

**THE COLLABORATIVE DESIGN, IMPLEMENTATION, AND EVALUATION OF A MENTAL HEALTH STRATEGY
WITH TENNIS CANADA: VALUE AND RECOMMENDATIONS**

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Abstract

The sport ecology plays a crucial role in promoting and optimizing the mental health (MH) of athletes, coaches, and staff (Henriksen, Huang, et al., 2024; Purcell et al., 2019; Schinke et al., 2024). Recognizing this responsibility, the Mental Health Strategy for High Performance Sport in Canada (the “national MH Strategy”) was developed to provide a roadmap for sport organizations to improve MH outcomes within their communities (Durand-Bush & Van Slingerland, 2021). The national MH Strategy outlines five priorities (1-leadership, 2-promotion, 3-prevention, 4-treatment, 5-monitoring), which should be adapted to meet the needs of individual organizations. Despite providing valuable recommendations, there remains a lack of empirical evidence to guide this process, creating a significant challenge for sport psychology practitioners (SPPs), researchers, and organizations wanting to implement system-wide MH initiatives (Prior et al., 2024a).

The purpose of this Participatory Action Research (PAR) project was to collaboratively design, implement, and evaluate a sport-specific version of the “national MH Strategy” with Tennis Canada (TC) leaders. A Core Leadership Team (CLT; n = 5-8) and Task Force (TF; n = 21) were recruited for all three phases (Design, Implementation, and Evaluation) of the project. This project was also conducted in partnership with Game Plan, Own the Podium, and the Canadian Centre for Mental Health and Sport (CCMHS). These participants were positioned as experts through their lived experience (Bergold & Thomas, 2012), facilitating the co-creation of knowledge to develop a contextually relevant strategy that addressed the specific needs of TC’s community, and providing insight into the implementation and evaluation. Individuals were strategically recruited to represent different levels (e.g., provincial, national) and groups (e.g., parents, coaches, senior leaders, MH practitioners) of TC’s sport ecosystem, using an Ecological Systems Model (Durand-Bush & Van Slingerland, 2021; Purcell et al., 2019).

A multiphase qualitative design was used to carry out three objectives: (a) collaboratively design a sport-specific version of the national MH Strategy with TC (herein referred to as “TC’s Strategy”) with a

CLT and TF, (b) track the implementation of TC's Strategy over one year, and (c) evaluate what TC accomplished in one year and assess the Strategy's intrinsic and extrinsic value. Data were collected using a Needs/Gap Assessment, group discussions, semi-structured interviews, an Implementation Progress Chart, and a reflexive journal. The research culminated in three distinct but related studies and three articles.

Design Phase (Study 1)

The purpose of Study 1 was to collaboratively design a sport-specific version of the national MH Strategy with TC leaders. To achieve this, a CLT of five members and a TF of 21 members representing TC's community were recruited. The CLT and TF participated in four formal meetings and completed a Needs/Gap Assessment over an 11-month period (June 2022 – May 2023) to co-create the knowledge required to design TC's Strategy. The Needs/Gap Assessment allowed participants to identify which aspects of the national MH Strategy were most relevant to TC and reflect on sport-specific risk and protective factors, resource availability (e.g., human, financial), timelines, and barriers. A directed content analysis generated data organized under an Early, Middle, and Late Phase of the 11-month period. The Early Phase served to analyze the first two TF group discussions and the Needs/Gap Assessment data, resulting in five first-level codes (the five priorities), 12 second-level codes (e.g., service provision, help-seeking, assessment), and 32 third-level codes presented as actions (e.g., use a phased-in approach over a 3-year period, Wellness Director leads implementation of TC's Strategy). The Middle Phase involved transforming the data into the first version of TC's Strategy and obtaining feedback from the TF during the third TF group discussion. The Late Phase involved finalizing TC's 5-priorities, 18-objectives, and 45-actions Strategy and receiving final input from the TF during the fourth TF group discussion. Given the scope and breadth of the Strategy, the plan was to implement the Strategy over three years, with the first year focusing on Priorities 2 and 3, and the target population of TC coaches and staff, and National Tennis Centre athletes and parents. Success factors and challenges were provided

along with recommendations to support other organizations wishing to create plans to improve system-wide MH outcomes. Importantly, a Wellness Director was hired in April 2023 and tasked to lead the implementation of TC's Strategy.

Implementation Phase (Study 2)

The implementation Phase began when TC's Strategy was officially launched in February 2024. Building on Study 1, the purpose of Study 2 was to explore leaders' perspectives on the first year of implementation of TC's Strategy, which occurred between February 2024 and February 2025. The CLT was expanded to eight individuals for additional representation. Sixteen TF members participated in this phase, including the eight CLT members. Data were collected using one TF and 12 CLT group discussions, 11 individual semi-structured interviews, and a reflexive journal. Additionally, the Research Project Lead (RPL) engaged in over 40 meetings with the Wellness Director and Director, High Performance Programs, to track implementation progress and provide input where needed. The reflexive thematic analysis led to the identification of three main themes. The first theme pertained to the leaders' perceived experiences and outcomes, and more specifically, the positive benefits of participating in this phase of the research process (e.g., engagement, learning, support). The second theme related to influential factors that impacted the first year of implementation (e.g., leadership, promotion, implementation framework, wellness and recovery). The third theme comprised recommendations to continue improving the implementation of the Strategy and to close perceived gaps (e.g., organizational change, education). Based on evolving needs and emerging MH initiatives, and supported by the PAR approach, TC's Strategy expanded from 45 to 71 actions throughout this phase. Findings provide relevant insights into how a sport organization can harness diverse leaders to implement MH initiatives and prioritize MH at the organizational level.

Evaluation Phase (Study 3)

The Evaluation Phase was initiated in March 2025, after the end of the Implementation Phase. The purpose of Study 3 was to examine what TC accomplished in the first year of implementing their Strategy and its intrinsic (merit) and extrinsic (worth) value. The eight-member CLT and 13 members of the 21-member TF participated in this phase. Data were collected between March 2025 and June 2025 using group discussions (three with the CLT; one with the TF), six individual semi-structured interviews with the CLT, an Implementation Progress Chart, and a reflexive journal. The group discussions and interviews served to gather TF and CLT feedback to inform the evaluation. The Implementation Progress Chart was developed by the Wellness Director and the RPL to provide a visual representation of what TC accomplished in the first year of implementation, to support the evaluation. The reflexive journal was used to maintain an audit trail and record reflexive entries. A directed content analysis revealed that TC completed 66 out of the 71 actions (93.0%) in their Strategy. In order of percentage, TC completed 100.0% (8 actions) in Priority 5, 95.7% (22 actions) in Priority 2, 92.3% (12 actions) in Priority 3, 88.9% (16 actions) in Priority 1, and 88.9% (8 actions) in Priority 4. The intrinsic value of the Strategy was described as a cultural shift *within* TC's community, wherein there was greater MH awareness, reduced stigma, and greater integration of support for athletes, parents, and staff. The extrinsic value was demonstrated through a perceived influence on individuals and organizations *beyond* TC, such as the international players who competed at the annual National Bank Open tournament hosted by TC, international tournaments (e.g., professional Grand Slams), and the Canadian high performance sport community (e.g., other sport organizations). A context-specific logic model was developed to synthesize the Strategy's inputs, activities, contextual influences, and outcomes, illustrating how TC targeted individual, relational, and organizational dimensions of the sport environment to support athletes, parents, coaches, and staff. Findings support the value of an ecological MH strategy within and beyond a sport organization.

Overall, the current research fills a significant gap, providing empirical evidence on designing, implementing, and evaluating a sport-specific MH strategy using the national MH Strategy as a roadmap. It underscores the importance of engaging a representative and diverse leadership group, having a designated person to lead the implementation of the Strategy, phasing in the Strategy by targeting a smaller population and focusing on one or two priorities, and tracking the perceived outcomes to improve the Strategy. This project also shows the value of adopting a flexible PAR approach to engage a group of leaders in co-creating a meaningful strategy that serves the needs of a sport organization. Finally, it shows the utility of using theoretical frameworks (e.g., Ecological Systems Model) to guide MH initiatives, ensuring decision-making is informed by best practices and research recommendations.

Acknowledgements

The number of people who helped me reach this finish line extends far beyond the past five years of my doctoral research. Thank you to my tutors for helping me learn to read, write, and speak with confidence, as I struggled with symptoms of dyslexia. Thank you to the many teachers and professors who shaped learning environments that felt invigorating. Thank you to the coaches who pushed me to dream bigger. Thank you to the physiotherapists, strength and conditioning coaches, and surgeon who treated my back injury with compassion and care, helping me overcome physical limitations and regain the courage to compete in my sport, especially after surgery. Finally, thank you to the counsellors and psychologists who have shown patience and grace as I grow.

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Working with TC and the CCMHS on TC's Mental Health Strategy has been the most inspiring project of my career. Collaborating with humble, values-driven leaders at both organizations showed me that systemic change is possible when you join forces. Lasting change requires organizations to work together, learn from experts, and ask the hard questions. I hope other sport organizations look to TC and the CCMHS as examples of how collaboration and courage can move the dial. When leaders come together, share lessons, and hold one another accountable, we can create safer cultures where athletes'

mental health is truly prioritized. I'm grateful for the opportunity to contribute to this work, and I have no doubt these organizations will continue to be trailblazers.

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Thank you to my thesis committee members, Dr. Penny Werthner and Dr. Göran Kenttä, for pushing my critical thinking with kindness and encouragement. Penny, thank you for your feedback and support throughout this process. I feel lucky to have spent time with you and gotten to know you at conferences. You're incredibly kind and I look up to you in numerous ways. Göran, thank you for the passion that you bring to mental health research. I have enjoyed learning from you and always feel inspired when I read one of your papers or listen to your presentation at conferences. I'm extremely grateful to have you both on my committee.

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Thank you to my parents, Carol and Fil. Your unconditional love and support have been a constant source of strength throughout my entire life. Thank you for never walking ahead of me or

behind me, but for choosing to walk beside me through every storm and triumph. Thank you for cheering me on and reminding me of my strengths when I doubted myself. I am incredibly grateful to have been raised by two people who have become my best friends. Everything I have achieved is possible because of you. I love you so much!

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I'm forever indebted to my friends who've brought so much joy, humour, and unconditional love to my life. Knowing I always had these friends to vent to and to celebrate successes with made these five years so much more meaningful.

Thank you, Roula, for your wisdom, mentorship, and support. Over the past two years of knowing you, your guidance and unwavering belief in me have pushed me to grow in ways I never expected. I'm deeply grateful for the time, patience, and care you've gifted me. You hold a special place in my heart.

Finally, I want to acknowledge who I have become during this journey. I have struggled with my mental health since childhood. I chased performance and perfection in everything I did, but no success ever felt like enough. This PhD became the catalyst for a powerful paradigm shift, helping me realign my choices with my values. I became more accountable, dependable, confident, and resilient. I learned to care for myself, say no, set healthy boundaries, and rest when needed. Reaching this finish line symbolizes so much for me. Because of my experiences, I carry greater empathy and offer compassion to those who have struggled as I have. I will take what I have learned to transform the lives of the children I support in sport. Mental health is a team sport. I will challenge shame and stigma and dedicate my career to the team.

Prologue

My passion for this PhD project stems from my experiences as a former high performance tennis player. I fell in love with the sport early, specializing at seven years old. By 12 years old, I was training 20 hours per week and competing at the provincial and national level. At 20 years old, I earned a scholarship to play Division 1 tennis in the United States, where I completed an undergraduate degree in psychology. Tennis has remained a huge part of my life, and a central source of joy and fulfillment. It has helped me develop resilience, leadership, confidence, and commitment.

Those strengths were cultivated alongside serious challenges. I endured an 8-year back injury that caused numerous setbacks in my career and resulted in surgery at 18. For more than seven years, I was in an abusive coach-athlete relationship. I was also diagnosed with dyslexia in the second grade, which required weekly tutoring. The cumulative stress of these experiences contributed to a diagnosis of mental illness, symptoms of which I continue to manage. Although these challenges were extremely difficult, they simultaneously cultivated a deep empathy for young athletes and commitment to protecting their well-being.

Since retiring from competition, I have stayed engaged in tennis as a coach and as part of my training to become a Certified Mental Performance Consultant (CMPC). I remain active in Canadian tennis, supporting young players in their athletic pursuits and advocating for their well-being. I also completed a master's degree with Dr. Gordon Bloom, exploring how highly regarded high performance Canadian tennis coaches developed close, trusting relationships with their youth athletes. In this project, coaches described the importance of caring for athletes' well-being while remaining mindful of appropriate boundaries. This work became an important step in my own healing.

Driven by these experiences and the desire to impact the TC community at a broader level, I wanted to dedicate my PhD project to collaborating with TC to develop a MH strategy under Dr. Durand-Bush's supervision. It was coincidental that before I finalized my research proposal, TC independently

contacted the Game Plan Mental Health Manager for support in developing a MH strategy. The Mental Health Manager was aware that Dr. Durand-Bush and I were planning on focusing my research on tennis, so they put us in contact with TC's Director, High Performance Programs. In that moment, a professional opportunity and my own personal purpose converged, leading to a project that would allow me to translate my lived experience into meaningful change for young athletes.

For the following three years, I served as the RPL and I was able to play a role in this larger initiative with TC, bringing my own passion, competencies, and personal experience to the project. This allowed me to give back to a community that I care deeply about and use my athletic, coaching, consulting, and research experiences to inform every aspect of the project. This partnership and project have been one of the most rewarding opportunities of my life, and I'm so proud of what I, the research team, and TC have achieved in this short period of time.

Preface

Statement of Contribution

I, Mikaela Papich, was responsible for data collection, storage, and analysis in all three phases of this research project. I am the lead author of each of the three manuscripts and the entire dissertation. Dr. Natalie Durand-Bush was the supervisor involved in this PhD dissertation. She helped me conceptualize and complete this project from start to finish. We also had scheduled weekly meetings to monitor and support my progress. She provided her feedback and revisions on all three articles and the entire PhD dissertation. Additionally, Dr. Penny Werthner and Dr. Gören Kenttä served as the thesis advisory committee, providing feedback and fruitful opportunities for discussion during the Comprehensive Exam. Common with the use of a PAR approach, participants (“co-researchers”) in this research were invited to co-author manuscripts. All participants who volunteered to serve as a co-author read and provided feedback on the written manuscripts before they were submitted for publication. Research ethics approval was obtained from the Office of Research Ethics and Integrity at the University of Ottawa.

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Glossary of Terms

Tennis Canada Terminology (in alphabetical order)

Mental Timeout Initiative: The Mental Timeout initiative aims to promote mental health awareness and reduce stigma at the professional men's and women's National Bank Open tournaments in Montreal and Toronto. It was launched by Tennis Canada and is supported and funded by Beneva, an insurance and financial services company. It aims to "build on Tennis Canada's mission to improve the well-being of all tennis players across Canada and to ensure a safe and inclusive environment for all those who pick up a racquet" (Tennis Canada, n.d.-e).

National Bank Open: "The National Bank Open is one of the world's oldest tennis tournaments and is a Women's Tennis Association 1000 event played on outdoor hard courts. 96 singles players and 32 doubles teams compete in either Toronto or Montreal, as the two cities alternate hosting years (WTA n.d.). As a not-for-profit organization, Tennis Canada invests net proceeds from the National Bank Open presented by Rogers back into growing the sport across the country" (Tennis Canada, n.d.-c).

National Tennis Centre (NTC): "In September 2007, Tennis Canada opened its doors to a full-time National Tennis Centre presented by Rogers (NTC) for the first time, under the leadership of world-renowned coach Louis Borfiga, who ran a similar program for the French Tennis Federation. Identified players between the ages of 13-19 are provided with the training, coaching and resources necessary to succeed at the top levels of the sport. Operating national training centres is recognized as an international best practice where players can be regrouped in one location to hone their technical, physical and tactical fundamentals, garner top level international competitive experiences, manage life on the junior circuit as a precursor to the professional tours, and develop team identity and values to represent Canada on the international stage" (Tennis Canada, n.d.-d).

Provincial and Territorial Tennis Associations: “Tennis Canada works closely with the Provincial and Territorial Tennis Associations (PTTAs) to grow the sport across the country. The PTTAs are crucial to the development of tennis at both the grassroots and high performance levels” (Tennis Canada, n.d.-f)

Regional Training Centre (RTC): “Three Regional Training Centres have been established in Montreal, Toronto, and Vancouver. These centres serve as development hubs for promising U14 talent within their respective regions. Designed as supplementary training programs, they aim to support club leaders, personal coaches, and parents by enhancing the existing training and competition environments for top-performing young athletes” (Tennis Canada, n.d.-d).

Tennis Canada (TC): “Founded in 1890, Tennis Canada is a non-profit, national sport association with a mission to lead the growth, development and promotion of tennis in Canada and a vision to be a world-leading tennis nation. Tennis Canada owns and operates the premier National Bank Open presented by Rogers WTA and ATP Tour events, several professional ATP and ITF sanctioned events and financially supports many other professional tournaments in Canada.” (Tennis Canada, n.d.-a).

Tennis Professional Association (TPA): “A member-based association devoted to growing the profession of tennis coaching across Canada. We strive to be a global leader in the coaching profession through world-class training and support. Being a TPA member ... comes with a panoply of benefits. We want to be your gateway to a successful career in tennis by offering you liability insurance, discounted equipment, career services, world-class resources, and professional development opportunities” (Tennis Canada, n.d.-b).

Wheelchair Tennis National High-Performance Program (NHPP): “Tennis Canada’s Wheelchair Tennis Whole Player Development Pathway is a holistic approach designed to develop people and players through each stage of the pathway. The National High-Performance Program (NHPP) focuses on the Podium Pathway, which encompasses stages 6 and 7: Performance and Life as a Pro. The NHPP is one component of the pathway and is designed for athletes who are on track to meet Tennis Canada’s,

Sport Canada's, and Own the Podium's performance and podium objectives in 2025 and beyond."

(Tennis Canada, n.d.-g).

Sport Organizations, Multi-Sport Organizations and Governing Bodies (in alphabetical order)

Canadian Centre for Mental Health and Sport (CCMHS): "The CCMHS is Canada's primary destination for mental health services and resources that are grounded in science and practical knowledge, meeting the evolving needs of the sport community. Supporting athletes, performing artists, coaches, and staff, the CCMHS focuses on helping these individuals achieve their performance goals while preserving their well-being. The CCMHS rests on 3 pillars of success: collaborative care; education and outreach; and research" (CCMHS, n.d.).

Coaching Association of Canada (CAC): "The CAC educates and certifies coaches and celebrates their achievements at all levels of sport. Through its coach education, research, and advocacy programs, the CAC unites partners and stakeholders in its commitment to raise the skills and stature of coaches, and ultimately to expand their reach and influence" (Coaching Association of Canada, n.d.).

Game Plan: "Game Plan is Canada's holistic athlete-support network. Its nationwide team of world-class experts and specialized advisors empower national athletes with practical ways to live healthy, balanced, and personally successful lives at every stage of their journey. Game Plan's growth-centered programs, structured services, and everyday resources are custom designed to support the total well-being of every individual athlete. Established in 2015, Game Plan is a globally leading initiative which functions in collaboration with the Canadian Olympic Committee (COC), Canadian Paralympic Committee (CPC), Sport Canada and the Canadian Olympic and Paralympic Sport Institute Network" (COPSIN; Game Plan, n.d.).

Own the Podium: "Own the Podium's mission is to enhance Canada's high-performance sport system by providing advice and support to national sport organizations, delivering strategic priorities and

providing funding recommendations that align with our funding partners' priorities" (Own the Podium, n.d.).

Sport Canada: "The Government of Canada, through Sport Canada, is the single largest investor in Canada's amateur sport system. Sport Canada provides leadership and funding to help ensure a strong Canadian sport system which enables Canadians to progress from early sport experiences to high performance excellence" (Government of Canada, n.d.).

Key Constructs Guiding this Project (in alphabetical order)

Ecological Systems Model: A comprehensive athlete-centered framework, that includes four levels to describe the relationship between athletes and the broader social and cultural context in which they operate (Purcell et al., 2019). This framework was adapted to the Canadian context in the national MH Strategy and highlights four levels to support athlete MH: The individual, microsystem, exosystem, and macrosystem level (Durand-Bush & Van Slingerland, 2019).

Evaluation: "The systematic collection of information about activities, characteristics, and results of programs to make judgments about [a] program, improve or further develop [a] program effectiveness, inform decisions about future programming, and/or increase understanding" (Patton, 2008, p. 39).

Logic model: "A logic model is a visual illustration of a program's resources, activities and expected outcomes. It is a tool used to simplify complex relationships between various components and can be used during program planning, implementation and evaluation" (Public Health Ontario, 2025, p. 2).

Mental Health (MH): "A state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community" (World Health Organization [WHO], 2025b).

Mental Health (MH) Literacy: “The proficiency with which individuals understand how mental health and mental illness can be improved, how stigma can be decreased, and how help-seeking and self-management capabilities can be enhanced” (Durand-Bush & Van Slingerland, 2021, p. 9).

Mental Health Strategy for High Performance Sport in Canada (national MH Strategy): “The primary aim of the Strategy is to improve mental health outcomes for all Canadian [high performance] athletes, coaches, and staff. The Strategy includes 5 priorities, each outlined with clear objectives, background information, and recommended actions to guide stakeholders” (Durand-Bush & Van Slingerland, 2021, p. 4).

Mental Illness (MI): A health condition characterized by changes in thoughts, emotions, and behaviours, leading people to experience significant distress and impaired functioning in their personal and professional activities. MI includes mental disorders, psychosocial disabilities, and a combination of different mental states associated with distress, impairment, or risk of self-harm (WHO, 2025a).

Mental Performance (MP): “The capability with which individuals use cognitive processes (e.g., attention, decision-making, perception, memory, reasoning, coordination) and mental/self-regulation competencies (e.g., knowledge and skill) to perform in their changing environment” (Durand-Bush & Van Slingerland, 2021, p. 9).

Mental Triad Model: “The Mental Triad Model, derived from Keyes’ (2002) dual continua model, conceptualizes MP, MH, and MI as distinct yet interconnected constructs influencing athletes’ functioning and performance” (Jewett, Durand-Bush, Primeau, Van Slingerland, DesClouds, et al., 2026, p. 4).

Program: “A set of purposeful, planned-, or evidence-based actions and the support system necessary to achieve the identified outcomes” (Killion, 2018, p. 10).

Planning Evaluation: Conducted before a program is designed to identify the social conditions and needs to be addressed (Killion, 2018).

Process Evaluation: Conducted throughout a program to monitor and document the implementation of a program, providing information on which program elements are producing program outcomes (Killion, 2018; Saunders et al., 2005).

Summative evaluation: Conducted at the end of a program and involves collecting data to determine a program's merit and worth, and provide a summary of the program's overall impact (Killion, 2018).

PART I

Introduction

Research on mental health (MH) in sport is flourishing and has led to several position or consensus statements outlining suggestions to improve MH outcomes for sport participants (e.g., Breslin et al., 2019; Gorczynski et al., 2019; Henriksen et al., 2020; Henriksen, Huang, et al., 2024; Moesch et al., 2018; Reardon et al., 2019; Schinke et al., 2024; Van Slingerland et al., 2019). These statements have originated from various countries, which demonstrates that MH is a key priority worldwide. Researchers have predominantly focused on individual athlete MH, with less attention given to how the training and competitive environment, and the people within it, shape MH outcomes. Environmental and relational characteristics include sport culture, psychological safety, resource access, MH literacy, coach-athlete relationships, leadership style, and parental support (Henriksen, Huang, et al., 2024; Jewett, Durand-Bush, Primeau, & Van Slingerland, 2026; Poucher et al., 2023; Walton, Purcell, Pilkington, et al., 2024). Organizational sport psychology provides a systems-level lens through which researchers and sport psychology practitioners (SPPs) can explore individual behaviour, social processes, and environmental characteristics within sport organizations (Wagstaff, 2019; 2026). Adopting this perspective can therefore help these individuals identify how organizational cultures, policies, leadership, and interpersonal dynamics contribute to MH across competitive levels and inform more systemic and preventative programs and interventions. However, there remains a lack of empirical evidence to guide this process, serving as a significant challenge for the sport community.

To embolden leaders to more systematically address MH at the individual, interpersonal, and organizational level, the Mental Health Strategy for High Performance Sport in Canada (the “national MH Strategy”) was launched in 2021. It outlines specific priorities, objectives, and actions to improve the MH outcomes of all sport participants (e.g., athletes, coaches, parents, support staff; Durand-Bush & Van Slingerland, 2021). Explicitly, the national MH Strategy includes five priorities that aim to promote MH

and prevent and treat mental illness (MI) at all levels from the macrosystem (e.g., multi-sport organizations), to the exosystem (e.g., national, provincial, and territorial sport organizations), and the microsystem (e.g., coaches, teammates, athletes): These priorities are: (a) Leadership, stakeholder engagement, and communication, (b) Promotion of MH, (c) Prevention of MH challenges and MI, (d) Assessment, diagnosis, treatment, and recovery, and (e) Implementation, monitoring, and improvement (Figure 1).

Figure 1

The National MH Strategy Priorities and Objectives (Durand-Bush & Van Slingerland, 2021)



It is stated in the national MH Strategy that priorities, objectives, and actions should be prioritized based on the needs and gaps of any sport organization. This is important since each sport has its own specific culture accompanied by MH protective and risk factors (e.g., coach-athlete relationships, sport type, parental pressure, training demands, acceptance of MI, availability of support; Durand-Bush & Van Slingerland, 2021). It is also acknowledged in the national MH Strategy that implementing system-wide changes (e.g., policies, programs) in a novel domain like MH requires support and resources. National Sport Organizations (NSOs) should be aided in their efforts to implement the priorities laid out in the national MH Strategy. Furthermore, to determine whether desired outcomes are achieved and to assess

the value of implemented actions, the national MH Strategy should be evaluated by the sport organization attempting to implement it.

Up until May 2022, no NSO had formally adapted the national MH Strategy to develop a long-term strategic plan to fulfill sport-specific MH objectives. It was at this point that Tennis Canada (TC) reached out to the co-authors of the national MH Strategy for support to do this. After three meetings with the Director, High Performance Programs (formerly Director of High Performance Programs and Administration), the Senior Vice President, High Performance Development, and the Senior Director, Sport Integrity (formerly Director of Safe Sport and Integrity), it was decided that TC would take part in a formal initiative to design, implement, and evaluate a MH strategy to improve the MH and wellness of its participants, using the national MH Strategy as a guide. It was also agreed that Mikaela Papich, a former varsity tennis player, current tennis coach, and student training to become a Certified Mental Performance Consultant (CMPC), would focus her doctoral dissertation on this project. The research project was conceptualized into three phases, and the overall aim was to collaboratively work with TC to design, implement, and evaluate a sport-specific version of the national MH Strategy. The current project is the first to proactively and empirically examine the application of the national MH Strategy in a specific setting. It was anticipated that it would serve as a blueprint for other Canadian NSOs interested in improving the MH and performance of their athletes, coaches, staff, parents, and leaders.

Literature Review

The Mental Triad: MH, MI, and MP

This research project is guided by three core constructs—MH, MI, and mental performance (MP), which are addressed in the national MH Strategy and influence the overall functioning and performance of individuals. These three distinct but interrelated constructs have been conceptualized as the Mental Triad and are depicted in the Mental Triad Model (Canadian Centre for Mental Health and Sport

[CCMHS], 2023; Durand-Bush et al., 2022; Van Slingerland, 2021). The Mental Triad constructs and model are discussed below.

MH and MI

For a long time, MH was defined as the absence of psychopathologies, or MI (e.g., depression, anxiety; Keyes, 2005). However, the absence of MI does not represent the three core components of positive MH: (a) feelings of happiness and satisfaction with life (emotional well-being), (b) positive individual functioning in terms of self-actualization (psychological well-being), and (c) positive social functioning in terms of having social value (social well-being; Westerhof & Keyes, 2010). Although related, MH is distinct from MI and is defined as a “**state** of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community” (World Health Organization [WHO], 2025b).

In the elite sport context, researchers have frequently explored the prevalence (Rice et al., 2016), diagnosis, and treatment of MI in athletes (Bär & Markser, 2013; Glick et al., 2012; Reardon & Factor, 2010). There appears to be less research adopting a positive psychology approach to determine the prevalence of MH and to examine protective factors affecting well-being in sport (Kuettel & Larsen, 2020; Larsen et al., 2021; Lundqvist, 2011). In a scoping review, Kuettel and Larsen (2020) confirmed that out of the 43 empirical studies identified, most of them investigated general psychological distress or the prevalence of MI symptoms. The authors noted that this is far too simplistic and does not align with Keyes’ (2002) conceptualization of MH, which is a dynamic and complete state where individuals can experience low, medium, or high levels of well-being (Kuettel & Larsen, 2020).

Nonetheless, some studies have focused on the well-being of athletes and coaches. For instance, Dubuc-Charbonneau and Durand-Bush (2015) found in their intervention study that while the well-being of the university student-athletes in their sample was initially below the normative standard for university students, these athletes were able to significantly increase their well-being and decrease their

symptoms of burnout as a result of participating in a MP (i.e., self-regulation) intervention throughout their athletic season. Similar results were found with a sample of Canadian coaches who were experiencing moderate to high levels of burnout. Completing a six-module MP intervention with a trained facilitator was perceived to have a positive impact on the coaches' emotional and psychological well-being (McNeill et al., 2020). In another study, Van Slingerland et al. (2018) found that Canadian university student-athletes' levels of psychological, emotional, and social well-being were moderate to high, and more student-athletes were flourishing than languishing. It was argued that these results could be attributed to the benefits of sport participation and the strong self-regulation capacity of student-athletes. Overall, these findings support the relationship between well-being and MP.

While research on MH in sport has predominantly focused on athletes, recent evidence suggested that coaches and support staff may have similar MH challenges (e.g., somatic complaints, social dysfunction, sleep disturbance) and concerns (e.g., feeling undervalued and underpaid) as those of athletes (Pilkington et al., 2022). Pilkington et al. (2022) suggested that protective factors deemed important for elite athletes' MH may also benefit coaches and support staff. Examples of such factors include MH literacy, positive relationships, recovery, feelings of competence and autonomy, and social support. One of the objectives of the national MH Strategy is to provide **all** sport participants with appropriate MH education and support. Yet, studies on the MH of coaches and support staff are lacking. The current research helps to address this limitation, as TC's aim was to promote MH and prevent and treat MH challenges and symptoms across its ecosystem.

In comparison to MH, which is defined as a **state**, MI is a health **condition** characterized by changes in thoughts, emotions, and behaviours, leading people to experience significant distress and impaired functioning in their personal and professional activities (WHO, 2025a). According to the WHO (2025a), MI includes mental disorders, psychosocial disabilities, and a combination of different mental states associated with distress, impairment, or risk of self-harm. This is an important nuance with

respect to MI as it demonstrates that MI includes subclinical symptoms where people can experience MI symptoms without having a formal diagnosis (Kuettel & Larsen, 2020; WHO, 2025a). Furthermore, while people living with a MI may be more susceptible to experiencing lower levels of well-being, this is not always, nor necessarily, the case (WHO, 2025a).

Researchers such as Keyes et al. (2002; 2005; Westerhof & Keyes, 2010) have shown that individuals can function well and flourish (i.e., function well psychologically, emotionally, and socially, most of the time) even if they have a MI diagnosis. Similar results have also been observed in the sport context. For example, when Van Slingerland et al. (2018) examined the prevalence of MH in student-athletes from 30 Canadian universities, they found that while 18% of student-athletes reported a previous MI diagnosis, they maintained moderate MH functioning across time. In another study in which 12 Canadian national team athletes' MH, MI, and MP were tracked over 19 months of an Olympic or Paralympic quadrennium, a heat map depicted that while some athletes did not report MI symptoms, they had poor MH and low MP (Jewett, Durand-Bush, Primeau, Van Slingerland, DesClouds, et al., 2026; Figure 2). Conversely, some athletes reporting high levels of anxiety and depression maintained moderate MH and MP over time (Jewett, Durand-Bush, Primeau, Van Slingerland, DesClouds, et al., 2026). These nuances within the Mental Triad Model are important to highlight when assisting NSOs in developing, implementing and evaluating their own MH strategy. The current project sheds light on the impact of using the Mental Triad to guide a sport organization's design, implementation, and evaluation of a MH strategy.

Figure 2

Heat Map (Jewett, Durand-Bush, Primeau, Van Slingerland, DesClouds, et al., 2026)

Participant	Games	Selected	Self-Reported Diagnosis	Timepoints	MP (0-115)	MH (0-70)	Anxiety (0-21)	Depression (0-27)	Sleep Difficulties (0-17)	Sport Self-Esteem (10-50)
1F	Winter	yes	no	1	84	40	14	11	6	30
				2	87	40	15	17	6	38
				3	75	42	12	14	8	36
2F	Winter	no	no	1	74	26	14	17	12	36
				2	75	29	9	13	11	37
				3	78	53	5	2	6	35
3F	Winter	no	yes	1	81	27	11	17	9	38
				2	77	41	17	12	10	35
				3	77	36	8	16	10	36
4F	Winter	no	no	1	94	61	2	1	3	26
				2	87	57	4	3	1	33
				3	93	61	4	3	1	27
5M	Winter	no	no	1	95	51	4	5	12	27
				2	101	49	3	7	13	36
				3	97	54	3	4	12	30
6F	Summer	yes	yes	1	94	45	19	14	5	36
				2	98	49	2	8	4	26
				3	89	51	11	8	2	31
7F	Summer	yes	no	1	108	62	8	9	9	40
				2	98	60	7	5	9	39
				3	104	68	2	0	6	38
8M	Summer	yes	no	1	76	23	12	5	2	39
				2	81	22	9	7	7	26
				3	96	36	6	3	3	40
9M	Summer	yes	no	1	81	46	5	6	6	26
				2	75	34	6	4	7	32
				3	61	35	7	9	7	31
10F	Summer	yes	no	1	77	48	6	9	8	36
				2	64	34	8	10	9	36
				3	63	21	8	14	10	36
11F	Summer	yes	no	1	71	42	2	4	3	32
				2	73	27	12	4	4	32
				3	79	23	3	5	6	34
12F	Summer	no	no	1	74	46	11	10	4	38
				2	78	59	4	2	3	36
				3	74	46	5	3	5	34

MP

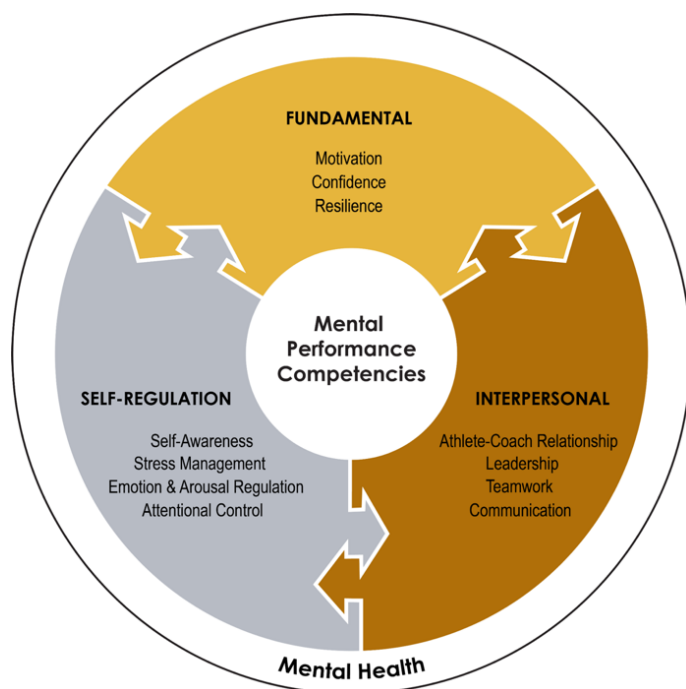
There is accruing evidence that a factor enabling sport participants to maintain a high level of well-being and manage emerging MI symptoms in the face of stress, pressure, or adversity is MP (Dithurbide et al., 2022; Dubuc-Charbonneau & Durand-Bush, 2015; Durand-Bush et al., 2022; Jewett, Durand-Bush, Primeau, & Van Slingerland, 2026; Jewett, Durand-Bush, Primeau, Van Slingerland, DesClouds, et al., 2026; McNeill et al., 2020). MP refers to “the **capability** with which individuals use cognitive processes (e.g., attention, decision-making, perception, memory, reasoning, coordination) and mental/self-regulation competencies (e.g., knowledge and skill) to perform in their changing environment” (Durand-Bush & Van Slingerland, 2021, p. 9). MP has been associated with not only well-being but also expert and peak performance in sport over several decades (e.g., Durand-Bush & Salmela, 2002; Fletcher & Sarkar,

2012; Gardner & Moore, 2007; Gould et al., 2002; Gould & Maynard, 2009; MacNamara et al., 2010; Mitić et al., 2021; Orlick & Partington, 1988; Swann et al., 2017). Hence, it is an element of athletic performance that should be prioritized in any MH strategy.

A group of Canadian researchers and practitioners developed the Gold Medal Profile for Sport Psychology (GMP-SP; Figure 3; Durand-Bush et al., 2023), a model summarizing 11 key MP competencies grouped under three components: *fundamental* (motivation, confidence, resilience), *self-regulation* (self-awareness, stress management, emotion and arousal regulation, attentional control), and *interpersonal* (athlete-coach relationship, leadership, teamwork, communication). The GMP-SP is the first sport psychology model to recognize the interplay between MP and MH. It promotes the notion that athletes must equip themselves with both MP and MH competencies to be successful and reach the podium (Durand-Bush et al., 2023). The framework does not, however, address MI. While the GMP-SP is currently being used by Canadian practitioners to inform sport psychology interventions, it has not been formally employed to inform the design, implementation, and evaluation of a comprehensive MH strategy like the one developed by TC. The current research project, therefore, provides important insight into the value of adopting the GMP-SP as a framework to help NSOs guide and evaluate their interventions.

Figure 3

The Gold Medal Profile for Sport Psychology (GMP-SP; Durand-Bush et al., 2023)

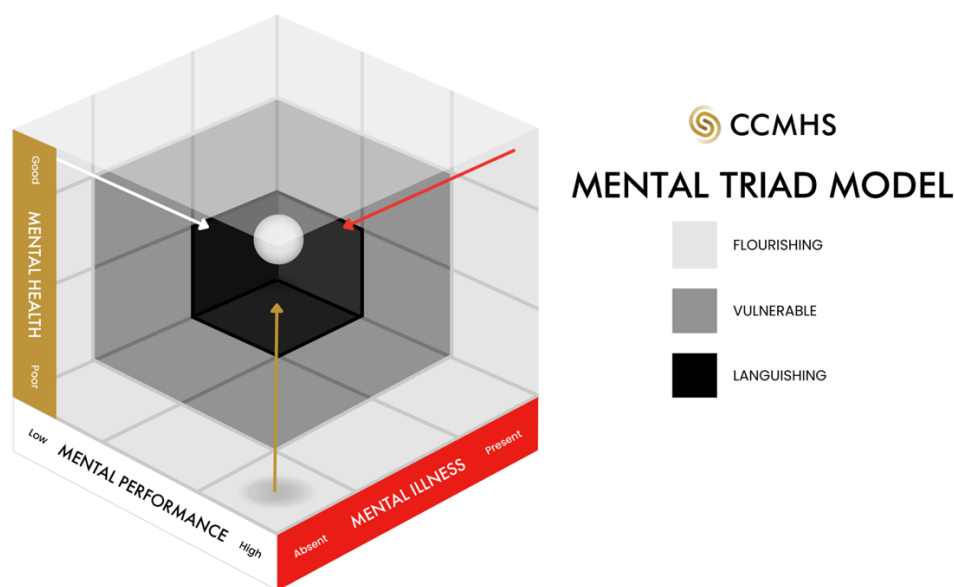


The Mental Triad Model

All three constructs of MP, MH, and MI are integrated in the Mental Triad Model – another model informing the current research. This model was developed based on Van Slingerland’s (2021) research on the design, implementation, and evaluation of a collaborative MH care model for competitive and high-performance athletes. The research project was initially guided by Keyes’ (2002) dual continua model of MH and MI; however, findings highlighted the important function of MP practitioners and MP competencies within the service delivery framework designed specifically for the sport context (Van Slingerland, 2021; Van Slingerland et al., 2019, 2020, 2022). Given this evidence and the cultural shift in sport to address all three constructs of MH, MI, and MP, the authors extended Keyes’ dual continua model (2002) to include the MP dimension (Figure 4). This allows researchers and practitioners to account for the role that the Mental Triad Model plays in the functioning and performance of sport participants.

Figure 4

Mental Triad Model (Canadian Centre for Mental Health and Sport, 2023).



The Mental Triad Model includes a MH (poor to good), MI (presence to absence), and MP (low to high) dimension. The optimal functioning point is situated at the top front corner of the cube. The three-dimensional feature shows how the constructs can vary and relate to one another, and how they can influence whether a person is flourishing, languishing, or vulnerable. Similar to the dual continua model (Keyes, 2002), the Mental Triad Model shows that a person can have good MH and MP, in the presence or absence of MI. For example, an athlete can live with a MI (e.g., anxiety, depression) and still be flourishing (e.g., they have a good level of psychological well-being manifested in high autonomy, positive relationships, and self-acceptance, and high MP reflected in high motivation, resilience, and communication). Conversely, an athlete may not have a MI and be languishing (e.g., they have poor MH manifested in little to no purpose in life, environmental mastery, and growth, and low MP reflected in poor goal-setting, attention regulation, and leadership). Finally, an athlete may be vulnerable (e.g., have moderate MH and MP) with or without a MI. These different interrelationships are apparent in the heat map reported by Jewett, Durand-Bush, Primeau, Van Slingerland, DesClouds, et al. (2026; Figure 2).

Whether or not an athlete is flourishing, languishing, or vulnerable also depends on the context and the athlete's performance demands and outcomes. For instance, an athlete may keep their symptoms of anxiety under control while performing in their sport; however, these symptoms can resurface once the performance is over and have debilitating effects on the athlete's overall health, as the following quote illustrates:

All the mental training I've done over the years, to be able to perform under pressure and in high stress environments, allowed me to be totally focused on the game and my performance. As soon as it was over, I would just kind of let go and be right back into the spirals of anxiety.
(Female Canadian Olympic Athlete; Durand-Bush et al., 2022)

It is therefore important to consider athletes as "whole" persons, as well as their different contexts, demands, and outcomes when attempting to support them via any MH strategy or program. The current research project sheds light on this as TC's MH strategy (herein referred to as "TC's Strategy") targeted multiple performance levels (e.g., National Tennis Centre, Regional Training Centres, wheelchair tennis National High-Performance Program) and different participants (e.g., athletes, coaches, parents, and staff).

Risk and Protective Factors

No matter how competent athletes may be at managing their MH and MP, they may still experience symptoms of MI, especially in today's society, following the aftermath of the COVID-19 pandemic (Boudreault et al., 2022; Ciddi & Yazgan, 2020; Dithurbide et al., 2022; Ivarsson et al., 2021; National Collegiate Athletic Association, 2020). In Canada, approximately one in five people experience a MI in any given year (Centre for Addiction and Mental Health, n.d.), and an estimated 70% of individuals with a diagnosed MI first experience symptoms before the age of 18 (Canadian Institute for Health Information, 2025; Mental Health Commission of Canada, n.d.). Young people aged 15 to 24 years are the group most likely to experience a MI or a substance abuse problem (Centre for Addiction and Mental

Health, n.d.). National census data from 2022 indicated that five million Canadians (18%) who were 15 years and older were experiencing MI symptoms during the previous 12 months (Government of Canada, 2023). Further, between 2012 and 2022, prevalence rose for Canadians aged 15 and older for major depressive episode (4.7% to 7.6%), bipolar disorder (1.5% to 2.1%), generalized anxiety disorder (2.6% to 5.2%), and social phobia (3.0% to 7.1%; Government of Canada, 2023). Given that a substantial portion of Canadians aged 15 or older participate in sport (e.g., 55% in 2023; Government of Canada, 2025), these trends are relevant for sport settings.

It is therefore important to be aware of risk and protective factors that can impact the presence and absence of MI symptoms in sport participants (Henriksen et al., 2020; Purcell et al., 2019; Reardon et al., 2019). It is equally important to strive to minimize risk factors and maximize protective factors in the sport environment to optimize performance and MH. A summary of these factors is provided in Figure 5 (CCMHS, 2025; Durand-Bush & Van Slingerland, 2021). While this list is not exhaustive, it gives an overview of the multiple situations and aspects of life, sport, and school that can help buffer or challenge a sport participant's MH.

Figure 5

MH Protective and Risk Factors (Canadian Centre for Mental Health and Sport, 2025)

RISK & PROTECTIVE FACTORS

Protective Factors • High Mental Performance Mental Health Literacy • Healthy Lifestyle (Exercise Sleep Nutrition Self-Care) • Social Support Healthy Relationships • Safe Environment Housing Living Conditions • High Level of Education • Steady Employment	General Life Risk Factors • Genetics Family History Injury Illness Disability • Poverty Housing Insecurity Poor Living Conditions • Job loss Unemployment Career Change Retirement • Marriage Separation Divorce Childbirth • Discrimination Marginalization Abuse Trauma • Legal Offenses
Sport-Specific Risk Factors • Type of Sport Narrow Athletic Identity High Perfectionism • Excessive Stress Pressure Failure Uncertainty Travelling • Toxic Culture Stigma Discrimination Maltreatment • Overtraining Burnout Sport Injury Disability • Early specialization Year-Round Training Under-Recovery • Lack of Resources Financial support • Difficult Transitions Deselection Retirement	Academic Risk Factors • Lack of Financial Support Debt Cost of Living • High Academic Workload Pressure Test Anxiety • Poor Work-School-Life Balance • Isolation Low Support Difficult Relationships • Discrimination Harassment Bullying • Poor Self-Care Self-Regulation Study Habits • Living Away from Home Roommates

For instance, in the context of sport, factors that can impede MH include sport injuries and concussions (Gulliver et al., 2015; Rice et al., 2018, 2019), performance failure (Hammond et al., 2013), overtraining (Frank et al., 2013), early specialization (Brenner et al., 2019; Purcell et al., 2023), and sport type (Schaal et al., 2011). Furthermore, competing in high performance sport is a year-round endeavour involving a combination of extensive training demands, frequent travel obligations, restricted time for proper recovery, and a great deal of time away from friends and family, which can place athletes at an increased risk for developing MH challenges or a MI (Brenner et al., 2019; Purcell et al., 2023). Maltreatment and toxic cultures are other risk factors that are prevalent in sport, and the repercussions internal' MH have been debilitating (Gervis & Dunn, 2004; Kavanaugh et al., 2017; Kerr, Willson, 2019, 2020; Parent et al., 2022; Willson et al., 2022, 2023; Willson & Kerr, 2022).

General risk factors that can influence and potentially compound the impact of stressors on sport participants must also be considered. These factors include family history and major life events such as

marriage, divorce, childbirth, illness, loss of life, career change, and retirement (Canadian Mental Health Association, 2021; Gouttebarga et al., 2017; Government of Canada, 2019; Nixdorf et al., 2013; WHO, 2012). Poor living conditions, housing insecurity, violence, harsh parenting, and poverty are other life stressors that can impact sport participants (WHO, 2025c). Of concern, most high performance coaches in Canada are employed on a part-time basis, requiring them to have multiple jobs (Sport Canada, 2020). These factors can cause strain and put athletes and coaches at risk of experiencing MH challenges. Finally, many athletes in Canada are student-athletes competing in high school, college or university, or high performance environments, and they must often work to make ends meet. It is therefore important to account for academic risk factors (e.g., high workload, high pressure, test anxiety, poor school-sport-work-life balance, media, gender norms, debt, quality of home life, complex or challenging relationships) when managing their MH (Hwang & Choi, 2016; Pritchard & Wilson, 2005; WHO, 2025c).

While the aforementioned stressors can challenge MH states, there is also evidence demonstrating that athletes and coaches are more likely to cope with stress and maintain optimal levels of functioning if they have adequate competencies (e.g., MP, MH literacy, self-care) and social support (Dithurbide et al., 2022; Durand- Bush & Van Slingerland, 2021; Freeman, 2020; Pilkington et al., 2022). The provision of safe and supportive environments is also vital in the optimization of sport participants' MH (Bissett et al., 2020; Gurgis et al., 2023; Kerr, 2021; Kerr, Battaglia, et al., 2019; SIRC, 2021; Walton, Purcell, Pilkington, et al., 2024; Willson et al., 2022). Such protective factors should be integrated in the promotion of MH and the prevention of MI, which are priorities in the national MH Strategy. There may be sport-specific and context-specific factors that come into play as well, and the current project aimed to shed light on this. For example, while this may not be unique to the sport of tennis (e.g., Gould et al., 2006, 2008; Harwood & Knight, 2009; Knight et al., 2010; Lauer et al., 2010b), parents of youth tennis players are often highly financially and emotionally invested in their child's sport experience and can exert positive or negative influence depending on their behaviours (e.g., unconditional love and support,

unrealistic expectations; Gould et al., 2006, 2008). Despite the vital role that parents play in supporting their children in sport, limited research has explored the impact of MH literacy interventions explicitly targeting parents (Hurley et al., 2021).

MH Literacy

A protective factor that is receiving increased attention is MH literacy. MH literacy is defined in the national MH Strategy as “the proficiency with which individuals understand how MH and MI can be improved, how stigma can be decreased, and how help-seeking and self-management capabilities can be enhanced” (Durand-Bush & Van Slingerland, 2021, p. 9). Importantly, this definition includes all three components of MH, MI, and MP (i.e., self-management capabilities), which are integrated in the Mental Triad Model (Jewett, Durand-Bush, Primeau, Van Slingerland, DesClouds, et al., 2026; Jewett, Durand-Bush, Primeau, & Van Slingerland, 2026; Van Slingerland, 2021). A common barrier for people to seek support is a lack of understanding of available MH services, including the inability to know where and how to seek appropriate care (Gulliver, Griffiths, & Christensen, 2012). To address these concerns, sport researchers have delivered MH literacy interventions to adolescent athletes (Liddle et al., 2021; Panza et al., 2022; Schweickle et al., 2023; Sullivan et al., 2025; Swann et al., 2018; Vella et al., 2018), coaches (Drew et al., 2023; Kroshus et al., 2019; Lim et al., 2025; O’Connor et al., 2023), and parents (Hurley et al., 2018, 2020, 2021). Overall, results have shown that such interventions can improve knowledge about how to seek support for oneself and others (Drew et al., 2023; O’Connor et al., 2023; Sullivan et al., 2025; Vella et al., 2018), confidence to support athletes (Hurley, 2018, 2020; Lim et al., 2025; O’Connor, 2023), and resilience (Schweickle, 2023).

Breslin (2017b) found similar results in a systematic review of MH literacy programs, demonstrating that they have a positive effect on depression stigma (Bapat et al., 2009) and anxiety stigma (Gulliver, Griffiths, Christensen, Mackinnon, 2012). These programs can also improve MH knowledge, such as the ability to recognize a MH disorder (i.e., MI; Bapat et al., 2009; Breslin et al.,

2017a; Gulliver, Griffiths, Christensen, Mackinnon, et al., 2012; Pierce et al., 2010; Sebbens et al., 2016). Other studies have shown improvements in referral efficacy (Van Raalte et al., 2015), help-seeking intentions and behaviours (Breslin et al., 2017a), and well-being (Donohue et al., 2015; Longshore & Sachs, 2015; Tester et al., 1999). As research on MH literacy in sport is still in its infancy (Drew et al., 2023; Moore et al., 2022), particularly in the Canadian context, there is a need to continue investigating interventions and outcomes and to target all types of participants in the ecosystem (e.g., coaches, parents, support staff). This project aimed to shed light on the MH literacy of not only athletes but also coaches, staff, and parents, an action aligned with Priorities 2 (promotion) and 3 (prevention) of the national MH Strategy (Durand-Bush & Van Slingerland, 2021).

Ecological Framework

While it is important to help individual sport participants build their MH literacy and MP competencies, efforts must move beyond the individual. Specifically, the broader sport system must be engaged as it can contribute to facilitating or thwarting MH. Purcell et al. (2019) proposed a comprehensive athlete-centered framework, the *Ecological Systems Model*, which was based on Bronfenbrenner's (1994) ecological model of human development. Purcell et al.'s (2019) Ecological Systems Model includes four levels to describe the relationship between athletes and the broader social and cultural context in which they operate. This framework was adapted to the Canadian context in the national MH Strategy and highlights four levels to support athlete MH (see Figure 6; Durand-Bush & Van Slingerland, 2021). The individual level pertains to athletes, including their MH and MP skills and knowledge. The second level consists of the microsystem, which includes people who are directly in contact with athletes regularly, including coaches, teammates, support staff (e.g., CMPCs), and parents. The third level—the exosystem—pertains to sport governing bodies and rules (e.g., National / Provincial / Territorial Sport Organizations). Finally, the macrosystem includes national and international sporting bodies (e.g., International Olympic Committee, Sport Canada, Own the Podium), media, and society. This

systems approach provides a more comprehensive and robust structure to positively impact MH in Canadian sport. Importantly, it has been recommended to apply a systemic approach to proactively protect athletes from maltreatment and promote positive youth development at all levels of the sport system (Kerr, Battaglia, et al., 2019). Thus, using an Ecological Systems Model to guide the current research helped ensure that TC engaged key participants and organizations in their strategy design, implementation, and evaluation and that both bottom-up and top-down processes were considered to create sustainable change over the long term.

Figure 6

Ecological Systems Model Adapted for Canadian Sport (Durand-Bush & Van Slingerland, 2021)



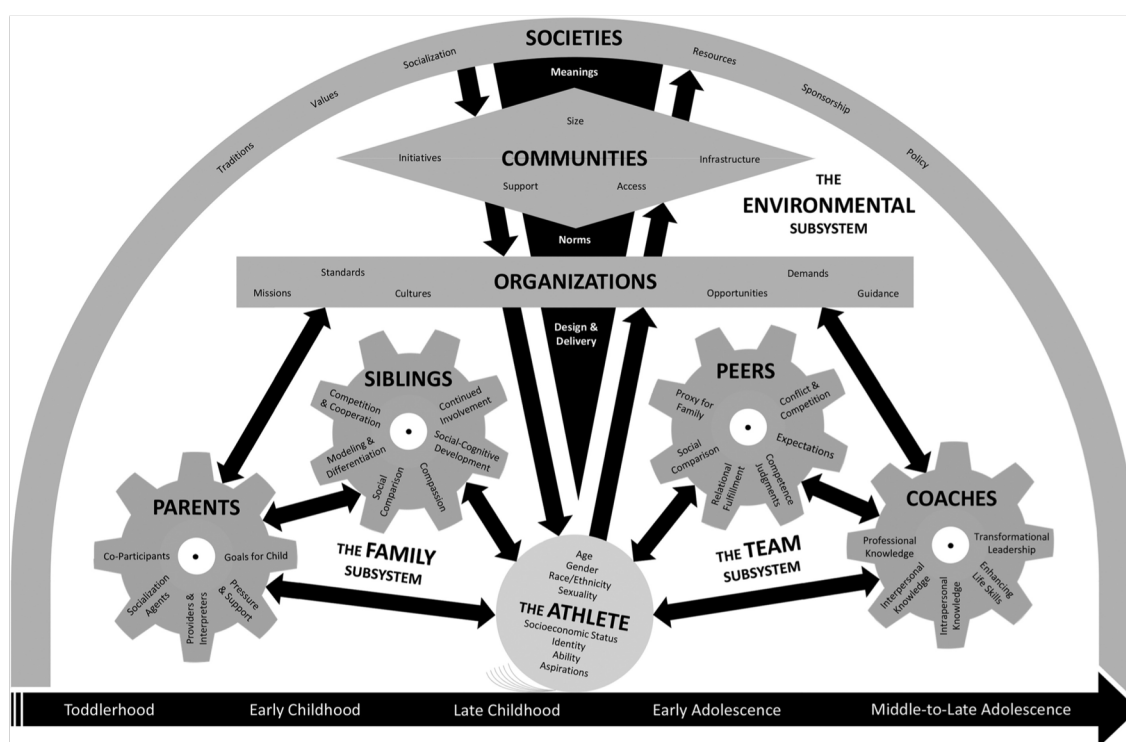
Youth Sport

In line with the Ecological Systems Model (Purcell et al., 2019), Dorsch et al. (2020) proposed a heuristic model to illustrate the youth sport system (Figure 7), defined as “the set of interdependent persons (e.g., parents, coaches) and contexts (e.g., organizations, communities, society) that influence and are influenced by athletes’ behaviours, attitudes, experiences, and outcomes in youth sport” (p. 106). The model is informed by a systems perspective, which has three tenets (Dorsch et al., 2020). The first tenet, *holism*, stipulates that persons and contexts should be viewed collectively, rather than in isolation. A child’s MH is shaped by the constellation of relationships (e.g., parents, coaches, staff, peers)

and settings (e.g., sport facilities, school, community) they inhabit, and by the transactions among those elements (e.g., parental expectations, coach-parent interactions, sport policies). The second tenet, *feedback loops*, indicates that persons and contexts within the system provide reciprocal feedback, wherein these persons make self-corrections based on interactions. For example, parental concerns about a coach's philosophy, communication, or relationship to their child may prompt decisions to find a different coach or change training facilities. Finally, the third tenet, *roles*, suggests that people within a system will take on roles that are negotiated over time. For instance, the role a parent plays in their child's athletic experience will change as the child ages and transitions into a more competitive level.

Figure 7

Heuristic Model of the Youth Sport System (Dorsch et al., 2020)



The *Heuristic Model of the Youth Sport System* integrates three subsystems impacting athletes: (a) the family (e.g., parents, siblings), (b) the team (e.g., peers, coaches), and (c) the environment (e.g., organizations, communities, society). The family subsystem is proximal to athlete behaviour, attitudes,

experiences, and outcomes, particularly in early child-sport participation (Côté, 1999) and has the most enduring impact on athlete development (Dixon et al., 2008). Parents' roles shift based on athlete characteristics (e.g., age, competitive level, ability), organizational or community context (e.g., missions, values, norms, support), and societal factors (e.g., policies, resources, sponsorship). For example, when athletes (aged 13-19 years old) are recruited to train at the National Tennis Centre facility in Montreal (Tennis Canada, n.d.-d), the family (e.g., parents, siblings) may relocate to Montreal, disrupting occupational, academic, social, or family routines. These disruptions constitute salient risk factors that can strain relationships and affect well-being. Parents are likely the first people to notice MH changes in their athlete, and children are often dependent on their parents for the financial support to access MH support (Logan & King, 2001). Accordingly, MH initiatives should include parent-centered components (e.g., parent education, onboarding, resources) to build MH literacy, improve attitudes toward MH, and support coping during this transition (Walton, Purcell, Pilkington, et al., 2024). This can facilitate the detection of MH challenges in both parents and children and facilitate help-seeking (Logan & King, 2001; Teagle, 2002). Such efforts align with objectives in Priority 3 (prevention of MH challenges) and Priority 4 (support known periods of vulnerability) of the national MH Strategy.

The team subsystem is also proximal and becomes more influential during adolescence as sport becomes less parent-directed (Côté, 1999). Its primary influences are peers and coaches. Peers are important for social comparison and are roughly equal in power compared to parents and coaches, who hold more power over athletes (Dorsch et al., 2020). Unlike team sports, where athletes work collaboratively toward the same goals, tennis athletes compete with one another. This can challenge the development of positive relationships, contribute to conflict among peers, and negatively impact well-being (Adams & Carr, 2019; Nicholson et al., 2013). Additionally, coaches' impact on youth athletes' experiences has been demonstrated through various models of coaching effectiveness (Côté & Gilbert, 2009), the coach-athlete relationship (Jowett & Ntoumanis, 2004; Papich et al., 2024), and leadership

(Chelladurai, 2007). For example, coaches are in a unique position to promote athlete MH through trustworthy and supportive relationships, which can enhance athletes' willingness to disclose MH challenges (Bissett & Tamminen, 2020; Brown et al., 2017; Murphy & Sullivan, 2021). Further, coaches can promote MH and safe sporting experiences by using supportive messaging around MH, encouraging help-seeking, normalizing speaking about MH challenges, and prioritizing the holistic development of athletes (Bissett & Tamminen, 2020; Walton, Purcell, Henderson, et al., 2024). However, some coaches do not feel equipped or feel uncomfortable discussing MH with their athletes due to a lack of knowledge and training and they experience challenges balancing performance and MH (Lebrun et al., 2020; Mazzer & Rickwood, 2015). Thus, an organization-wide MH Strategy should prioritize equipping coaches with the skills and knowledge to understand how to nurture cultures that prioritize MH, psychological safety, and positive interpersonal relationships beyond athletic performance (Walton, Purcell, Henderson, et al., 2024; Walton, Purcell, Pilkington, et al., 2024).

Finally, the environmental subsystem is distal and includes organizations, communities, and societies that deliver sport to youth. These entities, guided by missions, values, and cultures, aim to reduce sport participants' demands and develop opportunities to enrich the sport experience. For example, organizations can influence athletes' MH through culture and leadership (Henriksen et al., 2022b; Walton, Purcell, Henderson, et al., 2024). The culture in high performance youth sport has been criticized for its win-at-all-cost mentality, which involves the overemphasis on performance over the holistic development and well-being of athletes (Henriksen et al., 2020; Walton, Purcell, Henderson, et al., 2024). The Larry Nassar sexual assault case exemplified how systemic failures of leadership and organizational culture can enable harm when performance and medals are prioritized over safeguarding and accountability (ESPN, 2018; Kozlowski, 2018). Conversely, sport cultures that promote psychological safety, normalize discussions of MH, implement safeguarding and reporting mechanisms, provide stress management and recovery resources, and cultivate values-based leadership can foster well-being and

protect children from harm (Henriksen, Huang, et al., 2024; Jewett, Durand-Bush, Primeau, & Van Slingerland, 2026; Pilkington et al., 2024; Poucher et al., 2023). This has been a recent priority in sport worldwide through the integration of safe sport principles to prevent and address abuse (Bergeron et al., 2024; Gurgis et al., 2025; Johnson et al., 2020; Mountjoy et al., 2016, 2020, 2021; Tuakli-Wosornu et al., 2024) and the development of various consensus statements to systematically protect athlete MH (Henriksen et al., 2020; Moesch et al., 2018; Reardon et al., 2019; Schinke et al., 2018, 2024; Van Slingerland, 2019). A comprehensive MH strategy must therefore consider the environment and cultural features in youth sport, alongside individual and interpersonal interventions.

Taken together, this heuristic model provides a lens for examining the many social agents in youth sport and their dynamic, reciprocal relationships on an athlete's MH and well-being. It also contextualizes athlete characteristics (e.g., age, goals, competitive level) that shape how these relationships unfold and the potential risk factors that are important to mitigate. Finally, it highlights organizational, community, and societal variables to consider when designing, implementing, and evaluating youth sport initiatives (e.g., resource availability and access, values, culture, sport-specific demands, policies, organization size), supporting an ecological perspective to improve sport experiences and MH outcomes in sport. It is noteworthy that the model does not explicitly address staff or leaders as a subgroup, which appears to be a gap, given the relevance of Integrated Support Staff (IST) members in the athletes' Daily Training environment (DTE). The current research aimed to shed more light on this.

Individual Sport Setting

Within Dorsch et al.'s (2020) model, it is outlined that the type of sport impacts how relationships unfold within the family and team subsystem. It is therefore important to attend to the characteristics of sport settings, given that they shape relationships among athletes, coaches, staff, and parents. In individual sports, such as tennis, coach-athlete interactions are frequently one-on-one, allowing coaches to tailor their communication and behaviours to athletes' specific needs and context (Papich et al.,

2024). Research has also demonstrated that athletes in individual sports can feel closer and more committed to their coach, suggesting that they may view their relationship with their coach as more interdependent than athletes in team sports (Rhind et al., 2012). This is important since high quality relationships are characterized by mutual trust, respect, and appreciation (Jowett, 2017), and are associated with a range of positive athlete outcomes, including greater motivation (Adie & Jowett, 2010; Riley & Smith, 2011), competence (Felton & Jowett, 2013), satisfaction (Jowett & Ntoumanis, 2004; Jowett & Shanmugam, 2016), passion (Lafrenière et al., 2011), performance (Jowett, 2017; Jowett & Cockerill, 2003; Jowett et al., 2012), and well-being (Felton & Jowett, 2012; Jowett, 2017). Because coaches need substantial interpersonal knowledge to build emotional closeness that can be used to motivate, comfort, and support athletes (Côté & Gilbert, 2009; Jowett et al., 2024; Turnnidge & Côté, 2016; Vella et al., 2013), these dynamics within an individual sport setting should be considered integral to any organization-wide MH strategy. From a safe sport perspective, establishing close, trustworthy relationships with appropriate boundaries is also encouraged to improve athlete well-being and performance (Kerr, 2021).

Other key social agents in an individual sport setting are parents or caregivers, who serve as important role models for their children. Parental involvement and the parent-child relationship can be supportive or harmful, wherein positive involvement is associated with greater performance and enjoyment, and negative involvement is linked to dropout and burnout (Bois et al., 2009; Bonavolontà et al., 2021; Defreese et al., 2018; Gould et al., 1996; Gustafsson et al., 2016; Lamb & Brenner, 2023; Kassay et al., 2025). Gould et al. (Gould et al., 2006; 2008; Lauer et al., 2010a, 2010b) have conducted several studies on parental involvement in junior tennis using focus groups, surveys, and interviews with athletes, coaches, and parents. Their findings have led to an understanding of positive and negative parental involvement, including context-specific behaviours that impact junior tennis player development, participation, and performance. Specifically, positive parental involvement behaviours

include providing unconditional love and support (logistical, financial, and emotional), holding children accountable for their behaviours on the court, not comparing their children to other children, and contributing to their children's psychological and emotional development (Gould et al., 2006, 2008). Negative parental involvement behaviours consist of an overemphasis on performance and talent development over other aspects of their children's lives, unrealistic expectations, criticizing children, attempting to coach them, and exhibiting a lack of emotional control (Gould et al., 2006, 2008; Lauer et al., 2010a, 2010b). Parental involvement is therefore a key factor to consider in tennis-specific MH initiatives that aim to promote protective factors and prevent risk factors for youth athletes' MH.

Early Specialization

Another important characteristic in youth sport is early specialization, which has distinct ramifications for MH. Tennis players commonly specialize early (Gould, 2010; Gould et al., 2006), which is in part driven by societal expectations and models, including professional athletes who started competing early, promoting the idea that specializing early is necessary for future success. For example, starting in the 1990's and continuing today, many professional players (e.g., Serena Williams, Maria Sharapova, Novak Djokovic, Rafal Nadal) have specialized and turned professional at a young age. In fact, a study indicated that 75% of the top 300-ranked players began playing tennis between the ages of three and seven (Li et al., 2020). As young athletes look up to professionals as role models, this reflects societal norms within high performance tennis and partly explains why it is common and often encouraged for young tennis players to specialize early. A consequence of this is a reduction in their engagement in other sports, socialization, and academic pursuits (Brenner et al., 2019; Gould, 2010; Purcell et al., 2023). Other negative outcomes associated with early specialization in sport include increased stress and burnout, loss of motivation, social isolation, reduced academic performance, greater coach and parent pressure, premature identity foreclosure, and loss of childhood experiences (Brenner et al., 2019; Gould, 2010; Purcell et al., 2023). While parents and coaches are often well-intentioned, there is tremendous

value in helping them understand the full range of developmental, social, academic, and physical consequences associated with early specialization in sport and the role they play in mitigating risks and promoting positive MH trajectories in young athletes.

Program Evaluation

In addition to the literature discussed thus far, including sport-specific variables and models guiding the current research, a final construct central to facilitating MH initiatives in sport that deserves discussion is *program evaluation*. Designing, implementing, and evaluating an organization-wide program or strategy should be systematic, driven by high quality standards (i.e., merit, worth), and grounded in data. The use of an evaluation framework is necessary to engage in effective planning and to meet the needs and outcomes of the program or strategy, which is highlighted in Priority 5 of the national MH Strategy. A program (e.g., MH strategy) is defined as “a set of purposeful, planned-, or evidence-based actions and the support system necessary to achieve the identified outcomes (Killion, 2018, p. 10). Further, an evaluation is “the systematic collection of information about activities, characteristics, and results of programs to make judgments about [a] program, improve or further develop [a] program effectiveness, inform decisions about future programming, and/or increase understanding” (Patton, 2008, p. 39). In other words, an evaluation helps to determine if a program has value, such as merit and worth (Killion, 2018). *Merit* pertains to the intrinsic value of the program and how it has impacted those it was intended to support (e.g., staff within TC’s community), while *worth* refers to the extrinsic value of the program and how it has impacted individuals outside the targeted population (e.g., Association for Tennis Professionals or other multi-sport organizations).

Killion (2018) proposed three types of evaluations: (a) planning, (b) process, and (c) summative (Table 1). Each evaluation has a different purpose and is carried out at different time points during the evaluation of a program. First, a *planning evaluation* (Killion, 2018) is conducted before the program and is designed to identify the social conditions and needs to be addressed. This allows leaders and program

developers to design something meaningful for an organization, identifying the goals, activities, resources, timelines, and leadership support needed to meet the community's needs and fill existing gaps. Second, a *process evaluation* is conducted throughout the program to monitor and document the implementation of the program, providing information on which program elements are producing program outcomes (Saunders et al., 2005). This type of evaluation provides information on how to improve the program, as well as prevent and manage implementation problems (Killion, 2018). Finally, a *summative evaluation* is conducted at the end of the program and involves collecting data to determine the program's value (i.e., merit and worth), and provide a summary of the program's overall impact (Killion, 2018). As each type of evaluation has a different purpose and timing, its effective use varies from case to case (Killion, 2018).

Table 1

Types of Program Evaluation (Killion, 2018)

Type of Evaluation	Purpose
Planning Evaluation	• Determine overall needs and problems to be solved. • Determine which leaders to include in program planning. • Assess participant needs and characteristics. • Identify conditions that are likely to support and inhibit the program's success. • Identify desired outcomes. • Assess leaders' views of the intended program plan.
Process Evaluation	• Assess whether the program is being implemented as designed. • Construct an understanding of what is working, not working, and why. • Assess progress towards desired outcomes. • Identify positive and negative unintended consequences. • Suggest improvements or adjustments to program.
Summative Evaluation	• Evaluate the program's intrinsic (merit) and extrinsic (worth) value. • Provide conclusions about the program's overall impact.

Logic Model

To effectively carry out the three types of program evaluation, a logic model can be used, serving as the program's conceptual design, which generally comprises three parts: The program's structure (inputs, activities), outcomes, and context (Killion, 2018). *Inputs* include the human, physical, and

financial resources needed to accomplish the program's activities. They are considered early during the program design, as activities may be limited by available resources. Conducting a needs assessment facilitates the identification of program inputs. *Activities* include the initiatives and services provided to achieve the program outcomes, which can be evaluated during and after implementation. *Outcomes* include what was produced as a result of implementing the program activities. They can refer to early changes in participants' knowledge, attitudes, and skills during implementation initiatives, as well as changes observed after their involvement in the program (e.g., new behaviours, policies, cultural shifts). Finally, the *context* includes internal and external conditions needed for the program to operate successfully. Characteristics of the context can include the program participants and staff, as well as social, economic, and political factors that could intentionally or unintentionally influence the program's success (Killion, 2018).

Logic models have often been used in health promotion research (e.g., Afifi et al., 2011; Lando et al., 2006) as they allow researchers to create a summary of the logical flow between program planning, implementation, and evaluation. Public health agencies (e.g., Centers for Disease Control and Prevention, n.d.; Public Health Ontario, 2025) and MH organizations (e.g., Centre for Addiction and Mental Health, 2018) have relied on logic models to conduct rigorous health-related research. Within research adopting PAR approaches, logic models are particularly relevant because they allow researchers to visually link inputs, activities, and outcomes, clarify assumptions, and simplify complex relationships within program components to foster a shared understanding with community partners (Public Health Ontario, 2025). The pragmatic flexibility of logical models allows research teams to select context-appropriate indicators to measure (e.g., perceived outcomes, attendance), rather than being constrained by fixed dimensions required by some frameworks (e.g., RE-AIM, Glasgow et al., 2019; Kirkpatrick model, J.D. Kirkpatrick & W. K. Kirkpatrick, 2016). In program planning, logic models help illustrate required resources (e.g., staff, budget, materials, partners) and justify investments to secure organizational buy-in.

During implementation, they support accountability by assisting in the tracking of program changes and adaptations and highlighting needed adaptations. For summative evaluations, logic models guide the selection of indicators, allowing researchers to adapt the models throughout planning, process, and summative evaluations, when challenges emerge and adaptations are required. With this evidence and utility in mind, a logic model was employed to guide the three types of evaluation conducted in the current research project (Killion, 2018).

Rationale for Current Research

To summarize the literature review, the need to systematically prioritize athlete MH is recognized internationally, as reflected in consensus and position statements from the International Olympic Committee (Reardon et al., 2019), the CCMHS (Van Slingerland et al., 2019), the International Society of Sport Psychology (Henriksen et al., 2020; Schinke et al., 2018, 2024), and the European Federation of Sport Psychology (FEPSAC; Moesch et al., 2018). Researchers have also identified characteristics of the sport environment that organizations can target to promote MH and psychological safety at individual, relational, and organizational levels (Henriksen, Huang, et al., 2024; Jewett, Durand-Bush, Primeau, & Van Slingerland, 2026; Pilkington et al., 2024; Poucher et al., 2023; Wagstaff, 2026). In recognition of the reciprocal relationship between individual MH and the sport ecology (Dorsch et al., 202; Purcell et al., 2019), the national MH Strategy was launched to guide sport leaders in improving the MH outcomes of all sport participants. However, to date, no organization has published an adapted, sport-specific version of the national MH Strategy and their systematic work to create this. This was the impetus for carrying out the current PAR research, which was guided by the national MH Strategy (Durand-Bush et al., 2021), the Mental Triad Model (CCMHS, 2023; Durand-Bush et al., 2022; Van Slingerland, 2021), the Ecological Systems Model (Purcell et al., 2019), the Heuristic Model of the Youth Sport System (Dorsch et al., 2020), a Program Evaluation Framework, and a context-relevant logic model (Killion, 2018).

Despite increased research attention drawn to the importance of prioritizing MH at the organizational and systemic level, considerable gaps persist in the literature:

- 1) Although sport organizations have increasingly been called upon to promote MH more systematically, limited empirical evidence exists on how they can do so effectively and what value these initiatives may generate.
- 2) There is limited empirical evidence documenting how sport organizations can adapt and operationalize MH strategies to a specific sport context (e.g., sport type, age, competitive level).
- 3) Few studies examine practical implementation processes for organization-wide MH initiatives (e.g., barriers, facilitators, leadership roles, program changes).
- 4) Few studies address tailoring MH initiatives to high performance youth athletes, including developmental considerations (e.g., parental involvement) and unique risk and protective factors (e.g., transition challenges, early specialization).
- 5) There is limited empirical evidence demonstrating the value of a designated leadership group (e.g., steering group, task force, core leadership team) for overseeing MH strategy implementation and evaluation, including the designated role of a Wellness Director.
- 6) Most sport-related research applying a PAR methodology has focused on sport for development. There remains a lack of PAR research within high-performance sport settings, and particularly within NSOs.
- 7) Many sport-related research studies involving process and summative evaluations do not explicitly specify a framework used to guide evaluation.
- 8) There is limited research on the utility of developing MH initiatives informed by the Mental Triad Model.

Research Objectives and Questions

This research project was developed and completed to fulfill the aforementioned gaps, serving as the first one to examine the application of the national MH Strategy in a specific sport setting. The aim of this research was to collaboratively design, implement, and evaluate a sport-specific version of the national MH Strategy with TC to improve the MH of its constituents. The project was guided by a PAR approach (Chevalier & Buckles, 2019) and was carried out over three phases: Design, Implementation, and Evaluation. The research objectives and questions specific to each phase are summarized in Table 2.

Table 2

Research Objectives and Questions Across the Three Phases of the PAR Project

Phase	Objectives	Questions
Design (Study 1)	Investigate the design process and content of TC's Strategy	1. How does TC design a sport-specific MH strategy? 2. What priorities, objectives, and recommended actions from the national MH Strategy did TC include in its personalized strategy?
Implementation (Study 2)	Investigate the first year of implementation of TC's Strategy, drawing on the perspectives of leaders involved in the project.	1. What were the leaders' experiences and initial outcomes of participating in different components of TC's Strategy? 2. What factors influenced the implementation of TC's Strategy? 3. What recommendations did the leaders put forth for continued success and gap closure in implementing TC's Strategy?
Evaluation (Study 3)	Investigate what TC accomplished during the first year of implementing its Strategy and assess its value.	1. What was accomplished in the first year of implementation of TC's Strategy? a. To what extent did the implementation of TC's Strategy address the five priorities in the national MH Strategy (i.e., leadership, promotion, prevention, treatment, monitoring)? 2. What was the overall merit (intrinsic value) and worth (extrinsic value) of TC's Strategy?

PART II

Supplemental Methods

The following section serves as a supplementary methods section to the methods sections found in each of the three articles in Part III of the dissertation. Specifically, the purpose is to provide a comprehensive overview of the methodological approach used to carry out the research project. Greater detail is included to describe how and why the PAR approach was used, how each phase occurred sequentially, building upon the last, and how the data were collected and analyzed occurred chronologically, informing the general discussion. The information in this section will provide a more complete picture of the research project in its entirety.

Methodology

PAR

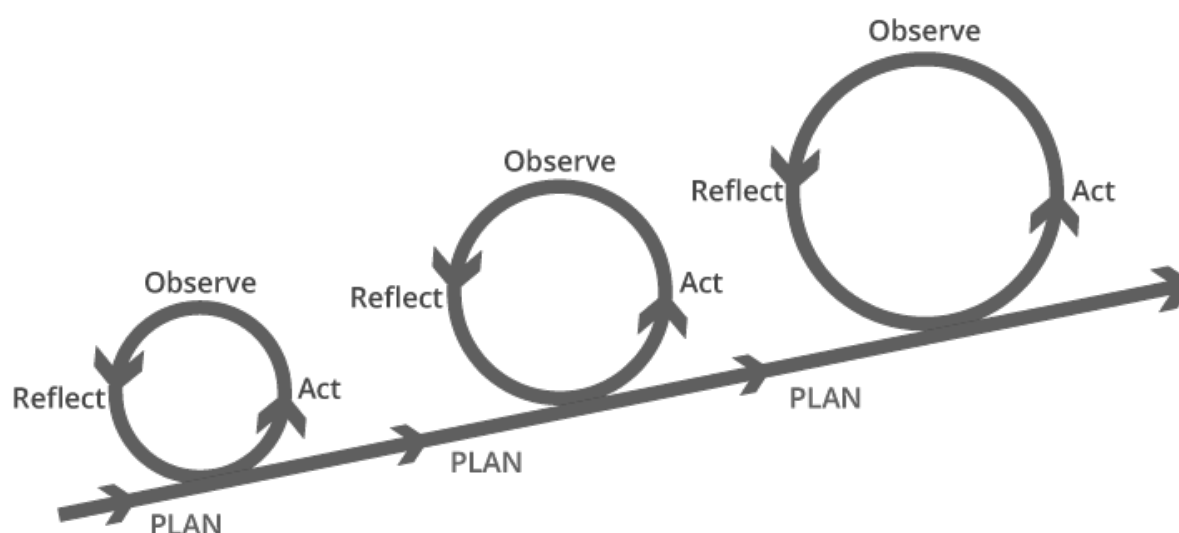
A PAR approach was used to carry out this project as it is a collaborative and democratic form of inquiry in which participants are involved in the research process, designed to take action and foster social change in their communities (Chevalier & Buckles, 2019; Gillis & Jackson, 2002). While many definitions and examples of PAR research exist, PAR was defined in this project as “a philosophical approach to research that recognizes the need for persons being studied to participate in the design and conduct of all phases (e.g., design, execution, and dissemination) of ... research that affects them” (Vollman et al., 2004, p. 139). Due to its emphasis on participation and social change, the PAR process can be empowering, liberating, and consciousness-raising as participants develop a critical understanding of social issues in their community and how to address them (MacDonald, 2012). It is also a life-enhancing approach used to improve access, build capacity, and promote social justice (MacDonald, 2012; McTaggart, 1997).

PAR is situated within the participatory paradigm (Bergold & Thomas, 2012) in which reality is seen as relational, relative, local, and socially constructed by community members whose interpretations

provide the foundation of knowledge (Guba & Lincoln, 2005). Within PAR, participants partake in the co-creation of knowledge by working through various iterations of Planning, Acting, Observing, and Reflecting (PAOR; Kemmis et al., 2014; Walter, 1993; Figure 8). As such, participants are positioned as expert “co-researchers” (Cook, 2012) through their lived experience (e.g., they support or have experienced MH challenges), working together to address an issue within their own community to generate positive cultural change (e.g., improve MH outcomes; MacDonald et al., 2012).

Figure 8

Cyclical Approach to PAR (Walter, 1993)



The foundations of PAR lie in the confluence of participatory and action research. PAR integrates three core elements: participation (life in society), action (experience), and research (knowledge creation; Chevalier & Buckles, 2019; McIntyre, 2008). A core element of PAR is that research problems or questions are driven by the targeted community (e.g., leaders within a NSO; Kemmis et al., 2014; Walter, 1993). After problems or questions are identified, members of the targeted community engage in iterative and cyclical phases of PAOR. Within this project, the collaboration between the community (i.e., TC representative leaders) and researchers (i.e., Research Project Lead [RPL] and Research Project

Supervisor [RPS]) involved *planning* the steps required to solve the identified problem (e.g., improve the MH of TC's constituents). Once the plan was developed (i.e., TC's Strategy), it was put into *action* (i.e., Implementation Phase of the project). The resulting actions and outcomes were *observed* by the researchers and TC representative leaders, who then *reflected* on the success of the actions and outcomes (i.e., Evaluation Phase). Importantly, the PAR process involved multiple PAOR microcycles throughout the project, and examples are provided in Table 3.

Table 3

Example of a PAOR Microcycle in Each Project Phase

	Design Phase	Implementation Phase	Evaluation Phase
Micro Cycle	• Planning: Plan the content to include in the Needs/Gap Assessment with Core Leadership Team (CLT) members. • Action: Administer the Needs/Gap Assessment to gather data that will inform TC's Strategy. • Observation: Observe written responses to the Needs/Gap Assessment and subsequent interactions with CLT members during meetings, noting areas of interest and concern. • Reflection: Reflect on observed data and interactions to identify needs and gaps that should be addressed in TC's Strategy. • Planning: Plan the next steps for TC's Strategy development with the CLT to directly address these needs and gaps.	Planning: Create a plan to present the summary of the implementation progress with the Task Force (TF). Action: Share the summary of findings during the TF meeting and obtain TF feedback. Observation: Observe TF members' responses to findings, recording their comments for future reflection. Reflection: Reflect on the feedback gathered from the TF to inform the next steps of the Implementation Phase.	• Planning: Lay out the process for developing, reviewing, and refining the Implementation Progress Chart with selected members of the CLT. • Action: Conduct a series of meetings with these CLT members to discuss the content of the chart. • Observation: Observe reactions and feedback on the chart, noting where CLT members perceptions converge and diverge. • Reflection: Reflect on ways to resolve discrepancies and improve the accuracy and feasibility of the chart.

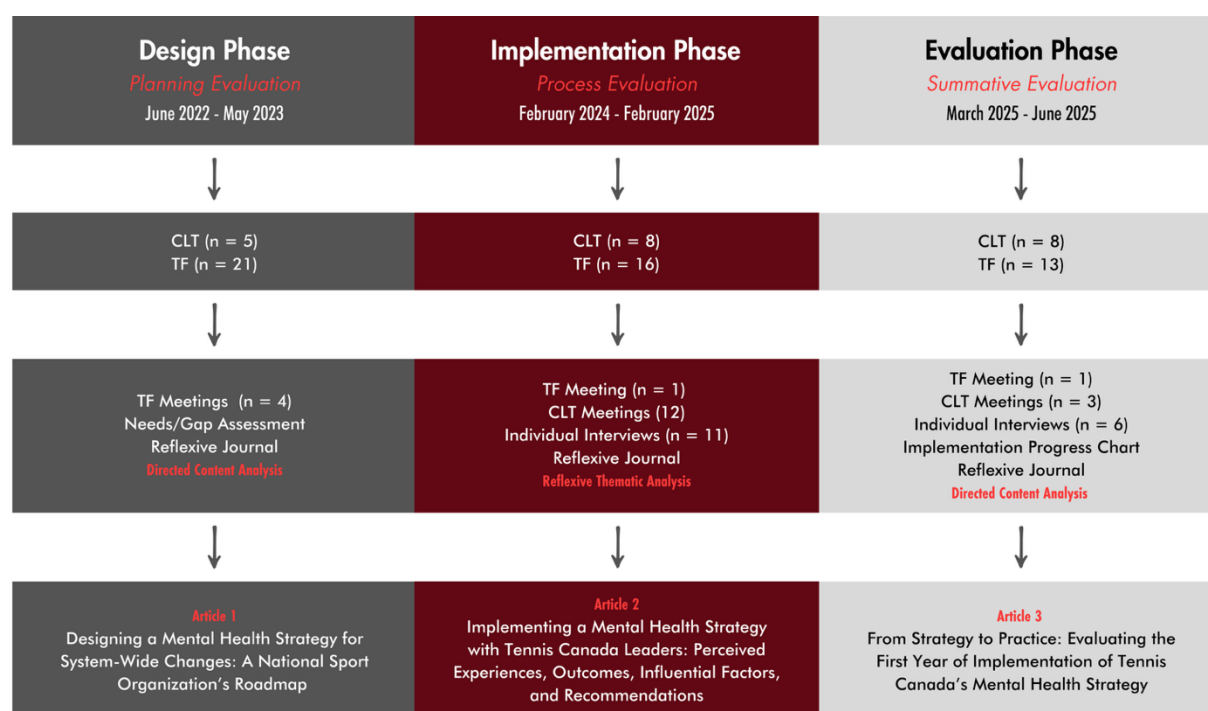
Multiphase Research Design

A multiphase research design was used to achieve the overall project aim of collaboratively designing, implementing, and evaluating a sport-specific version of the national MH Strategy with TC leaders. The three-phase project (Design, Implementation, and Evaluation) spanned a total of 3 years (June 2022 to June 2025). Figure 9 depicts the type of evaluation, timeline, number of participants,

qualitative data collection and analysis methods, and article title associated with each phase. Each phase is subsequently described in more detail. Ethics approval was granted by the University of Ottawa Research Ethics Board for carrying out the research project (see Appendix A for both the ethics certificate and consent form).

Figure 9

Research Design Across Three Phases



Note. CLT members were also part of the TF.

Participants

Participants in this research formed a CLT and TF, as described below. In line with PAR, the same participants were intentionally recruited for all three phases of the project, albeit the number of individuals and their level of engagement varied across phases, which was expected in an extensive three-year PAR project like the current one (Gillis & Jackson, 2002; MacDonald, 2012).

CLT and TF Recruitment

In May 2022, the Director, High Performance Programs and the Senior Vice President, High Performance Development at TC were put into contact with the RPL and RPS through Game Plan's MH Manager. At the time, these two TC leaders were looking for support in designing their own MH strategy based on the national MH Strategy that was launched in July 2021. After three meetings in which ideas were put forth to not only design TC's Strategy but also provide rigour by embedding the work in research, the partnership between TC and the researchers was initiated. It was agreed that the Director, High Performance Programs, the Senior Vice President, High Performance Development, and the two researchers would form a leadership team (i.e., CLT) and that the RPL would focus their PhD thesis on this project. Shortly after, the Director, Sport Integrity at TC joined the CLT, given their role in promoting psychological safety and well-being within TC. The CLT members spent time getting to know each other and building rapport and trust between June 1 and November 1, 2022. They also reviewed key concepts and models (e.g., national MH Strategy, Ecological Systems Model, Mental Triad Model) that informed the project to build shared knowledge and held discussions to identify other leaders who could meaningfully contribute to the MH strategy initiative.

The CLT also developed a partnership with Game Plan, Own the Podium, and the CCMHS, which are key organizations involved in the Canadian high performance sport system. These organizations contributed to the development of the national MH Strategy and collaboratively promote MH and provide support to NSOs to sustain environments that prioritize MH. Specifically, Game Plan offers MH education, tools, and resources to athletes, Own the Podium supports Olympic and Paralympic athletes to achieve podium success, and the CCMHS offers collaborative, sport-informed care to athletes, coaches, and staff. These organizations were represented in the project (i.e., TF), and Own the Podium helped to finance the work conducted in the Design Phase.

The CLT sought a larger group of leaders (i.e., TF) to participate in the three phases of the project. Participation is a core pillar of PAR, positioning community members as co-researchers and experts who help define and address issues to foster social change (Cook, 2012). Given the multiple levels and groups in TC's ecosystem, collaborating with people who represent the ecosystem and bring diverse knowledge, skills, perspectives, and expertise was essential for shared sense-making and issue definition (MacDonald, 2012). Therefore, the TF was included to support PAR's co-creation processes (Chevalier & Buckles, 2019), enabling iterative feedback, collective decision-making, and continuous knowledge exchange. This enhanced methodological rigour, fostered buy-in, and increased the likelihood of sustainable implementation within the organization. Purposive sampling was used to recruit TF members, which involved strategically selecting individuals who had knowledge of the setting (i.e., TC) and the topic of interest (i.e., MH) to adequately address the research topic and questions (Sparkes & Smith, 2014). Striving for diverse representation, the CLT looked to identify individuals from different groups (e.g., athletes, parents, coaches, staff, high performance directors, MH practitioners, CMPCs, researchers) and levels (e.g., provincial, national) of TC's ecosystem. As per the PAR approach, the recruitment process was collaborative, wherein each CLT member provided input on recruitment decisions, given their roles and expertise. For example, the three TC leaders recommended athletes, coaches, staff, and parents working at or affiliated with TC, while the RPL and RPS provided recommendations for MH and MP practitioners, informed by collaborations with the CCMHS and Game Plan. As a retired athlete and current tennis coach, the RPL equally shared insights on athletes, coaches, parents, and staff within the Canadian tennis community who would be valuable TF candidates.

After drafting a list of potential members, the Director, High Performance Programs sent an invitation email to each person, explaining the project and rationale for participating in the TF. Between November 1st and 30th, 2022, the CLT recruited 16 participants to form the 21-member Task Force, which included the existing five CLT members. The TF represented different levels and groups within TC's

community who were perceived to be able to meaningfully contribute to the project. Participants included: (a) leaders/administrators within TC's high performance development programs, (b) provincial/territorial tennis club representatives, (c) current able-bodied and wheelchair tennis players, coaches, and parents, and (d) MH, MP, and medical practitioners and researchers.

The CLT kept the size of the TF in mind, balancing breadth of group representation with the feasibility of meaningful engagement. Qualitative and participatory research suggests that while diverse perspectives strengthen the relevance and transferability of findings, larger groups can impede interaction quality, coordination, and consensus-building due to increased communication complexity and logistical challenges (Ahmed, 2024; Sparkes & Smith, 2014). In general, smaller sample sizes are well-suited for descriptive qualitative studies, aiming to examine in-depth lived experiences, whereas larger sample sizes can be used to capture a broad array of perspectives (Ahmed, 2024). The selected TF size allowed for representation across key roles within the Canadian tennis ecosystem while remaining small enough to support high-quality dialogue and sustained participation throughout the project.

As expected in any extensive research project, and as supported by the flexible PAR approach (MacDonald, 2012), participants contributing to the CLT and TF changed over time. Between the Design and Implementation phases of the project (May 2023), TC hired a Wellness Director who was added to both the CLT and TF and eventually became the leader of TC's Strategy. The Director, High Performance Programs worked closely with the Wellness Director throughout the onboarding process, providing an overview of the work completed by the CLT and TF in the Design Phase. The following three additional members were added to the CLT during the Implementation Phase to harness expertise and broaden diversity: TC's Director, People and Culture, a Communications Consultant working with TC (formerly Director, Communications at TC), and a professional wheelchair tennis player with a PhD in Interdisciplinary Studies. Finally, one CLT member left the project as they no longer worked with TC. This resulted in an eight-member CLT, which remained the same until the end of the project. Throughout the

three years, all TF members were asked to participate in research activities. However, numbers varied across the three phases based on participants' availability and desired level of engagement: Design Phase (n = 21); Implementation Phase (n = 16); Evaluation Phase (n = 13).

Design Phase (Study 1)

The Design Phase occurred between June 2022 and May 2023 and served to conduct a planning evaluation (Killion, 2018) and fulfill two specific objectives: (a) conduct an assessment to identify TC's MH needs, gaps, resources, barriers, timeline, and overall priorities, and (b) collaboratively design a sport-specific version of the national MH Strategy with the CLT and TF. Prior to the start of the Design Phase, TF members were instructed to read and sign a Collective Agreement, which outlined principles of engagement for the three-phase project (Appendix B). The Collective Agreement included eight sections: (a) Respect and open communication, (b) Access to empirical material and confidentiality, (c) Identifiability in reports, publications, presentations, and social media, (d), Reflection on the research process, (e) Changes to group membership, (f) Representation, (g) Consensus decision-making model, (h) Mediation, and (i) Certification of Agreement. Similar to previous PAR research projects (e.g., Durand-Bush et al., 2023; Van Slingerland, 2021), the agreement was provided to optimize collaboration, particularly since PAR requires a degree of willingness to disclose personal views on a topic. It was therefore imperative that participants felt psychologically safe to discuss topics and challenge one another's opinions respectfully (Bergold & Thomas, 2012).

Methods

The primary sources of data in the Design Phase were four TF group discussions (i.e., meetings), informal discussions between the CLT members, and a Needs/Gap Assessment. The Design Phase timeline, tasks, and procedures can be found in Article 1 of the Results section. The date, purpose, number of participants, and guiding questions for each of the four TF group discussions are presented in Table 4.

Table 4

Design Phase TF Group Discussions

Design Phase			
TF Meeting 1			
Date	Purpose	Participants	Questions
December 20, 2022	(a) Introduce TF members and build rapport. (b) Explain the project and provide materials. (c) Establish the Design Phase timeline.	16 TF members, including five CLT members.	1. What are your general thoughts on the national MH Strategy document? 2. What do you feel is most in line with TC's vision? 3. What information do you feel is important to take into the upcoming Needs/Gap Assessment?
TF Meeting 2			
Date	Purpose	Participants	Questions
February 2, 2023	(a) Present a summary of the Needs/Gap Assessment data. (b) Get input from the TF.	15 TF members, including five CLT members (5 breakout rooms / 3 people per breakout room).	1. What are your overall thoughts on the assessment data? 2. What are 1 to 3 objectives and concrete actions in line with Priorities 1 to 5 in the national MH Strategy that TC should include in their own MH strategy?
TF Meeting 3			
Date	Purpose	Participants	Questions
March 1, 2023	(a) Present the first draft of TC's Strategy. (b) Get input from the TF.	15 TF members, including five CLT members (5 breakout rooms / 3 people per breakout room).	1. What are your overall thoughts on this first draft of TC's Strategy? 2. How well do the <i>actions</i> accurately describe what is needed to meet each objective in TC's Strategy? 3. To what extent are the <i>resources needed</i> to achieve each objective accurate? 4. How accurate are the rankings of the <i>priorities</i> for each objective? 5. How accurate are the potential <i>barriers</i> for each objective? Are there other barriers that should be considered?
TF Meeting 4			
Date	Purpose	Participants	Questions
May 3, 2023	(a) Share the final version of TC's Strategy. (b) Get input from the TF.	9 TF members, including five CLT members.	1. What are your overall thoughts on this final version of TC's Strategy? 2. What are next steps to prepare the launch and implementation of TC's Strategy?

It is important to note that the Needs/Gap Assessment was conducted between TF group discussions 1 and 2. Before the second TF group discussion, TF members were asked to complete the TC

MH Needs/Gap Assessment Tool (see Appendix C) through Survey Monkey. This tool was developed by Game Plan (2021) to assist sport organizations and leaders in identifying MH needs and gaps. It included five sections: (a) Definitions, (b) Reflection, (c) Current State Assessment, (d) Desired Future State Development, and (e) Barriers to Desired Future State. The CLT adapted the tool, slightly rewording and adding some questions to capture the desired detail needed to design a comprehensive sport-specific version of the national MH Strategy. For instance, at the beginning of the tool, four additional definitions were provided (i.e., maltreatment, MH literacy, MPC, and MH practitioner), and TC's Strategic Plan Roadmap and Purpose/Mission/Vision Scorecard were provided to help members reflect on how addressing MH aligns with TC's purpose, mission, and vision. These specific definitions were included in the national MH Strategy, but were not included in Game Plan's version of the Needs/Gap Assessment. It was recommended that these definitions be added given the terms were used in questions within the assessment. Additional questions pertinent to the design of TC's Strategy explored (a) tennis-specific MH risk factors and vulnerable periods, (b) examples of desired MH literacy resources, (c) whether policies and procedures respect equity, diversity and inclusion, (d) the perceived importance of having access to Certified Mental Performance Consultants (CMPCs), and (e) the perceived importance of building athletes' and staff's MH literacy. Together, there were 51 qualitative and quantitative questions. The qualitative questions were open-ended, and the quantitative questions were answered using a 7-point Likert scale or a ranking scale. Fourteen TF members (including three CLT members) filled out the survey. Four were current or retired professional players (three players, one wheelchair player), three were parents, and four were coaches. Two were provincial/territorial organization staff, four were TC staff, and two were psychologists. The RPL and RPS did not fill out the survey, as neither person was affiliated with TC and could not give their input on the questions.

The process of collectively designing TC's sport-specific version of the national MH Strategy was categorized under an Early Phase, Middle Phase, and Late Phase, which are described in the *Endgame*

Results section of Article 1 in Part III of the thesis. To provide a general overview, the data were collected using four formal TF group discussions and a Needs/Gap Assessment, and a directed content analysis was performed to evaluate these data (Assarroudi et al., 2018). Analysis occurred across the Early, Middle, and Late Phases, where three recurrent analytic steps were performed in each phase: preparation, organization, and reporting (Elo & Kyngäs, 2008). Due to the iterative nature of the PAR cycles, these three steps of analysis occurred several times throughout the Design Phase. Informal CLT group discussions were also held to support decision-making. However, these data were not recorded or formally analyzed.

For *preparation*, all data were consolidated into a single Microsoft Word document, resulting in 159 double-spaced pages. For *organization*, the RPL condensed the data into meaning units and imported them into the qualitative analysis software, NVivo 14. The RPL deductively analyzed the data, assigning one-to-two-word codes aligned with the national MH Strategy and other relevant frameworks. An inductive approach was used to assign new codes to content that did not fit within the national MH Strategy. Coding was iterative until thematic coherence was achieved. Finally, for *reporting*, summaries of data, codes, and citations were produced and shared with the TF for feedback and to inform subsequent PAR cycles.

In the Early Phase, the first two TF group discussions and the content from the Needs/Gap Assessment were analyzed, resulting in 32 third-level codes that were presented in the form of actions. These actions were then grouped under second-level codes, which were further grouped within the five priorities included in the national MH Strategy.

Using the results from the Early Phase and TF group discussion 3, the Middle Phase involved creating the first version of TC's Strategy, which included a comprehensive table including the five priorities identified in the national MH Strategy, 16 objectives, and 45 actions. The table included five columns: (a) the objectives, (b) the actions required to achieve the objectives, (c) the resources needed

(high, medium, or low), (d) the level of priority to achieve the objective, and (e) the potential barriers. During TF group discussion 3, the feedback received from the TF on this first version was used to inform the following phase and helped the CLT identify the target population for the first year of implementation.

The Late Phase was dedicated to finalizing TC's Strategy. The data provided in the Middle Phase and TF group discussion 4 were used to finalize TC's Strategy, which included five priorities, 18 objectives, and 45 actions (see Appendix D for a breakdown of each priority within TC's Strategy). Two objectives were added when comparing the first and final versions to more clearly capture the difference between actions related to providing MP support and MH resources, which were titled "Provide MP support and training" and "Provide MH resources." Additionally, it was decided that the Strategy would be phased in over three years to enhance feasibility and support effective implementation. The first year would focus on Priorities 2 and 3, and actions would target TC coaches and staff, and National Tennis Centre athletes and parents. To have a broader reach, this population was subsequently expanded to include athletes and parents from the three Regional Training Centres and the wheelchair tennis National High-Performance Program.

The Design Phase was completed on May 3, 2023, following the fourth TF group discussion. As the Implementation Phase only began in February 2024, it is valuable to provide additional information to explain what occurred between the Design and Implementation Phases. Four key events occurred: (a) the Wellness Director was hired in May 2023, (b) the CLT identified the Three-Pillar framework (Promote, Support, Care) in December 2023, (c) the CLT was expanded to eight members, and (d) the Implementation Phase planning discussions were held on a monthly basis.

Shortly after being hired, the Wellness Director assumed a lead role in implementing TC's Strategy. The Director, High Performance Programs supported the onboarding of this role by providing insight into the Strategy that was developed in the Design Phase. Given the Wellness Director's MH expertise and

TC's plan to oversee activities within the Implementation Phase, the RPL and RPS adopted more supportive roles within the CLT for this phase of the project. During this time, CLT members at TC also worked to develop a more user-friendly version of the Strategy for the public. In collaboration with a Communications Consultant working with TC, they created a condensed Three-Pillar framework (see Article 2). As previously noted, three new members joined the CLT to broaden the range of expertise within the leadership group, including TC's Communications Consultant. Finally, the Wellness Director and Director, High Performance Programs held weekly meetings to plan implementation activities, with other CLT members joining as needed. Through these discussions, the CLT also determined that the TF would assume a more supportive role during the Implementation Phase, with less frequent engagement for input.

Implementation Phase (Study 2)

The Implementation Phase (February 2024 – February 2025) began when TC publicly launched their Strategy in February 2024. The aim was to conduct a process evaluation (Killion, 2018) and track one year of TC's Strategy implementation from the perspective of the leaders involved in the project (CLT and TF). The three research questions guiding this phase were: (a) What were the leaders' experiences and initial outcomes of participating in different components of TC's Strategy, (b) What factors influenced the implementation of TC's Strategy, and (c) What recommendations did the leaders put forth for continued success and gap closure in implementing TC's Strategy?

Methods

Data were collected from five sources: (a) 12 CLT group discussions, (b) weekly meetings between the RPL, Wellness Director, and Director, High Performance Programs, (c) one TF group discussion, (d) 11 individual semi-structured interviews, and (e) a reflexive journal.

Monthly group discussions ($n = 12$) were held with the CLT members to provide updates on the implementation progress, provide research updates, share and address emerging challenges, and

support alignment of upcoming initiatives. Additionally, throughout the implementation year, the RPL attended 40 meetings (approximately one per week throughout this period) with the Wellness Director and Director, High Performance Programs to monitor implementation, support decision-making, contribute to problem-solving, and assist in planning upcoming CLT and TF meetings. The TF Meeting occurred four months after the implementation of the Strategy had begun (end of June 2024). This allowed enough time for the implementation process to progress and generate useful data for the TF meeting. The date, purpose, number of participants, and group discussion questions for this TF meeting are provided in Table 5. Semi-structured interviews were conducted halfway through the Implementation Phase (September 2024) with 11 TF members to explore their perceived experiences and initial outcomes. Interview questions are provided in Appendix E. Finally, a reflexive journal was maintained to document an audit trail of implemented actions, capture contextual information related to the implementation process, and record the RPLs' reflections to support reflexivity, which is important in both the PAR process (Bergold & Thomas, 2012) and qualitative research (Olmos-Vega et al., 2023). Only the 11 semi-structured interviews and TF group discussion were formally recorded and analyzed.

Following data collection, the RPL transcribed the semi-structured interviews and TF group discussion verbatim, resulting in a 194-page double-spaced Word document and a 22-page double-spaced Word document, respectively. The RPL segmented the transcripts into meaning units and imported the data into NVivo 14. The RPL then conducted a reflexive thematic analysis, starting with the interview transcripts, following Braun and Clarke's (2019) six stages: (a) immerse in the data, (b) generate initial codes, (c) search for themes, (d) review themes, (e) name and define themes, and (f) report interpretations. Each interview transcript was read twice and coded iteratively, with attention to relevant constructs, theories, frameworks, and literature. Initial analysis of the interview transcripts produced three primary themes aligned with the research questions. After the RPL and RPS reached consensus on the coded data and themes, the TF group discussion transcripts were analyzed following the same

procedures, and three sub-themes were identified to capture new content. Reflexivity was managed through the reflexive journal in which the RPL documented assumptions and analytical decisions. The data analysis provided insight into leaders' perceived experiences and outcomes of participating in the project, implementation progress, challenges and facilitators, program changes, and areas for improvement. As part of the process evaluation, this information was shared with the CLT while protecting participants' anonymity to support ongoing and future decision-making (Killion, 2018).

Table 5

Implementation Phase TF Group Discussion

Implementation Phase			
TF Meeting 5			
Date	Purpose	Participants	Questions
June 26, 2024	(a) Provide an overview of the implementation progress, get input from TF members, and share next steps.	12 participants, including six CLT members.	1. What are your overall thoughts on the Implementation Phase so far? 2. Are we missing any implementation actions? 3. What topics should be included in education initiatives, and what is the best approach to deliver them to athletes, coaches, parents, and staff? 4. How can the TF best champion TC's Strategy in the community?

Evaluation Phase (Study 3)

The Evaluation Phase (March – June 2025) aimed to examine what TC accomplished throughout the first year of implementation (February 2024 – February 2025) and to assess the Strategy's intrinsic and extrinsic value. It served to complete a summative evaluation (Killion, 2018) and answer two research questions: (a) What was accomplished in the first year of implementation of TC's Strategy and to what extent did the implementation of TC's Strategy address the five priorities in the national MH Strategy (i.e., leadership, promotion, prevention, treatment, monitoring)? and (b) What was the overall merit (intrinsic value) and worth (extrinsic value) of TC's Strategy?

Methods

Data were collected using five sources: (a) three CLT group discussions, (b) one TF group discussion, (c) a reflexive journal, (d) the Implementation Progress Chart, and (e) six individual semi-structured interviews. Three group discussions with the CLT occurred between March and June 2025. The purpose of these discussions was to provide a research progress update, prepare for the upcoming TF meeting, review the Implementation Progress Chart, and continue discussing upcoming MH initiatives. Additional meetings were held between the RPL, the Wellness Director, the Director, High Performance Programs, and the Director, Sport Integrity to complete the Implementation Progress Chart. Furthermore, one TF group discussion was held in April 2025 to share key accomplishments from the first year of implementation and assess the value of TC's Strategy. The date, purpose, number of participants, and questions used to guide the TF group discussion are provided in Table 6. Additionally, the RPL and Wellness Director each kept a reflexive journal throughout the Implementation Phase to keep an audit trail (e.g., emails, meeting content, decisions, timelines) and reflexive entries (e.g., personal reflections). This reflexive journal, as well as the CLT and TF group discussions, served to complete the Implementation Progress Chart in May 2025. The individual interviews with members of the CLT occurred two weeks after this, allowing the participants time to review the chart before the interview. Only the TF group discussion and six individual semi-structured interviews were formally recorded and analyzed, along with the Implementation Progress Chart. All the data collected were used to develop a logic model summarizing the key elements impacting TC's Strategy.

Table 6*Evaluation Phase Task Force Group Discussion*

Evaluation Phase			
TF Meeting 6			
Date	Purpose	Participants	Questions
April 8, 2025	Purpose (a) Review TC's Strategy. (b) Present accomplishments from the first year of implementation. (c) Gather feedback to inform the summative evaluation.	13 participants, including eight CLT members.	1. How effective has TC's Strategy been in addressing the MH needs of its community? In what areas has the strategy been particularly impactful, and where could it be improved? 2. To what extent did the implementation of TC's Strategy address the five priorities that were originally identified (leadership, promotion, prevention, treatment, and monitoring)? 3. How can TC continue to engage MH champions such as yourselves, and keep them motivated in their roles? How can they empower the broader TC community to take on the role of MH champion, helping to create a supportive and inclusive environment? 4. What key factors, such as processes, resources and initiatives, have contributed to the implementation of TC's strategy? What steps should other sport organizations consider when developing their own MH strategy?

The Implementation Progress Chart was developed to provide a visual representation of what was accomplished across the five priorities during the first year of implementation. A description of the content of the chart and the chart itself are provided in Article 3. To develop the chart, the Wellness Director relied on a tool that Game Plan had developed to track actions and outcomes of the national MH Strategy implemented within the Canadian high performance sport system. The Wellness Director populated the priorities, objectives, and actions into the visual tool and marked them as either completed, completed and ongoing, in progress, or not initiated. The RPL collaborated closely with the

Wellness Director to triangulate multiple sources of data (e.g., reflexive journal, CLT group discussions, TF group discussion), which helped to finalize TC's implementation activities. Serving as a critical friend (Sparkes & Smith, 2014), the RPS reviewed the document to provide feedback on the clarity and coherence of the content. Due to the journal page limit, a condensed version of this Chart was included in Figure 1 of Article 3. The full Implementation Progress Chart can be found in Article 3's Supplemental Materials (Figures 1 to 5).

Finally, individual semi-structured interviews were conducted with six CLT members to assess the impact of TC's Strategy after one year of implementation, using the Implementation Progress Chart as a guide. Participants were emailed the Implementation Progress Chart two weeks prior to their scheduled interview to allow time for review. The purpose of the interviews was to explore CLT members' perception of what TC accomplished. Each participant responded to questions based on their role within the organization, the populations with whom they most frequently interacted, and their involvement in various initiatives. The interview questions are provided in Appendix F.

The RPL conducted a directed content analysis of the Implementation Progress Chart, the TF group discussion, and the six individual interviews to identify the main findings related to the research questions (Assarroudi et al., 2018). First, the RPL analyzed the Implementation Progress Chart. For each of the five priorities, the RPL calculated the proportion of actions in each category (e.g., completed, completed and ongoing, in progress, not initiated) relative to the total number of actions for that priority, and expressed the results as percentages.

Second, the content from the TF group discussion and six individual CLT interviews was analyzed, and resulting quotes were used to support the extent to which actions and objectives were completed. To this end, the TF group discussion and CLT interviews were transcribed verbatim using Zoom's AI transcription app and reviewed by the RPL to correct minor grammatical errors. This resulted in a 37-page double-spaced Word document and a 155-page double-spaced Word document, respectively.

Transcripts were segmented into meaning units and imported into NVivo 14. The RPL used a deductive approach, with pre-determined codes aligned with the research questions and TC's Strategy. The interview transcripts were analyzed first, followed by the TF group discussion. During weekly lab meetings, colleagues acted as critical friends (Sparkes & Smith, 2014). The RPL shared emerging interpretations, sought feedback on ambiguous data, and incorporated feedback into subsequent coding iterations.

To consolidate the data and support future implementation decisions related to TC's Strategy and inspire broader MH initiatives, the analysis culminated in a logic model (Figure 2 in Article 3). Developing the model involved a comprehensive review of the elements influencing TC's Strategy and translating them into a visual roadmap to guide organizational action. With a focus on key inputs, activities, contextual factors, and outcomes, the logic model functions both as an evaluative summary of the first year of implementation and as a practical tool to facilitate knowledge translation and support ongoing refinement of TC's Strategy.

Trustworthiness

Several strategies were employed to strengthen the rigour and quality of this multiphase qualitative research by enhancing credibility, dependability, confirmability, and transferability, consistent with established qualitative research standards (e.g., Lincoln & Guba, 1985; Sparkes & Smith, 2014).

Credibility

Credibility refers to the extent to which the findings accurately reflect participants' meanings and interpretations (Kakar et al., 2023). This was strengthened through the use of multiple data sources and methods across the three studies, including the Needs/Gaps Assessment data, group discussions, individual interviews, implementation tracking, and reflexive journaling. This allowed for the triangulation of perspectives within and across the different phases of the research (Kakar et al., 2023).

The multiphase design further enhanced credibility by enabling the progressive validation of findings over time, where insights generated in earlier phases informed subsequent data collection and interpretation. The use of a PAR approach also contributed to credibility by fostering ongoing collaboration with leaders involved in the project. Regular discussions and feedback loops supported the co-construction and refinement of interpretations, ensuring that findings were grounded in participants' experiences and aligned with the evolving organizational context (Cargo & Mercer, 2008).

Dependability

Dependability refers to whether the research process and decision-making are logical, traceable, and documented to demonstrate how conclusions were reached (Sparkes & Smith, 2014). This was supported through the use of a structured, multiphase research design aligned with planning, process, and summative evaluation (Killion, 2018). Each phase followed a clear and systematic approach to data collection and analysis, while maintaining flexibility to adapt to emerging findings and contextual changes. The RPL kept a reflexive journal with an audit trail across the three studies, documenting key decisions related to research design, data collection, analytical procedures, coding, and iterative changes made throughout the project (Sparkes & Smith, 2014). The Wellness Director kept a similar journal of reflections, decisions, and contextual influences, which informed the development of the Implementation Progress Chart. The use of consistent guiding frameworks (e.g., the national MH Strategy, Mental Triad Model, Program Evaluation Framework) further supported coherence and transparency across phases.

Confirmability

Confirmability refers to the extent to which findings were grounded in the data rather than in unchecked subjectivity, which was addressed through ongoing reflexive practices (Sparkes & Smith, 2014). Given the embedded, collaborative nature of the research, particular attention was paid to acknowledging the researchers' roles and subjective experiences, which were considered as assets in

the co-construction of knowledge (Olmos-Vega et al., 2023; Sparkes & Smith, 2014). Throughout PAOR cycles, the RPL and participants engaged in continual dialogue, allowing the RPL to confront, modify, and refine their interpretations (Olmos-Vega et al., 2023; Smith, 1994). Findings were triangulated from multiple sources of evidence and supported by patterns observed across data sets. Collaborative discussions among members of the research team and with leaders involved in the project provided opportunities to challenge interpretations and ensure alignment with the data. For example, the reflexive journal maintained by the RPL provided a systematic record of analytic decisions, assumptions, and evolving interpretations, while the Wellness Director's journal offered complementary insights into implementation processes and outcomes. Furthermore, the RPS and other participants served as critical friends, providing a sounding board for alternative explanations and interpretations (Smith & McGannon, 2018). Together, these records and practices supported reflexivity, transparency, and the confirmability of the findings (Olmos-Vega et al., 2023; Sparkes & Smith, 2014).

Transferability

Transferability refers to the extent to which findings are applicable to other contexts (Kakar et al., 2023; Lincoln & Guba, 1985). While the findings are grounded in the specific context of a NSO, transferability was supported by providing rich descriptions of the research context, processes, and participants, enabling readers to assess the applicability of the findings to other settings (Lincoln & Guba, 1985; Sparkes & Smith, 2014). Rather than aiming for statistical generalization, the goal of this PAR research was to generate contextually informed insights and practical guidance that can be adapted to sport organizations with varying structures, resources, and needs. The development of the Logic Model and associated recommendations (see General Discussion section) further enhances transferability by offering a flexible framework that can be tailored to different contexts. Together, detailed documentation of procedures, participant demographics and roles, data sources, and analytic

decisions provides concrete evidence for readers to judge the relevance of the findings and adapt the recommendations to their own settings.

PART III

Results

The following section presents the results of the research project, organized into three separate articles (see Figure 9 in PART II). Article 1 (i.e., Study 1) includes the planning evaluation, focusing on how TC leaders designed a sport-specific version of the national MH Strategy to address the organization's MH needs and gaps. Article 2 (i.e., Study 2) pertains to the process evaluation, exploring leaders' experiences and outcomes of participating in TC's Strategy, perceived influential factors impacting the implementation of the Strategy, and recommendations to improve it. Article 3 (i.e., Study 3) addresses the summative evaluation and uncovers what actions and objectives TC accomplished in their first year of implementation, and the overall intrinsic (merit) and extrinsic (worth) value of the Strategy.

Article 1 was structured and formatted according to the specifications of the peer-reviewed journal in which it was published. Articles 2 and 3 were submitted to peer-reviewed journals and are structured and formatted according to their respective journal specifications. Article 2 has been accepted for publication, while Article 3 remains under review.

**Article 1: Designing a Mental Health Strategy for System-Wide Changes: A National Sport
Organisation's Roadmap**

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Abstract

This project focuses on the first phase of a multi-year project carried out with a national sport organization (NSO) to design a system-wide mental health (MH) strategy to improve well-being across its ecosystem. The collaborative work was carried out with Tennis Canada (TC). It was guided by two overarching questions: (a) How does TC design a sport-specific MH strategy, and (b) What priorities, objectives, and recommended actions from the national MH Strategy does TC include in its personalized strategy? Informed by a Participatory Action Research approach, a representative group of 21 members from TC's community formed a Task Force (TF), led by a Core Leadership Team (CLT), to create the strategic plan over an 11-month period. The TF and CLT engaged in four formal meetings and completed a Needs/Gap Assessment to identify which elements within the national MH Strategy were most relevant to TC. Both qualitative and quantitative data were collected, analyzed, discussed, and integrated by the participants to generate the five priorities, 18 objectives, and 45 actions included in TC's strategy. This project demonstrates how sport psychology practitioners (SPPs) can work with a national sport organization to develop a comprehensive strategic roadmap to improve MH outcomes.

Keywords: Tennis Canada; organizational psychology; culture; well-being.

Designing a Mental Health Strategy for System-Wide Changes:

A National Sport Organisation's Roadmap

Setting the Stage

The need for mental health (MH) support is evident in sport. In professional tennis, players commonly seek help for various reasons, such as pressure, high expectations, injuries, and harassment through media (Reardon et al., 2019). Examples of professional tennis players who sought support after experiencing MH challenges include Bianca Andreescu, Naomi Osaka, and Nick Kyrgios. In response to these MH challenges, Tennis Canada (TC), the National Sport Organization (NSO) for tennis in Canada, recognized the importance of investing in the MH of its participants and initiated a partnership with the University of Ottawa, the Canadian Centre for Mental Health and Sport (CCMHS), Game Plan, and Own the Podium (OTP). A major reason for this is that these organizations had been collaborating for several years to develop and launch the national Mental Health Strategy for High Performance Sport in Canada (national MH Strategy; Durand-Bush & Van Slingerland, 2021). Together, they have been actively engaged in improving MH outcomes in the high performance (HP) sport community through various initiatives (e.g., allocation of funding and resources, creation of a Canada-wide network of MH practitioners, development of MH literacy training programs, provision of MH support at major games).

With these organizations' support, TC aimed to design a sport-specific MH strategy based on the national MH Strategy. From this perspective, TC committed to taking an active stance to initiate organization-wide changes to improve the well-being of its community. In this paper, we will share an empirical account of the extensive work completed by TC and its partners to design its MH strategy and put forth recommendations for sport psychology practitioners (SPPs) wishing to help organizations engage in a similar endeavour.

The Scientific Landscape

Research on MH in sport is growing and has led to 13 statements, outlining recommendations to improve MH outcomes for sport participants (Vella et al., 2021). While initiatives have been created to address MH in sport, significant work is needed to integrate MH as a fundamental wellness and performance variable within organizations and across the sport ecosystem. Further, many sport organizations have been criticized for prioritizing performance over duty of care, culture, ethics, and participants' welfare (Wagstaff, 2019). Within the Canadian HP sport system, the national MH Strategy was launched in 2021 to urge sport leaders to recognize specific priorities, objectives, and actions to improve the MH of all participants (e.g., athletes, coaches, staff, parents; Durand-Bush & Van Slingerland, 2021). Explicitly, the national MH Strategy includes five priorities that aim to promote MH and prevent and treat mental illness (MI) at all levels from the macrosystem (e.g., multi-sport organizations such as CCMHS, Game Plan, OTP), to the exosystem (e.g., national/provincial/territorial sport organizations such as TC), and the microsystem (e.g., coaches, athletes). These priorities are: (a) Leadership, stakeholder engagement, and communication, (b) Promotion of MH, (c) Prevention of MH challenges and MI, (d) Assessment, diagnosis, treatment, and recovery, and (e) Implementation, monitoring, and evaluation.

As each sport has its own specific culture accompanied by MH protective and risk factors (e.g., coach-athlete relationships, stigma; Fletcher et al., 2012; Reardon et al., 2019), it is stated in the national MH Strategy that priorities, objectives, and actions should be adapted to address the needs and gaps of any sport organization (Durand-Bush & Van Slingerland, 2021). It is also acknowledged that implementing system-wide changes requires support and resources from key leaders and organizations (Purcell et al., 2019). Furthermore, organizational changes should be evaluated using robust frameworks to identify whether desired outcomes are achieved (Killion, 2018; Wagstaff, 2019).

The Map

Aside from the national MH Strategy, three other frameworks served as our map for this project: the Mental Triad Model, the Ecological Framework, and the Program Evaluation Framework.

The Mental Triad Model

The Mental Triad Model was selected as it integrates the three interrelated dimensions of MH (poor to good), MI (presence to absence), and mental performance (MP; low to high; Durand-Bush et al., 2022), which are core constructs in the national MH Strategy. MH represents a *state* of well-being leading to joy, coping, and productivity, MI is a health *condition* leading to distress and impairment, and MP refers to the *capability* to use cognitive processes and mental skills to perform (Durand-Bush & Van Slingerland, 2021; WHO, 2022). As an extension of the dual continua model (Keyes, 2002), the Mental Triad Model postulates that the three constructs can vary and influence whether a person is flourishing, languishing, or vulnerable. Importantly, a person can have good MH and high MP, in the presence or absence of MI. This allows sport psychology researchers and SPPs to use a comprehensive approach when examining the level of functioning and performance of sport participants and organizations (Durand-Bush et al., 2022).

Ecological Framework

While it is important to help sport participants build individual characteristics, such as their MH and MP competencies, efforts must extend beyond the individual. Specifically, the broader sport system has a role to play in facilitating MH and MP and limiting MH challenges or thwarting (Fletcher & Wagstaff, 2009; Purcell et al., 2019; Wagstaff, 2019). Indeed, athletes operate within a complex network of social and organizational factors that significantly impact both their behaviour and performance (Fletcher & Wagstaff, 2009). For example, organizational factors that impact athletes' well-being and performance include support from coaches and staff, as well as high quality communication and interactions between all parties (Fletcher et al., 2012). With a focus on social and cultural contexts, the

Ecological Framework is a comprehensive athlete-centered framework that can be used to navigate MH as well as relationships between athletes and members within their environment (Purcell et al., 2019). This framework was adapted to the Canadian context in the MH Strategy and highlights multiple levels of the ecosystem at which leaders and organizations can facilitate change and impact cultures (Durand-Bush & Van Slingerland, 2021). It aligns well with the aim that organizational sport psychology scholars have been promoting, which is to focus on well-being at both personal and organizational levels (Fletcher et al., 2012; Fletcher & Wagstaff, 2009; Wagstaff, 2019).

Program Evaluation Framework

To improve MH outcomes across an organization, a strategy must be developed with rigor and be informed by a program evaluation framework to identify individual, organizational, and systemic needs, processes, and desired outcomes (Purcell et al., 2019; Wagstaff, 2019). To this end, researchers and SPPs can rely on *planning evaluations*, which are used to identify the social conditions, needs, and objectives to be addressed in the design of an organization's strategic program (Killion, 2018). By clearly identifying needs, informed decisions can be made when choosing which priorities and interventions (e.g., MH education) are more likely to lead to intended outcomes (e.g., improved MH literacy). Researchers and SPPs can also identify different types of outcomes (initial outcomes, intermediate outcomes, and desired results) that are realistic based on available resources (e.g., funding), timelines (e.g., number of months or years), and barriers (organizational buy-in; Killion, 2018).

The What and Why of the Project

With these mapping frameworks in mind, the purpose of this project was to use a comprehensive and system-wide approach to design TC's Strategy. This project fills a significant gap from both a science and practice perspective in that no NSO had developed their own sport-specific MH strategy at the time of this project, and no empirical evidence was available to guide the process. In May 2022, TC was therefore the first national organization to partner with researchers/SPPs (University of Ottawa) and

other multi-sport organizations (CCMHS, Game Plan, OTP) to adapt the national MH Strategy to develop a long-term plan to fulfill sport-specific MH objectives. Each organization plays a significant role in the Canadian sport system: OTP provides support to Olympic and Paralympic athletes to reach the podium while maintaining well-being, Game Plan is Canada's total athlete wellness program designed to assist athletes in living more holistic lives, and the CCMHS is a national centre offering sport-informed MH care and resources to the Canadian sport community. Collectively, these organizations have been promoting a "winning well" philosophy in Canadian HP sport and collaborating to guide athletes and NSOs in achieving this. It was therefore a logical step to assist TC when they sought support to develop their MH strategic plan. While there is a design, implementation, and evaluation phase in this project, the current paper focuses on the Design Phase, which was guided by two overarching questions: (a) How does TC design a sport-specific MH strategy; (b) What priorities, objectives, and recommended actions from the national MH Strategy does TC include in its personalized strategy?

The Project Plan

Participatory Action Research

This project was guided by a Participatory Action Research (PAR) approach, which is a collaborative, democratic process aimed at fostering social change in communities, aligning well with TC's objective to foster organizational and cultural changes. PAR is situated within the participatory paradigm in which reality is seen as relative, local, and socially constructed by community members whose interpretations provide the foundation of knowledge (Kemmis et al., 2014). Within PAR, participants are positioned as expert "co-researchers" (Cook, 2012) through their lived experience, working to address issues within their community to generate cultural change (e.g., improve MH outcomes). They collaboratively engage in PAR cycles of planning, acting, observing, and reflecting. (PAOR) to use their voice, build and mobilize organizational capacity, and achieve desired results (Kemmis et al., 2014).

The Lineup

Core Leadership Team and Task Force.

The first step in the Design Phase was to identify a Core Leadership Team (CLT) and a Task Force (TF). The CLT included five individuals who set the direction of the project, coordinated and managed tasks, and facilitated collaboration with groups and organizations. The CLT included TC's Director of HP Programs and Administration, TC's Senior Vice President, HP Development, and TC's Director of Safe Sport and Integrity, who initiated the partnership with the first author (Research Project Lead; RPL) and second author (Research Project Supervisor; RPS) – the lead researchers carrying out this project. The RPL has extensive experience in the sport of tennis in Canada as a coach, retired varsity athlete, and SPP in training. The RPS specializes in mental performance and MH research and has worked as a SPP for 30 years with a variety of athletes, coaches, and organizations. The CLT then identified a TF to provide insight, knowledge, and experience into the design of TC's Strategy and the research process. TF members were involved in data collection and analysis and offered feedback and recommendations at different time points. The TF members were strategically chosen by the CLT based on their role, expertise, and general interest in the MH of TC's community. Further, TF members were recruited to represent different levels, groups, and perspectives within TC's ecosystem. The 21-member TF included (a) members of TC's board of directors, (b) leaders/administrators within TC's HP development programs, (c) able-bodied and wheelchair tennis players and coaches, (d) parents of tennis players, (e) MP, MH, and medical practitioners, and (f) sport psychology/MH researchers. Given the importance of creating a safe and inclusive environment, TF members adhered to a collective agreement that included various principles of engagement (e.g., respect and open communication; consensus decision-making; Robinson, 2006). This agreement was introduced at the onset of the project and signed by all TF members to create a level playing field across the different representatives on the TF.

Play-by-Play: How the Project Unfolded

The Design Phase took place between June 2022 and May 2023 and included multiple PAR cycles.

Table 1 outlines the tasks, meetings, and procedures in which the CLT and TF engaged throughout the Design Phase, which itself was divided into an Early, Middle, and Late Phase.

Table 1

Design Phase Timeline, Tasks, Procedures

Task	Description	Timeframe
Early Phase		
Project Planning	Establish rapport and develop the project with the CLT. Identify potential TF members to participate in the project.	Jun 1 – Nov 1, 2022
TF recruitment	Send recruitment text describing project to prospective TF members, confirm participation, and sign collective agreement.	Nov 1 – 30, 2022
TF Meeting 1: Introduction to project	Meet/introduce TF members (n = 16), explain the project, provide materials (e.g., MH Strategy, frameworks, assessment tool), and establish a timeline for the Design Phase.	Dec 20, 2022
Individual and focus group discussions	Engage in individual/group discussions with different TF members to get input on priorities, objectives, and recommended actions within the MH Strategy that are most relevant for TC.	Jun 2022 – Mar 2023
Needs/Gap Assessment	Administer Needs/Gap Assessment with TF to identify elements of national MH Strategy that align with TC's mission / vision / values.	Jan 20, 2023 – Feb 1, 2023
TF Meeting 2: Presentation of preliminary data	Meet with TF members (n = 15) to share a summary of the preliminary data analysis and get their input.	Feb 2, 2023
Analysis	Analyze/interpret information obtained from Needs/Gap Assessment and during Meeting 2. Identify priorities, objectives, and recommended actions to develop the first version of TC's Strategy.	Feb 3 – 28, 2023
Middle Phase		
TF Meeting 3: Presentation of first version of strategy	Meet with TF members (n = 15) to share the first version of TC's Strategy and get their input.	Mar 1, 2023
Analysis	Integrate TF's input and prepare a second draft of TC's Strategy.	Mar 2 – 7, 2023
Meeting with CLT	Share the second draft of TC's Strategy with the CLT and get their input.	Mar 8, 2023

Analysis/Planning	Meet with CLT to further reflect on TC's Strategy and approach to implement it.	Mar 9 – May 2, 2023
Late Phase		
TF Meeting 4: Presentation of final version of strategy	Meet with TF members (n = 9) to share the final version of TC's Strategy and get their input.	May 3, 2023

Group Discussions.

The TF participated in four formal group meetings involving large and small group discussions ranging between 60 and 120 minutes. Informal meetings also occurred between members of the CLT and TF to gain additional input as needed. All meetings were conducted virtually (on Teams or Zoom), and formal TF meetings were recorded to be able to review and analyze the content of group discussions. Materials (e.g., definitions of key terms, results of the Needs/Gap Assessment, summary of previous discussions, versions of TC's Strategy) were sent to the TF before meetings and they were encouraged to review material before meetings. In collaboration with the CLT, the RPL created and shared slides at the beginning of meetings to inform discussions. Participants, including the lead researchers, were randomly assigned to breakout rooms (n = 4–5 per room) to engage in smaller group discussions. A Google sheet with specific questions (e.g., identify 1–3 concrete actions to meet objectives in Priority 3) was provided for each group to capture notes and summarize reflections. After 15 to 30 minutes, the TF engaged in a larger group discussion. Participants were encouraged to openly share feedback on the evolution of TC's MH Strategy. They actively listened to one another and demonstrated respect when presenting differing perspectives. The RPL and RPS facilitated the process, ensuring all viewpoints were clearly understood using paraphrasing and summarizing skills. Decisions were based on a majority of favourable responses from TF members. At no point in time was a TF member completely opposed to a decision to the point that it was refuted. The CLT also ensured that decisions were made based on the priorities that were identified throughout the process and on TC's available resources to put them into practice.

Needs/Gap Assessment.

The TC Mental Health Needs/Gap Assessment was the main tool to collect in-depth information to develop TC's strategy. This practical tool was created by Game Plan (2021) to help sport organizations assess MH needs and gaps and was slightly adapted by the CLT to align with TC's vision, mission, and values. The tool included 51 qualitative and quantitative questions covering five sections: (a) Definitions, (b) Reflection, (c) Current State Assessment, (d) Desired Future State Development, and (e) Barriers to Desired Future State. The qualitative questions were open-ended (e.g., How can TC contribute to MH promotion and stigma reduction?). The quantitative questions involved ranking items using a 7-point Likert scale (e.g., How important is training to intervene in MH crises?). While all members of the TF were invited to complete the assessment via Survey Monkey, 14 of them completed it within the allotted timeframe.

Post-Game Review: Data Analysis.

A directed content analysis was performed to systematically transform the data from the TF meetings during all three phases, and the Needs/Gap Assessment performed in the Early Phase, into an organized and concise summary of key findings (Assarroudi et al., 2018). For the quantitative data from the Needs/Gap Assessment, participants' rankings were averaged and used to complement the qualitative findings. For example, the qualitative analysis revealed that having access to sport-informed MH care was an important priority. This was supported by the participants' high ranking of this question in the Needs/Gap Assessment (i.e., ranked top 2 out of 6 elements in Priority 4 - Assessment, Treatment, and Recovery).

The data analysis occurred throughout the Early, Middle, and Late Phase, each involving three steps of analysis: preparation, organization, and reporting (Elo & Kyngäs, 2008). Due to the nature of PAR, these three steps occurred numerous times as the Design Phase unfolded. The *preparation step* involved consolidating qualitative data (group discussions and open-ended responses from the

Needs/Gap Assessment) and quantitative data (rankings from the Needs/Gap Assessment) into one Word document for ease of access, which culminated into 159 double-spaced pages. After each of the four TF meetings, the RPL transcribed the group discussions verbatim using Microsoft Word Office Dictation (a voice-assistant app) into the Word document. As TF Meeting 2 involved quantitative data, the RPL integrated the responses and rankings from the Needs/Gap Assessment into the document as well. The RPL read the document and watched the recorded discussions numerous times, paying close attention to the TF members' verbal and non-verbal communication (e.g., head nods, silence, facial expressions) and noting signs of agreement or disagreement. The purpose was to gain a general understanding of what the TF members were expressing, noticing the frequency and tone with which certain topics, words, and phrases were discussed and emphasized.

During the *organization step*, the RPL condensed the data in the Word document into meaning units and then created codes, which consisted of one-to-two-word descriptive labels to describe a group of meaning units (e.g., 1st level code – MH Promotion (Priority 2); 2nd level code – Education; 3rd level code – Parents). The analysis across the three phases was primarily deductive wherein meaning units were coded and organized within the bounds of the national MH Strategy and the other guiding frameworks. However, the RPL also analyzed the data inductively, identifying emerging content and coding it accordingly (e.g., 1st level code – MH Promotion (Priority 2); 2nd level code – Mental Timeout initiative; 3rd level code – stigma reduction). Finally, the *reporting step* involved using the raw data, codes, and citations to create summaries to get input from the TF across the three phases, create TC's Strategy, and write this paper.

Endgame Results

The results are presented in three sections to show the evolution of the organizational work performed in the Design Phase: (a) Early Phase, (b) Middle Phase, and (c) Late Phase. Results in each section stem from the TF group discussions and the Needs/Gap Assessment.

Section 1: Early Phase

Table 2 outlines the priorities and actions recommended by the TF in the early stages of the Design Phase. There are five first-level codes representing the priorities, consistent with the national MH Strategy. Further, 12 second-level codes were identified across the five priorities: *Leadership, Communication, Funding, Education, Inclusivity, Recognition, Assessment, Help-Seeking, Service Provision, Evaluation, Aspirational strategy, and Phased-in approach*. Finally, there were 32 third-level codes, which are presented in the form of actions (e.g., Wellness Director leads implementation of TC's Strategy).

The three most frequently discussed codes by the TF were: Leadership (Priority 1), Communication (Priority 1, 2, 3, and 4), and Education (Priorities 2 and 3). *Leadership* referred to the different layers of people across TC's ecosystem that must be leveraged to have a broad impact on the MH outcomes of participants. First, organization-wide buy-in was deemed necessary. For example, a TF/CLT member said: "We've got almost half our senior management team on this TF. We want to make a difference. This isn't about being symbolic or doing something that looks good but isn't helping much... We are very committed, and we've got exceptional, integrated engagement internally and externally" (TF Meeting 2). Additionally, as the TF believed the national MH Strategy was comprehensive and involved numerous actions targeting different groups, the TF emphasized the importance of having the forthcoming Wellness Director lead specific actions in the implementation of TC's Strategy (e.g., conduct assessments and deliver education). Finally, it was perceived that the most direct, influential leaders in the athletes' environment were coaches and parents. One TF member discussed how these individuals should be leveraged to serve as MH champions to help implement TC's Strategy: "How do we incentivize or make this very compelling to parents, coaches, and athletes so they want to learn about this, and they really want to better frame and approach competition?" (TF Meeting 2).

Communication referred to the need to regularly communicate elements of TC's MH Strategy, including access to 3rd party MH, MP, and safe sport support, and the role of the Director of Safe Sport and Integrity. The results of the Needs/Gap Assessment revealed that awareness of available MH care options and communication of these care options were perceived to be low, with an average rating of 2.2/7. Further, the identification and communication of MH care options was ranked the most important objective within Priority 4. It was suggested that a feasible and low-cost action to address this gap was to create a resource page on TC's website, as shared by one TF member: "There needs to be clear access to both mental health and safe sport resources for everyone. Maybe we create a mental health and safe sport hub. It should be really easy for everybody to gather this information" (TF Meeting 2).

Education was the most frequently discussed topic in the Early Phase and referred to actions required to educate athletes, coaches, parents, and staff in the areas of MH, MP, MI, and safe sport and to embolden athletes to speak up for themselves. In support of this, the importance of MH literacy training for athletes, coaches, and staff was rated as 7/7 and the importance of Mental Performance Consultants (MPCs) for implementing mental skills training to support the MP and well-being of participants was rated as 6.6/7. A TF member emphasized that "you don't have to have a MI in order to benefit from these resources" (TF Meeting 2). In the sport of tennis, parents and coaches significantly influence athletes' experiences and attitudes toward MH. As such, it was unanimously agreed that "the coach-athlete-parent triangle is at the heart of everything and that's the sweet spot of where we need to aim all our efforts" (TF Meeting 2).

Education also included actions around empowering athletes to advocate for themselves. For example, a TF member who coached National Tennis Centre (NTC) athletes said: "I often group the athletes and say, 'the most important thing I can teach you is to speak up. If you're struggling with something, you must express this, speak up, and get help. In the end, it is your life, and you must take responsibility for it'" (TF Meeting 2). Education also centred around the prevention of MH challenges

(Priority 3). One TF member stated: “The first line of defence for prevention is the athlete... We need to empower them first and foremost. That could help tremendously in prevention and where we go as an organization” (TF Meeting 2). Overall, the Early Phase served to assemble the CLT and TF and collect a substantial amount of data to inform the creation of TC’s Strategy.

Table 2

Summary of Early and Middle Phase Data from Group Discussions and Needs/Gap Assessment

High and Lower-Level Codes (i.e., actions)	
Priority 1: Leadership, Funding, and Communication	<i>Leadership</i> • Need organization-wide buy-in • Wellness Director leads implementation of TC’s Strategy • TF to serve as Steering Group • Address Coach-Athlete-Parent Triangle • Educate/incentivize parents to become MH Champions • Establish diverse MH Champions who represent TC’s ecosystem <i>Communication</i> • Regularly communicate education and access to care • Align initiatives (e.g., Mental Timeout) <i>Funding</i> • Identify sponsors and funding
Priority 2: Promotion	<i>Education</i> • Promote existing MH and MP education • Include MH awareness in athlete onboarding • Educate athletes as young as possible to build MH literacy • Promote MH education to prevent the onset of MH challenges and MI • Promote MH First Aid to identify, intervene, and refer as necessary <i>Communication</i> • Build on-going communication around access to MH network and care (i.e., MH practitioners, MPCs, CCMHS) • Promote Mental Timeout initiative <i>Inclusivity</i> • Include athletes with a disability in all initiatives <i>Recognition</i> • Incentivize participants to learn about MH (e.g., mandatory for certification/tournament participation)
Priority 3: Prevention	<i>Education</i> • Build education into programs to reduce risk factors and equip children with MH and safe sport education • Promote education to prevent MH challenges and MI • Promote MH First Aid to leaders/front liners

	<i>Assessment</i> - Wellness Director to perform regular check-ins/assessments with athletes and parents to monitor MH changes and address risk factors <i>Communication</i> - Communicate role of Director of Safe Sport & Integrity Create MH resource hub for care options/resources
Priority 4: Assessment, Treatment, and Recovery	<i>Help-Seeking</i> - Embolden athletes to advocate for themselves <i>Communication</i> - Communicate 3rd party MH, MP, and safe sport support <i>Service Provision</i> - Identify network of professionals (e.g., CCMHS) to assess, diagnose, and treat MH challenges or MI - Hire professionals to provide sport-focused MH care
Priority 5: Implementation, Monitoring, and Improvement	<i>Funding</i> - Secure funding from organizations and sponsors <i>Evaluation</i> - Identify target objectives, track service users' input, and evaluate the impact of initiatives <i>Aspirational strategy</i> - Distill strategic actions into a manageable plan for long-term, sustainable change <i>Phased-in approach</i> - Use a phased-in approach over 3-year period

Section 2: Middle Phase

The main task performed in this phase was to develop the first version of TC's strategy and get input from the CLT and TF. The RPL and RPS used the results from the Early Phase to create the first version of TC's Strategy, which involved preparing a comprehensive table that included five priorities, 16 objectives, and 45 actions. For each objective, they indicated if the resources necessary to achieve the objectives were rated by the TF as high, medium, or low. They also indicated if the objectives were rated as high, medium, or low priority. Finally, they listed the barriers the TF identified as potentially getting in the way of achieving the objectives.

Overall, results show that the TF commended the rigour, breadth, and depth of the strategy, as stated by a member: "This strategy is going to be the substance for us to really make a cultural and real

difference day to day with the athletes, parents, coaches, clubs, and provinces” (TF Meeting 3). Two main interrelated second-level codes were identified in this phase (See Table 2), which were perceived to impact the future implementation of TC’s Strategy: (a) Aspirational strategy and (b) Phased-in approach. First, the TF agreed that TC’s Strategy was *Aspirational*, due to the number of objectives and actions identified, and the number of people who may be impacted by the Strategy. The TF believed TC’s Strategy would lead to long-term, sustainable change if actions were spread out over time rather than trying to achieve them all at once. This helps explain the second code, *Phased-in approach*, which pertains to the importance of scaling the project over a few years to make it manageable. One TF member stated: “Whatever this task force decides to do, it has to be realistic because if you shoot too high and you don’t have the capacity to do it well, then you’re setting yourself up for frustration” (TF Meeting 3). As it was deemed impossible to reach all participants in one year, the TF identified that NTC athletes, coaches, parents, and staff would be the target population for the first year. A TF member, who was also a member of the CLT, shared:

We can’t be everything to everyone. We need to focus in. We have made a commitment publicly and within our group that is most vulnerable to us, which is our HP program. We need to develop those best practices and share them within the broader tennis community. (TF Meeting 3)

Another TF member shared that a potential barrier would be the resources required to offer diverse, age-specific, and population-specific education: “If we’re doing something at nationals for U12s or if we’re doing something for coaches on the road, we’re looking at very different needs and different tools. This would require a lot of different actions” (TF Meeting 3). In terms of actions requiring low human and financial resources for a phased-in approach, members of the CLT suggested focusing on (a) onboarding the Wellness Director to lead the implementation, (b) promoting *existing* MH education, (c) communicating access to care, and (d) using the *current* Mental Timeout initiative as a promotion tool for TC’s Strategy. Finally, a TF member asked: “As a next step, are we going to add clear key performance

indicators (KPIs)? For example, when we're talking about establishing a network of MH champions, what does that look like?" (TF Meeting 3). The TF agreed that establishing KPIs would be necessary to track the impact of TC's Strategy (Priority 5). In sum, the Middle Phase involved developing the first version of TC's Strategy and identifying the target population for the first year of implementation.

Section 3: Late Phase

Analysis of the TF meeting transcripts showed that in the Late Phase, the RPL and RPS relied on feedback provided in the Middle phase and on final discussions with the CLT to finalize TC's Strategy. They met with the TF to present the final version in TF Meeting 4 and get a last round of input. In terms of changes, Priority 2 originally included two objectives, and this was modified to include four objectives to more clearly distinguish between MH and MP education, leading to 18 objectives in the final Strategy. It was decided that the phased-in approach would occur over three years. Priorities 2 and 3 would remain the focus of Year 1 and the target population would be NTC athletes, coaches, parents, and staff. Years 2 and 3 were nonetheless perceived as important, as highlighted by one TF member during the fourth TF Meeting: "The phased-in approach makes sense based on the order of populations and where you have influence over things and where you don't ... Year 3 is important At the end of the day, I think we're only as strong as our weakest link" (TF Meeting 4). Another TF/CLT member shared how the long-term plan aimed to address the wider population: "While we're rolling all of this out, we are trying to build awareness across the ecosystem ... We will hopefully have a higher level of baseline knowledge, understanding, and access to resources by Year 3" (TF Meeting 4). In sum, the Late Phase involved finalizing TC's Strategy and committing to a 3-year implementation plan.

Key Learnings and Recommendations

This empirical work shows how a Canadian NSO collaboratively worked with multiple members of its ecosystem to design a comprehensive MH strategic plan, based on an existing national MH strategy. The first part of the discussion will focus on success factors and recommendations for SPPs interested in

helping organizations establish plans to improve system-wide MH outcomes. The second part will address challenges that arose during this novel work, and solutions to mitigate these challenges.

Success Factors

Work with Allies

Having allies to carry out a project of this scope is instrumental. A strength of the current work is that the Canadian sport system is highly integrated wherein major multi-sport partners like OTP, Game Plan, and CCMHS have aligned to develop and implement the national MH Strategy and assist NSOs in their endeavours to improve MH outcomes within their community. In the case of TC, they opportunistically had access to a Wellness Director, Director of High Performance, and Director of Safe Sport and Integrity to actionize their strategic plan, which were assets in this project. For SPPs interested in developing a MH strategy with an organization, a recommendation is to work with like-minded experts and partners within the broader sport landscape, and to identify available resources and potential barriers.

This was particularly important in the current project, for example, when TC was discussing feasible access to sport-informed MH care – a target of Priority 4 in the national MH Strategy titled “Assessment, diagnosis, treatment, and recovery” (Durand-Bush & Van Slingerland, 2021). Rather than creating their own internal network of MH practitioners, TC used existing pathways for their athletes through the CCMHS and Game Plan’s subsidized program for national team athletes (Canadian Centre for Mental Health and Sport, 2024; Game Plan, 2024). Therefore, developing an aspirational strategic plan does not necessarily require internal personnel for every priority. Rather, its success relies on having allies and realistic objectives and mobilizing existing resources (Killion, 2018).

Recruit Strong Leaders

Another key element of success in this project pertained to the individuals involved in designing TC’s Strategy, which can be linked to Priority 1 of the national MH Strategy – Leadership, stakeholder engagement, and communication (Durand-Bush & Van Slingerland, 2021). SPPs should work with

organizations to help them assemble an effective and diverse leadership team, representing different groups and levels within their ecosystem to have a variety of perspectives and optimize buy-in. Purcell et al. (2019) outlined the importance of stakeholder engagement (e.g., sporting staff, researchers, and MH practitioners) in MH promotion initiatives. Although it may be challenging to identify and unite a leadership team for a long period of time, these individuals can serve as MH champions at all stages of an organization's work. Having said this, it must be recognized that not all organizations, particularly smaller ones, will have access to a large pool of leaders. Limited networks and resources, and a lack of diversity in the immediate community, may make it challenging for these organizations to assemble a team that adequately represents and fulfills the needs of their entire ecosystem. Therefore, it is essential to balance the ideal of diversity with the practical realities that smaller organizations face when recruiting leaders to commit to a complex and long-term MH initiative (Killion, 2018; Wagstaff & Quartiroli, 2023).

Rely on a Compass

The third recommendation is to have a compass informing applied work with organizations. The national MH Strategy (Durand-Bush & Van Slingerland, 2021), Mental Triad Model (Durand-Bush et al., 2022), Ecological Framework (Purcell et al., 2019), Program Evaluation Framework (Killion, 2018), and Needs/Gap Assessment (Game Plan, 2021) were instrumental in guiding the project and designing TC's Strategy. Such frameworks can be integrated by SPPs in their discussions with organizations, particularly at the beginning when setting the stage to develop a MH strategic plan. For example, SPPs can share important existing priorities by showing those included in the national MH strategy. They can define and conceptualize key constructs such as MH, MI, and MP using the Mental Triad Model. Also, they can map out critical layers of the sport system that should be considered by using the Ecological Framework. Furthermore, SPPs can address the benefits of employing a systematic approach to design, implement, and evaluate a MH strategic plan by referring to the Program Evaluation Framework. Finally, practitioners

can assist organizations in identifying their MH needs, objectives, barriers, and resources by using Game Plan's (2021) Needs/Gap Assessment tool. By relying on a comprehensive compass, SPPs can have high quality discussions with sport organizations and put in place processes to collect, analyze, and integrate key data to produce an accurate and meaningful strategic plan (Killion, 2018; Wagstaff, 2019). Although organizations may not be conducting formal research, a PAR approach is useful to foster collaboration and honour lived experiences. It also aligns well with Priority 5 of the national MH Strategy – Implementation, monitoring, and evaluation (Durand-Bush & Van Slingerland, 2021).

Identify Educational Resources

A final recommendation is to help organizations identify low-cost options for MH promotion, education, and prevention, particularly given that many organizations have limited funds for resources. Education was a key priority in this project, targeting both Priorities 2 (Promotion of MH) and 3 (Prevention of MH challenges and MI) of the national MH Strategy. Since the World Wide Web offers a low-cost means to communicate with broad audiences, SPPs should assist organizations in identifying and integrating links to high-quality third-party resources focused on MH, MI, MP, and safe sport. Importantly, SPPs should address coach-athlete-parent relationships in educational initiatives given the key influence that coaches and parents have on athlete MH (Purcell et al., 2019). They should also explore how an organization's broader sport culture can facilitate or thwart MH (Fletcher & Wagstaff, 2009). While sport-specific education is preferred, organizations can begin by relying on affordable and available MH education online and adapting it to their needs. With a well-thought-out plan and the mobilization of existing resources, even organizations with limited funding can make meaningful progress in supporting the MH of their participants.

Challenges

Throughout the project, four key challenges and learning opportunities arose, which are important to highlight for other SPPs who wish to do this type of work.

Onboard Recruits

First, it is important to anticipate that there will likely be changes within an organization's team tasked to lead a long-term MH strategy. This was the case in the current project wherein two members left the project given their limited availability, and another member was added, the Wellness Director, who was hired toward the end of the Design Phase. With the extensive amount of work performed, it was initially challenging for this new CLT/TF member to fully grasp the scope of the Design Phase. To mitigate this, it was important to onboard this new member through multiple discussions to increase their understanding of the objectives and decisions made along the way (Papich et al., 2024). For other SPPs pursuing similar work, it is recommended to place a strong emphasis on onboarding new leaders on a team at any point of entry during a project. Clear and consistent communication is likely to contribute to more seamless integration and coherence within the leadership team (Fletcher & Arnold, 2011).

Create a Unified Game Plan

Another challenge in this project was aligning initiatives that already existed within TC's organization (e.g., sport equity, diversity, and inclusion; Mental Timeout - an annual MH promotion initiative implemented at the professional level). Coordinating these areas required attention to avoid siloed work and achieve complementarity between activities. To mitigate this, TC's Director of Safe Sport and Integrity volunteered to be a member of the CLT, and a leading member of the Mental Timeout initiative agreed to serve on the TF for this project. As sport organizations are increasingly called upon to foster psychologically safe cultures that prioritize equity, diversity, and inclusion, safe sport, and MH (Papich et al., 2024), it is recommended that SPPs strive to integrate these initiatives to support organizations' shared goals, which can be facilitated by strategically recruiting certain leaders and by having regular communication or check-ins.

Manage Communication Styles

Additionally, with a diverse group of individuals involved in this project, differing communication styles emerged, making it essential for the CLT to foster a safe environment where open dialogue was encouraged and respected. The RPL and RPS remained aware of instances when discussions had the potential to be monopolized by certain individuals or to lead certain members to refrain from speaking. They used attending, paraphrasing, focusing, and reframing skills to optimize conversations during meetings, which they were prepared to do as SPPs (Carson-Sackett et al., 2021). Another important mechanism used to mitigate potential challenges was meeting with the CLT before TF meetings to agree on a game plan and anticipate TF member questions. Finally, the collective agreement, which outlined important principles of engagement, was introduced at the beginning of the project and provided a high standard for collaboration. SPPs are trained to manage different communication styles, and it is recommended that they play an integral role in fostering psychological safety, supporting productive communication, and constructively addressing conflict, if necessary, when developing strategic MH plans with organizations.

Remain Patient with Culture Change

A final challenge worthy of highlighting pertains to the effort and time required for meaningful culture change. Scholars working in the field of organizational sport psychology (e.g., Wagstaff, 2017) have discussed the importance of being patient when attempting to generate cultural shifts. This is particularly salient when the goal is to improve MH as this construct remains misunderstood and stigmatized in sport (Durand-Bush & Van Slingerland, 2021; Vella et al., 2021). The CLT and TF involved in this project were eager to foster positive change within TC's community, yet they recognized the challenge of transforming deeply ingrained attitudes and behaviours. One of the ways they mitigated this challenge was by mobilizing a TF comprised of leaders who could promote key messages at different levels (e.g., board of directors; athlete daily training environment) of the Ecological Framework (Purcell

et al., 2019), and by adopting a long-term approach to implement their strategic plan. It is recommended that SPPs doing this type of work educate themselves in the areas of organizational sport psychology and MH to know how to motivate and empower individuals within sport to become positive agents of change and MH champions within their organizations.

Concluding Remarks

This project fills an important gap by demonstrating the feasibility of a NSO partnering with researchers and multi-sport organizations to design a robust, sport-specific version of the national MH Strategy. It is an important and novel initiative in Canadian sport given there has been a tendency for researchers to focus on supporting individuals and teams, rather than broader systems influencing the MH of athletes (Fletcher & Wagstaff, 2009). The five priorities in the national MH Strategy were important to TC and were integrated into their strategic plan. Using a holistic and comprehensive lens, TC's MH Strategy includes multiple objectives and actions over a three-year period aiming to leverage the entire community to build sustainable change, from national centres to regional clubs. Together, promotion, education, and prevention initiatives emerged as central elements in TC's strategy, which are anticipated to generate positive MH outcomes.

Reflecting on the success of this project, four key recommendations were advanced for SPPs who wish to conduct similar work with sport organizations: (a) Work with allies, (b) Recruit strong leaders, (c) Rely on a compass, and (d) Identify educational resources. This project also involved challenges and the four main ones were identified with recommendations to assuage them: (a) Onboard recruits, (b) Create a unified game plan, (c) Manage communication styles, and (d) Remain patient with culture change. We hope this paper emboldens researchers and SPPs to collaborate with sport organizations to create positive systemic changes and elevate the MH of all their participants.

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**Article 2: Implementing a Mental Health Strategy with Tennis Canada Leaders:
Perceived Experiences, Outcomes, Influential Factors, and Recommendations**

Papich, M. C., Durand-Bush, N., Bellemare, M.-J., Petras, J., Shaw, R., & Bennett, J. (2026). Implementing a mental health strategy with Tennis Canada Leaders: Perceived experiences, outcomes, influential factors, and recommendations. *Sport, Exercise, and Performance Psychology*. Advance online publication. <https://doi.org/10.1037/spy0000416>

Abstract

This study is part of a three-phase project with Tennis Canada to design, implement, and evaluate a sport-specific version of the Mental Health Strategy for High Performance Sport in Canada to improve the mental health outcomes of sport participants. Following the Design Phase, which resulted in a 45-action mental health strategy, the purpose of this study was to investigate the first year of implementation from the perspectives of 21 leaders within and outside of Tennis Canada. Three research questions guided the study: (a) What were the leaders' experiences and initial outcomes of participating in different components of Tennis Canada's Strategy, (b) What factors influenced the implementation of the Strategy, and (c) What recommendations did the leaders put forth for continued success and gap closure in implementing the Strategy? Data were collected using group discussions, individual semi-structured interviews, and a reflexive journal. The reflexive thematic analysis revealed that leaders were highly engaged and benefited from increased support and learning. Influential factors included a diverse leadership group, promotion and alignment of initiatives, adoption of a feasible implementation framework, and prioritizing wellness and recovery. Recommendations focused on the ongoing need for leaders to fully embrace mental health at the senior and high performance levels, and to adapt education to different groups of Tennis Canada participants. Overall, findings provide practical and transferable guidance for sport organizations seeking to embed strategic mental health initiatives within their community.

Implementing a Mental Health Strategy with Tennis Canada Leaders:

Perceived Experiences, Outcomes, Influential Factors, and Recommendations

Former world number 1 Naomi Osaka's disclosure of her struggles with depression challenged prevailing stigma in professional tennis. Since then, tennis players like Emil Ruusuvuori, Andrey Rublev, and Nick Kyrgios have spoken openly about anxiety and panic attacks, revealing a concerning trend in this sport. Shortly after his 2022 Australian Open victory in doubles, Kyrgios shared about his struggles with depression and substance abuse, citing 2019 as "one of the darkest periods of my life ... I was struggling to get out of bed, let alone play in front of millions" (The Guardian, 2022). As these stories become more prevalent, there is an urgent need for sport organizations to systematically prioritize mental health (MH) within their organizational culture, programs, and policies (Beasley et al., 2024).

To address this systemic issue in the Canadian context, the Mental Health Strategy for High Performance Sport in Canada (national MH Strategy) was developed, providing recommendations for sport leaders to improve MH outcomes. Specifically, the national MH Strategy is organized around five priorities: (a) Leadership, engagement, and communication, (b) Promotion of MH, (c) Prevention of MH challenges and mental illness, (d) Assessment, diagnosis, treatment, and recovery, and (e) Implementation, monitoring, and improvement (Durand-Bush & Van Slingerland, 2021). Up until 2022, no national sport organization had developed and published a sport-specific MH strategy based on this national roadmap. At that time, Tennis Canada (TC) proactively partnered with members of their community and the first two authors, who specialize in the field of sport psychology, to create their own version of the national MH Strategy. The project was embedded into research that involved three phases: Design, Implementation, and Evaluation. The Design Phase took place over 11 months and consisted of collaborating with a Task Force, including members of TC's community and a Core Leadership Team (Papich et al., 2025). Following multiple formal and informal meetings and an assessment of the organization's needs and gaps, TC's Strategy was established. In line with the national

MH Strategy, it included five priorities, which were to be addressed by achieving 18 objectives and implementing 45 actions over three years (see Papich et al., 2025 for a review of the Design Phase). The current study corresponds to the Implementation Phase of the project. Its purpose was to examine one year of TC's Strategy implementation since its public launch in February 2024, specifically targeting Tennis Canada coaches and staff, and the National Tennis Centre, the three Regional Training Centres, and the wheelchair tennis National High-Performance Program athletes and parents. This research is novel since there is limited empirical evidence guiding sport organizations striving to implement system-wide MH initiatives, and providing insight into leaders' experiences and perceived outcomes of engaging in this process.

While existing research has predominantly focused on individual athletes and coaches, MH is impacted by complex interactions between individuals and their environment (Fletcher & Wagstaff, 2009; Henriksen, Diment, et al., 2024; Henriksen, Huang, et al., 2024). Neglecting this broader context risks overlooking critical factors such as organizational leadership, culture, and stigma, which can prevent or limit meaningful systemic change (Purcell et al., 2019; Schinke et al., 2024). Thus, addressing the sport system in which athletes train and compete is essential for impactful transformations within organizations. To achieve this, Purcell et al. (2019) proposed the Ecological Systems Model for elite athlete MH, which was subsequently adapted for the Canadian sport context (Durand-Bush & Van Slingerland, 2021). The adapted model illustrates four interconnected levels of the sport system: the athlete, microsystem (e.g., coaches, parents), exosystem (e.g., national/provincial/territorial organizations), and macrosystem (e.g., international sporting bodies and society; Durand-Bush & Van Slingerland, 2021; Purcell et al., 2019). Additionally, Purcell et al. (2019) articulated the need for prevention (e.g., build MH literacy and mental performance), early intervention (e.g., symptom detection and referral), and continuing care (e.g., sport-informed specialized care). Purcell's comprehensive MH

framework informed both the national MH Strategy and TC's Strategy, targeting systemic change and moving beyond crisis interventions to include prevention and early support.

Recently, Henriksen, Diment, et al. (2024) expanded the Ecological Systems Model (Purcell et al., 2019) to delineate the impact of the training environment, leadership, and everyday life. This work offers valuable insights for designing effective MH strategies at the exosystem level (e.g., national sport organization). Further, Henriksen, Huang, et al. (2024) developed recommendations for high performance sport organizations to create sport environments that nourish MH. These authors suggested that such sport environments should embody supportive cultures characterized by (a) transparent rules and regulations, (b) accessible resources, (c) psychological safety, and (d) opportunities to build relationships and friendships. Individuals operating within these organizations and cultures can play an active role by engaging in autonomy-supportive and values-based leadership, providing social support through interpersonal compassion, and contributing to psychological safety (Henriksen, Huang, et al., 2024).

When applying the Ecological Systems Model (Purcell et al., 2019), researchers and practitioners can help organizations and leaders foster psychologically healthy and safe environments by ensuring key psychological concepts are understood, discussed, and embodied (Wagstaff & Quartiroli, 2023). This is important because MH and mental illness have often been misconstrued (Keyes, 2002; Schinke et al., 2024). Further, the key concept of mental performance documented within the sport psychology literature has traditionally been left out of MH frameworks (Dithurbide et al., 2025; Durand-Bush et al., 2022, 2023). Using a model that distinguishes MH/illness/performance is important when helping organizations to develop their own comprehensive MH strategy (Papich et al., 2025), particularly since athletes, coaches, and support staff perceive mental skills to serve as a protective factor of MH (Dithurbide et al., 2025). The Mental Triad Model—an extension of Keyes' (2002) two continua model of MH and mental illness—is the first framework to integrate the three constructs, wherein optimal

functioning is characterized by good MH, low mental illness, and high mental performance (Canadian Centre for Mental Health and Sport, 2023; Durand-Bush et al., 2022).

To pursue the argument that concepts must be delineated, it is important to help sport organizations understand that MH, mental illness, and mental performance involve patterns of thinking, feeling, and behaving, but they are different constructs. According to the World Health Organization (WHO, 2025b), MH is a state of well-being that supports individuals' ability to manage stress, develop their potential, function effectively in learning and work contexts, and contribute to their communities. By contrast, mental illness is a health condition (e.g., depression, bipolar disorder) involving significant and persistent changes in feeling, thinking, and behaving that lead to impaired functioning and distress in daily life (WHO, 2025a). Finally, mental performance is a *capability* involving the use of cognitive processes and mental or self-regulation competencies to effectively manage thoughts, feelings, and behaviours in a fluctuating environment (Durand-Bush et al., 2022). Within the Mental Triad Model, these interrelated constructs are dynamic and influence one another. Such associations have been supported in recent research in which Canadian national team athletes, coaches, and staff "identified the use of mental skills as a facilitator of good MH" (Dithurbide et al., 2025). Another study showed that higher mental performance was associated with higher MH and less anxiety and depressive symptoms in a sample of youth elite athletes (Pomerleau-Fontaine et al., 2025). Together, these three concepts can serve as indicators of psychologically healthy cultures, guiding sport organizations in the provision of resources and support to optimize functioning and performance (Dithurbide et al., 2025).

MH literacy is another key indicator that can be linked to the Mental Triad Model and the second and third priorities in TC's Strategy (Papich et al., 2025). It is defined as "the proficiency with which individuals understand how *MH* and *mental illness* can be improved, how stigma can be decreased, and how help-seeking and *self-management [mental performance] capabilities* can be enhanced" (Durand-Bush & Van Slingerland, 2021, p. 9). High MH literacy has been linked to reduced stigma, increased

knowledge, higher symptom recognition, greater confidence in helping others, and enhanced well-being among athletes, coaches, officials, and parents (Breslin et al., 2022). Given these positive outcomes and the fact that sport organizations rely on leaders and groups with diverse responsibilities, interpersonal dynamics, hierarchies, and power imbalances (Wagstaff & Quartiroli, 2023; Walton et al., 2024), educating the broad leadership through MH literacy initiatives appears to be a necessity within MH strategic plans (Henriksen et al., 2020). This need is especially critical among senior leaders, such as high performance directors, who have been reported to mistakenly view MH as solely an individual athlete's responsibility and to perceive external supports (e.g., MH practitioners) as a catch-all solution to MH challenges and mental illness (Prior et al., 2024). Such misconceptions risk fostering unsupportive environments characterized by less compassion, greater avoidance and punitive responses (Prior et al., 2024). Ultimately, building the MH literacy of leaders encourages shared ownership of language, actions, and outcomes (Henriksen, Huang, et al., 2024; Wagstaff & Quartiroli, 2023), and fosters cultures in which leaders understand how to become MH advocates in the daily training environment (Breslin et al., 2022; Sebbens et al., 2016).

Another element to consider in developing a sport organization's MH strategy is designating an individual to lead strategy implementation. Henriksen et al. (2020) recommended a MH officer to oversee a support system and assess its effectiveness, ongoing relevance, and quality control. Ideally, this person should be licensed to treat MH issues (e.g., counsellor, psychotherapist, social worker, psychologist), understand referral protocols, collaborate with diverse leaders and practitioners, understand sport culture, and maintain a network of specialists in several MH areas, which correspond to the fourth priority in TC's Strategy (Papich et al., 2025). Similarly, Wagstaff and Quartiroli (2023) suggested appointing a Head of Performance Environment within a sport organization to serve as a strategic coordinator across the overlapping, yet often misaligned, areas of performance psychology, MH, performance lifestyle, and organizational culture. A Head of Performance Environment can lead a

coordinated, systems-led approach to foster organizational thriving and cultivate psychologically healthy environments. These recommendations are important for sport organizations to select key leadership, such as a MH officer or Head of Performance Environment, to drive systemic work.

A final consideration pertains to monitoring and tracking the implementation of a MH strategy, aligning with the fifth priority of TC's Strategy (Papich et al., 2025). Research has demonstrated that the successful implementation of community sports-based MH promotion initiatives is facilitated by engaged and committed personnel, partnerships with relevant experts and organizations, buy-in across the organization, and adequate resources (e.g., financial, personnel; Morris et al., 2025). Conversely, barriers such as limited resources, stigma, lack of leadership buy-in and engagement, and insufficient time due to competing demands can impede implementation (Morris et al., 2025). It is recommended that researchers collaborate with coaches, athletes, and staff throughout implementation initiatives to develop a shared language, seek feedback, and continuously evaluate actions (Purcell et al., 2022; Wagstaff & Quartiroli, 2023). This aligns with key principles of participation, mutual learning, shared ownership, and empowerment, which are essential to encourage leaders to champion MH in their communities (Wagstaff & Quartiroli, 2023).

To summarize, several concepts have been identified to guide sport organizations' MH initiatives. However, research on designing and implementing such initiatives remains extremely limited. Further, there is scarce empirical evidence on the role of leaders in actioning system-wide MH strategies. Given their important positions in fostering cultures that embody, champion, and safeguard MH (Henriksen, Diment, et al., 2024; Morris et al., 2025; Wagstaff & Quartiroli, 2023), it is vital to study their experiences and recommendations. This knowledge gap provided the rationale for conducting the current study.

Purpose

The aim of this study was to investigate the first year of implementation of TC's Strategy, drawing on the perspectives of leaders involved in the project. It was guided by three main research questions:

(a) What were the leaders' experiences and initial outcomes of participating in different components of TC's Strategy, (b) What factors influenced the implementation of TC's Strategy, and (c) What recommendations did the leaders put forth for continued success and gap closure in implementing TC's Strategy?

Methodology

The current study, embedded in a larger research project, was guided by a Participatory Action Research (PAR) approach, which is a collaborative, democratic process involving participants in the research to foster change in their community (Gillis & Jackson, 2002). PAR, rooted in the participatory paradigm (Bergold & Thomas, 2012), is characterized by an ontological position where reality is relative, local, and socially constructed through community members' experiences and interpretations (Lincoln & Guba, 2000). From an epistemological position, participants are considered expert "co-researchers" (Bergold & Thomas, 2012), with knowledge embedded in their lived experience (e.g., they support or have experienced MH challenges or mental illness). Engaging in cycles of planning, acting, observing, and reflecting (McTaggart, 1997), participants work together to address issues and promote positive cultural change, such as improving MH outcomes (Gillis & Jackson, 2002).

Consistent with the PAR approach, members of the research team were embedded within the Design and Implementation Phases of this project. This collaborative process reflects PAR's core principle that knowledge is co-constructed through sustained partnerships between researchers and community members, rather than generated through detached observation (Bergold & Thomas, 2012; McTaggart, 1997). The involvement of researchers throughout the process was intentional and necessary to support contextual relevance, feasibility, and real-time knowledge mobilization within a complex national sport system. Such embedded approaches have been recommended to enhance ecological validity and build trust, enhance uptake, and improve sustainability of organizational change (Vella & Rice, 2026).

Participants

The participants in this study were involved in a Task Force and some were also included in the Core Leadership Team. The two lead authors were responsible for the entire research project and participated in both the Task Force and Core Leadership Team. The first author served as the Research Project Lead and was responsible for the design and execution of the research. As a former Division 1 tennis player with lived experience of mental illness, a learning disability, and a spinal injury, she brought a personal and informed perspective to the project. Throughout her career in Canadian and U.S. high performance tennis, she benefited from a strong network of professional (e.g., psychiatrists, psychologists, tutors, physiotherapists) and personal (e.g., family, friends, coaches) supports. However, she was also an early specialization athlete who suffered multiple injuries (including one requiring a spinal fusion), experienced pressure to compete while injured, and faced cultural norms that de-emphasized proper recovery. Together, her athletic experience, expertise in sport psychology research, and applied mental performance work provided nuanced insight into MH challenges in high performance tennis. This positionality strengthened the study, facilitating rapport with participants and informing the reflexive thematic analysis. The Research Project Lead regularly shared reflections with the Research Project Supervisor and colleagues, who served as critical friends, which will be described below.

The second author served as the Research Project Supervisor, overseeing all aspects of the research project. She is a Full Professor at the University of Ottawa with over 30 years of teaching and research experience in the areas of mental performance and MH. She is also a Certified Mental Performance Consultant® (CMPC) and the Executive Director of the Canadian Centre for Mental Health and Sport (CCMHS), which informed her understanding of the Canadian high performance sport system, partnership development, and implementation processes. This organizational perspective supported the interpretation of data related to system-wide capacity, governance structures, and sustainability

considerations, while reflexive practices were used to critically examine how this experience and positionality shaped analytical decisions.

Core Leadership Team

The Core Leadership Team was assembled at the start of the Design Phase of the project (see Papich et al., 2025). The number of members evolved following TC's emerging needs and desire for inclusivity and representation, and individuals' availability to participate. In the Design Phase, this team consisted of five members, which was expanded to the following eight members during the Implementation Phase: (a) Research Project Lead, (b) Research Project Supervisor, (c) Wellness Director, (d) Director, High Performance Programs, (e) Senior Director, Sport Integrity, (f) Communications Consultant for TC, (g) Director, People and Culture, and (h) Professional wheelchair tennis player with a PhD in Interdisciplinary Studies. The latter three members were added to improve representation across TC participants and departments. The Core Leadership Team "set the direction of the project, coordinated and managed tasks, and facilitated collaboration with groups and organizations" (Papich et al., 2025, p. 5). Each member had a different role and level of participation in the implementation of TC's Strategy, which will become evident in the results section. The Research Project Lead and Research Project Supervisor supported members and tracked the Implementation Phase process and outcomes.

Task Force

A 21-member Task Force was also assembled in the Design Phase. Using the previously mentioned Ecological Systems Model (Durand-Bush & Van Slingerland, 2021; Purcell et al., 2019), the members were recruited by the Core Leadership Team to harness diverse perspectives from individuals across TC's sport system. All eight Core Leadership Team members were also part of the Task Force. For the current Implementation Phase study, a total of 16 Task Force members participated, wherein 12 took part in the Task Force group discussion and 11 in the individual interviews, with some individuals participating in both (see data collection below). The Task Force members represented four provinces across Canada

(four in Quebec; eight in Ontario; one in Alberta; two in British Columbia), and one member was a part-time TC sport science consultant from the United States. Twelve were females, and four were males. Five members were bilingual, speaking both French and English, and four represented para sport (two athletes; two staff). Four members had competed in tennis (one professional player; one professional wheelchair player; two National Collegiate Athletic Association players). Five members had a medical or PhD degree, and five were practitioners (two psychologists; one CMPC; one social worker; one student training to become a CMPC). Two were tennis coaches, and six were parents. Two were involved with a Canadian provincial or territorial tennis organization (one player development director, one program manager), and seven were involved within Tennis Canada (five staff; one athlete; one coach).

In line with PAR, the Task Force members' participation varied based on their expertise, availability, role within TC's community, and the project needs. Their main functions were to provide feedback on implementation actions and processes, identify strengths and gaps, and champion TC's Strategy in their community. All members signed a collective agreement (Robinson, 2006) at the start of the project, outlining expectations for collaboration and contributions to the project through eight principles of engagement: (a) respect and open communication, (b) access to empirical material, (c) identifiability in reports, publications, presentations, and social media, (d) reflection on the research process, (e) changes to group membership, (f) representation, (g) the consensus decision-making model, and (h) mediation.

Data Collection

Following institutional ethics approval, data were collected throughout the first year of TC's Implementation Phase, which occurred between February 2024 and February 2025. This followed an 11-month Design Phase (June 2022 to May 2023; see Papich et al., 2025) and a nine-month Planning Phase (May 2023 to February 2024) to prepare for the official launch of TC's Strategy in February 2024 (Tennis Canada, 2024). Although TC is still implementing its three-year plan, this study focused only on the first

year after the official launch, given the researchers' availability and budget. There were two main sources of data gathered from the Core Leadership Team and Task Force: (a) group discussions, and (b) individual semi-structured interviews.

Group Discussions

Core Leadership Team.

The Wellness Director and Director, High Performance Programs met once per week as part of their role to implement TC's Strategy. The Research Project Lead joined these meetings when necessary to stay informed, provide input on implementation actions and processes, problem-solve, and help plan monthly Core Leadership Team meetings, corresponding with the PAR reflexive process (Bergold & Thomas, 2012). These three individuals engaged in over 40 meetings throughout the Implementation Phase.

There were also monthly meetings ($n = 12$) with all Core Leadership Team members throughout the Implementation Phase. These group discussions served to share updates on (a) program implementation and feedback received from program users, (b) address implementation challenges, (c) plan and align initiatives such as the MH panel at a professional women's and men's Masters 1000 event owned and operated by TC (i.e., National Bank Open), and (d) share research progress. While the meeting recordings were not formally analyzed, the Research Project Lead used a reflexive journal to keep an audit trail of content, experiences, email exchanges, and key takeaways from meetings (Olmos-Vega et al., 2023).

Task Force.

The Task Force convened for a formal group discussion four months after the launch of TC's Strategy (end of June 2024), allowing time to implement actions from TC's Strategy before getting feedback from the members. Although all Task Force members were invited, 12 attended, including six Core Leadership Team members. The reason most frequently provided for not participating was

unavailability. The 90-minute meeting was conducted via Microsoft Teams and recorded for analysis. The meeting's agenda and slides were shared with the Task Force in advance of the group discussion. At the onset of the meeting, a member of the Core Leadership Team (Director, High Performance Programs) provided an overview of the implementation progress to date. The Research Project Lead provided a research update, which included (a) past and upcoming data collection points, and (b) conference presentations given by some of the leaders (two to research audiences and two to national sport organizations), along with feedback received. Following this, the Task Force members were asked three questions: (a) Are we missing any implementation actions, (b) What topics should be included in education initiatives, and what is the best approach to deliver them to athletes, coaches, parents, and staff, and (c) How can the Task Force best champion TC's Strategy in TC's community? To answer the questions, participants were randomly placed into four breakout rooms. At least one Core Leadership Team member was in each breakout room to facilitate the conversation. After 30 minutes, the Task Force returned to the main room to engage in a larger group discussion, wherein each group shared their reflections on each question, generating a more global discussion and next steps. The recorded Task Force formal group discussion was transcribed verbatim, totaling 22 double-spaced pages.

Semi-Structured Interviews

The Task Force and Core Leadership Team members were invited to participate in an individual semi-structured interview (Sparkes & Smith, 2014) halfway through the Implementation Phase (September 2024) to share their perceived experiences and initial outcomes. The mean interview length was 30 minutes. Final interviews were conducted at the end of the Implementation Phase and will be analyzed and reported in a subsequent article on the Evaluation Phase. Out of the 22 members, 11 (including six Core Leadership Team members) participated. Consistent with PAR principles, all interviews were conducted by the Research Project Lead, which supported relationship continuity, trust-building,

and context-sensitive probing, enhancing the depth and relevance of participant responses (Bergold & Thomas, 2012).

The Research Project Lead used a flexible interview guide to explore the following questions: (a) What has your overall experience been participating as a Core Leadership Team and/or Task Force member in this MH Strategy? (b) What have you learned about yourself as a result of being a Core Leadership Team member and/or Task Force member in this project? (c) Has your participation in this project impacted your MH and MH literacy, and if so, can you provide examples? (d) Has your participation in this project impacted your work within the TC community and the different roles you're playing (athlete, coach, parent, practitioner), and if so, can you provide examples? (e) Have you used resources since participating in this project, and if so, can you provide examples? (f) If we had a magic wand and could make TC's Strategy the best it could ever be, what would it look like? For instance, are there any gaps in the current Strategy that should be addressed? and (g) Is there anything else you would like to share about your experience in this project that would be valuable for us to know? The Research Project Lead elicited insights from highly involved members (e.g., Core Leadership Team members) and those who were less involved (e.g., Task Force members such as MH practitioners, provincial coaches), resulting in varying levels of detail. All interviews were audio-recorded, transcribed verbatim, totaling 194 double-spaced pages.

Data Analysis

The Task Force group discussion and individual interview data were analyzed using a reflexive thematic analysis (Braun & Clarke, 2019)—a process through which the Research Project Lead identified themes through iterative engagement with the data, involving multiple cycles of coding and interpretation (Braun & Clarke, 2019). The Research Project Lead remained attentive to the constructs of interest, interview questions, relevant literature and frameworks, and the study's theoretical and philosophical orientation. The analysis was guided by six flexible stages described by Braun and Clarke

(2019): (a) immersion in the data, (b) generation of initial codes, (c) searching for themes, (d) reviewing themes, (e) defining and naming themes, and (f) reporting of interpretations. A qualitative data analysis software program (NVivo 14) was used to organize data, identify the coding structure, and record evolving interpretations and reflexive memos. Specifically, the Research Project Lead read each interview and group discussion transcript twice to familiarize herself with the data, made minor grammatical edits to enhance readability, and segmented transcripts into discrete meaning units before importing them into NVivo 14. She first analyzed the interview transcripts, identifying initial codes (e.g., Mental Timeout event) and organizing them into main themes (e.g., Influential Factors) and sub-themes (e.g., Promotion), aligned with the three main research questions (e.g., What factors influenced the implementation of TC's Strategy?).

Once the Research Project Supervisor and Research Project Lead reached alignment on the interview analysis, the Research Project Lead followed the same procedure for the Task Force group discussion transcript. Only a few sub-themes (e.g., Parent Education) were created to capture distinct content from the group discussion. Over three months, the Research Project Lead reviewed, merged, split, and refined codes and themes, revisiting the data repeatedly until she perceived the themes coherently represented the dataset and addressed the three research questions. Decisions and analytical changes were documented in memos and discussed with the Research Project Supervisor to enhance reflexivity and credibility.

Trustworthiness

To enhance trustworthiness (Sparkes & Smith, 2014), several safeguards were implemented to promote transparency and minimize bias. The Research Project Lead iteratively discussed codes and preliminary themes in (a) weekly Zoom meetings with the Research Project Supervisor and colleagues and (b) monthly Core Leadership Team meetings. This enabled critical discussion of alternative interpretations and researcher positionality, enhancing transparency in decisions about code selection,

consolidation, omission, and theme reporting. Colleagues and Core Leadership Team members acted as critical friends (Sparkes & Smith, 2014), offering alternative perspectives and interpretations (e.g., MH promotion versus prevention) that challenged assumptions and encouraged reflexive critique.

Responsibilities related to leadership, implementation, and data interpretation were distributed across team members where possible to reduce individual influence on analytic decisions, consistent with established trustworthiness criteria in qualitative and participatory research (Lincoln & Guba, 2000).

The Research Project Lead kept a reflexive journal throughout data collection and analysis (Olmos-Vega et al., 2023). Reflexivity was captured through procedural records (e.g., timelines, activities, meetings, emails, and decisions) and reflexive entries (e.g., emotions, research and personal challenges, positionality). These entries were also used to document leaders' perceived experiences, early outcomes from TC's Strategy, implementation barriers and facilitators, and emergent questions. The journal entries were not analyzed nor included in the results of the study, however, they were triangulated with interview transcripts, checking for convergence, divergence, and disconfirming evidence to refine theme definitions (Fusch et al., 2018). For example, ongoing discussions about the Task Force's role, including whether they should remain engaged during implementation and at what frequency, were recorded in the journal. The Research Project Lead noted the Task Force's value, while recognizing that they were less needed for implementation. After several discussions, the Core Leadership Team agreed to engage the Task Force in one formal meeting and keep them in mind for targeted questions as needed. This information was triangulated with procedural records to report accurate information.

Transparency and Openness

Summarizing the methods section, this study adheres to the Transparency and Openness (TOP) Guidelines. The Office of Research Ethics approved the study protocol at the corresponding author's university, and all participants provided informed consent to participate in the study. The study protocol (e.g., research questions, methods used, participant recruitment, and data collection and analysis) was

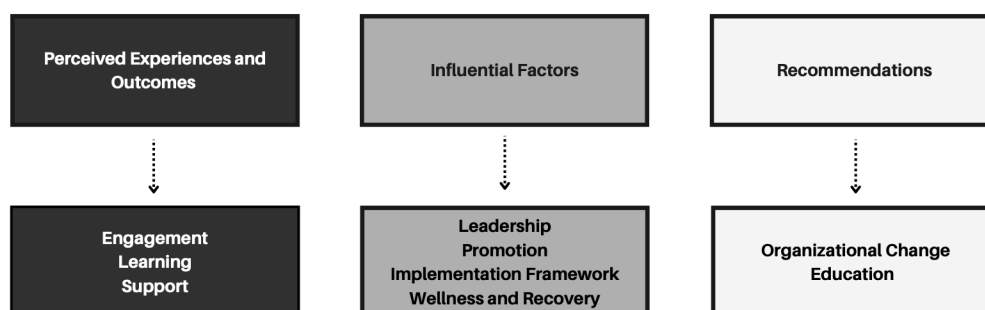
reported in this paper. The individual interview questions were provided and the group discussion guide for the Task Force meeting is available upon request from the corresponding author. Access to raw data is unavailable to the public due to the university's research ethical guidelines to protect participant confidentiality. This study was not preregistered.

Results

Three main themes were identified from the analysis, and within each theme, sub-themes were developed (see Figure 1). Descriptions and direct quotes are provided to illustrate the findings. Quotes were drawn from the Task Force group discussion and individual interviews. Numbers (e.g., P1, P2) are used to protect participants' identities and "CLT" and "TF" indicate whether they were a member of the Core Leadership Team and/or Task Force, respectively.

Figure 1

Data Analysis Themes and Sub-Themes



Perceived Experiences and Outcomes

The first main theme pertains to leaders' overall experiences and outcomes derived from engaging in the implementation of TC's Strategy. Three sub-themes were identified and included engagement, learning, and support.

Engagement

This sub-theme demonstrates how leaders felt a shared sense of pride, fulfillment, and engagement as they contributed to the implementation of TC's Strategy, which strengthened their commitment to its long-term success. For example, a member of the Core Leadership Team shared:

I feel honoured to be part of the Core Leadership Team. I'm proud of the work we're doing. I know we'll keep striving to be our best in [our approach to] MH. This isn't just a box to tick. We mean it. That's what excites me. (P5, CLT/TF)

Another leader expressed how this work was an opportunity to empower others in sport: "I take pride in the project's success and the opportunity to share our work and connect with others. We demonstrate that if we [TC] can achieve this, others can too" (P4, CLT/TF). Another Task Force member expressed: "It's been a tremendous opportunity to be part of this project. It is a way to give back to a sport that's had a huge impact on my life, and it's helped remind me why I'm here" (P6, TF).

The passion that drove participants' engagement and commitment to TC's Strategy was evident, as exemplified by one Core Leadership Team member: "Even if you don't know much about a topic, but you have passion and the right team, this work can be done" (P3, CLT/TF). Another leader emphasized the importance of lasting engagement to ensure TC's Strategy is sustainable, noting: "We need to keep this Strategy alive... Initiatives look great on paper, but I want people to feel real ownership [of TC's Strategy] and [for it to be] something they carry with them long term" (P7, CLT/TF). The following quote also demonstrates a Core Leadership Team member's commitment to sustaining effort beyond immediate results:

This is a lifetime project. I'd hate to see an initiative like this shift to quarterly and bi-annual meetings, which wouldn't work for a project of this size and importance. Ongoing conversations with the Core Leadership Team about TC's Strategy are key, even if some are less productive,

because sustainability is the goal. MH won't be normalized if we do a great job for three years and then the project fades away. (P9, CLT)

Learning

This sub-theme highlights the learning that occurred from engaging in TC's Strategy initiatives. It speaks to the leaders' increased MH awareness, promotion, and advocacy in their personal and professional lives, which resulted from this learning. For example, one participant shared what they took away from completing the CCMHS' MH literacy workshops: "I like [The Mental Triad]. It normalizes MH. I didn't know what mental performance was before. It's helped me to distinguish the three [MH, mental illness, and mental performance] more clearly" (P7, CLT/TF). Another participant spoke about their enhanced ability to listen empathetically and recognize signs of languishing MH after engaging in MH first aid training: "After taking the course, I'm more aware of the importance of listening, looking out for signs and symptoms, really paying attention, not just to what people are saying, but how [they] look" (P5, TF/CLT). Leaders also reported how their increased awareness and learning boosted their confidence to have open conversations about MH: "The MH first aid course made it easier to talk about MH. I hadn't engaged in these conversations before. Now, it's become natural to discuss MH in personal or work life" (P3, TF/CLT). Another participant shared that this course "changed the way I parent and how I listen. It changed the way I teach and the way I work with colleagues" (P4, CLT/TF). Finally, leaders described how they have learned to champion MH with peers, sometimes through one-on-one check-ins and personalized conversations: "I do quarterly check-ins. With fewer wheelchair players than stand-up players, I can connect more personally with the [wheelchair] players" (P9, CLT/TF).

Support

This sub-theme captures how the leaders felt supported through the utilization of MH and safe sport resources, and connection with the support system developed through their participation. A Task Force member shared their appreciation of being directed to available resources: "Participating in the

Task Force gave me access to resources I didn't have before. A few weeks ago, [Core Leadership Team member] referred me to the website to find a CMPC for an athlete I work with" (P10, TF). Another participant shared how a Core Leadership Team member helped them find support for someone at a critical moment: "I had a situation where someone was in crisis and didn't know where to go. I needed to get this individual support ASAP. I called [Core Leadership Team member] and said, 'What do I do? This person is at their breaking point.' [They] told me exactly where to go" (P4, CLT/TF). Another Core Leadership Team member reflected on how their participation led to additional support in their role: "I don't have a team to bounce ideas beyond this team. This has allowed me to work with people who want to support wellness ... Otherwise, I may have felt alone and unsure if I was on the right path" (P7, CLT/TF). Finally, TC's commitment to this Strategy allowed one of the leaders to feel recognized and supported during their MH challenges: "I don't have the best MH, so I'm sensitive to this topic. Seeing TC step up to say, 'It's OK to struggle, it's a normal part of life' ... helped me accept my situation and feel more secure (P1, CLT/TF).

Influential Factors

This second main theme outlines influential factors that were perceived by participants to make a difference during the first year of implementation. These factors reflect both strengths and challenges, which TC leaders perceived as opportunities to grow as individuals and as an organization. Four sub-themes were identified: (a) Leadership, (b) Promotion, (c) Implementation Framework, and (d) Wellness and Recovery.

Leadership

This sub-theme describes how the leadership group evolved during the Implementation Phase. More specifically, the Task Force's role shifted from design to implementation, and the Core Leadership Team was expanded to leverage more expertise and provide oversight. A Core Leadership Team member outlined how they relied less on the Task Force during the Implementation Phase:

We felt that TC should take ownership of the implementation and rely less on the Task Force. We needed to do that [work] ourselves within the organization and with the partners that we targeted for the phased-in approach. The Task Force [remained] important for input, but [on a more] targeted, less frequent [basis]. We would [consult] with them about specific implementation actions. (P3, CLT/TF)

As needs emerged and the Task Force's role shifted, "three new members were added to the Core Leadership Team who [had] different strengths and perspectives, which is a strength of the project" (P7, CLT/TF). For example, a Communications Consultant working with TC joined the group:

I bring communication to the table. I translate our work into words that people understand and feel moved by. My role is to share what we're doing with the world in a way that resonates. I aim to unify everyone around the same message because our work benefits everybody. (P5, CLT/TF)

Another member joining the Core Leadership Team was the Wellness Director. One participant noted how she played a central role in implementing the strategy: "Having [Wellness Director] come on partway through was super helpful (P3, CLT/TF). Another leader shared: "The first challenge was to get a cultural change. We started this cultural shift when we hired the Wellness Director, bringing more people into TC who emphasize [the importance of] developing human beings" (P1, CLT/TF). Overall, "the Strategy has become part of the Wellness Director's job [at TC]" (P3, CLT/TF), playing an influential role within the Core Leadership Team, Task Force, and TC's community: "I connect them with resources or explain what is available ... I encourage independence for both athletes and parents" (P7, CLT/TF).

Promotion

This sub-theme addresses the leaders' efforts to promote and align initiatives related to MH, safe sport, and gender equity, which were perceived to influence the success of TC's Strategy. An important aspect of this included integrating the yearly Mental Timeout initiative in TC's Strategy, which is a key MH promotion initiative held at the National Bank Open women's and men's Masters 1000 events. One

participant explained: “The Mental Timeout initiative ... [was] underway when we began designing TC’s Strategy, but they weren’t initially connected or aligned” (P3, CLT/TF). Since its launch in 2022, Mental Timeout has expanded significantly. In 2024, it featured a “MH panel with big stars, including wheelchair stars, [demonstrating] TC’s [commitment] to developing opportunities for players to share their stories” (P9, CLT/TF). A Core Leadership Team member added, “We’re doing a good job in terms of visibility with the players. We know we’re not perfect, but we want to lead [the] conversation, and we understand that MH is an important part of their life as a player” (CLT, P5). Additionally, the initiative broadened to include safe sport videos and a purple umpire chair to symbolize gender equity. One participant reflected: “We did a great job marrying [safe sport, MH, and gender equity] during the National Bank Open, [which raised] awareness of TC’s work” (P5, TF). This alignment was facilitated by discussions across departments.

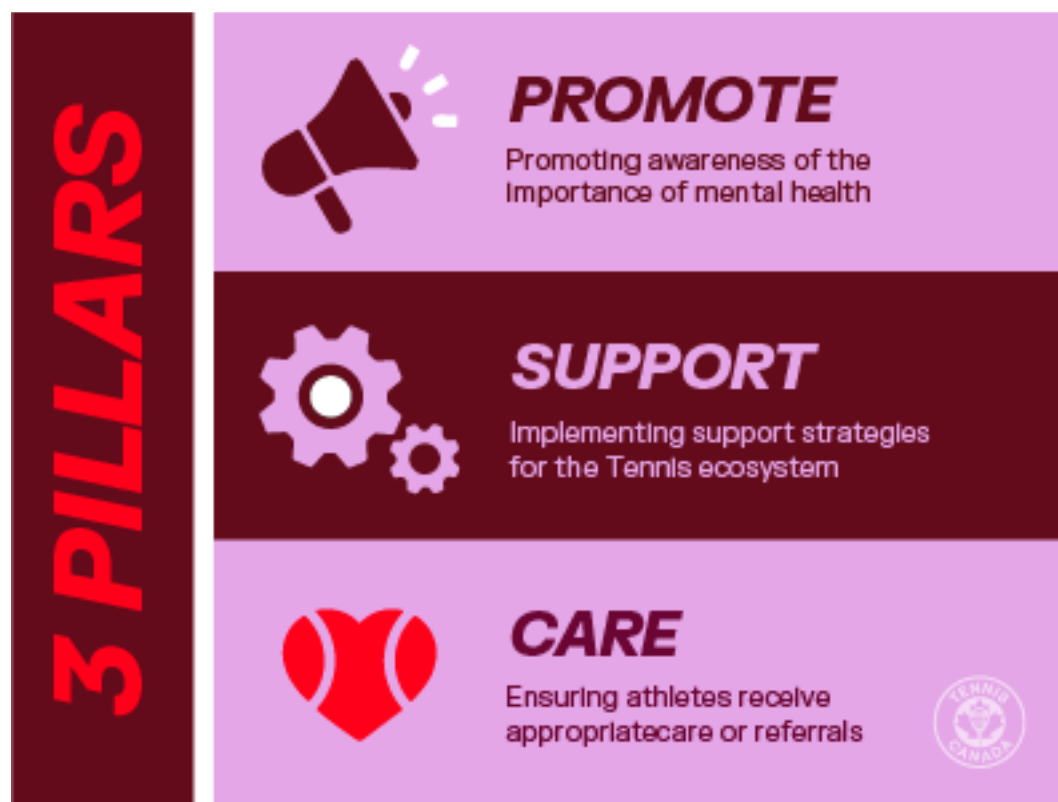
Implementation Framework

This sub-theme pertains to the framework that leaders developed based on TC’s ambitious strategy to have a front-facing document that would resonate with the public: “When we went through the design document, it was challenging to identify where to start and to picture the strategy [in] action” (P7, CLT/TF). Members of the Core Leadership Team revised the five priorities in TC’s Strategy and distilled them into a Three-Pillar framework (Promote, Support, and Care; See Figure 2), working closely with the Communications Consultant on the team. One leader reflected: “The [Three-Pillar framework] was easier to follow and [more focused on] practical actions. It helped [us] align initiatives such as the Mental Timeout, with the three pillars” (P21, CLT/TF). Another member remarked: “I feel more confident about the direction we’re going with the three pillars and the fact that we’re putting things into action now” (P3, CLT/TF). While the Three-Pillar framework became a key implementation tool, TC’s original detailed strategy remained a vital compass: “It gave [leaders] a plan for working on MH. It helped us step back and have an overview of the bigger picture and [reflect on] each department’s overall contribution”

(P7, CLT/TF). Overall, the shift to the Three-Pillar framework was instrumental in clarifying direction, facilitating implementation actions, and aligning initiatives with TC’s strategic goals.

Figure 2

Tennis Canada’s Three Pillar Framework



Wellness and Recovery

This theme addresses the importance of wellness and recovery within TC’s organization. TC had created an initiative to foster wellness before developing its strategy. As such, they integrated this initiative within their plan, and it remained a priority during the Implementation Phase. One member explained: “[There are] two organization-wide wellness weeks when all offices are closed - one in late August, [following] the National Bank Open tournament, and another in December” (P3, CLT/TF). The August wellness week was originally introduced as a “desperate measure [to address] staff overwhelm after the National Bank Open tournament, as 80% of staff [are involved] in this event. [TC decided to]

close offices for one week to ensure staff could rest” (P1, CLT/TF). Its purpose was to acknowledge the intense workload during the international professional tournament and give time off after the event: “It is a reward and statement to say ‘We need you to work. But [to work well,] we need you to rest, to be good with yourself, and to be healthy’” (P1, CLT/TF). A facilitating factor was TC’s proactive approach to staff well-being, which fostered a culture of rest and recovery. However, one leader noted that taking time off is not always feasible for the high performance staff: “The August wellness week isn’t [suitable] for that group, as it falls during junior nationals. [Further], during the December wellness week, many tennis tournaments occur in Florida. We’re working on this issue with human resources, which is a [benefit] of having HR representation on the Core Leadership Team” (P3, CLT/TF). Altogether, TC has demonstrated a commitment to implementing wellness actions that can benefit all participants.

Recommendations

The third main theme pertains to recommendations offered by the Core Leadership Team and Task Force members to continue improving the implementation of TC’s Strategy and to address existing gaps. This theme was divided into two sub-themes: (a) Organizational Change and (b) Education.

Organizational Change

This sub-theme encapsulates leaders’ ongoing efforts to change the culture of TC to prioritize MH within their community members’ daily life: “We’re working towards bringing balance between our day-to-day job, our events, [the National Bank Open] tournament, but also our personal life (P1, CLT/TF). One leader expressed that to achieve real organizational change, there must be wellness buy-in at all levels of TC, including senior management: “I feel like our MH team at TC lives and breathes MH and genuinely believes that we’re doing these things for good. But I think convincing the senior management team and certain members of staff that this should be a priority for real, and in their own lives too, hasn’t happened yet” (P5, CLT/TF). Finally, one member shared that while there have been several improvements in the culture of TC, gaps remain, particularly at the high performance level: “Yes, there

have been shifts in the culture. But we still have a lot of work to do with the high performance staff around MH, so they can become advocates” (P3, CLT/TF). This member continued:

There's a gap around [staff taking] recovery, rest, and MH breaks. [Specifically,] coaches are on the road constantly. They come back [from their trips,] and there are no breaks. The coaches all understand there's a need there. We are working on [addressing] that, and our leadership is behind us. It's more a matter of how we make it work and how we change the work environment a little bit so that it's easier to take rest and recovery breaks. (P3, CLT/TF)

These challenges were perceived as opportunities to keep doing valuable work and remain committed to implementing TC’s Strategy over the long-term.

Education

This sub-theme relates to recommendations surrounding education, which was prioritized during TC’s Strategy implementation. One Task Force member outlined that coaches could benefit from more training related to MH and sport: “Coaches need education to identify red flags, such as when players are going through a challenge” (P10, TF). With optimal learning in mind, one leader suggested: “The educational activities should be interactive ... We should focus on examples or cases of how coaches or parents can manage different scenarios. This is the best way to learn” (P9, CLT/TF). It was noted that different formats should be offered to accommodate varying preferences and schedules: “It is hard to find a means of education that fits every person’s lifestyle or availability (P12, TF). One way to address this could be to offer more “frequent, brief, and condensed education that is concise and engaging” (P21, CLT/TF). Another participant emphasized the necessity of making MH training mandatory: “I understand people have a lot on their plate, but some of these things need to be mandatory. We cannot ignore the necessity of MH anymore. At some point, we need to make MH first aid mandatory” (P13, TF). Members indicated that, in addition to coaches and staff, parents and children should be involved in educational initiatives. One leader expressed, “We need to help parents learn how to support their child

without adding stress” (P12, TF) while a Task Force member shared, “If we worked with the children at an early age, we could develop their coping skills ... The younger we start working with the athletes, the better” (P2, TF).

Discussion

The purpose of this study was to investigate the first year of implementation of TC’s Strategy, drawing on the perspectives of leaders involved in the project. Leaders forming the Core Leadership Team and Task Force reported benefits from participating in the implementation process, including increased engagement, learning, and support. Factors influencing their strategic work pertained to leadership, promotion, their implementation framework, and wellness and recovery. While TC made significant progress in one year, leaders identified recommendations to continue fostering organizational change and strengthening MH education. The discussion outlines how these findings advance the current literature and provides suggestions to guide sport organizations wishing to implement their own MH strategic plan.

Perceived Experiences and Outcomes

This study demonstrates that leaders can gain benefits from contributing to a MH project like the current one. What stood out was how proud and engaged leaders were to contribute to a system-wide MH strategy and inspire their community. Although the scope of the project was wide, members remained committed and carved out time to advance the project. This emphasizes the importance of the national MH Strategy’s first priority, which pertains to identifying and engaging leadership in decision-making processes to optimize buy-in and adherence (Durand-Bush & Van Slingerland, 2021). While several MH position and consensus statements have been put forth to promote MH and prevent and treat mental illness (Vella et al., 2021), the actual roles, responsibilities, and experiences of leaders involved in the strategic implementation of such processes have rarely been investigated. This study fills

a gap by systematically examining what leaders perceived to have been impactful during the implementation of a MH strategy.

Aside from engagement, other perceived benefits included increased learning and support. This is a meaningful byproduct of the tasks that leaders performed, which was not necessarily anticipated at the outset of the project. Participation led to improved awareness of signs and symptoms of languishing MH, greater confidence in helping others, and increased empathy, outcomes that are consistent with MH literacy education (Breslin et al., 2022; Sebbens et al., 2016). This was, in part, facilitated through a MH first aid course that the leaders completed, which helped them become more comfortable talking about MH with colleagues and family. According to Henriksen, Huang, et al. (2024), high MH literacy is a characteristic of leaders within effective high performance cultures that support and nourish MH. The current study demonstrates that while leaders within a sport organization may not necessarily have high MH literacy at the onset of developing a strategic plan, they can increase learning with time, training, and reflection.

Participants appreciated developing greater support networks and accessing MH and safe sport resources, emboldening them to champion MH in both their personal and professional roles. National sport organizations have a duty of care to promote MH (Durand-Bush & Van Slingerland, 2021; Henriksen et al., 2020; Prior et al., 2024), and results suggest that engaging leaders in designing and implementing MH strategies can yield both individual and organizational benefits, equipping them to promote healthy cultures. While it may not be possible for every sport organization to develop a MH strategy, leaders should, at a minimum, invest in education to expand their learning and repertoire of resources (Prior et al., 2024). This is consistent with the recommended actions under the MH promotion and mental illness prevention priorities in Canada's national MH strategy (Durand-Bush & Van Slingerland, 2021). Through this, leaders may learn how to reduce stigma, increase help-seeking, and communicate with others in ways that support MH. Making MH first aid training mandatory for all leaders and staff during their

onboarding within an organization could ensure they have basic skills to identify, understand, and respond to MH crises (Canadian Mental Health Association, n.d).

Leaders could also learn about skills and behaviours that promote and protect MH, such as resilience, self-care, stress management, communication, and MH action planning, to give a few examples (Canadian Centre for Mental Health and Sport, 2025; Durand-Bush et al., 2023). To fulfill this need, sport organizations could work with CMPCs and MH practitioners who are trained to do this and work in sport. These individuals typically know the culture and demands of sport systems and can provide relevant sport-informed content and examples. Having said this, practitioners providing education should recognize that time and costs could be barriers for leaders, staff, and coaches, thus organizations should tailor educational initiatives and resources based on feasibility.

Influential Factors

Several factors were perceived to have influenced the implementation of TC's Strategy. The first one pertained to leadership, and more specifically, the fluidity, diversity and collaboration within the Core Leadership Team. In terms of process, it is noteworthy that regular monthly meetings sustained momentum and produced coordinated decisions that advanced TC's Strategy. These touchpoints created space for dialogue across departments, alignment of MH-related initiatives, and the prevention of siloed efforts, which are essential ingredients for system-wide change (Wagstaff & Quartiroli, 2023). Consistent with recommendations to involve diverse leaders and democratize psychology to foster shared ownership and collective responsibility (Daley et al., 2020; Maher, 2022), the Core Leadership Team was intentionally expanded to address expertise gaps and to refine the five priorities of TC's Strategy into an accessible Three-Pillar implementation framework (Figure 2), which was identified as another influential factor. This demonstrates the importance of knowledge translation to transform research-driven documents into implementation maps that can be understood by the general

community (Cargo & Mercer, 2008). The integration of an expert in communications within the Core Leadership Team to support this endeavour was deemed instrumental.

Another expert who not only contributed to creating the implementation framework but also led the implementation of TC's Strategy was the Wellness Director. Helping to position MH as a core pillar of performance, the Wellness Director's tasks aligned with the functions of a MH officer, which are to serve as the main athlete contact, screen athletes for risk factors, develop referral pathways, promote help-seeking, and communicate with key individuals involved in athletes' sport experience (e.g., parents; Henriksen et al., 2020). Having a designated individual responsible for leading and coordinating MH initiatives in the daily training environment is integral to building a psychologically healthy elite sport system (Henriksen et al., 2020). This study is the first to empirically show the value of embedding a dedicated full-time Wellness Director to oversee the implementation of a MH strategy. While it may not be possible for all sport organizations to hire a full-time Wellness Director, results of this study indicate that it is crucial to have one leader appointed to drive and implement MH strategies for an organization. Given the weight and scope of this position (Henriksen et al., 2020), it is also vital to build a supportive team around the leader so they have the resources they need to be effective, feel supported, and can maintain their own MH in this demanding role.

Implementation success was also facilitated by forming alliances across departments (e.g., people and culture; safe sport; wellness; high performance; wheelchair tennis) and leveraging existing initiatives (e.g., Mental Timeout; wellness weeks). These collaborations enabled TC to simultaneously advance MH promotion and wellness and recovery, two influential factors identified in the data. Together, these efforts helped establish a shared language and the unified goal of enhancing MH across TC's community, positioning MH promotion as a shared responsibility across the organization (Henriksen et al., 2020). This finding aligns with Wagstaff and Quartiroli's (2023) argument that strategically coordinating overlapping workstreams (e.g., performance psychology, MH, performance lifestyle, and organizational

culture) can foster greater organizational thriving. It also echoes literature showing that environments prioritizing safety, inclusion, and well-being are more conducive to positive MH outcomes (Henriksen, Huang, et al., 2024; Parent et al., 2022; Walton et al., 2024). Importantly, the results of this study extend this literature by illustrating *how* these principles can be operationalized in a real organizational setting. To date, much of the literature has focused on position statements and conceptual recommendations for promoting MH in sport, with comparatively few empirical studies documenting how these recommendations come to fruition within the day-to-day operations of sport organizations.

Recommendations

While there have been positive changes within TC's organization, participants emphasized the need to more fully engage senior leaders and coaches in TC's Strategy and for them to model mentally healthy behaviours to build organization buy-in. These findings move beyond general calls for leadership involvement by identifying *where* gaps may persist and *how* cultural change may be experienced unevenly across organizational levels. Because the high performance sport environment has been associated with a win-at-all-cost mentality (Walton et al., 2024), cultural shifts toward prioritizing MH, wellness, and recovery are complex and require sustained effort over time. As demonstrated in this study, it is vital to involve upper-level decision-makers in the implementation of a MH strategy, as such leaders can leverage their positional influence to shape key decisions that drive systemic and cultural change. Engaging senior leaders increases the likelihood of sustained resource allocation and integration of MH promotion and education into policy, staffing, and the daily training or work environment (Beasley et al., 2024; Prior et al., 2024).

One cost-efficient way to build leader buy-in is to have highly regarded CMPCs deliver workshops that include senior or high performance leaders, coaches, and athletes to identify leadership behaviours and cultural characteristics that support and hinder MH (Jewett et al., 2026). In their study with 22 athletes training to qualify for and compete at the Tokyo 2020 and Beijing 2022 Olympic and Paralympic

Games, Jewett et al. (2026) reported that athletes benefited from sport cultures that prioritized transparency, communication, and support. They also highlighted that [C]MPCs are well-positioned to support leaders and coaches to engage in effective dialogue with athletes, especially around issues of MH and recovery from performance disappointments. This approach aligns with two indicators of psychologically healthy cultures: (a) viewing MH as a collective priority; and (b) identifying MH needs to design programs (Maher, 2022). CMPCs can help reduce MH stigma, explain how learning mental performance skills, including leadership and communication, can protect MH (Durand-Bush et al., 2023), and highlight shared responsibility for well-being across the organization (Purcell et al., 2019). Because some organizations may not have a Wellness Director or MH Officer, leveraging the already accepted CMPC role in sport is pragmatic and allows organizations to embed MH promotion within existing performance structures.

Education

Participants in this study also recommended more coach and parent education to improve symptom recognition and to make education more interactive and accessible to individuals with different learning styles. Coaches, leaders, and parents play a central role in athletes' MH experiences and are more likely to champion and positively impact athlete MH when they have high MH literacy (Breslin et al., 2022; Henriksen, Diment, et al., 2024). With better knowledge and skills, these key influencers can de-emphasize performance outcomes, foster open dialogue around MH, and encourage help-seeking (Henriksen, Diment, et al., 2024; Purcell et al., 2022; Walton et al., 2024). Significant barriers highlighted in this study included finding time to attend MH training and taking time off during the two scheduled wellness weeks. Insufficient time has equally been reported by other authors as a barrier for sport MH initiatives (Morris et al., 2025). This underscores the need for organizations to integrate different formats (e.g., in-person, online, self-paced), and time frames in their educational programs (Driska & Nalepa, 2019). Microlearning, defined as delivering learning in very small, focused

units that can be completed quickly and easily integrated into busy schedules, may increase the flexibility and feasibility of MH education for coaches and leaders (De Gagne et al., 2019). Once again, CMPCs and MH practitioners working in sport are well-positioned to support organizations in the delivery of tailored MH educational programs.

Strengths, Limitations and Future Directions

This study has several strengths. First, it addresses a notable gap by examining leaders' perspectives on implementing a system-wide MH strategy within a real-world sport organization. Empirical studies documenting how MH strategies are implemented in practice remain limited, and capturing experiences of leaders actively shaping new narratives, norms, and behavioral practices provides practical insight for organizations seeking to undertake similar initiatives. Second, data were collected at multiple time points over one year, enabling examination of leaders' evolving experiences during the Implementation Phase. This longitudinal design offers rare insight into the execution of a MH strategic plan as an ongoing process rather than a single-point intervention. The first two authors were embedded within the Core Leadership Team and Task Force, providing longitudinal access to data that are often difficult to access through traditional research designs. Third, triangulating multiple data sources (e.g., group discussion, individual interviews, reflexive journaling) enhanced the coherence and transparency of research findings. Finally, participating leaders represented multiple departments, increasing the practical relevance of findings for other sport organizations seeking to implement similar strategies.

This study also has limitations that inform future directions. First, it relies on self-reported data from leaders who were highly motivated to participate in this project, which may not reflect the perspectives or engagement levels found in other organizations. Therefore, results should be interpreted with caution. Second, TC's implementation was investigated only during the first year of their three-year plan due to the time and resources allocated to carry out the project. Future research examining later

phases of implementation will be important for understanding how organizational change efforts evolve and are sustained over time. Third, the sample was limited to leaders within or affiliated with TC in some capacity. It would be important to gather insights from athletes, coaches, parents, and support staff, whose experiences are important for assessing whether implementation actions are having the desired system-level impact. In line with the Ecological Systems Model (Purcell et al., 2019), researchers should examine the perspectives of multiple interest groups to determine how MH strategies translate into measurable outcomes across the broader sport ecology. Such work would help move the field toward evaluating the long-term, system-wide impact of MH strategies in sport.

Concluding Remarks

This study addresses a critical gap by documenting the implementation of a sport-specific MH Strategy within a sport organization over one year. Findings respond directly to calls for researchers to move beyond individual athletes to consider the impact of the broader sport system (Fletcher & Wagstaff, 2009; Henriksen, Huang, et al., 2024; Purcell et al., 2019; Schinke et al., 2024). Importantly, this work provides rare empirical insight into how MH recommendations are translated into practice within the day-to-day operations of a national sport organization. Exploring leaders' perspectives revealed individual, social, and organizational processes that facilitated implementation. On a more personal level, leaders reported benefits such as increased engagement, support, and learning. From an organizational standpoint, factors influencing the implementation of the MH strategy pertained to leadership, promotion, the adoption of a user-friendly framework, and wellness and recovery. Specifically, having an engaged and diverse leadership group, working with a dedicated Wellness Director, prioritizing wellness and recovery through existing initiatives, aligning efforts across departments, and translating an ambitious strategy into an accessible and actionable framework were deemed important. Finally, recommendations to strengthen the implementation process included enhancing organizational change by increasing senior leadership buy-in and improving MH education by

focusing on feasibility and accessibility. Together, these findings offer practical and transferable insights into how sport organizations can engage leaders to embed MH into organizational culture, structures, and daily practice.

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Article 3: From Strategy to Practice:

Evaluating the First Year of Implementation of Tennis Canada's Mental Health Strategy

Papich, M. C., Durand-Bush, N., Bellemare, M.-J., Petras, J., & Shaw, P. (2026). *From strategy to practice: Evaluating the first year of implementation of Tennis Canada's mental health strategy* [Manuscript submitted for publication]. Department of Human Kinetics, University of Ottawa.

Abstract

This study is part of a three-phase project involving the design, implementation, and evaluation of a National Sport Organization's mental health strategy. Focused on the evaluation phase, we examined the first year of implementation of Tennis Canada's strategy and assessed its perceived value. Using a Participatory Action Research approach, organizational leaders (n = 13) contributed data through group discussions, interviews, and an Implementation Progress Chart. A directed content analysis was performed to evaluate progress and perceptions of value. Sixty-six of 71 actions (93%) were completed; completion was highest for implementation, monitoring, and improvement (Priority 5), and lowest for mental health care (Priority 4). Participants reported intrinsic value as a cultural shift (greater awareness, reduced stigma, support) and extrinsic value through the influence on international players, tournaments, and sport organizations. A logic model was developed, synthesizing inputs, activities, contextual influences, and outcomes. Findings offer guidance for implementing system-level mental health initiatives.

Keywords: Organizational culture; sport system; ecological approach; athlete well-being

Introduction

The Mental Health Strategy for High Performance Sport in Canada (“national MH Strategy”) is a national roadmap that outlines objectives and actions under five priorities to improve the mental health (MH) of sport participants (Durand-Bush & Van Slingerland, 2021). Its value lies in its comprehensiveness, addressing key elements related to MH initiatives such as leadership, promotion, prevention, care, and evaluation. In 2022, a Canadian National Sport Organization, Tennis Canada (TC), partnered with the two lead authors from the University of Ottawa, as well as with a renowned high performance program (Game Plan) and multisport organization (Own the Podium), to design, implement, and evaluate a sport-specific version of the national MH Strategy. Led by the first author as part of her doctoral research, the project consisted of three phases: Design, Implementation, and Evaluation. For context, the Design Phase involved collaboratively developing this sport-specific Strategy, which resulted in five priorities, 18 objectives, and 45 actions (Papich et al., 2025). The Implementation Phase focused on tracking the first year the organization implemented its Strategy, adapting it as needs and resources evolved. Under the leadership of TC’s Wellness Director, the Strategy was expanded to 71 actions and distilled into a branded, public-facing Three-Pillar Framework (Papich et al., 2026). The current study focuses on the summative evaluation of this organization-wide MH Strategy, following the first year it was operationalized and put into practice.

The three phases of this project were guided by a Participatory Action Research approach. This positioned participating TC leaders as expert collaborators who contributed to identifying organizational needs and gaps, setting priorities, and shaping the Strategy design (e.g., selecting priorities, objectives, actions, target populations, and a phased rollout plan), while also informing data collection decisions and engaging in the iterative interpretation of findings (Chevalier & Buckles, 2019; MacDonald, 2012). This co-creation orientation aligns with calls for implementation research that mobilizes participants’ knowledge and competencies to enhance contextual relevance, organizational uptake, and sustainability

(Vella & Rice, 2026). Embedding a Participatory Action Research approach across all phases enabled the project to move beyond high-level recommendations by collaboratively developing context-specific implementation actions, continuously refining the Strategy based on participant feedback and emerging needs, and evaluating perceived achievement of priorities and value.

Literature Review

Interest in MH in the public and academic domains has driven the rapid growth of sport-related MH research. With contributions from several scholars (e.g., Henriksen et al., 2024; Purcell et al., 2019; Wagstaff, 2026), the focus has shifted from individual risk factors to outlining the role of the sport environment and the individuals within it to improve MH outcomes. Researchers and governing bodies have developed consensus or position statements with recommendations for sport organizations to promote and manage MH (Prior et al., 2024; Vella et al., 2021). However, the proliferation of high-level recommendations, often endorsed by different authorities (e.g., local and international governing bodies), can create ambiguity regarding which guidance to follow and how recommendations should be operationalized within specific sport contexts (Prior et al., 2024; Vella et al., 2021). These statements lack actionable, context-relevant implementation strategies, limiting leaders and practitioners' ability to translate recommendations into practice. This gap undermines execution and evaluation at the organizational level and highlights the need for research exploring how system-level recommendations can be adapted, implemented, and evaluated within specific sport contexts (Prior et al., 2024). Although several scholars have proposed ecological and system-level approaches to support MH in sport (e.g., Durand-Bush & Van Slingerland, 2021; Purcell et al., 2019; Wagstaff, 2026), few studies have empirically evaluated the implementation and outcomes of MH initiatives within specific sport organizations.

Ecological Framework

Ecological frameworks are important to consider when developing and evaluating MH strategies in sport (Durand-Bush & Van Slingerland, 2021; Purcell et al., 2019). Purcell et al. (2019) developed an

ecological model that was integrated into the national MH Strategy and adapted for the Canadian high performance sport context. This model outlines four interconnected levels of the sport system (e.g., the individual, microsystem, exosystem, and macrosystem) that influence an athlete's MH. Within organization-wide MH initiatives, the framework illustrates that athletes' MH is shaped through dynamic interactions among individuals, groups, the environment, and the broader sport system (Henriksen et al., 2024; Purcell et al., 2019). Similarly, the Heuristic Model of the Youth Sport System (Dorsch et al., 2020) highlights the interconnected influence of family (e.g., parents, siblings), the team (e.g., coaches, peers), and the environmental systems (e.g., organizations, sport clubs, society) on athlete development and well-being. These ecological frameworks demonstrate the importance of addressing MH across multiple levels of the sport system to strengthen protective factors, reduce risk factors, and foster sustainable improvements (Dorsch et al., 2020; Purcell et al., 2019).

Consistent with ecological and systems-level perspectives, researchers have identified several environmental characteristics that sport organizations can strengthen to support MH at the individual, relational, and organizational level (Henriksen et al., 2024; Jewett et al., 2026; Pilkington et al., 2024; Poucher et al., 2023; Wagstaff, 2026). Efforts at the individual level include developing athletes' mental skills (e.g., resilience), MH literacy, and coping strategies (Durand-Bush & Van Slingerland, 2021; Pilkington et al., 2024; Prior et al., 2024; Walton et al., 2022). At the relational level, actions consist of fostering psychologically supportive environments by promoting trustworthy relationships, open communication, autonomy-supportive leadership, and psychological safety (Henriksen, Huang, et al., 2024; Jewett et al., 2026; Pilkington et al., 2024; Poucher et al., 2023). At the organizational level, strategies involve supporting healthy cultural practices, implementing transparent safeguarding policies, promoting diversity and inclusion, and providing relevant resources (Henriksen, Huang, et al., 2024; Jewett et al., 2026; Pilkington et al., 2024; Poucher et al., 2023).

Sport-Specific Considerations

While research has shed light on environmental characteristics that support system-wide MH initiatives, it is also important to consider sport-specific factors that shape MH risk and protective factors (Henriksen et al., 2024; Wagstaff, 2026). In tennis, athletes commonly specialize early and engage in year-round intense training and competition (Brenner et al., 2019). However, early specialization can lead to overtraining, injury, anxiety, burnout, reduced academic performance, and heightened pressure from coaches and parents (Brenner et al., 2019; Purcell et al., 2023). These demands, compounded with developmental changes during adolescence (e.g., puberty, challenging relationships), may further increase stress and vulnerability to MH challenges (Purcell et al., 2023)

At the same time, the structure of tennis presents opportunities for targeted MH support. Because tennis coaches frequently work one-on-one with athletes, they are uniquely positioned to build individualized, trustworthy relationships by tailoring communication, expectations, goals, and training intensity to athletes' needs, while also involving parents when well-being concerns arise (Papich et al., 2024). Consequently, a tennis-specific MH strategy may help promote holistic athlete development by supporting balance across sport, academic, and social domains while also providing coaches and parents with targeted education to support athlete well-being. Earlier findings from the Design Phase of the current project revealed that coaches and parents were “the most direct, influential leaders in the athletes' environment” (Papich et al., 2025, p. 11). These findings reinforce the importance of embedding athlete, coach, and parent perspectives within the design, implementation, and evaluation of MH initiatives to ensure that priorities and actions are relevant, collaboratively informed, and responsive to the needs of the immediate sport environment (Vella & Rice, 2026).

Program Evaluation

Given the complexity of implementing system-wide MH initiatives in sport, program evaluation is important for understanding how strategies contribute to meaningful outcomes within a specific context.

Evaluation can be conceptualized as the “systematic collection of information about the activities, characteristics, and results of programs to make judgments about the program, improve or further develop program effectiveness, inform decisions about future programming, and/or increase understanding” (Patton, 2008, p. 39). Evaluation of a MH program or strategy should therefore be deliberate, purposeful, standards-driven, and grounded in data (Killion, 2018).

Program evaluation literature commonly distinguishes between planning, process, and summative evaluations (Killion, 2018), which together support the design, implementation, and evaluation of organizational initiatives. Planning evaluations focus on identifying organizational needs and gaps, contextual and interpersonal factors, available resources, and timelines (Killion, 2018). Process evaluations are conducted to monitor implementation efforts, identify challenges, and make adaptations. Summative evaluations focus on assessing outcomes and the perceived value of implementation (Killion, 2018). Within ecological and systems-level MH initiatives, summative evaluations are particularly important because they enable organizations to assess what actions were accomplished, how initiatives were perceived across leadership groups, and whether broader organizational and cultural changes occurred.

Logic models support summative evaluation by illustrating the relationships among strategy inputs (e.g., human, physical, and financial resources), activities (e.g., services and initiatives), outcomes, and contextual influences that shape these strategy components (Killion, 2018). By linking organizational inputs and activities to observed outcomes, logic models provide a structured framework for understanding how strategic initiatives contribute to individual, relational, organizational, and broader system-level change. In addition to supporting evaluation, logic models can facilitate knowledge translation by simplifying complex initiatives into accessible frameworks that guide future implementation efforts across sport settings (Killion, 2018).

Despite increasing calls for system-wide MH initiatives in sport, relatively little research has comprised summative evaluations of organization-wide MH strategies within applied sport contexts. Further, there is a lack of use of program evaluation frameworks and logic models to clearly show the steps and variables integrated in evaluation processes. Existing literature has primarily focused on identifying recommendations and examining individual-level interventions, with limited attention devoted to evaluating implementation progress, perceived outcomes, and the broader value of organizational strategies. This gap limits our understanding of how sport organizations assess whether MH strategies are meaningful, impactful, and sustainable within their unique contexts.

We addressed this gap by carrying out a summative evaluation of a national sport organization's implementation of a newly developed MH strategy over one year, focusing on what was accomplished and the strategy's merit and worth. Merit refers to the intrinsic value of a strategy, impacting individuals *within* the organization it was intended to support, while worth refers to its extrinsic value, impacting individuals *outside* the organization. Two research questions guided the study: (a) What was accomplished in the first year of implementation of TC's Strategy, and to what extent did the implementation of TC's Strategy address the five priorities in the national MH Strategy (i.e., leadership, promotion, prevention, treatment, monitoring)? and (b) What was the overall merit (intrinsic value) and worth (extrinsic value) of TC's Strategy? Consistent with recommendations in systems-level evaluation research (Killion, 2018; Skivington et al., 2021; Vella & Rice, 2026), findings of this study are expected to inform future adaptations of TC's Strategy while also contributing to practical and empirical guidance for other sport organizations seeking to implement and evaluate similar MH initiatives.

Methodology

This study was guided by a Participatory Action Research approach, a democratic inquiry, in which community members jointly define, analyze, and address community needs (MacDonald, 2012). From an ontological standpoint, it was acknowledged that multiple realities exist and are shaped by participants'

lived experiences (MacDonald, 2012). From an epistemological stance, knowledge was co-created through iterative cycles of planning, acting, observing, and reflecting (Chevalier & Buckles, 2019). A Participatory Action Research approach was selected because the broader project aimed to collaboratively design, implement, and evaluate a contextually-relevant MH strategy with TC. Consistent with Participatory Action Research principles, TC leaders and community members acted as collaborators across all three phases rather than passive participants (MacDonald, 2012). Through ongoing dialogue and shared decision-making, participants contributed to identifying organizational needs and priorities, informing data collection, interpreting findings, and refining strategic actions. This ensured TC's Strategy remained evidence-informed and responsive to the needs of the organization and its constituents.

Participants

Participants involved in this study were initially recruited in the Design Phase (Papich et al., 2025) to form two groups: a main leadership team (CLT; n = 8) and a larger project team (TF; n = 21).

Core Leadership Team

Eight individuals comprised the CLT and were also part of the TF: (a) Research Project Lead, (b) Research Project Supervisor, (c) Wellness Director, (d) Director, High Performance Programs, (e) Senior Director, Sport Integrity, (f) Director, People and Culture, (g) Communications Consultant working with TC, and (h) Professional wheelchair tennis player with a PhD in Interdisciplinary Studies. The Research Project Lead and Supervisor guided the research, including data collection and analysis. The remaining CLT members provided input based on their role at TC and the participants with whom they most interacted. For instance, the Wellness Director was responsible for leading the implementation of TC's Strategy and worked closely with the Director, High Performance Programs. She provided insight into how the Strategy was operationalized in practice, particularly in relation to athlete and parent support. The Director, People and Culture provided insight into staff-facing initiatives and organizational wellness

practices, whereas the professional wheelchair tennis player contributed perspectives related to wheelchair tennis, athlete experiences, and qualitative data analysis.

Task Force

Twenty-one TF members were recruited by the CLT during the Design Phase to contribute to the overall project “based on their role, expertise, and general interest in the MH of TC’s community... and to represent different levels, groups, and perspectives within TC’s ecosystem” (Papich et al., 2025, p. 6). While all 21 members were invited to contribute to this study, 13 (three male, 10 female) participated, which included the eight CLT members. Plausible explanations for not participating include lack of time and competing priorities. Participants represented four Canadian provinces, with one member from the U.S. Five were bilingual (English, French), and three were involved in para sport (one athlete, one psychologist, one provincial Executive Director). Six worked at TC, and two were affiliated with a provincial or territorial tennis organization. Four held a medical or PhD degree, and four were practitioners (one psychologist, one social worker, one Certified Mental Performance Consultant, one student training to become a Certified Mental Performance Consultant). Five members were current or retired tennis players (three National Collegiate Athletic Association players, one professional player, one professional wheelchair player), two were coaches, and five were parents.

Data Collection

Following completion of the first year of implementation (see Papich et al., 2026), data were collected between March and June 2025 via three CLT group discussions, one TF group discussion, a reflexive journal, an Implementation Progress Chart, and six individual semi-structured interviews. These data were consolidated to create a logic model summarizing key elements impacting TC’s Strategy.

Group Discussions

Core Leadership Team.

Three monthly virtual group discussions were held with the CLT through Microsoft Teams. These meetings were used to (a) share research progress, (b) plan for the upcoming TF group discussion, (c) provide an overview of the Implementation Progress Chart and interview questions, and (d) discuss upcoming MH initiatives. Additional informal meetings were held between CLT members to develop and finalize the Implementation Progress Chart.

Task Force.

Twelve TF members attended the virtual TF group discussion. The nine absent TF members were emailed to contribute additional feedback afterward and one member submitted their responses, which were added to the 37-page double-spaced Word transcript. The meeting aimed to (a) review the Strategy developed in the Design Phase, (b) present accomplishments from the first year of implementation from February 2024 to February 2025, and (c) gather feedback to inform the summative evaluation. The group discussion occurred one month after the implementation ended in April 2025, which gave the CLT sufficient time to prepare a summary of the Implementation Phase data.

Implementation Progress Chart

The Implementation Progress Chart was developed based on data collected in the Implementation Phase (group discussions, individual interviews, and reflexive journal) and the early part of the Evaluation Phase. The reflexive journal maintained by the Research Project Lead and Wellness Director was particularly salient as it contained an audit trail of inputs, activities, contextual influences, and outcomes, which were used to track TC's accomplishments. Importantly, the chart was completed at the end of May and was used to inform the individual interviews with CLT members.

Semi-Structured Interviews

The Research Project Lead conducted individual semi-structured interviews with six CLT members in June 2025. In line with Participatory Action Research principles, the Research Project Lead was in an ideal position to question participants due to her in-depth knowledge of the Implementation Progress Chart. The Research Project Supervisor was not interviewed, serving instead as a critical friend in the data analysis phase (Sparkes & Smith, 2014). Two weeks before their interview, the CLT members received the Implementation Progress Chart and the five interview questions and were asked to review them to prepare for the discussion. Each interview lasted between 60 and 90 minutes and amounted to a 155-page double-spaced Word transcript. Examples of questions included: (a) Taking into consideration all the actions in the Implementation Progress Chart, how successful was TC's Strategy after one year of implementation?; (b) Who has TC's Strategy impacted the most and how?; (c) To what extent did TC implement the priorities and actions identified? Each member answered the questions based on their position (e.g., communications, wellness, high performance) and involvement in different activities (e.g., Mental Timeout promotion, National Tennis Centre athlete check-ins).

Data Analysis

The Research Project Lead conducted a directed content analysis of the TF group discussion, Implementation Progress Chart, and individual interviews (Assarroudi et al., 2018). A directed content analysis was appropriate because the objective was to evaluate the implementation and perceived value of a pre-existing Strategy using conceptually relevant categories derived from TC's Strategy and the research questions. Informed by Participatory Action Research, the analysis aimed to both generate understanding and support the future implementation of TC's Strategy and broader MH initiatives through a logic model (explained below). The analysis involved three steps: preparation (data setup), organization (coding and analysis), and reporting (presentation of findings; Elo & Kyngäs, 2008).

Implementation Progress Chart

To prepare the Implementation Progress Chart, the Wellness Director used a reflexive journal and an adapted version of Game Plan's tool (i.e., a partner organization participating in this project), which was developed to track actions and outcomes of the national MH Strategy implementation within the high performance sport system. In an Excel document, the Wellness Director populated content under the priorities, objectives, and actions included in TC's Strategy, and together with the Research Project Lead, they finalized the content, using all data available.

The Research Project Lead then created the Implementation Progress Chart, which comprised five figures, one for each priority, and calculated the percentages of actions completed within each priority (see supplemental materials). Each figure lists the priority, objectives, types of actions that were implemented, and outcomes of these actions, when available. The actions were identified as (a) Plan (actions focused on designing, preparing, or coordinating activities, steps, roles, or structures needed for implementation), (b) Deliver (actions involving executing, implementing, or completing specific components of the Strategy), or (c) Communicate (actions aimed at sharing information, raising awareness, or engaging partners or participants through targeted messaging). The actions were colour-coded to reflect their completion status: white (completed), light grey (completed and ongoing), darker grey (in progress), and charcoal grey (not initiated). Operating as a critical friend, the Research Project Supervisor conducted a final review of the Implementation Progress Chart, providing input on the clarity, coherence, and visual presentation of the content. A condensed version of this Chart, including the percentages of actions completed for each priority, is presented in Figure 1.

Figure 1*Priorities, Objectives, and Actions Completed within TC's Strategy*

Priorities	Objectives	Actions
Priority 1 Leadership, Population Engagement, and Communication	1.1 Identify Leaders 1.2 Establish and Communicate Policies & Programs 1.3 Identify a MH Steering Group and Chair 1.4 Establish a Network of MH Champions 1.5 Procure and Allocate Funding	18 actions, 88.9% completed
Priority 2 Promotion of Mental Health	2.1 Provide MH Education to Build Literacy 2.2 Provide Mental Performance Support and Training 2.3 Provide MH Resources 2.4 Reduce Stigma and Promote Help-Seeking	23 actions; 95.7% completed
Priority 3 Prevention of MH challenges and Mental Illness	3.1 Minimize Sport-Specific Risk Factors 3.2 Provide Additional Support During Known Periods of Vulnerability 3.3 Support (UCCMS) 3.4 Develop Emergency/Crisis Education Initiatives	13 actions, 92.3% completed
Priority 4 Assessment, Diagnosis, Treatment, and Recovery	4.1 Identify Clear Referral Pathways to Access MH Care 4.2 Develop Screening Initiatives for Early Detection of Symptoms 4.3 Provide EDI- and Sport-Informed MH Assessments and Care 4.4 Support Stay-in-Play and Return-to Play Protocols	9 actions, 88.9% completed
Priority 5 Implementation, Monitoring, and Improvement	5.1 Minimize Sport-Specific Risk Factors	8 actions, 100% completed

Group Discussions and Interviews

Data from the CLT interviews and TF group discussion were transcribed using Zoom's AI transcription and were reviewed against the audio recordings to ensure accuracy. Data were separated into distinct meaning units and uploaded to NVivo 14, a qualitative data analysis software. Meaning units consisted of segments of text that reflected a coherent idea, experience, perception, or example related to TC's Strategy. The individual interviews were analyzed first, followed by the TF group discussion.

The analysis was deductive, wherein pre-determined codes were created to answer the two research questions. For the first research question, the data were categorized under one first-level, five second-level, and 18 third-level codes, which are captured in the first two columns of Figure 1 (e.g., Priorities; Priority 1; Objective 1.1 Identify Leaders). This coding structure helped to examine implementation progress across the entire Strategy and determine the extent to which actions aligned

with the five priorities and 18 objectives. To answer the second research question, the data were categorized under one first-level (Value) and two second-level codes (Merit; Worth).

Throughout the analysis, codes and content were continuously triangulated with the content of the Implementation Progress Chart. For example, the Three-Pillar Framework was captured in the Chart under Objective 1.2 of Priority 1 and in the interviews and group discussions. This increased the rigour of the results. Consistent with reflective practice and collaborative meaning-making in Participatory Action Research (Chevalier & Buckles, 2019), emerging interpretations and findings were discussed with TF and CLT members, as well as with lab members who served as critical friends (Sparkes & Smith, 2014).

Logic Model

A logic model was also developed to consolidate findings and support the future implementation of TC's Strategy and broader MH initiatives. The process involved visually depicting the key inputs, activities, contextual considerations, and outcomes contributing to TC's Strategy (see Figure 2), providing a roadmap to guide organizational work. The logic model serves as both an evaluative synthesis of the first year of implementation and as a practical tool to inform future refinement, sustainability, and knowledge translation.

Results

Results are presented in three sections. First, the five priorities of TC's Strategy are examined using the Implementation Progress Chart, which documents the completion status of actions across the first year of implementation. These findings are supported by illustrative quotes from the individual interviews and TF group discussion to contextualize what was accomplished and how leaders perceived implementation progress. Second, participants' perceptions of the Strategy's value are presented through the evaluative concepts of merit and worth. Finally, the logic model is presented as a synthesis of the inputs, activities, contextual factors, and outcomes contributing to TC's Strategy.

Five Priorities

Figure 1 summarizes the priorities, objectives, and actions within TC's Strategy and the extent to which they were accomplished. The content in Figure 1 is supported by illustrative quotes from the group discussions and interviews. Of the 71 actions represented across the five figures, 93.0% (66 actions) were either "completed" or "completed and ongoing", 2.8% (2 actions) were "in progress", and 4.2% (3 actions) were "not initiated". Each priority is examined in greater detail below.

Priority 1 – Leadership, Population Engagement, and Communication

Priority 1 focused on mobilizing leaders (Objective 1.1), establishing and communicating policies and programs (Objective 1.2), forming a CLT and TF (Objective 1.3), identifying champions to promote MH (Objective 1.4), and securing funding (Objective 1.5). Of the 18 actions depicted in Figure 1, 88.9% were completed and 44.4% remained ongoing. One action (5.6%) was in progress, and one (5.6%) was not initiated. These results reflect TC's strong leadership (Objectives 1.1 and 1.3), as one CLT member reported, "We would be nowhere without the CLT and TF. You don't give this [project] to someone and say: 'Take this on in your spare time, and we'll see where it gets us'" (P1, CLT). The Wellness Director played a key role in operationalizing and implementing TC's Strategy: "If we didn't have the Wellness Director, I don't know where we'd be. [TC's Strategy] would be on the side of several of our desks. She's become the face of the Strategy, and her role has become essential" (P4, CLT).

Part of the success surrounding TC's outreach and communication initiatives (Objective 1.2) was distilling the five-priority Strategy into three pillars (i.e., Promote, Support, Care). One member shared:

It was a big piece to balance the depth directing where we were going (the five priorities) versus what was digestible to the public... That was a helpful exercise, and for those of us who went through it, there was tension around it... We challenged each other, and it pulled us out of that entrenched feeling that it had to be a certain way. (P2, CLT)

Regarding Objective 1.2 on developing policies and programs, TC strategically prioritized programs. Leaders felt MH was already captured in their equity, diversity, and inclusion and safe sport policies, and therefore focused on establishing and communicating MH programs. As one CLT member explained, “We have an equity, diversity, and inclusion policy that includes MH... [Instead] of developing a [MH-specific] policy, we [developed] a [coach and employee] wellness program” (P5, CLT). Another leader added, “Psychological safety [is] how we capture MH in the sport safety code of conduct” (P2, CLT). Reflecting on the achievement of Objective 1.2, a TF member noted that “MH is now a more visible and normalized topic in our communications and programming (P10, TF).

The action under Objective 1.4—using the TF as MH champions—was completed and remains ongoing. A TF member on TC’s Senior Management Team suggested further highlighting these efforts across TC’s community:

We can spotlight champions internally through newsletters, meetings, and staff events to celebrate contributions and normalize MH leadership. [We can also] create opportunities to share success stories, lessons learned, and personal experiences with the broader community. (P10, TF)

Finally, Objective 1.5 on funding remained central to implementation decisions. Given limited resources, TC prioritized existing resources (e.g., offering an existing MH first aid course and linking to existing MH websites) rather than developing brand new ones:

When we made the resource hub, we realized that there are other [existing] resource hubs by our partners. We decided to [link] their resources [on the website]. This is something that other organizations can do [as it doesn’t take] a big budget or manpower. (P3, CLT)

Priority 2 – Promotion of MH

Priority 2 focused on providing MH education (Objective 2.1), mental performance support (Objective 2.2), and MH resources (Objective 2.3), as well as reducing stigma and promoting help-seeking (Objective 2.4). Of the 23 actions depicted in Figure 2, 95.7% were completed and 56.5%

remained ongoing. Only one action (4.3%) was not initiated; it involved presenting an education plan to the Senior Management Team and was deemed unnecessary given TC's initial focus on high performance during the first year of implementation.

Leaders reflected on the impact of MH education (Objective 2.1) and resources (Objective 2.3) shared through website articles, staff newsletters, and Lunch and Learns. As one CLT member noted, "Some of the best-performing articles on the website have been the MH articles. They resonate with people" (P4, CLT). Another added, "The newsletters and Lunch and Learns were successful. We got so much positive feedback" (P4, CLT). One ongoing action involved aligning safe sport, mental performance, and MH education. A CLT member explained, "The [Director, Sport Integrity, Certified Mental Performance Consultant] and [the Wellness Director] share what they're doing so they're integrated. The less siloed we are, the more receptive the audience [will be]" (P2, CLT).

Objective 2.2 aimed to provide mental performance support and training. As one CLT member noted, "Staff are more on board since we started using the term 'mental performance.' We need to continue to break the stigma" (P5, CLT), thereby also contributing to Objective 2.4 on reducing stigma and promoting help-seeking. TC further supported this objective by signing a Memorandum of Understanding with the Canadian Centre for Mental Health and Sport, enabling athletes, coaches, and staff to safely access support: "We partnered with the Canadian Centre for Mental Health and Sport, where players and coaches can get services through them anonymously" (P6, CLT).

Another completed and ongoing action was sharing MH resources with coaches, staff, and parents (Objective 2.3). A TF member highlighted the importance of this access: "The creation and promotion of MH resources (e.g., webinars, guides, partnerships with MH professionals) have addressed an important gap" (P10, TF). A key resource has been the Wellness Director, who provided check-ins with parents: "The [National Tennis Centre] parents have been impacted. These parents know we're committed to MH. They interact with the Wellness Director and are building that relationship with [her]" (P6, CLT).

Aside from promoting help-seeking through a third-party entity, Objective 2.4 also focused on raising awareness through the Mental Timeout initiative, which featured three professional tennis and wheelchair players as MH ambassadors and the Positive Court Pledges. A CLT member noted:

The Mental Timeout ambassadors have done a good job on social media... There was huge success with the Positive Court Pledges, [which were] written intentions to uplift players [at the National Bank Open tournament]. What more can you do to create a healthy and supportive environment than have [spectators] sign something that says I'm going to treat players with respect? (P4, CLT)

Priority 3 – Prevention of MH challenges and Mental Illness

Priority 3 focused on minimizing sport-specific risk factors (Objective 3.1), providing additional support during periods of vulnerability (Objective 3.2), supporting the Universal Code of Conduct to Prevent and Address Maltreatment in Sport (Objective 3.3), and developing crisis education initiatives (Objective 4.4). Of the 13 actions depicted in Figure 3, 92.3% were completed, 23.1% remained ongoing, and one (7.7%) was in progress.

Within the MH risk factors document developed under Objective 3.1, coaches and parents were identified as individuals who can nourish or undermine athletes' MH. As one CLT member explained: "The parents and coaches are the most present in athletes' lives. If they can have basic [MH] knowledge and know how to support one another, we will have [the impact] we want on the athletes" (P3, CLT). Objective 3.2 involved providing support during periods of vulnerability through case-by-case check-ins with athletes and parents by the Wellness Director. This individualized support was particularly important for younger athletes who cannot access MH services: "There is a greater complexity working with athletes younger than 16. There are fewer resources, [which is a] gap to fill down the road as we expand ... [We need] a more streamlined [process] across the country and provinces" (P3, CLT).

Although originally developed for the Mental Timeout initiative, the Positive Court Pledge was also incorporated into junior national tournaments and internal staff activities to set behavioral expectations

among athletes, coaches, parents, and staff. This action aligns with Objective 3.3, supporting the Universal Code of Conduct to Prevent and Address Maltreatment in Sport:

We are making the connection between the Positive Court Pledge and the Code of Conduct. We [use it] as a vehicle for communication to support how safe sport intersects with wellness.

[During] the mandatory parent-player meetings [before] tournaments, [we use] the Positive Court Pledge to set expectations around how people [should] interact with each other. (P2, CLT)

Additionally, “all new employees at TC must sign the Positive Court Pledge as part of their onboarding activities” (P5, CLT).

MH first aid was offered to staff as a crisis education initiative (Objective 3.4). One participant reflected on its value: “The free MH first aid course had tremendous value. We got stickers [for our office door, signaling] that people can talk to [us] if they need support” (P4, CLT). Although lack of time prevented some staff from participating, uptake increased when the course was offered a second time: “[There are] staff members who want to become MH champions. They want the sticker on their door [to show] they've [completed] the training. Getting to that point is huge” (P6, CLT).

Priority 4 – Assessment, Diagnosis, Treatment, and Recovery

Priority 4 focused on identifying referral pathways to access MH care (Objective 4.1), developing screening initiatives for early detection of symptoms (Objective 4.2), providing equity-, diversity-, inclusion-, and sport-informed MH assessment and care (Objective 4.3), and supporting stay-in- and return-to-play protocols (Objective 4.4). Of the 9 actions depicted in Figure 4, 88.9% were completed and ongoing, while one (11.1%) was not initiated.

Actions related to communicating referral pathways to MH care (Objective 4.1) and providing sport-informed MH care (Objective 4.3) were deemed completed and ongoing. However, one participant noted that access to support may not be reaching wheelchair players: “Some wheelchair athletes were

looking for a [Certified] Mental Performance Consultant or a psychologist, and didn't know where to go. They asked if I [could] recommend someone. That's not the preferred referral pathway" (P1, CLT).

The only objective not initiated involved developing systematic screening for athletes (Objective 4.2). As one CLT member explained: "The systematic screening is on hold because there's no tool available for athletes [below 16 years old]" (P2, CLT). Although no direct quotes supported Objective 4.4 targeting stay-in- and return-to-play protocols, this topic was discussed during informal monthly CLT meetings. Decisions regarding athlete stay-in- or return-to-play were made on a case-by-case basis by TC's Integrated Support Team. It was also noted that Game Plan was developing Return-to-Sport guidelines, which TC planned to share with staff once available.

Priority 5 – Implementation, Monitoring, and Improvement

Priority 5 focused on monitoring, evaluating, and improving TC's Strategy (Objective 5.1). Of the eight actions depicted in Figure 5, 100.0% were completed by the end of the Implementation Phase.

While the Implementation Progress Chart provides useful information on what was achieved, one member emphasized the importance of broadening the evaluation focus in the future:

The deep outcome evaluations haven't occurred yet. The number of signed Positive Court Pledges, website clicks, and staff who've completed training doesn't fully [reflect] changes in culture and MH knowledge, or how [people] manage [their MH] ... If we want to evaluate [these things], it's more of an undertaking. I hope we prioritize this. (P1, CLT)

Two CLT members echoed this sentiment. One noted, "We must keep [thinking] about how to evaluate. There is a lot to do for evaluation" (P3, CLT), while another suggested hiring a consultant: "We must not forget about [the evaluation]. Every couple of years, we could ask a consultant to help us do a survey and help us measure the impact" (P6, CLT).

Looking ahead, a Senior Management Team member highlighted the value of embedding ongoing evaluation processes to strengthen initiatives: "[We can] implement a structured measurement tool to

track the Strategy's effectiveness and adjust initiatives accordingly" (P10, TF). A CLT member also suggested assessing whether staff feel supported: "We are a year and a half into the rollout of our Strategy. We can ask staff: 'How do you feel the organization has tried to educate you? Do you feel supported in your job?' We could do this after the National Bank Open, which is the most stressful time of the year for staff" (P4, CLT). The member also recommended incorporating evaluation questions into the player survey following the National Bank Open: "I suggested [this] to [assess] whether the players used the relaxation zone, what they liked about Mental Timeout, and ask if they had any reflections on it. This way, we get the opinion of the international players" (P4, CLT).

Finally, participants highlighted the need to support the broader dissemination and uptake of the Strategy across Canada. As one TF member explained, "Greater future collaboration with our Provincial and Territorial Tennis Associations is critical to ensure MH initiatives reach every level of our system and are consistently supported across Canada" (P10, TF).

Value

Beyond examining what was accomplished, this study also explored participants' perceptions of the Strategy's value. The findings are organized according to merit and worth.

Merit

Staff described the intrinsic value of TC's Strategy as a cultural shift within the organization characterized by increased MH awareness, reduced stigma, and the routine integration of support into the training environment. One CLT member shared, "TC is a better place to work. I get staff feedback that TC supports employees [more] than before the Strategy. This cultural shift is happening" (P5, CLT). Another CLT member added, "There was an impact on the staff. [The Strategy] helped decrease stigma and normalize [seeking] support and having MH literacy" (P3, CLT). Similarly, a TF member noted, "By integrating MH messaging into our programs, offering resources, and opening dialogue around wellness, we have taken meaningful steps toward destigmatizing MH" (P10, TF).

This cultural shift also involved the development of a shared language around MH. As one CLT member described, “We didn’t have conversations around MH at TC [before]. Today we talk about it... We have a common language around it within [TC]” (P6, CLT). A TF member similarly noted that “The Strategy has raised awareness and [created] a more supportive environment for athletes, coaches, parents, and staff” (P10, TF).

Another indicator of merit was the role of the Wellness Director, who further embedded MH within the daily training environment. MH was integrated into athletes’ routines through the support of the Wellness Director: “There are nine athletes at the National Tennis Centre [who] train [there] daily. They have an integrated support team around them, which includes MH. We have the greatest impact [on them]. The Wellness Director interacts with [them]” (P6, CLT). A CLT member further noted that this translated into individualized support: “There is a different level of impact on different people. Some people have received more personalized services or support from [the Wellness Director], so the impact was greater” (P3, CLT).

Worth

Participants also described how TC’s Strategy influenced individuals and organizations beyond TC. One CLT member reflected:

There is a global change, [and] TC is a leader [in it] ... Especially at the Grand Slam tournaments, you see the activities and strategies [in place]. MH is at the forefront. That’s largely [due to our efforts] at TC and the National Bank Open to [promote] this narrative. (P1, CLT)

Participants also described the impact on international players, tournaments, and organizations: “The international players have benefited from what we’re doing at the National Bank Open tournament. The Association of Tennis Professionals and the Women’s Tennis Association [consider] us an example for how tournaments [should] talk about MH and provide support” (P4, CLT). TC’s Strategy equally influenced other Canadian organizations. As one CLT member explained, “The real underscore is

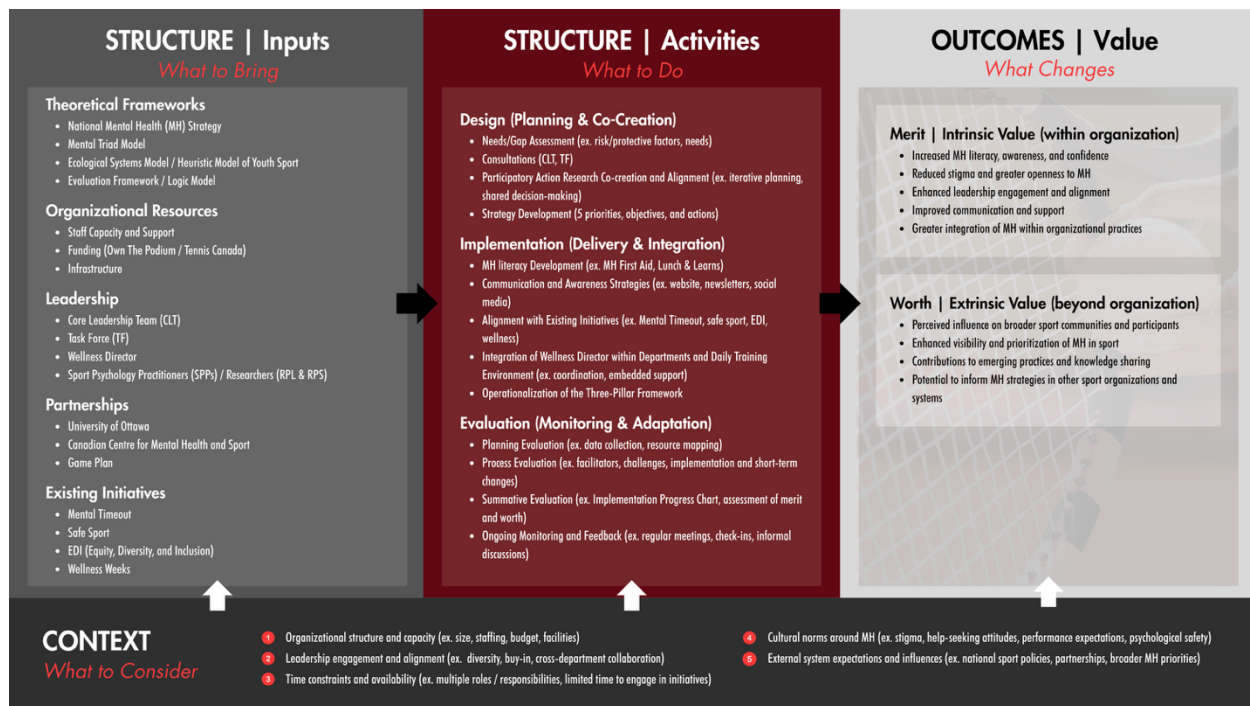
the number of people who have reached out to say, ‘How do we do this?’ People are seeing this is meaningful [and] we can share [our work]” (P2, CLT). Finally, participants highlighted the Strategy’s impact within the Canadian high performance sport community. For instance, one CLT member reported: “When the [CLT members] went to the Culture Summit conference [hosted by Game Plan and Own the Podium] in [Western Canada], and [CLT member] spoke about the Strategy, the feedback given was that TC did a great job communicating and promoting [the Strategy]. We made a huge splash” (CLT, P4).

Logic Model

This section presents the context-specific logic model developed through the summative evaluation of TC’s Strategy. As shown in Figure 2, structural inputs and activities are presented in the first two columns, outcomes are presented in the third column, and contextual factors are included at the bottom of the figure. Inputs reflect the human, financial, and structural resources mobilized to support activities, such as leadership, partnerships, and existing initiatives. In contrast, context refers to the internal and external conditions that influenced the evolution of TC’s Strategy and its outcomes, such as time constraints, cultural norms, and system expectations. Whereas inputs facilitated the implementation of activities across the three phases, the effectiveness of these inputs and activities, and the overall value of TC’s Strategy, were shaped by contextual factors.

Figure 2

A Systems-Level Logic Model for the Design, Implementation, and Evaluation of TC's MH Strategy



Discussion

The purpose of this study was to examine what TC accomplished during the first year of implementation of its sport-specific Strategy and to assess its intrinsic (merit) and extrinsic (worth) value. Overall, TC completed 93.0% (i.e., 66) of the 71 actions planned for the first year of the three-year rollout plan (Papich et al., 2026). Participants described the Strategy's merit as an internal cultural shift characterized by greater MH awareness, less stigma, and more coordinated support for athletes, staff, and parents—particularly through the role of the Wellness Director. They also highlighted the Strategy's worth, noting its influence beyond TC, including its impact on international players, tournaments, and other sport organizations. Together, these findings provide practical insights for sport psychology practitioners seeking to design, implement, and evaluate MH initiatives within sport organizations.

Results demonstrate substantial implementation progress across all five priorities of the national MH Strategy, suggesting that TC's Strategy meaningfully addressed leadership, promotion, prevention,

care, and monitoring during the first year of implementation. The highest completion rate occurred within Priority 5 (monitoring and improvement), followed by Priority 2 (MH promotion), Priority 3 (prevention), Priority 1 (leadership), and Priority 4 (MH care). The fact that Priority 5 was the most fully implemented is particularly noteworthy because evaluation is often underdeveloped in organizational MH initiatives, despite being essential for accountability, adaptation, and sustainability. In the present study, the completion of all actions under Priority 5 indicates that TC not only implemented MH initiatives but also established processes to monitor progress, document adaptations, and assess the Strategy's value. Overall, only two actions were in progress, and three were not initiated. Importantly, the three that were not initiated were either deemed no longer relevant as the Strategy evolved or were not feasible given a lack of resources, illustrating the adaptive nature of implementation processes. These results provide actionable information to support ongoing monitoring and refinement of the Strategy and offer a foundation for scaling initiatives across the broader tennis ecosystem.

The successful implementation of the Strategy can largely be attributed to TC's diverse leadership structure (Priority 1), which brought together individuals from MH and wellness, safe sport, people and culture, high performance, and communications domains. Using a Participatory Action Research approach (MacDonald, 2012) and an ecological systems perspective (Purcell et al., 2019), leaders collaboratively designed a context-specific MH Strategy that addressed individual, relational, and organizational dimensions of the tennis environment. For example, actions targeted individual supports (e.g., hiring a Certified Mental Performance Consultant, providing access to the Wellness Director), relational opportunities (e.g., MH first aid training for staff and coaches), and systemic initiatives (e.g., aligning MH with equity, diversity, and inclusion, and safe sport practices). This multi-level approach supports recommendations from the national MH Strategy (Durand-Bush & Van Slingerland, 2021) and extends emerging work suggesting that organizational culture, psychological safety, and inclusion are central determinants of MH outcomes in sport environments (Henriksen et al., 2024; International

Olympic Committee, 2021; Walton et al., 2024). In systems-level initiatives, MH outcomes stem from interactions among organizational subcomponents rather than isolated events (Vella & Rice, 2026). As such, the present findings extend previous work by demonstrating how participatory leadership structures and ecological frameworks can facilitate the coordinated implementation and evaluation of MH strategies within sport organizations.

The second most successfully implemented component was Priority 2 (MH promotion), with 97% of actions completed. Educational initiatives (e.g., Lunch and Learns, MH first aid training, onboarding activities) and communication strategies (e.g., newsletters, webpages, social media campaigns) at different time points (e.g., junior nationals, the National Bank Open, MH awareness month) supported MH literacy, awareness, and help-seeking across multiple groups. This multi-pronged approach is important because MH literacy and stigma reduction are key determinants of help-seeking behavior (Poucher et al., 2023). For applied sport psychology practitioners, these findings highlight the importance of integrating education and communication strategies across multiple groups rather than focusing solely on athlete-centered interventions. TC's Strategy extended beyond athletes to include coaches, staff, and parents, who are influential social agents in sport environments (Cruickshank & Collins, 2015; Dorsch et al., 2020; Purcell et al., 2019). This aligns with the Heuristic Model of the Youth Sport System (Dorsch et al., 2020), which emphasizes that youth athlete development and well-being are shaped by interactions among family, team, and environmental systems. In the context of tennis, this is particularly relevant because coaches and parents are proximal influences who shape athletes' daily experiences, expectations, communication patterns, and access to support. Rather than treating MH promotion as a discrete educational activity, TC embedded promotion across multiple organizational touchpoints, illustrating how education, communication, and public-facing initiatives can work together to normalize MH within a sport organization.

The Mental Timeout initiative also demonstrated significant extrinsic value by positioning MH within the global professional tennis community. By engaging high-profile athletes as MH ambassadors, TC leveraged athlete advocacy to help normalize MH discussions and model help-seeking—an approach increasingly recommended within athlete-centered MH promotion (Walton et al., 2022). The initiative also included structural supports such as a private relaxation zone, aligning with indicators of psychologically healthy sport environments (Henriksen et al., 2024). Additionally, safe sport videos featuring youth interviewing professional athletes expanded the initiative’s reach into family and grassroots contexts. Collectively, these efforts illustrate for practitioners and sport organizations how sport events can serve as entry points for MH promotion across ecological levels, influencing spectators, athletes, and parents in parallel (Pilkington et al., 2024; Wagstaff, 2026). By embedding MH promotion within professional tennis events, the initiative extended beyond individual athletes to influence broad social and cultural contexts surrounding youth sport participation (Dorsch et al., 2020). In doing so, the initiative contributed to several strategic objectives (e.g., identifying leaders, delivering MH education, and reducing stigma) while also shaping discourse and practices within the international tennis community.

Priority 3 initiatives further demonstrated the Strategy’s merit by targeting relational influences on athlete MH (Pilkington et al., 2024; Wagstaff, 2026). Parent-focused safe sport education and the Positive Court Pledge encouraged supportive behaviors among parents, coaches, and spectators. This is particularly important in tennis, where parents play a central role in shaping athletes’ experiences. Research shows that parental behaviors can either support or undermine athletes’ well-being through their expectations, communication styles, and emotional support (Gould et al., 2006). Building on Dorsch et al.’s (2020) youth sport systems perspective, these initiatives can be understood as efforts to shape the relational conditions surrounding athletes by clarifying behavioral expectations, promoting supportive communication, and linking safe sport practices with wellness. More recent work in tennis

suggests that collaboration between coaches and parents fosters clearer communication and more consistent support for athletes (Papich et al., 2024). By engaging parents alongside coaches and athletes, TC's Strategy addressed relational dynamics that influence athlete MH and helped create shared expectations within the sport environment. This contributes to the literature showing how prevention-oriented MH actions can be embedded in the everyday social architecture of sport, rather than being limited to individual athlete education or clinical response. These findings also reinforce the value of Certified Mental Performance Consultants in supporting interpersonal skills such as communication, teamwork, and relationship-building that underpin athlete well-being (Durand-Bush et al., 2023).

Although Priority 4 (MH care) had the lowest completion rate relative to the other priorities, findings suggest that TC made meaningful progress in strengthening pathways to support through the Wellness Director and external partners. The Wellness Director emerged as a facilitative mechanism through which the Strategy could further be translated into the daily training environment. The role provided athletes and parents with internal support while also facilitating access to external MH services through third-party providers such as the Canadian Centre for Mental Health and Sport. Embedding MH expertise within the daily training environment can strengthen trust, normalize help-seeking, and signal organizational commitment to athlete MH (Poucher et al., 2023). At the same time, the availability of external providers is essential, as concerns about confidentiality often deter athletes from seeking support within their own organizations (Cosh et al., 2024; Poucher et al., 2023). By combining internal and external pathways to care, TC's Strategy reflects best-practice recommendations from organizations such as the International Olympic Committee, Game Plan, and Canadian Centre for Mental Health and Sport for integrated support systems in sport. It also illustrates how practitioners can embed MH expertise within athletes' training environment while maintaining confidential external referral pathways.

Taken together, these findings are consolidated in the context-specific logic model developed through the summative evaluation of TC's Strategy. The model represents an important contribution because it translates a complex, system-level MH initiative into an organized framework linking structure, action, context, and value. Consistent with program evaluation literature (Killion, 2018), the model distinguishes between the inputs mobilized to support the activities undertaken across design, implementation, and evaluation, the contextual conditions that shaped the Strategy's evolution, and the outcomes reflecting its perceived merit and worth. This distinction is useful because it demonstrates that TC's Strategy was not simply a function of having resources in place, but of how these resources were mobilized through frameworks, leadership, partnerships, existing initiatives, and adaptive implementation processes within a specific sport context.

The model also advances applied sport psychology and sport MH literature by offering a practical bridge between ecological recommendations and organizational action. Although ecological and systems-based approaches are increasingly recommended in sport MH research (Purcell et al., 2019; Wagstaff, 2026), there remains limited empirical guidance on how organizations can operationalize such recommendations and evaluate their value in practice. By visually mapping TC's inputs, activities, contextual influences, and perceived outcomes, the logic model shows how system-level MH work unfolds across interconnected components rather than through isolated programs. Importantly, the model does not prescribe a one-size-fits-all process; instead, it offers an adaptable roadmap that other sport organizations can use to identify their own resources, align existing initiatives, anticipate contextual constraints, and evaluate merit and worth over time. In this way, the logic model serves both as an evaluative synthesis of TC's Strategy and as a knowledge translation tool for organizations and practitioners seeking to design, implement, and evaluate context-sensitive MH initiatives in sport.

Strengths and Limitations

A key strength of this research was the use of a Participatory Action Research approach, positioning leaders as co-researchers with shared decision-making power alongside the research team. Participatory Action Research is particularly well suited to systems-level inquiries because it enhances contextual relevance, acceptability, and sustainability of initiatives (Vella & Rice, 2026). The Ecological Systems Model and Heuristic Model of the Youth Sport System further supported the recruitment of key social agents, ensuring TC's Strategy reflected the realities of different groups in the Canadian tennis context. Another strength was collecting longitudinal implementation data, which remains relatively uncommon in sport-focused MH research. Qualitative data also provided rich insight into leaders' perceptions of the Strategy's merit and worth, strengthening the study's confirmability and practical relevance. The development of a context-specific logic model was an additional strength, as it synthesized the Strategy's inputs, activities, contextual influences, and perceived outcomes into a practical roadmap that can inform future implementation and evaluation efforts. Finally, having two researchers guide the Participatory Action Research process helped ensure rigorous and evidence-informed research practices, thereby enhancing the study's credibility and transferability.

Despite these strengths, limitations should be considered. First, the study did not include the perspectives of athletes, coaches, parents, and leaders who were not involved in the research process. Integrating these voices would provide a broader understanding of how the Strategy is perceived across the tennis community. Second, although qualitative data yielded valuable insight, the study focused primarily on leaders' perceptions and implementation progress rather than directly measuring changes in outcomes (e.g., help-seeking, stigma reduction) across participant groups. Future evaluations could benefit from mixed-methods approaches combining surveys, interviews, and focus groups to examine the Strategy's reach, perceived value, and longer-term outcomes. As TC continues to expand its initiatives across its ecosystem, large-scale surveys could help assess the Strategy's reach and impact

among a wider sample of participants. Finally, because the logic model was developed within one national sport organization, future research should examine how this roadmap can be adapted and evaluated in sport organizations with different structures, resources, and participant groups.

Conclusion

This project addresses an important gap in the evaluation of system-level initiatives designed to improve MH within sport organizations. It provides empirical evidence of the intrinsic and extrinsic value of applying a Participatory Action Research approach, ecological and youth sport systems frameworks, and program evaluation principles to design, implement, and evaluate a sport-specific adaptation of the national MH Strategy within a national sport organization. Overall, TC successfully implemented the majority of planned actions during the first year of its three-year Strategy. Internally, the findings suggest that the Strategy contributed to increased athlete, coach, staff, and parent support and the integration of MH resources in the daily training environment with the support of the Wellness Director. Externally, leaders perceived that the Strategy influenced practices and conversations surrounding MH among international players, tournaments, and other sport organizations. These findings offer practical guidance for sport organizations seeking to develop MH initiatives. In particular, engaging a diverse leadership group can facilitate alignment among education, programming, and communication strategies. Moreover, developing interpersonal skills among athletes and their entourages can strengthen the relational conditions that support MH, particularly when parents, coaches, and staff are included as part of the broader sport system. The logic model developed through this study further contributes a practical roadmap for organizations seeking to translate system-level MH recommendations into context-sensitive action and evaluation. Together, this study provides practical insight into how strategically aligned, systems-level initiatives can generate meaningful value both within and beyond sport organizations. It offers applied guidance for sport psychology practitioners seeking to collaboratively design, implement, and evaluate MH strategies within sport systems.

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Supplemental Materials/ Implementation Progress Chart

Figure 1

Priority 1 – Leadership, Population Engagement, and Communication (18 actions, 88.9% completed)

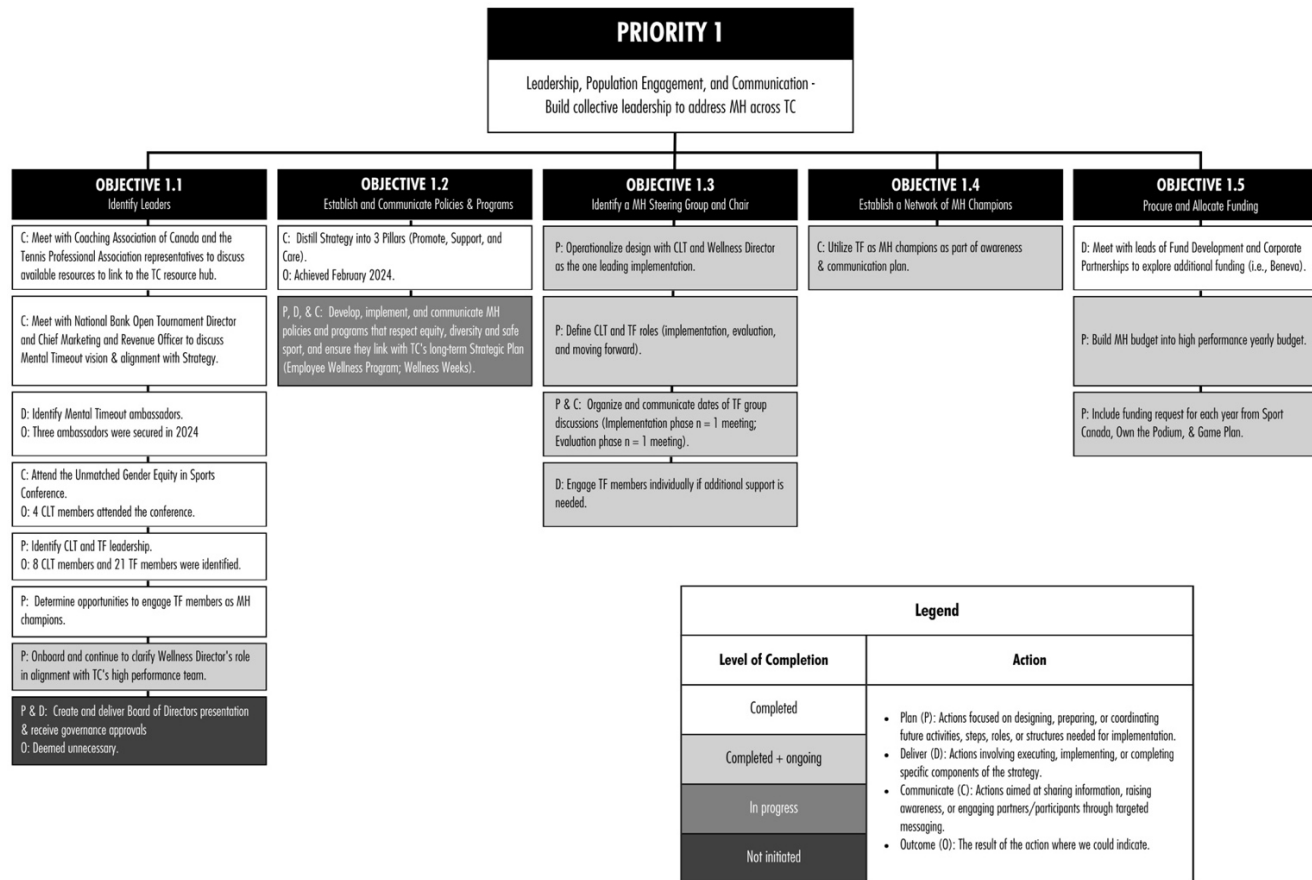


Figure 2

Priority 2 – Promotion of MH (23 actions; 95.7% completed)

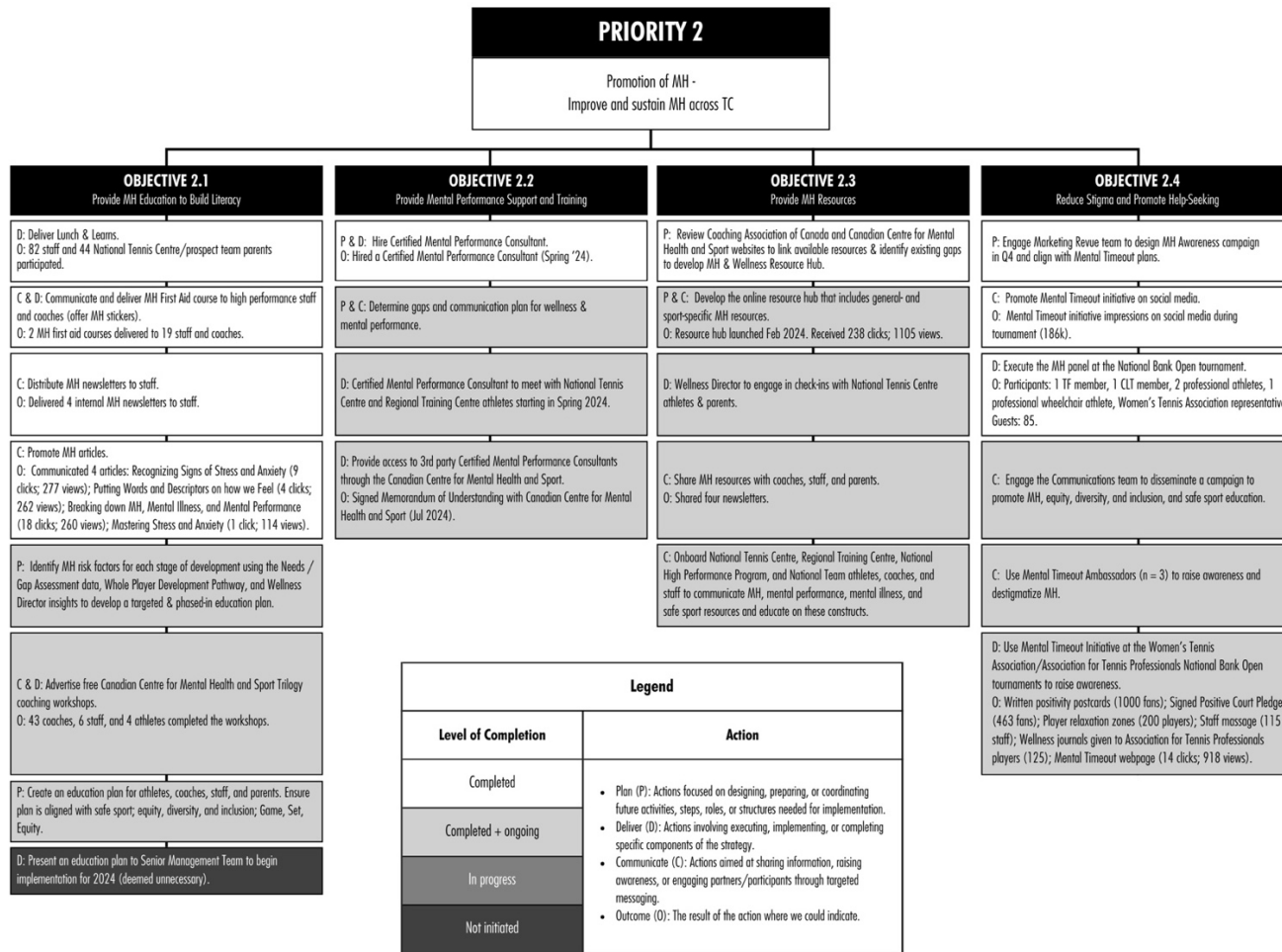


Figure 3

Priority 3 – Prevention of MH challenges and Mental Illness (13 actions, 92.3% completed)

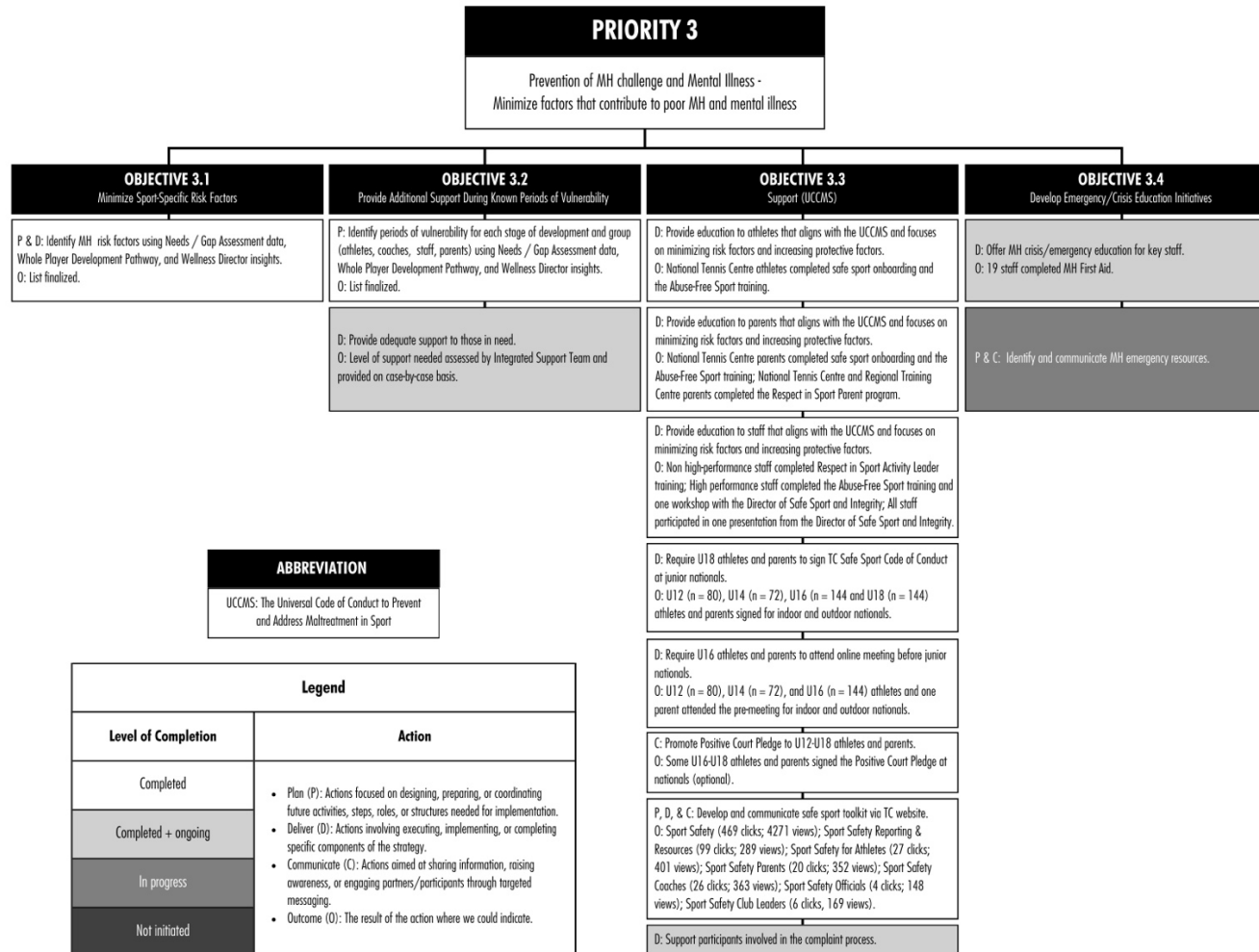
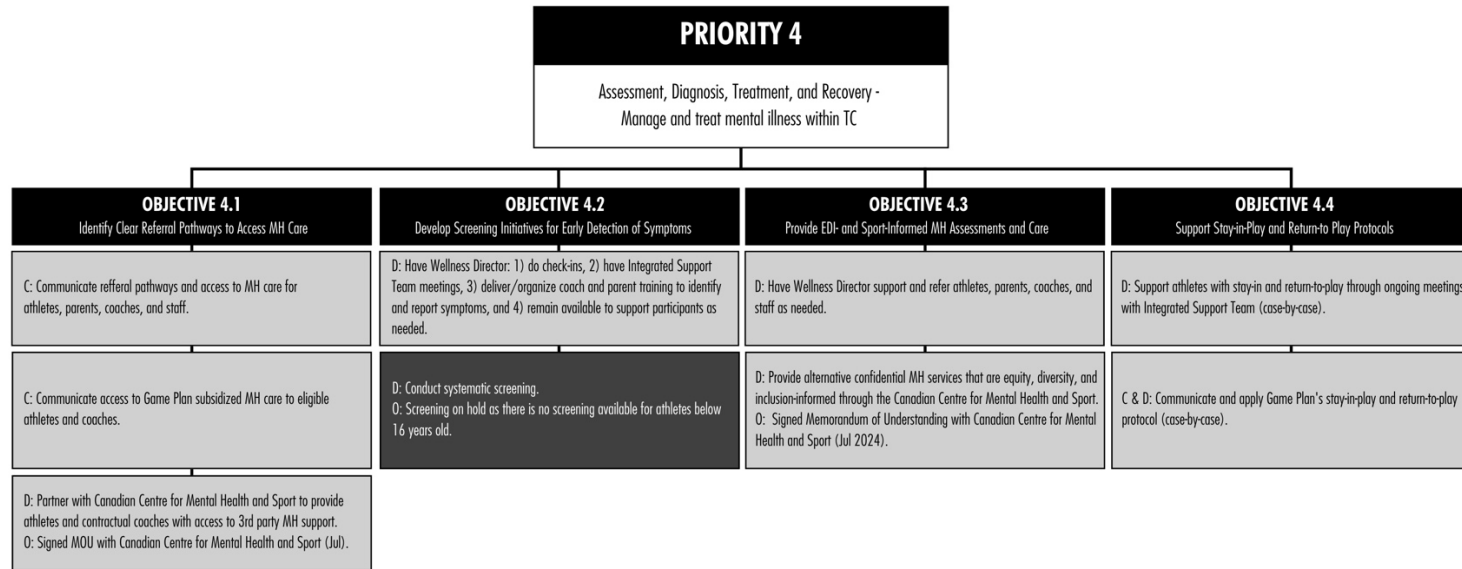


Figure 4

Priority 4 – Assessment, Diagnosis, Treatment, and Recovery (9 actions, 88.9% completed)



Legend	
Level of Completion	Action
Completed	- Plan (P): Actions focused on designing, preparing, or coordinating future activities, steps, roles, or structures needed for implementation. - Deliver (D): Actions involving executing, implementing, or completing specific components of the strategy. - Communicate (C): Actions aimed at sharing information, raising awareness, or engaging partners/participants through targeted messaging. - Outcome (O): The result of the action where we could indicate.
Completed + ongoing	
In progress	
Not initiated	

Figure 5

Priority 5 – Implementation, Monitoring, and Improvement (8 actions, 100.0% completed)

PRIORITY 5
Implementation, Monitoring, and Improvement - Successfully deliver TC's Strategy
OBJECTIVE 5.1 <i>Minimize Sport-Specific Risk Factors</i>
P & D: Engage in weekly meetings between Wellness Director, Director of High Performance Programs, and Research Project Lead to establish key performance indicators, track implementation, and complete the chart. O: Held over 40 meetings.
D: Conduct interviews with TF at 6-month time point (implementation phase). O: Conducted 11 interviews (Sep 2024).
D: Conduct 1 Task Force meeting during the implementation phase to share progress and obtain feedback. O: Conducted 1 meeting (Jun 2024).
C: Deliver a presentation on Mental Health & Wellness Strategy implementation at Own the Podium/Game Plan Culture of Excellence Symposium (Mar 2024) and Own the Podium/Game Plan Winter Sport Culture Summit (May 2024). O: 3 Core Leadership Team/Task Force members presented at two summits and received feedback from Canadian high performance sport community.
C: Deliver a presentation on Mental Health & Wellness Strategy implementation at the European Congress of Sport and Exercise Psychology (FEPSAC) conference in Jul 2024. O: 2 CLT/TF members presented and received feedback from international scholars.
D: Engage in Core Leadership Team meetings to monitor implementation and plan. O: Conducted 14 meetings.
D: Conduct interviews (n = 6) with CLT at 12-month time point (evaluation phase). O: Plan to be completed by Jun 2025.
D: Conduct 1 TF meeting during the evaluation phase to share progress, obtain feedback, and communicate plan moving forward (Apr 2025). O: Plan to be completed by Apr 2025.

Legend	
Level of Completion	Action
Completed	- Plan (P): Actions focused on designing, preparing, or coordinating future activities, steps, roles, or structures needed for implementation. - Deliver (D): Actions involving executing, implementing, or completing specific components of the strategy. - Communicate (C): Actions aimed at sharing information, raising awareness, or engaging partners/participants through targeted messaging. - Outcome (O): The result of the action where we could indicate.
Completed + ongoing	
In progress	
Not initiated	

PART IV

General Discussion

The purpose of this general discussion is to integrate the main findings of this research project and highlight significant theoretical, methodological, and practical contributions. Recommendations for future research, as well as for SPPs and organizations wishing to develop MH initiatives to make sustainable improvements, are provided. To situate the reader, the research aims of each of the three studies are revisited below.

Research Aims Revisited

The overall aim of the research project was to collaboratively design, implement, and evaluate a sport-specific version of the National MH Strategy with TC leaders. A PAR approach was used to carry out this multiphase project using qualitative research methods to fulfill the three project objectives:

Design Phase (Study 1)

- Collaboratively design a sport-specific MH strategy with TC based on the National MH Strategy (Planning Evaluation; Article 1).

Implementation Phase (Study 2)

- Investigate the first year of implementation of TC's Strategy from the perspectives of leaders (Process Evaluation; Article 2).

Evaluation Phase (Study 3)

- Investigate what TC accomplished during the first year of implementing its Strategy and assess its value (Summative Evaluation; Article 3).

Integration and Interpretation of Research Findings

As this was a qualitative multiphase PAR project, each phase informed the next. A planning evaluation was conducted in Study 1 to develop TC's Strategy. TC's Strategy was then launched, with a focus on TC coaches and staff, as well as athletes and parents from the National Tennis Centre, three

Regional Training Centres, and the wheelchair tennis National High-Performance Program for the first year of the three-year phased approach. A process evaluation was carried out in Study 2 to track the first year of implementation of TC's Strategy. Finally, a summative evaluation was completed in Study 3 to examine the extent to which the actions within TC's Strategy were achieved and to assess the overall intrinsic and extrinsic value of the Strategy. Across the three studies, findings demonstrate how a system-wide MH strategy can be collaboratively designed, how it can be translated into practice during early implementation, and what intrinsic (merit) and extrinsic (worth) value it can generate in its first year. Taken together, these findings offer rare empirical insight into the operationalization of MH strategies within sport systems, an area that has been largely dominated by conceptual and position-based literature.

From Concept to Practice: Operationalizing System-Level MH Strategies

A central theme across all three studies is the translation of high level frameworks into actionable, context-specific practices. The Design Phase demonstrated how national priorities (e.g., leadership, promotion, prevention) can be meaningfully adapted to an organizational context through participatory processes. The Implementation Phase further showed how an initially complex and aspirational strategy required simplification (e.g., Three-Pillar framework) to facilitate uptake and alignment across departments. Finally, the Evaluation Phase confirmed that these translated actions were not merely symbolic, with 90% of planned actions completed in Year 1.

These findings extend existing literature in several important ways. While frameworks such as the Ecological Systems Model (Purcell et al., 2019) and calls for system-level MH approaches are well established (Maher, 2022; Vella & Rice, 2026; Wagstaff, 2026), empirical demonstrations of *how* organizations move from strategy to execution remain scarce (Prior et al., 2024a). This research shows that knowledge translation is not a linear process, but rather iterative, requiring simplification, adaptation, and continuous leadership engagement (Cargo & Mercer, 2008). Importantly, this work

highlights a tension in the literature between comprehensiveness and feasibility. While prior recommendations advocate for broad, multi-level interventions (Prior et al., 2024a), the present findings illustrate that phased implementation and prioritization are essential for sustainability. This contributes to emerging discussions in organizational psychology suggesting that the success of ambitious strategies depends on organizational readiness, capacity for change, and the ability to adapt implementation as needed (Armenakis & Harris, 2009; Clegg et al., 2024; Maher, 2022; Mladenova, 2022). Future research should examine how different organizations (e.g., smaller NSOs with fewer resources) navigate this translation process, as the feasibility of implementing such comprehensive strategies may vary considerably across contexts.

Leadership as the Engine of Cultural Change

Across all studies, leadership emerged as the most influential mechanism driving both implementation and cultural change. During the Design Phase, leadership, communication, and education were the most emphasized priorities. In the Implementation Phase, the evolution of a diverse and adaptive CLT, alongside the integration of new roles (e.g., communications expert, Wellness Director), was central to progress. The Evaluation Phase further confirmed that the leadership structure enabled coordinated action across TC departments and ecological levels. These findings strongly support and extend prior literature emphasizing the role of leadership in shaping psychologically healthy sport environments (Henriksen et al., 2020, 2024b; Maher, 2022; Prior et al., 2024b; Wagstaff & Quartiroli, 2023; Walton, Purcell, Pilkington, et al., 2024). This research also advances the field by demonstrating that leadership is not only a contextual factor but also an active intervention mechanism. Specifically, leadership contributed to buy-in and sustained engagement, alignment across departments and initiatives, translation of strategy into practice, and modelling of MH-supportive behaviours.

A particularly novel contribution is the empirical validation of the Wellness Director role as a central driver of implementation. While previous studies and position and consensus statements have

recommended MH officers or embedded practitioners, this study provides concrete evidence of their impact on coordination, access to care, and normalization of help-seeking. At the same time, findings reveal potential challenges in leadership engagement, particularly among senior leadership and high-performance staff who experience high workloads. This aligns with literature describing performance-oriented cultures within which it can be difficult to prioritize MH and well-being (Walton, Purcell, Pilkington, et al., 2024). Future research should investigate strategies to enhance senior leadership accountability, secure buy-in and behavioural modeling, and examine how leadership engagement influences long-term sustainability and MH outcomes.

MH Literacy as a Foundational Lever for System Change

Another consistent theme across studies is the central role of MH literacy as a driver of both individual and organizational change. Education was prioritized during the Design Phase, carried out during the Implementation Phase, and experienced as a meaningful outcome by leaders in the Evaluation Phase (e.g., increased awareness, confidence, empathy, active listening). These findings reinforce existing evidence that MH literacy is critical for reducing stigma and promoting help-seeking (Breslin et al., 2017a, 2022; Gulliver, Griffiths, Christensen, Mackinnon, et al., 2012; Poucher et al., 2023). The current research extends the literature by demonstrating that MH literacy can transform knowledge, behaviours and relationships, enhance leaders' capacity to act as MH champions, and strengthen competencies in personal life (e.g., parenting, communication; Hurley et al., 2020, 2021; O'Connor et al., 2023; Walton et al., 2022). Targeting coaches, parents, and staff in MH literacy initiatives was congruent with the ecological approach guiding TC's Strategy, moving beyond theory to show how multi-target education can be embedded into organizational practices. However, barriers such as time constraints, accessibility, and competing demands were identified. This supports recent calls for flexible delivery methods (e.g., microlearning) and highlights potential implementation challenges (Alias & Razak, 2024; De Gagne et al., 2019; Driska & Nalepa, 2019; Morris et al., 2025; Silva

et al., 2025). There is a need for research evaluating the optimal formats, dosage, and long-term impact of MH literacy interventions, particularly in high-performance environments where time and engagement are constrained.

Aligning MH with Organizational Initiatives

A key contribution of this research lies in demonstrating how MH can be integrated into organizational culture rather than treated as an isolated initiative. Across studies, this integration occurred by aligning MH with safe sport, EDI, and wellness initiatives, embedding MH within daily training environments, events (e.g., Mental Timeout), and initiatives (e.g., Positive Court Pledge, safe sport videos), and promoting MH through wellness and recovery practices (e.g., wellness weeks). These findings support literature suggesting that psychologically healthy environments require systemic alignment across policies, practices, and values (Henriksen, Huang, et al., 2024; Parent et al., 2022; Wagstaff & Quartiroli, 2023). Moreover, this research advances the field by illustrating *how* such alignment is achieved in practice, particularly through cross-department collaboration, strategic communication, and integration into existing structures. At the same time, findings highlight potential cultural tensions, especially within high-performance contexts where rest, recovery, and MH prioritization remain challenging. This reinforces the notion that cultural change is gradual, uneven, and context-dependent (Wagstaff, 2017, 2026). Future work should examine how MH integration and alignment influence performance outcomes, as well as how organizations reconcile tensions between performance demands and well-being.

Demonstrating Value: From Internal Culture Shift to External Influence

The Evaluation Phase study provides compelling evidence of both intrinsic (merit) and extrinsic (worth) value of TC's Strategy. Intrinsically, leaders reported increased MH awareness and reduced stigma, greater coordination of support systems, and enhanced psychological safety. Extrinsically, leaders shared that TC's Strategy influenced broader tennis communities, international players and

events, and other sport organizations. This dual impact is a significant contribution, as prior literature has largely focused on individual-level outcomes or conceptual benefits. Here, the findings demonstrate that system-level MH strategies can generate ripple effects beyond organizational boundaries, particularly when linked to high-visibility platforms (e.g., professional tournaments, MH ambassadors). These findings also reinforce the importance of public-facing initiatives and athlete advocacy in shaping MH discourse (Walton et al., 2022). Notwithstanding these positive outcomes, there is a need for objective and longitudinal measures of impact, including behavioural, cultural, and performance indicators, to complement self-reported perceptions of value.

Taken together, the present findings provide a novel empirical perspective into how a system-wide MH strategy can be designed, implemented, and evaluated within a NSO. Beyond the insights provided in this section, the current research also offers theoretical, methodological, and practical contributions that extend current literature on MH in sport and provide a foundation for future research and practice.

Theoretical, Methodological, and Practical Contributions of the Research

Theoretical Contributions

This research makes a significant theoretical contribution by demonstrating the value of integrating multiple conceptual and theoretical frameworks to guide the design, implementation, and evaluation of a system-level MH strategy in sport. While previous literature has tended to rely on single frameworks or position statements, the present work shows how a multi-framework, integrative approach can provide a more comprehensive and actionable understanding of MH in complex sport systems.

First, the national MH Strategy (Durand-Bush & Van Slingerland, 2021) served as a macro-level organizing framework, offering clear priorities (e.g., leadership, promotion, prevention) that anchored the strategic work. However, this national strategy alone does not specify how these priorities interact within real-world contexts. The integration of additional frameworks allowed for a more nuanced

conceptualization of MH across levels and groups within the sport system. The adapted Ecological Systems Model (Durand-Bush & Van Slingerland, 2021; Purcell et al., 2019) and the Heuristic Model of the Youth Sport System highlighted in Study 3 (Dorsch et al., 2020) contributed a systems-oriented lens, highlighting the dynamic interactions between individuals (e.g., athletes), within relationships (e.g., coach-athlete, parent-athlete) and across organizational structures (e.g., National Tennis Centre, Regional Training Centres). These models were instrumental in moving beyond athlete-centric approaches and conceptualizing MH as an emergent property of interconnected systems, consistent with recent calls in the literature (Henriksen, Huang, et al., 2024; Vella & Rice, 2026; Wagstaff, 2026). Importantly, this research extends these models by empirically demonstrating how system-level principles can be operationalized within a NSO.

Complementing this systems perspective, the Mental Triad Model (CCMHS, 2023; Durand-Bush et al., 2022; Van Slingerland, 2021) provided a foundational conceptual framework to differentiate and integrate MH, MI, and MP. This was particularly important for addressing persistent conceptual ambiguity in the field and for normalizing MH experiences across continua. Findings from this research suggest that integrating the Mental Triad Model within organizational strategies may facilitate shared language, stigma reduction, and more holistic programming, thereby advancing theoretical understanding of how MH-related constructs are interpreted and applied in sport settings.

Finally, the use of a Program Evaluation Framework that included a planning, process, and summative evaluation, combined with a context-relevant Logic Model (Killion, 2018), enabled the alignment of theoretical priorities with objectives and actions. This contributes to the literature by bridging a common gap between conceptual frameworks and evaluation practices, which are often treated as distinct or sequential processes rather than integrated components of program design. Consistent with program evaluation scholarship emphasizing the need for systematic, data-driven planning, implementation, and assessment (Killion, 2018; Patton, 2008), the present research

demonstrates how program evaluation frameworks and logic models can be used not only as evaluation tools but as theory-informed frameworks that guide the entire lifecycle of a program or strategy.

Specifically, the use of a logic model allowed for the explicit linking of inputs, activities, and outcomes while accounting for contextual factors, thereby facilitating planning, process, and summative evaluations within a coherent structure (see subsequent section for a visual representation of the Logic Model summarizing this research; Killion, 2018). This is particularly important in complex, system-level MH initiatives, where outcomes emerge from dynamic interactions across multiple levels of the sport environment. Moreover, consistent with their use in health promotion and public health research (e.g., Centers for Disease Control and Prevention, n.d.; Centre for Addiction and Mental Health, 2018; Public Health Ontario, 2025), logic models supported the simplification of complex relationships, the identification of context-relevant indicators, and the development of a shared understanding among leaders. Rather than treating evaluation as a post hoc activity, the present research demonstrates how logic models can serve as a flexible and integrative roadmap, linking structural activities, processes, contextual conditions, and outcomes across phases of a complex MH strategy. In doing so, this work advances the literature by illustrating how logic models can be embedded within participatory, systems-level approaches to support both rigour and practical relevance in sport psychology research.

Taken together, the integration of these conceptual frameworks and models represents a novel theoretical contribution, illustrating how combining a macro-level strategy (i.e., national MH Strategy) and systems models (i.e., Ecological Systems Model; Heuristic Model of the Youth Sport System) with conceptual (i.e., Mental Triad Model) and evaluation (i.e., Program Evaluation Framework; Logic Model) models can generate a more comprehensive and actionable understanding of MH in sport. This work advances the literature by moving beyond fragmented or siloed approaches toward a coherent, multi-level theoretical architecture capable of guiding both research and practice.

Methodological Contributions

This research also makes important methodological contributions by demonstrating the value of a PAR approach combined with a longitudinal, multiphase evaluation in studying system-level change within sport organizations. First, the use of PAR represents a significant advancement in sport psychology research, particularly in the domain of MH. While PAR has been recommended for complex, real-world MH in sport interventions (Vella & Rice, 2026), its application in sport systems research remains limited. By engaging leaders as co-researchers and collaborators, this approach enhanced the ecological validity, relevance, and feasibility of TC's Strategy and ensured that decisions were grounded in the lived realities of the sport context (Vella & Rice, 2026).

Although PAR has been widely used in healthcare and community-based research to address power imbalances and co-develop contextually relevant solutions (Abma et al., 2018; Cargo & Mercer, 2008; MacDonald, 2012), and has been applied in sport for development contexts (e.g., Luguetti et al., 2022; McSweeney et al., 2023; Rich & Misener, 2020; Robinson et al., 2019; Schinke & Blodgett, 2016; Smith et al., 2021), its use within high performance sport organizations remains limited. It has nonetheless informed important sport-specific initiatives, including the development of the GMP-SP (Durand-Bush et al., 2023) and a sport-focused MH service delivery model that led to the creation of the CCMHS (Van Slingerland, 2021). Building on this emerging work, PAR in the current research functioned not only as a methodological approach but also as a mechanism for change, enabling iterative cycles of planning, action, observation, and reflection (PAOR) across the Design, Implementation, and Evaluation phases.

This process facilitated the co-construction of knowledge between researchers and organizational leaders, whereby conceptual frameworks (e.g., national MH Strategy, Mental Triad Model) were integrated with contextual insights (e.g., organizational needs, resource constraints, cultural dynamics) to shape decision-making throughout the project. In doing so, the research operationalized a core

epistemological principle of PAR—namely, that knowledge is co-created and action-oriented (Cargo & Mercer, 2008; Chevalier & Buckles, 2019; Greenhalgh et al., 2016; Kemmis et al., 2014). A key strength of this approach was its ability to capture multiple perspectives across ecological levels, including leaders representing different roles (e.g., high performance, safe sport, EDI, wellness, communications, professional wheelchair tennis) and system layers (e.g., individual, interpersonal, organizational). This facilitated a more comprehensive understanding of the factors influencing MH within the tennis environment and supported the development of a strategy that was both contextually grounded and systemically informed.

At the same time, the research highlights important practical and methodological challenges associated with PAR, including the need to continuously negotiate roles, responsibilities, and decision-making authority between academic and organizational partners. For example, roles shifted for the researchers (RPL and RPS) from the Design to Implementation Phases, as TC's organizational leaders assumed greater responsibility for implementation processes and activities. This required ongoing dialogue to maintain clarity, trust, and shared ownership of the research (Cargo & Mercer, 2008). These dynamics underscore that PAR is not only collaborative, but also adaptive and relational, requiring flexibility and reflexivity from all participants (Cargo & Mercer, 2008; MacDonald, 2012; Olmos-Vega et al., 2023; Smith, 1999). When effectively managed, such processes can strengthen capacity building, empower community leaders, and enhance the sustainability of initiatives. Overall, PAR facilitated a dynamic and iterative research process that contrasts with traditional linear designs and aligns more closely with the realities of organizational change. The present research demonstrates that PAR can be effectively used not only to generate knowledge, but also to drive meaningful change within sport organizations, thereby bridging the gap between research and practice.

Second, this research contributes methodologically through its longitudinal, multiphase design, which captured the evolution of a MH strategy over time. Much of the existing literature relies on cross-

sectional or short-term evaluations, limiting understanding of how initiatives unfold in practice. By examining the Design Phase, first year of Implementation, and early indicators of value, this research provides rare temporal insight into the processes underlying system-level change. This approach aligns with calls for more process-oriented and developmental evaluations in sport psychology (Prior et al., 2024a; Vella & Rice, 2026). Third, the integration of a Program Evaluation Framework and Logic Model (Killion, 2018) within the PAR process represents an important methodological innovation. These served as planning, implementation, and evaluation tools, enabling the systematic tracking of actions (e.g., 71 actions across five priorities) and their alignment with strategic objectives. This contributes to the literature by illustrating how evaluation frameworks can be embedded within PAR designs to enhance transparency, accountability, and rigour. Finally, the use of multiple qualitative data sources (e.g., group discussions, interviews, reflexive journal, implementation tracking chart) and their triangulation strengthened the credibility and richness of the findings.

Overall, this research advances methodological approaches in sport psychology by demonstrating how PAR, longitudinal designs, and evaluation frameworks can be combined to study and support complex, system-level MH initiatives. It provides a model for future researchers seeking to conduct rigorous, impactful work in real-world sport contexts.

Practical Contributions

In addition to advancing theory and methodology, this research offers substantial practical contributions for SPPs, sport organizations, and researchers seeking to improve MH outcomes within sport systems. By integrating findings across the three studies, this work has led to eight applied, evidence-informed recommendations for designing, implementing, and evaluating system-level MH strategies in sport. To support the translation of these findings into practice, the Logic Model (Figure 10) guiding this research can serve as a visual roadmap to implement similar initiatives in contexts with varying needs and resources. Consistent with Killion's (2018) work and adapted to the current research

with TC, structural inputs and activities were outlined in the first two columns of the figure and contrasted with contextual factors included at the bottom of the figure. Inputs refer to the human, financial, and structural resources (e.g., leadership, partnerships, existing initiatives) mobilized to support activities. In contrast, the context represents the internal and external conditions (e.g., time constraints, cultural norms, and system expectations) that influenced the evolution of TC's Strategy and its outcomes, highlighted in the third column of the figure. In other words, while the inputs facilitated the implementation of activities across the three phases, which led to achieved outcomes measured through indicators of merit and worth, the effectiveness of the inputs and activities, and the overall value of TC's Strategy were shaped by contextual factors, reinforcing the need for context-sensitive implementation and evaluation.

Figure 10

A Systems-Level Logic Model for the Design, Implementation, and Evaluation of TC's MH Strategy



The following eight recommendations build on this model to provide practical guidance for designing, implementing, and evaluating system-level MH strategies in sport.

Recommendation 1 – Mobilize the Organization’s Leaders.

Findings from Studies 1, 2, and 3 highlight the importance of mobilizing leadership across multiple groups and levels of the sport system. Study 1 demonstrated that recruiting leaders representing different perspectives (e.g., athletes, coaches, parents, practitioners, senior leaders) enabled the identification of needs and gaps at the individual, relational, and organizational levels (Henriksen, Huang, et al., 2024; Jewett, Durand-Bush, Primeau, & Van Slingerland, 2026; Pilkington et al., 2024; Poucher et al., 2023; Wagstaff, 2026), supporting the development of a comprehensive MH strategy. This aligns with the Ecological Systems Model (Durand-Bush & Van Slingerland, 2021; Purcell et al., 2019) and the Heuristic Model of the Youth Sport System (Dorsch et al., 2020), which emphasize the value of recruiting participants across system levels and groups for the design of organization-wide initiatives. It is also congruent with Priority 1 of the national MH Strategy (Durand-Bush & Van Slingerland, 2021).

Across Studies 1, 2, and 3, senior leadership was critical for translating strategy into action, maintaining momentum through cross-departmental dialogue, and advocating for MH promotion, education, and resources within their respective roles. This reduced siloed efforts across TC and supported system-wide alignment, which is essential for organizational change (Wagstaff & Quartiroli, 2023). For organizations with varying resources, this finding suggests that while leadership structures may differ, engaging committed leaders, both formal and informal, is a foundational step for implementing MH strategies. SPPs can play a key supporting role within these leadership structures by facilitating discussions, translating MH and MP concepts into accessible language, and supporting leaders in applying evidence-based principles within their specific roles (Daley et al., 2020; Prior et al., 2024b; Wagstaff & Quartiroli, 2023).

Recommendation 2 – Conduct a Needs/Gap Assessment to Inform the Strategy.

Study 1 demonstrated the value of conducting a needs/gap assessment to inform the development of a contextually relevant MH strategy. The process served as the foundation for the

planning evaluation (Killion, 2018), allowing leaders to adapt the tool, identify risk and protective factors across individual, relational, and organizational levels (Henriksen, Huang, et al., 2024; Pilkington et al., 2024; Wagstaff, 2026), as well as organizational capacity (e.g., resources, timeline) to address needs and gaps (Maher, 2022). Importantly, the assessment extended beyond identifying MH challenges to capturing opportunities for development, including MP, well-being, and psychological safety. This allowed for the design of a strategy that addressed: (a) individual needs (e.g., confidence, MH literacy), (b) interpersonal dynamics (e.g. coach-athlete relationships, parental involvement, psychological safety), and (c) organizational supports (e.g., referral pathways, policies, access to care). For researchers and SPPs, this highlights the importance of grounding MH strategies in context-specific data, ensuring relevance and increasing the likelihood of effective and sustainable implementation. SPPs are well positioned to guide the identification of performance, well-being, and relational needs, and to help interpret findings in a way that informs both MH promotion and MP development.

Recommendation 3 – Adopt a Systems-Level and PAR Approach.

Findings from Studies 1, 2 and 3 demonstrate the value of adopting a systems-level and participatory approach, recognizing the interconnected nature of MH within sport environments (Daley et al., 2020; Maher, 2022; Wagstaff & Quartiroli, 2023). Aligning initiatives across the organization and targeting multiple groups (e.g., coaches, parents, staff) enhanced coherence and impact. PAR is guided by principles of participation and mutual learning, allowing collaborators to democratize psychological language and knowledge to foster shared ownership and collective responsibility (Daley et al., 2020; Wagstaff & Quartiroli, 2023). Part of this work involves SPPs helping the system become psychologically informed, engaging members in co-creating initiatives and fostering autonomy and confidence to become MH champions in their daily roles. The PAR approach supports both researchers and SPPs in working collaboratively with organizations to design MH strategies and interventions that are both evidence-informed and contextually meaningful.

Recommendation 4 – Appoint and Support a Central MH Director.

Findings from Studies 2 and 3 highlight the importance of appointing a central leader to coordinate MH initiatives, such as the Wellness Director. Given that MH in sport has historically been addressed in a reactive manner, embedding this role within the organization and daily training environment represents a more proactive and structural approach, helping to normalize MH as a core organizational value and priority and facilitating access to care (Poucher et al., 2023). Similar roles have been recommended to support the development of holistic and psychologically-informed sport systems, including the MH Officer (Henriksen et al., 2020) and the Head of Performance Environment (Wagstaff & Quartiroli, 2023). While these roles differ in scope and context, they collectively underscore the importance of a dedicated individual to lead MH initiatives and to coordinate and communicate with key leaders to ensure the role does not function in isolation. Findings from the present research demonstrate that effectiveness depends on being embedded within a broader leadership structure, supported by ongoing dialogue, shared responsibility, and alignment across departments. For organizations with limited resources, these findings suggest that existing personnel (e.g., SPPs, coaches, or staff members) can assume similar responsibilities, provided that roles are clearly defined and supported. This flexible approach allows organizations with varying capacities to embed MH leadership within their existing structures while maintaining alignment with system-level objectives.

Recommendation 5 – Prioritize MH Literacy Across the System.

Study 2 demonstrated that leaders experienced increased engagement, learning, and support through participation in MH initiatives, highlighting the importance of MH literacy. Improving MH literacy across participant groups within an organization enhances the ability to recognize MH challenges, reduce stigma, and facilitate help-seeking (Breslin et al., 2022; Henriksen et al., 2020; Henriksen, Huang, et al., 2024; O'Connor et al., 2023; Prior et al., 2024b; Sebbens et al., 2016; Sullivan et al., 2025). Rather than relying solely on MH practitioners (Henriksen et al., 2020; Prior et al., 2024b),

organizations should aim to build capacity across all individuals in athletes' environments, including coaches, parents, and staff (Henriksen et al., 2020; Jewett, Durand-Bush, Primeau, & Van Slingerland, 2026; Prior et al., 2024b). SPPs are particularly well positioned to design and deliver these initiatives, given their expertise in both MP and well-being, as well as their understanding of sport-specific demands. Their role can include developing skills such as resilience, self-care, stress management, communication, relationship-building, and MH action planning (Dithurbide et al., 2022; Durand-Bush et al., 2023; Jewett, Durand-Bush, Primeau, & Van Slingerland, 2026; Poucher et al., 2023). Importantly, educational initiatives should be flexible and accessible, considering time constraints and varying learning preferences within sport environments.

Recommendation 6 – Align and Integrate Existing Initiatives.

Evidence from Studies 2 and 3 revealed the significance of aligning MH initiatives with existing organizational priorities and departments (e.g., safe sport, EDI, performance, wellness, wheelchair, communications). This alignment helped reduce fragmentation, enhance efficiency, and support a more coherent and unified organizational approach to MH. Integrating MH within existing structures also facilitated cross-departmental collaboration and reinforced the notion that MH is a shared responsibility across the system, rather than the sole domain of specific individuals or departments. This finding is consistent with organizational sport psychology literature emphasizing the importance of coordinating overlapping domains (e.g., performance, well-being, culture, and safeguarding) to foster thriving sport environments (Henriksen, Huang, et al., 2024; Wagstaff & Quartiroli, 2023; Walton, Purcell, Pilkington, et al., 2024). It also supports ecological approaches to MH, which underline that outcomes emerge from interactions across multiple system levels and participant groups (Dorsch et al., 2020; Henriksen, Diment, et al., 2024; Henriksen, Huang, et al., 2024; Maher, 2022; Pilkington et al., 2024; Purcell et al., 2019; Wagstaff & Quartiroli, 2023). From a knowledge translation perspective, embedding MH within existing

initiatives can enhance uptake, relevance, and sustainability by integrating new practices into familiar structures and routines.

For organizations with limited resources, this finding is particularly important, as it suggests that effective MH strategies do not necessarily require the development of entirely new programs. Rather, organizations can achieve meaningful progress by leveraging, aligning, and enhancing existing initiatives, thereby maximizing impact while minimizing additional resource demands. This approach supports more feasible, scalable, and sustainable implementation, particularly in resource-constrained sport environments. SPPs can support this alignment by working with different departmental leaders to embed MH and performance principles within existing efforts, ensuring consistency in messaging and application across the organization.

Recommendation 7 – Use an Evaluation Framework and a Logic Model.

Given the complexity of MH within sport systems, shaped by interacting individual, relational, and organizational factors (Henriksen, Huang, et al., 2024; Jewett, Durand-Bush, Primeau, & Van Slingerland, 2026; Pilkington et al., 2024; Poucher et al., 2023; Wagstaff, 2026), the present research underscores the importance of employing planning, process, and summative evaluations (Killion, 2018) to guide MH initiatives. Across Studies 1, 2, and 3, these types of evaluations provided a coherent and evidence-based structure that explicitly linked the three phases of the project. More specifically, a planning evaluation (Study 1) supported the identification of needs and gaps, risk and protective factors, clarification of priorities and goals, estimation of required resources, and specification of leadership responsibilities, thereby informing the development of a contextually meaningful and feasible strategy. A process evaluation (Study 2) enabled the monitoring of implementation changes, progress, facilitators, and challenges, providing real-time data to guide adaptations to both the Strategy and its delivery. Finally, a summative evaluation (Study 3) allowed for the assessment of longer-term changes and the Strategy's

outcomes, including its intrinsic (merit) and extrinsic (worth) value, informing decisions related to future planning and sustainability.

Complementing these three types of evaluation and the use of a logic model allowed for the alignment of inputs, activities, outcomes, and contextual factors across the project, providing a structured yet flexible roadmap for design, implementation, and evaluation. Together, these findings suggest that evaluation frameworks supported by flexible logical models are particularly well-suited for the multi-level complexity of system-wide MH strategies, offering organizations a practical and scalable approach to guide implementation, monitor progress, and assess impact over time. Researchers and SPPs can contribute to the elaboration of such frameworks and tools, and support the interpretation of findings to inform ongoing strategy refinement.

Recommendation 8 – Adopt a Phased, Context-Sensitive Approach to Achieve System-Level Impact.

Collectively, findings across Studies 1, 2, and 3 highlight the importance of adopting a phased and context-sensitive approach when designing and implementing MH strategies in sport. Rather than assuming uniform capacity across organizations, strategies should be designed to align with organizational readiness, available resources, and evolving priorities, allowing for gradual implementation, evaluation, and refinement over time (Brown et al., 2025; Maher, 2022; Wagstaff, 2026). In the present research, this phased approach was reflected in the progression from needs identification and strategy design (Study 1) to targeted implementation and alignment of initiatives (Study 2), and finally to the evaluation of outcomes and overall value (Study 3). This iterative progression enabled the Strategy to remain flexible and responsive to contextual demands (e.g., expansion of core leadership group and target population, creation of three-pillar framework), while building organizational capacity and supporting sustainable change. Such an approach aligns with

program evaluation and implementation literature emphasizing the importance of adaptive, staged processes in complex interventions (Cargo & Mercer, 2008; Killion, 2018).

Importantly, adopting a phased and context-sensitive approach also facilitates scalability across diverse sport organizations, ensuring that those with varying structures, resources, and mandates can engage in meaningful MH initiatives without becoming overwhelmed. Rather than requiring comprehensive, resource-intensive initiatives from the outset, organizations can start with targeted, high-impact actions, progressively expanding their efforts as capacity and buy-in increase. SPPs can support this phased approach by prioritizing interventions that align with organizational readiness and capacity, gradually expanding their scope as capacity and engagement increase.

Findings from Study 3 further demonstrate that such approaches can generate both intrinsic value (e.g., improved support systems, increased awareness, cultural shifts toward prioritizing MH) and extrinsic value (e.g., influence on broader sport communities, events, and organizations). This dual impact underscores the potential for sport organizations to act as leaders and change agents, extending the reach of MH initiatives beyond their immediate context and contributing to broader system-level change (Wagstaff, 2026). Taken together, this recommendation highlights that sustainable and impactful MH strategies are not defined by their scope at inception, but by their ability to evolve, adapt, and scale over time, ultimately supporting meaningful change within and beyond sport systems.

Limitations and Future Directions

While this research offers novel and meaningful contributions to the design, implementation, and evaluation of a system-level MH strategy in sport, several limitations should be acknowledged to contextualize the findings and guide future research.

Limitations

Methodological Considerations and Data Collection

First, the present research relied on qualitative methods, which are inherently interpretive and context-specific (Kakar et al., 2023; Sparkes & Smith, 2014). Unlike quantitative approaches that aim to measure and generalize relationships across large samples, qualitative research is grounded in the understanding that reality is multiple, subjective, and socially constructed (Chevalier & Buckles, 2012; MacDonald, 2012; Sparkes & Smith, 2014). As such, the purpose of this work was not to establish causal relationships or test hypotheses, but rather to explore and understand the experiences, perceptions, meanings, and decision-making associated with designing, implementing, and evaluating a MH strategy within a NSO.

This approach was particularly appropriate given the novelty and complexity of the research context. System-level MH initiatives in sport involve dynamic interactions across individual, relational, and organizational levels (Henriksen, Huang, et al., 2024; Pilkington et al, 2024; Wagstaff, 2026), which are not easily captured through standardized measures alone. Qualitative inquiry allowed for the exploration of both explicit and tacit dimensions of experience, including cultural norms, relational dynamics, and implicit assumptions that shape MH within the sport environment (Charmaz, 2004; Sparkes & Smith, 2014). In this sense, the use of qualitative methods represents a strength of the research, enabling rich, contextually grounded insights that would be difficult to obtain through quantitative designs alone.

At the same time, qualitative findings are not intended to be generalizable beyond the specific context studied. The perspectives captured primarily reflect those of leaders involved in the three phases of the project, which may differ from those of other participants (e.g., athletes, coaches, parents not directly engaged in the project). Although this aligns with the participatory and systems-level focus

of the research, future studies would benefit from incorporating a broader range of perspectives across the sport ecosystem.

Embedded and Participatory Research Context

Second, the use of a PAR approach and the embedded role of the researchers (RPL and RPS) within the project present both strengths and inherent limitations. While this approach enhanced ecological validity, relevance, and knowledge translation, it may also introduce potential biases related to proximity, shared goals, and ongoing collaboration with participants (Cargo & Mercer, 2008). However, rather than viewing this solely as a limitation, it is important to recognize that such embedded approaches are well-suited to studying complex, real-world interventions, where the goal is to both understand and support change processes. Efforts to enhance rigour, including reflexive practices, triangulation of data sources, and collaborative interpretation, were employed to support the credibility and trustworthiness of the findings. Nonetheless, future research could complement PAR approaches with external evaluations to further strengthen objectivity and provide additional perspectives on program outcomes.

Measurement of Outcomes and Behaviour Change

A third limitation relates to the measurement of outcomes, particularly the ability to assess changes in MH, MI, and MP using standardized indicators. While the present research captured perceived outcomes such as increased awareness, engagement, support, and cultural shifts, it did not include quantitative measures of behavioural change or psychological outcomes. This reflects a broader gap in the literature, where many MH initiatives in sport emphasize education and awareness, but fewer studies evaluate the impact on behaviour and help-seeking in the longer term, or performance-related outcomes (Breslin et al., 2022; Liddle et al., 2021; Sebbens et al., 2016). Future research should aim to integrate mixed-methods designs, combining qualitative insights with validated quantitative measures

to track changes over time. Such approaches would enable a more comprehensive understanding of how MH strategies influence both subjective experiences and measurable outcomes.

Scope and Generalizability of Findings

Finally, this research was conducted within a single NSO (TC), which has specific structural, cultural, and resource-related characteristics. While this context provided a valuable and in-depth view of the organization's work, it may limit the transferability of findings to other sport organizations with different mandates, capacities, or cultural environments. Importantly, the goal of this research was not to produce a one-size-fits-all model, but rather to develop a contextually grounded and adaptable framework. The logic model and recommendations that were presented are intended to serve as a guide that can be tailored to the needs and realities of different organizations. Future research should examine how similar strategies can be implemented and adapted across diverse sport settings, including those with fewer resources or different organizational structures.

Future Directions

Building on these limitations, several avenues for future research emerge. First, there is a need for longitudinal studies examining the sustained impact of MH strategies over time, including their influence on behaviour, culture, and performance outcomes. Second, integrating larger and more diverse samples across multiple organizations would enhance understanding of how strategies translate across contexts. Third, future work should continue to explore the development and impact of MH literacy interventions among leaders, coaches, parents/caregivers, and staff (Prior et al., 2024b), and how MH literacy competencies contribute to MH, MI, MP, and performance outcomes. Finally, advancing the field will require continued integration of qualitative and quantitative approaches, ensuring that rich, contextual insights are complemented by outcome measurement. Such work will be critical for building a strong evidence base to inform the design, implementation, and evaluation of MH strategies in sport.

PART V

Conclusion

This research provides one of the first empirically grounded, system-level examinations of how a MH strategy can be designed, implemented, and evaluated within a NSO. Across three interrelated studies, the findings offer a comprehensive account of how MH initiatives can move from conceptual priorities to coordinated, contextually meaningful action and ultimately generate value within and beyond an organization.

Collectively, the results demonstrate that advancing MH in sport requires more than isolated programs or individual-level interventions. Rather, it necessitates a coordinated, systems-based approach that integrates leadership, education, and evaluation across ecological levels. Central to this process are engaged and diverse leadership structures, increased attention to MH literacy, and the alignment of MH within existing organizational priorities and practices. The findings further highlight the importance of phased and context-sensitive implementation, enabling strategies to evolve in alignment with organizational readiness, resources, and capacity.

This research also contributes to the field by illustrating the value of integrating multiple conceptual frameworks to guide applied work in sport. The alignment of the national MH Strategy, the Mental Triad Model, ecological systems perspectives, and program evaluation and logic model tools provided a holistic, coherent, and actionable framework for understanding and addressing MH within a complex sport environment. The context-specific logic model developed translates these theoretical linkages into a practical roadmap, outlining the interconnected parts of this systems-level work. In doing so, this work advances the literature by demonstrating how theoretical models can be meaningfully operationalized in practice.

Methodologically, the use of a PAR approach combined with a longitudinal, multiphase evaluation enabled the co-construction of knowledge and supported real-time adaptation throughout the project.

This approach not only generated rich insights tailored to the sport context, but also facilitated relevant organizational change, bridging the often-cited gap between research and practice. The integration of planning, process, and summative evaluations further strengthened the rigour and utility of the research, offering a structured yet flexible approach to studying complex interventions.

From a practical perspective, this research provides clear, evidence-informed guidance for organizations and practitioners seeking to implement MH strategies in sport. The recommendations derived from this work emphasize the importance of mobilizing leadership, grounding initiatives in needs assessments, adopting systems-level and participatory approaches, embedding MH roles within organizations, prioritizing MH literacy, aligning existing initiatives, and employing evaluation frameworks to guide decision-making. Importantly, these recommendations are designed to be adaptable and scalable, recognizing the diverse realities of sport organizations with varying resources and capacities.

Beyond its immediate context, this research highlights the potential for sport organizations to act as leaders and change agents in advancing MH. The demonstrated intrinsic value (e.g., cultural shifts, increased awareness, enhanced support systems) and extrinsic value (e.g., influence on broader sport communities) underscore the broader impact that well-designed MH strategies can have across the sport system.

At the same time, this work reinforces that advancing MH in sport is an ongoing, iterative process, requiring sustained commitment, collaboration, and continuous learning. Future research and practice should build on these findings by examining long-term outcomes, expanding to diverse contexts, and further integrating qualitative and quantitative approaches to build the evidence base. Ultimately, this research contributes to a growing movement toward “winning healthy” in sport, where performance and well-being are not competing priorities, but interconnected and mutually reinforcing goals. By continuing to design, implement, and evaluate MH strategies that are evidence-informed, contextually grounded, and systemically integrated, researchers, SPPs, and organizations can collectively shape

environments that support all types of participants in sport to perform at their best while thriving as people.

Part VI

References and Appendices

This section includes a list of references that were not included in Part III of the dissertation. The appendices referenced throughout the dissertation follow the reference list.

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Appendix A: Ethics Certification and Consent Form

Ethics Certification

30/05/2023

Université d'Ottawa

Bureau d'éthique et d'intégrité de la recherche

University of Ottawa

Office of Research Ethics and Integrity

CERTIFICAT D'APPROBATION ÉTHIQUE | CERTIFICATE OF ETHICS APPROVAL

Numéro du dossier / Ethics File Number

H-04-23-9052

Titre du projet / Project Title

Improving Mental Health
Outcomes in Canadian Sport

Type de projet / Project Type

Recherche de professeur /
Professor's research project

Statut du projet / Project Status

Approuvé / Approved

Date d'approbation (jj/mm/aaaa) / Approval Date (dd/mm/yyyy)

30/05/2023

Date d'expiration (jj/mm/aaaa) / Expiry Date (dd/mm/yyyy)

29/05/2024

Équipe de recherche / Research Team

**Chercheur /
Researcher**

Affiliation

Role

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Assistant

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Assistant de recherche / Research
Assistant

Conditions spéciales ou commentaires / Special conditions or comments

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Ottawa (Ontario) K1N 6N5 Canada Ottawa, Ontario K1N 6N5 Canada

613-562-5387 • 613-562-5338 • ethique@uOttawa.ca / ethics@uOttawa.ca
www.recherche.uottawa.ca/deontologie | www.recherche.uottawa.ca/ethics

30/05/2023

Université d'Ottawa

Bureau d'éthique et d'intégrité de la recherche

University of Ottawa

Office of Research Ethics and Integrity

Le Comité d'éthique de la recherche (CÉR) de l'Université d'Ottawa, opérant conformément à l'*Énoncé de politique des Trois conseils* (2014) et toutes autres lois et tous règlements applicables, a examiné et approuvé la demande d'éthique du projet de recherche ci-nommé.

L'approbation est valide pour la durée indiquée plus haut et est sujette aux conditions énumérées dans la section intitulée "Conditions Spéciales ou Commentaires". Le formulaire « Renouvellement ou Fermeture de Projet » doit être complété quatre semaines avant la date d'échéance indiquée ci-haut afin de demander un renouvellement de cette approbation éthique ou afin de fermer le dossier.

Toutes modifications apportées au projet doivent être approuvées par le CÉR avant leur mise en place, sauf si le participant doit être retiré en raison d'un danger immédiat ou s'il s'agit d'un changement ayant trait à des éléments administratifs ou logistiques du projet. Les chercheurs doivent aviser le CÉR dans les plus brefs délais de tout changement pouvant augmenter le niveau de risque aux participants ou pouvant affecter considérablement le déroulement du projet, rapporter tout événement imprévu ou indésirable et soumettre toute nouvelle information pouvant nuire à la conduite du projet ou à la sécurité des participants.

The University of Ottawa Research Ethics Board, which operates in accordance with the *Tri-Council Policy Statement* (2014) and other applicable laws and regulations, has examined and approved the ethics application for the above-named research project.

Ethics approval is valid for the period indicated above and is subject to the conditions listed in the section entitled "Special Conditions or Comments". The "Renewal/Project Closure" form must be completed four weeks before the above-referenced expiry date to request a renewal of this ethics approval or closure of the file.

Any changes made to the project must be approved by the REB before being implemented, except when necessary to remove participants from immediate endangerment or when the modification(s) only pertain to administrative or logistical components of the project. Investigators must also promptly alert the REB of any changes that increase the risk to participant(s), any changes that considerably affect the conduct of the project, all unanticipated and harmful events that occur, and new information that may negatively affect the conduct of the project or the safety of the participant(s).

Germain ZONGO

Responsable d'éthique en recherche / Protocol Officer

Pour/For **Daniel LAGAREC** Président(e) du/ Chair of the **Comité d'éthique de la recherche en sciences de la santé et sciences / Health Sciences and Sciences Research Ethics Board**

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Task Force and Core Leadership Team Consent Form



Université d'Ottawa

Faculté des sciences de la santé
École des sciences de l'activité physique

University of Ottawa

Faculty of Health Sciences
School of Human Kinetics

CONSENT FORM - TASK FORCE AND CORE LEADERSHIP TEAM

Title of Research Project

The Implementation and Evaluation of a Tennis Canada's Mental Health Strategy

Principal Investigator

Natalie Durand-Bush, PhD
Full Professor
ndbush@uottawa.ca
School of Human Kinetics

Research Assistant

Mikaela Papich, MA
PhD Candidate
School of Human Kinetics

Research Assistant

Jennifer Misurelli, MHK, RSW
PhD Candidate
School of Human Kinetics

Dear Task Force Member,

You are invited to participate in this novel research project carried out with Tennis Canada. The project aims to implement and evaluate Tennis Canada's Mental Health Strategy to improve the mental health outcomes of its sport participants. As an expert with lived experience in sport, mental health, and/or leadership, you are well positioned to contribute to the implementation and evaluation of this strategy, which will be unique in Canada and the world.

PARTICIPATION REQUIREMENTS

If you agree to participate in this research project, you will be engaging in focus group discussions and interviews during the implementation phase (February 2024 – August 2025), and evaluation phase (September 2025 – August 2026).

We are seeking your participation alongside other Task Force members (N=22), to meet 6-9 times over a period of 2 years to perform different tasks depending on the phase of the project:

- Meetings 1 to 4 - Implementation Phase**
Collectively reflect on the implementation of the mental health strategy and discuss ongoing strengths and challenges (1-2 hours)
- Meetings 5 to 6 - Evaluation Phase**
Participate in the integrated analysis of results and discuss future recommendations (1-2 hours)
- Interviews 1 to 3 – Implementation and Evaluation Phase**
Reflect on your experience as a Task Force Member involved in the implementation and evaluation of the mental health strategy and discuss ongoing strengths and challenges (20-30 minutes each).

The focus group discussions and interviews will be held via a secure Zoom telehealth platform and video and audio-recorded to be transcribed.

hkasapi@uottawa.ca
613-562-5800 (4225)

125 Université/University
Pièce/Room 224
Ottawa, ON, Canada
K1N 6N5



POTENTIAL BENEFITS OF PARTICIPATION

As this project is the first to create a sport-specific version of the National Strategy, the contributions of all Task Force members during the implementation and evaluation phase are critical to the program's success. It is anticipated that you will reap positive gains from participating including personal development, social support, community connection, and possible mentorship opportunities. From a broader standpoint, you are contributing to the advancement and development of effective training programs, policies, and resources.

Importantly, you are also actively participating in and contributing to the overall shift in Canadian sport to protect the well-being of participants as they strive to achieve different types of goals.

POTENTIAL RISKS OF PARTICIPATION

This project focuses on mental health and as a result, there is the potential that some components of the focus group discussions and interviews may prompt you to recall and/or share information that is uncomfortable for you. You are (a) encouraged to take a break when needed, (b) invited to reach out to the research team should they require additional support, and (c) equipped with a comprehensive list of mental health resources, which can be found at the end of this document.

CONFIDENTIALITY AND ANONYMITY

Given that you were selected by Tennis Canada to serve in the role of Task Force member in this project, your identity will be known in some instances. However, the research team understands that participant identifiability must be considered in all phases of the project and agrees to act with discretion so that the data you share can be appropriately safeguarded, as necessary.

There may be times when it is appropriate to acknowledge you by name (e.g., in footnotes, social media, or in 'Acknowledgement' sections of reports, publications, or presentations emerging from the research). However, the research team will use an ID in the main text of accounts (e.g., citations) so that readers may not link any data specifically to you.

Other steps will be taken to safeguard elements of confidentiality and anonymity:

- Only the research team will have access to research documents, which will be safeguarded. Electronic/digital documents (e.g., interview transcripts, reports) will be kept on a password-protected computer.
- Research data and documents will be kept for 5 years following the end of the study, after which they will be permanently destroyed.

Important Notes:

While the Task Force meetings will be conducted via the secure telehealth version of the platform Zoom, no additional security measures will be taken if any information is communicated via email. Consequently, email exchanges may be subject to security risks and the researchers will not be able to guarantee anonymity and confidentiality in the event that emails are intercepted. If you email us, we invite you to encrypt or password-protect documents that contain personal and confidential information.

While we, the researchers, will respect the confidentiality of all participants' information, we cannot promise or ensure that other members of the Task Force participating in the focus group discussions will do the same. However, we will ask all participants in the research to respect the confidentiality of all participants and to not share with others anything mentioned during the focus group discussions.

WITHDRAWAL FROM THE RESEARCH

Your participation is completely voluntary, and you may decline to participate in the research or withdraw from it at any time without penalty. You have the right to refuse to answer any question and refrain from commenting at any time. Should you feel uncomfortable with any of the topics discussed, you are permitted to end your participation in focus



group discussions or interviews, and will not be subject to negative repercussions or consequences. Withdrawal will not affect your status as a professional in your respective field.

If you wish to withdraw from the research, please contact a member of the research team. In this case, you will be invited to participate in a brief *optional* exit interview to better understand your experience and obtain additional resources should this be beneficial. However, please note that you are not obligated to participate in this exit interview. If you choose to withdraw from the research, we will keep the data collected due to the collective nature of the group discussions, and data will be securely stored as described above.

ACCESSING RESULTS

Publications and reports will be provided to you via email as they become available.

QUESTIONS

This research project has received ethics approval from the Research Ethics Board of the University of Ottawa. If you have any questions concerning participation in this research, contact **Dr. Natalie Durand-Bush** at ndbush@uottawa.ca, **Mikaela Papich, PhD (c)**, or **Jennifer Misurelli, PhD (c)**.

If you have any questions regarding the ethical conduct of this study, you may contact the:

Protocol Officer for Ethics in Research
Room 154, Tabaret Hall, 550 Cumberland Street
University of Ottawa
Ottawa, ON
K1N 6N5
Tel.: (613) 562-5387
Email: ethics@uottawa.ca

Sincerely,

Dr. Natalie Durand-Bush ndbush@uottawa.ca

Mikaela Papich, PhD (c), MA

Jennifer Misurelli, PhD (c), MHK, RSW



CONSENT

Task Force Member.

By signing below, you are confirming the following:

- You understand that you are being asked to participate in this research project on the implementation and evaluation of Tennis Canada's Mental Health strategy to improve the mental health outcomes of its participants.
- You have read all of the information in this Consent Form or have had it read to you.
- All of your questions have been answered to your complete satisfaction.
- You understand that you have the right to withdraw from the research at any point without negative repercussion.
- You voluntarily agree to be a participant in this research.
- You agree to be video and audio-recorded during the focus group discussions and interviews for transcription purposes.
- You accept that the results of this research will be published in scientific articles and reports, and presented at conferences, and understand that you may be broadly identified as a Task Force Member in relation to this project.
- You will have access to a copy of this consent form.

I have read the information in this consent form or have had it read to me, and I would like to participate in this research project.

Task Force Member Name

Task Force Member Signature

Date

Research Team.

By signing this page, you are confirming the following:

I have carefully explained the research project to the participant. To the best of my knowledge, the participant understands the nature, demands, risks, and benefits involved in taking part in this research.

Name

Signature

Date



MENTAL HEALTH RESOURCES ACROSS CANADA

In the event of a crisis, you should go to the closest emergency room, call 9-1-1, the 24/7 Talk Suicide Canada helpline at 1-833-456-4566, or the 24-hour Crisis Line in your area.

BRITISH COLUMBIA	ALBERTA
Canadian Mental Health Association Crisis Line <i>Serves the East Kootenay Region (from Golden to the Alberta and USA borders)</i> 24-hour Crisis Line: 1-800-667-8407	Distress Centre Calgary <i>Serves Calgary and Surrounding Areas</i> 24-hour Crisis Line: 403-266-4357
Fraser Valley Regional Crisis Line <i>Serves Mission, Abbotsford, Chilliwack, Agassiz, Harrison, Hope, Yale, Boston Bar</i> 24-hour Crisis Line: 1-877-820-7444	The Support Network Distress Line <i>Serves Edmonton and Surrounding Areas</i> 24-hour Crisis Line: 780-482-HELP
Crisis Centre for Northern BC <i>Serves Northern BC-North of Quesnel</i> Youth Line (4-11pm): 1-250-564-8336 24-hour Crisis Line: 1-888-562-1214	St. Paul & District Crisis Centre <i>Serves all Alberta and Northeastern Saskatchewan</i> 24-hour Crisis Line: 1-800-263-3045
Crisis Intervention & Suicide Prevention Centre of BC <i>Serves Vancouver, North Vancouver, Bowen Island, West Vancouver, Burnaby</i> 24-hour Crisis Line: 604-872-3311	SASKATCHEWAN
Province-Wide British Columbia 24-hour Crisis Line: 1-800-SUICIDE	Mobile Crisis Service <i>Serves Saskatoon</i> 24-hour Crisis Line: 306-933-6200
MANITOBA	Prince Albert Mobile Crisis Unit 24-hour Crisis Line: 306-764-1011
Mobile Crisis Unit (MCU) <i>Serves Brandon and Assiniboine Regions</i> 24-hour Crisis Line: 1-888-379-7699	Regina Mobile Crisis Services 24-hour Crisis Line: 306-525-5333
Klinic Community Health Centre <i>Serves Winnipeg</i> 24-hour Crisis Line: 1-888-322-3019	NEWFOUNDLAND & LABRADOR
ONTARIO	Mental Health Crisis Centre <i>Serves Newfoundland and Labrador</i> 24-hour Crisis Line: 1-888-737-4668
Hamilton 905-522-1477	Mobile Crisis Response Team <i>Serves St. John's Region</i> 709-737-4668
Kingston Distress Line: 613-544-1771	NOVA SCOTIA
London & District Crisis Line: 519-433-2023	Mental Health Mobile Crisis Team <i>Serves the Capital District, Halifax, Dartmouth Bedford</i> 24-hour Crisis Line: 902-4298167; Toll Free: 1-888-429-8167
Ottawa & Region Distress Line: 613-238-3311	PRINCE EDWARD ISLAND
Toronto Distress Line: 416-408-4357	24-hour Province-Wide Bilingual Service: 1-800-218-2885
Waterloo Region Distress Line: 519-745-1166	NEW BRUNSWICK
Windsor & Essex County Distress Line: 519-256-5000	Chimo Helpline <i>Serves all of New Brunswick, Bilingual, 24 hours</i> Provincial Toll-Free Crisis Line: 1-800-667-5005 Fredericton Area: 450-HELP
QUEBEC	NORTHWEST TERRITORIES
Centre de prévention 24/7 Crisis Line : 1-866-277-3553	Northwest Territories Help Line 24-hour: 1-800-661-0844
YUKON	NWT Community Counselling Program (CCP) 1-867-767-9061, mha@gov.nt.ca
Yukon Distress and Support Line 24-hour: 1-800-563-0808	NUNAVUT
Mental Wellness and Substance Use Services 1-866-456-3838	Kamatsiaqtut Nunavut Helpline 24-hour: 1-800-265-3333



CCMHS  CCSMS

EXPLORE ADDITIONAL MENTAL HEALTH RESOURCES

In the event of a crisis, you should go to the closest emergency room, call 9-1-1, the 24/7 Talk Suicide Canada helpline at 1-833-456-4566, or the 24-hour Crisis Line in your area.

SPORT-SPECIFIC	INCLUSIVE SUPPORT
Canadian Centre for Mental Health and Sport <i>Sport-Informed Mental Health Care</i> Website: www.ccmhs-ccsms.ca Online: https://www.ccmhs-ccsms.ca/refer Telephone: 833-GO-CCMHS (833-462-2647) Game Plan <i>Canada's Total Athlete Wellness Program (National Team Athletes)</i> Online: https://www.mygameplan.ca/resources/health 24h Morneau Shepell hotline: 1-844-240-2990 Your Game Plan Advisor: https://www.mygameplan.ca/ Canadian Sport Helpline <i>A listening and referral service for maltreatment in sport</i> 8 AM-8 PM EST: 1-888-837-7678 info@abuse-free-sport.ca Sport'Aide <i>For violence-free sport</i> FR: 1-833-211-2433 EN: 1-833-245-4357 aide@sportaide.ca Respect Resource Line <i>Bilingual support in Saskatchewan for safe sport inquiries</i> 1-888-329-4009	Hope for Wellness Help Line <i>Offers mental health counselling by phone or online chat</i> 24-hour Crisis Line: 1-855-242-3310 www.hopeforwellness.ca Indian Residential School Crisis Line <i>National service for distress as a result of residential school experiences</i> Crisis Line: 1-866-925-4419 Talk 4 Healing <i>For Indigenous women, 7 days a week, 24 hours/day, in 14 languages</i> Toll Free: 1-855-554-4325 Fem'aide <i>For Francophone & French Speaking Women</i> Toll Free: 1-877-336-2433 Male Survivors <i>24/7 multilingual support for male survivors of sexual abuse</i> Toll Free: 1-877-336-2433 Boots on the Ground <i>Resources and support for First Responders</i> Toll Free: 1-833-677-2668 info@bootsontheground.ca Lesbian, Gay, Bi & Trans Youthline <i>Peer mental health support for ages 26 and under</i> Toll Free: 1-800-268-9688
OTHER	
Kids Help Phone 1-800-668-6868 text CONNECT to 686868 https://kidshelpphone.ca/live-chat/ National Eating Disorder Information Centre 1-866-633-4220 The 24H Mental Health Crisis Line 1-866-996-0991 crisisline.ca	Trans Lifeline <i>24/7 support for transgender individuals</i> Toll Free: 1-877-330-6366 Healing in Colour <i>A directory of BIPOC therapists committed to supporting BIPOC in all intersections</i> https://www.healingincolour.com/about Black Youth Helpline Toll Free: 1-833-294-8650 info@blackyouth.ca



CCMHS  CCSMS

Appendix B: Collective Agreement

Principles of engagement¹

This collective agreement concerns a Participatory Action Research (PAR) project conducted to design, implement, and evaluate a *Sport-Specific Mental Health Strategy for Tennis Canada*. This project is proposed and administered by Mikaela Papich, PhD candidate and Natalie Durand-Bush, PhD from the School of Human Kinetics at the University of Ottawa (hereinafter referred to as *project administrators*). The project involves three phases (i.e., design, implementation, evaluation), multiple participants (e.g., task force members, sport participants), and a variety of data collection and analysis methods. Congruent with a PAR approach, the project administrators will serve as task force members in the research process. This project will be the focus of Mikaela Papich's PhD dissertation.

As invited participants (i.e., task force members) in this PAR project, we agree to participate in accordance with the following principles of engagement:

(1) Respect and open communication

- a. PAR group members agree to communicate respectfully and openly with one another throughout the project. In particular, this means that they agree, individually and collectively, to genuinely seek (a) agreement about the ideas and language they use, (b) mutual understanding of one another's points of view, and (c) consensus about what to do under the circumstances that exist when a decision about what to do is needed.
- b. Each PAR group member agrees to respect the rights of others to withdraw from the research project at any time, or to decline participation in particular aspects of the research, or to have information they have provided removed from any reports, publications, or presentations emanating from the research. Group members agree to respect the right of any group member to withdraw from the group, the research, or part of the research.
- c. PAR group members agree to be open with other group members if they think the research is having a negative impact on the group, or on them personally.

(2) Access to empirical material and confidentiality

- a. All PAR group members will have access to information and empirical material/transcripts that are generated or collected within the context of the PAR group meetings (i.e., 'common empirical material').
- b. PAR group members will maintain the strict confidentiality of this common empirical material. They will not, without the prior written consent of the project administrators and possibly other members of the group, disclose or otherwise make available the common empirical material or any part thereof to any party. Furthermore, they will not copy or reproduce in any manner whatsoever the common empirical material or any part thereof without prior negotiation and written consent of the project administrators and possibly other members of the group.
- c. Access to material that is collected outside of PAR group meetings, but that directly involves group members, for instance in observations or face to face interviews, will be restricted to those collecting the information and those about whom it is collected, unless the group members concerned negotiate for such material to be released to the group for the purposes of analysis or discussion (for example, at a group meeting) or in reports, publications, or presentations. Group members agree that where others are involved (such as participating students who may appear in audio-recorded discussions), such release of empirical material to the group will occur only with the consent of those involved.

¹ Adapted from Kemmis, McTaggart, & Nixon (2014) and Van Slingerland (2021)

- d. PAR group members agree that if they wish (for their own publications, presentations, and/or research purposes) to use common empirical material generated within this research project, they must first negotiate that use with the project administrators and possibly other members of the group to obtain written approval.

(3) Identifiability in reports, publications, presentations, and social media

- a. PAR group members understand that task force members may be identifiable in any representations of the PAR research project in which their involvement is acknowledged. PAR group members, however, agree that participant identifiability must be considered in all phases of the project and agree to act with discretion so that institutions and participants can be appropriately safeguarded, as necessary.
- b. Considering the conditions outlined in 3a, PAR group members agree that:
 - It is appropriate to acknowledge the PAR group members by name (e.g., in footnotes, social media, or in 'Acknowledgement' sections of reports, publications, or presentations emerging from the research), but that non-gender specific pseudonyms are to be used in the main text of accounts (e.g., citations) so that it is difficult for readers to attribute particular comments to particular task force members.
 - If, through the course of the research, the PAR group members collectively decide that naming group members in accounts of the research (beyond general footnotes, social media communications, and acknowledgements) would be beneficial to both the individuals and the institutions concerned, and not harmful to others, then individual written consent to be named would be obtained from each of the group members before anyone is named.

(4) Reflection on the research process

- a. In order to ensure that the research process does not compromise the integrity of the PAR research group, or negatively impact those involved, PAR group members agree to periodically reflect on and review, as a group, how the research is unfolding and impacting the group and the individual group members.

(5) Changes to group membership

- a. PAR group members agree that, if new members join the group during the project, the new members will be invited to take part in the research and written informed consent will be obtained before they become involved. PAR group members agree that the new group members will be required to follow the collective principles of engagement outlined in this document.
- b. PAR group members agree that if a group member no longer wishes to be involved in the research, then other group members will respect this group member's right to determine what of his or her previous statements can be used in the research.
- c. In the very unlikely event that a group member is deemed to be disruptive and detrimental to the research process and/or the well-being of individual group members or the group as a whole, PAR group members, with support of the project administrators, may collectively decide, after unsuccessful mediation (see section 8), to remove this member from the group. PAR group members will respect this group member's right to determine what of their previous statements can be used in the research.

(6) Representation

- a. PAR group members recognize that they may be asked by the project administrators to contribute to reports, publications, and presentations; however, they may decline to do so without any negative repercussion. If not directly involved in crafting or writing reports, publications, and presentations emerging from the research, PAR group members will be given an opportunity to check that their work and comments are fairly, relevantly and accurately represented in these accounts.

- b. PAR group members agree that, if they feel that representations relating to them are not fair, relevant or accurate, they will negotiate with the project administrators, authors, and other members of the group, to resolve the issue, keeping in mind the principle of respect and open communication above.
- c. The project administrators and authors of any reports, publications, and presentations emerging from this research project will notify PAR group members about the existence of these accounts, and provide access to them.

(7) Consensus decision-making model²

- a. PAR group members agree to respect the *Consensus model* when making decisions throughout the research process. This inclusive and respectful decision-making process is based on the following:
 - A group member presents an idea, which could be in the form of a formal proposal or it may be an idea not yet fully formed.
 - The idea is shared with the group and the pros and cons are discussed.
 - As a result of the discussion, in which more input is perceived to be better, the idea can be modified.
 - If a general agreement seems to be emerging, the project administrators or any other named facilitator can test for consensus by restating the latest version of the idea or proposal to see if all group members agree.
 - If anyone dissents, group members continue discussing to see if they can further modify the idea to make it acceptable and approved by everyone.
- b. PAR group members recognize that unlike parliamentary procedure or Robert's rules, which results in an up-or-down, yes-or-no vote, the consensus process allows for an inclusionary continuum of responses, congruent with the PAR research approach. The consensus spectrum allows for more subtle reactions such as: "I like it very much" to "I don't like it, but I can live with it" to "I disagree, but if you're all in favour, I won't stand in the way." This intuitive way to make decisions reflects how most people make shared choices in their daily lives.
- c. PAR group members recognize that within this consensus process, a group member could block a decision if they strongly disagree with it, which could significantly impede the research process, deadlines, and/or the well-being of the group. Consequently, PAR group members agree that if they are unable to create a compromise to satisfy the blocker, they may, with the support of the project administrators, call for a majority vote as a last resort.

(8) Mediation

- a. In the very unlikely event that there is a conflict or relationship breakdown between two or more PAR group members that cannot be resolved and this is detrimental to the research project and/or well-being of individual group members or the group as a whole, PAR group members agree that **Dr. Diane Culver**, from the School of Human Kinetics at the University of Ottawa, will act as mediator to help those concerned work through the issues.

(9) Certification of Agreement

We, the undersigned, collectively, individually, and voluntarily give consent to our participation in this PAR research project titled *Design, Implementation, and Evaluation of a Sport-Specific Mental Health Strategy for Tennis Canada*. In providing our group consent, we agree that:

- a. We have each read an outline of the proposed research project, discussed it, and understand the purpose, methods, scope, and potential benefits and risks of our participation in this PAR research.

² Andy Robinson © 2006. Excerpted from *Great Boards for Small Groups: A 1-Hour Guide to Governing a Growing Nonprofit*. Excerpted with permission of Emerson & Church, publishers.

- b. We agree that our participation will be of value to us as task force members, reflecting on our own views and practices, and to other members in our respective disciplines and professions.
- c. We undertake individually and collectively to participate in this PAR research project in accordance with the principles of engagement outlined above, and in keeping with the values of respect, justice and beneficence.
- d. We agree that it is appropriate to acknowledge us by name (e.g., in footnotes, social media, or in 'Acknowledgement' sections of reports, publications, or presentations emerging from the research), but that non-gender specific pseudonyms are to be used in the main text of accounts (e.g., reports, publications, presentations).
- e. We agree to keep the common empirical material confidential and to not copy or reproduce any of this material, without prior negotiation and written consent from the project administrators and possibly other members of the group.
- f. We recognize that we have a right to withdraw from this PAR research project, or parts of this project, without penalty at any time. We also recognize that if we are deemed by the PAR collective to be disruptive and detrimental to the research process and/or the well-being of individual group members or the group as a whole, we may be removed from the project. In both cases, we have the right to determine what of our previous statements can be used in the research.
- g. We understand that not everyone will be able to participate in every meeting dedicated to this PAR research project and assume that evidence will continue to be gathered in a group member's absence. We also understand that our participation, as stipulated in the proposed research project outline, will cease once the PAR project has been completed.
- h. We understand that if conflict arises during this PAR research, we may contact Dr. Diane Culver, who will serve as mediator: Dr. Diane Culver, PhD, University of Ottawa, School of Human Kinetics, 125 University, Room 351, Ottawa, ON, K1N 6N5, (613) 562-5800 ext. 4283, dculver@uottawa.ca.
- i. We consent to PAR group meetings being audio-recorded and to notes being taken during these meetings, and understand that these materials, and any other documents produced from this research, will be securely stored in the project administrators' research laboratory for up to five years after the completion of the PAR project, after which they will be permanently destroyed.
- j. We consent to being photographed during PAR group meetings, with the understanding that photos may be used for both research and promotional purposes.
- k. We understand that as per instructions from the University of Ottawa Office of Research Ethics and Integrity, ethics approval will be obtained for the Implementation and Evaluation Phases of this PAR research project, and we may have to sign another consent form at that point.

Name (print)	Signature	Date

Appendix C: Needs/Gap Assessment

TENNIS CANADA MENTAL HEALTH NEEDS / GAP ASSESSMENT TOOL

Purpose

The purpose of the Mental Health Needs / Gap Assessment tool is to guide leaders, coaches, and athletes in identifying and addressing organizational, team, and personal needs and gaps in the area of mental health. The tool was developed by Game Plan and is aligned with the priorities identified in the Mental Health Strategy for High Performance Sport in Canada.

Definition of Key Terms

Maltreatment

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

Mental Health

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

Mental Health Challenges

Symptoms of mental illness that fall below clinical levels. These symptoms are troublesome but manageable and do not lead to distress or impaired functioning in personal and professional activities for an extended period of time.

Mental Health Literacy

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

Mental Illness

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

Mental Performance

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

Mental Performance / Mental Health Practitioners

Practitioners involved in promoting and improving mental health and preventing and treating mental illness symptoms within the Canadian sport system. The table titled ***Characteristics of Mental Performance and Mental Health Practitioners*** provides specific information regarding the education and scope of practice of different types of practitioners offering mental performance and mental health services within the CCMHS. Generally, MPCs help with the enhancement and maintenance of sport performance and mental health. Counsellors and psychologists help when either occasional, persistent, or excessive changes in thoughts, feelings, or behaviors occur, which lead to reduced mental health and/or increased symptoms of mental illness (distress, impaired functioning). Psychologists, MDs, or psychiatrists are sought if a mental illness diagnosis is required. Finally, MDs or psychiatrists are required for any pharmacological treatment (prescription and management of medication). Depending on the level of mental health and severity or complexity of symptoms of mental illness, MPCs may collaborate with Counsellors, Psychologists, MDs, and Psychiatrists to help maintain sport performance and support mental health.

Mental Performance Consultant (MPC)	Counsellor/Psychotherapist/ Social Worker (C/P/S)	Psychologist (Psy)	Medical Doctor (MD)	Psychiatrist (MD/P)
EDUCATION				
Master's or PhD degree in Human Kinetics or related field; specialized in sport psychology	Master's degree in counselling, social work, or related field	Master's or PhD degree in psychology	Doctor of Medicine degree	Doctor of Medicine degree; specialized in psychiatry
MAJOR REGISTERING BODY				
Canadian Sport Psychology Association (CSPA) or Association of Applied Sport Psychology (AASP)	Canadian Counselling and Psychotherapy Association (CCPA) or Provincial/Territorial College or Association	Provincial or Territorial Licensing College	Medical College	Medical College
SCOPE OF PRACTICE				
Improve/maintain sport performance through mental performance consulting/mental skills training				
Yes	No *yes, if dually trained as MPC	No *yes, if dually trained as MPC	No	No
Improve/maintain mental health through consulting or psychotherapy				
Yes *can do psychotherapy if dually trained as Psy or C/P/S	Yes	Yes	Yes	Yes
Diagnose mental illness through clinical assessment/testing				
No *yes, if dually trained as Psy	No	Yes	Yes	Yes
Treat mental illness through psychotherapy				
No *yes, if dually trained as Psy or C/P/S	Yes	Yes	No *yes, if have training	Yes
Prescribe and manage medication				
No	No	No	Yes	Yes

Important Facts / Observations

Note. Staff members include those working in the sport environment such as coaches, strength and conditioning coaches, mental performance/mental health practitioners, athletic therapists, nutritionists, managers, administrative leaders, etc.

Performance

Mental health is a key input of both mental and physical performance. Athletes and staff members who are mentally healthy are more likely to achieve and sustain optimal performance in their work and sport environment. Symptoms of mental illness can impair mental and physical performance when support and self-care are not prioritized.

Safe Sport

Athletes and staff members who are involved/alleged to be involved in a safe sport incident are likely to experience mental health challenges as a result. Knowing what resources are available to support these individuals is essential in your duty of care.

Risk Management

Proactively addressing mental health, preventing distress, and planning for emergencies are strategies to mitigate risks, and promote engagement, performance, and sustainability.

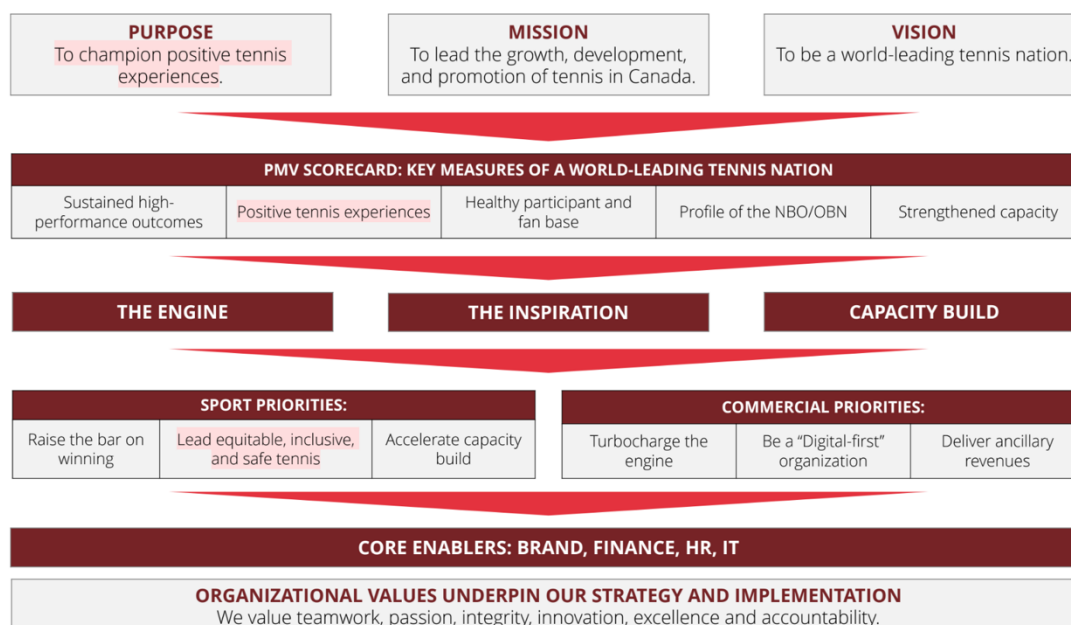
Diversity, Equity, and Inclusion

Promoting the inclusion and support of marginalized athletes and staff members and preventing bullying, harassment and discrimination in sport and workplace environments are important steps toward meeting your commitment to equity, diversity, and inclusion.

Assessment

- Following is Tennis Canada's Strategic Plan Roadmap and Scorecard in which their Purpose/Mission/Vision, priorities, and measures are outlined. Is mental health sufficiently addressed in this Roadmap and Scorecard? If not, how/where should mental health be included?

Tennis Canada Strategic Plan Roadmap



How can supporting mental health help Tennis Canada meet their Purpose/Mission/Vision and priorities?

Tennis Canada PMV Scorecard

KEY MEASURES OF A WORLDLEADING TENNIS NATION				
Sustained high-performance outcomes	Equitable, inclusive, and safe tennis	Healthy participant and fan base	Profile of the NBO/OBN	Strengthened capacity

BY 2027 WE WILL:				
Grow U15 pipeline by 5X	Design and implement EDI culture strategy*	Launch revised U12 pathway and enrol 100,000 kids	Achieve \$106M revenue and 40% gross margin by attracting and monetizing 500,000 attendees	Increase 5 year cumulative commercial surplus by \$X from new and diversified revenue streams
Increase conversion at all levels from 80% U12 to 40% 18+	Lead an effective safe sport ecosystem for Tennis in Canada with 100% compliance by PTAs, TPA members and TDCs	Strengthen Tennis Canada brand with focus on familiarity score of 45%	Deliver equal prize money for WTA and ATP events	Open the Vancouver PTC and Tennis Canada Satellite Centres in Montreal and Toronto
#1 Singles Player in the world	40% technical leadership in TC's tennis development ecosystem (HP, official and coach development) identify as women	Grow fans on Tennis Canada channels to 5 Million	Achieve Net Promoter Score of 75 in both cities	Open 4 new PTA Centres and build road map for opening Centres with other 4 PTAs
2 x Grand Slam and 2 x NBO Wins	100 new community partnerships delivering tennis programs for girls and young women	Grow database to 1 Million	Increase domestic viewership/streaming to 10 M	Modernize our support systems and processes to support organizational growth
Win Billie Jean King Cup and the Davis Cup titles	Improve participant experience across key indicators: fun, fair, inclusive, safe and welcoming*	Grow WTN users to 200,000 active players	Be the preferred pathway to US Open for Pro Players with more Top 20 players than the W&S Open	
Medal at Paris 2024 Olympic and Paralympic Games				

Mental Health within Tennis Canada – Current State

Where is Tennis Canada currently at with respect to mental health? What key indicators help to answer this question? To get started, please answer the following questions pertaining to three main priorities in the Mental Health Strategy for High Performance Sport in Canada. Refer to your personal experiences, observations, and/or input you have received when responding to the questions.

Note. Staff members include those working in the sport environment such as coaches, strength and conditioning coaches, mental performance/mental health practitioners, athletic therapists, nutritionists, managers, administrative leaders, etc.

5. How can Tennis Canada support initiatives within the sport system that contribute to mental health promotion and stigma reduction (e.g., CAC Responsible Coaching Movement, LGBTQ2S+ inclusion training)? Please explain or give examples.

Priority 2 - Prevention of Mental Health Challenges and Mental Illness

6. What types of mental health resources would be useful to increase the mental health literacy of athletes and staff members?

_____ (most useful)

_____ (least useful)

Should Tennis Canada access existing resources offered through various organizations (e.g., Coaching Association of Canada, Canadian Centre for Mental Health and Sport, Game Plan, Mental Health Commission of Canada) and/or should these resources be developed specifically for Tennis Canada? Please explain.

7. What risk factors specific to the sport of tennis can compromise mental health and worsen or trigger new symptoms of mental illness?

_____ (most important)

_____ (least important)

8. Providing additional mental health support during known periods of vulnerability (e.g., at major championships, during long travel periods, while physically injured) is important to ensure athletes and staff members receive appropriate care in a timely manner. What are known periods of vulnerability that should be considered in Tennis Canada's mental health strategy? Please explain or give examples.

9. How important is specific training to recognize and intervene in mental health crisis situations (e.g., Mental Health First Aid, Suicide First Aid)?

0 1 2 3 4 5 6 7 8 9 10 _____

not important

extremely important

I don't know

To what extent have Tennis Canada athletes and staff members completed this type of training?

0 1 2 3 4 5 6 7 8 9 10 _____

no one has done this

everyone has done this

I don't know

10. How important are crisis resources (e.g., 24-hour Lifeworks helpline, Kids Help Phone, Crisis Services Canada) to support mental health emergencies?

0 1 2 3 4 5 6 7 8 9 10 _____

not important

extremely important

I don't know

To what extent are Tennis Canada athletes and staff members aware of existing resources?

0 1 2 3 4 5 6 7 8 9 10 _____

no one is aware

everyone is aware

I don't know

11. How important is Safe Sport training to create healthy, safe, and inclusive cultures/environments for Tennis Canada participants?

0 1 2 3 4 5 6 7 8 9 10 _____

not important

extremely important

I don't know

To what extent have Tennis Canada athletes and staff members completed Safe Sport training via the Coaching Association of Canada (CAC) or other relevant organizations?

0 1 2 3 4 5 6 7 8 9 10 _____

no one has done this

everyone has done this

I don't know

12. How important is the Canadian Sport Helpline to support Tennis Canada participants?

0 1 2 3 4 5 6 7 8 9 10 _____

not important

extremely important

I don't know

To what extent are Tennis Canada athletes and staff members aware of its purpose and how to access it?

0 1 2 3 4 5 6 7 8 9 10 _____

no one is aware

everyone is aware

I don't know

13. Does Tennis Canada have a designated Safe Sport officer as per the Universal Code of Conduct to Prevent and Address Maltreatment in Sport (UCCMS)?

_____ yes

_____ no

_____ I don't know

To what extent are Tennis Canada athletes and staff members aware of the Safe Sport officer's role?

0 1 2 3 4 5 6 7 8 9 10 _____

no one is aware

everyone is aware

I don't know

If a Safe Sport officer has been identified, to what extent do Tennis Canada athletes and staff members know how to contact this person?

0 1 2 3 4 5 6 7 8 9 10 _____

no one knows

everyone knows

I don't know

14. Does Tennis Canada have a plan of action to support the mental health of athletes and staff members involved in instances/alleged instances of maltreatment?

_____ yes

_____ no

_____ I don't know

If so, has this plan been communicated to them?

_____ yes

_____ no

_____ I don't know

Priority 3 - Assessment, Diagnosis, Treatment, and Recovery

15. To what extent do Tennis Canada athletes feel comfortable/confident seeking mental health care when they are struggling?

0 1 2 3 4 5 6 7 8 9 10 _____

not comfortable

totally comfortable

I don't know

16. To what extent are Tennis Canada athletes aware of mental health care options available to them?

0 1 2 3 4 5 6 7 8 9 10 _____

no one is aware

everyone is aware

I don't know

17. To what extent do Tennis Canada staff members feel comfortable/confident seeking mental health care when they are struggling?

0 1 2 3 4 5 6 7 8 9 10 _____

not comfortable

totally comfortable

I don't know

18. To what extent are Tennis Canada staff members aware of mental health care options available to them and the athletes with whom they work?

0 1 2 3 4 5 6 7 8 9 10 _____

no one is aware

everyone is aware

I don't know

19. To what extent are mental health care options effectively communicated to Tennis Canada athletes and staff members?

0 1 2 3 4 5 6 7 8 9 10 _____

not effectively communicated

very effectively communicated

I don't know

20. To what extent does Tennis Canada financially support athletes and staff members who access mental health care when they are struggling?

0 1 2 3 4 5 6 7 8 9 10

no support

extensive support

I don't know

21. How important are mental health practitioners (e.g., psychologists, counsellors, psychotherapists, social workers, psychiatrists) for assessing, diagnosing, and treating Tennis Canada athletes and staff members experiencing mental health challenges/mental illnesses?

0 1 2 3 4 5 6 7 8 9 10

not important

extremely important

I don't know

To what extent should these practitioners have knowledge of and/or experience working in sport?

0 1 2 3 4 5 6 7 8 9 10

no knowledge

considerable knowledge

I don't know

22. How important are **screening** protocols to detect early signs and symptoms of mental health challenges/mental illnesses.

0 1 2 3 4 5 6 7 8 9 10

not important

extremely important

I don't know

23. How important are **stay-in-sport** protocols to allow vulnerable athletes to continue training and competing when it is safe to do so?

0 1 2 3 4 5 6 7 8 9 10

not important

extremely important

I don't know

24. How important are **return-to-sport** protocols to safely re-integrate athletes who have ceased sport due to mental health challenges/mental illnesses?

0 1 2 3 4 5 6 7 8 9 10

not important

extremely important

I don't know

Mental Health within Tennis Canada – Desired State

Ideally, where would you like Tennis Canada to be in its address of mental health? Please use the tables below to indicate, in order of priority, the targets you believe Tennis Canada should aim to meet in the near future. Feel free to add additional targets not listed in the tables. Consider the human and financial resources required to meet the targets. Indicate if the need for resources is low, moderate, or high based on whether or not Tennis Canada already has the resources to meet the targets or will need to secure new ones.

Priority 1 - Promotion of Mental Health

Priority	TARGET	Need for Resources to Meet Target		
		Low	Moderate	High
	Mental health literacy training			
	Mental performance training by MPCs			
	Policies and procedures that respect EDI			
	Stigma reduction and help-seeking campaign			
	Other:			
	Other:			

Appendix D: TC'S Strategy

Priority 1 - Leadership, Stakeholder Engagement, and Communication <i>To build collective leadership to address MH across TC</i>				
Objectives	Actions	Resources Needed	Priority	Potential Barriers
1.1 Identify Stakeholders	Identify and engage leaders/partners, including TC management team and board members, provincial tennis associations, tennis clubs, academies, coaches, parents, athletes, tournament directors, and non-tennis supporters (ex. Sport Canada)	Low Type - human Focus – to provide leadership	High - leadership is needed to ensure long-term implementation and desired outcomes	Lack or limited human resource/staff capacity and expertise
1.2 Establish and Communicate Policies	Create and communicate policies to address MH across the TC that respect EDI and SS.	Low/Medium Type – human Focus – to develop policies	High – policies are needed for governance and MH should be integrated as key pillar in PMV and scorecard	Lack of clear policies and procedures; lack of MH as key pillar
1.3 Identify a MH Steering Group and Chair	- Utilize current TC Task Force to serve as MH Steering Group and appoint person to be the Chair to oversee the implementation and evaluation of TC's MH strategy - New TC Wellness Director could serve as Chair of this Committee and collaborate with current National MH Manager (Game Plan) for support - Rely on TC management team/leaders to drive this work	Low Type – human Focus – to provide leadership	High - leadership is needed to ensure long-term implementation and desired outcomes	Lack of communication and alignment between leaders
1.4 Establish a Network of MH Champions	Establish an inclusive and diverse network of MH champions across the country who represent all TC members/groups	Low/Medium Type – human Focus – to develop network	Medium – network of champions on the ground is needed to reach all levels of TC sport system	Lack or limited human resource capacity with lived experience
1.5 Procure and Allocate Funding	- Procure annual funding from Sport Canada, OTP, COC (Game Plan), and sponsors - Monitor usage of funding	High Type – financial Focus – to secure funding	Medium/High – need funding to actualize TC strategy	Limited or inconsistent funding each year (ex. Sport Canada, OTP, COC)

Priority 2 - Promotion of Mental Health <i>To improve and sustain MH across TC</i>				
Objectives	Actions	Resources Needed	Priority	Potential Barriers
2.1 Provide MH education to build literacy	EDUCATION¹ - Identify and regularly promote existing and new MH education initiatives, highlighting benefits - Have options available to TC athletes, coaches, support staff, leaders, and parents, integrating key relevant factors for each group - Ensure MH education is inclusive (available to persons who are able-bodied, with disabilities, BIPOC, LGBTQ2S+, and Indigenous) and accessible (in-person and online) - Hire learning facilitators who have tennis knowledge and adopt a trauma-informed and anti-oppressive approach - Make MH education mandatory for certification, participation in an event, and participation on teams - Integrate MH awareness as part of initial orientation to programs and discuss MH in same way as physical health	Medium/High Type - human and financial High if creating new resources Focus – to develop and expand programs	High - MH education that is EDI- and sport-informed is extremely important to improve MH outcomes	- Lack or limited human resource capacity and expertise - Lack of funding to pay for education and make all programs inclusive and accessible - Lack of integration of MH as key performance pillar - Lack of buy-in from participants, including parents
2.2 Provide MP support and training	Provide access to MPCs to all TC participants, with 3rd party options	High – human and financial need to pay for MPCs	High - MP education is a protective factor and is important to improve MH outcomes	- Lack or limited human resource capacity and expertise - Lack of funding to pay for training and ensure it is inclusive and accessible
2.3 Provide MH resources	Develop an online hub that includes general and sport-specific MH resources (ex. workshops, webinars, podcasts, infographics, reports, initiatives, scientific articles), with links to existing resources (ex. CCMHS, Game Plan, CAC, SDRCC)	High Type - human and financial Focus - to develop online portal and ensure access	High – Access to MH resources is important to improve MH outcomes	- Lack or limited human resource capacity and expertise - Lack of funding to pay for development of new resources and make them inclusive and accessible - Lack of awareness of how and where to access resources

¹ MH education includes all initiatives to improve MH literacy and outcomes across TC

2.4 Eliminate Stigma and Promote Help-Seeking	• Clearly communicate with all TC participants the pathways to access MH, MP, and SS support (see 3.3 and 4.1) • Create MH campaign to promote MH education and resources using different means (ex. online hub, emails, social media, posters at tennis facilities, existing Mental Timeout initiative) • Integrate MH awareness as part of initial orientation to programs and discuss MH in same way as physical health • Use network of MH champions to raise awareness and destigmatize MH (ex. during Mental Timeout initiative) • Enhance inclusivity of TC participants (persons with disabilities, BIPOC, LGBTQ2S+, Indigenous and First Nation Populations) in promotion initiatives • Incentivize athletes, coaches, parents, and staff to learn about MH (ex. Lunch and Learn session for staff)	Medium Type - human and financial Focus – to expand programs and marketing tools, and to incentivize participation	Medium – Ongoing communication is essential to reduce stigma and increase help-seeking	• Lack or limited human resource capacity and expertise • Lack of inclusivity and diversity in communication
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Priority 3 - Prevention of Mental Health Challenges and Mental Illnesses <i>To minimize factors that contribute to poor MH and MI across TC</i>				
Objectives	Actions	Resources Needed	Priority	Potential Barriers
3.1 Minimize Sport-Specific Risk Factors	- Identify MH risk factors for each stage of development and group, using new LTAD pathway as framework (ex. age, gender, type of sport/participant, level of competition, time of season) - Provide regular MH and SS education appropriate to each stage/group that focuses on minimizing risk factors and aligning with UCCMS - Facilitate access to MH, MP, and SS resources (ex. through TC online portal/hub)	Medium/High Type - human and financial Focus - to develop and deliver sport-specific education	High – Tennis-specific education is important to address needs	- Lack or limited human resource capacity and expertise - Lack of buy-in from participants, including parents due to focus on winning
3.2 Provide Additional Support During Known Periods of Vulnerability	- Identify periods of vulnerability throughout the year for each stage of development and group (ex. athletes, coaches, support staff) - Identify assessment tool and communicate process for determining those requiring MH support (ex. existing MH Check-In Survey, see 4.2) - Perform MH assessments early and during periods of vulnerability, see 4.3) - Provide adequate support to those in need during vulnerable periods, see 4.3)	Medium/High Type - human and financial Focus - to perform assessments and subsidize care	Medium – Support during vulnerable periods is essential	- Fear of negative repercussions as a result of completing assessments - Lack of funding to subsidize care
3.3 Support the Universal Code of Conduct for Maltreatment in Sport	- Provide SS education that aligns with UCCMS, and focuses on minimizing risk factors and increasing protective factors - Communicate SS information (independent mechanism, complaint process, TC Director of SS and Integrity) - Communicate to all TC participants the pathways to access SS support and resources - Subsidize care for TC participants involved in maltreatment	High Type - human and financial Focus - to provide education and subsidize care	High – SS education and support are crucial	- Resistance to cultural shift - Fear of reporting - Lack of funding to subsidize education/care
3.4 Develop Emergency/Crisis Education Initiatives	- Identify and communicate existing MH emergency/crisis resources - Make MH crisis/emergency education mandatory (ex. MH first aid, ASIST/suicide awareness training)	Low Type – human and financial Focus – to identify and communicate resources High if subsidize education	High – Emergency/crisis resources and education are crucial as they can save lives	Lack of time (1-2-day course) and funding to subsidize education

Priority 4 - Assessment, Diagnosis, Treatment, and Recovery of Mental Health Challenges and Illnesses <i>To manage and treat MI across TC</i>				
Objectives	Actions	Resources Needed	Priorities	Potential Barriers
4.1 Identify Clear Referral Pathways to Access MH Care	- Identify network of professionals qualified to provide EDI- and sport-informed care in a safe and confidential manner (ex. 3rd party options via CCMHS and Game Plan MH Network) - Communicate pathways to refer and access MH care that are available in both sport and the general community	Low Type – human Focus – to communicate pathways	High – Knowledge of MH care options is important to optimize help-seeking and respond to MH crises	Lack of availability to provide care at more grassroots level
4.2 Develop Screening Initiatives for Early Detection of Symptoms	- Identify assessment tool and communicate process for determining those requiring MH support (ex. use existing MH Check-In Survey recently developed) - Provide TC sport participants knowledge and resources to advocate for themselves	Low Type – human and financial Focus – to identify and communicate tool and process High if subsidize assessments	Medium – Assessment tool for early intervention is required	Resistance to ongoing MH tracking due to fear of negative repercussions
4.3 Provide EDI- and Sport-Informed MH Assessments and Care	- Hire/contract qualified professionals to perform regular MH assessments, and refer those in need as necessary - Hire/contract qualified professionals to provide safe and confidential MH care	Low/Medium Type – human and financial Focus – to hire professionals and perform assessments High if subsidize MH assessments and care provided by professionals	High – Access to professionals who can conduct assessments and provide care is vital	- Fear of negative repercussions as a result of positive screening and seeking help - Lack of security and confidentiality regarding data sharing and storage - Lack of funding to subsidize care
4.4 Develop Stay-in-Play and Return-to-Play Protocols	Create and communicate protocols to determine when TC sport participants experiencing MH challenges or MIs can remain in sport or return to sport	Medium Type - human and financial Focus - to create new protocols that do not yet exist	Low – MH practitioners are currently doing this on a case-by-case basis	- Lack of time and specialists to develop protocols - Complex to address all MH challenges and MIs in protocols

Priority 5 - Implementation, Monitoring, and Improvement <i>To successfully deliver TC strategy</i>				
Objectives	Actions	Resources Needed	Priority	Potential Barriers
5.1 Monitor, Evaluate, and Improve the Strategy	• Schedule bimonthly meetings with MH Steering Committee to determine if objectives are being met, and actions and deadlines should be adapted • Track uptake/usage of education/resources/care over time (ex. via MH online hub, participation rates) • Conduct surveys and interviews with TC sport participants at all levels to assess the impact of education/resources/care put in place (ex. reach, quality, satisfaction, outcomes such as MHL, MH, MP, SS)	Moderate/High Type – human and financial Focus – to evaluate and track implementation initiatives	Medium/High – Assessment and tracking are important to determine success and secure ongoing funding	• Difficulty to recruit and get consent to participate in assessment initiatives

Appendix E: Interview Guide Implementation Phase

1. What has your overall experience been participating as a Core Leadership Team and/or Task Force member in this MH Strategy?
2. What have you learned about yourself as a result of being a Core Leadership Team member and/or Task Force member in this project?
3. Has your participation in this project impacted your MH and MH literacy, and if so, can you provide examples?
4. Has your participation in this project impacted your work within the TC community and the different roles you're playing (athlete, coach, parent, practitioner), and if so, can you provide examples?
5. Have you used resources since participating in this project, and if so, can you provide examples?
6. If we had a magic wand and could make TC's Strategy the best it could ever be, what would it look like? For instance, are there any gaps in the current Strategy that should be addressed?
7. Is there anything else you would like to share about your experience in this project that would be valuable for us to know?

Appendix F: Interview Guide Evaluation Phase

1. Taking into consideration all the actions in the Implementation Progress Chart (some have been completed, some are in progress, and some have not yet been completed), how successful is Tennis Canada's strategy after one year of implementation?
 - a. Please provide some examples of its impact and reach.
2. To what extent did Tennis Canada implement the priorities and actions you originally identified?
 - a. If you were to give yourself a rating out of 100, where 100 means implementing everything and 0 means implementing nothing, what would it be? What do you base this rating on?
 - b. What changed along the way, if anything, and why (e.g., policy, BOD presentation)?
3. Who has the Strategy impacted the most, and how?
 - a. Probe for within and outside of Tennis Canada
 - b. Probe for different populations: athletes, parents, coaches, staff, wheelchair athletes
 - c. Probe for different mechanisms/means like marketing, media announcements, the NBO
 - d. Probe for info shared internally (e.g., TC members) and externally (e.g., 2 Own the Podium/Game Plan summits, student conference, ITF, WTA, ATP)
4. What are the key gaps remaining that you want to address in the near future?
 - a. Consider what was discussed in the previous interviews and discussions during the last Task Force group discussion.
 - b. Probe for communication of access to care, wheelchair education and onboarding, parent education, promoting education, targeting provincial and lower levels.

Final – looking ahead

1. How will you ensure that you get feedback on the effectiveness of your strategy from the community that the strategy targets?