International society of sport psychology position stand: mental health through occupational health and safety in high performance sport

International Society of Sport Psychology Position Stand: Mental Health Through Occupational Health and Safety in High Performance Sport

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Abstract

There is considerable attention devoted to athlete mental health in high-performance sport. The International Society of Sport Psychology seeks to extend this discourse by expanding the discussion through a lens of occupational health and safety (OHS). Drawing upon knowledge from OHS, the authors have considered existing mental health challenges as well as proactive and reactive strategies conducive of athlete safety. This Position Stand is structured into four sections. The authors introduce OHS and its relevance to high-performance sport in section one. Section two focuses on athlete mental health and the need for an OHS approach within sport organizations. Section three is focused particularly on athlete safety in relation to high-performance youth athletes. The fourth and final section is a broader ideological discussion of how OHS might vary in approach based on national sport systems and cultural orientation.

Keywords: high-performance, athlete mental health, occupational health and safety

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Sport psychology professionals are devoting considerable attention to athlete treatment (e.g., Mountjoy et al., 2015). Athlete treatment has been a longstanding consideration among sport professionals given the prevalence of maltreatment across participants' sport levels and age ranges. We find common and elaborate reporting measures for athletes and coaches in terms of safeguarding / safe play policies (International Olympic Committee, 2017) and underpinning the necessity and further development of such policies, expansive reports of athlete maltreatment evidenced within media outlets, worldwide (e.g., Seanor et al., in press). Though variations of how safe sport environments are considered from one country to the next are unavoidable given cultural practices and national sport systems, much of the international sport community is moving toward versions of safeguarding (see Mountjoy et al. 2015). We propose that discussions and solutions are a long way from sufficiently advanced. Though considerable attention has been paid to athlete maltreatment, fewer discussions pan to the organizational level, where the focus is proactive, effective structures and processes, fostering psychological and emotional growth.

This commentary expands discussions about safety, particularly in high-performance sport, given the weekly hours invested in training and competition for those working onsite. We seek to move beyond contextualized cases of maltreatment, to considerations of what nourishing processes entail and how these can be designed (Biswas et al., 2021). Sport psychology professionals have already produced position stands (Schinke et al., 2018; Moesch et al., 2018) and consensus statements (Henriksen et al., 2018; Reardon et al., 2019) focused on athlete mental health in high-performance environments. These recent contributions have extended discussions beyond malnourishment, toward the generation of nourishing sport environments for

athletes and staff (Henriksen et al., 2018). We seek to further this discourse by framing this ISSP Position Stand in Occupational Health and Safety (OHS) [1], considering sport environments as employment sites. Viewing high-performance sport environments through the lens of OHS involves proactive approaches, where safety in training and competition environments are fostered through systemic, organizational structures, including, but also extending beyond, the training of management, frontline staff, and athletes. Drawing upon the expertise of international experts from four continents who actively work with youth and adults in high-performance environments, we structure this position stand into four sections. We begin with a general overview of OHS, introducing general concepts and narrowing their relevance to nourishing environments within sport. We then consider athlete mental health, building the case for OHS from the vantage of a clinical psychologist with expertise in mental health. We then focus on youth sport, given the expanding reports of youth maltreatment contextualized in scientific and practical outlets. Though convergences exist when considering the safety of youth and adults in high-performance sport, there are also nuances. We then draw upon the ideological expertise of two cultural authors, one versed in individualism, one in collectivism, to consider OHS uptake.

Occupational Health and Safety and Sport Contexts

OHS is focused on how workplaces promote or hinder employee wellbeing and safety (Burton, 2010; Tetrick & Peiró, 2012). We align with the World Health Organization's (2020) definition of health – a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. OHS is a multidisciplinary perspective focused on developing structurally safe workplace environments through hazard prevention and health promotion (Burton, 2010). While some occupational safety initiatives are supported within sports

[1] This terminology may differ depending on the location of the reader. For example, within the United States, occupational health and safety is often referred to as occupational safety and health.

contexts, such as conduct / professionalism policies (see Safe Sport Policies; e.g., International Olympic Committee, 2017), personal protective equipment (PPE in the form of helmets, shinpads, mouthguards, and padding), and the employment of certified sports psychology practitioners versed in health-conducive athlete training, the lack of sustainable, and physically and psychologically safe sport environments is surprising given similarities between athletes and employees and mounting recognition of unsafe sport environments (Henriksen et al., 2019; Moesch et al., 2018; Schinke et al., 2018). We recognize professional (see Ekos Research Associates, 2010) and high-performance amateur athletes (Stambulova & Wylleman, 2019) spend approximately 34-42 hours sports training each week. These efforts provide employment, financial security, and part of each athlete's personal identity (Schinke et al., 2021). When paired with daily meetings, recovery sessions, travel time, and extracurricular technical demands, such as studying film, high-performance athletes undertake a standardized work week.

OHS is a disciplinary approach sport psychology researchers and practitioners, sport scientists, coaching staff, and organizational authorities (e.g., high-performance directors and general managers) can utilize to create structurally safe environments that nourish athletes' health. Creating physical and psychological safety allows athletes and staff to dedicate attention and energy towards sport-specific objectives and personal development, rather than protecting themselves and those within the environment from work hazards, such as stress and burn-out (Fan et al., 2020). When paired with health-conducive interventions, such as stress management classes, nourishing, structurally safe environments can empower athletes and staff with tools to develop their health while buffering against subclinical ill-health (Schinke et al., 2018).

Despite global frameworks (Burton, 2010), the development and effectiveness of OHS programs should be approached contextually to account for macro- and micro-level factors that

influence a program's effectiveness. Macro-level factors, such as national culture and a country's wealth and policies, are concerned with the societal structures that shape how health and safety is approached nationally (Fan et al., 2020). Countries that value health and safety, such as those that prioritize universal healthcare and concrete occupational health and safety policies, showcase less occupational fatality rates when compared to countries lacking safety structures (Stoffregen et al., 2019) and contribute to a culture of safety by educating employees on risks that may threaten individual safety (Starren et al., 2013). Researchers and practitioners must recognize that safety, like performance, should be approached through culturally designed projects that account for differences at the national, organizational, occupational, and individual levels (Ryba et al., 2013). This endeavour can be challenging given organizations are comprised of culturally diverse individuals, each with intersecting safety perceptions and behaviours (Ryba et al., 2013; Starren et al., 2013). Practitioners and researchers applying cultural praxis, where theoretical knowledge production is used to prioritize practical social change, can create localized safety pursuits nuanced to sport organizations, empowering organizational members to contribute to creating safe training and performance environments (Blodgett et al., 2015). Additionally, wealth-developed countries, such as Sweden and France, have financial resources to contribute to robust OHS incentives within their organizations, resulting in comprehensive safety policies and reduced occupational fatality rates compared to underdeveloped nations (Fan et al., 2020; Stoffregen et al., 2019). Building upon recommendations for showcasing cultural sport psychology within emerging countries (Papaioannou et al., 2019), researchers and practitioners can be reflexive in considering how their social positioning, including wealth, creates opportunities and challenges when fostering safe sport environments; as sport leaders we must use our privileges to enact social justice (Blodgett et al., 2015).

Micro-factors are concerned with manageable aspects of occupations, organizations, interpersonal interactions, and athletes and sports staff's perceptions relating to health and safety (Fan et al., 2020), and can be targeted within health and safety interventions. At the occupational level, the safety risks within an occupation determine how OHS is approached, with enhanced safety precautions applied to riskier workplaces (Fan et al., 2020). High-risk sports have varying safety procedures used to mitigate their risk factors. At the organizational level, company leaders, such as high-performance directors, managers, and coaches, influence how safety is pursued, prioritizing, or neglecting safety through exceeding or adhering to the minimum requirements set by provincial/state and national sport organization safety policies (Burton, 2010). Leaders create a Psychosocial Safety Climate (PSC) when they promote comprehensive safety policies, provide employee incentives (e.g., rewards for safe work) and health promotion activities (e.g., lunchtime physical activity), empower employees, listen to OHS contributions of employees, provide adequate resources, show support for stress prevention, and actively seek areas of workplace improvement to produce environments where safe working practices are engrained in employees' daily practices (Dollard & Bakker, 2010; Kim et al., 2016). These initiatives could be reflected in sport environments through safety policies, athlete, and sport staff incentives for safe work practices, such as promoting safe behaviour (e.g., resting when injured), empowering athletes and sport staff and listening to their suggestions for OHS, and equipping sports personnel with health promotion initiatives like stress management classes, as sport environments can contribute to stress inside and outside of sport (Fletcher & Arnold, 2017).

Leaders who disregard safety contribute to systemic OHS failure within organizations, leading to miscommunication between staff, ignorance towards hazards, and failure to learn from experiences (Barling & Frone, 2003). A leader's perceived power can also influence

relationships within the workplace, with power distance – the distribution of workplace power between employees – significantly contributing to how unsafe tasks are mitigated (Fan et al., 2020). Power distance between athletes and coaches can contribute to poor coach-athlete relationships (Wachsmuth et al., 2020), possibly expanding into athlete maltreatment if not effectively managed. When high-power distance is not managed, either directly through reducing leaders' power or indirectly through empowering employees, individuals' willingness to question leaders' unsafe or inappropriate behaviours (e.g., workplace harassment) and commands becomes weakened, sometimes pressuring athletes into unsafe behaviours through fear and intimidation (Stoffregen et al., 2019). Finally, individual factors, such as demographics, age, risk perception, job insecurity, and perceived control, impact feelings and effort towards safety within sport (Choudhry & Fang, 2008; Fan et al., 2020).

The interacting and contextual micro and macro factors that differ between cultures, countries, workplaces, and individuals adds complexity to creating physically and psychologically safe environments. Sports psychology practitioners versed in context-driven practice may be well suited to aid organizations in developing safe sport environments through nuanced interventions (Schinke et al., 2017). Safety interventions consist of proactive and reactive initiatives tailored to pressing safety requirements, identified through a needs assessment (Burton, 2010). Proactive initiatives are influential in mitigating health and safety concerns before they occur, while reactive interventions help improve health and safety threats afterward (Fan et al., 2020; Giffin et al., 2021). Organizations must develop proactive and reactive interventions, as safety threats are ever-changing (e.g., COVID-19 resulted in vast safety initiatives to protect athletes' health at the 2020 Tokyo Olympics; Schinke et al., 2020).

One effective proactive and empowering initiative is comprehensive safety training, which develops employees' awareness of how to complete potentially dangerous tasks within their workplace, the risks and hazards association with each, safety precautions that should be taken, and who to report to if safety threats are witnessed, among other steps (Fan et al., 2020). Active safety training, where individuals engage in workshops, is more effective at producing safety values and behaviours compared to passive modes of training, such as self-directed learning through computer modules (Konijn et al., 2018). Post-accident reviews, proper medical and first aid (e.g., IED provided to Christian Erikson after he collapsed from cardiac arrest at the 2020 European Championships), and audits of workplace safety measures are examples of reactive interventions that contribute to safe workplaces (Fan et al., 2020).

Some safety initiatives are more comprehensive than others and simultaneously address safety proactively and reactively. Comprehensive safety policies signed, promoted, and enforced by the highest organizational authority, such as high-performance directors and managers are proactive in conveying structure while pursuing safe work, and reactive in providing anticipatory instructions if an accident occurs (Burton, 2010; Tetrick & Peiró, 2012). Examples of safety policies in sport included the Universal Code of Conduct to Prevent and Address Maltreatment in Sport and Safe Sport Policies designed by National Sporting Organizations, each differing depending on country of origin. While policies are the first step in providing safety structure, their effectiveness is not guaranteed unless followed by members of a sporting organization (Burton, 2010). OHS committees made up of employees, managers, unions, and OHS representatives and/or an Internal Responsibility System (IRS) – a system where organizational employees have the role and responsibility for identifying unsafe work hazards[2] - provides

[2] Within Canada, the IRS is part of provincial OH&S legislation. For more on the IRS, please see https://www.labour.gov.on.ca/english/hs/pubs/mining/syn_minirs_2.php

outlets that empowers employees to communicate proactive safety or health promotion ideas that may benefit the workplace and reactive ideas to combat current safety threats within the organization (Burton, 2010). The IOC Athletes' Commission is a group made up of former Olympic athletes that offers an athlete-driven perspective on various topics, including doping, women in sport, and the Olympic Games, and reflects the idea that athletes can create committees dedicated towards identifying unsafe hazards within sport environments. Finally, an integrated worker health promotion approach is beneficial in protecting athletes from safety threats while also providing opportunity to advance health and wellbeing (Biswas et al., 2021).

Context Setting: Sporting Environments and Athlete Mental Health

Recently, there has been increased research attention on athlete mental health (Henriksen et al., 2019; Reardon et al., 2019), with reports suggesting a point prevalence of 18-30% for symptoms of depression and anxiety (Gouttebarge et al., 2017) and a career-prevalence of up to 46% of at least one disorder (Gulliver et al., 2015). Employee mental health is gaining salience in workplace settings (Kirsh et al., 2018), however, such an occupational mental health focus has not typically extended into elite sport settings. While many sporting organizations have increased support for retirement preparation (Torregrosa et al., 2020), less attention has been paid to the mental health of current athletes. Yet supporting wellbeing and promoting mental health throughout athletic careers is necessary to mitigate functional impairments and equip athletes to cope with stressors, which may also better enable them to manage transitions into the future. Consideration of athlete mental health during careers may be especially critical as the age at which athletes are entering and engaging in high level competition (Allen & Hopkins, 2015) tends to be the period when many psychological disorders first develop and present (APA, 2013).

Further, this is an age during which coping resources and skills are still developing (Carr, 2015), thus athletes may be especially vulnerable to sporting-related stressors and risk factors.

Although often understood as an individual pathology, the aetiology of psychological disorders is multifaceted and arises in a complex interplay of biological, as well as individual and environmental factors (Carr, 2015). Within a biopsychosocial understanding of mental health, social and environmental factors are necessarily interlinked in the development and maintenance of psychological disorders. Therefore, there is a need to better contextualise athlete mental health within sporting environments, which are underscored by findings that sporting stressors and environments may contribute to athletes' mental health outcomes (Rice et al., 2016). There are numerous ways in which sport environments may function to predispose individuals to, as well as precipitate or perpetuate, mental health symptoms. Organizational stressors, over-training, poor performance, extended periods of travel, and injury are sporting-related precipitating factors (Gulliver et al., 2015; Purcell et al., 2019; Rice et al., 2016). High training loads also increase injury risk and thus the likelihood of subsequent mental health symptoms (Palmer et al., 2021). A growing body of evidence also highlights the increased risk for athletes of experiencing distress and depression following concussion (Kilic et al., 2019). Relationships within sport, including team dynamics (Fletcher & Wagstaff, 2009), coaching expectations and climate (Pensgaard & Roberts, 2000), loneliness, and unsupportive social environments (Brownrigg et al., 2017) also contribute to the development of psychological disorders among athletes.

Furthermore, sporting organizations are typically guided by a strong (and often exclusive) performance focus (Hulme et al., 2019), with a performance narrative dominant and recurrently reproduced within elite sport settings (e.g., Cosh et al., 2019; Douglas & Carless, 2009). This focus results in performance goals being prioritized to the detriment of wellbeing, with evidence

linking the performance narrative with disordered eating (Busanich et al., 2016; Papathomas, 2018). Further, in a 'win at all costs' environment, pressure to return to sport quickly after an injury or play through an injury is common (Roderick et al., 2000), which is associated with longer term physical and mental health sequelae (Kilic et al., 2019). A performance focus also drives practices around athletes' bodies, which may contribute to athlete overtraining and subsequent burnout (Rice et al., 2016). There has long been the notion of optimising athletes' body composition to improve performance outcomes, with practices of body regulation and monitoring commonplace in elite sport (Miller, 2012). These regulatory practices, as well as interactions with coaches and staff, contribute to body dissatisfaction, low self-confidence, and poor body image (Coppola et al., 2014; Porter et al., 2013). Consequently, athletes engage in various body surveillance and dietary restraint behaviors (Boudreault et al., 2021; Lang, 2015; McMahon & Dinan-Thompson, 2011) which become normalized in elite sport environments (Cosh et al., 2015; Papathomas, 2018). Such practices and associated body dissatisfaction contribute to the development of disordered eating amongst athletes (Bruin & Oudejans, 2018; Diaz et al., 2018). Although a focus of many guidelines in sport has been on perceived pressure around body shape, the role of sport settings and the performance focus in contributing to body-related distress and psychological disorders such as disordered eating cannot be overlooked.

This performance focus can also result in maladaptive behaviors that place athletes at risk for psychological disorders being reinforced within elite sport environments when they are seen as conducive to performance. Such reinforcement is seen with weight control behaviors and perfectionistic strivings are another example. These strivings develop within competitive sport environments (Rasquinha et al., 2014), where perfectionism is reinforced within everyday interactions (Cosh et al., 2015). Perfectionistic strivings are viewed as improving performance,

yet are maladaptive for athletes (Hill et al., 2018) and are related to poorer wellbeing and development of various psychological disorders (Jensen et al., 2018; Sellars et al., 2016).

A strong performance focus also results in mental health only being considered a concern where performance is affected (Coyle et al., 2017). Compounding this issue is that mental health literacy typically remains low in sport settings, with coaches having limited awareness and understanding of mental health symptoms (Bird et al., 2020; Gorczynski et al., 2019). Therefore, symptoms and disorders may not be recognised where performance is not impacted. Further, a range of symptoms or subthreshold disorders may be viewed as contributing to performance and thus, reinforced. High training loads may be reinforced as dedicated behavior aimed at improving performance. However, training and exercise can become compulsive and a view that this signifies dedication and commitment may overlook that such behaviors can be symptomatic of presentations including compulsive exercise and obsessive-compulsive disorder (Cromer et al., 2017; Lichtenstein et al., 2017). High training loads may also be a manifestation of high energy levels associated with mania, with high exercise levels potentially also exacerbating manic and hypomanic episodes (Sylvia et al., 2013). Rituals and pre-game routines may also represent obsessions and compulsions but are typically viewed as undertaken to improve performance (Cromer et al., 2017). What may be viewed positively in certain contact sports as competitive aggression may be manifestations of externalizing disorders, or reflect an emerging internalizing disorder, especially in adolescents and males where depression and anxiety often manifest as aggression (Carr, 2015). Maladaptive behaviors and mental health symptoms are therefore often undetected in elite sport and can be reinforced due to a performance focus.

Within sport settings there is scope for coaches and staff to monitor wellbeing, aid in identification of psychological disorders, and facilitate early intervention through referral to a

mental health clinician (e.g., Rice et al., 2016; Schinke et al., 2020). This approach would require enhanced mental health literacy to aid in identification of symptoms (Gorczynski et al., 2019). In instances where psychological disorders are identified, sporting organizations may be best placed to refer athletes for treatment as athletes are typically unsure of where to seek help (Coyle et al., 2017). Even where mental health literacy and identification of disorders is improved, this strategy in isolation may remain limited for promoting athlete mental health.

Firstly, athletes are less likely to seek help for their mental health than non-athletes (Bird et al., 2020; Gorczynski et al., 2019) with stigma a key barrier to disclosure and help seeking in sport settings (Castaldelli-Maia et al., 2019). Athletes report concerns around perceptions from peers and coaches and losing status within the team and sport environment (Delenardo & Terrion, 2014). Vignette-based research has further highlighted the stigma surrounding mental health in sport environments, demonstrating that athletes with a history of any mental health disorder were less likely to be signed and more likely to be paid less than players with no mental health history (Merz et al., 2020). Such stigma perpetuated within the sport environments may limit access to help even after a disorder is identified, suggesting that identification and referral may not be sufficient as an isolated strategy.

An identification and referral-based approach to managing mental health is also focused on pathology, however, sport participation has the potential to enhance coping skills and resilience (Belcher et al., 2021) and thereby be a protective factor for mental health. Within elite sport settings, there have increasingly been shifts towards a holistic approach to supporting the 'whole person' (Torregrosa et al., 2020). However, what the holistic approach constitutes is often less clearly defined, especially in relation to mental wellbeing. Strategies around mental health can often remain limited in terms of promoting wellbeing through the development of coping

skills and resilience. Thus, there is scope for sporting organizations to adopt a broader definition of mental health, which encompasses protective factors.

Managing mental health through identification and referral also constitutes a reactive approach (Torregrosa et al., 2020). Whilst this approach may support some individual athletes, it fails to a) consider the sporting environment including culture, stigma and the performance focus, and b) perpetuates an individualised perspective of mental health which limits recognition of how sport settings contribute. Further, prevention of disorders is better placed to reduce associated burden of disease and improve long-term outcomes (WHO, 2004). Thus, broader changes that address the sport environment and are geared toward prevention rather than treatment may be better placed to promote athlete mental health and wellbeing. Workplace policies and practices that adopt an integrated approach focusing on reducing stress, preventing harm, promoting health, and fostering empowering psychosocial environments tend to achieve the best wellbeing outcomes (Cooklin et al., 2017). To complement approaches that support individual athletes after they present with a disorder, prevention of disorders through broader organizational and cultural shifts in sport environments are needed. These should be guided by a comprehensive understanding of the environmental and sporting factors that affect mental health.

Organizational culture shifts may be needed to facilitate wellbeing (Purcell et al., 2019), especially to ensure that athlete mental health is viewed as a concern of the sport setting. Sporting organizations are focused on maximizing performance, albeit potentially to the detriment of athletes' wellbeing. However, a performance focus without fostering well-being through health conducive practices may be counterproductive. This kind of performance focus potentially contributes to development and maintenance of psychological disorders and, especially where treatment is delayed, psychological disorders result in functional impairments

(Iorfino et al., 2018) that may impact performance. It has also been suggested that organizations should be guided by a focus on growing performance rather than avoiding poor performance (de Waal, 2003). Therefore, a shift in the culture of sporting organizations away from purely performance outcomes and to a broader focus on performance growth that also encompasses wellbeing may be beneficial, especially given that a focus on supporting athlete wellbeing is argued to foster the performance of sport organizations (Hulme et al., 2019). Changes in the culture of sport settings may also be critical to facilitate stigma reduction and thereby promote disclosure and help seeking where needed. Part of achieving this may be to shift and diversify discourse around athletes, performance, and mental health within sport settings and in communications between sport staff and athletes. Normalising psychology and related services would also be of benefit, especially as athletes are typically encouraged to access services with immediate and physical health benefits over mental healthcare (Stambulova & Ryba, 2014).

Reduction of stress and demand in workplaces are needed to promote employee wellbeing (Basu et al., 2017), thus there remains a greater need to consider the ways in which sport organizations may place athletes at risk and revise organizational structures and policies to mitigate these risks. For instance, given the possible detrimental consequences of body regulation practices and the limited evidence linking these practices with performance enhancement (Plateau et al., 2014), such practices may need to be reviewed. A shift away from institutional ownership over athletes' bodies (Cosh et al., 2012), as well as further infrastructure and guidance for coaches and sport staff on how to talk about athletes' bodies may be valuable (Plateau et al., 2014; Sabiston et al., 2020). Providing a broader approach to body management that locates food and exercise practices within health and nutrition-based discourses rather than performance narratives might also better promote physical and psychological wellbeing.

Recognition of the organizational responsibility, including of sport staff, also appears to be necessary to promote athlete mental wellbeing. Recent approaches in Australia include the instalment of dedicated wellbeing officers in sport environments (Australian Sports Commission, 2020). Having dedicated staff managing and targeting mental health is likely necessary to guide practices and oversee a shift to a wellbeing focus. However, engagement from all staff and athletes with regards to how they might impact or can promote mental health is also needed. For example, coaches locate responsibility for eating practices in athletes rather than consider their own coaching practices (Plateau et al., 2014) and interactions within sport settings between staff and athletes can perpetuate unhealthy body and weight management practices (e.g., Boudreault et al., 2021; Cosh et al., 2015). Thus, supporting mental health may remain limited where it is not viewed as the responsibility of the whole sporting organization and the individuals who work within these settings. Collaborative efforts between sport staff and mental health professionals would be beneficial (Purcell et al., 2019; Rice et al., 2016).

A large range of sporting related stressors, as well as features of sporting environments including culture and practices, contribute to the development and maintenance of psychological disorders of athletes. While the mental health of athletes continues to be viewed as an individual pathology that fails to conceptualise the role of environmental factors and the sport setting, it is unlikely that the prevalence of psychological disorders in athlete populations will change. The current focus on detecting pathology limits opportunities for prevention and changing sporting environments to make them safer for athletes.

Safe Youth Sport Environments

Any discussion on OHS in sport must extend to youth sport. The investment of the sport system (e.g., financial, and coaching resources), the investment of many parents (e.g.,

financially, and emotionally) and the personal investment of children themselves, can result in children experiencing environments and relationships which do not prioritise their safety (Harwood & Knight, 2009; Rhind & Owusu-Sekyere, 2020). These environments are evident in the ongoing discussions around repeated cases of athlete maltreatment (Mountjoy et al., 2015, 2016), which can impact athletes far into their post-sport lives (Seanor et al., in press). The United Nations Convention on the Rights of the Child (United Nations, 1989) outlines children's rights in three broad areas: rights to protection (e.g., from violence and harassment), rights to participation (e.g., leisure) and rights to provision (e.g., healthcare). Ensuring that a child is safe is fundamental to respecting these rights. Of relevance are the following two articles:

Article 3: States Parties shall ensure that the institutions, services, and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

Article 19: Governments must do all they can to ensure children are protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone else who looks after them.

These rights should be respected in all contexts, including sport. Over recent years, there has been a growing body of evidence which illustrates how relationships in youth sport can become physically, emotionally or sexually abusive (Mountjoy et al. 2015). In response, there has been a focus on how we can create and maintain safe sport for children. Safety in the context of youth sport has been defined as 'An athletic environment that is respectful, equitable and free from all forms of non-accidental violence to athletes' (Mountjoy et al., 2015, p. 1). A key development in this regard has been the launch of the International Safeguards for Children in Sport, which outline the strategies which all organizations should have in place to achieve safe sport (Rhind &

Owusu-Sekyere, 2020). The Safeguards recommend that sports organizations have a safeguarding policy; procedures for managing safeguarding concerns; accessible advice and support; strategies to identify and mitigate risks; guidelines for behaviour; procedures to ensure safe recruitment and on-going safeguarding training; effective relationships with partners and a system to monitor and evaluate these safeguarding strategies.

The focus of the International Safeguards is on adopting a proactive approach to creating and maintaining safe sport for children. Through analysing the experiences of organizations working towards these international Safeguards, Rhind & Owusu-Sekyere (2017) identified eight CHILDREN pillars, which should under-pin safe sport:

1. Cultural sensitivity strategies should be developed to create safe sport and need to consider the cultural, social, political, and legislative context in which they are being applied if they are to be effective.
2. A holistic approach should be adopted where safeguarding should be integrated into all aspects of an organization (e.g., within recruitment procedures, policies, and training).
3. People should be incentivised to behave safely with appropriate mechanisms in place to reward those who do and intervene for those who do not.
4. There should be effective leadership at all levels of an organization.
5. Safeguards need to be reviewed and adapted dynamically to maintain their relevance.
6. There needs to be appropriate resources (e.g., human, time and financial).
7. A democratic approach should be adopted which promotes engagement with all stakeholders in and around the sport (e.g., children, parents, coaches).
8. Safe sport is facilitated by organizations developing partnerships (i.e., networks) with other stakeholders in and around sport (e.g., social services, charities).

Inversely, unhealthy cultures have been cited as facilitating cases of abuse in sport (Phelps et al., 2017). Safety Culture has been defined as: "…the assembly of underlying assumptions, beliefs, values, and attitudes shared by members of an organization, which interact with an organization's structures and systems and the broader contextual setting to result in those external, readily visible, practices that influence safety" (Edwards et al., 2013, p. 77). Moreover, Psychosocial Safety Climate (PSC) has been defined as "policies, practices, and procedures for the protection of employees' psychological health and safety" (Dollard & Bakker, 2010, p. 580). Psychosocial safety includes freedom from psychological and social risk or harm.

Safe sport is not just about preventing negative experiences; it also concerns how well sport actively promotes positive experiences and psychosocial outcomes for everyone involved, applied to all stages of athletic journeys. Sweeney et al. (2021) offer a persuasive narrative around the premature professionalization of youth sport in the context of elite UK academy football to the detriment of the young players aged as young as nine. Of the 265 million people who regularly play football, only 0.04% play in a professional league (Haugaasen & Jordet, 2012). There is strong advocacy for sport organizations to consider their moral responsibilities to children and families who specialise and invest early in a sport because of the competitive structure and talent pathway politics that promote early specialisation. Scholars within the fields of positive youth development and life skills actively encourage a holistic approach to athlete development, whereby young people are provided with the intrapersonal and interpersonal tools and coping resources to develop as people within and outside of their sport (Camire, 2015; Larsen et al., 2014; Sweeney et al., 2021).

How life skills and psychosocial development initiatives become formal elements of an occupational health and safety programme in youth sport is particularly pertinent for the

potential mental health and identity challenges that a young person may face if their transition to professional sport is unsuccessful (see Blakelock et al., 2016; Wilkinson, 2020). The predominant challenge for a youth sport organization is how they integrate an emphasis on young athletes' personal development within a more performance-oriented culture (see Camiré, 2015; Harwood, 2008), not only to mitigate risk of poor psychosocial and identity enrichment, but also to facilitate athletic development as a by-product. A study by Hardcastle and colleagues (2015) explored stakeholders' perceived experiences and effectiveness of a life skills program integrated into multiple high-performance sports (e.g., netball, surfing) to develop athletes' self-regulation and coping skills necessary for balancing the demands of their sport, academics, and social lives. While athletes reported positive improvements in intrapersonal skills (e.g., goal setting, planning, time management), the program was delivered by external facilitators with minimal involvement from coaches. The lack of coach engagement was perceived to limit sustained teaching, practicing, and reflection on such skills.

What is becoming clear is sport organizations either do not value the holistic development of young athletes as a 'safe sport' strategy enough, or where they tacitly acknowledge its importance, there is still a lack of organizational culture change to strategically deliver on the value. Support staff (e.g., psychologists; performance lifestyle practitioners) and coaches as key facilitators are not provided with sufficient time or education, nor is there the emphasis on intentional and explicit strategies for athletes' psychosocial development in the overall programme (e.g., McCallister et al., 2000; Preston et al., 2021). Beyond ensuring children are safe throughout their athletic journey across all competitive levels, safe sport should also consider how children can be kept safe around and after sport through helping to develop psychosocial skills which help them to achieve a fulfilling life, as opposed to creating

vulnerabilities that can jeopardise their well-being in the future. In conclusion, Safe Sport is the right of all children, the duty of all sports organizations and a mechanism through which we can optimise children's participation and performance in sport. Within the conversation around what youth sport should be about, and how youth sport should be delivered, 'Safe sport' should consider the positive psychosocial outcomes that can comprise an adaptive lifelong legacy.

Occupational Health and Safety Ideologies

There are several interrelated complex factors currently impeding the integration of occupational health and safety within high performance sport (Chen et al., 2019). These include, but are not restricted to, philosophical, cultural, structural and practical issues that infuse sport and underpin the broader function of societies. One obvious way in which Western ideology continues to influence how we think about sport, and the implications for safer environments for athletes, is the value placed on individual autonomy; the capacity to "be" agentic and self-determining. Regardless of whether this be a myth or delusion, the belief that an individual sports person has the capacity to be self-directing and responsible for personal choices, remains somewhat embedded within Western culture. From such a perspective, the wider public believe individual's exercise their rights when taking on dangerous or risky behaviours that threaten their own health. It is the athlete who is believed to push the boundaries and who decides to extend training when he or she should rest, or to 'fight on' when injured. It is a belief that if an individual wants to risk personal life, one should be empowered to do so, to ride the biggest waves, conquer the highest mountain and the state should not interfere. Likewise, if an individual does not want to be in sport, one can leave. Individualism also underpins a belief that the person will take responsibility for becoming better educated about what actions might improve longer-

term health and well-being (or not). This ideology is problematic as it tends to reduce the burden on and the expectations of sport organizations to consider their duty of care towards athletes.

From an Eastern ideological perspective, athletes are part of a Whole-Nation system with collectively oriented values that stress the needs of the group over the needs of the individual. A collectivist orientation views athletes not at independent and self-directed individuals, but as athletes who are interdependent and represent a collective identity through social relationships. Within the Whole-Nation system, collective interests are a priority that override individual interests (Si et al., 2011). Similarly, the purpose of mental health management for Chinese people has emphasized the values of improving public mental health and promoting social stability while mental health services in Western cultures affirmed individualistic values (Si et al., 2021). Through a collective perspective, safety can be effective when approached by improving the outcome for the common good, consisting of individuals sacrificing to achieve common good and adhere to health guidelines (Maaravi et al., 2021). At the same time, when safety is being threatened at the individual level, such as through athlete injury, a collective perspective can be detrimental to individual health when safety needs (e.g., injury recovery) are not justifiable from the group perspective (Kawabata, 2013). This collective safety perspective is evident in Chinese athletes sacrificing their physical health and safety in an attempt to achieve National glory to the common good (Si et al., 2015). Reflected within Westernized occupational health acts but not within sport, conceptualizing athlete rights (e.g., the right to refuse unsafe activities) could be an intervention spanning several Eastern and Western cultures where individual safety is prioritized over individual or collective success.

Within the philosophical realm ‘western’ ideology has also historically valued in sports people behaviours that align with hegemonic masculinity– athletes are therefore often called to

enact aggression, exhibit shows of strength and power, and evaluate risk taking as prerequisites for discovery and pioneering behaviour. In tandem, individualism has demonised weaknesses, stress, and cowardly behaviour. Comparatively, much of 'eastern' ideology considers stressful events as opportunities for growth that facilitate positive experiences, resulting in expectations that Chinese athletes' performance only increases with high levels of stress. Despite varying cultural perspectives of stress, we must acknowledge that stress transcends culture and may pose safety hazards for athletes, such as training/competing beyond their boundaries of acceptability (physical and mental health), not informing on rule breakers, and not disclosing weaknesses, pain, or injury (Houlihan, 1997; Nixon, 1993). Further, these underpinning cultural ideologies provide context to understand how injuries in sport become hidden, normalised, and naturalised from a young age (i.e., Western ideology, Douglas, 2014; Roderick, 2006) or why athletes will forego their health and wellbeing for the greater good of a National System (Si et al., 2015). When working towards athlete safety, practitioners should consider how cultural aspects of safety hazards may be perceived through diverse athletes and staff.

Layered upon philosophical moorings are culturally specific practices that circulate through narrative and discourse (Douglas & Carless, 2015). While research has shown a variety of ways narrative scripts impede healthy participation in sport and hinder the uptake of occupational health and safety, chief among these is the performance narrative (Carless & Douglas, 2009; Douglas & Carless, 2009, 2015). This is a narrative script where dedication, sacrifice and winning are highly valued, where self-worth is linked to performance outcomes, a monologue seen as the only way to be in sport, where all athletes must behave this way. Underpinned by the Western ideology, the performance narrative supports stories about playing with injuries, not reporting mental health concerns, valuing strength and power, life being a

roller coaster, and you have to be this way (Houlihan, 1997; Nixon, 1993). Although not directly explored within the Whole-Nation sport context, the performance narrative within China may be similarly performance based, filled with gold medal expectations and national/provincial pressure that is directly placed onto athletes' performance outcomes (Si et al., 2015), leading to fear of failure and performance anxiety if expectations are not met (Si et al., 2011). Through providing individuals and communities with narrative 'scripts' that follow this template, particular ways of 'being an athlete' and 'experiencing the sporting journey' are amplified. Stories that fail to align with this template are silenced, hidden and their legitimacy maligned. Though several alternative narrative templates exist within sport (discovery narrative, relational narrative being two) with trajectories that lead to valuing the journey over the destination, that winning is not everything, that contribute to a multidimensional identity, and mental health and wellbeing, these are often silenced by a dominant narrative which is 'storied' as the only way to excel and succeed in sport. Thus, to bring about healthier sport, we also need to change the story.

Equally problematic, is the language in sport. Numerous studies have shown how sport and military language are interchangeable (Jansen & Sabo, 1994; Jenkins, 2013). Sporting contests therefore become narrated as battlefields where the 'weak' are 'trampled' and where (some) coaches (and fans, and parents at the touch line) tell children, youth, and senior players alike to 'go in for the kill,' and 'take no prisoners' (Douglas & Carless, 2015). Within this environment athletes are supplied with ready-made counters to those who may question excessive behaviours (be it force, injury, stress, mental health, and trauma); "no pain no gain".

Opie and Smith (1992) identified OHS has been hindered in Western society by a historical failure to accept that 'sport' is 'work', a failure to include sport in occupational law and policy and a judiciary who have neglected to see athletes within commercial terms with

regards to sport development. Further, sport related injuries for athletes are treated differently to injuries in other occupations, which makes it understandable that most high-performance sport people fail to realise *sport injuries* are *occupational injuries* and are therefore determined by OHS rules (Chen et al., 2019). Windholz (2015) suggested there has also been an absence of transparency regarding investigation of serious sporting incidents, with no tangible process that all injuries investigations follow across sport environments. That said, there are examples of a changing landscape of acceptability regarding injury as the recent legal cases regarding head injury against World Rugby, the Rugby Football Union and Welsh Rugby, the NFL in the USA and in football in the UK show. In these cases, organizations have been criticized over alleged failures to protect players from risks caused by head injuries in rugby, given (in the 1900s-2000) no steps were taken to warn or educate players about the risk of brain injury. While we may think brain injury risk awareness to be a recent phenomenon, this is not the case. Harrison (2014) pointed out; "the crisis in fact began more than a century ago" (p. 822).

The pace of change is a moot point however, if, for example, more legal pressure had been brought to bear among world rugby unions and associations and more robust mental health support systems adopted internationally following the death by suicide of Rugby League player Terry Newton in 2010, would five National Rugby League players all aged between 18 and 20 years of age have taken their own lives between 2013-2015? One young player taking his life is tragic but five young men taking their lives within one sport raises many questions. While it is important to note that these suicides have provoked research into suicide, for the most part change seems to be slow and reactive rather than proactive, antithetical to OHS. There has been a feeling for a number of years that promoting safer working practices, introducing enhanced welfare for athletes and taking mental health concerns seriously remains a 'tick box' affair.

A final structural impediment is the huge differences between governing organizations with regard to employment status of athletes. Given athletes' employment status includes those (a) who are independent contractors, those who are 'self-employed', (b) are part of a professional team or squad or/and (c) are paid through a National Governing Organization scheme, the level of intervention required is contested, especially in an individualist culture where athletes often believe their sport careers do not need undue or additional policing. For athletes claiming 'independent contractor status' (e.g., tennis, snooker, BMX, and surfing), self-employed status is determined through "application of the legal tests" as opposed to an individual deciding he or she is independent. While independent status brings a great deal of freedom, it also removes the burden from governing organizations to fully consider the working conditions, health, and safety of athletes. Neither does it provoke sport organizations to explore how the wider sport environment, sport specific cultural beliefs and stereotypes, influence player behaviour, and mental health risks. While players' representative bodies input their ideas and preferences, these are not always heeded or/and can be misinformed and seen from a narrow viewpoint.

For the athlete who is "signed" by a professional team, or who has an employment contract, there are legal implications for both the individual as well as the organization. Though as Opie and Smith (1992), noted the benefits are usually in favour of the sport organization as opposed to the performer. Contractual terms therefore make it possible for the sport organization to exert a great deal of control over the athletes (employees) and include assurance the player will play sport whenever, wherever as directed by the club, attend training and carry out instructions of the coach and performance team. These power imbalances and the threat to remove funding or/and position on the squad also inhibit athletes' agency in regard to their legal right of redress. But it is also fair to say that many athletes become blind to practices in their own

sport which in any other context would be seen as abusive or unacceptable. Once a young person has been enculturated into a closed loop system where abusive practices are normalised, it becomes almost impossible to be aware of and challenge these (Anderson, 2005). In recent years there has been a proliferation of 'player' associations and unions, particularly in professional sports, which have given rise to 'collective bargaining' of contracts and collective actions/lawsuits. It thus seems rather ironic that in an individualist culture, ultimately it is through collective bargaining that sport people are best protected.

Our last area which is more relevant within Western culture relates to whether the athlete competes in an 'individual' sport or is part of a team, whether the sport and/or athlete are professional or amateur. Given professionalism has and is occurring at different times in different sports, these issues remain in flux (Opie & Smith, 1992) and makes a universal stand difficult. In recent years, new interventions and policy changes have been implemented in both Olympic and professional sports. We are seeing profiling for mental illnesses being introduced and specific roles (such as education and mental health) being incorporated into professional clubs. Furthermore, in some professional clubs (e.g., Manchester United Football club, UK) workshops which focus on mental health are not only being delivered to youth teams but have been introduced for parents. Of concern within China is that within national and provincial elite sports training centers, only a small number of athletes' mental health management training has been undertaken. Further, this understanding is fueled through external academic research needs (e.g., university-based research projects) rather than internally driven by the needs of sports training centers, resulting in poor mental health literacy. Yet, despite these and other interventions, it is also fair to say that there has only been modest progress relating to stigma and discrimination surrounding mental health (Gulliver et al., 2012; Douglas & Carless, 2015;

Lebrun & Collins 2017). Fear among athletes regarding career-threatening consequences of disclosing a mental illness or health concerns related to mental distress still exist. Sharing information with a club doctor or psychologist might be relayed to a performance director or manager and may, as a consequence, negatively affect team selection and career prospects. Additionally, any mental health issue in professional sport is recorded on a player's medical record. Whether this is a 'one off event' or a condition that is being managed, it could hinder future signings, transfers or moves, and therefore may put the athlete's career in jeopardy.

Conclusions

Upon broader reflection of established and emerging scholarship in relation to the mental health of athletes and those who support them in sport organizations and national sport systems, there is a proliferation of scholarship emphasizing an ethic of care. Sport systems must have embedded processes to nourish human performance, and as part of healthy functioning, excellence within the sporting realm. Much of the emerging discussion is focused on athlete mental health and how sport systems must safeguard sport participants, be they youth or adult, from the strains posed by a quest for performance excellence as part of daily life. These discussions must continue as sport psychology professionals and those they work with to seek better ways of supporting growth throughout athletes' careers. Much of the discussion is to present, either reactive in terms of the need for more support mechanisms, or conceptual, where resources and pathways are proposed as part of mental health literacy. We seek to extend current discussions by situating mental health and athlete treatment within a discussion of occupational health and safety, where elite sport environments are envisioned as places of work. Athletes and those who support them devote considerable hours within their work weeks in a quest for sporting excellence. With sport contexts regarded as workplaces, we must then embark on

contextually derived proactive and react strategies to ensure that people who work within high-performance sport settings, develop their craft with the knowledge they are as safe as possible from occupational hazards, and moreover, when foreseeable, these hazards are minimized and become negligible. Circling back to what has been written, sport professionals could benefit from (a) a deepened understanding of OHS, (b) its relevance to athlete mental health, (c) an appreciation of the needs of aspiring youth, beyond high-performance adult performers, (d) considering the sport systems and their associated ideologies where safety should be embedded.

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