Medical & Performance

Practitioner Perspectives

on Player Mental Health Burden in Men's and Women's European Club Football

2026

Understanding practitioner perspectives on player mental health burden in men's and women's European club football

Dr Marley Willegers, Prof Ross Roberts and Prof Tim Woodman

PRIFYSGOL BANGOR UNIVERSITY

IPEP
INSTITUTE FOR PSYCHOLOGY OF ELITE PERFORMANCE



CONTENTS TABLE

01	EXECUTIVE SUMMARY	07
02	INTRODUCTION	17
03	METHOD	21
04	RESULTS	33
05	DISCUSSION	55
06	FUTURE RESEARCH DIRECTION	71
07	CONCLUSION	75
08	REFERENCES	79
09	APPENDIX	83

Acknowledgements

We would like to express our gratitude to Maximilian Lankheit and Chiara Delsaut at European Football Clubs for their support in developing the survey and recruiting practitioners for this project. Their collaboration enabled the recruitment of 187 practitioners representing 89 professional football clubs across 30 countries.



01 EXECUTIVE SUMMARY

Elite footballers perform in one of the most visible, scrutinised and demanding sporting environments.

Across a competitive season, players are expected to routinely perform under intense pressure while managing their physical condition. Players' performance and their availability to play influence their selection, contract security, career progression and public reputation. These pressures rarely occur in isolation. **Instead, they can accumulate and interact, affecting players' mental health, recovery and ability to perform consistently.** Understanding which challenges place the greatest burden on players and how clubs can help players access support before these challenges become more harmful is therefore essential for protecting both player mental health and sustained performance across the season.

Delivered in partnership with **European Football Clubs (EFC),** this study investigated the mental health challenges experienced within men's and women's European club football from the perspective of practitioners working directly with players.

THE STUDY ADDRESSED FOUR AIMS, WHICH WERE TO EXPLORE PRACTITIONER PERCEPTIONS OF:

01

the mental health provision available in European football clubs;

02

the most prevalent and harmful mental health burdens that players experience across the season;

03

the barriers and facilitators that influence whether players seek support;

04

the environmental and psychological processes that may protect players from, or exacerbate, the influence of mental health burdens they experience.

Participating practitioners completed an online survey focusing on each of the four aims highlighted above.

> **To our knowledge, this represents the broadest practitioner-informed study of player mental health conducted across European club football.**

Participating practitioners completed an online survey focusing on each of the four aims highlighted. The survey was co-developed with approximately **60 practitioners representing 27 professional clubs,** alongside representatives from EFC, FIFA and UEFA.

The final sample comprised 187 practitioners working across 89 professional clubs in 30 European countries.

FINDINGS AND IMPLICATIONS

Mental health support is widely available, but provision is not always embedded or clearly understood.

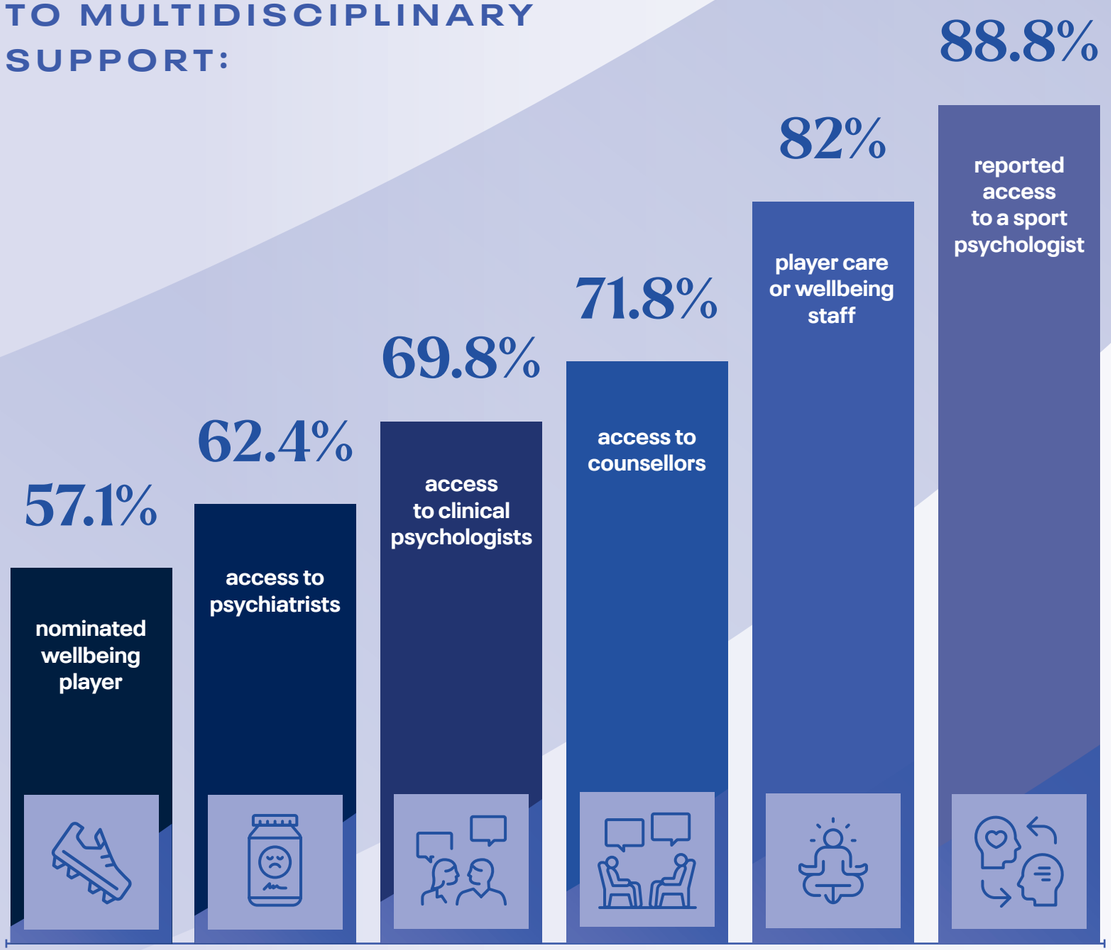
Most participating clubs reported access to multidisciplinary support: In the sample of **89 European clubs**, approximately four in five clubs reported access to a sport psychologist **(88.8%)** and player care or wellbeing staff **(82%)**, and approximately two-thirds reported access to specialist mental health professionals, including counsellors **(71.8%)**, clinical psychologists **(69.8%)** and psychiatrists **(62.4%)**. However, specialist professionals were more commonly available on request rather than being integrated into players' weekly support (see Appendix B, Figure 2).

Practitioner responses also identified gaps and inconsistencies in club-level provision and awareness of club mental health policies.

Two in five clubs had not implemented a nominated wellbeing player **(42.9%)**. Approximately, one in four clubs **(24.7%)** reported they had no mental health policy or support strategy, and practitioners from one in five **(21.3%)** clubs gave conflicting responses about whether their club had a policy in place. These findings suggest that making expertise, policies and referral pathways available is an important first step, but it is only the first step.

To improve player care, these resources need to be clearly communicated, consistently understood and embedded within everyday football practice.

REPORTED ACCESS TO MULTIDISCIPLINARY SUPPORT:



Fatigue, performance pressure and career uncertainty place the greatest mental health burden on players

Practitioners identified three broad areas that place the greatest mental health burden on players across the season:



MANAGING PHYSICAL HEALTH AND AVAILABILITY (particularly fatigue and injury);



CAREER UNCERTAINTY including deselection and contract security concerns;



PERFORMANCE EVALUATION including pressure to perform and fear of making mistakes.

Fatigue across the season emerged as the greatest overall mental health burden.



Practitioners reported that fatigue-related difficulties affected **59.6% of players** during the season and rated these difficulties as particularly harmful to players' mental health. Worries about deselection and pressure to perform in important matches were also perceived to negatively influence more than half of players.

Importantly, these burdens were positively correlated. That is, players struggling with fatigue were also more likely to be struggling with the burden of performance pressure and deselection/contract concerns. Rather than representing separate problems requiring isolated solutions, the physical, psychological and career-related pressures may therefore reinforce one another to create a broader and more persistent mental health burden across the season.

Trust, confidentiality and reducing perceived career consequences encourage players to seek mental health support

Practitioners reported that around one-third of players avoid seeking support due to fear of being viewed differently for struggling, they worry that speaking openly could affect selection or playing time, or they lack confidence that personal information will remain confidential.

These support-seeking barriers were associated with greater mental health burden, suggesting that when players feel unable or unwilling to seek support, any emerging difficulties become harder to manage and **more harmful** over time. For players, having a trusted member of staff with whom they felt comfortable talking about mental health concerns was perceived to be the **strongest facilitator** of support-seeking.

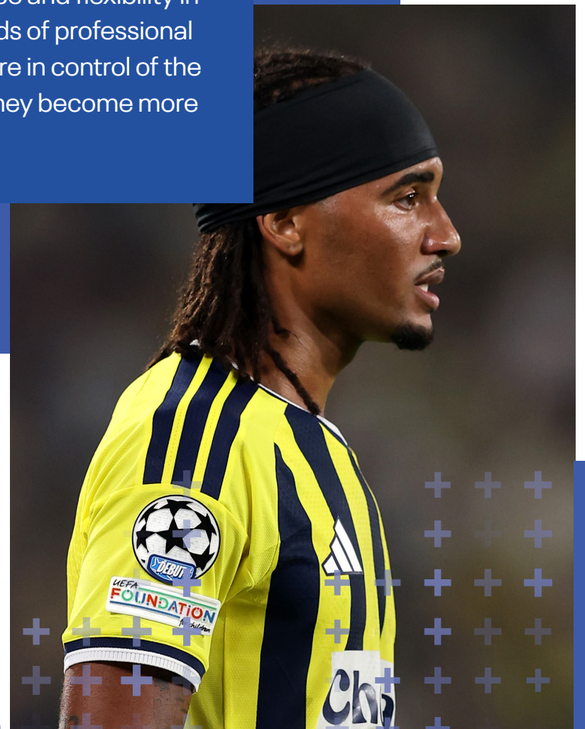
Protected time to access support and confidence that conversations would remain confidential were also among the most common and important support-seeking facilitators.

Clubs seeking to encourage players to access support early, increasing the availability of services alone is unlikely to be enough. Players need to believe that seeking support is safe, worthwhile, confidential and unlikely to carry personal, social, or career consequences.

The effectiveness of support depends on how support is delivered and experienced by individual players

For players perceived to have little choice or control over important aspects of their football lives **(autonomy frustration)**, it was the clubs that provided timely and adequately resourced mental health support that appeared to reduce the burden associated with fatigue.

One possible explanation for this finding is that timely and adequate support provides players with greater confidence, choice and flexibility in how they manage the demands of professional football, helping them feel more in control of the challenges they face before they become more difficult to manage.



These findings suggest that effective mental health support depends not only on making support available, but also on providing players with meaningful opportunities to influence decisions about their training, recovery, rehabilitation and wider football experience.

PRACTICAL IMPLICATIONS FOR EUROPEAN FOOTBALL

The findings suggest that the effective management of mental health in European club football is via a routine part of **performance, recovery, rehabilitation and player development.** In the Discussion we propose several practical approaches that practitioners, clubs and leadership can implement to strengthen the communication, acceptance and use of existing provision;

MONITOR EMERGING MENTAL HEALTH BURDEN	alongside physical readiness; consider the interacting pressures affecting each player;
REDUCE THE PERCEIVED COSTS	(personal, social and career) related to seeking support;
AND CO-DEVELOP INDIVIDUALISED SUPPORT	that brings together psychological, medical, performance, rehabilitation and player-care expertise.

Moving forward, understanding both practitioner and player perspectives is essential for developing a more complete understanding of the mental health challenges players face and how clubs can best support them.



02 INTRODUCTION

Elite footballers reside in one of the most visible, scrutinised and demanding environments in sport.

Across a competitive season, players are expected to excel under constant pressure, where performances can influence selection, contract security, career progression and public reputation. Poor performances, mistakes and injury setbacks may affect not only a player's confidence but also create uncertainty about their role and future within the club and beyond.

These demands are intensified by one of the busiest international calendars in professional sport.

Alongside training and competition, players must continually balance travel, recovery, media commitments and their personal lives.

This environment creates sustained physical and psychological demands that extend well beyond matchday performance. For many players, the challenge is thus not simply coping with isolated high-pressure moments, but managing the cumulative impact of repeated performance expectations, physical fatigue, career uncertainty, public scrutiny and the everyday demands of professional football.

Together, these pressures have the potential to place players at increased risk of mental health difficulties.

Understanding which challenges place the greatest burden on players and how clubs can create environments that encourage players to access support when they need it, is essential for taking a proactive approach to protecting players' mental health while helping players perform and recover consistently throughout their careers.

Aims of the Study

This study sought to better understand the **mental health challenges** experienced by players in men's and women's European club football from the perspective of practitioners working within professional clubs.

SPECIFICALLY, WE EXPLORED PRACTITIONERS' PERCEPTIONS OF:

1. The mental health provision within European football clubs.
2. The most prevalent and harmful mental health burdens that players experience across the season.
3. The barriers and facilitators that influence whether players seek mental health support.
4. The environmental and psychological processes that may increase or reduce the impact of these mental health burdens and players' willingness to seek support.

The findings from this study provide a **practitioner-informed** picture of the mental health challenges that players face across European club football. In this report we highlight the mental health provision that is available in European football clubs, we identify the major mental health burdens that players experience, we identify the factors that discourage or encourage players to seek support and we demonstrate how club environments might influence these experiences.

Together, these findings provide practical insights to help clubs, practitioners and leadership to prioritise resources, to strengthen support pathways and to create environments that enable mental health support to be delivered more effectively, helping to better support players' mental health.



03 METHOD

Participants:

The sample size of this survey was determined by the number of practitioners who volunteered to participate during the recruitment period. Following ethical approval from **Bangor University,** recruitment was coordinated in partnership with **European Football Clubs (EFC)**, who distributed the study invitation through their club and practitioner networks. Participation was voluntary, anonymous and unrelated to practitioners' employment or relationship with EFC. All participants provided informed consent.

A total of 282 practitioners working across men's and women's European club football responded to the survey.

Following the removal of responses from practitioners who did not complete sufficient sections of the survey for analysis or who were not working within eligible professional clubs, the final sample comprised **187 practitioners.**

Participants represented a broad range of multidisciplinary support roles, including coaches, team doctors, physiotherapists, psychologists, sport scientists, strength and conditioning coaches, heads of performance and other player support staff **(see Table 1)**. The sample also represented practitioners from a wide range of first-language backgrounds **(see Appendix A Table 1)**. Practitioners reported spending the greatest amount of time working with men's senior teams (M = 3.45 days per week, SD = 3.00, Median = 3.0), followed by women's

senior teams (M = 1.59 days per week, SD = 2.46, Median = 0.5; please see Appendix A Figure 1 for detail of practitioners' weekly contact time across teams). **The final sample represented 89 professional clubs across 30 European countries, representing approximately 11% of all eligible European Football Clubs.**

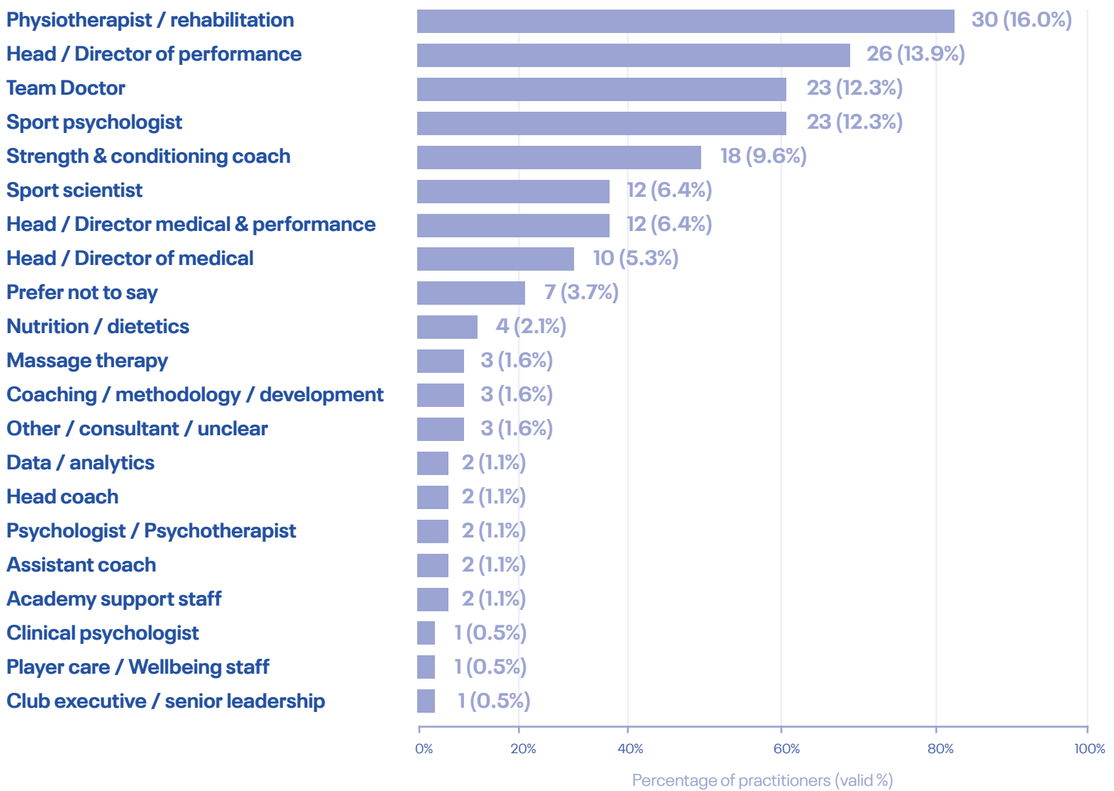


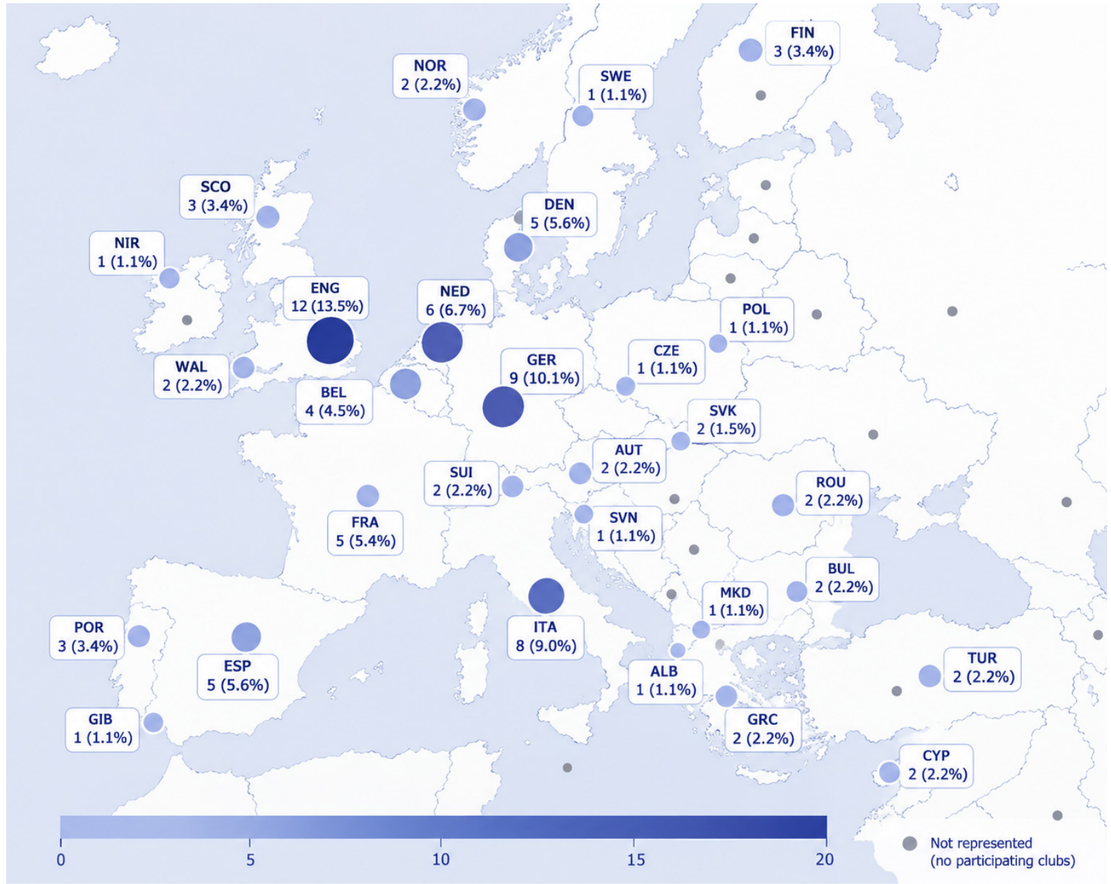
Table 1. Practitioner Roles Represented in the European Club Football Sample (N = 187)

Note. Text responses entered under "Other" were reviewed and recoded into existing role categories where possible. New categories were created for nutrition/dietetics, data/analytics, massage therapy, coaching/methodology/player development and club executive/senior leadership where responses did not fit the original response options.

To assess the geographic representativeness of the sample, we mapped practitioner responses to unique clubs represented across European football, see Figure 1. Responses were obtained from **89 unique clubs spanning 30 countries across Europe.** The largest contributions to the sample were from clubs in **England** (12 clubs; 13.5% of the participating club sample), **Germany** (9 clubs; 10.1%), **Italy** (8 clubs; 9.0%), **the Netherlands** (6 clubs; 6.7%) and **Denmark and Spain** (5 clubs each; 5.6%). Additional representation was obtained from clubs across Northern, Southern, Eastern and Western Europe, with 24 countries contributing perspectives from at least one club representative.

Given the breadth of responses readers can be confident that the sample is representative of European football. To our knowledge this sample provides the broadest and most comprehensive assessment of practitioner perspectives relating to player mental health collected within European club football.

Figure 1. Geographic representation of European football clubs included in the practitioner mental health survey.[1]



1 Transparency statement. ChatGPT (OpenAI, GPT-5.5) was used to create illustrative figures and bar chart visualisations from data analysed in SPSS statistical software (IBM, Armonk, NY). ChatGPT was not used to conduct statistical analyses.

Design

We adopted a cross-sectional survey design that measured practitioners' perception of the most prevalent and harmful mental health difficulties that players experience within men's and women's European club football. Data was collected between 1st April and 7th June 2026.

Survey co-development and measures

To ensure that the survey reflected the realities of professional football, we co-developed survey items in partnership with European Football Clubs (EFC) through a workshop held at Toulouse FC (France) in March 2026.

Practitioners also took part in structured group discussions to identify additional sources of player mental health difficulties, barriers and facilitators to support-seeking and strategies to maximise survey dissemination and engagement across European football. Feedback from the workshop resulted in several important refinements, including the addition of items addressing under-fuelling, addiction and discrimination, reducing the final survey by 16 items to improve completion rates and securing access to practitioner WhatsApp networks to support survey dissemination.

To maximise accessibility and encourage participation across European football, the final survey was provided in English, French, German and Spanish (see Supplementary Material for workshop worksheets and co-development materials).

The final survey combined bespoke items developed specifically for this project with adapted versions of established psychological measures. Full details of all survey items and scales are provided in Supplementary Material. Table 2 provides an overview of the main constructs measured and an example item from each section.

Table 2. Constructs studied in the current project.

Survey section	What it measures	Example item
Club environment and mental health provision	Practitioners' perceptions of how mental health is understood in the club and how well their club prioritises, resources, and delivers mental health support.	**"Overall, mental health support has enough staff, funding, and capacity to meet players' needs."**
Sources of mental health difficulties players face across the season	Practitioners' perceptions of the mental health challenges players experience, including how common they are (% of players affected during a season) and how harmful they are for players' mental health.	**"Fatigue across the season."**
Barriers to support-seeking	Factors that discourage or prevent players from seeking mental health support when they need it, including how common they are (% of players affected during a season) and how strongly they discourage players from seeking support?	**"Fear that seeking support could affect selection or playing time."**
Facilitators of support-seeking	Factors that encourage players to seek mental health support and make support easier to access, including how common they are (% of players who benefit during a season) and how strongly they encourage players to seek support?	**"Players trust medical and performance staff enough to talk about mental health concerns."**
Basic Psychological Need Frustration (Chen et al., 2015)	The extent to which practitioners perceive players feel a lack of choice and control (autonomy; inter-item r = .52, Spearman-Brown = .68), capability (competence; r = .57, Spearman-Brown = .73), and belonging (relatedness; r = .60, Spearman-Brown = .75) within the club environment.	**"Players feel they have little control over important decisions affecting them." (Autonomy frustration)**
Team Psychological Safety (Edmondson, 1999)	The extent to which practitioners perceive players feel safe to speak openly, raise concerns, take risks, and seek support without fear of negative consequences (r = .32, Spearman-Brown = .49).	**"Players can bring up problems and tough issues."**

Procedures: Following completion of the co-development phase, we distributed the final survey to practitioners working within men's and women's professional football clubs across Europe. Participants completed the survey online at a location chosen by them. We coordinated recruitment in partnership with **European Football Clubs (EFC)**, who distributed the survey through their club and practitioner networks.

We also promoted the survey through our professional LinkedIn networks to maximise participation across European club football. Collectively, we directly contacted practitioners working at 198 professional clubs, representing 24.4% of the 812 eligible European clubs.

30 of these clubs were subsequently represented in the final participant dataset, equating to a direct-contact club recruitment rate of 15.2%.

Notably, over two-thirds of participating clubs **(68.4%)** were not directly contacted by the research team, which suggests that practitioners actively shared the study through their professional networks thus helping extend the study's reach beyond those directly contacted by the research team.

This practitioner-led dissemination reflects a growing recognition of the importance of understanding players' mental health and a collective willingness to contribute to research that can inform future improvements in policy, practice and player support across European football.



Upon opening the survey, participants received a study information sheet outlining the purpose of the research, confidentiality arrangements and data protection procedures and provided informed consent.

Participants then specified the European club that they primarily worked for and completed survey sections relating to understanding and attitudes towards mental health, player access to support, perceived sources of player mental health difficulties, barriers and facilitators to support-seeking and psychological processes relating to players sense of psychological safety, autonomy, competences and relatedness frustration.

The survey took approximately 15 minutes to complete. At the conclusion of the survey, participants were invited to register their interest in attending a presentation of the study findings scheduled for September 2026.

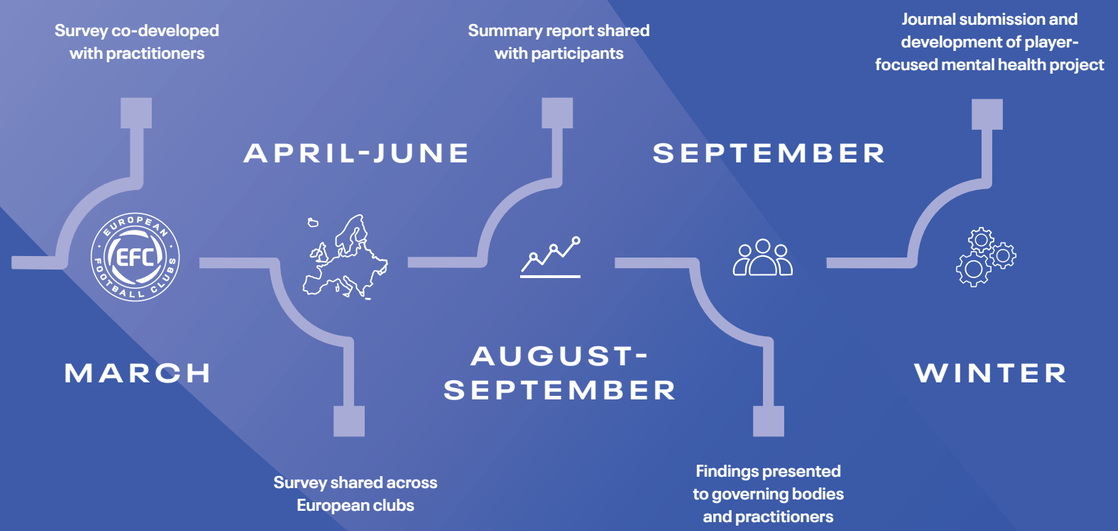


Figure 2. Timeline of the European Football Clubs (EFC) Mental Health Project in 2026.

Note. Figure 2 summarises the key stages of the project, from survey co-development and data collection to dissemination of findings and the development of future player-focused mental health initiatives.

Analyses:

We used SPSS **(IBM, Armonk, NY)** to run simple correlation and moderated regression analyses using pooled estimates from multiple imputed datasets. We used **Multiple Imputation Chain Equation (MICE; White et al., 2011)** to account for missing data in participant responses. Across 30 imputed data sets, we calculated pooled estimates of ΔR2 using the Fisher z-transformation approach described by **Harel (2009)**. Such an approach is consistent with best practice guidelines **(e.g., White et al., 2011)** when dealing with datasets that contain missing values.

The use of multiple imputation is recommended over listwise deletion in order to preserve the integrity of the dataset and retain statistical power. See Supplementary Material for missing data analysis code.



04 RESULTS

The results are presented in four sections to address the four aims of the study.

First, we report the mental health provision currently available within clubs. **Second**, we identify the mental health burdens that practitioners perceive players to experience across a competitive season. **Third**, we report the barriers and facilitators that influence whether players seek support. **Finally**, we explore the club-level factors that may protect players from, or exacerbate, these mental health burdens.

Together, these findings provide a practitioner-informed understanding of where support currently exists, the challenges that players face and the factors that may help clubs develop more effective approaches to supporting player mental health.

PRACTITIONERS' PERSPECTIVE.

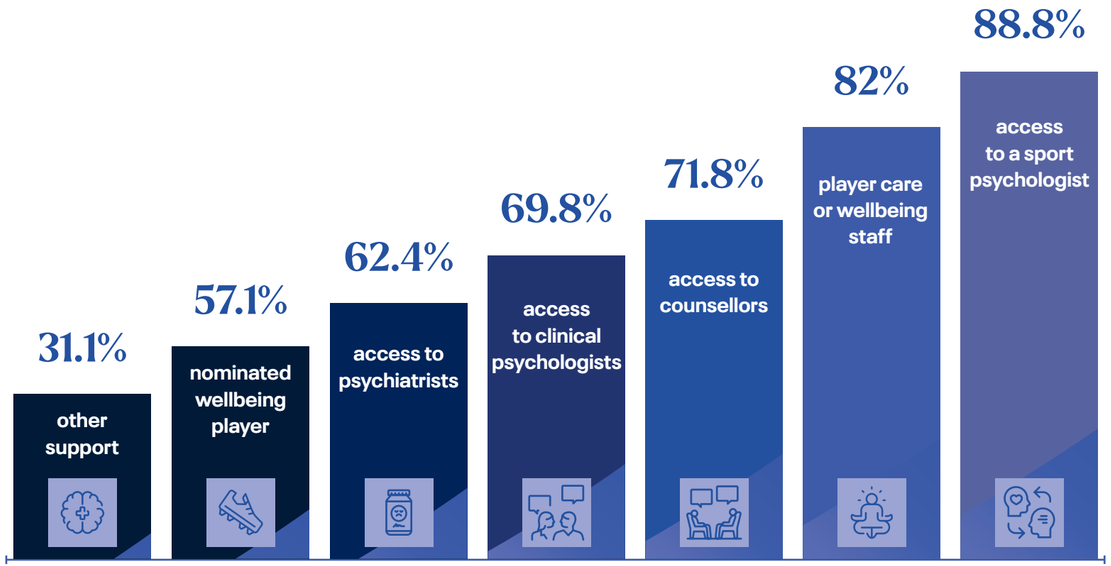
It is important to note that the results reflect practitioners' perspectives on the mental health challenges that players face and the support available within their clubs. Practitioners are well placed to observe players' behaviours, day-to-day challenges and help-seeking patterns. However, **players' own experiences of these mental health burdens**, and how they perceive the availability and adequacy of support within their club, may differ from those of observing practitioners. As such, it is important to hold this caveat in mind when reading and interpreting the findings.

Moving forward, understanding both practitioner and player perspectives is essential for developing a more complete understanding of the mental health challenges that players face and how clubs can best support them.

Practitioners also reported spending more time, on average, with men's senior teams (M = 3.45 days per week, Md = 3.0) than with women's senior teams (M = 1.59 days per week, Md = 0.5). The findings may therefore more strongly reflect challenges observed within men's senior football and should not be assumed to represent men's and women's club environments equally.

Aim 1: Mental health support is widely available, but provision is not always embedded or clearly understood

The results indicate that many European football clubs provide access to a range of mental health and wellbeing support services. In the sample of 89 European clubs, approximately nine in 10 clubs reported access to a sport psychologist (88.8%), more than four in five had access to player care or wellbeing staff (82.0%), and approximately two-thirds reported access to specialist mental health professionals, including counsellors (71.8%), clinical psychologists (69.8%) and psychiatrists (62.4%).



Percentages were calculated using the number of clubs providing valid data for each support type; valid denominators ranged from 85 to 89 across these items because of missing responses (see Appendix B, Figure 2).

However, practitioners reported that specialist mental health professionals were more commonly available on request than as part of players' regular weekly support (see Appendix B Figure 3). In contrast, sport psychologists and player care or wellbeing staff were more likely to be available on a weekly basis, suggesting these roles often represent players' primary point of contact for mental health and wellbeing support.

Alongside specialist support, opportunities also exist to strengthen club-level mental health governance and peer support. Although more than half of clubs reported having a nominated wellbeing player (57.1%), around two in five clubs (42.9%) had not implemented this role, suggesting further opportunities to develop visible peer support and wellbeing leadership within teams.

Practitioner responses also highlighted variation in the implementation and awareness of club mental health policies. At the practitioner level, approximately half of respondents **(48.3%)** reported that their club had a mental health policy or support strategy, whereas almost one-third **(29.5%)** were unsure whether such a policy existed and one in five **(21.6%)** reported that their club had no mental health policy or support strategy. At the club level, one-third of clubs **(33.7%)** showed complete agreement that a mental health policy was in place at their club, while practitioners from one in five clubs **(21.3%)** gave mixed responses regarding whether such a policy existed in their club (see Appendix B Table 2 for further details).

Among clubs where a policy was reported, practitioners perceived players' understanding of that policy to be moderate (M = 4.74, SD = 1.28, Median = 5.00; 7-point scale), suggesting opportunities to strengthen how mental health policies are communicated and translated into everyday practice.

Collectively, these findings suggest that many European football clubs have access to the expertise and structures needed to support players' mental health (see Appendix B Figure 2). **However, the findings also indicate that having mental health resources, policies, or support roles in place may represent only the first step.** Ensuring these resources are clearly communicated, consistently understood by practitioners and players and embedded within everyday football practice may be equally important if they are to influence player support and encourage engagement with available expertise.

How mental health is understood and discussed within clubs may also influence whether players feel able to use the support available. Practitioners selected the words and phrases that best described how mental health was commonly understood within their club.

AMONG THE 167 PRACTITIONERS WHO SELECTED AT LEAST ONE TERM, THE MOST COMMON WERE:

- stress management **(65.9%),**
- wellbeing **(55.7%),**
- anxiety **(54.5%),**
- and psychological difficulty **(50.9%)**

Overall, 90.4% selected at least one wellbeing-focused term, 78.4% selected a clinical/problem-focused term and 64.7% selected a performance-focused term (see Appendix B, Table 3).

These results suggest that, within many clubs, mental health is not solely understood in terms of mental ill health or crisis but also discussed in relation to broader aspects of player wellbeing, coping, recovery and readiness to perform. However, one-third of practitioners (33.5%) also selected at least one stigmatising term, such as weakness, vulnerability, a sign of not coping, or something to hide. This finding matters because mental health support can be available without players necessarily feeling safe or comfortable using it. Where mental health difficulties are associated with weakness or judgement, players may be more likely to conceal emerging concerns or delay seeking help. Clubs may help bridge this gap by embedding a shared, non-stigmatising understanding of mental health within everyday conversations about players' wellbeing and readiness to perform.

Normalising these discussions and actively challenging stigmatising views may help players raise difficulties earlier and access support before their needs become more complex.

Aim 2: Fatigue, performance pressure and career uncertainty place the greatest mental health burden on players

Table 3 presents the complete **Mental Health Burden Index** ratings. Practitioners identified three broad areas as placing the greatest mental health burden on players across the season.

The greatest mental health burdens were linked to:

MANAGING PHYSICAL HEALTH AND AVAILABILITY	fatigue across the season and managing injury and rehabilitation
CAREER UNCERTAINTY	worry about being deselected and concerns about contract security
PERFORMANCE EVALUATION	pressure to perform in important matches and moments and fear of making mistakes

Fatigue across the season emerged as the greatest overall mental health burden. Practitioners reported that approximately **60%** of players in their club experienced fatigue-related difficulties during the season, while also rating fatigue as **one of the most harmful challenges** affecting players' mental health. Similarly, practitioners perceived that players' worries about being deselected and the pressure to perform in important matches negatively affected the mental health of more than half of players within the club. **For mental health burden commonness and harmfulness scores see Appendix C Table 4.**

Collectively, these findings reflect practitioners' observations that many players spend much of the season balancing the physical demands of remaining healthy and available to compete with the psychological demands of performing consistently to secure their place within the squad.

While clubs often provide medical and performance support to help players manage these demands, practitioners' ratings suggest that players also require more individualised psychological support. Such support may help players manage harmful appraisals of their performances, physical condition and place within the team before these challenges develop into more **significant mental health difficulties** across the season.



MENTAL HEALTH BURDEN INDEX (MHBI)

Table 3. Practitioners' rating of the Mental Health Burdens that players experience across the season

Fatigue across the season	42.67
Worry about being deselected	38.63
Pressure to perform in important matches/moments	37.86
Fear of making mistakes	33.91
Injury and rehabilitation process	32.25
Worry about contract security	30.31
Pressure and abuse on social media	25.73
Not eating enough to meet training/recovery demands	24.11
Feeling lonely/isolated after moving clubs/country	22.51
Difficulty balancing football and personal life	20.36
Feeling unable to speak openly or raise concerns	20.11
Conflict or tension within the team	15.83
Addiction	13.73
Gender discrimination	12.10
Racism or racial discrimination	11.47
Sexual orientation discrimination	10.27

Note: Mental Health Burden Index. To help identify the difficulties that place the greatest overall burden on players, ratings of commonness and harmfulness were combined into a single Mental Health Burden Index. Higher scores indicate difficulties that are both more widespread and more harmful when experienced by players. **A score of 0 represents a difficulty that is never experienced, whereas a score of 100 would indicate a difficulty affecting all players and rated as very severe.**

The MHBI reflects the combined influence of harmfulness and commonness of the mental health difficulties players face and should not be interpreted as a ranking of how severe or important each difficulty is when it occurs. Considering **harmfulness and commonness** separately helps distinguish between difficulties that are less common but particularly harmful to affected players and those experienced more widely **across the team.**

For example, addiction ranked 13th on the overall MHBI because practitioners perceived it to affect a relatively small proportion of players (18.51%), but it was rated as the most harmful difficulty when present (M = 3.70). Conversely, pressure to perform ranked 11th for harmfulness (M = 3.10), but was perceived as the most common difficulty (60.64%) ranking third on the MHBI.

We therefore encourage readers to interpret both the harmfulness and commonness scores in **Appendix C Table 4 alongside the MHBI**. For clubs, distinguishing between how widely a difficulty is experienced and how harmful it is when present may help determine the type of support and resources required. Difficulties affecting many players may benefit from broad preventative approaches, whereas less common but more harmful difficulties may require specific expertise and sensitive ways of identifying affected players and responding to their individual needs.

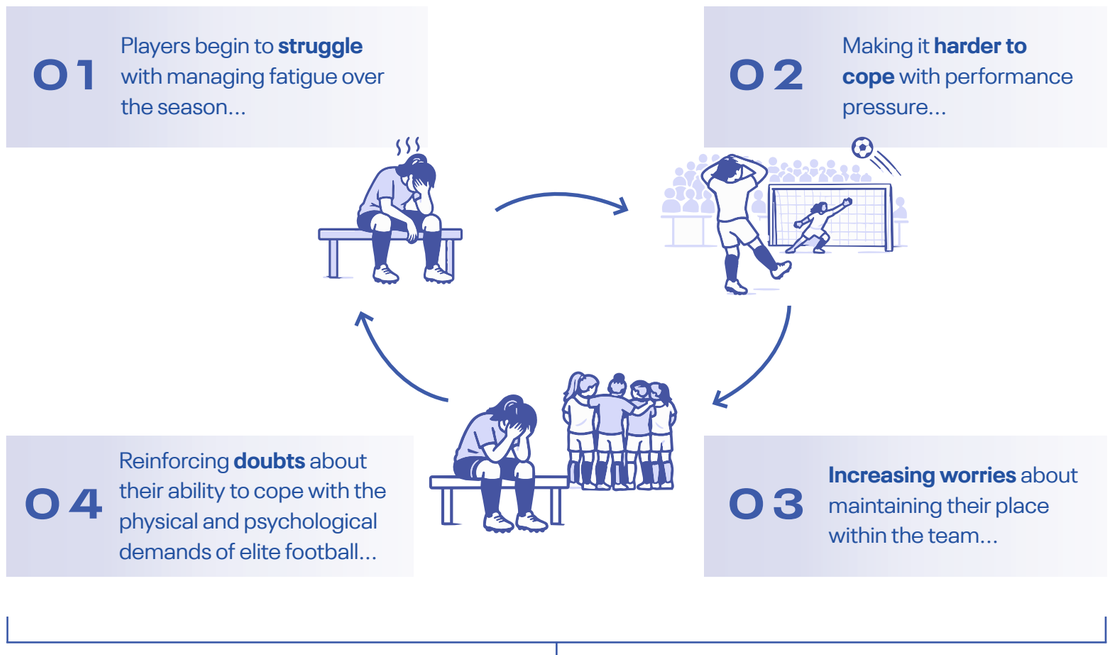
Practitioners see players struggling with multiple mental health burdens. The correlation analysis revealed that the mental health burdens that players experience across the season often do not occur as isolated challenges (see correlation matrix in Appendix C Table 5). **Many of the mental health burdens were positively correlated with one another**, suggesting burdens relating to physical health, performance and career uncertainty are likely to reinforce one another over time.

For example, perceived fatigue was associated with greater pressure to perform in important matches **(r = .35)**, worry about being deselected **(r = .36)** and concerns about contract security **(r = .23)**. One possible explanation for these findings is that fatigue makes it more difficult for players to manage pressure and to perform at their usual level, increasing their concerns about selection and future opportunities.

In turn, concerns about maintaining their place within the team may further amplify the physical and performance pressure demands players are already experiencing, **creating a cycle** in which physical, psychological and career-related burdens reinforce one another over time (see Figure 3).

Rather than representing separate problems, these challenges may combine to create a broader and more persistent mental health burden across the season.

Figure 3. An illustration of how multiple mental health burdens may reinforce one another across the season.



More longitudinal research is needed to understand if these **mental health burdens** accumulate in this way. Regardless, identifying and supporting players early may help prevent one challenge from contributing to a broader pattern of mental health difficulties **across the season.**

Aim 3: Making mental health support available is important, but trust determines whether players use it

Concerns about the stigma associated with mental health, the potential impact of seeking support on selection or playing time and worries whether personal information would remain confidential were also associated with greater reported mental health burdens on players across the season (see correlation results in Table 4 below).

These findings suggest that when players have concerns about seeking support, they may be less likely to access help when difficulties first arise, meaning that any mental health challenges may manifest and become more harmful and difficult to manage over time.

Practitioners also rated several factors that encourage players to seek mental health support (see Appendix D Table 6). Trusting staff enough to discuss mental health concerns was perceived to be the strongest facilitator of support seeking. Practitioners reported that approximately two-thirds of players **(63.5%)** benefit from having trusted members of staff they felt comfortable discussing mental health concerns with across a season. Providing players with protected time to attend mental health support **(60.4%)** and ensuring their discussions with mental health professionals remained confidential **(57.3%)** were also perceived to be common and encouraging facilitators of support seeking. Together, these findings suggest that trusting relationships with staff, protected time to access support and confidentiality are perceived to be the strongest factors encouraging players to seek help within elite football clubs.

We also explored practitioners' perceptions of players' frustration in managing their sense of autonomy, competence and relatedness within the club environment (hereafter referred to as basic psychological need frustration; Chen et al., 2015).

These needs reflect whether players feel they have **choice and control** over important aspects of their life (autonomy), confidence in their ability to meet the demands placed upon them (competence) and a sense of belonging and connection within the club (relatedness).

Self-Determination Theory, a well-established theory of human motivation, proposes that when these basic psychological needs are consistently frustrated, individuals are more likely to experience **poorer mental health and wellbeing** (Ryan & Deci, 2017; Vansteenkiste et al., 2020). Within elite sport, athletes experiencing **higher levels of need frustration** report more psychological distress and burnout, and poorer wellbeing and performance outcomes (Henriksen et al., 2022; Hodge et al., 2008).

Consistent with these findings, practitioners who perceived players to experience greater frustration of these needs also reported a higher mental health burden across many of the challenges that players faced (see Table 4).

In other words, practitioners working in environments where they felt players had **less control, felt less capable of meeting expectations, or felt less connected to those around them** also perceived players to experience greater psychological burden from the demands of elite club football.

Note. Values are pooled Pearson correlations from multi-imputed datasets. Results are based on cluster-robust standard errors, confidence intervals and p values to account for practitioners nested within clubs. The MICE analytic sample comprised 149 practitioners: 141 from 79 identified clubs and eight who did not report their club, retained as separate clusters. Most identified clubs were represented by one practitioner (54/79). * p < .05. ** p < .01. *** p <.001.

Table 4. Pooled correlations between Mental Health Burden, support-seeking barriers and basic psychological needs frustration variables.

Survey section	Support Seeking Barriers			Basic psychological needs frustration		
	Mental Health Stigma Concerns	Selection Concerns	Confidentiality Concerns	Autonomy Frustration	Competence Frustration	Relatedness Frustration
Pressure to perform	.27**	.20*	.17	.14	.10	.06
Fear of making mistakes	.24**	.21*	.20*	.25**	.25**	.17
Worry about deselection	.20*	.17	.23**	.25**	.18*	.15
Fatigue across the season	.33***	.33***	.25**	.12	.19*	.15*
Under-fuelling	.23	.21	.03	.03	.01	.00
Injury and rehabilitation	.30***	.20*	.10	.08	.05	-.02
Addiction	.16	.09	.15	.10	.01	-.04
Contract uncertainty	.23*	.20	.25**	.17*	.26**	.10
Loneliness and isolation	.40***	.35***	.19	.22**	.16	.19*
Social media pressure/abuse	.34***	.30***	.27**	.14*	.12	.10
Conflict within the team	.36***	.33***	.25**	.28***	.31***	.28***
Feeling unable to speak openly	.43***	.50***	.39***	.31***	.24**	.26**
Difficulty balancing football and personal life	.37***	.45***	.30***	.18	.20*	.21*
Racism	.38***	.31***	.17	.20*	.10	.15
Gender discrimination	.20	.16	.10	.12	.09	.09
Sexual orientation discrimination	.25	.23*	.17	.06	-.01	.02

Figure 4. An illustration of the support seeking barriers and frustrations that increase players' mental health burden across the season.



In summary, these findings highlight the importance of creating club environments in which players feel safe to discuss emerging concerns before they become more difficult to manage.

Everyday practices that reduce stigma around mental ill-health, **build trusting relationships with staff** that protect player confidentiality, reassure players about the perceived consequences of seeking support, and encourage open conversations about how players are coping will help practitioners identify individuals who are **beginning to feel trapped** by the demands of professional football, lacking confidence in their ability to cope, or becoming disconnected from teammates and support staff.

Supporting players in this way provides opportunities for earlier, more personalised interventions that prevent acute challenges developing into more complex and persistent mental health difficulties.

In the Discussion section below we suggest practical steps that clubs, practitioners, and governing bodies might take to reduce the barriers to support, strengthen existing provision, and to better integrate mental health into everyday performance environments.

Aim 4: The effectiveness of support depends on how support is delivered and experienced by individual players

Understanding the factors that protect players from, or exacerbate, the **mental health burdens** that they experience across the season is essential for developing effective support within clubs. In other words, clubs need to understand **which aspects of the club environment can be changed** to proactively support players' mental health across the season.

To guide the analysis, we focused on the relationship between practitioners' perceptions of players'

AUTONOMY FRUSTRATION — feeling they have little choice or control over important aspects of their football lives

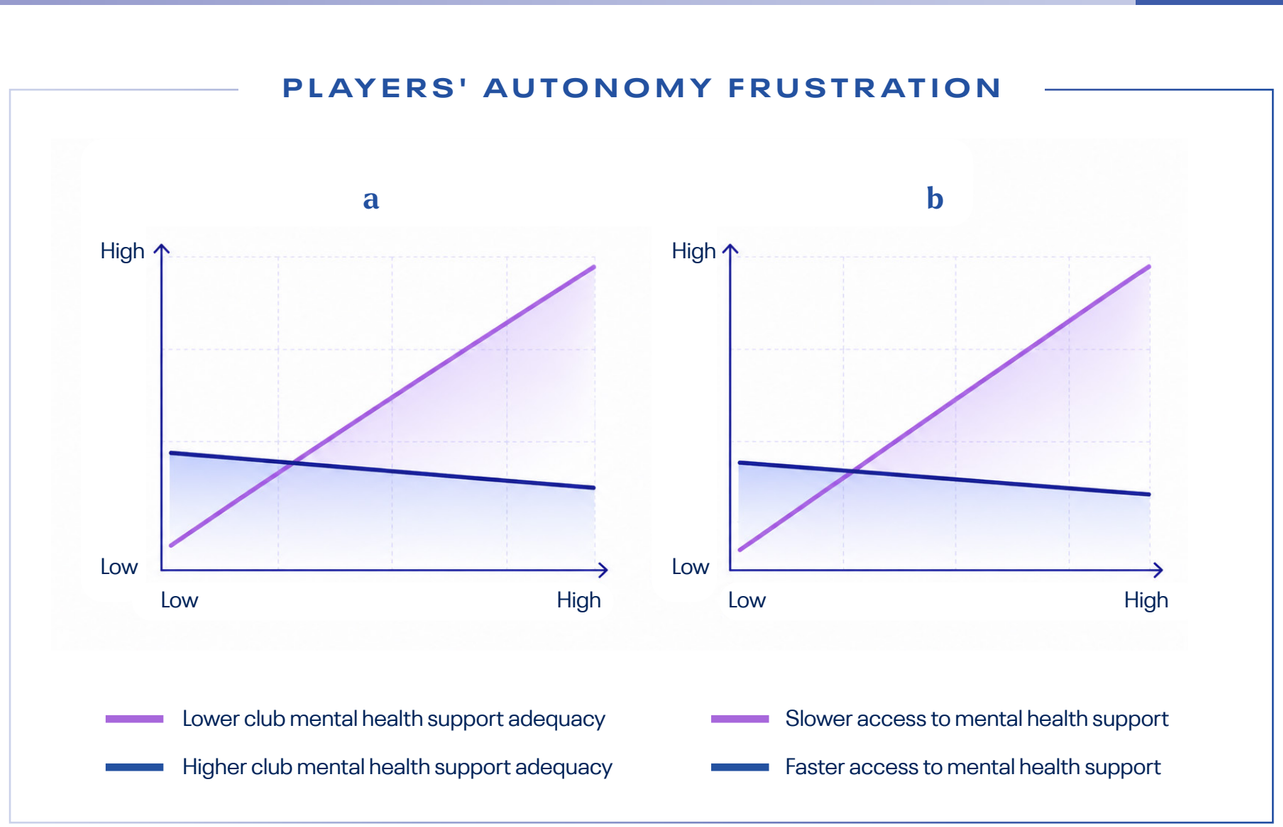
as a predictor of mental health burden, and whether aspects of the club environment strengthen or weaken these relationships.

We used moderated regression analysis to investigate whether the adequacy and timeliness of clubs' mental health support influenced the relationship between players' autonomy frustration and the **mental health burdens** they experienced across the season.

The moderation analysis revealed that the relationship between practitioners' observations of players' **autonomy frustration** and the mental health burden of **fatigue was weaker** in clubs where health support was perceived to be adequately resourced to meet players' needs and delivered in a timely manner (represented by the blue lines in Figure 5) as opposed to when it was not perceived to be adequately resourced or delivered in a timely manner (see red lines in Figure 5). Refer to Table 8 in Appendix E for the moderation results).



Figure 5. The moderating effect of the **(a)** adequacy of the club's mental health support to meet players' needs and **(b)** the ability of the club to deliver support in a timely manner, on the relationship between players' autonomy frustration and the mental health burden associated with fatigue across the season.



The results depicted in **Figure 5** suggest that clubs who provide mental health support that is adequate to meet players' needs, and deliver this support in a timely manner, may reduce the mental health burden associated with **fatigue** among players who feel they have little choice or control over important aspects of their football lives **(autonomy frustration).**

This **buffering effect** was not observed for **competence frustration**, suggesting that players' sense of autonomy may be particularly **important** in shaping how they experience the demands of a competitive season.

Alongside providing timely **access to support,** clubs may benefit from identifying practical opportunities to give players greater involvement in decisions that affect their training, recovery, rehabilitation, wider football experience, and personal lives, helping them feel more in control of the challenges they face.



05 DISCUSSION

Practical strategies for clubs and practitioners

The findings from this study suggest that clubs **may benefit** from viewing mental health support as a routine part of

- SUSTAINING PERFORMANCE
- RECOVERY
- WELLBEING

across a demanding competitive season as opposed to being something reserved for players experiencing **mental ill-health.**

Protecting players' mental health requires more than simply increasing the availability of support.

How support is communicated, integrated into everyday performance environments, accessed, and experienced by players may be just as important as the support itself. The practical implications below are organised around the four aims of this study, translating practitioners' observations into practical recommendations for clubs, practitioners, and governing bodies.

Each section builds directly on the corresponding findings presented in the Results.

Aim 1: Strengthen mental health provision within clubs

The findings show that **many European football clubs offer their players multidisciplinary mental health and wellbeing support.**

Access to **sport psychologists, player care or wellbeing staff and specialist mental health professionals** was reported across the majority of participating clubs, indicating that mental health support is becoming an increasingly established component of elite football environments (see Appendix B Figures 2 and 3).

This represents an important shift from viewing mental health solely as a clinical issue towards recognising its role in supporting player wellbeing, recovery and sustained performance throughout a demanding season.

However, practitioners reported that specialist mental health professionals, such as **clinical psychologists, psychiatrists and counsellors/therapists,** were more commonly accessed through referral pathways, whereas sport psychologists and player care staff were more routinely integrated into players' weekly support programmes.

Practitioners also differed in their awareness of whether their club had a mental health policy. Where policies were reported, practitioners generally perceived players to have some understanding of them (Md = 5, 'Somewhat agree'), although responses varied between clubs (SD = 1.28), as highlighted in Table 2 in Appendix B. These findings suggest that **making mental health resources available does not necessarily ensure they are consistently understood, communicated, or embedded within everyday football practice.**



A key implication stemming from these findings is that improving player mental health management within European club football may be less about expanding the availability of support and more about strengthening how existing support is implemented.

Clubs may **benefit** from ensuring that existing expertise is integrated into everyday performance environments and policies, support pathways are clearly communicated to both practitioners and players and mental health support is delivered as a routine component of **performance, recovery and player development.**

Aim 2: Managing the major mental health burdens that players experience across the season

The findings relating to Aim 2 suggest that the greatest mental health burdens reported by practitioners reflected the continual demands of elite football, including:



MANAGING FATIGUE ACROSS THE SEASON



COPING WITH PERFORMANCE PRESSURE



REMAINING AVAILABLE FOR SELECTION



DEALING WITH UNCERTAINTY ABOUT PLAYING TIME AND CONTRACT SECURITY

As these demands fluctuate throughout a player's career, they require continuous management rather than reactive intervention once difficulties become severe. Although these findings highlight the challenges affecting the greatest number of players, routine monitoring should also identify less common but potentially severe mental health burdens.

For example, Addiction, ranked 13th on the MHBI because it was perceived to affect 18.51% of players, but it was rated as the most harmful difficulty when present.

Other sources of **mental health burden** might not be common across a whole team but could be very harmful for a small proportion of players within the team. Traditionally, mental health assessment has often focused on **identifying players who are at risk from or already experiencing mental-ill health symptoms and disorders** (Gouttebarge et al., 2021).

The present findings suggest that clubs may instead benefit from routinely asking a different question: *"Which players are beginning to experience an increasing mental health burden from the demands of professional football?"*

Identifying these players before challenges become persistent provides opportunities to make timely adjustments that may prevent mental health burdens accumulating into more complex difficulties.

Elite club football already places considerable emphasis on monitoring players' physical readiness to train and compete. Data on

- training load,
- recovery, fatigue,
- injury risk,
- sleep,
- nutrition
- and general life stress

are routinely collected to understand how players respond to the demands placed upon them and inform ongoing adjustments to training and recovery programmes (Ammann et al., 2023). **Importantly, effective monitoring extends beyond measuring the work players complete to understanding how individual players respond to those demands,** allowing practitioners to adapt support before performance or health begins to deteriorate (Reardon et al., 2019).

Existing athlete mental health **screening tools**, such as the **Athlete Psychological Strain Questionnaire** (APSQ; Rice et al., 2020) and the **International Olympic Committee**



Sport Mental Health Assessment Tool (SMHAT-1; Gouttebarge et al., 2021), primarily aim to identify athletes experiencing psychological strain or symptoms of mental ill-health that may require further clinical assessment or referral.

The present findings suggest that clubs may benefit from complementing these screening approaches with practical monitoring tools that assess players' mental health burden and the football-specific demands contributing to that burden throughout the season.

Integrating these measures into existing performance and medical monitoring systems would allow **mental health burden** to be considered alongside physical readiness, providing a **more holistic understanding** of how players are coping across a demanding season. Importantly, they could also act as **"early warning"** signs, highlighting players who may be at risk of developing problems with their mental health, which could lead to earlier and more effective support being provided.

> **Much like effective training load monitoring, mental health burden monitoring should form part of an ongoing feedback process in which information is discussed collaboratively with the player, used to make timely adjustments to individualised support and reviewed regularly as players' circumstances change.**

PRACTITIONERS SEE PLAYERS STRUGGLING WITH MULTIPLE MENTAL HEALTH BURDENS:

The correlation results suggest that many of the mental health burdens that players experience across the season are positively associated with one another, indicating that challenges relating to **physical health, performance and career uncertainty are likely to reinforce one another over time.**



For example, players experiencing increasing mental health burden from fatigue may also begin to report greater mental health burden from the pressure to perform, and concerns about deselection and their future within the club.



Although more longitudinal research is needed to confirm the appropriateness of this pattern, these findings suggest that **practitioners should be cautious about treating mental health burdens as isolated problems requiring isolated solutions.**

When a player is observed or reports to be struggling, practitioners may benefit from asking not only "How do we best manage this?", but also "What else might this player currently be managing?"

This broader understanding is likely to support **more effective multidisciplinary decision-making.** Fatigue, for example, may initially appear to require changes to training load or recovery time. However, conversations with the player may reveal that worries about selection, receiving online abuse and/or feeling lonely or unable to speak openly within the club are preventing effective recovery and increasing the overall mental health burden they experience.

Similarly, our moderation findings suggest that players who begin to question whether they can cope with the demands of professional football **may not always benefit** from additional mental health support if accessing that support is perceived as further evidence that they are struggling. For these players, **integrating psychological support** alongside everyday performance, rehabilitation and recovery practices, while providing reassurance that support is a normal part of sustaining performance rather than a sign of **weakness or poor coping,** may reduce concerns that seeking help reflects incompetence or threatens their place within the team.

Addressing these contributing factors may therefore be just as important as managing the presenting difficulty itself. Bringing together coaching and support staff to consider how everyday club practices, communication, delivery of support and relationships influence the broader pattern of challenges affecting a player may result in more coordinated, individualised and preventative support.

Aim 3: Trust, confidentiality and reducing perceived career consequences encourage players to seek mental health support

Practitioners' reports relating to **Aim 3** suggest around one-third of players may avoid seeking support because they worry that others will view them differently for struggling, fear that speaking up could affect their playing opportunities, or are uncertain whether **personal information will remain confidential** (see Appendix D Table 7).

Together with our moderation findings, these results suggest that the greatest barrier to support may not always be its availability, but the personal, social and career costs that players associate with seeking help.

Reducing these perceived costs requires more than increasing access to psychologists or mental health services. Clubs may instead benefit from **creating regular opportunities for players to discuss the mental health burdens they are experiencing, the factors contributing to those burdens and practical adjustments that may help manage them.**

These conversations should also provide **opportunities** to openly address players' concerns about seeking support, including how personal information will be managed, why temporary adjustments to **competition, training, recovery, or targeted support** may be recommended to support both mental health and long-term performance, whether these adjustments have any implications for selection and **how support plans will be reviewed collaboratively and adapted as players' needs and circumstances change.**



Integrating these discussions within existing performance and medical programmes may help players view support as a routine part of managing the demands of elite football rather than something reserved for times of crisis.

Research suggests that **reducing stigma** and **encouraging help-seeking** requires more than increasing awareness alone.



SUPPORTIVE COACHING BEHAVIOURS



TRUSTED RELATIONSHIPS WITH PRACTITIONERS



CLEAR ORGANISATIONAL MESSAGES ABOUT MENTAL HEALTH

are consistently associated with more positive attitudes from athletes towards seeking support (Castaldelli-Maia et al., 2019). Although mental health literacy interventions can improve athletes' knowledge and reduce stigma, evidence that they produce meaningful changes in help-seeking behaviour remains limited (Bu et al., 2020; Gulliver et al., 2012).

The present findings suggest that f**uture interventions may benefit** from directly addressing football-specific concerns about confidentiality, selection decisions and beliefs that **seeking support** reflects weakness or an inability to cope with the demands of professional football.

Such an approach may involve **supporting senior players and/or well-known role models to openly share experiences of how temporary adjustments to training, recovery, competition schedules, or psychological support have helped sustain both their mental health and performance, while coaches and multidisciplinary staff consistently reinforce that these adjustments represent proactive performance management, allowing teammates to see these adjustments as a normal part of elite football. Framing mental health support as an integral component of sustained performance may also improve player buy-in.**

Helping players understand how effectively managing the psychological demands of professional football supports better **concentration, decision-making, recovery, consistency of performance and career longevity** reinforces the role of mental health support as part of everyday performance management. Importantly, these messages need to be reinforced through everyday interactions, not solely through education sessions or awareness campaigns. Over time, these everyday conversations shape whether players believe that discussing mental health is safe, expected and beneficial. Maintaining these trusting relationships, however, may be particularly challenging within **professional football,** where frequent changes in players, coaches and multidisciplinary staff can disrupt the familiarity and continuity on which trust is built. As players transfer between clubs, change countries or work with new staff, they may need to repeatedly establish confidence in unfamiliar support networks. **Clubs may benefit** from considering how induction processes, continuity of care and early relationship-building practices can help new players and staff establish trusting professional relationships more quickly.

By reducing the perceived personal, social and career costs associated with seeking support, clubs may encourage players to engage earlier, creating opportunities to identify emerging mental health burdens, implement timely and individualised adjustments to support and prevent everyday football challenges from accumulating into more persistent psychological difficulties.

Aim 4: Effectiveness of support depends not only on what is provided, but also on how support is delivered and experienced by individual players

Elite performers do not experience pressure in the same way. Research suggests that how athletes respond to pressure, the vulnerabilities they develop and types of support they find most helpful are shaped by the interaction between individual characteristics and the demands of their performance environment (Roberts & Woodman, 2017; Woodman et al., 2025). Consequently, approaches that adopt a one-size-fits-all model for promoting help-seeking and managing players' mental health burdens are unlikely to meet the needs of players Ely et al., 2026.

The present findings reinforce this perspective.

That is, clubs that provide timely and adequately resourced mental health support appeared to reduce the mental health burden associated with fatigue among players who felt they had little choice or control over important aspects of their football lives (autonomy frustration). Although these findings require confirmation from players themselves, they suggest that the **effectiveness of support depends not only on what is provided, but also on how individual players interpret both the difficulties they are experiencing and the support offered to help them manage those difficulties. In other words, delivering support that reflects individual players' psychological needs is more likely to be engaged with and effective.**



ADOPTING STANDARDISED SUPPORT PRACTICES MAY ACTUALLY DO MORE HARM THAN GOOD FOR SOME PLAYERS;

practitioners may therefore benefit from co-developing tailored support with players.

Understanding how players make sense of the pressures they face, what they believe is contributing to their mental health burden and what types of support they are most likely to engage with and benefit from is likely to result in earlier engagement, better adherence to support and **more positive outcomes** than approaching the management of each mental health burden in the same way for each player. Providing opportunities for players to influence decisions surrounding their **psychological support, training, recovery and rehabilitation** may strengthen their sense of autonomy, promote shared decision-making and encourage a proactive approach to adapting their programme as the demands they experience change.

To that end, clubs may benefit from moving beyond treating mental health as a separate area and embed psychological support within each player's individualised performance support programme. Integrating psychological, medical, rehabilitation, performance and player care expertise around the player's changing needs may help clubs optimise both mental health and performance across the evolving demands of an entire season.



06 FUTURE RESEARCH DIRECTIONS

This survey is very much a first step for understanding and supporting the mental health of European club football players.

The present findings provide **one of the first** large-scale practitioner perspectives on the mental health burdens players experience across European professional club football.

Additionally, these findings also highlight several important opportunities to strengthen the evidence base and develop more effective approaches to managing players' mental health.

The findings presented in this report reflect practitioners' observations of the **mental health burdens** players experience across the season. While practitioners are uniquely positioned to observe players' day-to-day **challenges and support-seeking patterns,** players themselves may experience sources of mental health burden differently and identify

- additional protective factors,
- support needs,
- and support-seeking barriers

that are not visible to practitioners.

To that end, research investigating players' own experiences of the mental health burdens that they face, how these burdens evolve across a season and career and the perceived benefits and costs of engaging with the support available within their club would provide **valuable firsthand insight.**



Combining practitioner and player perspectives will provide a more complete understanding of where support is most needed and how it can be delivered most effectively.

Building on these insights, the present findings highlight opportunities to develop and evaluate practical approaches that help clubs identify and manage players' mental health burden throughout the season.

Research evaluating the implementation of **football-specific** monitoring tools, interventions aimed at reducing the perceived costs of seeking support and integrated performance **support models** that combine



PSYCHOLOGICAL



MEDICAL



REHABILITATION



MENTAL HEALTH EXPERTISE

would provide valuable evidence to guide everyday practice.

Evaluating these approaches over time would help determine whether they improve the early identification of players experiencing increasing **mental health burden,** encourage earlier engagement with support and enhance the management of players' mental health alongside performance goals across a competitive season.

The need for context-sensitive monitoring tools and support may also extend to differences between men's and women's football. As practitioners in the present sample reported spending more time working with men's senior teams, the findings may more strongly reflect the demands and support environments encountered in men's football, while challenges specific to the women's game may be underrepresented.

Research exploring how practitioners can be trained and supported to implement these approaches consistently within multidisciplinary environments would further strengthen their translation into practice.

Delivering this future research provides an **opportunity for governing bodies, clubs, practitioners and researchers to work in partnership to address shared challenges facing European football.** Collaborative funding schemes, including Knowledge Transfer Partnerships (UK), Innovate UK, Horizon Europe and Erasmus+ Sport, provide opportunities for researchers and practitioners to combine their expertise to co-develop, implement and evaluate practical solutions to the challenges facing players, clubs and governing bodies. The collaboration between the EFC Medical and Performance Unit and Bangor University's Institute for the Psychology of Elite Performance (IPEP) illustrates how these partnerships can deliver research that addresses real-world challenges while informing future policy, practitioner education and affective practice across European football.



07 CONCLUSION

Collectively, this study provides one of the most comprehensive practitioner-informed accounts of the mental health challenges that players experience across European club football ever completed.

The findings suggest that the **greatest mental health burdens** that players face arise from the cumulative and interconnected demands of:

- FATIGUE
- INJURY
- PERFORMANCE PRESSURE
- CAREER UNCERTAINTY

These difficulties may become more harmful when players perceive personal, social or career costs to seeking support, or feel unable to influence important decisions, uncertain of their ability to meet expectations, or disconnected from teammates and staff within the club.

Although multidisciplinary mental health expertise is available in many European clubs, availability alone does not ensure that players feel able to engage early or benefit from the support provided.

The findings therefore support integrating visible, trusted, timely, confidential and individualised psychological support within players' everyday performance, recovery and rehabilitation programmes.

Achieving this shift will require mental health support to be understood not as a sign of weakness or an inability to cope, but as a proactive and routine part of sustaining performance, recovery and career longevity.

Senior players, coaches and multidisciplinary staff are well placed to reinforce this message by demonstrating through everyday conversations and practice how accessing support or making temporary adjustments can protect both mental health and performance.

RESEARCH CO-DEVELOPING AND EVALUATING THESE APPROACHES WITH PRACTITIONERS AND PLAYERS WOULD BE A WORTHWHILE ENDEAVOUR.

By investigating **player and practitioner perspectives,** European football can work towards implementing practices that identify emerging **mental health burdens** earlier, prevent them from accumulating and support players' mental health and performance management throughout the evolving demands of players' careers.





08 REFERENCES

- Ammann, L., Ruf, L., Beavan, A., Chmura, P., & Altmann, S. (2023). Advancing and critical appraisal of an integrative load monitoring approach in microcycles in professional soccer. *PloS One, 18*(9), e0286372. https://doi.org/10.1371/journal.pone.0286372
- Bu, D., Chung, P. K., Zhang, C. Q., Liu, J., & Wang, X. (2020). Mental health literacy intervention on help-seeking in athletes: a systematic review. *International Journal of Environmental Research and Public Health, 17*(19), 7263. https://doi.org/10.3390/ijerph17197263
- Castaldelli-Maia, J. M., e Gallinaro, J. G. D. M., Falcão, R. S., Gouttebarge, V., Hitchcock, M. E., Hainline, B., ... & Stull, T. (2019). Mental health symptoms and disorders in elite athletes: a systematic review on cultural influencers and barriers to athletes seeking treatment. *British Journal of Sports Medicine, 53*(11), 707-721. https://doi.org/10.1136/bjsports-2019-100710
- Chen, B., Vansteenkiste, M., Beyers, W., Boone, L., Deci, E. L., Van der Kaap-Deeder, J., ... & Verstuyf, J. (2015). Basic psychological need satisfaction, need frustration, and need strength across four cultures. *Motivation and Emotion, 39*(2), 216-236. https://doi.org/10.1007/s11031-014-9450-1
- Edmondson, A. (1999). Psychological safety and learning behavior in work teams. *Administrative Science Quarterly, 44*(2), 350-383. https://doi.org/10.2307/2666999
- Ely, G., Roberts, R., Owen, R., Woodman, T., Jones, E., Evans, L., & Peirce, N. (2026). A comprehensive examination of personal and environmental factors predicting mental health in professional cricket. Manuscript in preparation.

- Gouttebarge, V., Bindra, A., Blauwet, C., Campriani, N., Currie, A., Engebretsen, L., ... & Budgett, R. (2021). International Olympic Committee (IOC) sport mental health assessment tool 1 (SMHAT-1) and sport mental health recognition tool 1 (SMHRT-1): towards better support of athletes' mental health. *British Journal of Sports Medicine, 55*(1), 30-37. https://doi.org/10.1136/bjsports-2020-102411

- Graham, J. W. (2009). Missing data analysis: Making it work in the real world. *Annual Review of Psychology, 60*(1), 549-576. https://doi.org/10.1146/annurev.psych.58.110405.085530

- Gulliver, A., Griffiths, K. M., Christensen, H., Mackinnon, A., Calear, A. L., Parsons, A., ... & Stanimirovic, R. (2012). Internet-based interventions to promote mental health help-seeking in elite athletes: an exploratory randomized controlled trial. *Journal of Medical Internet Research, 14*(3), e69. doi:10.2196/jmir.1864

- Harel, O. (2009). The estimation of R2 and adjusted R2 in incomplete data sets using multiple imputation. *Journal of Applied Statistics, 36*(10), 1109-1118. https://doi.org/10.1080/02664760802553000

- Henriksen, K., Schinke, R., Moesch, K., McCann, S., Parham, W. D., Larsen, C. H., & Terry, P. (2020). Consensus statement on improving the mental health of high performance athletes. *International Journal of Sport and Exercise Psychology, 18*(5), 553-560. https://doi.org/10.1080/1612197X.2019.1570473

- Hodge, K., Lonsdale, C., & Ng, J. (2008). Burnout in elite rugby: relationships with basic psychological needs fulfilment. *Journal of Sports Sciences, 26*(8), 835-844.

- OpenAI. (2025). *ChatGPT* (GPT-5.5) [Large language model]. https://chatgpt.com/

- Reardon, C. L., Hainline, B., Aron, C. M., Baron, D., Baum, A. L., Bindra, A., Budgett, R., Campriani, N., Castaldelli-Maia, J. M., Currie, A., Derevensky, J. L., Glick, I. D., Gorczynski, P., Gouttebarge, V., Grandner, M. A., Han, D. H., McDuff, D., Mountjoy, M., Polat, A., ... Engebretsen, L. (2019). Mental Health in Elite Athletes: International Olympic Committee Consensus Statement (2019). *British Journal of Sports Medicine, 53*(11), 667–699. https://doi.org/10.1136/bjsports-2019-100715

- Rice, S. M., Parker, A. G., Mawren, D., Clifton, P., Harcourt, P., Lloyd, M., ... & Purcell, R. (2020). Preliminary psychometric validation of a brief screening tool for athlete mental health among male elite athletes: the athlete psychological strain questionnaire. *International Journal of Sport and Exercise Psychology, 18*(6), 850-865. https://doi.org/10.1080/1612197X.2019.1611900

- Roberts, R., & Woodman, T. (2017). Personality and performance: Moving beyond the Big 5. *Current Opinion in Psychology, 16*, 104-108. 10.1016/j.copsyc.2017.03.033

- Ryan, R. M., & Deci, E. L. (2024). Self-determination theory. In *Encyclopedia of Quality of Life and Well-being Research* (pp. 6229-6235). Cham: Springer International Publishing.

- Vansteenkiste, M., Ryan, R. M., & Soenens, B. (2020). Basic psychological need theory: Advancements, critical themes, and future directions. *Motivation and Emotion, 44*(1), 1-31. https://doi.org/10.1007/s11031-019-09818-1

- Von Hippel, P. T. (2020). How many imputations do you need? A two-stage calculation using a quadratic rule. *Sociological Methods & Research, 49*(3), 699-718. https://doi.org/10.1177/0049124117747303

- White, I. R., Royston, P., & Wood, A. M. (2011). Multiple imputation using chained equations: issues and guidance for practice. *Statistics in Medicine, 30*(4), 377-399. https://doi.org/10.1002/sim.4067

- Woodman, T., Barlow, M., Hardy, L., Young, D., Cooke, A., Roberts, R., Beattie, S., Hardy, J., & Varga, J. (2025). Maximizing performance under pressure: A comprehensive multidisciplinary procedure for individualizing pressure training in elite sport. *Sport, Exercise, and Performance Psychology, 14*(4), 489–504. https://doi.org/10.1037/spy0000388

TRANSPARENCY STATEMENT.

ChatGPT (OpenAI, GPT-5.5) was used to create illustrative figures and bar chart visualisations from data analysed in statistical software (SPSS). ChatGPT was not used to conduct statistical analyses.

09 APPENDIX



Appendix	Appendix Content	Page
A	**Participants**	**84**
	- **Table 1.** First languages represented among participants.	84
	- **Figure 1.** Distribution of Practitioner Contact Time Across Men's and Women's Football Teams	85
B	**Aim 1: Mental health provision available in European football clubs**	**86**
	- **Table 2.** Club-Level Mental Health Policies, Practitioner Awareness, and Perceived Player Understanding Across European Football Clubs	86
	- **Table 3.** How mental health is understood within clubs: term categories selected by practitioners	87
	- **Figure 2.** Club-Level Availability of Mental Health and Wellbeing Support Across European Football Clubs	88
	- **Figure 3.** Availability and Type of Mental Health and Wellbeing Support in European Football Clubs	90
C	**Aim 2: What practitioners see as the major Mental Health Burdens players face across the season**	**92**
	- **Table 4.** Practitioner Ratings of the Mental Health Burdens Players Face Across the Season	92
	- **Table 5.** Pearson Correlations Among Practitioner-Rated Mental Health Burden Items	94
D	**Aim 3: The barriers and facilitators that influence whether players seek mental health support**	**96**
	- **Table 6.** Practitioner Ratings of the Support-Seeking Facilitators Players Experience Across the Season	96
	- **Table 7.** Practitioner Ratings of the Support-Seeking Barriers Players Experience Across the Season	98
E	**Aim 4: Factors that protect players from, or exacerbate, the mental health burden that players experience across the season**	**100**
	- **Table 8.** Moderation Models Testing Whether Timely Access to Mental Health Support and Mental Health Support Capacity Buffer the Relationship Between Players' Autonomy Frustration and the Mental Health Burden of Fatigue Across the Season	100

APPENDIX A. PARTICIPANTS

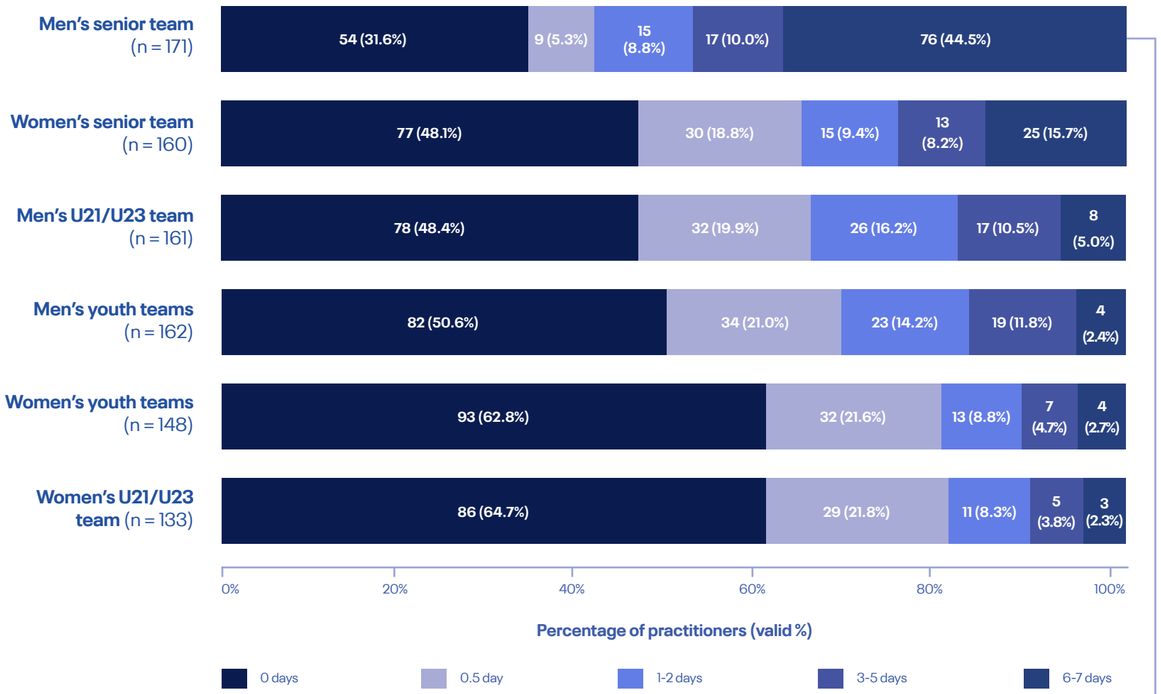
Table 1. First languages represented among participants

First language	n	%
English	61	32.6%
German	19	10.2%
Italian	16	8.6%
Dutch	17	9.1%
Spanish	15	8.0%
Portuguese	10	5.3%
Finnish	6	3.2%
Danish	6	3.2%
French	6	3.2%
Greek	5	2.7%
Norwegian	4	2.1%
Bulgarian	3	1.6%
Other languages	18	9.6%
Invalid / miscoded response	1	0.5%

Note. Other first languages included Albanian, Basque (Euskara), Catalan, Czech, Gujarati, Macedonian, Polish, Romanian, Slovak, Slovenian, Swedish and Turkish. One bilingual Bulgarian/English response was recorded. One miscoded response was excluded.



Figure 1. Distribution of Practitioner Contact Time Across Men's and Women's Football Teams



How to read this figure. Each bar represents one team type, with coloured segments showing the number and percentage of practitioners reporting each level of contact time. For example, among practitioners working in clubs with a men's senior teams (n = 171), almost half (44.5%) reported daily contact with players.

How much time did practitioners spend with each team?

Practitioners reported spending the greatest amount of time with men's senior teams (M = 3.45 days/week, SD = 3.00, Md = 3.0), followed by women's senior teams (M = 1.59, SD = 2.46, Md = 0.5), whereas time spent supporting U21/U23 and youth teams was mostly occasional or absent.

APPENDIX B.

Aim 1: Mental health provision available in European football clubs

Table 2. Club-Level mental health policies, practitioner awareness and perceived player understanding across European football clubs.

GOVERNANCE INDICATOR	RESULT
Practitioners reporting a mental health policy	**85 of 176 (48.3%)**
Practitioners reporting no mental health policy	**38 of 176 (21.6%)**
Practitioners unsure whether a policy exists	**52 of 176 (29.5%)**
Practitioner reporting prefer not to say	**1 of 176 (0.6%)**
Clubs with complete agreement that a policy exists	**30 of 89 (33.7%)**
Clubs with complete agreement that no policy exists	**22 of 89 (24.7%)**
Clubs with practitioners report a policy exists and don't know	**18 of 89 (20.2%)**
Clubs with mixed practitioner responses (yes, no, don't know)	**19 of 89 (21.3%)**
Item: Players have a clear understanding of the club's mental health policy or support strategy, rated on a scale from 1 = strongly disagree to 7 strongly agree (clubs where a policy was reported)	M = 4.74, Md = 5.00, range = 2-7

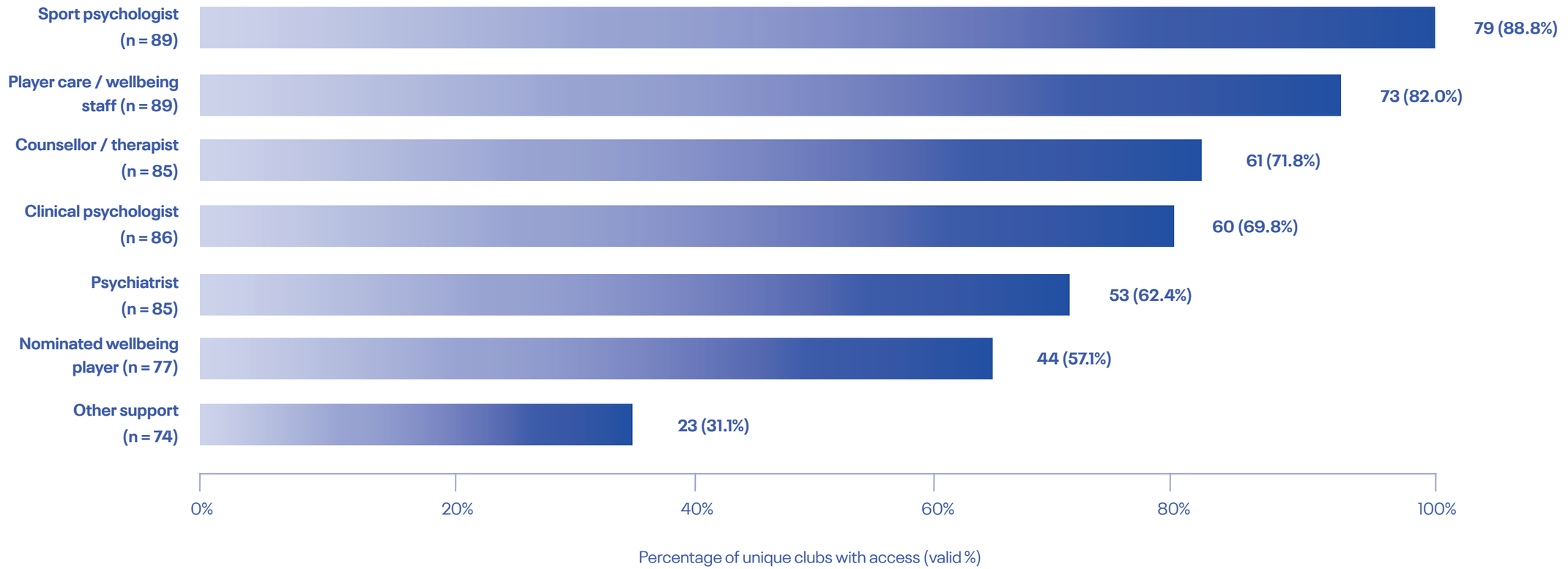
Note. Percentages are based on valid responses (n = 176). Eleven practitioners from the total sample (n = 187) did not respond to this question and were excluded from the percentage calculations.

Table 3. How mental health is understood within clubs, term categories selected by practitioners.

CATEGORY	TERMS INCLUDED	N (%)
Wellbeing-focused	Wellbeing, emotional health, coping skills, resilience, stress management, recovery, normal part of everyday life, important, essential, something everyone deals with, ongoing process	151 (90.4%)
Clinical/problem-focused	Anxiety, depression, psychological difficulty, mental illness, need for professional help, crisis	131 (78.4%)
Performance-focused	Confidence, focus, consistency, readiness to perform	108 (64.7%)
Stigmatising	Weakness, vulnerability, something to hide, sign of not coping	56 (33.5%)

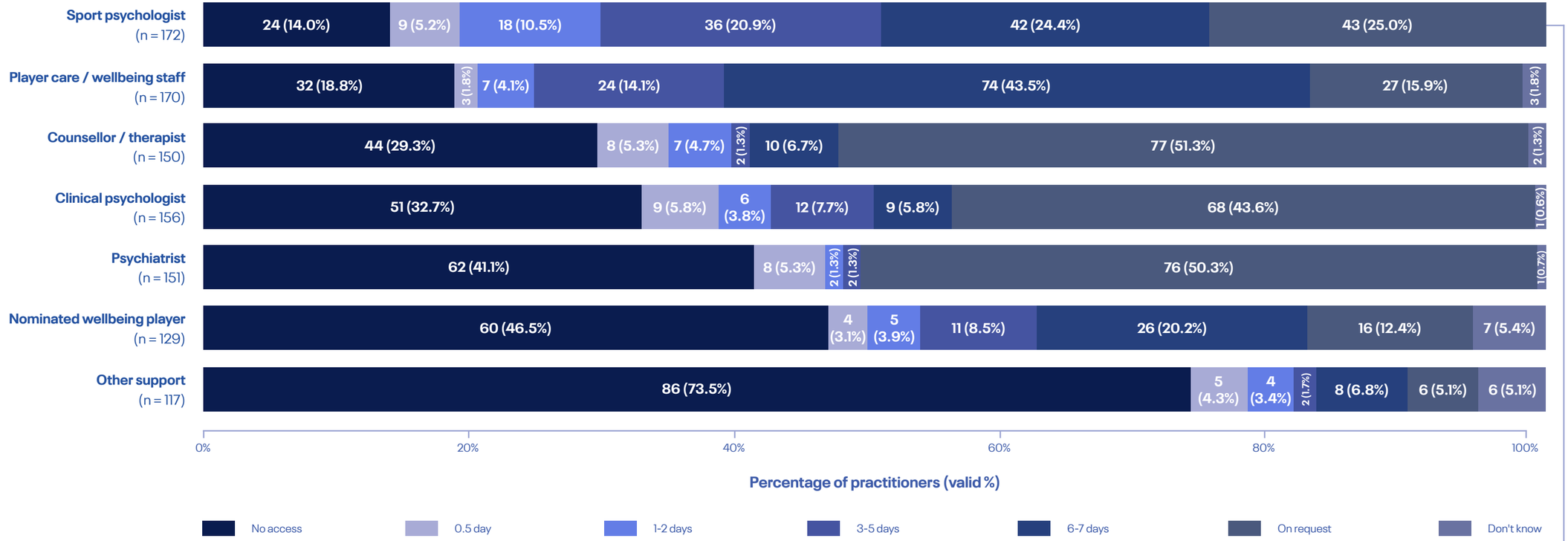
Note. Percentages are based on 167 practitioners who selected at least one term.

Figure 2. Club-level availability of mental health and wellbeing support across European football clubs



Note. Analysis is based on 89 unique club IDs. Percentages are valid percentages using data from participants who provided a valid response to each item. Any missing responses were excluded.

Figure 3. Availability and Type of Mental Health and Wellbeing Support in European Football Clubs



How to read this figure. Each bar represents one type of support, with coloured segments showing the number and percentage of practitioners reporting each level of support availability per week. For example, among practitioners who responded to the item (n = 170), 36 of them (20.9%) reported players had access to a sport psychologist 3-5 days a week.

Note. Overall access available = weekly access + on request. Percentages are valid percentages using data from participants who provided a valid response to each item. Any missing responses were excluded. The "Other support" responses suggest that some clubs provide additional forms of support beyond the main categories captured in the survey. Other forms of support included mental skills and performance support (3), medical support (1), allied health support (3), lifestyle and wellbeing support (3), safeguarding and pastoral support (2) and individualised sourced support (2). However, 11 respondents reported that other support was available but did not specify the nature of that support.

APPENDIX C.

Aim 2: What practitioners see as the major Mental Health Burdens players face across the season

Table 4. Sources of mental health difficulty ordered by perceived harmfulness, with corresponding commonness and MHBI rankings

Source of mental health difficulty	How harmful is it for players? (1 very mild, 2 mild, 3 moderate, 4 severe, 5 very severe)	What % of players are affected during the season? (0-100%)	Commonness rank	MHBI rank
Addiction	3.70	18.51%	13	13
Injury and rehabilitation process	3.52	43.81%	5	5
Not eating enough to meet training/ recovery demands	3.46	32.72%	8	8
Fatigue across the season	3.43	59.60%	2	1
Worry about being deselected	3.34	54.73%	3	2
Fear of making mistakes	3.24	50.50%	4	4
Worry about contract security	3.21	42.76%	6	6
Feeling lonely/isolated after moving clubs/ country	3.17	32.53%	9	9
Pressure and abuse on social media	3.16	37.75%	7	7
Racism or racial discrimination	3.13	15.74%	15	15
Pressure to perform in important matches/ moments	3.10	60.64%	1	3
Feeling unable to speak openly or raise concerns	2.82	30.84%	11	11
Sexual orientation discrimination	2.82	14.33%	16	16
Conflict or tension within the team	2.77	25.42%	12	12
Gender discrimination	2.74	17.72%	14	14
Difficulty balancing football and personal life	2.68	32.21%	10	10

Table 5. Pearson correlations among practitioner-rated mental health burden items

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Performance pressure	—														
2. Fear of making mistakes	.61***	—													
3. Worry about deselection	.48***	.48***	—												
4. Fatigue across season	.35***	.46***	.36***	—											
5. Under-fueling	.26**	.25**	.19*	.30***	—										
6. Injury & rehabilitation	.36***	.28***	.42***	.43***	.40***	—									
7. Addiction	.18*	.24*	.11	.23*	.27**	.37***	—								
8. Worry about contract security	.32***	.39***	.54***	.23**	.15	.48***	.31**	—							
9. Loneliness after moving clubs/country	.47***	.33***	.45***	.32***	.23**	.56***	.14	.54***	—						
10. Social media abuse	.30***	.36***	.25**	.36***	.19*	.38***	.39***	.44***	.41***	—					
11. Team conflict	.33***	.44***	.32***	.34***	.26**	.49***	.25*	.44***	.53***	.37***	—				
12. Unable to speak openly	.38***	.41***	.41***	.23**	.21	.33***	.17	.39***	.60***	.38***	.53***	—			
13. Difficulty work–life balance	.34***	.31***	.34***	.30***	.15	.27**	.32**	.45***	.45***	.47***	.35***	.49***	—		
14. Racism	.27**	.22	.32***	.19*	.33***	.39***	.29**	.37***	.40***	.41***	.29***	.42***	.48***	—	
15. Gender discrimination	.21*	.22	.22*	.14*	.25**	.25**	.23*	.28**	.42***	.33***	.21*	.32***	.34***	.63***	—
16. Sexual orientation discrimination	.16	.17	.14	.10	.16	.26**	.11	.20	.35***	.27**	.14	.28	.37***	.50***	.61***

Note. Values are pooled Pearson correlations from multi-imputed datasets. Results are based on cluster-robust standard errors, confidence intervals and p values to account for practitioners nested within clubs. The MICE analytic sample comprised 149 practitioners: 141 from 79 identified clubs and eight who did not report their club, retained as separate singleton clusters. Most identified clubs were represented by one practitioner (54/79). * p < .05. ** p < .01. *** p <.001.

APPENDIX D.

Aim 3: The barriers and facilitators that influence whether players seek mental health support

Table 6. Practitioners rating of the Support Seeking Facilitators players experience across the season

For each facilitator to support seeking, practitioners rated:

(a) How strongly does it encourage players to seek support?
(Very mild -> Very strong)

(b) What percentage of players in your club benefit from this facilitator during a season?
(0–100%)

Rank	Facilitator of support seeking Players...	(a) How strongly does it encourage players to seek support? (1 very mild, 2 mild, 3 moderate, 4 strongly, 5 very strongly)	(b) How common is it? (% players who benefit)	Support-Seeking Facilitator Index
1	...trust staff enough to talk about mental health concerns	3.79	63.45%	49.89
2	...are given time to attend mental health support	3.55	60.43%	47.16
3	...can speak to a mental health professional without others in the club knowing	3.56	57.27%	44.68
4	...mental health is treated as a normal part of performance and wellbeing	3.46	54.14%	41.48
5	The club actively communicates what mental health support is available	3.18	45.20%	33.00

Note. Support-Seeking Facilitator Index (SSFI). To help identify the facilitators that may have the greatest overall impact on players' willingness to seek support, ratings of commonness and encouragement impact were combined into a single Support-Seeking Facilitator Index. A score of 0 represents a support seeking facilitators that is never experienced, whereas a score of 100 would indicate a support seeking facilitator affecting all players and rated as very encouraging. The SSFI figure reports the average of individual respondent SSF scores (calculated as commonness × encouragement ÷ 5), not mean commonness × mean encouragement ÷ 5. This approach preserves the respondent-level relationship between perceived commonness and encouragement, providing a more accurate estimate of overall impact of Support Seeking Facilitators.



Table 7. Practitioners rating of the Support Seeking Barriers players experience across the season.

For each barrier to support seeking, practitioners rated:

a) How strongly does it discourage players from seeking support?
(Very mild -> Very strong)

(b) What percentage of players in your club are affected by this barrier during a season?
(0–100%)

Rank	Barrier to support seeking	How strongly does it discourage support seeking? (1 very mild, 2 mild, 3 moderate, 4 strongly, 5 very strongly)	How common is it? (% players affected)	Support-Seeking Barrier Index
1	Fear that seeking support could affect playing time	2.71	31.02%	22.25
2	Stigma around having mental health difficulties	2.75	29.85%	20.08
3	Worry that personal information would not stay confidential within the club	2.56	24.44%	16.80

Note. Support-Seeking Barrier Index (SSBI). To help identify the barriers that may have the greatest overall impact on players' willingness to seek support, ratings of commonness and discouraging impact were combined into a single Support-Seeking Barrier Index. A score of 0 represents a support seeking barrier that is never experienced, whereas a score of 100 would indicate a support seeking barrier affecting all players and rated as very discouraging. The SSBI figure reports the average of individual respondent SSB scores (calculated as commonness × discouragement ÷ 5), not mean commonness × mean discouragement ÷ 5. This approach preserves the respondent-level relationship between perceived commonness and discouragement, providing a more accurate estimate of overall impact of Support Seeking Barriers.



APPENDIX E.

Aim 4: Factors that protect players from, or exacerbate, the mental health burden that players experience across the season

Table 8. Moderation models testing whether timely access to mental health support and mental health support capacity buffer the relationship between players' autonomy frustration and the mental health burden of fatigue across the season.

Predictor	b (robust SE)	95% Wald CI	*p*
Model testing the interaction between players' autonomy frustration and timely access to mental health support on the mental health burden associated with fatigue across the season			
Intercept	42.84 (2.14)	[38.66, 47.03]	<.001
Autonomy frustration	2.58 (1.27)	[.09, 5.07]	.043
Timely access to mental health support	-1.25 (0.96)	[−3.13, 0.63]	.192
Autonomy frustration × timely access to mental health support	−1.51 (0.72)	[−2.92, −0.11]	.035
ΔR^2 change = .026			
Model testing the interaction between players' autonomy frustration and clubs' mental health support capacity on the mental health burden associated with fatigue across the season			
Intercept	42.78 (2.06)	[38.74, 46.82]	<.001
Autonomy frustration	2.55 (1.32)	[−0.03, 5.14]	.053
Mental health support capacity	−0.78 (1.01)	[−2.76, 1.20]	.441
Autonomy frustration × mental health support capacity	−1.49 (0.64)	[−2.73, −0.24]	.020
ΔR^2 change = .030			

Note: Values are pooled estimates across 30 multi-imputed datasets. Standard errors, Wald confidence intervals and p values are cluster-robust and account for practitioners nested within clubs.

Medical & Performance