HIGH PERFORMANCE
SPORT NEW ZEALAND

ATHLETE MENTAL HEALTH AND PERFORMANCE

A SYSTEMS APPROACH 2024-2028

November 2024

CONTENTS

INTRODUCTION

The 2032 High Performance System Strategy for New Zealand highlighted the importance of sporting environments for an athlete's holistic development combining wellbeing, health (mental and physical) and performance, as critical factors. The approach is founded upon the fundamental belief that athlete mental health and wellbeing are essential for optimising people and performance outcomes in high performance sporting environments.

This document outlines a 2024-2028 system approach to athlete mental health in sport. This approach aligns with the outcomes of the 2032 High Performance System Strategy and contributes to the broader vision of a sustainable sporting system, robust athlete pathways and performances that engage the nation.

The implementation of a system-wide approach to athlete mental health in performance sport that connects the Wellbeing Programme and Psychology team facilitates an integrated approach to the design and delivery of education programmes, leadership frameworks, care pathways and focussed delivery of expertise. This multifaceted approach means that athletes and those who support them are sufficiently prepared when making sport and life decisions, and it can also better equip them for rewarding lives beyond sport. Focussing resources in this manner also enables a preventative approach that mitigates risk factors commonly associated with early onset of mental ill-health symptoms.

The guidance within this document can be applied by National Sporting Organisations (NSOs) to their athletes across their development pathway, with coaches and support staff. Recognising the expansion of wellbeing initiatives and efforts that have emerged in the past few years, it is intended that recommendations reflected in this approach build on and further develop those good practices currently seen across the system.

A systems approach determines that leadership across all organisations in the sporting system must be engaged and actively driving the work in their sporting environments. This will be critical to the overall success of the approach. Whilst recognising that wellbeing is everyone's right and responsibility, there is ongoing work to establish clear roles and responsibilities for the system to effectively address the health and performance needs of its athletes.

For the purposes of this document, the terms athlete mental health and wellbeing broadly refer to similar concepts in relation to this approach. Operational definitions can be found in Appendix A.

SECTION 1:
BACKGROUND AND PURPOSE

As a starting point for developing this approach, it is valuable to first understand the nature and prevalence of mental health issues. Data published by the World Health Organization (WHO, 2021a) provides valuable insight to the overarching state of population mental health for youth and adolescents.

- Globally, one in seven 10 to 19-year-olds experiences a mental disorder, accounting for 13% of the global burden of disease in this age group.
- Depression, anxiety, and behavioural disorders are among the leading causes of illness and disability among adolescents.
- Suicide is the fourth leading cause of death among 15 to 29-year-olds.
- The consequences of failing to address adolescent mental health conditions extend to adulthood, impairing both physical and mental health and limiting opportunities to lead fulfilling lives as adults.

(World Health Organization, 2021a)

Up to 50% of mental health issues in adults emerge before 14 years of age (WHO, 2021b), and the WHO 2022 World Mental Health Report highlights the extent to which mental health conditions are widespread (1 in 8 live with a mental health condition), undertreated (71% of people with psychosis do not receive mental health services) and under-resourced (2% of health budgets, on average, go to mental health) (see also Institute for Health Metrics and Evaluation, 2019; WHO, 2021b).

New Zealand has the second highest youth suicide rate in the developed world, and 1 in 5 youth will experience a mental health issue before reaching adulthood, almost twice the average rate. Within sport, Beable et al. (2017) found that 21% of elite athletes met the criteria for moderate symptoms of depression, based upon findings from a cross-sectional survey of elite athletes aged 18 years or older from High Performance Sport New Zealand (HPSNZ).

The rates of illness and loss of life associated with mental illness can be mitigated by early identification and intervention. At individual, community and organisational levels, approaches to mental health prevention may include:

- Developing sector awareness
- Increasing personal awareness and skills
- Establishing robust mechanisms to identify early warning signs and respond appropriately
- Having access to and using expertise
- Ensuring adequate resources
- Evaluating, monitoring and providing early detection.

(WHO, 2021a)

This current approach highlights opportunities to progress collective understanding and develop a consistent strategy to optimising mental health and performance for athletes throughout their career.

Athlete Mental Health and Performance

An athlete's readiness to perform relies on the intricate balance between their physical and mental state. Sporting environments have traditionally addressed these as separate entities, rather than two halves of a whole. The over emphasis on physical preparation has perpetuated the stigma around mental factors with psychological influences poorly understood, not valued or ill-addressed.

High profile athletes are increasingly sharing stories of a mental health burden and its impact on their sporting and non-sporting lives, and it is clear elite and elite development pathway athletes are not immune to the growing incidence of mental health issues in modern society. For example, there can be challenges associated with progression, transitions and additional pressures of international competition that may magnify emotions, and if the associated mental factors are ignored, then this may result in an incomplete preparation with risk of progressive health issues.

Compounding the picture for emerging athletes are the rates of mental ill-health for youth and adolescents. Mental disorders have their peak of incidence during the transition from childhood to young adulthood, with up to 1 in 5 people experiencing clinically relevant mental health problems before the age of 25 (Kessler et al., 2005). This is relevant for athletes as this may coincide with their transition into high performance environments.

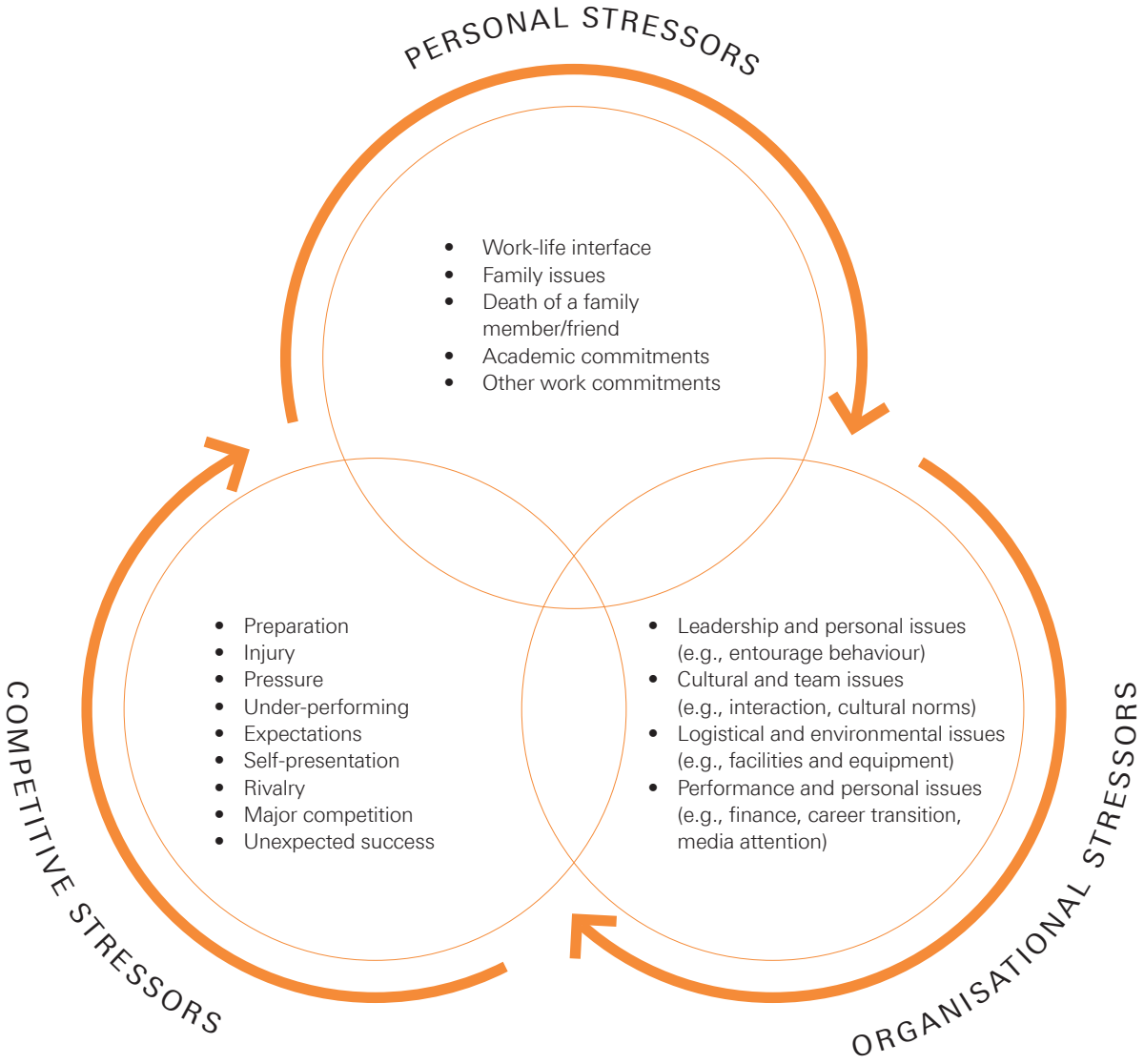
The potential consequences leading into adulthood are directly proportionate to those for athletes (Gouttebarge et al., 2019), with the demands of high performance sport additionally requiring unique, dedicated support to promote athlete mental health. One in three athletes may experience mental health symptoms, such as stress, anxiety, depression, unhealthy eating patterns, insomnia, alcohol or drug misuse, during their career (Reardon et al., 2019), and this finding is similarly supported by a systematic review and meta-analysis conducted by Gouttebarge et al. (2019) which highlighted that 26% of former athletes reported symptoms of anxiety and depression.

In a 2022 analysis of 400 elite athletes within the New Zealand high performance system, 7% were found to be suffering from moderate to extremely severe symptoms of depression and/or stress, and 17% reported moderate to severe symptoms of anxiety. Clinically relevant symptoms of anxiety were two times more common in female athletes (Winther, 2023).

In supporting NSOs to deliver an end-to-end pathway in the New Zealand sporting system, a prevention and early intervention model presents an opportunity to monitor and address issues early before they become established. Key to this approach, comprehensive care should include a range of qualified health professionals to provide an adequate community of support (cf. Chang et al., 2020; Colizzi et al., 2020).

The International Olympic Committee published the IOC Mental Health in Elite Athletes Toolkit (IOC Mental Health Working Group, 2021) capturing the wide range of stressors and environmental factors that are present in high performance sporting environments.

Citing Sarkar and Fletcher (2014) who identified three categories of competitive, personal and organisational stressors, the toolkit provides the following examples of high performance sport stressors.



The presence of multiple stressors can impact an athlete's ability to train, and if these are sustained over time without support, they can impact on the ability to function in life and sport.

Raising awareness of the impact of mental stressors can help athletes understand and manage their mental fatigue and mental recovery. This increased awareness can help to improve focus, attention and emotional regulation required for sustained healthy performance.

The Mental Health Continuum Model (Appendix B), based on the work of Nash (2011), presents a validated approach by which athletes can better understand and recognise a change in their mental state. The continuum of mental illness to mental wellbeing and thriving in performance is not linear, but it provides a model to help raise awareness of the normal spectrum of fluctuations in mental state.

Individuals may experience transient or longer lasting symptoms from across the spectrum. As an athlete, being able to recognise the fluidity of emotional states, to demystify mental health with greater understanding and enhanced self-awareness are important factors in reducing stigma, addressing issues and proactively seeking expert help.

The Mental Health Continuum Model may also afford an opportunity for other members of the coaching and support team to recognise a sustained change in an individual, and in doing so can more readily identify and refer to specialist care for an emerging mental health issue.

Elite sporting environments have variable levels of support and expertise, and this can result in a lack of role clarity and fragmented delivery of support. Using a standardised approach, such as the Mental Health Continuum Model, can offer a consistent method agnostic of any organisational complexity to help reduce barriers for athletes, mitigate ambiguity and accelerate access to specialist support.

The Impact of Environment on Athletes

Central to the approach is an ecological systems framework and recognition of the athlete-environment interaction (cf. Woods et al., 2020), whereby environments that promote a holistic approach to athlete development, incorporating physical, psychological and social factors, are able to optimally support athletes and respond in a coordinated and collaborative manner.

As outlined in the figure below, Purcell et al. (2019) articulated a comprehensive framework for athlete mental health represented through an ecological systems lens. This model emphasises the need for contextual understanding of the wider high performance sport 'ecology', noting the critical role of coach, family, community, sport and broader system support for athletes.

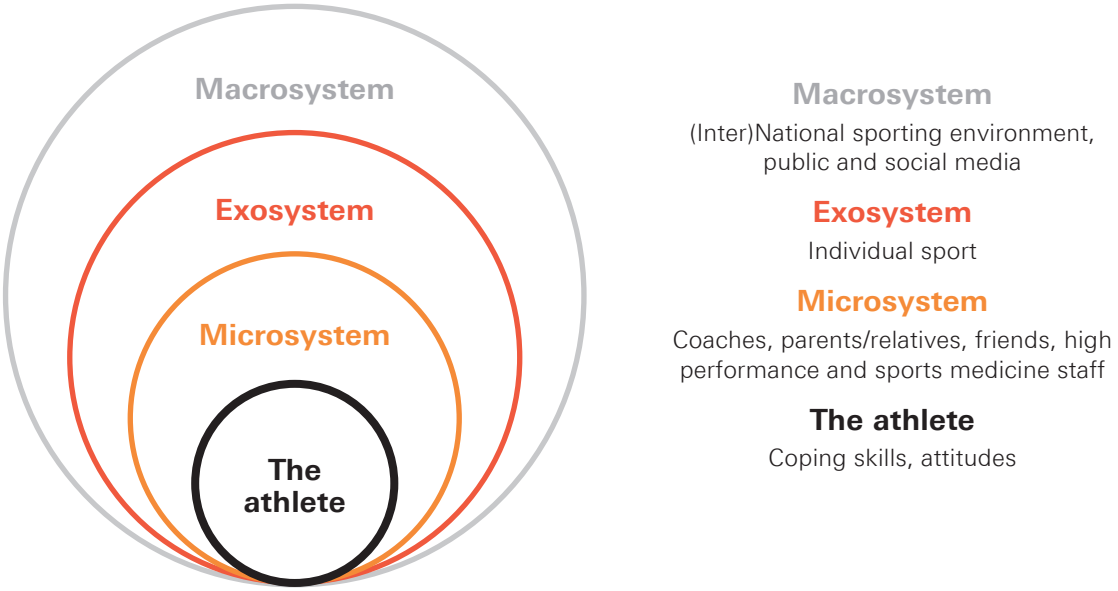


Figure 2. An ecological systems model for elite athlete mental health (Purcell et al., 2019).

Elite sporting environments can foster a preventative approach, with a focus on interdisciplinary health promotion that mitigates some of the risk factors commonly associated with early onset of mental health symptoms.

In considering these factors and applying a New Zealand Aotearoa lens, Sir Mason Durie's Te Whare Tapa Whā model (Durie, 1998) describes individual wellbeing as the four walls of a house, each wall depicting one of the four dimensions of physical, spiritual, emotional and mental wellbeing. This model, originally designed to be applied to health settings, provides a unique framework in the context of sporting environments as a holistic approach to recognising the factors that influence an athlete's wellbeing and similarly impact on their ability to perform on the world stage. It is important to note here that there are other established cultural health models, and the extent to which this or another model may resonate with individuals will vary.

The HPSNZ Wellbeing Framework and Guidelines, developed in consultation with Sport New Zealand's Kāhui Rautaki Māori, exemplifies a narrative grounded in Te Whare Tapa Whā to articulate what wellbeing means to us in our unique part of the world.

As shown in the figure below, which is taken from the HPSNZ Wellbeing Framework, Mental and Emotional Health comprises one of the four dimensions deemed essential to holistic health and wellbeing.

TAHA WHĀNAU

FAMILY HEALTH

The capacity to belong, to care and to share where individuals / collectives are part of wider social systems

Taha Whānau underscores the coaches or athlete's support network.

Strong family bonds, camaraderie with teammates, and a sense of belonging within the high performance community provides the vital foundation for emotional stability, encouragement, and shared achievement.

TAHA WAIRUA

SPIRITUAL HEALTH

The capacity for cultural belief systems, faith and wider communication

Taha Wairua involves cultivating a strong sense of purpose, mental resilience, and alignment with our personal, organisational and sport's core values. Connecting with a deeper sense of meaning can fuel motivation, aiding coaches and athletes alike in overcoming setbacks and maintaining focus.

This dimension determines who and what we are, where we have come from, and where we are going.

TAHA HINENGARO

MENTAL AND EMOTIONAL HEALTH

The capacity to communicate, to think and to feel

Elite sports demand a robust mental and emotional resilience. Taha Hinengaro encompasses mental fortitude, emotional balance, and stress management.

We must develop strategies to handle pressure, cope with high-stakes situations, and maintain a positive mindset for consistent peak delivery and performance.

TAHA TINANA

PHYSICAL HEALTH

The capacity for physical growth and development

Taha Tinana emphasises the body's vitality, health, and balance. Proper care, exercise, and nutrition are central to optimising physical condition, allowing individuals and collectives to engage fully in daily life and pursue their aspirations.

Figure 3. Diagram of Te Whare Tapa Whā as applied to Wellbeing in the high performance sport system (taken from HPSNZ Wellbeing Framework and Guidelines, 2023).

Taken as a whole, the approach incorporates key tenets drawn from what we currently know about mental health broadly, and athlete mental health and performance, both globally and nationally, in alignment with our published wellbeing framework.

The next section outlines our integrated athlete mental health and performance framework which embodies this knowledge.

SECTION 2:
ATHLETE MENTAL HEALTH AND PERFORMANCE FRAMEWORK

A HEALTHY HIGH PERFORMANCE SPORT SYSTEM

Enable athletes to thrive through comprehensive mental health

Develop enriching performance environments that empower and support athletes to optimise their potential and enhance their ability to thrive in sporting and non-sporting lives

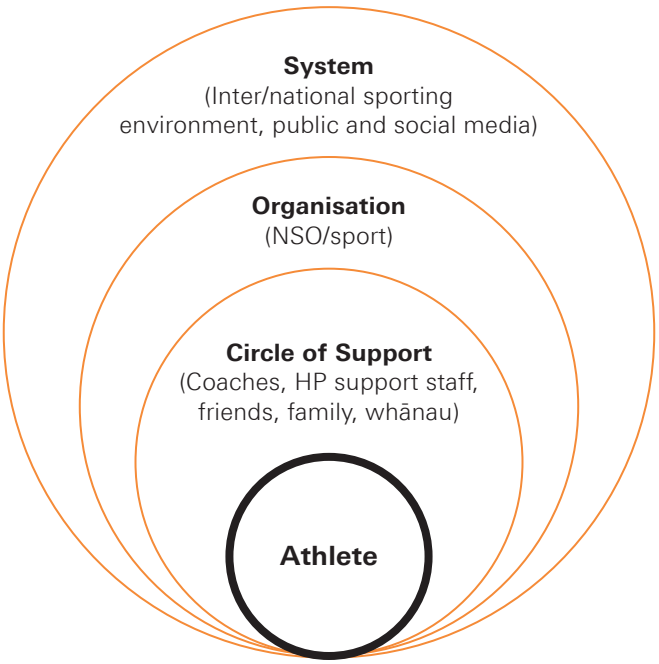
Focus Areas

- Awareness and Education
- Evaluation and Early Intervention
- Response and Specialist Care

Wellbeing Principles

- Transparency
- Inclusion
- Continuous Growth

Athlete Ecological System Contributing Factors to Mental Health[1]



Strategic Objectives

- Strengthen effective leadership and implementation of policy and process of mental health within sporting environments
- Implement strategies for mental health awareness, health promotion and risk prevention in HPEs[2]
- Promote HP system evaluation, understanding and implementation of athlete mental health data to enhance health and performance.
- Enhance access to comprehensive, integrated, and responsive mental health services in HPEs

1 Adapted from Purcell et al. (2019).

2 HPEs = High performance environments.

SECTION 3: FOCUS AREAS

As illustrated in Section 2, the Athlete Mental Health and Performance approach specifies three focus areas of Awareness and Education, Evaluation and Early Intervention, and Response and Specialist Care. These areas, underpinned by the core wellbeing principles (transparency, inclusion, continuous growth), guide understanding about the wider athlete ecosystem in relation to mental health and wellbeing which, in turn, informs the four strategic objectives and prioritisation of supporting work.

The overarching framework represents a prevention-focussed approach whereby resource is ideally concentrated on awareness and education, with the goal of progressively less resource required for response and specialist care due to mental health and wellbeing needs being proactively supported.

High level system objectives aligned to each of the three focus areas are as follows:

1. Awareness and Education

- Raise system-wide awareness, knowledge and capability to enable effective recognition and timely responses to athletes with mental health considerations, appropriate to role and responsibility.
- Create performance environments that enable athletes to thrive so they can effectively advocate for support to mitigate and address mental health issues.
- Foster psychologically safe environments, open conversation and encourage help-seeking.

2. Evaluation and Early Intervention

- Systematically gather and apply data from routine athlete monitoring that identifies athlete issues early and continually enhances system learning.
- Collect long-term prospective athlete mental health data to facilitate risk mitigation, and enable informed and targeted approaches to interventions, resources and education.

3. Response and Specialist Care

- Ensure specialist mental health care (e.g., clinical psychologist, psychiatrist) is accessible, responsive to demand and capable of providing the required interventions and outcomes in a timely manner.

The three focus areas and their respective system objectives are supported by relevant, empirically based principles and measurement, which is essential for informing prioritisation of programmes needed to support the delivery of this approach by NSOs and HPSNZ.

Extending on the above focus areas and system objectives, Appendix C outlines in greater detail four strategic objectives that align to these areas, including targets, indicators, sources of information and considerations that reflect our high performance system.

The targets established provide the basis for measurable collective action and progress and should facilitate information that can guide NSOs in the development and implementation of their own strategic goals to promote mental health for athletes across the sector. Indicators for measuring progress toward defined targets of our 2024–2028 system approach to athlete mental health and performance in sport represent the reporting needs the New Zealand sporting system requires to adequately monitor mental health policies and programmes.

In recognition of the evolving landscape and continuous growth in this space, the information that is detailed in Appendix C will be reviewed and reported on annually.

SECTION 4: SUMMARY

This document outlines a systems approach to athlete mental health and performance in sport, including general background and purpose, contextualised factors for elite sport, and a framework to guide work and resources. Three key focus areas and overarching systems objectives are identified, and these are supported by four strategic objectives that are aligned to them via specified targets, indicators, sources of information and considerations that reflect our high performance system.

The background section importantly highlights the notion that, on the one hand, elite athletes have access to a wide variety of support, yet on the other hand they are clearly not immune to the mental health challenges faced by age-matched individuals in society. As in wider society, the stigma in elite sport remains a critical barrier for athletes, leading to the under-recognition of mental ill-health, poor awareness, variable evaluation, and lack of prevention and intervention efforts. A better understanding of the brain and its influence on an individual will shift us closer to reduction of stigma and acceleration of health and performance outcomes.

The approach described in this document provides a robust platform for holistic and integrated support, moving away from traditional approaches in sporting environments where mental and physical aspects of athlete preparation are separately considered and/or life and sport are individually compartmentalised.

This refreshed approach supports the New Zealand sporting system to navigate mental health in elite athletes while preparing them more comprehensively for the mental and physical rigours they will encounter. HPSNZ will work in partnership with NSOs in the implementation of this approach. This partnership includes supporting the good work already occurring alongside providing assistance for identification of new initiatives. Implementation will be actioned through NSO investment, wellbeing programme funding, psychology team support, and facilitated access to relevant expertise.

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Appendix A:
Glossary of Terms

Clinical Psychologist

Licensed/registered mental health professional with recognised clinical psychology competence, education and training in accordance with the outlined Scopes of Practice | NZ Psychologists Board.

Health (WHO)

Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

Mental Health (WHO)

Mental health is a state of wellbeing in which an individual realises his or her [their] own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her [their] community.

Mental Health Condition (WHO)

Clinically diagnosed conditions which produce significant and persistent changes in a person's thinking, emotions and behaviours that are associated with significant distress and/or disability in social, occupational or other activities like learning, training or competing.

Mental Health Continuum

A model that describes the range of mental health symptoms that all individuals may experience throughout their lives. It is not linear and can fluctuate depending on the environment, context, and other contributing factors. Describing it in this way can develop a deeper awareness of individual responses, emotions and behaviours and their impact on actions and interactions in life.

Mental Health Disorder (IOC)

A mental disorder is characterised by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour. It is usually associated with distress or impairment in important areas of functioning.

Mental Health Symptoms (IOC)

Self-reported negative patterns of thinking, emotions and behaviours that may cause distress and/or interfere with function including ability to train and compete.

Psychiatrist

Specialist medical doctors who are experts in mental health with recognised competence, education and training in accordance with The Royal Australian & New Zealand College of Psychiatrists.

Wellbeing

Wellbeing (Hauora) in high performance sport is multidimensional and reflects the achievement of sport and life satisfaction; thriving in sport and life; self-acceptance as an athlete and individual; positive relationships with your coach, teammates and others; autonomy in sport practice and life; sport and life environmental mastery; purpose in sport and life; personal growth as an athlete and individual; and, social wellbeing in sport and life, including social acceptance, actualisation, contribution, coherence and integration.

Appendix B:
Mental Health Continuum Model

HEALTHY	REACTING	INJURED	ILL
• Normal fluctuations in mood • Takes things in stride • Good sense of humour • Consistent performance • Physically and socially active • Confident in self and others • Drinking in moderation	• Nervousness, irritability • Sadness, overwhelmed • Displaced sarcasm • Procrastination • Forgetfulness • Trouble sleeping • Low energy • Muscle tension, headaches • Missing an occasional class or deadline • Decreased social activity • Drinking regularly or in binges to manage stress	• Anxiety, anger • Pervasive sadness, tearfulness, hopelessness, worthlessness • Negative attitude • Difficulty concentrating • Trouble making decisions • Decreased performance, regularly missing classes/deadlines, or over work • Restless, disturbed sleep • Avoidance, social withdrawal • Increased use of alcohol - hard to control	• Excessive anxiety • Panic attacks • Easily enraged, aggressive • Depressed mood, numb • Cannot concentrate • Inability to make decisions • Cannot fall asleep/stay asleep • Constant fatigue, illness • Absent from social events/classes • Suicidal thoughts/intent • Unusual sensory experiences (hearing or seeing things) • Alcohol or other addiction
ACTION: **Nurture support systems**	ACTION: **Recognise limits, take breaks, identify problems early, seek support**	ACTION: **Tune into own signs of distress Talk to someone, ask for help Make self-care a priority Don't withdraw**	ACTION: **Seek professional care Follow recommendations**

Adapted from Nash (2011)

Appendix C:
Strategic Objectives for Athlete Mental Health and Performance

This appendix outlines in greater detail four strategic objectives that align to the three focus areas (Awareness and Education, Evaluation and Intervention, and Response and Specialist Care) in the Athlete Mental Health and Performance Framework referenced in Sections 2 and 3. The format of the objectives is based on the structure used for the WHO Comprehensive Mental Health Action Plan 2013-2030 (WHO, 2021a), with contextual adaptation for targets, indicators, sources of information and considerations to reflect our high performance system. In particular, the strategic objectives specify the call for action to:

1. **Strengthen effective leadership and implementation of policy and process of mental health within sporting environments.**
2. **Implement strategies for mental health awareness, health promotion and risk prevention in HPEs.**
3. **Promote HP system evaluation, understanding and implementation of athlete mental health data to enhance health and performance.**
4. **Enhance access to comprehensive, integrated, and responsive mental health services in HPEs.**

As previously mentioned, leadership across all organisations in the sporting system must be engaged and actively driving the approach in their respective sporting environments, as this will be critical to the success of the approach and meeting these objectives.

Investment across the system to meet these objectives will be a consideration through the high performance planning process with NSOs. Implementation of this approach will be done via NSO investment, Wellbeing Programme funding, Psychology team support and access to relevant expertise.

It is important to note that sources of information related to specific measures may slightly vary across NSOs (e.g., the Wellbeing Scan is provided as a measurement option).

The measures will be reviewed and reported on annually and adjusted accordingly.

The primary measurable objectives represent systemic, strategic, access-related and evaluative focal points as follows:

Objective 1.

Strengthen effective leadership and implementation of policy and process of mental health within sporting environments.

National Target 1.1	80% of podium sport NSOs and peak bodies will be implementing annual mental health training/awareness/promotion modules into staff and athlete programmes by 2028.
Indicator	Athlete mental health is included in all NSO high performance strategic plans as a key component of wellbeing, and both mental and physical health are fully and equally prioritised.
Sources of Information	NSO Wellbeing Scan NSO Health Checks HP Investment Process
Considerations	Implementation will be adapted according to context. Roles and responsibilities of stakeholder groups will support psychologically supportive sporting environments. Awareness and engagement are necessary for relevant stakeholder groups about mental health, including individual and organisational responsibilities in relation to the implementation of policy, practice, and regulations. Inclusion and representation of athletes and stakeholders is prioritised so they can influence design, planning and implementation. *Other items to factor include:* 1. Allocation of human/financial resources. 2. Ways of monitoring impact of awareness training (MH101) that reduces stigma and facilitates early interventions. 3. Use of holistic approaches for information sharing and individual case management. 4. Assuring clarity of scope, professional standards and ethical practice across mental health and performance support services. 5. De-stigmatisation through sharing of stories, open communications, athlete voice. 6. Proactive measures to foster inclusivity with shared values and increased transparency in organisational decision making. 7. Establishment or strengthening of supervised clinical training for prospective mental health professionals across the high performance sporting network of practitioners. 8. Attraction, retention and development of a capable mental health workforce in sport and performance. 9. Collaboration with academic institutions and other sectors (health, education, defence) to improve recruitment and retention of persons from various backgrounds to amplify athlete voices and diversify the mental health workforce and leadership.

Objective 2.

Implement strategies for mental health awareness, health promotion and risk prevention in high performance environments.

National Target 2.1	80% of podium sport NSOs and peak bodies have embedded support from a skilled workforce (e.g., relevant experts and service deliverers, employed by HPSNZ and/or NSOs) delivering mental health prevention programmes that are integrated alongside other wellbeing initiatives in daily training environments by 2028.
Indicators	Contributing factors and stressors of mental health are measured, known, and actioned by NSO leaders in the tailoring of interventions. Athletes can identify factors and stressors of mental health and know how to access care when needed. Available data is used to guide training (e.g., individual sport/team sport, gender specific, transitions, selections).
Sources of Information	Wellbeing funding applications NSO HP plans NSO Health Checks NSO Wellbeing Scan
Considerations	Training includes suicide prevention, mental health awareness/de-stigmatisation, and mental health promotion in the workplace. There are enhanced forums for sharing information, such as social media channels, websites and blogs. Relevant sectors and stakeholders are actively engaged with, and consensus is sought when planning, developing and implementing strategy and services relating to health, including sharing knowledge about effective mechanisms to improve coordinated policy and care across formal and informal sectors.

Objective 3.

Promote HP system evaluation, understanding and implementation of athlete mental health data to enhance health and performance.

National Target 3.1	100% of TAPS athletes feel empowered to make their own decisions about the impact of mental health on life and sport.
National Target 3.2	80% of TAPS athletes can use data to make informed decisions (engaging in self-care) about their individual readiness for life and sport.
National Target 3.3	80% of invested NSOs understand their cohort of TAPS athletes and can target resources to reflect those needs assessments (e.g., they know the greatest stressors and can support athletes in a timely and appropriate manner).
Indicators	A central repository is established for storage and analysis of athlete mental health data to enable reporting to all invested NSOs by 2028. Wellbeing and performance data are aggregated in parallel to be used collectively with athlete mental health data to enable reporting to all invested NSOs by 2028.
Sources of Information	Athlete Readiness Tracker (app) Periodic Health Evaluation (PHE) Transition interviews (in, through and out) Wellbeing Scan Athlete Individual Performance Plans (IPPs)
Considerations	Critical athlete stressors are measured, reported and targeted. Measures readily highlight both general (e.g., age, gender, financial, environmental) and specific (e.g., individual sport/team sport/ injury/ performance /media) indicators.

Objective 4.

Enhance access to comprehensive, integrated, and responsive mental health services in high performance environments.

National Target 4.1	100% of TAPS athletes will have access to a skilled workforce for mental health by 2028.
National Target 4.2	100% of invested NSOs will incorporate mental health and psychosocial preparedness for critical incidents within organisational risk planning by 2028.
Indicators	NSOs articulate their systems in place for mental health and psychosocial preparedness for emergencies/critical incidents Athletes with known mental health issues know how to access help Athletes are seeking help due to increased awareness and communication based on data from multiple information systems, such as athlete mental health data from screening reports Athletes are aware of and can identify indicators of their own mental readiness for sport and life Athletes can articulate resources and how to access help
Sources of Information	NSO Wellbeing Scan NSO Health Check Athlete Readiness Tracker (app) Periodic Health Evaluation (PHE)
Considerations	The NZ sporting system must be equipped to offer flexible approaches to athletes seeking help. *Other items to factor include:* 1. Access to embedded psychology support from skilled practitioners who can manage the spectrum of mental health conditions seen in the daily training environment in centralised environments or where athletes are training full-time. 2. Provision of support services which range from embedded Athlete Performance Support – including interdisciplinary teams and embedded psychologists with clinical and sport competencies and medicine – to external services (EAP, INSTEP), including specialist clinical psychology services, psychiatry on referral, and acute crisis units and other primary care centres. 3. Development of sport and cohort specific programmes and services. 4. Engagement with athletes, allied health, coaching and family members and/or carers with practical tips to recognise and refer mental health issues. 5. Use of evidence-based innovative approaches to provide psychological support at scale (for example, collaborative and stepped-care approaches). 6. Expansion of reach of educational tools with technology, such as Sports Tutor, to create remote learning as part of a stepped-care system. 7. Development of capacity, policies and operational procedures for remote delivery of services (for example, telehealth) and use digital health solutions to support practitioners in providing care where feasible. 8. Deployment and use of validated neurotechnologies that allow for safe remote treatment and monitoring of progress between direct face-to-face meeting with psychologists.