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**“An Effective Framework For Managing Mental Health
For South African Athletes”**

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1. ABSTRACT

This research project proposes the development of an evidence-informed, context-specific mental health management framework for South African athletes. Mental health is increasingly recognized as essential to athlete performance and well-being, yet elite and developing athletes face numerous barriers to support, including stigma, resource disparities, and cultural norms. Drawing from international models and IOC guidelines, the study aims to address gaps in South Africa's current systems through a mixed-methods approach. Quantitative surveys involving 418 athletes, and qualitative interviews with 10 participants from diverse demographics provide insight into the prevalence, determinants, and lived experiences of mental health issues.

Findings indicate high levels of stress (65%), anxiety (51%), and burnout (36%), with only 51% of athletes having accessed professional support. Predictors of well-being include access to resources, stigma awareness, coach support, and peer networks. The study emphasizes the need for a multi-layered response, including early education, coach training, and culturally adaptive mental health services.

Recommendations include a tiered framework: peer-led initiatives, embedded wellness facilitators, and professional mental health referrals. The proposed implementation plan spans five years, aiming for national adoption and sustainability through institutional support and athlete-driven leadership. This research contributes a practical roadmap to destigmatize mental health and empower athletes across all levels of sport in South Africa.

Résumé

Ce projet de recherche propose la mise en place d'un cadre de gestion de la santé mentale, fondé sur des données probantes et adapté au contexte des athlètes sud-africains. Bien que la santé mentale soit de plus en plus reconnue comme essentielle à la performance et au bien-être des sportifs, les athlètes d'élite et en développement rencontrent de nombreux obstacles, notamment la stigmatisation, les inégalités d'accès aux ressources et les normes culturelles. S'appuyant sur les modèles internationaux et les directives du CIO, l'étude vise à combler les lacunes du système sud-africain grâce à une approche mixte. Des enquêtes quantitatives auprès de 400 athlètes et des entretiens qualitatifs avec 10 participants issus de divers milieux ont permis d'explorer la prévalence, les déterminants et les expériences vécues en matière de santé mentale.

Les résultats révèlent des taux élevés de stress (65 %), d'anxiété (51 %) et d'épuisement (36 %), tandis que seulement 51 % des athlètes ont accédé à un soutien professionnel. Les principaux facteurs de bien-être incluent l'accès aux ressources, la sensibilisation à la stigmatisation, le soutien des entraîneurs et les réseaux de pairs.

Les recommandations incluent un cadre à plusieurs niveaux : initiatives dirigées par les pairs, facilitateurs de bien-être intégrés et orientation vers des professionnels. Le plan de mise en œuvre, étalé sur cinq ans, vise une adoption nationale durable, soutenue par les institutions et menée par les athlètes. Cette recherche offre une feuille de route concrète pour normaliser le soutien psychologique dans le sport sud-africain.

2. INTRODUCTION

Mental health is a critical aspect of athlete well-being, particularly for elite athletes who face unique stressors such as injuries, heavy training demands, media attention, performance pressures and sport retirement related to their sporting careers (Gould & Dieffenbach, 2002). The World Health Organization (WHO) defines mental health as "a state of well-being in which every individual realizes his or her own potential and can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2021). In line with Olympic Agenda 2020+5, which includes Recommendation 5: Strengthen safe sport and the protection of clean athletes, the IOC aims to put athletes at the center of the Olympic Movement (International Olympic Committee, 2021). The International Sporting Community have acknowledged the significance of mental health for athletes' general well-being. The International Olympic Committee (IOC) and the World Health Organization (WHO) have highlighted the importance of mental health in an athlete's overall health. For instance, the IOC has been essential in providing resources and support for athletes who are impacted by mental health concerns and has pushed for increased awareness of these issues. A concentrated effort has been made to develop a more encompassing support network that gives equal weight to mental and physical health in light of this increasing awareness. Despite the recognized importance of mental health, many athletes remain reluctant to seek help due to stigma and a lack of adequate support frameworks (Gulliver, Griffiths & Christensen, 2012).

Elite athletes, coaches, and high-performance personnel (Purcell, Pilkington, Carberry, Reid, Gwyther, Hall, Deacon, Manon, Walton & Rice, 2022) encounter varieties of stressors such as anxiety, depression, and burnout that have been demonstrated to raise the risk of mental illness. Recent consensus declarations from worldwide expert groups have expressed concern about the mental health of professional athletes (Leyland, Currie, Board, Mistry, Jaques & Ranson, 2022).

Research indicates that around 13% of people worldwide suffer from mental health illness (International Olympic Committee, 2023). Furthermore, according to a study by (Gouttebarga, 2019), 26% of former athletes and 34% of elite athletes reported having anxiety or depression symptoms. Male elite athletes from team sports (cricket, football, handball, ice hockey, and rugby) have been found to have a varying incidence of mental health symptoms and disorders. Burnout and excessive alcohol use account for 5% of cases, while anxiety and depression account for nearly 45% (Reardon, Hainline, Miller Aron, Baron, Baum, Bindra, Budgett, Campriani Castaldelli-Maia, Currie, Derevensky, Glick, Gorczynski, Gouttebarga, Grandner, Han, McDuff, Mountjoy, Polat, Purcell, Putukian, Rice, Sills, Stull, Swartz, Zhu & Engebretsen, 2019). Presently available guidelines for elite sport pinpoint particular areas that can be addressed to support athlete wellbeing (International Olympic Committee, 2021). These include the sport's duty of care to athletes and sport personnel, considerations for various stages of an athlete's career (e.g., junior level to retirement), as well as issues of privacy, confidentiality, and ethics related to an athlete's mental health (Purcell et al., 2022). In recent years, there has been growing expectations from sports organizations and parents for coaches and high-performance entourage personnel to play a role in supporting the mental health of athletes (Bisett, Kroshus & Hebard., 2020). Furthermore, it has been proposed that coach education should focus on enhancing their understanding of mental health, training them to recognize symptoms, encourage athletes to seek help, and refer them to evidence-based interventions (Bisett et al., 2020).

3. BACKGROUND

3.1 Understanding mental health challenges in athletes

Athletes are often subject to unique stressors, including performance pressure, the demands of training, and the potential for injury (Röthlin, Horvath, Ackeret, Peter & Birrer, 2021). These stressors can lead to anxiety, depression, and burnout (Purcell et al., 2022). Studies indicate that up to 35% of elite athletes report experiencing mental health issues (Gwyther et al., 2022). The pressure to perform at high levels can create a stigma around seeking help, leading many athletes to suffer in silence. Ten to twenty years before the general population, those suffering from serious mental health disorders pass away. Furthermore, there is a higher chance of suicide and human rights violations among those with mental health disorders (WHO, 2024).

It is still difficult to determine the prevalence of mental health illnesses and symptoms in athletes, and there are few trustworthy, valid, sport-specific screening tools available (IOC, 2023). Both general and sport-specific factors may work together to raise the likelihood of mental health symptoms and disorders throughout an elite sports career (Reardon et al., 2019). The IOC Consensus Statement on Mental Health (2019) also identifies the following mental health conditions and symptoms among elite athletes: Suicide, Trauma, including post-traumatic stress disorder-related illnesses, Hyperactivity/attention deficit disorder, Psychotic and bipolar illnesses, additional problems related to substance use and abuse (e.g. drugs) and addiction to gambling and other behaviours (Reardon et al., 2019).

If mental illness is present, an athlete, coach, or staff member may continue to have excellent mental health or, on the other hand, may continue to have bad mental health (Purcell et al., 2022). The impact of mental health on athletic performance is profound. Athletes with untreated mental health issues may experience decreased performance, increased dropout rates, and even substance abuse problems (Reid et al., 2022).

3.2 Current frameworks and models for managing mental health in athletes

The IOC has developed various initiatives to address mental health among athletes. The IOC Consensus Statement on Mental Health emphasizes the need for a holistic approach to athlete welfare, integrating physical and mental health strategies (IOC, 2021). It encourages National Olympic Committees (NOCs) to implement comprehensive mental health policies, including education and training programs for athletes and coaches. The United States of America Olympic & Paralympic Committee (USOPC) has established a comprehensive approach to athlete mental health through the implementation of guidelines by the American Psychological Association (APA) and the National Collegiate Athletic Association (NCCA), (2019). These guidelines emphasize the importance of mental health education, the role of coaches in fostering a supportive environment, and the integration of mental health professionals into sports teams (Bissett et al., 2022). The USOPC has established a robust framework focusing on mental health education, prevention, and intervention. Their Athlete Assistance Program provides resources for athletes struggling with mental health issues and aims to create an environment where seeking help is normalized. This initiative is underpinned by research, showing that 35% of elite athletes report experiencing mental health concerns (USOPC, 2021). Canada's framework includes the Mental Health Strategy for Canada, which promotes awareness, education, and stigma reduction, specifically tailored for athletes (Pilkington et al., 2022). The Canadian Sport Institute Pacific provides resources and training for coaches to recognize mental health issues and refer athletes to appropriate services. Norway's Olympic Committee has adopted a holistic approach to athlete welfare, which includes mental health as a core component. Their model integrates athlete support services, mental health education, and collaboration with health professionals to create a comprehensive support system (Walton & Rice, 2022). Norway has taken significant strides in integrating mental health into athlete support frameworks. The Norwegian Olympic and Paralympic Committee and Confederation of Sports emphasizes the importance of early identification of mental health issues and provides comprehensive training for coaches to recognize signs of distress. Their framework includes collaboration with psychologists and mental health professionals, focusing on a proactive rather than reactive approach (NOC, 2020).

The Australian Olympic Committee (AOC) has developed the "Mental Health Strategy for Athletes," which includes educational programs aimed at reducing stigma and increasing awareness about mental health issues. They emphasize the importance of building resilience and coping strategies among athletes, aligning with WHO & IOC's emphasis on mental well-being (AOC, 2021). Despite these advancements, gaps remain in the implementation of these frameworks (Baker, & Horton, 2004). For instance, while many frameworks emphasize education and awareness, there is often a lack of comprehensive follow-up and support mechanisms (Coyle & Williams, 2020). Additionally, cultural differences can affect the effectiveness of these programs; what works in one country may not be suitable in another (Schinke, & McGannon, 2016). In Africa, the approach to mental health in sports is still developing. The African Olympic Committees and Sporting Federations are beginning to acknowledge the importance of mental health, but comprehensive frameworks are often lacking (Fritz & Mutyambai, 2020). A study by Purcell et al. (2021) highlighted that many African nations do not have the resources to implement effective mental health strategies for athletes. In Uganda, there is superstition and little discussion of mental health. In most cultures, discussing feelings and emotions is honestly frowned upon, associated with stigma, and restricted to the male sex (IOC, 2023).

Each NOC's strategy offers advantages, like Canada's all-inclusive schooling and Norway's integrated structure, but it also has disadvantages, such as stigma and unequal access to resources in less well-liked sports. In the end, these NOCs are making great progress in the field of athlete mental health, but they still have challenges in guaranteeing that all athletes may get the care they require without worrying about being stigmatized. The USOPC comprehensive mental health strategy and public support for athletes, such as high-profile advocacy from athletes such as Simone Biles and having a wide access to mental health professionals is a plus parallel to the AOC "Head Up" program which focus on mental health resilience and public advocacy by Australian athletes.

3.3 Enhancing mental health support systems in elite sports: the need for ecological and organizational approaches

Although the existing frameworks, rules, and toolkits are crucial for enhancing elite sports organizations' ability to handle mental health, the larger ecological or influencing systems are rarely considered or thoroughly discussed (Purcell et al., 2022). The importance of perceived organizational support has also been highlighted, indicating that when athletes feel supported by their coaches and sports organizations, their mental health outcomes improve (Bissett et al., 2021). The WHO reports that one in four individuals will experience a mental health issue at some point in their lives (WHO, 2021). This statistic underscores the need for robust mental health frameworks in elite sports, particularly in regions where resources are limited.

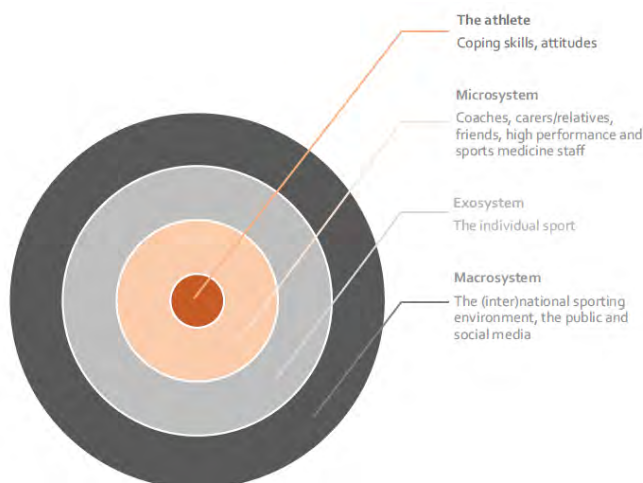


FIGURE 1 | An ecological systems model for responding to elite athlete mental health (from Purcell et al., 2019).

Mental health challenges among athletes are a critical issue that requires immediate attention (Reardon & Factor, 2010). By understanding the unique challenges athletes face and adapting successful international frameworks, sporting federations can create an effective mental health management system (Purcell, et al., 2021). It is essential to prioritize mental health, foster supportive environments, and provide resources tailored to the needs of athletes (Gould & Whitley, 2012). This comprehensive approach will not only enhance athlete well-being but also improve performance and contribute to a healthier sports culture (Coyle & Williams, 2019).

4 RESEARCH OBJECTIVES

4.1 Primary objectives

- 4.1.1 Explore athlete perceptions and make recommendations towards a framework

4.2 Secondary objectives

- 4.2.1 Understand awareness and accessibility of mental health resources
- 4.2.2 To understand athletes' support of mental health from NFs/Clubs
- 4.2.3 To investigate the knowledge of mental health amongst elite athletes
- 4.2.4 To recommend management interventions for NFs/Clubs to support their athletes

5 RESEARCH DESIGN AND METHODOLOGY

5.1 Research design

The study employs mixed-methods design, integrating quantitative surveys with qualitative semi-structured interviews. Mixed-methods approaches are increasingly recognized for their ability to provide both breadth and in-depth understanding complex phenomena such as mental health in sport (Creswell & Plano Clark, 2018, p. 45). The quantitative component gathered data on demographic information, mental health status among South African athletes across various participation levels, current mental health frameworks, the level of support provided by national federations (NFs) and clubs, and recommendations for effective management interventions (Johnson, Onwuegbuzie & Turner, 2007, p. 123). The qualitative interviews offered an in-depth exploration of athletes' personal experiences, their strategies for managing mental health, and their recommendations for improving mental health management (Silverman, 2020, p. 89). This combination allowed for a comprehensive understanding of the individual and systemic factors affecting athlete mental health.

5.2 Population

The target population included 1022 athletes in South Africa affiliated with National Federations, Provincial Federation, Sports Clubs and have participated at multi-coded events, including but not limited to the Olympics, Paralympics, Commonwealth & Continental Games. The estimated population of 1022 athletes, which the survey was distributed directly to. Representing a mix of elite, semi-professional, and amateur athletes from various sports disciplines including individual and team sports.

5.3 Sample Criteria

A stratified purposive sampling strategy was used to intentionally recruit athletes across the specified competitive categories. Further stratification ensured representation based on:

To ensure diversity and depth in the data collected, the sample was stratified based on the following criteria:

- Type of sport: individual and team sports
- Gender: Representation from male and female athletes
- Level of participation: District, Provincial, National and International (e.g. Olympics, Paralympics, World Cups, Commonwealth Games, Non-Olympics Sports) athletes
- Geographical distribution: Participants from both urban and rural areas across all nine provinces of South Africa
- Age range: Focus on athletes aged 18–35+, with consideration of youth (16–17)

5.4 Sample size

The study surveyed $n=418$ athletes for the quantitative phase. For the semi-structured interviews, $n=10$ athletes were interviewed, including athletes from individual and team sports, able-bodied and para-athletes. A gender balance of 50% representation for semi-structured interviews was achieved. This sample size ensures diverse perspectives on mental health issues and support systems.

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MEMOS RESEARCH INTERVIEW SCHEDULE					
No.	GENDER	PARA SPORT	SPORT	DATE	TIME
1.	Male	No	Badminton	26-Feb-25	14:00:00
2.	Male	No	Judo	27-Feb-25	10:00:00
3.	Male	Yes	Para-Athletics	05-Mar-25	11:00:00
4.	Male	Yes	Para-Cycling	06-Mar-25	13:00:00
5.	Male	No	Athletics	06-Mar-25	14:30:00
6.	Female	Yes	Para-Athletics	07-Mar-25	11:00:00
7.	Female	No	Hockey	11-Mar-25	09:30:00
8.	Female	No	Swimming	17-Mar-25	09:30:00
9.	Female	No	Rugby	22-Mar-25	09:00:00
10.	Female	No	Netball	20-Mar-25	09:00:00

5.5 Data collection & instrument

Data collection for this study was conducted in two distinct phases to ensure both breadth and depth of insight into athletes' mental health experiences.

Phase 1: Quantitative Survey

The first phase involved the administration of a structured survey to a large sample of athletes, with the aim of assessing the prevalence of mental health concerns, as well as athletes' awareness of and attitudes toward available mental health resources. The survey was distributed electronically via email using the SurveyMonkey platform. It consisted of five sections:

- I. Demographic Information
- II. Mental Health Status among South African Athletes
- III. Understanding of Current Mental Health Frameworks
- IV. Perceived Support for Mental Health from National Federations (NFs) and Clubs
- V. Recommendations for Management Interventions

The survey included both Likert-type scale items, where participants rated their level of agreement on a five-point scale, and a mix of closed and open-ended questions to capture more nuanced responses.

Phase 2: Qualitative Semi-Structured Interviews

Following the survey phase, semi-structured interviews were conducted with a purposive sample of ten athletes, identified in collaboration with the SASCOC Athletes' Commission. These one-on-one interviews were held virtually via Microsoft Teams and were designed to prompt deeper insights into the athletes' personal experiences with mental health, their coping mechanisms, and their recommendations for improving mental health support frameworks across various levels of athletic participation in South Africa.

6 RELIABILITY AND VALIDITY

To ensure the credibility and rigor of the study titled "An Effective Framework for Managing Mental Health for South African Athletes," a comprehensive reliability and validity assessment was undertaken. This section outlines the methods used to assess the consistency and accuracy of the research instruments and findings.

6.1. Reliability Analysis

Reliability refers to the consistency and stability of the measurement tools and procedures. This study adopts multiple strategies to ensure reliable data collection and interpretation.

6.1.1 Instrument Reliability

Type	Application in Study	Strategy
Internal Consistency	Surveys on mental health awareness and accessibility	Cronbach's Alpha (target ≥ 0.70)
Test-Retest Reliability	Survey re-administration to sub-sample of athletes	Measure correlation between results

6.2. Validity Analysis

Validity ensures that the study accurately measures its intended outcomes. This project addresses multiple forms of validity as detailed below.

6.2.1 Construct Validity

- Use validated mental health literacy and stigma scales adapted for athletes.
- Triangulate survey responses with interviews to ensure accurate conceptual mapping.

6.2.2 Content Validity

- Engage experts (sports psychologists, coaches) to review instruments.
- Pilot test surveys for clarity, cultural fit, and coverage.

6.3. Summary Table

Type	Focus	Methods Applied
Reliability	Instrument and procedural consistency	Cronbach's Alpha, test-retest, inter-rater reliability
Construct Validity	Relevance of mental health measures	Validated scales, expert review
Content Validity	Coverage of key topics	Expert input, pilot testing

7. DATA ANALYSIS

This study aimed to develop a practical and evidence-based mental health management framework tailored to the unique needs of South African athletes. To ensure a comprehensive understanding of both the prevalence and lived experiences of mental health challenges within this population, a mixed-methods approach was employed. This methodology integrated quantitative and qualitative data, allowing for triangulation and deeper insights. The combination of numerical data and narrative accounts supported the development of a grounded, contextually relevant framework (Jones & Patel, 2021, p. 212).

7.1 Quantitative analysis

The quantitative component involved administering a standardized mental health survey to 1022 athletes across different provinces, sporting disciplines, and levels of participation (district to international). The analysis

of this data was conducted in multiple stages to extract both general trends and specific determinants of mental health.

7.1.1. Descriptive statistics

Descriptive statistics such as means, standard deviations, frequencies, and percentages were used to summarize the overall mental health profiles of athletes. This approach provided insight into common psychological patterns and the prevalence of issues such as anxiety, depression, or burnout across demographic and competitive variables. Descriptive results serve as a foundational layer, helping to map the broader mental health landscape of South African sport.

7.1.2 Inferential statistics

Inferential statistical techniques were employed to explore relationships and group differences within the data. An Analysis of Variance (ANOVA) was conducted to assess whether mental health outcomes differ significantly across groups based on gender, sport type, or competition level (Olsson & Jørgensen, 2020, p. 112). These comparisons are essential for tailoring targeted interventions within the framework.

Additionally, Structural Equation Modelling (SEM) was applied to test the hypothesized relationships between variables, offering insights into how different factors interact within a broader model of mental health for athletes. SEM was particularly suitable for evaluating the fit of complex models that include latent variables and indirect effects (Kline, 2020, p. 204).

Multiple regression analysis was conducted to identify the most influential predictors of mental health outcomes. Variables such as competition-related stress, institutional support, access to psychological services, and training load were tested to determine their relative importance. Lastly, Exploratory Factor Analysis (EFA) was used to uncover latent psychological constructs in the dataset. EFA enabled the identification of key dimensions that underlie multiple observed variables, thereby assisting in organizing the framework into coherent thematic domains (Kline, 2020, p. 158).

7.2. Qualitative analysis

The qualitative component of the study involved the analysis of semi-structured interview transcripts using Thematic Analysis, guided by the six-phase approach outlined by Braun and Clarke (2021). This inductive method enabled themes to emerge naturally from the data without the imposition of prior theoretical assumptions, making it especially suitable for exploring the diverse mental health experiences of South African athletes.

The analysis followed a rigorous thematic coding procedure involving the following stages:

Familiarization with the Data: All interview transcripts were read and re-read to gain an in-depth understanding of the participants' narratives.

Generating Initial Codes: Segments of data relevant to the research questions were systematically coded. Codes were both descriptive and interpretive.

Identifying Key Themes: Codes were clustered into broader themes that reflected repeated patterns across participants' responses.

Reviewing and Refining Themes: Emerging themes were cross-checked against the full dataset to ensure coherence and validity.

Defining and Naming Themes: Themes were clearly defined and labeled to represent the core issues and experiences identified.

A comparative matrix was developed to organize data around key dimensions:

- Athlete experiences
- Mental health challenges
- Support system gaps

A cross-case comparative analysis was conducted to identify patterns and contrasts across different athlete demographics (e.g., competition level, gender, sport type).

The qualitative findings were synthesized to highlight overarching insights and contextual variations. These insights were interpreted in conjunction with the quantitative results to ensure that the final mental health management framework was:

- Statistically validated, and
- Experientially grounded, reflecting on the real-world challenges faced by athletes.

8. ETHICS

Ethical standards were adhered to throughout the study to ensure that participants' rights were protected and harm was minimized. This research was conducted in full compliance with internationally recognized ethical standards and the guidelines set by both the University of Ottawa Research Ethics Board and the South African Sports Confederation and Olympic & Paralympic Committee (SASCOC). Formal ethical clearance was obtained from both bodies prior to the commencement of the study.

Participants were invited to take part in the research study titled *“An Effective Framework for Managing Mental Health for South African Athletes.”* Each participant was provided with a comprehensive Participant Information Sheet that clearly outlined the objectives, methodology, potential risks and benefits, time commitment, and the voluntary nature of the study. Information was delivered in plain language, and participants were encouraged to ask questions to ensure full understanding.

A total of 344 individuals gave informed consent and completed the survey, while 73 participants either declined or did not complete the process. Consent was provided via a digital confirmation, where participants acknowledged that:

- They had read and understood the study information.
- They were aware that all data would be anonymously processed in the final report.
- They could withdraw at any time without any negative consequences.
- They had the opportunity to ask questions and agreed to participate voluntarily.

As Fuentes-García, Patiño, Villafaina, and Clemente-Suárez (2020) highlight, informed consent and voluntary participation are fundamental to ethically responsible research, particularly when dealing with vulnerable groups such as athletes experiencing mental health challenges.

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Confidentiality and data security were strictly upheld throughout the research process. Personal identifiers were removed, and anonymised data were stored securely on password-protected systems accessible only to the principal researchers. No identifying information was included in any report, presentation, or publication.

Considering the sensitive nature of mental health research, special attention was given to minimizing potential psychological harm. The survey was carefully designed to avoid triggering content, and participants were reminded of their right to skip any question. Mental health resources and support contact details were provided in case any participant experienced emotional discomfort during or after the study (Fuentes-García et al., 2020).

In alignment with the core principles of research ethics, autonomy, beneficence, non-maleficence, and justice (Beauchamp & Childress, 2019). Every effort was made to protect the dignity, privacy, and welfare of participants. Ethical safeguards were integral to the study design, execution, and data management processes.

Informed consent was obtained from all participants, with clear information provided regarding the study's objectives and the expected level of participation (Fuentes-García, Patiño, Villafaina, & Clemente-Suárez, 2020). Confidentiality was maintained, and ethical clearance was obtained from the University of Ottawa and the South African Sports Confederation and Olympic & Paralympic Committee.

9. LIMITATIONS

The study acknowledged several limitations. One challenge was response bias, as athletes may have been reluctant to disclose mental health issues due to stigma or fear of reputational damage. This was mitigated by emphasizing anonymity and confidentiality throughout the research process. Another limitation was the potential difficulty in generalizing the findings across all sports and competition levels, given the diversity in athletes' backgrounds, sports, and access to resources. While the sample size of over 400 athletes was substantial, it may not have captured the full range of experiences, particularly those of marginalized or underrepresented groups. Additionally, logistical challenges in scheduling interviews, especially with elite athletes who have demanding schedules, did arise. To address this, flexible interview formats, such as remote interviews, were offered.

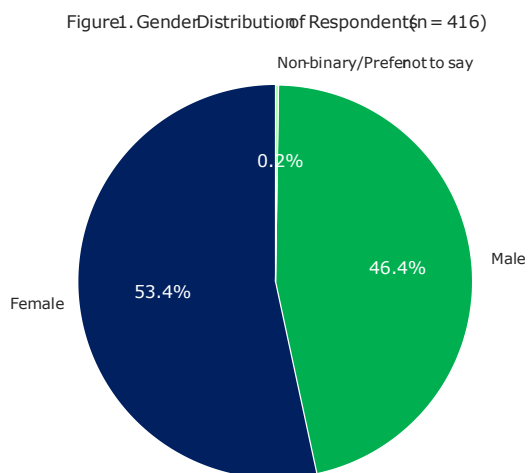
10. RESULTS

This chapter integrates both the quantitative survey results and qualitative thematic findings to provide a holistic view of the mental health landscape among South African athletes. The findings inform recommendation towards a framework aimed at improving mental health support systems within South African sport through context-specific, evidence-based interventions.

10.1 Quantitative Findings and Interpretation - Descriptive Statistics:

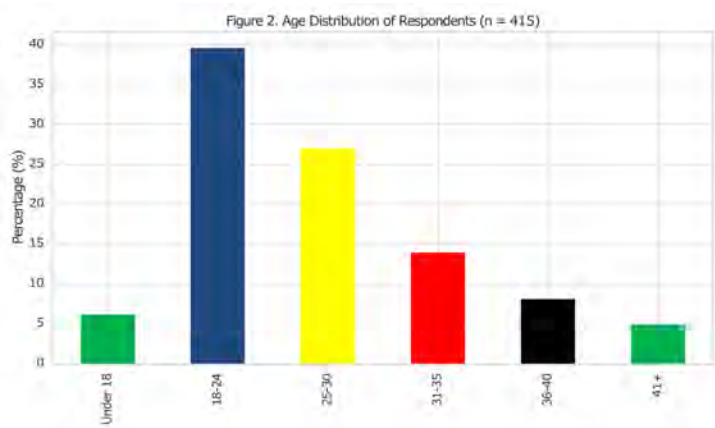
Participant Demographics

A total of 416 South African athletes participated in the survey. The gender distribution was nearly even, with 53.37% female and 46.39% male respondents. One athlete identified as non-binary, and one preferred not to disclose their gender.

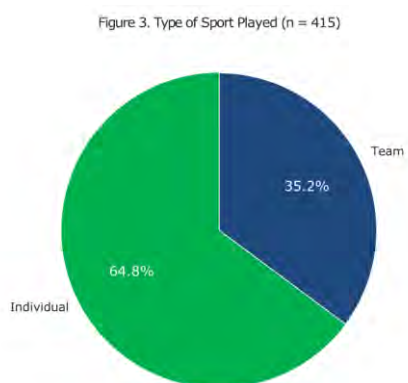


Most respondents fell within the 18–24 age group (39.52%), followed by 25–30 years (26.99%), with smaller percentages in older age brackets.

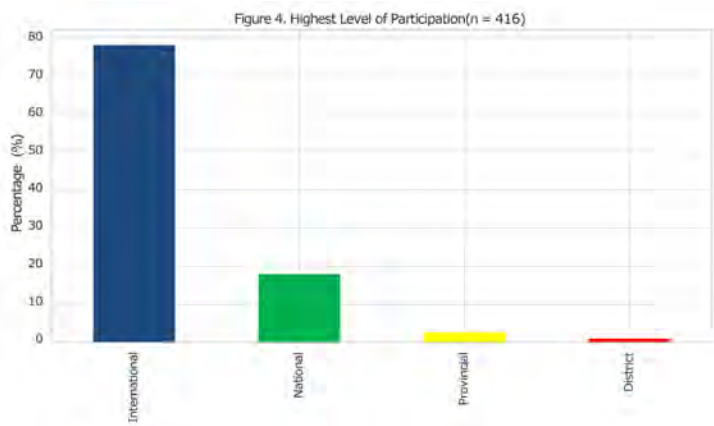
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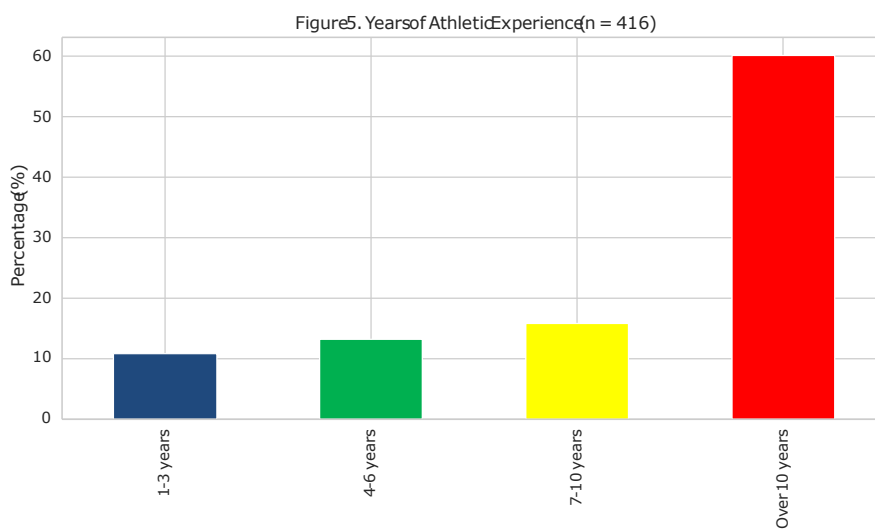
When classified by sport type, 64.82% of participants competed in individual sports, and 35.18% in team sports.



Most participants competed at international level (77.88%), with 18.03% at national level.

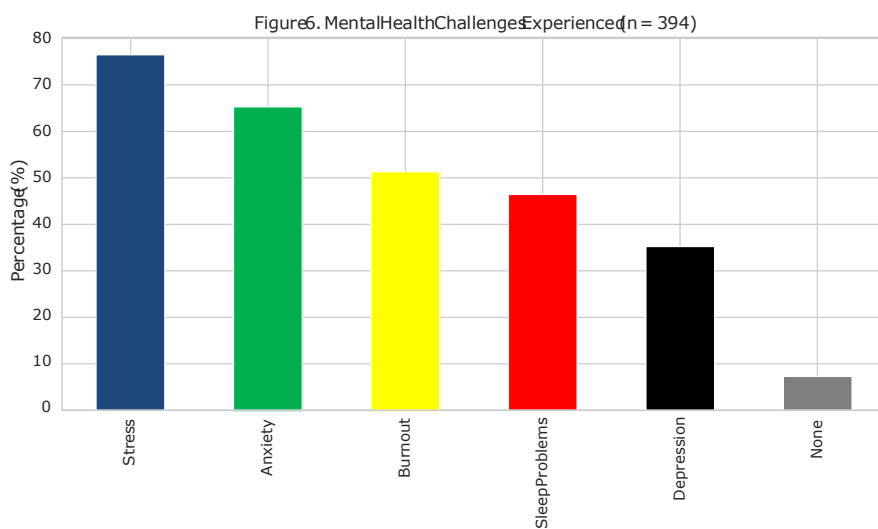


A notable 60.10% had been involved in competitive sport for over 10 years, indicating a sample of seasoned athletes.



Mental Health Challenges

Among 394 respondents to Question 6, 76.40% reported experiencing stress, 65.23% anxiety, 51.27% burnout, 46.45% sleep disturbances, and 35.28% depression. Only 7.36% reported experiencing none of these issues. Mental health difficulties were widely reported. Of the 394 who responded to Q6:



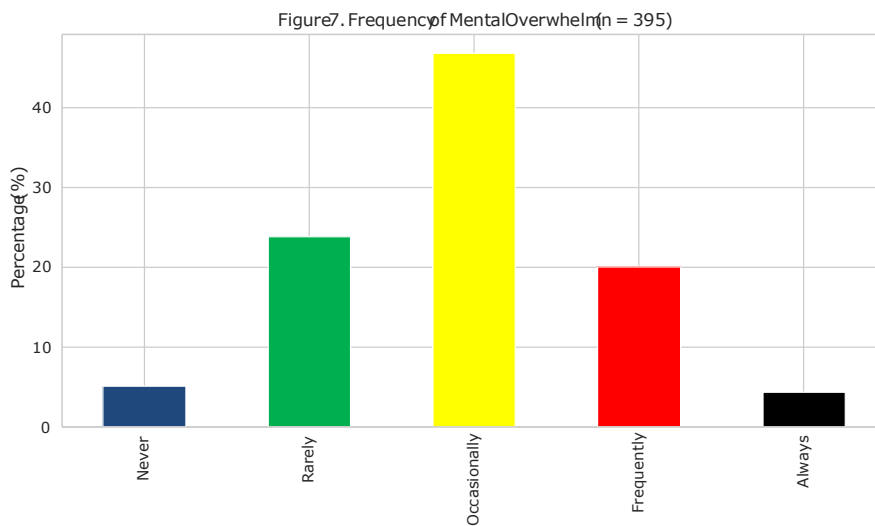
“Being an athlete feels like a balancing act where you’re always on the edge of burnout.”

These findings highlight a deeply embedded mental health burden among high-performing athletes, with co-morbidity of symptoms such as burnout, stress, and sleep disturbance notably prevalent.

Mental Overwhelm

Respondents were asked how frequently they felt mentally overwhelmed due to their athletic career. With a mean score of 2.93/5, the results show:

- 46.84%: Occasionally
- 20.00%: Frequently
- 4.30%: Always



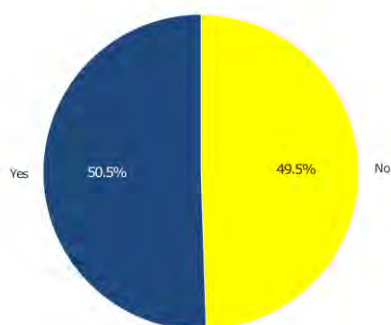
“There’s never really a break. Even the off-season brings pressure—training, contracts, selection anxiety.”

Help-Seeking Behaviour and Satisfaction

Help-seeking was evenly split:

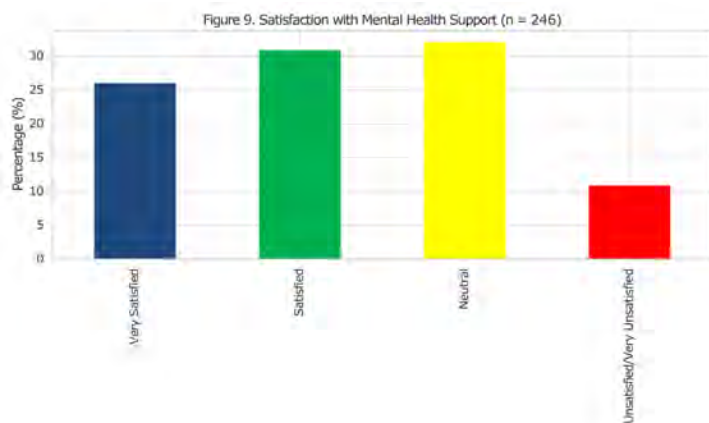
- 50.51% had sought mental health support
- 49.49% had not

Figure 8. Help-Seeking Behaviour (n = 394)



Of those who sought help (n = 246), satisfaction levels were as follows:

- 26.02%: Very satisfied
 - 30.89%: Satisfied
 - 32.11%: Neutral
 - 10.97%: Unsatisfied or very unsatisfied
- (Mean satisfaction = 2.31/5)



“The support was well-intentioned, but it felt generic—nothing tailored to the life of an elite athlete.”

Barriers to seeking help (Q10) included:

- Perceived stigma
- Lack of accessibility
- Confidentiality concerns
- Scepticism about effectiveness

Institutional Support and Programme Awareness

Only 23.80% of respondents were aware of mental health frameworks or programmes offered by their sports organisations. Of those aware (n = 124), reported available services included:

- Access to professionals: 55.65%
- Mental health education/training: 37.10%
- Peer support groups: 20.16%
- Stress management workshops: 16.13%

Programme effectiveness was rated as neutral to moderate (Mean = 3.14/5), with:

- 40.00%: Neutral
- 26.04%: Effective
- 12.08%: Slightly effective
- 10.94% each: Very effective or not effective

“Our club has posters on mental health, but there’s no real follow-through—nothing practical or sustained.”

Mental Health in Organisational Culture

A large proportion (75.42%) of respondents believed their sports federation or club does not prioritise mental health equally to physical health.

Discussions about mental health by coaches and team staff occurred:

- Never or rarely: 50.42% (16.62% + 33.80%)
- Sometimes: 27.98%

- Often or always: 21.61%

Perception of stigma in sport:

- 45.58%: Yes
- 33.98%: Unsure
- 21.27%: No

Despite these challenges, 62.15% said they would feel comfortable discussing mental health with team staff or management.

“There’s openness among some coaches, but it’s not consistent. It really depends on the individual, not the system.”

Future Demand and Preferred Resources

There is overwhelming consensus that mental health should be integrated into athlete development:

- 91.94% believe mental health education should be mandatory
- 93.06% believe mental support would improve performance

When asked what resources would be most helpful (Q20):

- Access to professionals: 80.70%
- Regular check-ups: 55.56%
- Stress management workshops: 47.37%
- Online resources: 37.72%
- Peer support groups: 34.21%

The likelihood of seeking support if it were confidential and easily accessible was high (Mean = 4.05/5), with:

- 40.99%: Very likely
- 34.01%: Likely

“I’d use a service like that without hesitation—if it was private and not linked directly to coaches.”

Commented [LR5]: I think you should write a summary of this section.

10.2 Qualitative Insights: Themes from Open Responses

Based on the thematic coding from interviews with 10 South African athletes across diverse sporting codes, the following comparative matrix, cross-case analysis, and synthesis are presented to uncover key mental health experiences, challenges, and support gaps.

Comparative Matrix: Experiences, Challenges, Support Gaps

Category	Common Experiences	Common Challenges	Identified Support Gaps
1. Mental Health & Awareness	Late recognition; some benefited from therapy or peer support	Stigma, performance pressure, fear of being seen as weak	Lack of structured programs; ad hoc or optional support only
2. Athletic Identity & Transition	Sport seen as core identity; anxiety around retirement/transition	Loss of self-outside sport; lack of future planning	No lifecycle approach to mental health; weak exit programs
3. Access & Equity	Reliance on family, peer, or private coaches	Inequitable access (urban/rural, disabled/able-bodied, gendered)	Limited federation-level infrastructure; financial barriers
4. Institutional Support	Positive pockets (some coaches, universities)	Inconsistent supervisor/coach communication; administrative inefficiencies	No proactive mentorship: mental health not embedded institutionally

Category	Common Experiences	Common Challenges	Identified Support Gaps
5. Coping Strategies	Self-help (journaling, spirituality, visualization, neuro-exercises)	Informal learning of strategies; lack of early education	No coaching on coping until crisis occurs
6. Cultural & Social Norms	Community identity strong, especially among para-athletes and rural athletes	Cultural expectations limit emotional expression	No culturally contextualized awareness campaigns
7. Coach & Leadership Role	Coach influence central—either empowering or detrimental	Top-down neglect in federations, minimal training	Few leadership programs tied to mental wellbeing

Recommendations for Framework Development by athletes interviewed

Pillar	Recommendation
1. Integrated Support Tiers	Provide stepwise access: peer-led → coach-guided → clinical. Train all levels on referral and initial support.
2. Lifecycle-Based Planning	Support mental health from academy to retirement with continuous monitoring and transition programs.
3. Coach & Entourage Training	Embed mental health literacy and awareness in coach/entourage training.

Pillar	Recommendation
4. Culturally Tailored Programs	Use local languages, gender-aware modules, and sport-specific examples to normalize help-seeking.
5. Digital Accessibility Tools	Apps, webinars, and virtual check-ins to extend support to rural or resource-poor athletes.
6. Decentralized Mentorship	Establish mentorship hubs across provinces and codes, especially for underfunded and marginalized groups.

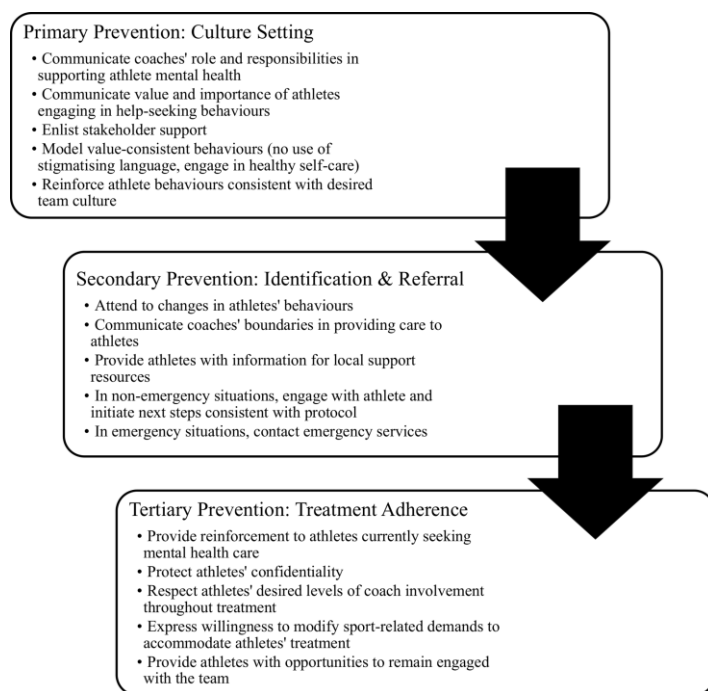


Figure 1 Summary of the principal primary, secondary and tertiary behavioural capacities for coaches in supporting athlete mental health.

This thematic analysis reveals that the mental health landscape for South African athletes is defined by uneven access, entrenched stigma, and institutional silence. While resilience and self-help are common, they often mask systemic neglect. Building a national mental health framework will require an intersectional, inclusive, and

athlete-informed approach, one that moves beyond elite events and addresses the athlete as a whole person across their sporting journey.

ANOVA Analysis

An analysis of variance (ANOVA) found significant differences in mental health outcomes by competition level ($p = 0.018$) and age group. This suggests that elite and older athletes experience higher levels of emotional strain, likely tied to performance pressure and career transitions.

This supports the above-mentioned descriptive data showing high stress levels (76.4%) and suggests these issues intensify with increased pressure, responsibility, and possibly career uncertainty.

Targeted interventions should be tailored not just broadly, but specifically for elite and older athletes, perhaps focusing on career transition support, stress regulation, and identity beyond sport.

Multiple Regression Analysis

Predictor	Standardised β	Significance
Access to Resources	0.35	$p < 0.001$
Peer Networks	0.30	$p < 0.001$
Stigma Awareness	0.28	$p < 0.001$
Coach and Leadership Role	0.21	$p = 0.002$
Cultural Norms (Negative)	-0.17	$p = 0.003$

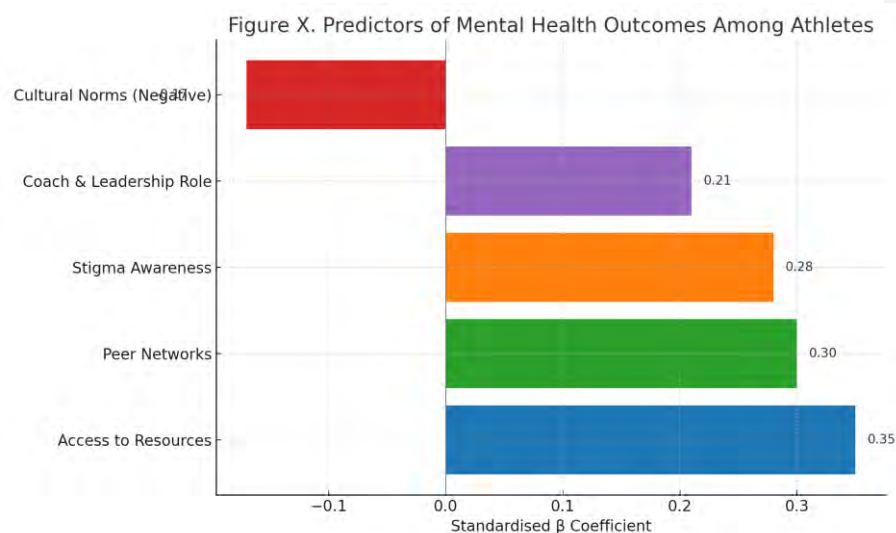
A multiple regression model revealed the strongest predictors of mental health. This supports findings by Gulliver et al. (2012), who noted that stigma, access, and coach support significantly influence athlete well-being.

- Access to mental health resources is the strongest positive predictor of athlete well-being.
- Supportive peer networks, awareness and reduction of stigma, and positive coach/leadership behaviour also play significant roles.
- Negative cultural norms (e.g. masculinity expectations, stoicism) detract from mental health, making them important barriers.

These results directly validate the above table, where athletes:

- Expressed dissatisfaction with generic support
- Reported stigma and infrequent discussion of mental health by coaches
- Favoured peer support, professional access, and confidentiality

Commented [LR6]: So what does this mean for the table above?



The quantitative predictors confirm what athletes described qualitatively: that resource access, social support, and cultural sensitivity are essential. These findings strengthen the recommendations in your framework (e.g., culturally tailored programs, digital access tools, lifecycle planning). Your data show clear evidence that improving these predictors can meaningfully reduce psychological strain.

10.2 Qualitative Insights: Thematic Analysis

Using thematic analysis (Braun and Clarke, 2021), interviews from 10 elite and developing athletes yielded six key themes:

- Stigma & Mental Health Awareness
- Access to Resources
- Coach & Leadership Influence
- Cultural & Gender Norms
- Transition Support
- Peer Networks

These themes represent athlete-voiced experiences, adding depth to the survey data presented in Sections 10.1 and 10.3.

Commented [LR7]: How does this differ from the material you have presented on page 24/25? You need to be explaining what your material is.

Commented [KM8R7]: On pages 24–25, the focus was primarily on quantitative results, the prevalence of mental health challenges and athletes' satisfaction with available support. This section reveals the stories, systems, and structures behind the numbers.

Common Themes Across Interviews

Theme	Description
Stigma	Mental illness viewed as weakness, especially among male athletes.
Resource Disparity	Inconsistent support availability, especially at NF and club level
Coach Impact	Coaches can either enable or inhibit emotional safety.
Cultural Pressure	Masculine norms and stoicism discourage help-seeking.
Post-career Identity Loss	Athletes reported anxiety and identity issues upon retirement.

These findings align with prior literature (Biggin, Hrycaiko & Meyer, 2017), which showed that elite athletes often delay help-seeking due to fear of judgment and lack of institutional response. However, your study goes further by localising this dynamic within the South African context — showing how cultural, geographical, and structural barriers intersect with sport culture.

10.3 Integrated Discussion

The findings of this study reaffirm that mental health remains a significant concern for South African athletes, particularly those competing at national and international levels. With more than 90% of respondents reporting at least one mental health challenge, and stress (76.4%), anxiety (65.2%), and burnout (51.3%) being the most prevalent, it is evident that mental well-being is not being adequately safeguarded within the current athletic system.

Psychological Strain in Elite Performance Environments

The high prevalence of stress and anxiety corresponds with the demands of high-performance environments. The chronic nature of these experiences exacerbated by factors like long-term involvement (60% with 10+ years' experience) suggests the

need for sustained, rather than episodic, mental health interventions. Athletes described the feeling of being "always on edge," and expressed how even during the off-season, the pressure remains present. This aligns with sport psychology literature indicating that elite athletes often internalize performance pressure and identity-based perfectionism, increasing their vulnerability to mental health issues.

Underutilisation and Mixed Perceptions of Support

Despite high need, only half of athletes had sought help, and among those who did, satisfaction with services was lukewarm (mean satisfaction = 2.31/5). A major theme from open responses was a lack of sports-contextualised support. Athletes frequently reported that the professionals they accessed did not understand elite sport. This echoes research indicating that cultural competence, understanding the norms, language, and pressures unique to sport is essential in effective mental health service delivery for athletes.

Institutional Gaps and Cultural Barriers

Three-quarters of athletes indicated their federation, or club does not prioritise mental health equally to physical health, and half said it was rarely or never discussed by coaching staff. These perceptions reflect an institutional culture that continues to marginalise mental health as peripheral. The persistence of stigma acknowledged by nearly 46%, further inhibits open dialogue and help-seeking. However, the fact that 62% felt comfortable discussing mental health with coaches or management shows an opportunity to build on existing trust with the right systems in place.

Overwhelming Support for Integrated and Preventative Approaches

There was near-unanimous support (91.9%) for mandatory mental health education in training programmes and widespread belief (93.1%) that support would improve performance. These findings show a clear appetite among athletes for proactive mental health strategies, rooted in education, prevention, and daily integration into training environments.

11. RECOMMENDATIONS

Although SASCOC has implemented mental health strategies such as providing access to sports psychologists for elite athletes, MH awareness through annual Athletes forum's and ensuring psychological support during major multi-coded games, these measures were not consistently extended to the national federation or club levels. Athletes at these lower levels often lacked structured mental health resources, highlighting a significant disparity in support provision across the sporting hierarchy.

The recommendation towards a framework was constructed from both quantitative trends and rich qualitative input from athletes, rather than adapted from existing models. It is informed by the high prevalence of psychological distress, low satisfaction with support, and athlete-driven suggestions for a system that is accessible, confidential, and normalised.

We recommend a tiered approach to mental health support, designed to operate at multiple levels of the athlete experience: peer, institutional, and clinical.

Tier 1: Peer-Led Awareness and Normalisation

Justification:

A recurring theme in athlete responses was the need for relatability and informal, stigma-free entry points to mental health conversations.

"Sometimes all you want is someone who's walked the same road to say, 'Me too.'"

Recommendations:

- Identify and train athlete mental health ambassadors within teams.
- Facilitate peer-led debrief circles, safe spaces for open sharing.
- Embed monthly mental health awareness events into the club calendar.
- Include mental health literacy in athlete development curricula.

Purpose:

To reduce stigma, encourage open dialogue, and empower athletes to support each other in recognising when to escalate to formal help.

Tier 2: In-Club Support Structures

Justification:

Athletes cited a lack of practical and accessible support within their daily training environments. Half reported that mental health was never or rarely discussed by team staff, despite 62% feeling comfortable enough to engage if support were offered.

“We need something embedded in our daily life, not just something to call when it’s too late.”

Recommendations:

- Train coaching and medical staff in basic mental health first response.
- Allocate mental health facilitators (e.g., sport psychology interns or trained staff) to clubs.
- Conduct quarterly confidential wellness check-ins for all athletes.
- Integrate mental health screenings alongside physical assessments.

Purpose:

To provide consistent, low-barrier access to support within athletes’ daily environments and enable early detection of mental health concerns.

Tier 3: External Professional Referral Network

Justification:

Athletes who sought help often reported dissatisfaction with generic or poorly contextualised services (mean satisfaction = 2.31/5). Many expressed a desire for specialised mental health professionals with experience in elite sport.

“The person I saw didn’t understand what it meant to lose a place in the team or face retirement.”

Recommendations:

- Establish formal referral networks with sport-competent mental health professionals.
- Secure funding or subsidisation to ensure equity of access.

- Develop clear, confidential referral pathways to protect athlete anonymity.
- Facilitate digital or app-based services for remote access.

Purpose:

To ensure athletes with clinical needs receive appropriate, context-aware support without stigma or logistical barriers.

Implementation and Evaluation Considerations

This framework is intended as a proposed model based on cross-sectional survey findings and athlete input. It should be piloted in a small number of sports clubs or federations, followed by iterative refinement based on:

- Athlete feedback pre- and post-implementation
- Perceived changes in support quality, stigma, and help-seeking behaviour
- Longitudinal tracking of mental health and performance indicators

Further research will be required to validate this model across sports codes, competition levels, and demographic profiles.

12. CONCLUSION

The findings of this study underscore the pressing need for a comprehensive approach to mental health within South African sport. Athletes across various disciplines and competition levels were found to experience high rates of psychological distress, with common issues including performance anxiety, burnout, depression, and post-injury trauma. These challenges were not isolated incidents but were compounded by systemic barriers (such as inconsistent institutional support), cultural stigmas surrounding mental illness, and limited access to qualified mental health professionals—particularly at the federation and club levels.

By employing a mixed-methods design, this research captured both the statistical prevalence and the lived experiences of athletes, producing a robust and nuanced understanding of their mental health needs. Quantitative data highlighted significant trends in unmet mental health needs, while qualitative interviews provided critical insight into athletes' personal struggles and the gaps in current support structures.

In response, this study proposed a tiered, proactive, and contextually grounded framework for managing mental health in sport. This framework advocates for interventions at three levels: peer support, in-club infrastructure, and professional referral networks. Each tier addresses specific barriers and is designed to operate seamlessly within the existing sports ecosystem.

Crucially, the success of this framework depends on institutional commitment, ongoing coach and staff training, and athlete-driven initiatives. Coaches and entourage staff need to be equipped with basic mental health literacy, while athletes must be empowered to take active roles in fostering a supportive environment. Furthermore, policies must be implemented to embed mental wellness into the culture of sport, treating it not as an ancillary concern, but as a core pillar of performance, development, and holistic athlete well-being.

While SASCOC has made strides in providing psychological support at elite levels such as the Bidvest OPEX Programme and the deployment of sports psychologists during major games, this support is often not replicated at national federation or grassroots levels. The disparity between high-performance and developmental contexts points to the need for scalable, inclusive strategies that ensure equitable access to mental health resources for all athletes, regardless of their stage in the performance pathway.

Future research should focus on piloting this framework within selected federations and clubs, with longitudinal studies tracking its impact on athlete well-being, performance, and retention. By taking these next steps, South African sport can move toward a more supportive and sustainable model that places mental health at the heart of its success.

IMPLEMENTATION PLAN WITH BUDGET INTEGRATION

13.1 Strategic Goal - (2025–2030)

Develop, pilot, and scale a nationally standardized mental health framework for South African athletes. Supported by Institutions, embedded in Federations, and guided by data. The project will be co-driven by the SASCOC Athletes' Commission and the

Commented [LR9]: How does this relate to your tiers? The tiers are the framework and this is the action plan for implementing?

Commented [KM10R9]: Yes. The three tiers are the core of the mental health framework

NOC's High-Performance Department, ensuring top-down support and bottom-up representation.

Funding is being actively pursued through Olympic Solidarity, continental and national institutions, and international partnerships, using research, networking, and high-profile academic engagement as leverage.

This approach is realistic, structured, and driven by athlete needs, but it also relies on continued institutional collaboration, early wins in pilot settings, and strategic external engagement to ensure long-term success.

YEAR 1: Research & Development Phase

Timeline : June 2025 – May 2026
Budget : R1,550,000
Revenue : R3,250,000
Surplus : R1,700,000 (reserved for future phases/emergencies)

Activities:

- Hire a research team (lead PI, assistant, admin)
- Conduct field interviews, surveys, workshops, forums
- Analyse existing institutional gaps
- Acquire psychometric tools, licenses
- Ensure ethics clearance and data protection compliance

YEAR 2: Pilot Implementation Phase

Timeline : June 2026 – May 2027
Budget : R2,350,000
Revenue : R3,500,000
Surplus : R1,150,000 (added to reserves or used for Phase 3 prep)

Activities:

- Launch pilot across selected clubs/federations
- Hire part-time mental health professionals

Commented [LR11]: Who is responsible for this?

Commented [KM12R11]: The SASCOC Athletes' Commission and the NOC's High-Performance

- Conduct workshops (athletes, coaches, staff)
- Deploy awareness campaigns
- Begin Monitoring & Evaluation (M&E)

Outcomes:

- Tested mental health framework in real environments
- Early impact data and case studies
- Destigmatization efforts visible in pilot regions

YEAR 3: Full Expansion Phase

Timeline : June 2027 – May 2028

Budget : R3,050,000

Revenue : Assumed continued funding (~R3.5M)

Use of Surplus: R2.85M (from Y1 + Y2) can support rollout scale or hardship fund

Activities:

- Expand to all national federations
- Establish long-term mental health staffing model
- Launch stress management modules (e.g. for retirement/injury)
- Integrate tech tools: digital self-check-ins, secure mental health tracking
- Develop standardized training modules

Outcomes:

- National framework embedded in most federations
- Athlete wellness platforms functioning
- Protocols and response mechanisms standardized

YEARS 4–5: Sustainability & Institutionalization Phase

Timeline : June 2028 – May 2030

Budget : R5,600,000 (R2.8M/year)

Revenue : Continued support from Olympic Solidarity/CSI Partners + re-invested surpluses

Activities:

- Secure long-term staff and embed services in institutions
- Launch CPD programs for mental health practitioners and coaches
- Conduct annual evaluations and adjust program delivery
- Media campaigns & athlete ambassadors promote support-seeking
- Maintain & update digital systems

Outcomes:

- Framework integrated into national sports policy
- Ongoing tracking of athlete mental wellness
- Self-sustaining model (staff, systems, outreach)
- Normalized athlete engagement with mental health professionals

13.2. Support Staff

To ensure the effective execution, monitoring, and sustainability of the proposed mental health framework for South African athletes, a strategically composed multidisciplinary team will be assembled. The staffing structure reflects the diverse demands of the project's life cycle from research and piloting to national rollout and long-term support. The Core Project team is as indicated in the below table on the following page.

Role	Responsibilities	Duration
CORE PROJECT TEAM		
Project Manager (1 FTE)	Overall coordination, timelines, stakeholder engagement, risk management	5 Years
Research Lead (1 FTE)	Design of research tools, data analysis, publication and documentation	Year 1–3
Assistant Researchers (2 FTE)	Fieldwork support, survey administration, focus group facilitation	Year 1–2
Monitoring & Evaluation (M&E) Officer (1 FTE)	Performance indicators, reporting metrics, impact assessment	Year 2–5
MENTAL HEALTH SERVICE TEAM		
Clinical Psychologist (1 FTE)	Framework development, case consultation, athlete sessions	Year 2–5
Registered Counselors / Sports Psychologists (3–5 Contracted)	Direct support for athletes during pilot and rollout phases	Year 2–5
Mental Health Program Coordinator (1 FTE)	Oversees implementation of athlete programs, liaises with clubs	Year 3–5
EDUCATION & AWARENESS TEAM		
Training & Curriculum Specialist (1 FTE)	Develop athlete education materials and workshops	Year 2–4

Communications Officer (1 FTE)	Media, social campaigns, internal/external awareness	Year 2–5
Ambassador Liaison (Athlete Rep) (0.5 FTE)	Coordinates athlete ambassadors to destigmatize mental health	Year 2–5
TECHNICAL & ADMINSTRATIVE SUPPORT TEAM		
Data Manager / Analyst (1 FTE)	Manage secure databases, analyses trends, dashboards	Year 1–5
Administrative Assistant (1 FTE)	Scheduling, documentation, procurement, logistics	5 Years
IT Support Technician (0.5 FTE)	Maintains digital platforms, troubleshooting	Year 3–5

3.3 Staffing Justification

The staffing model emphasizes interdisciplinary collaboration, blending mental health expertise with project management, research, and athlete engagement.

Roles are aligned with project phases to ensure resource optimization contractual and phased hires help control costs. Representation from mental health professionals, athletes, and sports federations ensures that the framework is credible, accessible, and practical.

13. BUDGET

The proposed budget for this project (Annexure 2) is aligned with its primary objective: the development and implementation of a standardized mental health framework for South African athletes. Structured across a five-year phased model, the project will move from insight generation (Years 1–2), through pilot testing (Year 3), to national rollout and institutionalization (Years 4–5).

Funding projections have been made conservatively, with moderate inflation assumptions and a focus on sustainable stakeholder investment. Any surpluses will be reallocated toward athlete hardship funds, emergency response needs, or reinvested in future research cycles.

Targeted revenue streams include:

- Olympic Solidarity - aligned with its Safe Sport funding commitments.
- Department of Sport, Arts & Culture (DSAC).
- Corporate sponsorship and CSR partners.
- Academic institutions for research support.

Initial stakeholder engagement is underway with Olympic Solidarity, the African Union Sports Council, and planned discussions with the Norwegian Olympic Committee, which supports regional Safe Sport initiatives.

The project is co-led by the SASCOC Athletes' Commission and the High-Performance Department, ensuring both athlete representation and systemic integration.

While ambitious, the funding model is realistic and scalable. The phased approach allows for testing and refining the framework before national expansion. Visibility and partnerships are being built through upcoming presentations at Olympic Studies related Conventions. This approach positions the framework for long-term success, grounded in athlete needs and institutional collaboration.

14. RECORDS

All records from this study will be managed in accordance with the University of Ottawa's Office of Research Ethics and Integrity guidelines as well as the data governance principles outlined by the South African Sports Confederation Olympic & Paralympic Committee (SASCOC).

Quantitative survey data and qualitative interview transcripts will be stored on a password-protected storage systems hosted on secure SASCOC server. Access to raw data will be restricted to the principal investigator and authorized research personnel listed in the ethics application. Interview audio files will be transcribed verbatim and de-identified through pseudonymization prior to analysis.

All records will be retained for a minimum of five years following the conclusion of the research, as required by the University of Ottawa and SASCOC policy. After this retention period, physical and digital records will be securely destroyed in accordance with institutional and ethical protocols to ensure permanent deletion of sensitive information.

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