitment to creating a mentally healthy sport environment. The study highlights several key elements that contribute to the CCMHS's success, including:

1. Collaborative care teams: Integrating mental health professionals, sports professionals, and educational resources enables the CCMHS to provide holistic support to athletes. A practitioner's background in sports helps the therapeutic alliance significantly.
2. Employing evidence-based interventions: The CCMHS's use of evidence-based practices and programs ensures that athletes receive effective interventions that address their specific needs.
3. Athlete-centered approach: The centre's focus on athlete-centred care empowers athletes to take an active role in their mental health and well-being.
4. Education and awareness: The CCMHS's efforts to educate athletes, coaches, and support staff about mental health promote a culture of understanding and acceptance.

However, this study also identifies key considerations that should be taken into account when using the CCMHS as a standard:

1. Culture and sport-specific factors: The effectiveness of the CCMHS is due to its set-up being focused on the Canadian sporting context and sport-specific factors.
2. Sustainability: The CCMHS's long-term sustainability relies on ongoing funding, and income from practitioners, workshops and sponsors.
3. Sport policies and legislation: The CCMHS has clearly defined inclusion and exclusion criteria while also maintaining legal protection for its framework and associated positions. In addition, every NOC has to abide by the revised rules set by the IOC regarding safeguarding athletes' physical and mental well-being. The NOC has already started with a Safeguarding campaign initiated by the Athletes' Commission and future efforts to align these initiatives with mental health services should be considered as well.
4. Funding: The set-up and sustainability of the CCMHS has its funding challenges. Governments and organizations are less likely to invest in or fund mental initiatives because the outcomes and benefits are usually manifested in the long term. Currently, mental health is not a priority for the Surinamese government as there is no budget allocated in the annual government budget over 2024 for mental health. In addition, the NOC does not have extra budget for mental health initiatives.

In conclusion, the Canadian Center for Mental Health and Sport serves as a valuable model for promoting mental health and well-being in sports. However, its implementation requires consideration of contextual factors, sustainability, sports policies and legislation and funding. By acknowledging these key elements and considerations, sports organizations can adapt the CCMHS model to their unique needs and contexts, ultimately contributing to a healthier and more successful sports environment for athletes.

5.1 Proposed Mental Health Framework Suriname

Developing a mental health framework specifically tailored for high-performance athletes in Suriname is crucial for enhancing their overall well-being and in order to reach performance that will result in medal success. A pre-requisite for setting up this framework should be considering the abovementioned factors like culture and sport-specific factors, and the sustainability of this framework which includes funding and having sports policies and legislation in place. In addition, the group of professionals offering these mental health services should be grouped in a non-profit organization, keeping a certain distance from the NOC. It is also of imminent importance to address inclusion and exclusion criteria as well. These considerations will be addressed in the recommendations section. Some specific key mental health care components to consider when creating such a framework:

1. **Comprehensive Mental Health Support:**

- Provide access to a range of mental health professionals, including psychologists, counselors, and psychologists, who have experience working with high-performance athletes.
- Offer individual and group counseling sessions, mental skills training, and performance coaching to support athletes in managing stress, anxiety, and performance-related issues.

2. **Regular Mental Health Screenings:**

- Implement routine mental health screenings to proactively identify any potential issues or concerns among high-performance athletes.

- Utilize validated assessment tools to assess athletes' mental well-being and track changes over time.

3. Psychological Preparation:

- Develop mental training programs that focus on building resilience, coping strategies, goal-setting, visualization, and self-talk to enhance athletes' mental toughness and performance under pressure.
- Provide support for athletes to manage expectations, handle setbacks, and maintain motivation during challenging periods.

The Gold Medal Profile can be a helpful tool for identifying and working on these mental performance competencies. As these competencies may be similar for any high-performance or elite athlete, adaptation might not be necessarily needed.

4. Holistic Well-being Approach:

- Promote a holistic approach to well-being that includes physical health, nutrition, sleep, recovery, and work-life balance alongside mental health support.
- Encourage the development of healthy habits and routines to optimize athletes' overall well-being.

5. Stigma Reduction and Awareness:

- Raise awareness about mental health issues and reduce stigma within the high-performance sports environment.
- Conduct educational workshops, seminars, and campaigns to promote open conversations about mental health and encourage help-seeking behavior.

6. Supportive Team Environment:

- Foster a supportive team environment where athletes feel comfortable discussing mental health concerns and seeking assistance.
- Train coaches, trainers, and support staff to recognize signs of mental health issues and provide appropriate support and referrals.

7. Continuity of Care:

- Establish protocols for continuity of care, including follow-up sessions, ongoing monitoring, and access to support services beyond the competitive season.
- Ensure that athletes have access to mental health resources even when they are not actively competing.

By implementing a tailored mental health framework for high-performance athletes in Suriname, you can help optimize their psychological well-being, resilience, and performance, ultimately contributing to their success in sports and personal growth.

To effectively implement this framework, the Suriname NOC will need to allocate additional funds to their administrative budget and appoint a project lead with the authority to oversee all aspects of the project, from planning to evaluation. It is important to note that the researcher, being a member from a National Federation, has a defined scope of work and limited authority.

Recommendations

Recommendation 1: To reiterate, to effectively implement this framework, the Suriname NOC will need to allocate additional funds to their administrative budget and appoint a project lead with the authority to oversee all aspects of this project, from planning to evaluation. This should pose no problem as the IOC has recently announced an 11 per cent increase for all NOCs in the budget allocated to management programs, with additional support for those NOCs with specific administrative needs. Upon the successful hiring of the project lead for this project, the following recommendations will be included as part of project tasks and deliverables, involving relevant stakeholders. By January 2024, the SOC should have hired a project lead.

Recommendation 2: The project lead will have to approach a team of mental health professionals dedicated to working with high-performance and elite athletes in Suriname, who will remain a third party. Ideally, to keep a certain distance, the group should establish a non-profit organization in order to have with legal working ground and relationships with relevant stakeholders like the NOC. This entire process of assembling a working group, establishing contact with, and recruiting mental health professionals will be conducted from February to April 2025.

To approach this team, the project lead and team should:

1. Initiate Contact: Contact and recruit different mental health professional associations, such as psychologists, psychiatrists, and social workers, who have experience working with athletes and with strong credentials and connections in the sports community. Inquire if they are willing to offer the

services outlined in the second recommendation, which involve providing mental health support to athletes in a collaborative setting. These associations can be the Surinaamse Vereniging van Psychologen & Orthopedagogen (SVPO), department or union branch of Psychiatry of the Psychiatrisch Centrum Suriname (PCS), Vereniging van Sociaal Werkers in Suriname (VSW) and Vereniging van Medici (VMS).

2. Training and courses: Provide specific training and courses, through partnerships with other countries like Canada, to the recruited mental health professionals with or without a sports background who are dedicated to working with high-performance and elite athletes to enhance their understanding and competencies when working with this specific population. Training programs should be made culturally sensitive and reflect sports culture in Suriname. These training programs could comprise biannual two-day seminars, supplemented by an annual refresher course that integrates scientific updates and evidence-based strategies.

3. Funding: Funding for these services, “hired team” and offering training and courses should be arranged, either through Olympic Solidarity (OS) or project requests to the National Sports Commission in Suriname. The NOC should also seek more funding opportunities in sponsors, so increase their budget for mental health initiatives. Olympic Solidarity (OS) prioritizes projects that focus on addressing the mental health of athletes, in line with the IOC's objectives. However, all project proposals requiring OS funding must be channeled through the NOC. The project lead can seek guidance from the NOC supervisor, who is well-versed in OS guidelines for drafting project proposals and can offer valuable assistance in developing a successful proposal for the OS. The timeline for this will be by March 2025 the project proposal should be submitted and granted by the OS.

Recommendation 2: Stigma reduction and awareness of mental health in the Surinamese sporting context

To reduce the stigma around mental health in sports, the NOC in Suriname should invest in stigma reduction programs and other educational programs about mental health. This can be eventually done with the “hired team mental health professionals”. Specifically, they can:

- 1. Establish common understanding:** Identify the misconceptions around mental health (in sports) and clarify them towards athletes, coaches and their NFs. The hired team of mental health professionals will hold regular group meetings in July 2025 to: 1. Identify and address misconceptions about mental health in sports, 2. Establish fundamental principles regarding mental health in sports for all NFs and the NOC to adhere to, 3. Define the inclusion and exclusion criteria for mental health care for high-performance and elite athletes.
- 2. Education and Awareness:** Provide comprehensive education on mental health issues, including common conditions, symptoms, and treatment options specifically in the sports context. This can help athletes, coaches, NFs, the NOC and other stakeholders better understand mental health and reduce the stigma associated with seeking help. These sessions will be scheduled between August – October 2025.

Recommendation 3: Sport policies and legislation

1. Sport policies within the NOC

The NOC should commit more time and resources (human and financial) to implement sports policies regarding mental health from the International Olympic Committee (IOC) to prioritize the well-being

of its athletes. The NOC can promote the importance of IOC sport policies on through the media and their social media. This is a task for their marketing department.

- This can be done by developing a comprehensive mental health strategy that acknowledges the importance of mental well-being in high-performance sports. This strategy should include programs and initiatives that promote mental health awareness, provide access to counselling services, and reduce the stigma surrounding mental illness. This strategy can be developed together with the board and staff of the NOC, Athletes Commission, and the hired team of mental health professionals.
- The NOC should also establish a mental health support system that provides athletes with access to trained professionals, such as psychologists and sport psychologists, who can provide individualized support and guidance and collaborative care. This will be done when they hire a project lead to write out the project proposal for the OS (see recommendation 1).
- Additionally, the NOC should encourage open dialogue about mental health within the athletic community, promoting a culture of openness and understanding.
- Furthermore, the NOC should increase the promotion of available resources and education for athletes, and coaches and entourage members from the Athlete365 platform. This information can be accessed through their social media page and mailing list (NFs, coaches, and athletes).

By implementing these policies, the National Olympic Committee of Suriname can create a supportive environment that prioritizes the overall well-being of its athletes, ultimately enhancing their performance and longevity in sports.

2. National Sports law

A National Sports Law would provide a framework for governing bodies, coaches, and support staff to prioritize athletes' well-being, ensuring that mental health services are integrated into sports

programs and training regimens. This would enable Suriname's athletes to perform at their best while also promoting a healthy and sustainable sports culture. The NOC should take the initiative to commence discussions with the Ministry and Director of Sports. Having established a concept by March 2026, the process of enacting and enforcing a law through parliament should come into effect by December 2026.

Priority	Recommendation	Action	Lead	Resources	Timeline	Critical success factors
1	Hire Project Lead	Recruit and hire project lead	NOC	Time Travel Expense	By January 2025	The right person with a background in mental health and sports
2	Identify MH team					
	Initiate contact	Contact, select & hire team	Project Lead, Board NOC/ Office Manager NOC	Time Travel Expense	By February 2024	Commitment of Project lead, NOC and willingness of mental health professionals to participate
	Education and courses	Collaborate with professionals	Experts from abroad (Canada)	Time Travel Expense	3 2-day seminars in 2025 after	Networking and lobbying and with experts

		who can offer these and share their knowledge and expertise			having established contact and an agreement	from Canada, funding of expenses
	Funding	Seek and increase funding opportunities	Project lead NOC Office Manager/ NOC supervisor	Time Travel	By March 2025	Approval and commitment of NOC board / Office Manager/OS
2	Stigma reduction and awareness					
	Establish common understanding	Increase understanding of mental health concepts in athletes, coaches, NFsetc.	“Hired team”	Time Travel Expense	By July 2025	Commitment, Funding, mental health professionals with a sports background, media involvement
	Education and awareness	Increase education and awareness	“Hired team”	Time Travel Expense	August-October 2025	Commitment, Funding, mental health

		about mental health among athletes, coaches etc.				professionals with a sports background, media involvement
3	Sport policies and legislation					
	Sport policies within NOC	Incorporate and promote a Mental health strategy in their national sport policies developed by several stakeholders and taken from the IOC	Marketing department NOC with approval from Board NOC	Time Expense	February 2025	Approval and commitment of NOC, (social) media promotion
	National Sport Law	Legislation by government	President NOC, SG NOC, The Athlete's Commission,	Time Travel Expense	December 2026	Networking and lobbying with politicians, lawmakers, civil

			<p>The President of NF's, The Ministry of Sport, National Sports Commission, The Parliament,</p>			<p>servants and athletes</p>
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Research limitations

Research studies, while informative and enlightening, are not without their limitations. In this section, the limitations of the study will be described. It is important to consider these limitations when interpreting the results of a research study, as they can influence the generalizability and reliability of the findings.

Regrettably, due to time constraints, the researcher was unable to interview a more extensive array of stakeholders or experts and gather additional data. Given a more generous timeframe, the researcher would have been able to conduct a more comprehensive set of interviews with experts in the field of mental health in sports or have the opportunity to benchmark another country as well.

Considering the sensitive nature of the topic and the potential risks associated with disclosing or discussing delicate information with the interviewees, the interviews were not recorded. In the absence of a recording, there is a possibility that the interviewer's notes could be influenced by bias or subject to interpretation, which in turn could affect the accuracy of the information gathered. Another weighing factor was the adverse weather conditions that have affected the country the last month with power outages, which would have affected any recordings.

There is no existing research on mental health in athletes in Suriname, making it challenging to identify trends or patterns in mental health among athletes and develop a robust research design and methodology. In addition, conducting research with human participants raises ethical concerns, such as informed consent, confidentiality, and potential harm to participants. In a small country like Suriname, these considerations may be particularly important due to the sensitive topic of mental health and its potential impact on individual athletes and communities.

Unfortunately, the first attempt at conducting a quantitative research study experienced a significant non-response rate from the target groups. This low response rate could be attributed to a few factors:

1. Cultural and societal norms in Suriname may lead to mental health being perceived as a personal issue rather than a valid concern, particularly in (sports) cultures. Athletes might feel that discussing mental health is not within the scope of their responsibilities, or simply not a priority.
2. There may be a notable lack of awareness about mental health among athletes, coaches, and sports administrators. This lack of understanding can contribute to misconceptions about mental health.
3. Stigma surrounding mental illness may lead athletes to feel reluctant to open up about their mental health concerns due to the fear of judgment, being labelled as "weak," or seen as a liability, and the fear of exclusion from their team or competitions.

This missed opportunity for collecting and analyzing quantitative data has restricted Suriname's ability to obtain research insights on mental health in sports, potentially limiting the decision-making options. Furthermore, the low response has caused a significant delay in the progress of this study.

In every article about the CCMHS, it is explicitly emphasized that the CCMHS has been researched within the Canadian context. As a result, the applicability of the CCMHS framework may be subject to cultural constraints outside of its original context, necessitating adaptation for implementation in other countries.

In conclusion, this study has provided valuable insights into mental health in sports and the potential for developing a mental health framework for athletes in Suriname. However, it is crucial to acknowledge the inherent limitations that may have influenced its recommendations and conclusions.

References

- Algemeen Bureau voor de Statistiek in Suriname.” Resultaten achtste (8e) volks – en woningtelling in suriname | Algemeen Bureau voor de Statistiek in Suriname [Internet]. Available from: <https://statistics-suriname.org/nl/resultaten-achtste-8e-volks-en-woningtelling-in-suriname/>
- [Algoe, K. \(2023, October 11\). Personal communication \[WhatsApp\].](#)
- Baarda, D.B., & de Goede, M.P.M. (2001). Basisboek methoden en technieken: Handleiding voor het opzetten en uitvoeren van onderzoek (3rd Ed.). Wolters-Noordhoff.
- Bhutta, M. & Huq, Faizul. (1999). Benchmarking – Best Practices: An Integrated Approach. Benchmarking: An International Journal. 6. 254-268. 10.1108/14635779910289261.
- Brenner J.S. (2007). Overuse injuries, overtraining, and burnout in child and adolescent athletes. Pediatrics.;119:1242–1245. doi: 10.1542/peds.2007-0887.
- Congsheng L, Kayani S, Khalid A. (2022) An empirical study of physical activity and sports affecting mental health of university students. Front Psychol. doi: 10.3389/fpsyg.2022.917503. PMID: 36118484; PMCID: PMC9478583.
- Derogatis L.R., Lipman R.S., & Covi L. (1973). SCL-90: an outpatient psychiatric rating scale- preliminary report. Psychopharmacology Bulletin, 9(1), 13/28. [PubMed]
- Durand-Bush, Natalie & Baker, Joe & Berg, Frank & Richard, Véronique & Bloom, Gordon. (2022). The Gold Medal Profile for Sport Psychology (GMP-SP). Journal of Applied Sport Psychology. 35. 1-24. 10.1080/10413200.2022.2055224.
- Eather, N., Wade, L., Pankowiak, A. et al. The impact of sports participation on mental health and social outcomes in adults: a systematic review and the ‘Mental Health through Sport’ conceptual model. Syst Rev 12, 102 (2023). <https://doi.org/10.1186/s13643-023-02264-8>

- Freytag, Per & Hollensen, Svend. (2001). The process of benchmarking, bench learning and bench action. *The Tqm Magazine*. 13. 25-34. 10.1108/09544780110360624.
- Gouttebarger V, Castaldelli-Maia J.M., Gorczynski P, et al. (2019), *Mental Health in Elite Athletes: International Olympic Consensus Statement*, *Br J Sports Med*;53:700–707.
- Government of Canada. (n.d). 2019 Canadian high performance sport strategy.
<https://www.canada.ca/en/canadian-heritage/services/sport-policies-acts-regulations/HP-strategy.html>
- Gustafsson, H. & Madigan, D. & Lundkvist, E. (2018). Burnout in Athletes. 10.1007/978-3-662-49322-9_24.
- Hiremath, C. (2019), Impact of sports on mental health. *International Journal of Physiol Nutr Phys Educ*;4(1S):14-18.
- Howie E.K., McVeigh J.A., Smith A.J., Straker L.M. (2016). Organized Sport Trajectories from Childhood to Adolescence and Health Associations. *Med. Sci. Sports Exerc.*;48:1331–1339. doi: 10.1249/MSS.0000000000000894.
- International Olympic Committee (2023, November 24), *Mental Health Action Plan 2023*, Olympics.
https://stillmed.olympics.com/media/Documents/News/2023/07/Mental-Health-Action-Plan-2023.pdf?_ga=2.86431064.1992156448.1700657828-1531602066.1665996523
- International Olympic Committee (2023, November 24), *IOC Mental Health in Elite Athletes Toolkit 2021*, Olympics. <https://stillmed.olympics.com/media/Document%20Library/IOC/Athletes/Safe-Sport-Initiatives/IOC-Mental-Health-In-Elite-Athletes-Toolkit-2021.pdf>
- International Olympic Committee (2023, November 24), *Suriname*, Olympics.
<https://olympics.com/ioc/suriname>

- Jadnanansing, Raj & de Beurs, Edwin & Etwaroo, Kajal & Blankers, Matthijs & Dwarkasing, Rudi & Peen, Jaap & Lumsden, Vincent & Bipat, Robbert & Dekker, Jack. (2022). A survey of depression and anxiety disorders in urban and rural Suriname. *BMC Public Health*. 22. 10.1186/s12889-021-12454-5.
- Joy E., Kussman A., Nattiv A. (2016) update on eating disorders in athletes: A comprehensive narrative review with a focus on clinical assessment and management. *Br. J. Sports Med.*; 50:154–162. doi: 10.1136/bjsports-2015-095735.
- Keyes, C. L. M. (2005). Mental Illness and/or Mental Health? Investigating Axioms of the Complete State Model of Health. *Journal of Consulting and Clinical Psychology*, 73(3), 539–548. <https://doi.org/10.1037/0022-006X.73.3.539>
- Lang M., Hartill M. (2014). *Safeguarding, Child Protection and Abuse in Sport: International Perspectives in Research, Policy and Practice*. Taylor & Francis; Abingdon-on-Thames, UK.
- Malm C, Jakobsson J, Isaksson A. (2019) Physical Activity and Sports-Real Health Benefits: A Review with Insight into the Public Health of Sweden. *Sports (Basel)*. May 23;7(5):127. doi: 10.3390/sports7050127. PMID: 31126126; PMCID: PMC6572041.
- Muhsen, T. & Muhsen, M. (2020). The Impact of Physical Activity and Sport on Mental Health. *Journal of Physical Education*. 32. 160-165. 10.37359/JOPE.V32(3)2020.1032.
- Ohlert, J., Rau, T., Rulofs, B. et al. (2020). Comparison of elite athletes' sexual violence experiences in and outside sport. *Ger J Exerc Sport Res* 50, 435–443. <https://doi.org/10.1007/s12662-020-00678-3>
- Own the Podium (2021, October 1). Our organization. <https://www.ownthepodium.org/en-CA/Notre-organisation>

Physical Activity and Sport Act (S.C. 2003, c. 2). Government of Canada. <https://laws-lois.justice.gc.ca/eng/acts/P-13.4/>

Purcell, R., Gwyther, K. & Rice, S.M. (2019). Mental Health In Elite Athletes: Increased Awareness Requires An Early Intervention Framework to Respond to Athlete Needs. *Sports Med - Open* 5, 46. <https://doi.org/10.1186/s40798-019-0220-1>

Reardon CL, Hainline B, Aron CM, et al. *Br J Sports Med* 2019;53:667–699.

Rice S.M., Purcell R., De Silva S., Mawren D., McGorry P.D., Parker A.G. (2016). The Mental Health of Elite Athletes: A Narrative Systematic Review. *Sports Med.* ;46:1333–1353. doi: 10.1007/s40279-016-0492-2

Schwellnus M., Soligard T., Alonso J.M., Bahr R., Clarsen B., Dijkstra H.P., Gabbett T.J., Gleeson M., Hagglund M., Hutchinson M.R., et al. (2016). How much is too much? (Part 2) International Olympic Committee consensus statement on load in sport and risk of illness. *Br. J. Sports Med.*;50:1043–1052. doi: 10.1136/bjsports-2016-096572

Singh, D. (n.d.). *TOUGHEN UP. GUT IT OUT. QUIT WHINING.* Sportsnet
<https://www.sportsnet.ca/more/mental-health-front-mind-sports/>

Soligard T., Schwellnus M., Alonso J.M., Bahr R., Clarsen B., Dijkstra H.P., Gabbett T., Gleeson M., Hagglund M., Hutchinson M.R., et al. (2016) How much is too much? (Part 1) International Olympic Committee consensus statement on load in sport and risk of injury. *Br. J. Sports Med.*;50:1030–1041. doi: 10.1136/bjsports-2016-096581

Staatsbegroting (2023, October 13) N.D. *Bijlage Nota Wijziging Staatsbegroting 2023*, DNA.
https://www.dna.sr/media/372428/23_138_BIJLAGE_NOTA_VAN_WIJZIGING_STAATSBEGROTING_2023.pdf

Vaurio R. (2011) Symptom Checklist-90-Revised. In: Kreutzer J.S., DeLuca J., Caplan B. (eds) Encyclopedia of Clinical Neuropsychology. Springer, New York, NY. 10.1007/978-0-387-79948-3_2012.

Van Slingerland, K. [Digital communication, 24th June 2024].

Van Slingerland KJ, Durand-Bush N, Bradley L, Goldfield G, Archambault R, Smith D, Edwards C, Delenardo S, Taylor S, Werthner P, Kenttä G. Canadian Centre for Mental Health and Sport (CCMHS) Position Statement: Principles of Mental Health in Competitive and High-Performance Sport. Clin J Sport Med. 2019 May; 29(3):173-180. doi: 10.1097/JSM.0000000000000665. PMID: 31033609.

Van Slingerland, Krista & Durand-Bush, Natalie & DescLOUDS, Poppy & Kenttä, Göran. (2020). Providing Mental Health Care to an Elite Athlete: The Perspective of the Canadian Centre for Mental Health and Sport Team. Case Studies in Sport and Exercise Psychology. 4. S1-17. 10.1123/cssep.2019-0022.

Van Slingerland KJ, Durand-Bush N. The Acceptability and Appropriateness of a Collaborative, Sport-Centered Mental Health Service Delivery Model for Competitive, and High-Performance Athletes. Front Sports Act Living. 2021 Nov 8;3:686374. doi: 10.3389/fspor.2021.686374. PMID: 34820620; PMCID: PMC8606672.

Wilson, N. (2022, September). *What can make me an Olympic champion can also kill me* [Video]. TED Conferences.
[https://www.ted.com/talks/nile_wilson_what_can_make_me_an_olympic_champion_can_also_kill_m](https://www.ted.com/talks/nile_wilson_what_can_make_me_an_olympic_champion_can_also_kill_me)
[e](https://www.ted.com/talks/nile_wilson_what_can_make_me_an_olympic_champion_can_also_kill_me)

World Bank Team (2018, Juli 1). New country classifications by income level: 2018-2019, [Blogpost].

World Bank Team (2024, August 2). High-income countries, Worldbank

<https://data.worldbank.org/income-level/high-income?view=chart>

World Health Organization (2023, November 24). *Mental Health Disorders*, WHO.

<https://www.who.int/news-room/fact-sheets/detail/mental-disorders>

For help with my writing, I asked Grammarly to respond to these AI prompts:

Prompts created by Grammarly

- "Make it sound academic"
- "Shorten it"

For help with the translation of the abstract in French, the AI program DeepL was used

APPENDIX A.

Six principles developed to improve mental health services, programming and policy in Canadian Sport.

- *Athletes Are Susceptible to Experiencing Mental Health Challenges and Disorders*

Sport organizations, health professionals, coaches, parents, and athletes must acknowledge that:

1. Athletes are at risk of experiencing mental health challenges and disorders.
2. Mental health and mental illness are separate constructs that influence each other but do not preclude one another (i.e., athletes with a mental illness who receive appropriate care can have a high level of mental health).
3. Athletes' mental health impacts their performance and daily functioning.
4. To optimally perform, athletes with mental health challenges and disorders should be provided the same level of support they receive when they are physically injured.
5. Athletes should engage in regular self-care to maintain optimal mental health, in the same way they strive to maintain their physical health.

- *Sport Organizations Have a Duty to Protect the Mental Health of Athletes*

1. Sport organizations must support and provide opportunities for athletes, coaches, and staff to increase their mental health literacy.
2. Sport organizations must reflect upon their structures, processes, and policies in an effort to understand and rectify any inherent issues contributing to mental health stigmatization, harassment, bullying, and discrimination.
3. Stakeholders in Canadian sport must collaborate to establish clear and inclusive mental health policies and best practice guidelines that protect athletes with mental health challenges and illnesses.

- *Coaches Have a Duty to Foster the Mental Health of Their Athletes*

1. Coaches must safeguard the mental health of their athletes as well as their own to provide and sustain a healthy training and competitive environment.
2. Coaches must be aware of the definition, causes, and manifestation of psychological, emotional, and physical abuse, and ensure that their coaching philosophy and strategies are not abusive and harmful to athletes.
3. Sport organizations must invest resources to help coaches integrate appropriate mental health standards and practices in their coaching.

- *Competitive and High-Performance Athletes Seeking Care for Mental Health Challenges or Disorders Are Best Served by a Specialized Interdisciplinary Mental Health Care Team*

1. Athletes have unique sport demands that influence their mental health care needs. These must be taken under consideration in mental health care initiatives.
2. Collaborative mental health care teams integrating certified/registered practitioners with knowledge and experience in sport, psychology, and psychiatry must be created to best assess and address athletes' mental health needs in a timely and reliable manner.
3. Given the dynamic and diverse contexts in which competitive and high-performance athletes perform (e.g., time and geographical constraints), members of specialized interdisciplinary mental health care teams must be flexible and offer both in-person and telehealth services.

- *Truly Comprehensive Integrated Support Teams in Sport Include at Least One Practitioner Who Can Address Mental Health Challenges and Mental Illness in Athletes*

1. Existing or newly created ISTs in competitive and high- performance sport must include a qualified mental health care practitioner who can address clinical or subclinical symptoms as they arise (e.g., psychologist, psychiatrist, physician, psychotherapist, and MPC).

2. Unqualified individuals who do not have an official degree or diploma in a mental health–related field (e.g., psychology, counseling, and psychiatry) from an accredited institution must not be allowed to provide mental health care and counseling to athletes.

- *Institutions Offering Programs to Train Mental Health Professionals Have a Duty to Provide Opportunities to Develop Sport-Specific Competencies*

1. Academic institutions (e.g., universities and colleges) must expand their educational programs to allow practitioners to specialize and develop competencies in sport, similar to other existing areas of specialization (developmental psychology, correctional psychology, counseling psychology, experimental psychology, forensic psychology, organizational psychology, and neuropsychology).

2. Specialized sport psychology programs providing education and training to mental health professionals must address foundational elements of sport sciences, and include extensive internship opportunities in sport that are supervised by qualified individuals who have experience working in this environment.