Sheffield Hallam University

Elite Athlete Wellbeing Programmes at the UKSI: Understanding Culture, Delivery and Change

LODGE, Michael Brian

Available from the Sheffield Hallam University Research Archive (SHURA) at:

https://shura.shu.ac.uk/37869/

A Sheffield Hallam University thesis

This thesis is protected by copyright which belongs to the author.

The content must not be changed in any way or sold commercially in any format or medium without the formal permission of the author.

When referring to this work, full bibliographic details including the author, title, awarding institution and date of the thesis must be given.

Please visit https://shura.shu.ac.uk/37869/ and http://shura.shu.ac.uk/information.html for further details about copyright and re-use permissions.

Elite Athlete Wellbeing Programmes at the UKSI: Understanding Culture, Delivery and Change

Michael Brian Lodge

A thesis submitted in partial fulfilment of the requirements of Sheffield Hallam University for the degree of Doctor of Philosophy

November 2025

Candidate Declaration

1. **I have not been enrolled for another award of the University, or other academic or professional organisation, whilst undertaking my research degree.**

2. **None of the material contained in the thesis has been used in any other submission for an academic award.**

3. **I certify that this thesis is my own work. The use of all published or other sources of material consulted have been properly and fully acknowledged. I confirm that I have sought and obtained copyright permission for any third party materials included in this thesis.**

   I used AI at AITS 2 (AI for Shaping) of the Artificial Intelligence Transparency Scale (AITS). I acknowledge the use of Microsoft Copilot https://copilot.microsoft.com/ to check the spelling and grammar in all sections of my thesis.

4. **The work undertaken towards the thesis has been conducted in accordance with the SHU Principles of Integrity in Research and the SHU Research Ethics Policy, and ethics approval has been granted for all research studies in the thesis, as shown in the table below.**

Ethics review reference number	Title of research study	Approval date
Sheffield Hallam University Health and Wellbeing Research Ethics Committee (Converis ID: ER52574545)	Exploring Elite Athlete Wellbeing at the UKSI: Understanding Culture, Delivery and Change	26th September 2023

5. **The word count of the thesis is 81075**

Name	**Michael Brian Lodge**
Award	**Doctor of Philosophy (PhD)**
Date of Submission	**11/12/2025**
College	**SPARC**
Director of Studies	**Dr. Jack Black**
Secondary Supervisor	**Dr. Elysa Ioannou**

Abstract:

This thesis documents a programme of research conducted within the UK Sports Institute (UKSI) between 2021 and 2025 which explored how wellbeing is understood, delivered, and experienced within an elite sport environment. The research was prompted by growing recognition that athlete welfare and sustainable performance are interdependent, and by the need to evaluate how strategic wellbeing frameworks are translated into everyday practice. The work focused on the Mental Health Awareness and Mental Health Champions programmes, together with the four wellbeing pillars of Communication, Education, Provision, and Assurance. The philosophical foundations of the study are informed by an idealist and constructivist orientation, viewing wellbeing as a socially produced and contextually embedded phenomenon. The research adopted a single-phase qualitative design using focus groups with practitioners across leadership, delivery, and commissioning roles. Thematic analysis provided the interpretive framework for examining how policy ambitions were negotiated, adapted, and enacted within the organisational culture of the UKSI. Across the focus groups, wellbeing initiatives were found to have legitimised mental health and fostered a shared language across the system. However, access across the organisation remained uneven, with variable access, limited athlete involvement, and underdeveloped feedback structures. The analysis reveals that while progress has been significant, implementation continues to rely on individual leadership, discretionary effort, and contextual commitment rather than consistent organisational reinforcement. The coherence of this research lies in its examination of how institutional ambition translates into lived practice. By situating practitioner perspectives at the centre of analysis, the study contributes to academic understanding and applied debate on the future of wellbeing in elite sport. It concludes that sustained progress requires stronger structural alignment, reflexive evaluation, and genuine inclusion of athlete voice in the design and governance of wellbeing provision.

Structure of the Thesis

Chapter One introduces the study by situating the research within the context of elite sport and outlining the growing importance of wellbeing as both a policy and practice concern. It presents the core aims of the project, explains the rationale for focusing on practitioner perspectives within the UKSI, and highlights the potential contribution of the study to academic debates and applied practice. In doing so, this chapter sets the scene for why the evaluation of organisational wellbeing programmes requires critical and sustained attention.

Chapter Two offers a comprehensive literature review of existing research related to athlete wellbeing and support programmes. It critically analyses previous studies, identifying key themes, debates, and gaps in the evidence base. This chapter also outlines the theoretical and conceptual frameworks that underpin the study, drawing attention to the cultural and structural dynamics that shape wellbeing in high-performance sport. By doing so, it establishes the foundation for examining the UKSI's wellbeing programmes.

Chapter Three details the methodology and methods adopted in the research. It sets out the philosophical stance and research design, providing justification for the use of qualitative focus groups as the primary data collection method. The chapter explains the sampling strategy, participant selection, and the procedures followed to ensure ethical practice. It also outlines the analytic approach, drawing on Braun and Clarke's thematic analysis, and considers the strengths and limitations of this method for capturing practitioner perspectives within a high-performance environment.

Chapter Four through Eight presents the findings and discussion, bringing together the voices of UKSI practitioners with insights from the literature. This chapter analyses the strengths and limitations of the organisation's wellbeing initiatives and explores the challenges of embedding support across elite sport. By thematically analysing practitioner reflections, the discussion highlights the gaps between strategic ambition and delivery, as well as the opportunities for refinement and cultural change. In doing so, the chapter situates the UKSI case study within wider debates about wellbeing in sport.

Chapter Nine concludes the thesis by synthesising the main findings and drawing together the threads that run across the study. It reflects on how the research addresses the stated aims and clarifies its contribution to both scholarship and applied practice and demonstrates the value of centring practitioner perspectives in the evaluation of wellbeing initiatives. The chapter also considers the wider significance of the findings for the future of athlete wellbeing in high-performance environments and highlights areas where further inquiry is warranted.

Contents

1.0 Chapter one: Introduction

1.1. Contextual Background

The wellbeing of athletes and support staff has become a central concern in high performance sport, reflecting recognition that the pursuit of excellence can both support and compromise those working within systems of pressure and expectation. While performance has long been prioritised, there is now growing acceptance that sustainable success depends on safeguarding psychological, physical and social welfare (Fletcher and Wagstaff, 2009; Henriksen et al., 2020). This reflects a broader shift toward environments that seek to balance achievement with holistic care.

Despite this, embedding wellbeing within elite sport remains contested. Organisational demands, resource constraints and ingrained assumptions about resilience continue to shape how wellbeing is interpreted and delivered. In many environments, mental toughness remains closely tied to success, and individuals may hesitate to seek support due to perceived risks to selection, reputation or opportunity.

Against this backdrop, the UK Sports Institute provides a pertinent case through which to examine how wellbeing principles are translated into practice. Established in 2002 to coordinate scientific and medical support across Olympic and Paralympic sport, it represents a centralised model of athlete provision within the national high-performance system. Its development reflects increasing recognition of the relationship between athlete welfare and sustained performance.

Over time, the organisation has expanded its approach to include mental health, lifestyle and personal development provision. This reflects a broader shift toward more integrated models of care within elite sport. However, as with other high-performance environments, tensions remain between strategic ambition and everyday delivery, particularly in relation to cultural expectations, practitioner confidence and the perceived place of wellbeing within performance systems.

The UK Sports Institute therefore provides a valuable context through which to examine how wellbeing is conceptualised and enacted in practice. Understanding how practitioners

navigate these tensions offers insight into the broader challenge of embedding wellbeing within high performance sport.

This thesis explores how wellbeing is interpreted and operationalised by practitioners within the organisation, with a particular focus on how strategic priorities are translated into everyday practice.

1.2. Embedding Wellbeing within High Performance Systems

Structured wellbeing systems have become an increasing priority within elite sport, reflecting a shift from broad endorsement toward more formalised approaches to mental health and athlete care. Organisations are now seeking to embed wellbeing within the everyday realities of performance environments through coordinated provision, education and practitioner support.

A central challenge lies in ensuring that these systems operate in alignment with performance demands rather than in tension with them. Effective approaches require wellbeing to be integrated into daily practice, where it becomes a routine aspect of preparation and support rather than a reactive or peripheral service. This raises important questions about how such systems are interpreted, implemented and sustained within complex performance environments.

The UK Sports Institute provides a valuable context in which to examine this shift. Its approach positions wellbeing as part of the broader performance infrastructure, bringing together education, practitioner development and clinical provision within a coordinated model of support.

Despite these developments, less is understood about how such systems function in practice. In particular, there is limited insight into how practitioners engage with wellbeing structures, how consistently they are applied and how organisational culture shapes their delivery. This study addresses this gap by examining how wellbeing is understood and operationalised by practitioners within the UK Sports Institute.

1.3. From Cultural Review to Strategic Reform: The Evolution of Wellbeing at the UKSI

Following the 2016 Olympic and Paralympic Games in Rio de Janeiro, concerns about athlete wellbeing and organisational culture prompted a series of internal reviews. Among these, the 2017 UK Sport Culture Health Check revealed that 24 percent of Olympic and Paralympic athletes were dissatisfied or very dissatisfied with the mental health provisions available within their programmes. This finding exposed a significant gap between strategic commitments to welfare and the lived experiences of athletes.

In response, the UKSI convened the original Mental Health Expert Panel (MHEP), a multidisciplinary group tasked with assessing the existing system and shaping a more coherent approach to mental health support. Working collaboratively across psychological, medical, and performance disciplines, the panel developed a structure that could embed wellbeing within the core functioning of the organisation. Finalised in 2018, this framework centred on four interconnected pillars—Communication, Education, Provision, and Assurance—each designed to contribute to a sustainable, system-wide model of care. Rather than operating as isolated initiatives, these pillars represented the conceptual foundations of an organisation seeking to align its duty of care with the realities of elite performance.

1.3.1. Structuring Support: The Four Pillars of the UKSI Wellbeing Framework

The Four Pillars framework articulated the UKSI's intention to embed mental health within organisational culture and operational practice, aiming to shift wellbeing from a reactive or individualised concern to a shared and structural responsibility. The Communication pillar sought to reshape dialogue around mental health by increasing visibility, normalising open discussion, and reducing barriers to access, positioning communication as the foundation of cultural change. The Education pillar focused on developing the knowledge and confidence of staff to recognise, discuss, and respond appropriately to wellbeing concerns, while clarifying ethical boundaries and professional responsibilities. The Provision pillar addressed the accessibility and quality of psychological support, promoting preventive and responsive care aligned with the demands of performance. Finally, the Assurance pillar introduced mechanisms for evaluation and accountability, supporting reflective practice, data informed decision making, and continuous organisational learning. Together, these pillars outlined a

model for integrating cultural, educational, and clinical elements of mental health provision, representing a deliberate move from symbolic advocacy toward embedded practice. The extent to which these ambitions were achieved, however, depended on how effectively they were translated into lived professional practice, a question explored through the perspectives and experiences of practitioners in this study.

1.3.2. Structure and Delivery of the UKSI Wellbeing System

The introduction of the Four Pillars framework was followed by the establishment of a dedicated Mental Health Team to lead its implementation across the UKSI's performance network. This marked a transition from conceptual reform to embedded practice, translating strategic ambition into coordinated systems of support. The Mental Health Team worked alongside the original MHEP, which continued to provide guidance on policy development, workforce education, and the integration of wellbeing into everyday operations (Cumming and Ranson, 2021).

This structure was designed to connect culture, education, and clinical care within a unified system of athlete and staff support. The UKSI recognised that meaningful wellbeing could not be achieved through specialist provision alone; it required a workforce confident in addressing mental health as an ordinary aspect of professional practice. This rationale aligns with the view of Reardon et al. (2019), who contend that sustainable athlete wellbeing depends on the alignment of psychological care with performance readiness. Complementing this, Fletcher and Wagstaff (2009) propose that safeguarding mental health is most effective when responsibility is shared across the organisation rather than confined to individual practitioners. Drawing upon these principles, the UKSI sought to establish an environment in which awareness, early intervention, and open dialogue were integrated into the everyday rhythm of performance work.

Training was developed for staff across disciplines—including coaches, performance lifestyle practitioners, medical teams, and operational leads—to build a shared language and collective confidence in supporting wellbeing. This cross-disciplinary approach aligns with Henriksen et al. (2020), who describe psychologically safe environments as those characterised by open communication and mutual respect. By positioning mental health

awareness as a standard element of good practice, the UKSI sought to reduce stigmatization of ill mental health and embed wellbeing literacy throughout its network.

To ensure these principles were grounded in practical relevance, the Mental Health Team collaborated with internal specialists and external partners such as Changing Minds, UK Sport, and the charity Mind, alongside clinicians and practitioners within the UKSI network, to adapt clinical knowledge into accessible, evidence-informed materials tailored to elite sport. This approach reflected the work of Brady (2021) and Lundqvist and Sandin (2014), who argue that effective interventions must recognise the complex social and emotional realities of athletes and practitioners, not merely their technical performance demands.

Through these evolving structures, the UKSI sought to create a network in which psychological literacy, relational support, and formal provision operated as interdependent elements of one cohesive system. These developments represented a decisive step towards reframing how mental health was conceptualised and addressed within elite sport. Yet, as Purcell et al. (2019) caution, sustaining such progress requires continual cultural reinforcement to prevent wellbeing frameworks from becoming symbolic or inconsistently applied.

With these foundations in place, the UKSI introduced two flagship educational programmes designed to operationalise the Education Pillar and strengthen workforce capability in supporting mental health. The following section examines these programmes in detail, outlining their purpose, structure, and theoretical underpinnings.

1.4. The UKSI Programmes: Mental Health Awareness and Mental Health Champions initiatives

As part of its intention to operationalise the Education Pillar of the wellbeing framework, the UK Sports Institute (UKSI) developed two complementary programmes, first implemented between 2019 and 2020, to translate strategic ambition into practical, performance-relevant learning: the Mental Health Awareness (MHA) and Mental Health Champions (MHC) programmes. Designed not as isolated workshops but as mechanisms for cultural change, these programmes aimed to strengthen workforce capability, enhance mental health literacy,

and promote shared responsibility for wellbeing across the high-performance system (Cumming and Ranson, 2021).

Both programmes were conceived as mechanisms through which the UKSI could embed mental health as an ordinary and expected feature of professional practice. They were designed to encourage open discussion, improve confidence in recognising early signs of distress, and support psychologically safe environments where wellbeing is understood as integral to performance rather than a peripheral concern (Reardon et al., 2019; Henriksen et al., 2020). Importantly, participation in these programmes is not mandated; they are offered on request to meet the needs and priorities of staff and teams who wish to develop their understanding of mental health within their own professional settings. This voluntary structure reflects the UKSI's emphasis on engagement through relevance and autonomy, encouraging individuals to take ownership of their learning and to apply it meaningfully within their specific performance environments.

It is also recognised that individual sports and teams within the wider performance network may develop their own mental health strategies that fall outside the formal UKSI provision. These locally driven approaches often reflect the distinctive demands, cultures, and resource structures of each sport, complementing (if accessed) rather than replacing the central UKSI programmes. The coexistence of national and team-specific initiatives illustrates the diversity of wellbeing practice across the system and highlights the need for ongoing alignment to ensure coherence and consistency of care.

In this sense, the MHA and MHC programmes function not only as educational interventions but also as cultural instruments intended to foster openness, normalise dialogue, and reduce stigma within the organisation. While grounded in the same theoretical framework, the two programmes are differentiated by their scope and level of engagement. The MHA initiative provides introductory learning to build foundational awareness across all staff groups, whereas the MHC programme offers more advanced, practice-based development for those with direct responsibility for supporting others. Together, they form the educational core of the UKSI's wellbeing strategy, linking the broader aims of culture change and prevention with the everyday realities of professional life in elite sport. The following sections examine each

programme in turn, outlining their specific purpose, structure, and theoretical foundations, and situating them within the wider ambitions of the UKSI's wellbeing framework.

1.4.1. The Mental Health Awareness (MHA) Programme

The Mental Health Awareness (MHA) programme functions as an introductory course designed to increase understanding of mental health within elite sport. It provides a foundation for recognising and responding to wellbeing concerns while encouraging open and informed discussion in everyday professional contexts. The course is offered in one-, two-, or three-hour formats, delivered either online or in person depending on operational requirements and scheduling needs. Its design, in the words of the UKSI, emphasises accessibility and practicality, ensuring that participants from across disciplines can engage meaningfully with the material regardless of their role or prior experience.

Content within the MHA sessions covers several core areas. Participants are introduced to the fundamentals of mental health and its relationship to performance environments, exploring how stress, workload, and organisational pressures influence wellbeing. A central focus lies in recognising early signs of distress, developing confidence to initiate supportive conversations, and understanding professional boundaries when offering support. The training also highlights the importance of self-care and reflection, encouraging participants to consider how their own wellbeing is affected by the high-performance environment.

One of the tools frequently used during the course is the "stress bucket" model, which provides a simple but effective framework for understanding how pressure accumulates and how coping mechanisms can relieve it.[1] Through interactive discussion and scenario-based learning, participants are guided to reflect on both their own experiences and the needs of those they support. The programme concludes with practical signposting guidance, outlining the procedures for referring individuals to appropriate professional services when required. By equipping staff with foundational knowledge and everyday communication strategies, the MHA programme aims to normalise dialogue about mental health and promote shared

[1] The "stress bucket" analogy, originating from Brabban and Turkington (2002), illustrates how stress accumulates through daily pressures until it overflows, causing distress. The model is widely used in wellbeing education, including the UKSI's MHA programme, to promote understanding of coping, self-regulation, and early intervention.

responsibility for wellbeing across the UKSI network. It represents a significant first step in developing a common language and culture of psychological awareness within elite performance settings, forming the entry point to a wider educational pathway. Building on this foundation, the Mental Health Champions (MHC) programme extends these principles further, offering more advanced, practice-based learning for staff with greater responsibility for supporting others.

1.4.2. The Mental Health Champions (MHC) Programme

Building upon this foundation, the Mental Health Champions (MHC) programme offers more in-depth, practice-based learning designed for staff who already engage with mental health issues as part of their professional role. The programme is typically delivered over two or three consecutive days, with each session lasting approximately six hours. It provides a deeper exploration of the interpersonal, ethical, and cultural dimensions of mental health support within elite sport. Participants are equipped with the skills and confidence to act as advocates for mental health, fostering environments where open discussion is encouraged and where psychological safety becomes embedded in daily interactions.

The curriculum focuses on developing listening and communication skills, enhancing empathy, and understanding how to respond appropriately to a range of wellbeing concerns. Participants are encouraged to reflect on the influence of their behaviour and language within their teams and on the importance of modelling openness, respect, and approachability. This emphasis on relational competence reflects the UKSI's broader ambition to embed psychological safety as a shared organisational value rather than a specialist or peripheral responsibility. By building capability across the workforce, the MHC programme aims to empower staff to influence local culture and strengthen the collective support network surrounding athletes.

Following completion of the initial training, participants are invited to join Reflective Practice Group sessions held every six weeks and facilitated by members of the UKSI Mental Health Team. These sessions provide an ongoing forum for Champions to share experiences, discuss challenges, and consolidate learning within a supportive peer environment. They are designed to maintain momentum and prevent the training from becoming a one-off event,

ensuring that participants continue to develop their understanding through collaborative reflection. This continuity of learning supports a living network of practitioners who can collectively shape organisational tone, reinforce good practice, and adapt to emerging wellbeing challenges.

In addition to the formal programmes, the UKSI delivers bespoke workshops to extend wellbeing provision and address the specific needs of elite sport. Developed at the request of athlete-facing staff, these sessions have covered topics such as mental health emergency training, communication and listening skills, return-to-play processes following mental health concerns, and the responsibilities of medical staff in managing psychological issues. Topics, including depression, neurodiversity, and screening practices, illustrate an ongoing effort to tailor support to the practical realities of athletes and practitioners.

Together, these strands illustrate how the MHC initiative, alongside supplementary learning opportunities, seeks to translate the UKSI's strategic ambitions into day-to-day professional development. They demonstrate an ongoing commitment to equipping practitioners with the competence, confidence, and collective awareness required to support psychological wellbeing within elite environments. Through these programmes, the organisation seeks to cultivate a workforce capable of embedding psychological safety within everyday practice, forming the operational basis for the UKSI's broader wellbeing strategy. The following section considers how these educational initiatives extend beyond individual learning to influence organisational culture, exploring the extent to which wellbeing has become embedded within the day-to-day values, relationships, and professional norms of the UKSI.

1.4.3. Embedding Wellbeing within Organisational Culture

The MHA and MHC programmes form the foundation of a wider organisational approach that seeks to embed wellbeing within the everyday culture of the UK Sports Institute (UKSI). Together they operate as interlinked stages within a continuous learning framework, ensuring that mental health education extends beyond isolated training events to shape ongoing professional development and collective practice. Through this tiered model, the organisation reaches a broad audience while cultivating a core group of staff who act as visible advocates for psychological safety and openness across the performance network.

From an organisational perspective, these programmes represent the practical mechanisms through which the strategic aims of the UKSI wellbeing framework are realised. They provide a structure for integrating mental health education into the professional lives of coaches, practitioners, and support staff, translating policy commitments into consistent, relational practice. This approach reflects the UKSI's recognition that sustainable wellbeing relies on continual reinforcement rather than one-off interventions and that a shared language around mental health is central to maintaining trust and inclusion within high performance settings (Henriksen et al., 2020; Reardon et al., 2019).

The implementation of the MHA and MHC programmes also reflects the broader intent of the UKSI to align the Four Pillars of Communication, Education, Provision, and Assurance into a coherent system of support. By equipping staff with confidence to recognise early signs of distress, initiate supportive conversations, and promote an open culture, these initiatives connect educational activity with cultural change. They form part of a wider shift in organisational identity in which mental health is treated as integral to readiness, resilience, and professional competence rather than a separate concern (Fletcher and Wagstaff, 2009; McKenna and Richardson, 2021).

The early development and delivery of the UKSI wellbeing programmes coincided with the onset of the Covid-19 pandemic, which significantly influenced how wellbeing practice became established across the organisation. The pandemic limited opportunities for in person engagement and collective learning at a time when the Mental Health Awareness and Mental Health Champions programmes were still gaining momentum. Adjustments to remote delivery, increased workloads, and the loss of informal reflection challenged the relational foundations on which wellbeing initiatives depended.

At the same time, the disruption created conditions that accelerated change. The urgency of the pandemic elevated wellbeing from a peripheral concern to a central organisational priority, legitimising conversations around psychological safety and emotional support that might otherwise have developed more slowly. These circumstances shaped not only the pace and form of programme delivery but also deepened awareness of the need for sustainable and flexible systems of care. As staff and athletes navigated uncertainty while maintaining welfare and collaboration, wellbeing became recognised as integral to effective practice

rather than an optional addition. This context is therefore critical for interpreting the subsequent development of wellbeing frameworks, as their evolution occurred in tandem with the unique pressures and learning produced by Covid-19.

However, despite these advances, wellbeing in elite sport continues to be shaped by deeper cultural and structural challenges that restrict the full realisation of such ambitions. Understanding these tensions is central to this study, which examines how practitioners interpret and enact the UKSI wellbeing programmes within their daily work. The following section therefore examines the cultural and systemic barriers, including stigma, performance norms, and organisational pressures, that continue to influence how wellbeing is embedded within high performance environments.

1.5. Barriers to Wellbeing: The Culture of Elite Sport

Efforts to embed wellbeing within elite sport continue to encounter cultural and structural barriers that constrain consistent implementation. Despite increased attention to mental health, performance environments remain shaped by expectations of resilience, where vulnerability may still be perceived as risk and help seeking approached with caution (Reardon et al., 2019; Rice et al., 2016). Organisational hierarchies, confidentiality concerns and entrenched norms of toughness continue to influence how wellbeing is understood and enacted in practice (Rogerson, 2017; Purcell et al., 2019). As a result, a tension persists between strategic ambition and everyday experience, raising important questions about whether wellbeing initiatives are genuinely embedded within high performance systems or remain uneven in their application (Fletcher and Wagstaff, 2009; Henriksen et al., 2020). This tension is particularly relevant within the UK Sports Institute and provides a basis for examining how wellbeing is experienced and delivered by practitioners within the organisation.

1.5.1. Structural and Cultural Origins of Stigma

Efforts to improve mental health literacy and promote open dialogue have increased awareness across elite sport, yet stigma remains one of the most persistent barriers to the

normalisation of wellbeing. Despite growing strategic attention, performance environments continue to shape how vulnerability is understood, with resilience often positioned as a defining professional virtue (Reardon et al., 2019; Rogerson, 2017). Within such contexts, individuals are expected to withstand pressure and maintain composure, creating conditions in which disclosure may still be interpreted as weakness rather than strength (Henriksen et al., 2020; Fletcher and Wagstaff, 2009).

While stigma is widely recognised across broader populations (Gulliver, Griffiths, and Christensen, 2012), its influence is intensified within elite sport, where performance evaluation and selection pressures heighten the perceived risks of help seeking. Rice et al. (2016) note that 'athletes tend not to seek support for mental health problems, for reasons such as stigma, lack of understanding about mental health and its potential influence on performance, and the perception of help-seeking as a sign of weakness' (p. 1334). These concerns are further reinforced by organisational hierarchies, where disclosure may be associated with reduced credibility or future opportunity.

Early analyses of athlete wellbeing emphasise that stigma operates as both a cultural and behavioural constraint. Schwenk (2000) argued that unless psychological care is treated as equivalent to physical preparation, 'athletes will continue to fear the consequences of disclosure' (p. 471). This concern remains evident in contemporary work. MacIntyre et al. (2017) demonstrate that the language of 'mental toughness' can inhibit help seeking by reinforcing the belief that emotional difficulty is incompatible with elite performance (p. 2). Such narratives continue to shape professional identity, limiting the legitimacy of wellbeing support within high performance systems.

Concerns around confidentiality and reputation further compound these barriers. Pilkington et al. (2025) found that athletes were often reluctant to seek support due to fears of being perceived as 'mentally not strong enough' (p. 412), particularly in environments where personal and professional relationships overlap. Similarly, Rice et al. (2016) and Reardon et al. (2019) highlight that institutional structures may position psychological care as secondary to performance oversight, reinforcing hesitation. Pilkington et al. (2025) further reported that athletes expressed greater trust when they could access independent providers, indicating

that a degree of separation between performance oversight and mental health provision can enhance psychological safety and foster more open engagement.

Stigma within elite sport therefore reflects a structural condition rather than an individual limitation. It is sustained through language, leadership, and organisational design, shaping how relationships are formed and how openness is negotiated. These dynamics influence whether wellbeing is experienced as a legitimate and supported aspect of performance life, or as a risk to be managed privately.

1.5.2. Relational Culture and the Dynamics of Disclosure

Research into elite athlete wellbeing consistently demonstrates that mental health difficulties are both prevalent and multifaceted. Evidence from Gouttebarge et al. (2017) illustrates this complexity, revealing that 'a higher number of past severe injuries, higher number of past surgeries, higher number of recent life events, higher level of career dissatisfaction and lower level of social support were related to the occurrence of symptoms of common mental disorders among both current and former elite athletes' (p. 2148). Supporting this pattern, Rice et al. (2019) identified that 'athletes with higher ratings of career dissatisfaction reported higher global anxiety and depression scores compared with career-satisfied athletes' (p. 727). Taken together, these findings indicate that mental health difficulties in elite sport are rarely individual in origin, but are shaped by structural pressures linked to identity, achievement, and belonging. Within environments where disclosure carries risk, psychological distress is therefore more likely to remain unspoken until it reaches a point of crisis.

The relational dynamics of high-performance environments are central to understanding how these challenges develop and persist. Cultural expectations of toughness and resilience are reinforced not only through policy but through everyday interactions. Evidence from Leyland et al. (2022) indicates that athletes often feel compelled to manage difficulties privately, reinforcing patterns of silence and self-reliance. A comparable picture emerges in the work of Miller et al. (2024), where para-athletes described feeling unsupported when not recognised as individuals beyond their performance role. These conditions reflect what Bauman (2016) terms the 'performance paradox' (p. 119), whereby those most in need of support are often least likely to access it.

Athletes frequently internalise these expectations, further complicating efforts to promote openness. Stigma operates both externally, through perceived judgement, and internally, through learned associations between vulnerability and inadequacy. This is reflected in Sebbens et al.'s (2016) finding that 'athletes often felt more comfortable accessing psychological support when it was framed around performance enhancement rather than treatment for mental health problems' (p. 102). The framing of mental health within performance discourse therefore shapes engagement, while research by Biggin, Burns, and Uphill (2017) and Uphill, Sly, and Swain (2016) shows that language equating mental health with illness can reinforce avoidance and denial.

These relational norms create forms of cultural gatekeeping, shaping whose experiences are acknowledged and whose remain invisible. Within tightly structured teams, athletes continuously assess what can be safely disclosed. Brady (2021) emphasises that effective support depends on recognising athletes as whole individuals, while Lundqvist and Raglin (2015) highlight the interdependence of physical, psychological, and social wellbeing. Extending this, Purcell et al. (2023) demonstrate that stigma is reduced in environments characterised by open and reciprocal communication.

Organisational culture therefore functions as both a barrier and a facilitator of care. Where leadership models openness and trust, help seeking becomes legitimate. Where performance is prioritised above all else, silence becomes a mechanism of survival. These dynamics demonstrate that stigma is embedded within the social and relational structures of elite sport, and that meaningful progress depends on aligning culture, leadership, and everyday practice with the principles of wellbeing.

1.5.3. Embedding Wellbeing within Organisational Practice

The persistence of stigma and the relational barriers described above underline the need for stronger organisational responsibility in shaping the conditions of wellbeing. Within elite sport, culture cannot be separated from the systems that reproduce it. When wellbeing is positioned as a supplementary concern rather than a defining organisational value, attempts at change remain superficial. Institutions such as the UKSI must therefore move beyond the

provision of frameworks and ensure that wellbeing is embedded within leadership, communication, and everyday practice (Fletcher and Wagstaff, 2009; Wagstaff, 2015).

Leadership plays a decisive role in legitimising wellbeing and shaping the norms that govern trust and disclosure. Arnold and Fletcher (2017) demonstrate that environments in which leaders model care, empathy, and openness are associated with higher levels of psychological safety and engagement. Similarly, Samuel et al. (2024) found that when senior figures normalise mental health conversations and respond constructively to vulnerability, support becomes an expected aspect of professional life rather than an exception. Within the UKSI context, this suggests that wellbeing leadership must be enacted through consistent and visible behaviours rather than policy rhetoric alone. However, Reardon et al. (2019) note that high performance systems often lack the coherence required to safeguard confidentiality and continuity of care, and where this coherence is absent, mistrust can emerge, particularly when performance priorities appear to outweigh wellbeing.

Organisational coherence therefore represents a central condition for sustainable wellbeing practice. Henriksen et al. (2020) emphasise that effective systems are grounded in integrated, values-based approaches that recognise individuals beyond their performance identity. Fletcher and Sarkar (2012) further argue that environments combining challenge with support can foster resilience without reinforcing harmful expectations of endurance. Within the UKSI, this requires translation into the structures that shape daily practice, including training, practitioner development, and organisational processes. When leadership consistently reinforces collective responsibility, relational isolation is reduced and the credibility of wellbeing provision is strengthened (Rogerson, 2017).

Feedback and accountability mechanisms are equally critical in determining whether organisational intent translates into lived experience. Wagstaff et al. (2018) show that wellbeing systems are most effective when they incorporate iterative feedback between practitioners, athletes, and leadership, allowing programmes to adapt responsively. Without such mechanisms, initiatives risk becoming performative or disconnected from the realities of high performance environments.

Sustained transformation therefore depends on viewing wellbeing as an ongoing process of alignment between organisational values and everyday practice. Fletcher and Wagstaff (2009)

emphasise that psychological literacy must be demonstrated across all levels of the system if wellbeing is to be meaningfully embedded. Where this remains inconsistent, wellbeing risks becoming rhetorical rather than operational. For the UKSI, the central challenge lies in ensuring that wellbeing is enacted through leadership, structure, and daily practice, rather than confined to formal strategy.

1.5.4. The Need to Explore the UKSI Wellbeing Programmes

The UKSI's wellbeing strategy has increasingly positioned mental health as a visible and central element of its approach to athlete and staff support. Through a combination of education, training, and clinical provision, the organisation has aimed to embed psychological care within the daily culture of high performance. Workshops and training sessions have focused on reducing stigma, increasing confidence, and creating environments where conversations about mental health are treated as a normal part of working life (Leyland, Board, and Currie, 2019; Moesch et al., 2018). Alongside these educational efforts, the development of a dedicated network of psychologists and psychotherapists has extended access to individual and team-based support, reflecting a shift towards more proactive and preventive approaches to wellbeing (Mistry, McCabe, and Currie, 2020).

Although these developments demonstrate clear progress, there remains limited understanding of how such programmes operate in practice. Existing research offers valuable insight into the importance of organisational culture and leadership in shaping wellbeing outcomes (Arnold et al., 2011; McCalla and Fitzpatrick, 2022), but there is little evidence of how these principles are enacted within the everyday realities of high-performance environments. Internal UKSI reviews have also highlighted that access to support can vary across disciplines (UKSI, 2022), suggesting that consistent delivery continues to be a challenge.

These gaps point to the need for focused inquiry into how wellbeing is experienced and understood by those working within the system. Practitioners occupy a crucial position between organisational strategy and day-to-day delivery, influencing how policies are interpreted and applied in practice. Exploring their perspectives offers an opportunity to

understand how the UKSI's wellbeing framework is translated into action and to identify the factors that support or constrain its effectiveness.

This study responds to that need by examining the experiences of practitioners involved in delivering the UKSI's wellbeing initiatives, with particular attention to the Mental Health Awareness (MHA) and Mental Health Champions (MHC) programmes. Focusing on how these initiatives are understood and enacted provides insight into whether wellbeing has become embedded as part of organisational life or remains an aspirational goal. The following section sets out the specific aims and objectives that guide this investigation, outlining how the study seeks to address these questions within the wider context of high-performance sport.

1.6. Research Aims

This study seeks to investigate the experiences and perceptions of UKSI practitioners and staff regarding the organisation's wellbeing initiatives.[2] It aims to understand how these initiatives are interpreted; the extent to which they meet the needs of those they are designed to support, from the practitioner perspective; and the challenges encountered in their implementation. While the primary focus is on the UKSI, the study's findings will have broader relevance for other high-performance environments, where the need for structured and sustainable wellbeing support systems is increasingly recognised. By examining the UKSI's approach, this research contributes to the ongoing conversation about embedding wellbeing within high-performance sport. The insights gained will not only inform future developments within the UKSI but also offer practical guidance for other national and international sports organisations seeking to prioritise welfare alongside performance outcomes. In doing so, this study advocates for a proactive, embedded approach to wellbeing, ensuring it is treated as a core component of high-performance sport rather than an ancillary consideration. Scholars have long argued that without such integration, wellbeing initiatives risk being tokenistic, disconnected from daily practice, and ultimately ineffective in addressing the complex challenges faced by elite athletes (Fletcher & Wagstaff, 2009; Henriksen et al., 2020; Reardon

[2] This study uses the term programmes to describe the UKSI's formal wellbeing structures. However, it acknowledges that several related initiatives and interventions operate beyond the scope of these core programmes, and these are referenced when relevant to participant accounts or organisational context.

et al., 2019). By critically analysing how the UKSI's flagship programmes are interpreted and delivered in practice, this research seeks to determine whether wellbeing is truly uniform across the system or remains an aspirational policy goal.

To do so, the interdependence of performance and wellbeing will remain central to this thesis. Elite performance and athlete wellbeing are not opposing concepts but mutually reinforcing conditions. Evidence shows that psychological health shapes readiness, resilience, and recovery, while mental health symptoms increase injury risk and delay rehabilitation (Reardon et al., 2019). On this basis, the thesis treats wellbeing as integral to performance rather than as a peripheral welfare concern, recognising that sustainable success in elite sport depends on environments that support both physical and psychological stability. It is within this critical context that the present study is situated. Practitioners occupy a pivotal role in negotiating the tension between this strategic ambition and everyday practice, yet as the literature review will demonstrate their voices remain under-represented in existing scholarship.

This study was guided by three interrelated aims that reflect both its analytic intent and its applied contribution to understanding wellbeing practice within the UKSI:

> **i.** To analyse the development, delivery, and coherence of the UKSI wellbeing programmes, with particular focus on the Mental Health Awareness (MHA) and Mental Health Champions (MHC) initiatives. This includes evaluating how these programmes have evolved from strategic intent to lived practice, and how they interact with, complement, or diverge from the organisation's wider wellbeing framework structured around the Four Pillars of Communication, Education, Provision, and Assurance.
>
> **ii.** To examine how practitioners interpret, enact, and experience these wellbeing programmes within their professional contexts, exploring how confidence, stigma, and role boundaries influence delivery, relational responsibility, and the embedding of psychological literacy within performance environments.
>
> **iii.** To situate practitioner perspectives within wider debates on athlete wellbeing and organisational culture, illuminating how practitioner-led approaches and interprofessional collaboration contribute to cultural change, systemic alignment, and the sustainable integration of mental health within elite sport systems.

Together, these aims move the study from system-level design to practitioner experience. They establish a clear analytical pathway: first examining how wellbeing programmes were conceived and operationalised by the UKSI, then investigating how these programmes are

enacted and negotiated by those responsible for delivery and finally positioning these insights within broader debates about mental health, organisational culture and high-performance sport. This structure ensures that the study remains grounded in lived practice while also addressing questions of strategic implementation, cultural change and long-term sustainability.

Chapter 2: Literature Review

As discussed in Chapter 1, the holistic welfare of elite athletes is increasingly recognised as a central consideration in the management and development of high-performance sport. The demands of elite competition, including physical intensity, psychological pressure, and constant performance scrutiny, require environments that actively support both mental and physical wellbeing. As elite sport continues to evolve through technological advancement, commercial growth, and changing societal expectations, the frameworks through which athlete wellbeing is understood and supported must also adapt.

This literature review examines how wellbeing has been conceptualised, theorised, and operationalised within elite sporting contexts. It identifies key definitions, theoretical models, and applied perspectives that inform current understandings of athlete wellbeing, while also analysing the organisational and cultural conditions that shape programme design and delivery. Through this analysis, the review develops a coherent picture of how wellbeing initiatives have emerged, been implemented, and challenged across elite sport systems, providing a foundation for the subsequent examination of wellbeing practice within the UKSI.

This chapter begins by locating wellbeing within the context of elite sport to establish the conceptual foundations on which the rest of the review is built. It then progresses through three interrelated layers of analysis. The first examines how wellbeing has been defined, theorised, and measured in high-performance environments, considering psychological, social, and systemic perspectives. The second turns to organisational responsibility, exploring how welfare has been embedded (or resisted) within elite sport structures, including leadership, culture, duty of care, and international policy developments such as the IOC consensus. The third section evaluates how wellbeing frameworks have evolved into practice, focusing specifically on the UKSI's Four Pillars model, subsequent programmes, and the tensions between strategic intent, cultural adoption, and delivery mechanisms. The chapter closes by identifying unresolved gaps in empirical evidence, particularly around how wellbeing strategies are enacted, adapted, and experienced by practitioners and athletes within real organisational settings. These gaps provide the analytical rationale for my study.

2.1. Conceptualising Wellbeing in Elite Sport

2.1.1. Defining Wellbeing: From Illness to Flourishing

Elite athletes operate under sustained competitive demand. Within this context, mental wellbeing extends beyond the mere absence of disorder to encompass optimal psychological functioning and resilience. In this regard, Barkham et al. (2019) argue that wellbeing should be conceived more broadly than symptom management, incorporating psychological health, life satisfaction, and adaptive capacity. Similarly, Galderisi et al. (2015) define mental wellbeing as a state in which individuals realise their potential, cope effectively with stress, work productively, and contribute to their communities. Taken together, these perspectives position wellbeing not as the avoidance of illness but as a dynamic and positive condition of thriving.

Moreover, relational context plays a central role in sustaining this condition. Stewart Brown (2013) emphasises that social connectedness significantly mitigates stress and strengthens psychological wellbeing. This is particularly relevant in elite sport, where team cultures, interpersonal dynamics, and practitioner–athlete relationships structure everyday experience. In addition, the emotional dimensions of wellbeing warrant consideration. Sabato et al. (2016) conceptualise emotional wellbeing as the integration of the full range of emotions rather than the pursuit of positivity alone. In the same vein, Scott et al. (2008) identify positive relationships, effective coping, and meaningful engagement as key contributors to resilience. Consequently, when applied to elite environments, these perspectives advocate for tailored interventions that cultivate psychological stability while acknowledging the inevitability of stress in high-performance life. This, in turn, aligns with the International Olympic Committee consensus that:

> Mental health symptoms and disorders are common among elite athletes, may have sport related manifestations within this population and impair performance. Mental health cannot be separated from physical health, as evidenced by mental health symptoms and disorders increasing the risk of physical injury and delaying subsequent recovery (Reardon et al., 2019, p. 667).

The literature conceptualises athlete wellbeing as multidimensional and dynamic, integrating emotional, psychological, and social domains within the conditions of elite sport.

A useful theoretical frame is Keyes's two continuum model of mental health, applied in sport by Uphill et al. (2016). The model distinguishes between mental illness and mental health as related yet distinct dimensions, allowing the possibility of symptoms alongside high wellbeing, or the absence of diagnosable illness alongside low vitality and connection. For elite sport, this widens practice beyond deficit thinking and situates flourishing, resilience, and positive functioning alongside ordinary strain. It also supports an organisational reading of wellbeing as part of everyday life rather than a crisis response.

2.1.2. Whole System Perspectives: Physical, Mental, and Social Health

Wellbeing research increasingly recognises the interaction of physical, mental, and social domains within broader systems. Lazarus's (1966) transactional model positions wellbeing as the outcome of how individuals appraise demands and available resources, emphasising the integration of physiological and psychological processes. However, attempts to quantify wellbeing have often remained reductive, relying on single item life satisfaction measures or narrow quality of life indices (Somarriba et al., 2015). In response, there has been a shift toward multidimensional approaches that better reflect lived experience. Dolan and White (2007) conceptualise wellbeing as a comprehensive evaluation of life quality, while Huppert (2014) integrates mental and social health within a unified framework. Together, these perspectives establish wellbeing as a complex construct requiring holistic assessment.

Within elite sport, this framing holds particular relevance. The relationship between performance and psychological health is now widely recognised as central to athlete welfare. Lundqvist, Galli, and Brady (2022) argue that mental health is integral to both performance and life quality, requiring proactive engagement with the emotional and cognitive demands of high level competition. This aligns with the World Health Organization (2014) definition of wellbeing as the integration of physical, mental, and social functioning rather than the absence of illness. Such perspectives reposition wellbeing as embedded within everyday sporting environments, extending responsibility beyond the individual to the systems that shape athlete experience.

Despite this conceptual progress, elite sport has historically prioritised physical readiness due to its visibility and measurability (Poucher, Tamminen, and Kerr, 2019). This emphasis has

marginalised the relational and emotional dimensions that underpin resilience and long term stability. Knight and McNaught (2011), alongside La Placa, McNaught, and Knight (2011), highlight the interdependence of physical, mental, and emotional domains, arguing that neglecting this integration undermines sustained athlete welfare. Complementing this, Gulliver, Griffiths, and Christensen (2015) emphasise the importance of preventative structures that address stigma and facilitate early access to support. Collectively, this work converges on the understanding that wellbeing is inseparable from the social and organisational conditions in which athletes operate.

Within this framework, social connection consistently emerges as a protective factor. Gouttebarge et al. (2015) demonstrate that lower levels of social support are associated with increased mental health problems among current and former players. Burns et al. (2022) further show that coordinated staff teams with clear roles enhance both wellbeing and performance outcomes, reinforcing the value of structured interpersonal support. Cutler and Dwyer (2020) emphasise that coaches and practitioners shape the psychological climate of value, safety, and trust that defines athlete experience. In a similar vein, Reardon et al. (2019) reiterate that performance systems must view wellbeing not as an adjunct to sport but as its sustaining core:

> Mental health symptoms and disorders are common among elite athletes, may have sport related manifestations within this population and impair performance. Mental health cannot be separated from physical health, as evidenced by mental health symptoms and disorders increasing the risk of physical injury and delaying subsequent recovery (p. 667).

Effective programmes should be designed and evaluated as system elements that align physical preparation with psychological and social support, rather than treated as discrete or sequential components. However, alignment alone does not guarantee engagement. The success of any wellbeing initiative is mediated by the cultural context in which it is delivered. Organisational culture determines whether mental health resources are normalised, utilised, or resisted. In high-performance sport, where identity and success are deeply tied to endurance, independence, and stoicism, cultural narratives often dictate the boundaries of acceptable vulnerability (Henriksen et al., 2020; Uphill, Sly, and Swain, 2016). Understanding how culture shapes the uptake of mental health support is therefore essential to explaining why even the most comprehensive frameworks may fail to achieve their intended impact.

2.2. Organisational Responsibilities and Duty of Care

2.2.1. Welfare, Duty of Care, and Ethical Imperatives

Contemporary literature increasingly frames athlete wellbeing in elite sport as an ethical and organisational responsibility, rather than a discretionary concern. The distinctive pressures of elite performance injury, burnout, and public scrutiny require systems that recognise athletes as whole individuals, not merely performers. Studies show that reluctance to disclose mental health symptoms remains widespread (Rice et al., 2016), while transitions such as retirement pose significant psychological challenges (Wylleman et al., 2014). These findings underscore the need for duty of care frameworks that extend beyond physical preparation to encompass psychological and social wellbeing.

The complexity of wellbeing in elite sport requires frameworks that account for the full ecology of athlete experience. In addressing this challenge, Henriksen et al. (2020) argue for integrative models that bring together biological, psychological, and social dimensions across the athlete lifespan, recognising that no single factor operates in isolation. In parallel, Reardon et al. (2019) highlight the importance of complementing individual treatment with environmental optimisation, suggesting that enduring wellbeing depends on the alignment between personal care and organisational context. These perspectives resonate strongly with current practice within the UKSI, where the development of mental health literacy programmes and practitioner training initiatives reflects a commitment to early intervention and shared responsibility. Through such measures, athlete welfare is positioned not merely as a moral obligation but as a practical and strategic foundation for sustainable performance outcomes.

Yet, while these initiatives demonstrate clear ethical intent, good will alone does not guarantee meaningful impact. To embed wellbeing authentically within elite sport, organisations must move beyond isolated or reactive interventions and adopt genuinely systemic approaches that reshape the everyday environments in which athletes live, train, and interact. Only through this structural integration can the principles of care and performance be aligned, ensuring that psychological welfare becomes an enduring element of sporting culture rather than an optional supplement.

2.2.2. Systemic Approaches Beyond Individual Interventions

Wellbeing initiatives in sport have increasingly sought to strengthen the systems surrounding athletes by embedding mental health within organisational practice. These initiatives, including mental health education, resilience training, and psychological support, reflect a shift from reactive care toward proactive cultural change (Purcell et al., 2019). Training coaches and teammates to recognise early signs of distress is central to this development, enabling timely support and fostering cultures grounded in openness and mutual care. Henriksen et al. (2020) argue that educating coaches and support staff in mental health literacy is fundamental to cultivating environments characterised by communication, trust, and shared responsibility. Through such approaches, wellbeing principles become integrated into daily routines rather than remaining peripheral, strengthening both individual stability and collective performance.

This shift reflects a broader recognition that athlete welfare cannot be safeguarded through individual coping strategies alone. Research demonstrates that social dynamics and environmental conditions play a decisive role in shaping wellbeing outcomes. Kuettel, Pedersen, and Larsen (2021) show that athletes' mental health is strongly influenced by the quality of their relationships and surrounding support systems. Similarly, Rice et al. (2016), Holt and Dunn (2003), Hill et al. (2016), and Poucher, Tamminen, and Kerr (2023) highlight the role of leadership style, team cohesion, and organisational climate in shaping how psychological pressures are experienced and managed. Extending this position, Reardon et al. (2019) contend that 'management must involve both treatment of affected individual athletes and optimising environments in which all elite athletes train and compete' (p. 667), positioning wellbeing as a shared responsibility across personal and systemic domains. Purcell, Frost, and Pilkington (2023) further emphasise that trust within the psychological environment remains a critical determinant of both performance and wellbeing. Collectively, this evidence suggests that sustainable welfare depends on the coherence of the environments in which athletes operate, rather than isolated interventions.

Despite the recognised value of systemic approaches, high-performance environments continue to present structural constraints that limit their consistent application. Competitive intensity, funding dependencies, and career insecurity heighten psychological strain,

reinforcing the need for institutional frameworks that position care as integral to performance. Fletcher and Wagstaff (2009) argue that resilience develops most effectively in cultures where help seeking is normalised and psychological readiness is afforded equal status to physical preparation. However, Rogerson (2017) cautions that even well developed infrastructure offers limited protection if organisational values fail to translate into daily practice. This highlights a persistent gap between strategic intent and lived experience, where wellbeing may be formally endorsed yet insufficiently embedded.

Over time, wellbeing has come to be understood as an integrated concept encompassing physical, psychological, and social elements. Estes and Sirgy (2018) describe this through a tripartite model of human flourishing in which each domain contributes to overall quality of life. Within elite sport, this perspective challenges narrow definitions of success by emphasising balance and meaning as central to sustained performance. Reinforcing this integration, Reardon et al. (2019) note that 'mental health cannot be separated from physical health, as evidenced by mental health symptoms and disorders increasing the risk of physical injury and delaying subsequent recovery' (p. 667). This supports the position that wellbeing and performance are interconnected rather than competing priorities.

However, structural and cultural barriers continue to shape how wellbeing is experienced within elite systems. Leyland et al. (2022) found that 23.7 percent of UKSI athletes reported high or very high psychological distress, with para-athletes and winter sport athletes particularly vulnerable. Non podium athletes also experienced greater distress, highlighting inequities in support provision. Miller et al. (2024) similarly observed that para-athletes often felt marginalised, recalling that some 'staff failed to acknowledge them as "person first, athlete second"' (p. 126). Reinforcing these concerns, Gouttebarge et al. (2017) reported that 'current elite athletes unsatisfied with their sport career were 2–4 times more likely to report symptoms of common mental disorders than satisfied athletes' (p. 2153). Together, these findings illustrate how performance driven cultures can marginalise vulnerability and inhibit consistent embedding of wellbeing.

Systemic wellbeing therefore requires more than policy; it depends on translation into daily practice. Reardon et al. (2019) argue that effective management must be 'comprehensive, integrative... and address the full range of influences that may affect a person's mental health'

(p. 668–669). Achieving this requires governance, education, and leadership that position wellbeing as a shared organisational responsibility. Meaningful progress depends on creating environments in which psychological care, trust, and accountability are embedded within everyday operations.

2.2.3. Mental Health Literacy and Early Intervention in Elite Sport

Mental health within elite sport has increasingly been recognised as comparable in prevalence to that of the general population, yet the mechanisms through which support is enacted remain underdeveloped. As Sebbens et al. (2016, p. 1) observe, 'mental illnesses are as prevalent among elite athletes as in the general population. Despite this, there is little research examining how to enhance mental health literacy or helping behaviours in elite sport environments.' This gap is significant given the relational proximity of coaches and support staff to athletes, positioning them as critical actors in the identification and management of psychological distress. However, as Bauman (2016) argues, elite sport cultures often construct mental toughness and mental health as conceptually opposed, reinforcing silence and limiting help seeking behaviours. This tension complicates early intervention, as athletes may internalise norms that discourage disclosure even in the presence of informed practitioners.

At the centre of this discussion is mental health literacy, defined as 'knowledge and beliefs about mental disorders which aid their recognition, management or prevention' (Jorm et al., 1997, p. 182). Subsequent work extends this definition beyond awareness into an applied framework. Jorm (2015) emphasises that literacy guides practical responses, particularly where non clinical individuals are required to identify and respond to mental health concerns. This is further developed by Jorm (2019), who conceptualises mental health literacy as encompassing recognition, knowledge of risk factors, understanding of support options, and attitudes that facilitate help seeking. Together, this progression positions literacy as an applied capability shaped by experience, context, and confidence rather than a static knowledge base.

Recent literature has examined how this construct operates within sport specific contexts. Worley et al. (2025) highlight that coach mental health literacy is associated with improved recognition of athlete distress and increased likelihood of supportive intervention. However, they also note variability in how literacy is enacted, indicating that knowledge alone does not guarantee effective action. Similarly, Diamond et al. (2022), in a systematic review of youth elite athletes, demonstrate that literacy initiatives can improve understanding of mental health, yet outcomes remain inconsistent and dependent on programme design, delivery context, and reinforcement. This variability reflects a broader challenge, where interventions are introduced without sufficient integration into the cultural and relational fabric of the environment.

Empirical intervention work supports the applied value of mental health literacy within elite sport systems. Sebbens et al. (2016, p. 1) found that 'participants increased their knowledge of the signs and symptoms of common mental illnesses and were more confident in helping someone who may be experiencing a mental health problem,' highlighting the importance of both knowledge and confidence. They further conclude that 'even a very brief intervention can be effective in improving the mental health literacy and confidence of key persons in elite sport environments, and may promote early intervention and timely referral' (Sebbens et al., 2016, p. 1). While these findings position literacy based interventions as viable tools for early detection, their brevity raises questions regarding depth, retention, and sustained behavioural change within complex environments.

The effectiveness of mental health literacy must therefore be understood in relation to broader interpersonal and cultural dynamics. As Sebbens et al. (2016, p. 2) note, 'this perceived stigma among elite athletes is a primary barrier, followed by a lack of awareness of mental health problems, and negative past experiences of seeking help.' In parallel, Bauman (2016) highlights how dominant narratives of resilience and toughness frame help seeking as weakness, reinforcing these barriers. In this regard, literacy alone is insufficient if not embedded within environments that support disclosure and trust. This aligns with work on interpersonal coping, where Woodhead et al. (2024) emphasise the relational processes through which athletes seek, interpret, and respond to support. Together, this literature suggests that mental health literacy should be understood as part of a broader system of

knowledge, relationships, and organisational culture that shapes how wellbeing is recognised and enacted.

Within the UKSI, efforts to embed mental health literacy have centred on developing a shared organisational language to normalise discussion and reduce ambiguity in practitioner responses. Initiatives such as the Mental Health Awareness and Mental Health Champions programmes have aimed to create consistent terminology around recognition, referral, and support, enabling practitioners across disciplines to engage with mental health in a unified manner. This reflects an understanding that literacy is not solely an individual asset, but a collective organisational resource that facilitates communication and coordinated action. By establishing common reference points, the UKSI has sought to reduce variability in interpretation and strengthen the coherence of wellbeing provision. However, the extent to which this shared language is consistently understood and enacted across different contexts remains a critical point of evaluation, particularly in relation to the translation of strategy into practice.

This emphasis on translation highlights a critical next layer within the literature. If mental health literacy provides the knowledge base through which wellbeing is recognised, its enactment depends on those responsible for delivering it. Practitioner capacity to act is shaped not only by knowledge, but by the demands and conditions within which they operate. As expectations around recognising and responding to athlete mental health expand, so too does practitioner responsibility, raising questions regarding workload, emotional demand, and sustainability. The discussion therefore turns to practitioner wellbeing within elite sport environments, examining how these expectations are experienced and sustained in practice.

2.2.4. Practitioner Wellbeing and Organisational Demands in Elite Sport

Building from the emphasis on mental health literacy and early intervention, it is necessary to consider the implications for those responsible for enacting such support. While literacy initiatives equip practitioners with the knowledge to recognise and respond to athlete distress, they also expand practitioner responsibility, positioning coaches and support staff as

frontline responders within demanding environments. The translation of literacy into practice is therefore embedded within practitioner experience rather than neutral.

Within the coaching literature, stress is conceptualised as a dynamic process shaped through interaction with the environment. As Norris et al. (2017, p. 94) outline, 'stress is defined as an ongoing process that involves individuals transacting with their environments, making appraisals of the situations they find themselves in, and endeavoring to cope with any issues that may arise.' Correspondingly, 'coping can be defined as constantly changing behavioral efforts to manage specific external and or internal demands that are appraised as taxing or exceeding the resources of the person' (Norris et al., 2017, p. 94). Within elite sport, where expectations are heightened and margins are minimal, such demands are rarely static and often exceed available resources. Crucially, 'coaches' experiences of stress can influence their performance and that of the athletes with whom they work' (Norris et al., 2017, p. 94), highlighting that practitioner wellbeing is directly implicated in athlete outcomes.

These individual experiences are further shaped by organisational conditions. Simpson et al. (2024, p. 123) demonstrate that 'administrative stressors decreased the resources (e.g. time) that a coach had to work with athletes,' illustrating how structural demands constrain the practices that literacy initiatives seek to enhance. Practitioners also encounter role-based challenges, including 'ambiguity and overload,' job insecurity, interpersonal strain, and ethical pressures (Simpson et al., 2024, p. 124). Such findings suggest that expectations to support athlete wellbeing are layered onto roles already characterised by competing demands and limited support.

Earlier work by Olusoga et al. (2009) reinforces this position, identifying performance expectations, organisational pressures, and interpersonal demands as central stressors for elite coaches. Together, this literature indicates that practitioners operate in environments requiring high emotional engagement while constraining the resources needed to sustain it. This tension is intensified through the relational dimensions of coaching. As Petiot et al. (2023, p. 8) note, 'sport psychology consultants have an important role in helping them to explore and understand the full scope of their professional expectations and responsibilities,' underscoring the expanding and often ambiguous nature of practitioner roles. In parallel,

research on emotional labour highlights the need for practitioners to manage both athlete emotions and their own responses within high pressure contexts.

Recent contributions recognise the importance of practitioner self care and psychological wellbeing. Didymus and Norris (2024) argue for greater focus on supporting coaches' wellbeing, noting that sustained exposure to stress without adequate support may compromise both practitioner functioning and the quality of care provided to athletes. However, practitioner wellbeing remains underdeveloped within organisational strategies and is often secondary to athlete focused provision.

Across this literature, and within organisational models of stress in elite sport (Arnold and Fletcher, 2012; Fletcher and Wagstaff, 2009), it becomes clear that the application of mental health literacy is constrained by organisational and relational conditions. While practitioners are expected to recognise and respond to athlete distress, they operate within environments characterised by organisational stress, role ambiguity, and emotional demand. This raises questions regarding capacity and sustainability, and the extent to which responsibility for wellbeing is appropriately supported. Attention must therefore shift beyond individual capability toward the organisational conditions that shape practitioners' ability to act. Within this context, leadership becomes central as the mechanism through which expectations are legitimised, resources are allocated, and environments are structured to either support or constrain practitioner wellbeing.

2.3. Leadership, Legitimacy, and the Tone from the Top

2.3.1. Leadership as the Cultural Mechanism of Wellbeing Legitimacy

Leadership has become central to the legitimacy of wellbeing within elite sport. It is no longer regarded solely as a determinant of performance outcomes but as the mechanism through which wellbeing is embedded, resourced, and culturally accepted. The shift from treating wellbeing as optional to recognising it as integral to the performance system depends on the tone set by leaders and the extent to which their actions align with stated values.

Evidence consistently reinforces the relationship between leadership and athlete welfare. Salcinovic et al. (2022), in a systematic scoping review, identified leadership quality, role

clarity, and supportive behaviour as decisive in improving both health and performance outcomes, noting that 'high performance teams may wish to consider prioritising these variables to improve health and performance outcomes' (p. 6). Leaders who demonstrate empathy, emotional intelligence, and consistency create environments in which athletes experience psychological safety and can voice concerns without fear of judgement. Similarly, Arnold et al. (2011) found that transformational leadership, characterised by clear vision, individual consideration, and shared purpose, was associated with higher athlete satisfaction and reduced burnout, positioning leadership as foundational to both wellbeing and performance sustainability.

Leadership operates as both a cultural signal and a structural mechanism. When leaders demonstrate empathy, inclusion, and collaboration, athletes are more likely to experience trust and openness. In contrast, inconsistent or authoritarian leadership can render wellbeing fragile. Salcinovic et al. (2022) further observed that 'teams with strong group identity, communication, and structural cohesion mitigated the adverse consequences of team conflict and collective team failure' (p. 5), highlighting that cohesion is actively constructed. Complementary work by Cutler and Dwyer (2020) and Gouttebarge et al. (2021) shows that authentic communication strengthens athletes' sense of belonging, reinforcing the centrality of leadership in shaping relational climates.

The significance of leadership in shaping wellbeing predates its formal inclusion within policy discourse. Holt and Dunn (2004) demonstrated that 'positive team dynamics and strong support from teammates and coaches were crucial in managing stressors effectively' (p. 219), while also noting that 'appraisals and coping appear to occur recursively, suggesting the importance of a supportive environment in effective coping' (p. 217). Further evidence from Hill et al. (2016) and Nesti (2016) reinforces that wellbeing depends on environments characterised by respect, open communication, and mutual care. Leadership therefore functions as the mechanism through which organisational values are translated into lived experience.

At an international level, leadership is positioned as a cornerstone of athlete wellbeing policy. The International Olympic Committee emphasises its centrality, with Bergeron et al. (2015) outlining that 'the goal is clear: develop healthy, capable and resilient young athletes while

attaining widespread, inclusive, sustainable and enjoyable participation and success for all levels of individual athletic achievement' (p. 1). Their guidance further calls for 'a challenging and enjoyable sporting climate that focuses on each athlete's personal assets and mastery orientation' (p. 8), framing leadership as both an ethical and relational responsibility.

Collectively, the work of Martin et al. (2014), Lebrun et al. (2020), and Hellstedt (2005) demonstrates that wellbeing in elite sport is fundamentally relational, shaped by the environments created by practitioners and leaders. Supportive relationships foster openness and trust, while strong social bonds are associated with greater life satisfaction and lower psychological distress. Conversely, rigid authority structures are linked with alienation and emotional strain. Leadership therefore determines whether wellbeing is actively legitimised or marginalised within practice. The following section develops this argument by examining how these leadership dynamics are enacted within organisational systems.

2.3.2. Leadership as the Engine of Legitimacy

At the organisational level, leadership operates as both the moral and structural foundation through which wellbeing gains authenticity. Henriksen et al. (2020) describe effective performance environments as 'integrated, values based, send clear messages and engage in practices that are coherent with these values, allow multiple identities, and empower the athletes' (p. 556), emphasising that alignment between stated values and everyday practice is central to legitimacy. Fletcher and Wagstaff (2009) similarly contend that organisational culture is an artefact of leadership, as leaders determine what is rewarded, tolerated, and ignored. Where leadership prioritises performance metrics alone, wellbeing is marginalised regardless of available resources. Rogerson (2017) reinforces this position, demonstrating that investment in wellbeing infrastructure does not translate into meaningful change without visible behavioural commitment from leaders. Culture, therefore, is enacted through leadership conduct rather than policy.

These insights hold direct relevance for the UKSI. The introduction of the Four Pillars framework and associated initiatives represents a structural commitment to embedding wellbeing within organisational systems. However, their effectiveness depends on leadership coherence and the extent to which senior figures communicate that wellbeing is integral to

performance. Leadership legitimises wellbeing by aligning strategic frameworks with daily practice, ensuring that commitment is visible and consistent across the organisation. Arnold and Fletcher (2021), Breslin et al. (2019), and Fransen et al. (2020) demonstrate that wellbeing initiatives gain traction only when leaders embody the values they promote. In the absence of visible endorsement and follow through, such frameworks risk being perceived as rhetorical rather than operational.

At the international level, leadership responsibility has been reinforced through policy discourse. The International Olympic Committee 2019 consensus statement asserted that 'athletes' rights to mental health support are integral to their rights to health and wellbeing' (p. 1), framing mental health as a non negotiable aspect of ethical leadership. This position was strengthened in the 2023 IOC Mental Health Action Plan, which stated that 'there is no health without good mental health' (p. 3). These developments reposition leadership as a moral obligation, requiring active responsibility for safeguarding athlete wellbeing and institutional integrity.

Across the literature, leadership operates across multiple levels. At the team level, it shapes communication, cohesion, and trust, influencing athletes' capacity to thrive (Cutler and Dwyer, 2020; Holt and Dunn, 2004). At the organisational level, it determines whether wellbeing policies align with practice and are experienced as legitimate (Arnold and Fletcher, 2021; Nesti, 2016). At the global level, leadership within sport governance establishes wellbeing as both a right and a professional standard (Bergeron et al., 2015; IOC, 2023). In each case, leadership defines whether wellbeing is prioritised or marginalised.

For the UKSI, this evidence highlights a shift from leadership intent to cultural practice. While the Four Pillars provide a structured framework for integrating care and performance, their sustainability depends on how leadership commitments are enacted within everyday environments. Fletcher and Wagstaff (2009) emphasise that leadership may establish direction, but culture determines whether these signals are embedded in behaviour and belief. Leadership therefore translates values into visible practice, yet as Henriksen et al. (2020) note, it is insufficient without alignment between structures, relationships, and values.

Leadership and culture must therefore be understood as mutually constitutive. Strategic intentions around wellbeing are filtered through the microenvironments of elite sport,

including peer norms, practitioner identities, and the quality of relationships between athletes and staff. Where these environments support openness, belonging, and psychological safety, wellbeing becomes embedded. Where they reinforce silence or prioritise performance above people, even well designed frameworks struggle to take hold. Wagstaff et al. (2018) argue that organisational culture can either enable or constrain wellbeing depending on how leadership values are interpreted and enacted. Practitioners play a central role in this process, mediating between strategic intent and lived experience, making culture the medium through which wellbeing is either embedded or resisted.

2.3.3. Culture as the Living Environment of Wellbeing

The relationship between culture and mental health engagement in elite sport has attracted growing scholarly attention, with researchers emphasising that the success of wellbeing initiatives depends not only on their formal structure but also on the cultural and environmental conditions in which they operate (Arnold and Fletcher, 2021; Breslin et al., 2019; Fletcher and Wagstaff, 2009). Within this framework, culture represents far more than a surface feature; it functions as a defining force that shapes whether athletes perceive mental health support as legitimate, accessible, and safe. As Fletcher and Wagstaff (2009) observe, 'although change at the cultural level is complex, it is essential for the long-term psychological welfare of all personnel involved in elite sport' (p. 432), a view that reinforces the necessity of deep cultural reform. Where organisational norms continue to reward toughness, self-reliance, and silence, athletes are often reluctant to seek assistance, regardless of the quality of provision available (Swann et al., 2015). In contrast, when environments promote psychological safety, normalise openness, and build supportive interpersonal networks, both engagement and wellbeing are measurably strengthened (Breslin et al., 2019). Culture therefore serves as a mediating agent: it not only influences wellbeing indirectly but determines whether mental health initiatives are embraced or disregarded in everyday sporting life.

Building on this understanding, more recent wellbeing research extends the discussion to include social connection and environmental influence (Kuettel, Pedersen, and Larsen, 2021; Rice et al., 2016). These studies examine the social frameworks that define elite sport,

demonstrating that psychological health cannot be disentangled from the relationships and expectations that structure athletes' daily experiences. Within such interdependent systems, satisfaction, motivation, and performance are shaped by the quality of interaction among coaches, teammates, and organisations. Earlier research by Holt and Dunn (2003) illustrated this principle through their identification of psychosocial competencies underpinning success in elite youth football, which they categorised as discipline, commitment, resilience, and social support: 'The competencies were labelled Discipline (i.e., conforming dedication to the sport and a willingness to sacrifice), Commitment (i.e., strong motives and career-planning goals), Resilience (i.e., the ability to use coping strategies to overcome obstacles), and Social Support (i.e., the ability to use emotional, informational, and tangible support)' (p. 199). Their findings locate wellbeing within the everyday social realities of athletes, showing that success cannot be reduced to individual endeavour alone but relies on environments that sustain coping, connection, and collective responsibility.

Although Holt and Dunn did not explicitly define environmental wellbeing, their work implied that wellbeing extends beyond individual psychology to include the physical, social, and cultural conditions in which athletes live and perform. Environmental wellbeing in sport can be understood through elements, such as, discipline, commitment, autonomy, and purpose, which reflect the structured, goal-oriented, and value-driven environments athletes inhabit. Discipline in elite sport is closely connected to meaning and purpose, as athletes display what Lundqvist and Sandin (2014, p. 252) describe as a high level of dedication and a sense of meaningfulness in their sporting pursuits, rooted in the belief that sport offers a pathway to achieving deeply personal and aspirational goals.

Further evidence supporting this perspective comes from Kuettel, Pedersen, and Larsen (2021), who examined the social wellbeing of 612 Danish athletes across a range of sports. Recent quantitative research has further clarified the connection between athlete wellbeing and the social systems that frame their daily experience. Kuettel, Pedersen, and Larsen (2021) conducted one of the most comprehensive examinations of this relationship to date, analysing how environmental and interpersonal factors shape mental health across a broad range of sporting contexts:

> A total of 612 Danish athletes (M = 18.99, SD = 4.29) from 18 different sports completed an online version of the Holistic Athlete Mental Health Survey that assessed wellbeing, depression, and anxiety together with potential risk and protective factors (e.g., injuries, stress, sleep, social support, sport environment) (Kuettel, Pedersen, and Larsen 2021, p. 4).

Their survey revealed how wellbeing is not an isolated variable but one situated within a broader ecology of support and risk. While their findings provided robust data, they also noted limitations such as reliance on self-reported measures, which in populations where stigma persists may lead to underreporting of symptoms. This indicates that cultural barriers influence not only whether athletes seek help but even whether they disclose difficulties in research settings, pointing to the pervasive influence of culture on our ability to capture authentic experiences.

The limitations of cross-sectional designs in this area are revealing. Kuettel et al. (2021) acknowledged that while their study found significant correlations between social support and mental health, only longitudinal research can show how these relationships evolve over time amid fluctuating stressors. They also observed that although supportive networks offer clear benefits, such relationships are not uniformly positive. Coaches and teammates can simultaneously act as sources of both support and strain, depending on power dynamics, competitive pressure, and interpersonal conflict. This complexity indicates that wellbeing uptake is mediated by the same cultural structures that generate both security and vulnerability. Simply providing resources does not ensure engagement if the surrounding culture continues to reward toughness and privilege performance above care.

Growing recognition of the social conditions that influence athlete wellbeing has drawn attention to how culture shapes both engagement and support. Within this discussion, Rice et al. (2016) observed that 'athletes, operating within a complex social framework, experience a nexus between psychology and social wellbeing, profoundly shaping their overall performance and satisfaction within sporting communities' (p. 1333). Their study demonstrated that environments fostering open communication and mutual respect enhance resilience and motivation, showing that relational quality is central to both wellbeing and sustained performance. In this respect, culture is not a peripheral factor but a decisive force in determining whether psychological support is accessed and whether wellbeing can be sustained. When considered together, the work of Holt and Dunn (2003), Kuettel, Pedersen,

and Larsen (2021), Lundqvist and Sandin (2014), and Rice et al. (2016) demonstrates that social and environmental wellbeing operate as essential mediators of mental health engagement. Networks of interpersonal support, structures that balance discipline and autonomy, and organisational cultures built on trust and communication each influence levels of participation and care. This interaction highlights the need for interventions that move beyond uniform models and instead respond to the lived realities of elite performance.

These findings show that wellbeing engagement cannot be separated from the cultural and environmental systems that sustain it. Yet, the effectiveness of these systems depends on whether organisational structures and leadership priorities reinforce or erode such supportive conditions that are necessary for true cultural change as the next section explores.

2.3.4. Embedding Wellbeing: From Cultural Change to Organisational Practice

The limitations of generalised wellbeing models are particularly evident in elite sport, where the intensity of stress and diversity of athlete experience demand context specific approaches. Within this context, effective psychological care is inseparable from training and competition routines. Reardon et al. (2019) emphasise this integration, stating that 'monitoring mental health symptoms and disorders should be integrated into daily athlete care and training activities' (p. 667). This highlights the need to embed support within everyday practice rather than treating it as reactive or episodic. Fletcher and Wagstaff (2009) similarly argue that cultural change, while complex, is essential for long term psychological welfare, reinforcing the need to align wellbeing structures with performance environments. Complementing this, Purcell et al. (2019) suggest that mental health literacy programmes should be delivered across athletes, coaches, and support staff to create cultures that value wellbeing. Together, these perspectives emphasise that effective provision must be sport specific, culturally grounded, and embedded within daily practice.

Organisational research demonstrates that the success of such approaches is contingent on culture. Fletcher and Wagstaff (2009) identify organisational culture as the determining factor in whether wellbeing initiatives are sustained or marginalised within performance driven systems. Rogerson (2017) extends this argument, showing that even well resourced infrastructure fails to deliver meaningful impact without cultural practices that value mental

health alongside physical readiness. This highlights that effectiveness depends not only on provision but on the relational and cultural environments in which it operates.

Recent evidence illustrates how these cultural barriers remain embedded within elite sport. Despite advances in policy, expectations of toughness continue to discourage openness and help seeking. Leyland et al. (2022) report that 23.7 percent of UKSI athletes experienced high or very high psychological distress, with para-athletes and winter sport athletes particularly affected. Many athletes reported reluctance to disclose difficulties due to perceptions that vulnerability was incompatible with high-performance, revealing a disconnect between institutional messaging and lived experience.

Henriksen et al. (2020) provide a framework for understanding this misalignment, arguing that effective environments must be integrated, values based, and coherent in both message and practice. Their emphasis on multiple identities and athlete empowerment highlights how narrow performance identities suppress emotional expression. Breslin and Leavey (2019) further note that without ongoing feedback and reflection, wellbeing initiatives become static and symbolic. Together, these perspectives demonstrate how cultural incoherence undermines trust and limits the impact of wellbeing frameworks.

Across the literature, culture emerges as the central mechanism through which wellbeing is enabled or constrained (Arnold et al., 2017; Breslin et al., 2019; Fletcher and Wagstaff, 2009). At the interpersonal level, relationships between athletes, coaches, and teammates shape help seeking behaviour. Supportive environments foster trust and openness, while coercive dynamics discourage disclosure. Leyland et al. (2022) reinforce this pattern, showing that even where services exist, athletes may avoid engagement due to peer expectations that associate resilience with emotional restraint.

At the organisational level, norms of toughness and discretion continue to limit engagement with wellbeing provision. Gorczynski et al. (2021) highlight that without culturally competent systems and staff, support services remain underutilised. At the systemic level, institutional values determine whether wellbeing is treated as a core responsibility or a secondary concern. Lang and Light (2022) demonstrate that wellbeing frameworks gain traction only when duty of care is embedded within both policy and practice. In environments that

prioritise trust and autonomy, athletes are more likely to seek support. Where these conditions are absent, stigma persists and provision fails to achieve its intended impact.

Culture does not operate independently but is shaped through leadership and authority within sporting systems. Leadership defines what is valued, legitimises or marginalises wellbeing, and establishes organisational priorities. The behaviours and communication of senior figures determine whether openness and support are encouraged or whether silence and stigma are reproduced. These dynamics are therefore central to understanding the effectiveness of wellbeing initiatives within elite sport, leading into consideration of how global frameworks have sought to institutionalise athlete wellbeing as an ethical responsibility and universal right.

2.4. Responding to the IOC Call: The Evolution of Holistic Wellbeing Frameworks in Elite Sport

The International Olympic Committee's (IOC) 2018 consensus statement on mental health in elite athletes marked a defining moment in the global recognition of wellbeing as a legitimate and essential component of sporting performance (Reardon et al., 2019). It urged national systems to move beyond ad hoc welfare provision and to embed psychological care within the structures, cultures, and daily practices of elite sport. By positioning mental health as integral to the pursuit of excellence rather than peripheral to it, the IOC reframed wellbeing as a collective responsibility that must be operationalised through leadership, policy, and culture.

This agenda was strengthened by the IOC's subsequent framing of mental health as a fundamental right, which raised the ethical stakes of organisational accountability. Its 2019 consensus statement affirmed that 'athletes' rights to mental health support are integral to their rights to health and wellbeing' (p. 1), explicitly linking psychological care to human rights obligations within sport. The 2023 Mental Health Action Plan reinforced this position, asserting that 'there is no health without good mental health. The Mental Health Action Plan emphasises that athletes' mental health needs are as important for their performance and wellbeing as their physical health needs' (p. 3). By defining mental health through the lens of rights and responsibilities, the IOC placed moral and institutional pressure on sport organisations to demonstrate genuine commitment rather than symbolic compliance.

Leadership therefore became not only a managerial function but an ethical mandate, requiring the creation of environments that protect athletes' rights as well as their performance.

Since that call, sport organisations worldwide have attempted to translate these policy aspirations into lived practice. The progression from early procedural models to contemporary systemic frameworks illustrates both conceptual advancement and enduring fragility. Understanding this evolution provides the necessary context for assessing how the UKSI's wellbeing strategy emerged and where it sits within this international landscape.

2.4.1. Before the IOC Call: Early Institutional and Clinical Models

Prior to the IOC's intervention, wellbeing initiatives in sport were largely driven by institutional compliance or isolated clinical innovation rather than by integrated strategy. The National Collegiate Athletic Association (NCAA) Sport Science Institute in the United States was among the first to codify mental health provision within a governance framework. Throughout the 2000s and 2010s it sought to align psychological support with injury surveillance and health promotion, introducing best practice guidance for screening and referral (Bauman, 2016; Dick, Agel, and Marshall, 2007; Moreland, et al., 2018). However, its emphasis remained procedural. Care was delivered through policy rather than culture, with mental health positioned as a service adjunct rather than a shared organisational value. As Cosh and Tully (2015) observe, collegiate sport continued to prioritise performance outcomes, leaving wellbeing dependent on local initiative rather than systemic commitment.

The Canadian Centre for Mental Health and Sport (CCMHS) offered a more clinically integrated model, representing one of the most advanced pre-IOC examples of dedicated psychological care in high-performance contexts (Van Slingerland et al., 2019; Van Slingerland, Durand-Bush, and Kenttä, 2020). The Centre introduced validated measures such as the Athlete Psychological Strain Questionnaire and Athlete Burnout Questionnaire to detect psychological distress and monitor wellbeing. This evidence-based framework strengthened the link between research and practice yet struggled to achieve operational coherence. Integration across training, medical, and organisational systems was inconsistent, and the emphasis on individual screening underestimated the relational and ecological determinants of wellbeing

(Van Slingerland et al., 2022). Together, these early models demonstrated that structured intervention without cultural embedding could only deliver partial success.[3]

Following the IOC's call, a new generation of wellbeing frameworks emerged that attempted to bridge this structural cultural divide. The United States Olympic and Paralympic Committee (USOPC) introduced its Athlete Wellness Programme in the mid-2010s, institutionalising psychological screening through the Sport Mental Health Assessment Tool (SMHAT-1) and the Sport Mental Health Recognition Tool (SMHRT-1). These were accompanied by education and career transition initiatives intended to frame wellbeing as a continuum rather than a crisis response (Henriksen et al., 2020; Gouttebarge et al., 2020). However, despite their alignment with IOC guidance, implementation varied widely. Evaluations by Mountjoy et al. (2023) and McArdle, Moore and Lyons, (2014). found that provision was often uneven, with differences in leadership engagement, feedback mechanisms, and athlete trust. The USOPC's programme thus reflected a recurring tension: strong policy architecture unsupported by consistent cultural practice.

The Australian Institute of Sport (AIS) represents one of the most substantive national responses to the IOC consensus. Since the early 2010s, and increasingly after 2018, the AIS positioned mental health as a core element of performance, introducing the National Mental Health Referral Network to connect athletes with confidential, sport-informed clinical care (Purcell et al., 2020; Rice et al., 2020). Its work incorporated education, coach training, and resilience resources designed to cultivate psychologically safe performance environments. During the COVID-19 pandemic, the AIS expanded this model through digital platforms and targeted wellbeing campaigns (Hughes et al., 2020; Schinke et al., 2017), demonstrating an adaptive, multi-layered approach. Yet, despite its sophistication, the AIS faced difficulties sustaining uniform implementation across disciplines. Evaluations conducted by Pilkington, et al. (2025) highlighted variability in how feedback from athletes and practitioners informed ongoing strategy, revealing that even advanced systems struggle when cultural reinforcement lags behind policy design. The AIS thus provides a vital benchmark: wellbeing integration demands continual dialogue, evaluation, and adaptive leadership to maintain legitimacy.

[3] Cultural embedding refers to the internalisation of principles into routines, language and decision-making, such that they are reproduced without external prompting.

Viewed collectively, these international programmes illustrate the tension between structural ambition and cultural assimilation. Whereas North American systems prioritised procedural and clinical regulation, the AIS emphasised ecological integration and adaptive leadership. Yet all struggled to sustain coherence between vision and practice a finding consistent with global evidence that wellbeing initiatives succeed only when policy, leadership, and culture evolve in tandem (Fletcher and Wagstaff, 2009; Kuettel, Pedersen, and Larsen, 2021).

2.4.2. The UK Context: Early Efforts and Emerging Gaps

In the United Kingdom, wellbeing provision prior to the establishment of the UKSI reflected many of the limitations observed internationally. Early initiatives such as the Performance Lifestyle programme under UK Sport provided career, education, and transition support but did not fully address the psychological complexity of elite environments. Similarly, athlete lifestyle and psychology services within the English Institute of Sport operated as adjunct welfare mechanisms rather than integrated systems. While these approaches helped to normalise welfare discussions, they remained grounded in pastoral rather than systemic models of care.

This fragmentation reflected both historical decentralisation and performance driven funding structures following London 2012. Wellbeing was frequently subordinated to medal outcomes within high-performance policy (Rogerson, 2017; Fletcher and Wagstaff, 2009), resulting in systems that were supportive in intent but inconsistent in delivery. Evaluative evidence was limited, and wellbeing outcomes were rarely integrated into organisational learning or policy development. By the time of the IOC's 2018 statement, UK sport had established fragmented but developing foundations for a more coherent approach.

Within this context, the UKSI's wellbeing framework can be understood as both a product of and a response to global developments led by the International Olympic Committee. It draws on elements from the National Collegiate Athletic Association, the Canadian Centre for Mental Health and Sport, the United States Olympic and Paralympic Committee, and the Australian Institute of Sport, while seeking to address limitations within these models. The Four Pillars framework represents an attempt to move beyond isolated initiatives toward a coordinated

system of care, translating international principles of holistic wellbeing into national organisational design.

However, persistent challenges including uneven implementation, cultural variability, and limited evaluative evidence indicate that structural reform alone is insufficient. Effective embedding requires a theoretically informed approach that recognises wellbeing as dynamic, relational, and systemic, enacted through communication, learning, and organisational culture. In response to these challenges, the UKSI developed the Four Pillars framework as a shift away from earlier quantitative approaches. While tools such as the SMHAT-1 and the Warwick Edinburgh Wellbeing Scale (Stewart-Brown et al., 2011; Purcell et al., 2019) provide valuable data, they remain limited in capturing the relational nature of wellbeing. The Four Pillars instead position communication, education, provision, and assurance as interconnected processes designed to align policy with everyday practice.

This orientation reflects broader theoretical developments identified by Uphill, Sly, and Swain (2016) and Henriksen et al. (2020), who argue that wellbeing must be understood through organisational culture rather than individual measurement alone. The UKSI model therefore represents both administrative and conceptual progression, recognising that wellbeing depends on how values of care, openness, and trust are enacted within professional relationships. In doing so, it aligns with Reardon et al.'s (2019) argument that sustainable wellbeing requires systems in which psychological care is integrated into performance environments.

The Four Pillars framework occupies a distinctive position within the post IOC landscape as an attempt to embed wellbeing as culture rather than compliance. It reflects a shift from viewing wellbeing as a risk to be managed toward understanding it as a condition for sustainable performance, aligning with contemporary perspectives on psychosocial resilience in elite sport (Henriksen et al., 2020; Uphill et al., 2016).

2.5. The UKSI Four Pillars Framework: A National Response to Global Athlete Wellbeing Agendas

In light of the wellbeing programmes that followed, the Four Pillars framework can be understood as the theoretical and structural foundation upon which later initiatives, such as the Mental Health Awareness (MHA) and Mental Health Champion (MHC) programmes, were built. Rather than existing as isolated interventions, these programmes were conceived as the practical expression of the Four Pillars' guiding principles. The framework initially established the organising logic for how wellbeing should be communicated, taught, provided, and assured across the UKSI performance environment. Its purpose was not only to formalise welfare provision but to offer a coherent scaffolding through which subsequent initiatives could achieve cultural legitimacy and operational consistency if applied within this set of principles. The later implementation of MHA and MHC was therefore an attempt to translate the Four Pillars' conceptual intent into lived organisational practice, ensuring that the values of openness, education, and accountability were embedded within daily interactions.

The evolution of wellbeing in elite sport has been marked by a steady movement away from reactive provision toward the creation of coherent and enduring systems of care. Earlier segments of this review traced how wellbeing in high-performance environments gradually shifted from narrow, medicalised interventions to holistic frameworks grounded in relational, ecological, and organisational thinking. Within this international progression, the UKSI represents our critical case. Its approach to mental health and wellbeing emerged at a moment when the sector was undergoing philosophical recalibration, recognising that isolated welfare measures could not sustain long term change. Instead, wellbeing required structural alignment, educational reinforcement, and cultural legitimacy.

The Four Pillars framework – Communication, Education, Provision, and Assurance – was the United Kingdom Sports Institute's response to the growing recognition that athlete welfare could not be separated from organisational health. Emerging in the aftermath of the 2017 UK Sport Culture Health Check, which exposed inconsistencies in safeguarding, limited psychological literacy among staff, and a deeply rooted performance first ethos, the framework marked a significant recalibration of institutional priorities. The 2018 Mental Health Strategy sought to move beyond fragmented or crisis-led interventions by embedding wellbeing into the structural fabric of performance systems. The Four Pillars became the

organising mechanism for this ambition, translating abstract commitments to athlete care into operational form.

Unlike earlier approaches that treated wellbeing as an isolated programme or reactive service, the United Kingdom Sports Institute positioned it as a collective responsibility shared across policy, leadership, and everyday practice. This shift represented a movement from rhetorical advocacy to structural embodiment and aligned with the growing international consensus that athlete mental health must be treated as a core responsibility rather than a secondary concern. The International Olympic Committee (2019) stated that 'athletes' rights to mental health support are integral to their rights to health and wellbeing' (p. 1), while its 2023 Mental Health Action Plan reaffirmed that 'there is no health without good mental health' (p. 3). The Four Pillars framework therefore signified both a moral and organisational commitment: an attempt to institutionalise wellbeing as a foundation of performance and as a measure of institutional integrity.

2.5.1. The Theoretical Foundations of the Four Pillars Framework

The Four Pillars framework is grounded in the principle that wellbeing is not an individual trait but a collective and organisational responsibility. Within the UKSI, its introduction marked a shift from reactive, specialist led welfare toward a preventative model embedded within daily structures, relationships, and values. In doing so, the framework reflects biopsychosocial and ecological perspectives translated into organisational practice.

This orientation aligns with the argument that athlete wellbeing depends on an integrated approach encompassing emotional, physical, social, and environmental factors (Reardon et al., 2019). Communication, Education, Provision, and Assurance were conceived as interconnected components rather than discrete initiatives, designed to ensure that wellbeing principles are enacted consistently. Central to this logic is the expectation that responsibility is shared across all levels of staff, with systems structured to prevent distress, promote trust, and embed care within routine performance environments.

A conceptual foundation for this approach can be found in Henriksen et al. (2020), who describe performance environments that support mental health as value driven systems that

communicate coherent messages, empower individuals, and accommodate multiple identities within a shared culture. This aligns with the intention underpinning the Four Pillars, which establish wellbeing as an expected feature of daily practice. The framework can therefore be understood as a mechanism for cultural alignment, ensuring that the actions of leaders, coaches, and support staff reflect consistent values rather than individual discretion.

Evidence from elite sport research supports this focus on relational and organisational conditions. Holt and Dunn (2003) and Hill et al. (2016) demonstrate that trust, cohesion, and psychological safety enable athletes to manage pressure and sustain performance. Complementary work by Côté (2014) and Nesti (2016) shows that leadership characterised by empathy and open communication fosters resilience and self-regulation. These findings underpin the Education pillar, which aims to equip staff with the knowledge and confidence to recognise early signs of distress and respond appropriately. Purcell et al. (2019) reinforce this, arguing that training staff and teammates to identify signs of struggle is central to early intervention and inclusive environments, redistributing responsibility across the system.

The Provision and Assurance pillars draw on organisational wellbeing scholarship emphasising the relationship between individual experience and structural conditions. Estes and Sirgy (2018) argue that wellbeing depends on balance across physical, psychological, and social domains, supported by equitable access to resources, reflected in the Provision pillar. Kuettel, Pedersen, and Larsen (2021) conceptualise wellbeing as an emergent property of interdependent systems shaped by cultural and institutional contexts. The Assurance pillar operationalises this by embedding accountability and feedback into delivery, ensuring that wellbeing remains visible in practice rather than aspirational.

The Four Pillars therefore position wellbeing as the outcome of collective processes in which communication, education, access to support, and accountability are integrated into daily practice. Within the UKSI, this approach redefines wellbeing as a core element of system design, introducing mechanisms through which responsibility is shared and alignment between policy and practice is maintained. The framework can thus be understood as a model of organisational care, where athlete welfare reflects both leadership and system integrity.

The next step is to examine how culture is mediated through the Four Pillars, considering how shared values are translated into everyday interactions, decisions, and practices within the UKSI.

2.5.2. Embedding Values into Culture

While the Four Pillars framework offered structural coherence, its capacity to drive lasting change was contingent on the cultural conditions in which it operated. Fletcher and Wagstaff (2009) caution that high-performance systems frequently privilege outcomes over welfare, producing what they describe as 'performance-at-all-costs' climates that undermine collective care. In a related observation, Rogerson (2017) argues that wellbeing discourse is sometimes appropriated for reputational or compliance purposes rather than leading to a meaningful redistribution of responsibility. Within such settings, initiatives risk remaining procedural visible in documentation yet detached from lived experience.

By contrast, Henriksen and Stambulova (2017) emphasise the importance of cultural psychology, suggesting that the effectiveness of wellbeing frameworks depends on the alignment between institutional values and everyday practice. When leadership behaviour, communication norms, and staff development reinforce shared values of care and respect, wellbeing begins to function as an organising principle rather than an administrative exercise. This interpretation finds further support in the work of Goubert and Craig (2020), who observe that structural reforms in public health achieve endurance only when anchored in sustained cultural reinforcement. Collectively, these perspectives indicate that the sustainability of the Four Pillars is not determined by structural design alone but by the values and interactions through which it is enacted.

Evidence from the UKSI reflects this complex interplay between system design and cultural translation. Leyland et al. (2022) reported that 23.7 percent of UKSI athletes experienced high or very high psychological distress, with para-athletes and non-podium athletes disproportionately affected. Miller et al. (2024) further found that some athletes felt excluded from wellbeing provision, perceiving that staff did not always recognise them as ‘person first, athlete second’ (p. 126). These findings highlight that the Four Pillars, though conceptually coherent, faced uneven implementation in practice. Cumming and Ranson (2021) add that

there remains ‘little evidence of formalised systems for embedding athlete feedback into programme development’ (p. 6), implying that strategic intent had not yet matured into participatory governance.

The need for structural follow-through is further emphasised by Gouttebarge et al. (2019), who argue that national federations must ensure consistent oversight to convert awareness into meaningful provision. Within the UKSI, this means that leadership, communication, and education must function as interdependent levers of change. When these components align, wellbeing becomes part of the institution’s operational DNA. When they do not, frameworks risk devolving into symbolic compliance, a state Henriksen et al. (2020) describe as, well-intentioned but superficial, lacking the reinforcement that authentic culture requires.

The durability of these values was soon tested by the extraordinary disruption of the COVID-19 pandemic, which redefined how wellbeing was delivered and experienced across elite sport. The UKSI, like many organisations internationally, was forced to adapt its established modes of engagement, translating the principles of the Four Pillars into new digital and hybrid formats. This period exposed the tension between structural intent and relational practice, revealing both the flexibility and the fragility of wellbeing systems under pressure; a period discussed in the next section.

2.6. Delivery of Wellbeing Programmes: Relational vs Transactional Models

The effectiveness of wellbeing programmes in elite sport depends not only on their design but also on the pedagogical approaches through which they are delivered. The literature draws a clear distinction between relational pedagogies, which prioritise trust, empathy, and athlete-centred dialogue, and transactional pedagogies, which emphasise compliance, efficiency, and measurable outcomes. This distinction has practical implications for whether wellbeing initiatives become integrated into sporting culture or remain superficial and symbolic. Within this debate, Fletcher and Wagstaff (2009) caution that ‘analysis in elite sport has too often taken the form of intermittent snapshot analysis rather than an ongoing process of continued analysis to obtain meaningful, accurate, and consistent data’ (p. 431). Their

observation extends directly to pedagogy itself: when delivery reflects the same transactional mindset, programmes risk being adopted for compliance rather than embedded in practice.

Relational pedagogies, by contrast, are grounded in authenticity, empathy, and sensitivity to the wider context of athletes' lives. This approach acknowledges that wellbeing cannot be advanced through instruction alone but must be cultivated through relationships of trust and understanding. Brady (2021) captures this principle clearly, observing that 'athletes cannot be reduced to their performance outputs; their wider psychosocial needs must be considered if interventions are to succeed' (p. 4). This recognition positions the athlete as a person first, not solely as a performer, and situates wellbeing as an ongoing commitment rather than a discrete intervention. Nesti (2016) makes a related point, explaining that 'trust is established when practitioners engage with the whole person, including their sense of meaning and identity in sport' (p. 112). Relational delivery therefore extends beyond teaching method; it functions as a cultural stance that embeds wellbeing within athlete development and reinforces the ethical foundations of resilience.

The strengths of relational pedagogies are especially visible in studies of psychosocial competencies. Holt and Dunn (2003) identified a range of attributes required for success in elite youth football, writing that:

> the competencies were labelled Discipline (i.e., conforming dedication to the sport and a willingness to sacrifice), Commitment (i.e., strong motives and career planning goals), Resilience (i.e., the ability to use coping strategies to overcome obstacles), and Social Support (i.e., the ability to use emotional, informational, and tangible support) (p. 199).

This research shows that resilience and social support, both relational in nature, are crucial for sustaining wellbeing. Lundqvist and Sandin (2014) reached a similar conclusion, observing that 'autonomy in sport was reflected in a described ability for self-reflection on what is best for you and your athletic development based on your own wishes and needs' (p. 251). Relational pedagogies, by encouraging dialogue and co-construction of knowledge, are better suited to supporting autonomy than transactional approaches, which impose fixed content in a top-down manner.

The tendency toward transactional pedagogies in elite sport is often evident in one-off workshops and compliance-based training. While these approaches offer efficiency and

consistency, they rarely generate meaningful cultural change or sustained engagement. Research consistently highlights this limitation. Gorczynski et al. (2019) observe that 'education strategies focused on information provision alone are limited in their capacity to reduce stigma and foster cultural change in sport' (p. 56). Similarly, Breslin et al. (2019) found that 'the majority of evaluated programmes were of short duration, with minimal follow-up, and focused primarily on increasing awareness rather than producing sustained behavioural change' (p. 8). These findings illustrate a core limitation of transactional pedagogy: although effective for meeting governance requirements, it lacks the relational depth necessary for lasting impact.

The case for relational pedagogy becomes more compelling when considered in relation to help seeking and stigma reduction. Purcell et al. (2019) show that 'intervention strategies for improving help-seeking in young elite athletes should focus on reducing stigma, increasing mental health literacy, and improving relations with potential providers' (p. 1). Donnelly et al. (2016) similarly note that 'programmes which emphasise social interaction and supportive relationships are more effective in producing wellbeing outcomes than those delivered in isolated or didactic ways' (p. 120). These studies demonstrate that relational approaches extend beyond engagement, creating the conditions through which wellbeing becomes embedded within everyday social practice, supported by trust, empathy, and connection.

However, transactional approaches cannot be entirely removed. Elite sport operates within structural and regulatory conditions that prioritise standardisation, documentation, and accountability. Within these constraints, wellbeing risks being reduced to measurable indicators that fail to capture lived experience. Rogerson (2017) warns that 'the danger is that wellbeing becomes measured by easily quantifiable indicators that may not reflect the lived experiences of athletes' (p. 210). Currie (2019) reinforces this concern, noting that 'wellbeing education in elite sport has frequently been treated as a governance exercise rather than a transformative practice, leading to a gap between policy rhetoric and athlete experience' (p. 15). This creates an ongoing tension in practice, where relational approaches are more effective, yet transactional methods persist within systems that prioritise measurable outputs.

Across the literature, a hybrid model emerges as the most viable approach. Transactional interventions may introduce awareness and satisfy governance expectations, but they require

reinforcement through sustained relational engagement to achieve cultural impact. As Breslin et al. (2019) caution, without continued engagement, awareness raising initiatives quickly diminish (p. 8). This balance reflects a broader challenge across wellbeing frameworks, requiring ongoing negotiation between institutional accountability and athlete centred practice.

Pedagogical approaches are therefore central to the legitimacy and effectiveness of wellbeing delivery. Relational pedagogies embed wellbeing through trust, autonomy, and dialogue, whereas transactional approaches risk superficiality when used in isolation. Evidence suggests that sustainability depends on prioritising relational qualities within structurally constrained systems (Currie, 2019; Gorczynski et al., 2019). This tension has intensified following the COVID 19 pandemic, which accelerated the shift toward online and hybrid delivery. While digital formats improved accessibility, they also raised questions about whether relational depth can be sustained in virtual contexts (Samuel et al., 2020; Schinke et al., 2017). Understanding how programmes adapted to these conditions is essential for evaluating their long-term impact on athlete engagement.

2.6.1. Organisational Fragility and Structural Barriers

Efforts to embed wellbeing within elite sport have advanced, yet research continues to highlight structural and cultural vulnerabilities that constrain sustainability. Beneath the visible success of many systems lies a fragility shaped by limited resources, practitioner overload, and reliance on individual goodwill rather than institutional commitment. This compromises long term integration, producing environments where initiatives emerge but struggle to become embedded in daily practice (Arnold et al., 2017; Fletcher and Wagstaff, 2009).

A consistent finding is the continued prioritisation of competitive outcomes over welfare structures. Wellbeing programmes are often dependent on discretionary funding and vulnerable to shifting policy priorities, leaving them exposed to inconsistency (Andersen et al., 2015; Roberts et al., 2018). Allen et al. (2014) emphasise that ‘the social determinants of mental health are inseparable from structural conditions’ (p. 5), highlighting that sustained wellbeing depends on organisational investment rather than individual resilience. When small

practitioner teams are required to manage complex psychological demands without sufficient support, capacity is constrained. Arnold et al. (2021) similarly found that unclear professional boundaries and heavy workloads generate practitioner strain and burnout, described as "systemic vulnerability" (p. 2047). Eklund and DeFreese (2020) extend this by framing burnout as evidence of institutional limitations in structuring care.

This fragility is also recognised in international policy. The International Olympic Committee states that wellbeing management must 'involve both treatment of affected individual athletes and optimising environments in which all elite athletes train and compete' (Reardon et al., 2019, p. 667). Henriksen et al. (2020) reinforce this by advocating 'personalised and culturally sensitive interventions' (p. 555) embedded within organisational systems. Without integration, wellbeing remains vulnerable to staff turnover, financial instability, and short-term commitment.

Funding structures within high-performance sport further intensify instability. The cyclical nature of Olympic and Paralympic funding produces periods of investment followed by decline (Houlihan and Malcolm, 2015), limiting continuity in delivery and evaluation. Breslin et al. (2017) note that many programmes are introduced with optimism but rarely maintained or reviewed, concluding that 'initiatives relying on individual effort, rather than embedded systems, are unlikely to take hold culturally' (p. 2). This repetition undermines trust and weakens the consistency required for wellbeing to become an enduring organisational feature.

Inequalities in provision further expose structural limitations. Rogerson (2017) observes that athletes in well resourced team sports often benefit from established psychological services, whereas those in less visible disciplines experience restricted access, reflecting broader funding hierarchies. Without coordinated planning, wellbeing risks remaining unevenly distributed rather than universally accessible.

The concept of resilience provides a counterpoint to this fragility. Biddle et al. (2020) describe resilient systems as those characterised by adaptability, integration, and redundancy. Within elite sport, few wellbeing frameworks demonstrate these qualities consistently. Initiatives such as the Australian Institute of Sport's Mental Fitness Program illustrate progress by embedding mental health within governance structures, yet their durability remains

dependent on sustained leadership, funding, and collaboration. Resilience is therefore not inherent but must be developed through organisational design and cultural reinforcement.

The consequences of structural weakness are reflected in evidence on mental health risk. Currie et al. (2019) report that mental health emergencies in elite environments can include 'the entire range of mental health symptoms and disorders, including neurocognitive disorders, substance use, suicidality, and self-harm' (p. 772), highlighting the need for preparedness and clear protocols. Gouttebarge et al. (2017) further demonstrate that athletes exposed to adverse life events were 'up to five times more likely to report symptoms of common mental disorders' (p. 2153). These findings emphasise that risk is shaped by organisational conditions. Where protective systems are weak, vulnerability increases, linking structural fragility directly to athlete safety and engagement with support.

2.6.2. Cultural Embedding versus Symbolic Compliance

Beyond structural fragility, research highlights that organisational culture determines whether wellbeing programmes achieve meaningful integration or remain symbolic. Symbolic compliance occurs when wellbeing language is used to demonstrate accountability rather than transform everyday practice (Breslin et al., 2019; Roberts et al., 2020). By contrast, cultural embedding involves the diffusion of wellbeing values throughout routines, language, and decision making. Rogerson (2017) warns that without such embedding, efforts remain fragile and are easily displaced when competitive pressures intensify. Uphill et al. (2016) extend this argument, noting that framing mental health purely in terms of illness 'contributes to stigmatisation, denial, and the prevention of effective care' (p. 1), meaning awareness may increase without challenging deeper performance assumptions.

Other studies reinforce this distinction. Purcell et al. (2019) stress that 'increased awareness requires an early intervention framework to respond to athlete needs' (p. 46), highlighting that awareness alone risks becoming tokenistic. Henriksen et al. (2020) similarly observe that 'sometimes "everybody's business" means "nobody's responsibility"' (p. 558), illustrating how diffuse accountability can undermine progress. Sustainable wellbeing therefore requires both structural capacity and cultural ownership so that responsibility is enacted across the system.

The literature on organisational learning extends this discussion by showing that lasting cultural change depends on continuous feedback and reflection. Fletcher and Wagstaff (2009) argue that transformation requires sustained investment in organisational psychology as part of performance systems rather than an optional addition. Embedding therefore depends on feedback loops, leadership accountability, and shared knowledge systems that distribute responsibility collectively. Without these elements, initiatives may generate procedural compliance without substantive change.

Evaluation practices are central to this process. Breslin et al. (2017) note that many programmes are assessed through short term or narrowly defined outcomes. Huppert (2014) argues that 'effective measurement of wellbeing requires the use of multidimensional scales that capture various aspects of an individual's mental and social health' (p. 12). When evaluation relies on attendance data or satisfaction metrics, lived experience is overlooked. Rogerson (2017) suggests this reflects a broader tendency within elite sport to equate what is measurable with what is meaningful.

Power relations within performance environments further shape whether wellbeing becomes embedded. Roberts et al. (2020) report that 'athletes often withhold their thoughts or concerns in group settings when performance staff are present, fearing repercussions or a perceived threat to selection' (p. 113). This demonstrates that symbolic compliance can emerge through everyday interactions, not only policy design. Embedding therefore requires environments that promote psychological safety and protect athlete voice.

Leadership remains central to shaping these conditions. McCalla and Fitzpatrick (2022) emphasise that commitment must extend beyond rhetoric to include consistent modelling, reinforcement, and resource allocation. Uphill et al. (2016) capture this clearly, arguing that 'enhancing mental wealth in athletes requires the integration of psychological support into the culture and fabric of sport organisations, not as an add-on, but as a strategic and structural priority' (p. 6). Embedding depends on alignment between values, actions, and structures so that care and performance function as mutually reinforcing principles.

Comparative research further illustrates these dynamics. Reviews across Europe, Australia, and North America (Henriksen and Stambulova, 2019; Reardon et al., 2019; Moesch et al., 2018) show that while wellbeing is widely recognised in strategy, implementation remains

uneven. Some systems rely on awareness campaigns, while others adopt ecological approaches that embed wellbeing into daily practice. Where symbolic compliance persists, stigma and inconsistency remain. In contrast, embedded systems prioritise co production, incorporate athlete and practitioner voice, and link wellbeing outcomes to leadership accountability.

Taken together, the literature demonstrates that fragility, symbolic compliance, and cultural embedding are interdependent conditions shaping wellbeing systems. Symbolic gestures may satisfy short term accountability demands but rarely produce lasting change. Meaningful integration requires positioning wellbeing as both a structural and epistemic priority that shapes how knowledge is generated and enacted. Without alignment between culture, leadership, and practice, wellbeing remains visible but peripheral.

2.7. Exploring Wellbeing Provision in Elite Sport

While awareness of athlete wellbeing has grown substantially, detailed examination of how wellbeing is organised, delivered, and sustained within elite sport remains limited. The field has generated strong conceptual work on mental health and performance, yet relatively few studies have interrogated the structures through which wellbeing is enacted and evaluated in practice. This gap is increasingly visible across recent scholarship, where authors highlight the need to move beyond description of initiatives toward a systematic understanding of how they function within complex, high-pressure environments.

Schlawe, Christiansen and Henriksen (2025) underline this challenge, noting that:

> unlike at the talent development level, where landmark research has demonstrated the role of the environment in an athlete's successful development … research has yet to examine the unique social and organisational environments within which elite athletes are embedded, and to understand how these environments support athletic performance and wellbeing (p. 1).

Their observation captures the imbalance between conceptual ambition and empirical depth that continues to characterise the field. Much of the current evidence documents individual or programme-level efforts but offers little insight into the mechanisms that sustain or constrain them. As Schlawe, Christiansen and Henriksen (2025) further explain, 'a significant

gap in the literature persists regarding how to effectively cultivate them' (p. 1). The absence of systematic evaluation, they argue, leaves questions unanswered about what makes wellbeing initiatives successful, how they evolve over time, and how they can be embedded within the everyday realities of elite sport.

Their observation captures the imbalance between conceptual ambition and empirical depth that continues to define this field. Much of the evidence focuses on individual or programme level interventions but offers limited insight into the mechanisms that sustain or constrain them. Schlawe, Christiansen, and Henriksen (2025) highlight this gap, noting that 'a significant gap in the literature persists regarding how to effectively cultivate them' (p. 1). The absence of systematic evaluation leaves unresolved questions about effectiveness, development over time, and integration within the everyday realities of elite sport.

In response, several authors call for more contextually grounded analyses that recognise the interdependence between mental health and performance. Pilkington et al. (2025) observe that 'while research on mental health and wellbeing in elite sports has increased, there are few studies regarding models of care for responding to mental health needs in this population' (p. 397). Cumming and Ranson (2021) similarly identify the need for comprehensive evaluation of wellbeing programmes to assess long term impact and structural coherence. This aligns with Rice et al. (2016) and Currie (2019), who argue that research must extend beyond individual outcomes to examine organisational and cultural conditions. The absence of such integrated analysis reflects what Purcell et al. (2019) describe as a fundamental gap: 'currently, there is no comprehensive framework or model of care to support and respond to the mental health needs of elite athletes' (p. 2).

Schlawe, Christiansen, and Henriksen (2025) further emphasise this absence, stating that 'No research has to date made the HPSE the central object of investigation' (p. 8), while acknowledging that adjacent work points to relevant characteristics. This reflects a broader limitation across the field. Henriksen et al. (2020) observe that wellbeing is widely endorsed in principle but lacks an evidence base demonstrating how initiatives function in practice or evolve over time. Rogerson (2017) similarly argues that even well resourced infrastructures can fail if they are not examined for legitimacy, uptake, and cultural alignment. Fletcher and Wagstaff (2009) reinforce this, noting that 'analysis in elite sport has too often taken the form

of intermittent snapshot analysis rather than an ongoing process of continued analysis to obtain meaningful, accurate, and consistent data' (p. 431). Together, these studies highlight the need for longitudinal and context sensitive approaches that capture how wellbeing initiatives operate and adapt.

Within this landscape, Cumming and Ranson's (2021) study remains one of the few analyses of a national wellbeing strategy in elite sport. Their examination of the UK system describes the establishment of a Mental Health Expert Panel and tailored education programmes, identifying short term benefits such as increased awareness and reduced insurance claims. However, reliance on early data and limited metrics leaves unresolved questions about long term sustainability, integration into practice, and practitioner experience. Long term evaluation therefore remains a critical but underdeveloped area of research.

Scholars examining temporal dynamics argue that meaningful understanding of impact requires attention to change over time rather than short term assessment. Cobley and Till (2017) and Donnellan and Conger (2007) emphasise that longitudinal research is essential for identifying cumulative or delayed effects that immediate evaluations cannot capture. Pilkington et al. (2025) reinforce this point, stating that 'while the need for mental health provision for those within elite sport settings is clear, there remains little understanding of how to effectively deliver mental health and wellbeing support to this population' (p. 399). They further argue that 'evaluating current leading examples of mental health services is critical for informing the development and delivery of both the evaluated service, and other similar programs' (p. 399). Without longitudinal and comparative analysis, initiatives risk remaining descriptive rather than developmental.

What remains largely absent is a detailed examination of how national wellbeing frameworks are translated into everyday organisational practice. The literature repeatedly calls for evaluation, yet most studies focus on provision rather than the processes through which wellbeing is embedded, resisted, or adapted. There is limited insight into how practitioners interpret strategic directives, how leadership shapes uptake, or how feedback, power, and culture influence sustainability. This represents both a methodological and conceptual gap, as wellbeing continues to be treated as an outcome rather than a socially constructed and

institutionally mediated process. The next section addresses this gap by examining these dynamics in greater detail.

2.7.1. Conceptual and Methodological Limitations in Existing Research

International studies reinforce the need for deeper and more sustained analysis. Eurostat's (2023) report on subjective wellbeing highlights that most investigations remain cross sectional, treating wellbeing as static rather than dynamic. Stambulova and Wylleman (2019) similarly call for longitudinal approaches capable of tracing wellbeing across key transitions such as injury, selection, and retirement. Purcell et al. (2019) further note the absence of research that analyses interventions within their cultural and organisational contexts, warning that without such perspectives the field risks partial or misleading conclusions. Currie et al. (2019) extend this argument by emphasising organisational uncertainty in responding to athlete needs, stating that 'clinicians who work with athletes need guidance on an appropriate response, especially as emergencies may arise when an athlete does not have rapid access to experienced mental health personnel or appropriate facilities' (p. 772). Together, these insights underline both the fragility of current provision and the need for stronger analytical foundations.

Conceptual limitations compound these methodological weaknesses. Holt and Dunn (2003, 2004) identified psychosocial competencies such as discipline, resilience, and social support as central to athlete wellbeing, yet these insights have rarely been developed into frameworks capable of guiding evaluation or practice. Subsequent studies provide valuable but partial contributions. Kuettel, Pedersen, and Larsen (2021) demonstrate links between social networks and mental health outcomes, but their cross sectional design and reliance on self report data limit causal interpretation. Rice et al. (2016) similarly highlight the interaction between sport culture and mental health, showing how stigma, performance pressure, and limited literacy constrain help seeking and reduce the effectiveness of wellbeing initiatives. Collectively, this work confirms that while wellbeing is widely recognised, the field lacks coherent frameworks for analysing programmes within organisational contexts.

This fragmentation is examined directly by Schlawe, Christiansen, and Henriksen (2025), who argue that 'research related to high performance sport has been approached from multiple

perspectives and with varying purposes, rather than a single, unified position' (p. 2). They further note that 'there exists no conceptual clarity on how to define an HPSE (high performance sport environment)' (p. 4), while acknowledging that proposed definitions remain theoretical and require empirical validation. Their analysis reinforces the need for research that connects theory with applied evaluation.

Across the literature, there is increasing recognition that wellbeing initiatives must be shaped by both evidence and cultural understanding. Breslin et al. (2019) note that 'research focused on mental health in sport has revealed a need to develop evidence-supported mental health practices that are sensitive to sport culture' (p. 1). However, few frameworks combine empirical robustness with cultural responsiveness, leaving many strategies provisional rather than sustained systems of care.

A further pattern is that wellbeing provision remains at an early stage of development. Brady (2021) observes that holistic and culturally sensitive approaches are only beginning to emerge, with limited integration between performance and welfare priorities. Currie (2019) similarly suggests that initiatives are often introduced without clear mechanisms for long term evaluation or reflection, restricting organisational learning. Lundqvist and Sandin (2014) and Purcell et al. (2019) add that unless wellbeing is understood as dynamic and multifaceted, its potential remains constrained.

Across this body of work, wellbeing research in elite sport emerges as fragmented and underdeveloped. Most studies describe initiatives rather than interrogate them, relying on short term or cross sectional designs that overlook organisational conditions shaping their success. Scholars including Breslin et al. (2019), Currie (2019), Cumming and Ranson (2021), Purcell et al. (2019), and Rice et al. (2016) consistently call for research that is systematic, contextually grounded, and sensitive to the environments in which wellbeing is enacted. The present study responds directly to this need through a critical examination of wellbeing strategies at the UKSI, contributing to understanding of how wellbeing can be developed and sustained within elite sport systems.

A further dimension of this gap concerns the absence of robust feedback mechanisms. Even where initiatives exist, few studies demonstrate that athlete or practitioner perspectives are systematically integrated into organisational learning. Breslin and Leavey (2019) caution that

without ongoing feedback and reflection, initiatives risk remaining static and symbolic. This aligns with Fletcher and Wagstaff's (2009) argument that intermittent analysis cannot replace continuous feedback loops capable of capturing change over time. Purcell et al. (2019) and Currie (2019) similarly highlight that without such mechanisms, barriers such as stigma, accessibility, and uneven uptake remain poorly understood. Developing effective systems for feedback and co production is therefore both a methodological and conceptual requirement, distinguishing provisional initiatives from culturally embedded systems of care.

2.7.2. The Underexplored Role of Feedback Mechanisms

Although the importance of athlete wellbeing has gained wide recognition, the literature continues to show that feedback mechanisms within elite sport remain among the least examined aspects of wellbeing provision.[4] Historically, systems of analysis have focused primarily on performance and physiological outcomes, leaving psychological feedback and athlete reflection largely unstructured (Neupert et al., 2022). Tools such as the International Olympic Committee's Sport Mental Health Assessment Tool 1 and Sport Mental Health Recognition Tool 1 represent important progress in formalising psychological screening (Gouttebarge et al., 2020), yet little is known about how these tools are implemented or whether they influence organisational culture in practice.

Recent evidence reinforces this limitation. Neupert et al. (2022) report that many high-performance organisations rely on practitioner designed wellness questionnaires that 'lack validity, reliability, and interpretive coherence' (p. 4). Such systems tend to quantify data without exploring meaning, documenting wellbeing rather than enhancing it. Fletcher and Wagstaff's (2009) earlier critique can be extended to feedback practices, which often remain intermittent and administrative, designed for oversight rather than learning. Structures may therefore exist, but they frequently serve visibility and compliance rather than sustained reflection on athlete experience.

[4] Feedback mechanisms can be understood as dynamic systems of communication and reflection that enable continuous learning within organisations. In wellbeing contexts, they function as the channels through which experiences, outcomes, and perceptions are gathered, interpreted, and reintegrated into future practice.

A related limitation concerns the absence of integration between feedback systems and mental health provision. While Schliep et al. (2021) and Johnson et al. (2019) demonstrate advanced feedback systems in physiological domains, comparable development in psychological monitoring remains limited. Breslin and Leavey (2019) caution that 'without processes of feedback and reflection, wellbeing initiatives risk remaining static and symbolic, unable to adapt to emerging needs' (p. 113). This reflects a broader pattern across the literature in which data are collected but rarely translated into actionable insight. The consequences of this gap are evident. Gouttebarge et al. (2017) found that athletes exposed to distress were significantly more likely to report symptoms of anxiety and depression, affecting as many as 45 percent of elite performers (p. 192). Rice and Purcell (2016) similarly warn that 'without this, programmes risk reinforcing stigma rather than dismantling it' (p. 1337). Feedback is therefore not simply a technical process but a structural condition shaping whether wellbeing systems can adapt and protect those they serve.

Cumming and Ranson (2021) identify similar limitations within the UKSI context. While noting progress in awareness and training, they found 'little evidence of formalised systems for embedding athlete feedback into programme development' (p. 6). This represents a structural constraint on organisational learning. Henriksen et al. (2020) reinforce this position, arguing that effective performance environments must be 'integrated, values based, send clear messages and engage in practices that are coherent with these values, allow multiple identities, and empower the athletes' (p. 556). From this perspective, coherence depends on feedback that is continuous and dialogic rather than periodic or procedural.

Research also highlights that effective feedback depends on the conditions that enable open communication. Currie et al. (2019) show that feedback processes require both psychological safety and professional preparedness, noting that 'clinicians who work with athletes need guidance on an appropriate response, especially as emergencies may arise when an athlete does not have rapid access to experienced mental-health personnel or appropriate facilities' (p. 772). This reframes feedback as a test of organisational readiness. The issue is not only whether information is shared, but whether systems are equipped to respond to vulnerability. Andersen, Houlihan, and Ronglan (2015) similarly argue that 'the ecology of elite sport leaves

little space for reflexive learning' (p. 23), as performance pressures often override opportunities for reflection.

Within the United Kingdom, empirical research on mental health feedback remains limited. Although initiatives such as the Mental Health Expert Panel and Mental Health Awareness and Champions programmes signal progress, evidence on how athlete perspectives are gathered and used to inform development remains scarce. Cumming and Ranson (2021) again note 'little evidence of formalised systems for embedding athlete feedback into programme development' (p. 6). This limitation is mirrored in technological practice. Rossi et al. (2018) observe that 'digital tools designed to capture real-time athlete data are expanding, yet their use for mental-health feedback remains conceptually underdeveloped' (p. 84). The continued prioritisation of physiological monitoring over psychological insight reinforces what Purcell, Gwyther, and Rice (2019) describe as 'a gap between awareness and action' (p. 45).

Bridging this gap requires a stronger emphasis on athlete voice. Across the literature, co-production and cultural sensitivity are consistently identified as essential but underdeveloped. Breslin et al. (2019) note that 'research focused on mental health in sport has revealed a need to develop evidence-supported mental-health practices that are sensitive to sport culture' (p. 1). Fletcher and Wagstaff (2009) similarly emphasise the need for 'continued analysis to obtain meaningful, accurate, and consistent data' (p. 431). These perspectives position feedback as a relational and iterative process through which understanding is constructed and shared across the system.

Overall, the literature portrays feedback in elite sport as present but fragmented and insufficiently integrated into organisational learning. Systems that collect data without embedding reflection risk creating an illusion of progress while leaving underlying issues unresolved. Studies across psychology, sociology, and organisational sport science converge in calling for approaches that combine structured monitoring with contextual understanding, allowing athlete perspectives to inform decision making and development (Breslin and Leavey, 2019; Cumming and Ranson, 2021; Henriksen et al., 2020; Rice and Purcell, 2016; Fletcher and Wagstaff, 2009). Addressing this limitation requires more than technical refinement. It demands a shift toward feedback as a continuous, participatory process

through which organisations learn from lived experience and embed wellbeing as a shared responsibility.

2.7.3. Conclusion: Addressing the Gap and Positioning the Present Study

This study directly responds to these critical gaps in the literature, particularly the lack of research examining how wellbeing is organised and enacted within elite sport systems. Existing scholarship has emphasised the importance of mental health and produced valuable conceptual models, yet has offered limited insight into how wellbeing strategies are implemented, adapted, and sustained in practice. Issues such as underdeveloped feedback mechanisms, minimal practitioner involvement in programme design, and methodological tendencies toward snapshot, athlete-only data have contributed to a fragmented understanding of wellbeing provision.

To address this, the study foregrounds the perspectives of practitioners responsible for designing, commissioning, and delivering the UKSI's national wellbeing strategy. This includes members of the Mental Health Expert Panel alongside those involved in operational delivery, policy development, and programme oversight. Engaging this group provides access to the interpretive, relational, and institutional processes through which wellbeing policy was translated into practice, offering insights rarely accessible in elite sport research.

This approach provides the analytical depth that scholars have called for in exploring how organisational culture and leadership shape the legitimacy and sustainability of wellbeing initiatives (Fletcher and Wagstaff, 2009; Rogerson, 2017). It enables examination not only of programme effectiveness but also of how conceptual debates, institutional constraints, and interpersonal dynamics influenced coherence, uptake, and long-term viability. In doing so, the study offers a more nuanced understanding of wellbeing as a socially constructed process rather than a static outcome.

By examining the perspectives of those who developed and steered wellbeing strategy within the UKSI, the research reveals the tensions, compromises, and reflexive learning that informed the creation of a national wellbeing agenda. No published studies have previously explored the UKSI's framework through the lens of its designers and implementers. This thesis

therefore makes an original contribution by addressing an empirical and conceptual gap and providing a foundation for more embedded, accountable, and sustainable wellbeing systems in elite sport.

The next chapter outlines the methodological design of the study. It details the philosophical foundations that inform the research, explains the methodological choices made to address the study's aims, and justifies the use of focus groups with practitioners from within the UKSI. It also sets out the sampling strategy, ethical procedures, and analytical processes used to generate and interpret the data. Together, this provides a transparent and coherent account of how the study was constructed to investigate the issues identified in the literature.

Chapter 3: Methodology

3.0. Introduction to the Methodological Framework

This chapter sets out the philosophical stance, procedural decisions, and analytical strategies that underpin the study. In doing so, it aims to produce an account that is theoretically informed, practically grounded, and responsive to the organisational realities of the UKSI. By situating the analysis within the wider performance culture of elite sport, the methodology is positioned to interrogate how wellbeing is not only defined in policy but lived, negotiated, and adapted in the everyday contexts of its delivery and use. Investigating something as complex and context specific as wellbeing in elite sport requires an approach that can hold together individual experiences with the structural conditions that shape them. As others have argued (Hothersall, 2019; Long, McDermott & Meadows, 2018; Avis, 2003; Kaushik & Walsh, 2019), maintaining coherence between epistemology, method, and topic is key to doing meaningful qualitative research. This study follows that view by combining constructivist principles with methods that are sensitive to the realities of institutional life and the perspectives of those working within it.

3.1. From Strategy to Practice: Context of Wellbeing at the UKSI

Understanding how wellbeing is constructed and enacted within the UKSI forms a central focus of this study. Since 2018, wellbeing has been embedded as a core operational concern through four strategic pillars: Communication, Education, Provision, and Assurance. These structures reflect an institutional logic that connects wellbeing with safeguarding, performance sustainability, and organisational accountability (Long, McDermott, & Meadows, 2018; Ronkainen & Wiltshire, 2021). While this framework demonstrates a visible commitment to wellbeing, existing explorations have been limited and often draw on general population models that do not fully address the distinctive challenges of elite sport (Gwyther, et al., 2024; Uphill, Sly, & Swain, 2016).

In practice, wellbeing within the UKSI has been developed through a practitioner-led model. Staff are positioned as the primary conduit for recognising signs of concern, initiating conversations, and directing athletes toward appropriate support. This approach strengthens

coherence and accountability but can also narrow opportunities for co-production and athlete voice (Breslin et al., 2022; Uphill et al., 2016). Practitioners have described wellbeing as a logic of care that operates alongside the performance expectations of high-level sport, often creating tension between developmental support and the metrics that define success (Carless & Douglas, 2013). These tensions are influenced by internal factors such as organisational culture, structural boundaries, and professional roles, as well as by external demands including funding cycles, compliance processes, and reputational pressures.

Against this backdrop, the present study explores how wellbeing is understood, delivered, and experienced within the organisational ecology of the UKSI. It examines how key initiatives, particularly the Mental Health Awareness (MHA) and Mental Health Champions (MHC) programmes, have developed from strategic ambition into lived practice, and how they connect with the wider wellbeing framework organised around the Four Pillars. The enquiry also considers how wellbeing principles are interpreted across different layers of the organisation and how these interpretations influence consistency, access, and sustainability.

Understanding the UKSI's wellbeing provision in this way highlights the need to focus on those who bring these frameworks to life in everyday practice. While strategy sets the vision, the lived meaning of wellbeing emerges through the actions, relationships, and interpretations of staff who work directly within the system. The following section therefore positions practitioners as the central lens for exploration, recognising their experiences as the most direct means of understanding how organisational intentions surrounding wellbeing are realised, adapted, and sustained within high-performance environments.

3.1.1. Practitioners as the Lens for Exploration

A central feature of the UKSI wellbeing strategy is that its flagship programmes were designed for staff rather than athletes. This reflects a deliberate effort to strengthen the organisation from within by equipping those closest to athletes with the knowledge and confidence to recognise early signs of difficulty and embed psychologically informed practices across performance environments. Leadership positioned practitioner education as the foundation of sustainable culture change, reasoning that reform must begin with those shaping athletes' daily experiences before extending to athlete focused provision.

This workforce oriented model marked a shift from international examples where initiatives were primarily athlete focused, often relying on awareness campaigns or peer support. The UKSI approach sought to cultivate a system in which mental health literacy and relational care were normalised within everyday practice. It assumes that athletes are more likely to express concerns within trusted relationships than through external or clinical channels, a view supported by research identifying the sport workforce as critical to early intervention and culture building (Purcell et al., 2019; Breslin et al., 2017).

This organisational logic offers both opportunities and constraints. By embedding wellbeing within staff roles, the UKSI reframed it as a shared responsibility rather than a specialised service, encouraging dialogue and prevention. However, it also exposed variation in delivery, as confidence and interpretation differed between individuals. Breslin and Leavey (2019) warn that programmes without mechanisms for reflection and adaptation risk becoming static and unable to respond to evolving needs. This challenge is heightened in elite sport, where wellbeing and performance priorities often compete for attention and resources (Arnold et al., 2019; Currie, 2019).

Focusing on practitioners provides a direct means of examining how the UKSI wellbeing strategy functions in practice. Positioned at the intersection of organisational intention and lived delivery, practitioners experience the translation of strategic vision into operational reality. Their accounts reveal how wellbeing principles are interpreted and applied, how training initiatives evolve into daily practice, and how organisational culture shapes their ability to sustain change. Fletcher and Wagstaff (2009) emphasise that leadership philosophy and workplace culture are decisive in determining whether initiatives achieve depth and continuity, making practitioner insight critical for evaluating how policy aims are realised and reshaped through practice.

This focus also carries methodological significance. By positioning practitioners as the analytic lens, wellbeing is examined as a process of interpretation rather than a fixed outcome. Their perspectives illuminate how organisational discourse interacts with personal responsibility, revealing tensions that emerge when wellbeing is embedded within performance systems. Henriksen and Stambulova (2017) emphasise that effective strategies depend on maintaining

equilibrium between organisational structure and individual agency, a balance that practitioner accounts are uniquely placed to reveal.

By treating practitioners as the primary lens, the study evaluates how the UKSI's wellbeing frameworks are translated from strategy into practice and how high-performance conditions shape that translation. This situates wellbeing within professional practice, revealing how it is constructed, negotiated, and sustained within organisational culture. The following section develops the conceptual and philosophical assumptions that underpin this design and inform the interpretive framework of the study.

3.2. Philosophical Underpinnings and the Theoretical Orientation of the Research

I adopt an idealist ontological position alongside a constructivist epistemological stance. Together, these commitments establish the conceptual and methodological coherence of the research design. They underpin my decision to treat wellbeing as a socially constructed and contextually embedded phenomenon, and they guide the strategies used to investigate it within the UKSI.

The following sections elaborate these philosophical foundations in more detail, outlining the theoretical orientation, epistemological commitments, and interpretive models that shape the study's approach to wellbeing provision. This philosophical alignment shaped my use of practitioner focus groups and the selection of thematic analysis, which together allowed meaning to be co constructed through dialogue and interpreted as situated knowledge rather than objective data.

3.2.1. Ontology: Interpretivist Idealism

I ground this study in clear philosophical assumptions that underpin qualitative research. Ontology refers to assumptions about the nature of reality, whether it exists independently or is shaped through human perception, while epistemology concerns how knowledge about that reality can be generated and understood (Avis, 2003; Feilzer, 2010; Guba and Lincoln, 1994; Kaushik and Walsh, 2019). Together, these commitments form part of a research paradigm that provides the guiding logic linking research questions, methods, and

interpretation (Braun and Clarke, 2021; Sparkes and Smith, 2009). I therefore adopt a paradigm that recognises meaning as socially constructed and contextually embedded, which is particularly suited to examining wellbeing in elite sport where experiences are shaped by cultural, institutional, and relational conditions (Braun and Clarke, 2021; Ronkainen and Wiltshire, 2021; Sparkes and Smith, 2009).

My ontological position is informed by an idealist constructivist framework. From this perspective, reality is not viewed as external or fixed but as constituted through the experiences and interpretations of individuals. Reality is therefore understood as subjective, multiple, and contingent, allowing different people to construct and interpret the same phenomenon in distinct yet valid ways (Gura, 1992; Kirk, 2012; Vogl, Schmidt, and Zartler, 2019). Idealism in this interpretive sense highlights the importance of meaning making, lived experience, and the relational contexts within which reality is enacted (Ronkainen and Wiltshire, 2021). Vogl, Schmidt, and Zartler (2019, p. 283) argue that "realities exist as multiple intangible mental constructions," a position that reflects the UKSI environment where practitioners hold diverse yet equally credible understandings of wellbeing shaped by their professional roles and institutional contexts. Kirk (2012, p. 2) similarly contends that "no one 'true' reality can or does exist," which aligns with my aim to explore how wellbeing is enacted differently across organisational settings rather than seeking a single definitive account. Gura (1992) further reinforces this stance by suggesting that reality is idealistic in the sense that it develops through situated individual experience.

Within this context, this ontological position establishes the conceptual foundation for examining wellbeing as a lived and socially embedded phenomenon. It directs my analysis toward understanding practitioner experiences not as reflections of an objective truth but as insights into multiple perspectives shaped by culture, discourse, and interaction (Braun and Clarke, 2021; Ronkainen and Wiltshire, 2021; Sparkes and Smith, 2009). This orientation flows into a constructivist epistemology in which knowledge is understood as co produced through relational and interpretive processes (Guba and Lincoln, 1994; Kaushik and Walsh, 2019). The alignment between ontology and epistemology therefore ensures coherence across the design and analysis of this qualitative study, providing a robust framework for exploring how wellbeing is constructed and enacted within the high-performance environment of the UKSI.

3.2.2. Epistemology: Constructivism

Building on the idealist position outlined above, I adopt a constructivist epistemology. Within this framework, knowledge is understood as something actively produced through interaction, language, and shared cultural meaning, a position articulated by Berger (2015) and further developed by Sparkes and Smith (2016). Their work emphasises that understanding is situated rather than universal, shaped by the relational contexts in which it is generated. From this perspective, reality is co constructed through dialogue and interpretation, with the research encounter itself becoming a site of knowledge creation. This relational dimension is emphasised by Guba and Lincoln (1994), who argue that "truth" in constructivist inquiry is negotiated rather than discovered, emerging through communication and reflection among those involved in the process.

From this standpoint, I approach research as a collaborative process in which knowledge develops through the exchange of perspectives shaped by social, emotional, and cultural experience. The idea that meaning arises not from data alone but through the interpretive relationship sustained between researcher and participant is expanded upon by Ereaut and Whiting (2008) and Mackenzie (2011), both of whom contend that knowledge is contextually bound and influenced by the assumptions of those who create and interpret it. Extending this principle further, Prawat and Floden (1994) describe understanding as the outcome of interaction rather than transmission, positioning the researcher's role as one of illuminating how meanings are constructed, contested, and reinterpreted through social dialogue.

When translated into the empirical context in which my study takes place, this epistemological stance is particularly relevant to the study of wellbeing in elite sport, where experiences are deeply embedded in interpersonal and institutional relationships. I therefore do not treat wellbeing as a fixed or objective state. Instead, I view it as something that is created through the dynamic interplay between people, organisational structures, and performance cultures. Within the UKSI, practitioners interpret and enact wellbeing in ways that reflect the expectations, constraints, and social dynamics of their professional environment. Their constructions of wellbeing are shaped not only through interpersonal interactions but also through institutional priorities, performance hierarchies, and

organisational discourse. A constructivist epistemology therefore provides the philosophical grounding to examine how these interpretations are formed, how they vary across professional roles, and how they influence the evolving meaning of wellbeing within high-performance settings. This orientation aligns with Maxwell's (2021) observation that "qualitative researchers typically study a relatively small number of individuals or situations… to understand how events, actions, and meanings are shaped by the unique circumstances in which these occur" (p. 211). By situating knowledge within the lived realities of practitioners, I follow Maxwell's emphasis on contextual and interpretive depth, aiming to capture how wellbeing is understood and enacted within the distinctive cultural and organisational landscape of the UKSI.

From a methodological perspective, this epistemological position informs every stage of the research process. It underpins my use of focus groups as spaces for collective reflection and dialogue, where understanding is co constructed through shared discussion among participants with different but overlapping experiences. My role as the researcher within this process is therefore active and reflexive, recognising that my questions, tone, and interpretation influence the meanings that I connect together (Berger, 2015). Constructivism also aligns with Reflexive Thematic Analysis (Braun and Clarke, 2006, 2021), which treats meaning as generated through engagement rather than discovered within data. Within this framework, interpretation develops iteratively through cycles of reading, coding, and reflection, with understanding deepening as I interact with participant accounts.

Applying this epistemology to the study of wellbeing within the UKSI allows knowledge to be understood as partial, situated, and open to reinterpretation. Constructivism creates space for complexity and contradiction, acknowledging that multiple realities may coexist and that inquiry itself contributes to the construction of those realities. It provides the conceptual tools to explore how meanings of wellbeing are created and shared within the UKSI, how these meanings evolve through reflection, and how they are shaped by the organisational conditions of elite sport. This alignment between constructivist epistemology, qualitative design, and reflexive analytical method ensures philosophical coherence throughout the study and supports a nuanced, contextually grounded understanding of how wellbeing is experienced and negotiated within the lived realities of high-performance sport.

3.2.3. Aligning Methodological Choices with Philosophical Stance

In line with the constructivist orientation of this study, Clarke's (2017) Situational Analysis informed how wellbeing within the UKSI was examined by emphasising the influence of organisational culture, performance systems, and institutional power relations. This perspective shaped the study in three ways. First, it guided participant selection by ensuring representation from practitioners at different levels of the UKSI structure, each bringing perspectives shaped by their role and proximity to decision making. Second, it directed analytical attention toward how wellbeing was understood within systems of policy, funding, accountability, and communication rather than as an individual concern. Finally, it reinforced the position that wellbeing should be recognised as a collective responsibility embedded within the performance environment. In doing so, Situational Analysis strengthened epistemological coherence by aligning constructivist principles with attention to systemic, cultural, and relational factors shaping practitioner understandings.

This position is supported by Freeman (2006), who argues that constructivist research is suited to capturing the complexity of experience in high performance environments. Seifert and Davids (2012) and Sointu (2005) similarly contend that wellbeing is not fixed but shaped by social and situational conditions, while Cloninger, Salloum, and Mezzich (2012) suggest it reflects longer term psychosocial functioning rather than temporary states. Together, these perspectives point to a conceptualisation of wellbeing that is context sensitive, dynamic, and grounded in lived experience.

Qualitative methods are therefore suited to eliciting multiple and competing narratives within elite sport organisations. Kamberelis and Dimitriadis (2008) and Tenny, Brannan, and Brannan (2017) highlight that focus groups are valuable when discourse, power, and identity shape experience. Practitioner focus groups enabled discussion between individuals in different roles within the UKSI, allowing meanings of wellbeing to be explored through dialogue and comparison. This approach supported the development of an account that is situated, critically informed, and relevant to the organisational context.

The focus on the UKSI reflects a commitment to understanding meaning within a specific organisational setting rather than seeking generalisable claims. Data were generated and

interpreted within the cultural and institutional realities of the UKSI, where wellbeing is enacted through professional norms, structural pressures, and everyday interactions. Braun and Clarke (2021) emphasise that meaning is constructed through interpretive engagement rather than located within the data itself.

This orientation shaped the overall design by ensuring methodological decisions remained consistent with constructivist commitments. An interpretive qualitative framework informed the use of practitioner focus groups to explore how wellbeing is constructed across organisational layers (Denzin and Ryan, 2007; Drisko, 2013). Clarke's (2017) Situational Analysis further directed attention to how policy frameworks, delivery structures, and organisational dynamics shape both the development of wellbeing initiatives and practitioner understandings of them. These implications are revisited in the methods section, where each element of the design is discussed in relation to its theoretical coherence.

3.3. Study Design and Methods

Building on the constructivist orientation of this study, I focused on staff positioned at different levels of the organisation in order to capture how wellbeing initiatives were designed, interpreted, and enacted across multiple layers of the UKSI system. This emphasis on practitioner voice was intended to generate information rich accounts that could illuminate the organisational and cultural dynamics shaping wellbeing provision.

The following subsections outline the rationale for using focus groups, the sampling and recruitment strategy, the development and iterative refinement of the topic guide, and the ethical principles that underpinned the study's commitment to ethically responsible, reflexive, and professionally accountable research practice.

3.3.1. Focus Group Design and Rationale

Focus groups were employed as the primary qualitative method to generate rich, contextually grounded data on the construction and delivery of wellbeing within the UKSI. This approach was consistent with the study's constructivist epistemology, which views knowledge as co-constructed through dialogue, reflection, and social interaction (Braun & Clarke, 2021; Lincoln

& Guba, 1985). Constructivism assumes that understanding is not discovered but produced through communicative acts, making the focus group an appropriate vehicle for exploring collective meaning-making (Kamberelis & Dimitriadis, 2008). Focus groups enable participants to share experiences, identify commonalities and differences, and negotiate interpretations in ways that illuminate both consensus and tension within institutional practice (Kitzinger, 1995; Morgan, 1997; Barbour, 2018).

The decision to use focus groups reflected both epistemological and methodological considerations. Given the study's concern with how wellbeing is constructed and experienced within a high-performance system, focus groups provided a setting where practitioners could reflect collectively, exchange perspectives, and locate their experiences within wider organisational narratives. Kamberelis and Dimitriadis (2008) note that this format is well suited to exploring complex or contested topics because it supports dialogue across differing viewpoints and allows meaning to develop through interaction. Within the UKSI, these discussions illuminated not only individual interpretations of wellbeing but also the ways it was expressed, valued, or at times sidelined across roles and departments. This approach also resonates with Henriksen et al. (2020), who argue that research on mental health in elite sport must remain sensitive to the cultural and organisational conditions that shape everyday practice. By encouraging open discussion and allowing space for ambiguity and difference, the focus groups brought to light tensions that might have remained hidden in one-to-one interviews, particularly around role boundaries, organisational pressures, and varying expectations of care.

Within the UKSI context, wellbeing is embedded within everyday organisational practice rather than treated as a discrete or external objective. The focus group format therefore allowed for an examination of how practitioners collectively discuss, challenge, and make sense of their roles in promoting wellbeing. The interactive nature of group discussion revealed how wellbeing discourse circulates across professional and disciplinary boundaries, how practitioners draw on shared cultural norms to construct meaning, and how contradictions between performance and care are reconciled or contested in situ (Uphill, Sly, & Swain, 2016).

Focus groups also supported the relational and dialogic character of the research. They offered opportunities for collective sense-making that aligned with the study's interpretive stance, where understanding develops iteratively through interaction rather than individual testimony (Sparkes & Smith, 2014; Braun & Clarke, 2021). While one-to-one interviews were initially considered, focus groups were prioritised because they allowed participants to build on, challenge, or refine each other's perspectives in real time, surfacing the organisational logics that underpin practice.

Each focus group was conducted online via Microsoft Teams to maximise accessibility for staff distributed across regional hubs and to accommodate workload and travel constraints. Online delivery also supported psychological safety, allowing participants to join from familiar environments where privacy could be maintained. This was especially important given the potential sensitivity of discussing mental health and organisational culture. Sessions were recorded with participant consent, lasted approximately 60 minutes, and followed a semi-structured design that balanced procedural consistency with flexibility to follow emerging areas of interest. The topic guide (see Appendix A) provided the initial structure but allowed for adaptive questioning, consistent with Braun and Clarke's (2021) view that qualitative research should remain responsive to meanings constructed through interaction and interpretive engagement with participant accounts.

Focus groups were facilitated by me in my role as lead researcher, adopting an active yet reflexive stance consistent with the study's epistemological position. This involved balancing facilitation with interpretation, encouraging equitable participation, and remaining sensitive to how hierarchy, power, and language influenced the dynamics of discussion (Berger, 2015; Charmaz, 2006). Each session was approached with the understanding that meaning was co-created through dialogue rather than extracted from participants, and that data generation was inseparable from the relational context in which it occurred. Following each group, I recorded reflexive notes to document immediate impressions, trace emerging lines of inquiry, and identify potential assumptions or biases that might shape interpretation.

This reflexive orientation supported the collective format of the focus groups, which was particularly well suited to the UKSI's multi-layered structure where wellbeing provision operates across strategic, delivery, and advisory levels. The group discussions provided a

means of examining how shared concepts were interpreted differently across these organisational layers, and how language, priorities, and assumptions shifted between them. This approach reflected a broader epistemological commitment to understanding knowledge as situated and relational, generated through dialogue rather than isolated testimony. The following section outlines the sampling logic that shaped this multi-level perspective and explains how participants were recruited.

The decision to use focus groups as a methodologically necessary tool for exploring organisational sense-making directly shaped the sampling strategy. Because wellbeing within the UKSI is constructed through relational and cultural processes, it was essential to recruit participants who occupied distinct yet interconnected roles across strategic, operational, and advisory domains. This layered configuration enabled the study to capture how wellbeing is interpreted and enacted through collective discourse, institutional positioning, and professional practice. Sampling was therefore designed not only to ensure representational diversity but to support the co-construction of meaning within and across organisational tiers.

3.3.2. Sampling Strategy and Recruitment

Sampling was purposive and designed to reflect the layered configuration of wellbeing work within the UKSI, encompassing strategic, operational, and advisory domains. Crucially, the nine participants were not a partial or illustrative sample, but constituted the full group of practitioners directly responsible for the design, governance, and delivery of the UKSI's core wellbeing initiatives. In this sense, the sample represented the complete practitioner population operating across the system's key functional tiers, rather than a subset drawn from a wider pool. This ensured that the data captured the full range of experiences and interpretations shaping the development, implementation, and evaluation of wellbeing provision.

Three focus groups were conducted, each comprising three participants, giving a total of nine practitioners. This configuration provided a cross-sectional yet complete view of how wellbeing policy was conceptualised, implemented, and evaluated, allowing comparison and cross-validation of perspectives across organisational levels (Breslin and Leavey, 2019; Giles et al., 2020).

Participants were drawn from three distinct practitioner groups, with pseudonyms used throughout to protect anonymity. The first group consisted of Christine, Daniel, and Jake, members of the Education Programme Development Team, who were directly responsible for commissioning and designing the UKSI's wellbeing initiatives. Their accounts illuminated how strategic intentions were formed, how organisational priorities were negotiated, and how partnerships with external agencies and charities such as Changing Minds and UK Sport informed programme development at system level.

The second group comprised Lucas, Caroline, and Louise, categorised as Frontline Delivery Practitioners (Senior Leads and Staff). These participants occupied the central position within the delivery infrastructure, translating institutional frameworks into applied practice, negotiating tensions between welfare and performance, and shaping how wellbeing provision was experienced within day-to-day environments.

The third group brought together Katherine, Carter, and Kyle, members of the Mental Health Expert Panel. As psychological and clinical advisors, they held responsibility for safeguarding standards, clinical governance, and the ethical oversight of mental health provision, ensuring that wellbeing delivery aligned with both professional and organisational requirements.

Taken together, these three groups represented the full system architecture of wellbeing at the UKSI, spanning creation, implementation, and oversight. No additional practitioner group exists within the organisation that holds equivalent responsibility across these domains. As such, the sample captured the entirety of stakeholder perspectives required to examine how wellbeing is structured and enacted at system level.

Recruitment was facilitated by and through two organisational gatekeepers, Sam Cumming (Head of Mental Health) and Ellie Griffin (Mental Health Officer), who distributed participant information sheets and consent forms in line with the approved inclusion criteria. This approach upheld confidentiality and voluntary participation, as staff contacted the researcher directly to confirm their interest and schedule sessions. Eligible participants were required to hold an active role related to wellbeing, either strategically or operationally, and to have at least six months of experience in that capacity. These parameters ensured that all participants possessed the requisite authority and contextual knowledge to contribute substantively to the inquiry.

Each group reflected a balance of gender, professional background, and organisational tenure, providing variation in both experience and interpretive perspective. Conducting three smaller focus groups rather than larger cohorts reflected the study's emphasis on depth, interaction, and reflexivity rather than breadth or numerical generalisability (Morgan, 1997; Braun and Clarke, 2021). The limit of three participants per group was deliberate, designed to prevent normative discourse from dominating and to ensure that no single voice overshadowed the collective dynamic. This arrangement encouraged equitable participation and sustained the reflective depth required for meaningful co-construction of understanding.

Each group participated in a singular one-hour session conducted sequentially within the same month of November 2024. This arrangement allowed for refinement and facilitation across groups while maintaining conceptual continuity through repeated exposure to evolving themes. The sequential design supported the iterative development of questioning, enabling insights from earlier discussions to inform later sessions in a way that deepened the collective inquiry without compromising the integrity of each group's independent dialogue.

Data adequacy was evaluated through the principle of information richness and depth of meaning rather than numerical saturation (Guest et al., 2017). Although ethical approval permitted additional focus groups if required, further data collection would have involved practitioners operating outside the core system of design, delivery, and governance. Such individuals would not have held equivalent responsibility for wellbeing provision and therefore would not have extended the analytical focus of the study.

The three focus groups generated a high level of conceptual convergence across practitioner tiers, capturing how wellbeing was constructed, interpreted, and enacted across the full organisational system. Extending data collection beyond this point would likely have added descriptive variation without enhancing explanatory depth. Consequently, additional data collection was deemed unnecessary, as the study had already captured the complete stakeholder perspective required to interrogate the organisational ecology of wellbeing at the UKSI.

3.3.3. Topic Guide Design and Iterative Development

The semi structured topic guide was informed by existing literature on mental health and wellbeing in elite sport (Fletcher and Wagstaff, 2009; Henriksen et al., 2020; Reardon et al., 2019; Rogerson, 2017) and by identified gaps concerning organisational coherence and practitioner experience. It was designed to examine how wellbeing was understood, implemented, and experienced, and how these processes interacted with performance culture and institutional structures. The guide provided a consistent framework across focus groups while remaining flexible to participant led discussion (Charmaz, 2006). It was organised around core themes of programme delivery, practitioner roles, organisational culture, and perceived barriers to wellbeing provision, using open-ended prompts to elicit detailed narrative responses rather than short descriptive answers. After each session, the guide was revisited and refined through supervisory feedback and researcher reflection to determine which questions generated meaningful engagement, where overlap occurred, and which required modification or removal. For example, prompts on stigma were revised to distinguish between external perceptions of athlete wellbeing and internal practitioner reflections, while questions on referral processes were expanded to capture variation across sports. This iterative refinement ensured that each focus group built upon emerging insights rather than reproducing earlier discussion, enabling data collection to remain dynamic, responsive, and aligned with best practice in qualitative group facilitation (Tausch and Menold, 2016).

The first focus group, comprising senior mental health leads and wellbeing officers, focused on operational realities and delivery challenges. Participants discussed issues such as role strain, inconsistencies in wellbeing definitions, and the impact of Covid-19 on engagement and support structures. These insights shaped the focus of the second session, conducted with the Education Programme Development Team, which explored the historical evolution of the wellbeing programmes, the assumptions underpinning their design, and how early ambitions had been modified in response to resource constraints or changing institutional priorities. The third focus group, involving the Mental Health Expert Panel, examined strategic and advisory concerns, including safeguarding integration, cross-departmental collaboration, and long-term sustainability.

This layered sequencing reflected an iterative approach where each discussion informed subsequent questioning. Insights generated in one group were integrated into the next, while topics already explored in depth were refined or omitted (Morse, 2015). This cumulative design ensured that data collection and early analysis were mutually reinforcing, consistent with the reflexive, interpretive nature of qualitative inquiry (Darawsheh, 2014; May & Perry, 2014; Rettke et al., 2018). The progressive adaptation of the topic guide mirrored the study's constructivist assumptions, recognising that meaning develops through interaction and reflection rather than being fixed at the outset (Charmaz, 2006; Smith & Sparkes, 2016).

As the process unfolded, the focus groups evolved from broad exploratory dialogue toward more targeted discussions addressing the relationship between organisational culture and wellbeing delivery. The interactive nature of these sessions encouraged participants to engage critically with one another's perspectives, illuminating both alignment and divergence in their interpretations of wellbeing. This co-construction of meaning provided a nuanced picture of the UKSI's wellbeing landscape and the systemic tensions that shaped its implementation.

The iterative refinement of the topic guide enabled the study to remain sensitive to emergent priorities and participant language, producing contextually grounded insights that reflected the realities of professional practice. By the final session, the discussion had moved from descriptive accounts to deeper reflection on sustainability and culture change, revealing the evolving understanding of wellbeing across organisational levels.

3.3.4. Ethical and Data Protection Procedures

Clear inclusion and exclusion criteria were established to ensure alignment with the study's aims and ethical obligations. Practitioners were eligible if they were actively involved in the development, delivery, or advisory oversight of wellbeing provision within the UKSI. Administrative or peripheral staff without strategic or delivery responsibilities were excluded. To mitigate role-related hierarchies and enable free discussion, participants were organised into focus groups based on practitioner category, reflecting best practice in managing power asymmetry (Tausch and Menold, 2016). Data were collected between October and December 2024 across three focus groups involving nine UKSI practitioners.

Ethical approval was granted by Sheffield Hallam University's Health and Wellbeing Research Ethics Committee (Converis ID: ER52574545) and confirmed on 26 September 2023. Additional scrutiny was provided by the Health and Wellbeing Research Committee to ensure compliance with institutional, professional, and sector-specific standards. Recruitment and consent processes were co-ordinated by university ethics representatives and UKSI safeguarding leads under my direction as principal researcher. This collaboration ensured that ethical governance aligned with organisational safeguarding protocols while maintaining academic independence.

All participants received a detailed information sheet outlining the study's purpose, procedures, data management, and their right to withdraw at any stage without consequence. Written informed consent was obtained before participation and was verbally reconfirmed at the beginning of each session (Breen, 2006; Gibbs, 2012; Pietilä et al., 2019). Given the geographical dispersion of staff, all focus groups were conducted online via Microsoft Teams. This format removed logistical barriers and allowed participants to contribute from private environments, thereby improving accessibility and enhancing psychological safety when discussing sensitive issues such as mental health, organisational culture, and practitioner responsibility. Participants were reminded that they could pause, decline to answer, or withdraw entirely at any time.

Data protection procedures adhered fully to the General Data Protection Regulation, the UK Data Protection Act 2018, and Sheffield Hallam University's Data Encryption Policy (2016). Audio and video recordings were securely stored on encrypted university servers accessible only to the core research team. Transcripts were anonymised immediately following transcription. Identifying information including names, roles, and sport-specific references was removed or generalised to prevent recognition within a relatively small professional community. Pseudonyms were assigned to participants to ensure quotations could be reported meaningfully while preserving anonymity. Anonymous datasets were retained on password-protected university systems in line with institutional retention policies.

Conducting research within an elite sport organisation required particular sensitivity to the relational and reputational risks associated with discussing internal wellbeing practices. Ethical considerations extended beyond procedural compliance to the interpretive stages of

the research. Safeguards around confidentiality and anonymity were essential to creating an environment in which practitioners felt able to speak openly without concern for organisational repercussions. This ethical foundation directly shaped the analytic process by influencing how testimony was interpreted, contextualised, and reported without compromising individual or institutional integrity.

A semi-structured topic guide, developed from the literature and the study's aims, structured each focus group and ensured consistency while allowing sufficient flexibility for participant-led narratives (Charmaz, 2006). Initial questions addressed programme delivery, practitioner roles, organisational culture, stigma, referral processes, and barriers to wellbeing support. Following each focus group, the topic guide was refined through supervisory dialogue. Questions were modified to remove redundancy, increase clarity, and target emerging areas of interest. For example, initial prompts concerning stigma were reworked to distinguish between external perceptions of athlete mental health and internal practitioner experiences. Questions about referral processes were expanded to address variations across sports and practitioner disciplines. This iterative refinement ensured that subsequent discussions built cumulatively upon earlier insights rather than duplicating them.

By embedding rigorous ethical safeguards and robust data protection procedures throughout the research process, participants were enabled to contribute freely and securely. These measures established transparency and accountability, fostered participant trust, and created the conditions necessary for the analytical work that follows in the next section.

3.4. Data Analysis Techniques

The analysis followed Braun and Clarke's (2021) six phase reflexive model, consistent with the constructivist epistemology of the study and its commitment to participant centred meaning making (Lincoln and Guba, 1985; Berger, 2015). Reflexive Thematic Analysis (RTA) was adopted as the primary analytical framework, providing a systematic yet flexible approach to identifying, analysing, and interpreting patterns across the data (Braun and Clarke, 2006, 2021). I selected this method because of its compatibility with the ontological and

epistemological commitments of the study, positioning my role as the researcher as an active participant in the co construction of knowledge (Charmaz, 2006).

Its conceptual flexibility made it particularly well suited to the aims of this study, enabling an inductive engagement with the data that allowed themes to develop through iterative reading, coding, and comparison. Rather than applying predefined categories, I guided the analysis through an ongoing process of interpretation grounded in close attention to the language, tensions, and patterns that surfaced across the three practitioner focus groups. This approach was especially relevant given the socially constructed and culturally situated nature of wellbeing in elite sport, where meanings are often context dependent and shaped by institutional discourses (Uphill, Sly and Swain, 2016; Breslin and Leavey, 2019). Thematic analysis facilitates this form of layered inquiry, making it possible to consider both individual and collective experiences while also attending to the wider structural dynamics in which they are embedded (Rogerson, 2017).

3.4.1. Managing Thematic Analysis: A Step-by-Step Approach

The analytic process began with active familiarisation through repeated readings of the focus group transcripts. Data were transcribed verbatim, reviewed for accuracy, and anonymised using consistent identifiers and standardised timestamps (Saunders et al., 2015). Each transcript was formatted and organised within Word documents to support a transparent and structured coding process (Charmaz, 2014). During this stage I also revisited field notes and contextual observations from the focus groups in order to retain sensitivity to the interactional dynamics that shaped participant contributions.

Initial coding was conducted inductively and line by line, prioritising participant language and meaning over pre existing theoretical assumptions. Codes were applied across the full dataset, with attention to implicit meanings, tensions, and shifts in narrative tone (Nowell et al., 2017; Corbin and Strauss, 2008). This open approach allowed the data to guide the analytic trajectory rather than be organised through predetermined categories (Percy et al., 2015; Braun and Clarke, 2021).

To enhance analytic depth, the coding process remained iterative and reflexive. Early codes were compared across transcripts in order to explore patterns of similarity and divergence in how practitioners described wellbeing within the UKSI. Through this process I examined relationships between emerging codes and broader organisational conditions, allowing connections to be drawn between practitioner accounts, institutional expectations, and structural pressures within the performance environment (Smith and Sparkes, 2016; Richards et al., 2021). This interpretive engagement supported the movement from initial coding toward the development of broader thematic patterns while retaining sensitivity to the context in which meanings were produced.

Thematic development proceeded through repeated cycles of review and refinement. Candidate themes and subthemes were examined for coherence, internal consistency, and conceptual distinctiveness (Henriksen, Stambulova, and Roessler, 2010; Smith and Sparkes, 2016). Supervisory dialogue formed an important part of this process, allowing developing interpretations to be discussed, questioned, and refined in order to ensure analytic rigour and reflexive awareness (Berger, 2015). These discussions helped interrogate assumptions, challenge early interpretations, and strengthen the clarity of emerging themes.

This iterative process combined analytic depth with reflexive flexibility, reinforcing the relationship between epistemological stance, methodological decisions, and analytic procedures. The outcome was a set of themes that captured the socially constructed nature of wellbeing within the UKSI, demonstrating how practitioner interpretations both reflected and reshaped the cultural and organisational conditions of elite performance environments.

3.4.2. Analytic Integration and Thematic Development

The analytic process was primarily inductive, allowing patterns and meanings to develop from participants' accounts. Following Charmaz (2006), I treated coding and theme development as iterative and co constructive processes, preventing premature closure and ensuring that interpretations remained grounded in the dataset (Miles and Huberman, 1994). Braun and Clarke (2021) emphasise that the strength of Reflexive Thematic Analysis lies in the researcher's capacity to remain flexible and responsive to emerging meanings. This principle informed the analytical practice adopted throughout the study.

Emerging insights from early stages of coding informed ongoing engagement with the dataset, reflecting the iterative relationship between interpretation and analysis (Percy et al., 2015). Sensitising concepts drawn from the literature were used to orient analytic attention without constraining the inductive development of themes. As initial codes were generated, they were gradually organised into broader conceptual groupings and developed into candidate themes through sustained interaction with the transcripts. Repeated readings of the data enabled comparison, refinement, and careful examination of coherence across emerging patterns (Miles and Huberman, 1994).

Comparative reflection across transcripts drew on guidance from Clarke (2017) and Charmaz (2006), both of whom emphasise reflexive awareness when evaluating whether themes capture both shared and contrasting experiences. Variation in practitioner accounts was interpreted not as inconsistency but as reflecting differences in professional roles, responsibilities, and organisational positioning within the UKSI (Ereaut and Whiting, 2008; Mackenzie, 2011). This perspective recognises that multiple realities can coexist within complex organisational systems (Parsons, 2010; Ronkainen and Wiltshire, 2021).

Comparison across the three practitioner focus groups provided an additional layer of analytical depth. Patterns that appeared strongly within one group were revisited and explored in relation to the others, prompting returns to earlier transcripts to consider whether particular ideas had been underdeveloped or overlooked (Kamberelis and Dimitriadis, 2008). This reflexive revisiting of the dataset helped ensure that the analysis remained attentive to nuance and sensitive to less dominant perspectives. Analytic setpoints (Drisko, 2013; Maxwell, 2021) were used to structure these comparisons, allowing both convergence and divergence to be interpreted as meaningful expressions of practitioner understanding.

The final phase of analysis involved defining and naming themes so that each captured a coherent and conceptually meaningful aspect of the dataset (Braun and Clarke, 2021). Themes were situated in relation to the study aims and the wider literature in order to highlight contextual nuance and theoretical contribution (Henriksen, Stambulova, and Roessler, 2010; Lundqvist and Andersson, 2021; Uphill, Sly and Swain, 2016). Practitioner voices were attributed to consistent pseudonyms such as Jake, Katherine, and Chris to preserve anonymity while maintaining continuity of voice across the thematic narrative.

The resulting themes were presented as a thematically integrated narrative rather than separated by practitioner group. This decision reflected both methodological reasoning and conceptual considerations. As Breslin and Leavey (2019), Giles et al. (2020), and Uphill, Sly and Swain (2016) argue, wellbeing in elite sport is best understood relationally across policy, delivery, and lived experience rather than as a collection of isolated components. Presenting the findings as a unified account therefore reflected the interconnected nature of wellbeing practice within the UKSI. As Poucher et al. (2021) similarly note, wellbeing is created through negotiation between multiple actors within organisational systems rather than existing as a single objective truth.

This integrative presentation strategy remained consistent with the analytic process itself, ensuring that both interpretation and structure reflected the relational character of meaning making within the UKSI. The outcome of this inductive and reflexive approach was a set of themes that captured both practitioner experience and organisational context, providing a nuanced and situated account of how wellbeing is conceptualised and enacted within the institute. These themes did not arise in isolation but were shaped by the reflexive and ethical stance adopted throughout the study. The following section therefore outlines how reflexivity informed the interpretive process and supported the ethical foundations of the research established earlier in this methodology.

3.4.3. Reflexivity and Researcher Positionality

While procedural ethics are covered in Section 3.4.4, this section builds on that foundation by exploring the ethical dimensions of reflexivity and interpretation within a constructivist framework. The aim was to generate contextually grounded understanding rather than predictive generalisation, consistent with the constructivist orientation of the study. As Patton (1985) observes, qualitative inquiry seeks ‘to understand the nature of that setting—what it means for participants to be in that setting, what their lives are like, what’s going on for them, what their meanings are’ (p. 1). Within this ethos, the UKSI was treated not as a neutral site but as an active social environment in which meaning was co-constructed and ethically negotiated.

Reflexivity was embedded throughout the study as both a methodological and ethical principle, ensuring continuous attention to how assumptions, experience, and positionality shaped each stage of the research process. In keeping with Finlay's (2002) argument that reflexivity should not be viewed as a discrete step but as an ongoing mode of engagement, it was integrated into design, data collection, and analysis alike. Through this lens, reflexivity functioned as a mechanism for transparency and rigour, prompting critical awareness of how meaning was co-constructed between researcher and participant. Importantly, this process recognised that interpretation can never be entirely neutral. My academic grounding and professional experience within sport and public health inevitably informed how the data were understood and represented. Consequently, reflexive practice operated both as a safeguard against over-identification and as a resource that deepened interpretive sensitivity. This position is consistent with Charmaz's (2006) view that qualitative inquiry 'requires reflexivity of a depth researchers may not routinely undertake' (p. 36), underscoring its centrality to credible and contextually attuned analysis.

The relational character of the focus groups demanded particular ethical and reflexive attentiveness to issues of power, hierarchy, and disclosure. Group interactions were shaped by role differences, organisational hierarchies, and varying levels of familiarity, each influencing what was voiced and what remained implicit. Ethical practice therefore extended beyond procedural compliance to include the creation of psychologically safe spaces where participants could speak freely without fear of repercussion. Skilled facilitation, adaptive questioning, and sensitivity to interpersonal cues supported equitable participation and mitigated potential imbalances in voice or authority.

A series of structured reflexive strategies supported this process. Reflexive journaling and memo-writing were used to document analytic decisions, conceptual tensions, and interpretive shifts. A thematic trail was maintained across the focus groups, allowing insights from earlier sessions to inform and refine subsequent discussions. This iterative tracking of emerging themes ensured that meaning was not only co-constructed in the moment but also developed cumulatively across the data collection process. (Finlay and Gough, 2003). These records provided a detailed audit trail capturing how categories developed and how meaning evolved throughout analysis. Supervisory dialogue and peer feedback further anchored these

reflections in the empirical material, reinforcing analytic credibility and coherence (Berger, 2015). Credibility was therefore maintained through ongoing reflexive attention rather than static procedural checks. Informal participant feedback during and after focus groups allowed clarification and affirmation of meaning, supporting authenticity and trustworthiness (Carlson, 2010). These exchanges were not framed as accuracy tests but as part of the co-constructive process through which understanding was generated.

Rather than seeking distance, the study adopted a stance of engaged reflexivity, recognising that understanding is shaped by the interaction of researcher, participant, and organisational context (Lincoln and Guba, 1985). Reflexivity was therefore both methodological and epistemological, reflecting the constructivist assumption that knowledge is not discovered but continuously constructed through interpretation. In this sense, ethical practice and epistemological stance were mutually reinforcing both treated knowledge as situated, relational, and dependent on the integrity of interaction between researcher and participant.

The study does not claim generalisability in a statistical sense but aims for conceptual transferability through depth and transparency of interpretation. By acknowledging the organisational, cultural, and interpersonal boundaries that shape the co-production of meaning, the methodology maintains coherence with its constructivist commitments. This ongoing process of reflexive self-interrogation provided the foundation upon which the authenticity and integrity of the analysis were built. Building on this foundation, the following section outlines how my professional background and positional stance shaped engagement with the UKSI context, influencing both the design of the study and the interpretive processes through which meaning was co-constructed.

3.4.4. Researcher Perspective and Positional Reflexivity

My background in applied sport science and public health management provided valuable insight into the cultures, structures, and practices surrounding wellbeing within high-performance environments. This familiarity meant I entered the study with an informed sense of how wellbeing is often framed in relation to performance, safeguarding, and organisational accountability. At the same time, this background carried potential risks of interpretive bias, including assumptions about cultural norms, practitioner priorities, or athlete needs. As

Gough and Madill (2012) remind us, reflexivity requires 'self-reflection about who we are as researchers, how our subjectivities and biases guide and inform the research process, and how our worldview is shaped by the research we do and vice versa' (p. 1). Recognising this, I actively considered how my experience might influence both the research design and the co-construction of knowledge within the UKSI context. This meant I was particularly attuned to tensions between performance and care within practitioner accounts, while remaining reflexively aware of how this sensitivity might shape interpretation.

In this study, I occupied what can best be described as a position of partial insider. While I had professional familiarity with elite sport, I held no formal or historical connection to the UKSI or any comparable performance organisation. This positioning provided both insight and distance: insight, because I could recognise the pressures and demands described by practitioners; and distance, because I had no role-based obligations or allegiances that might compromise critical engagement. This dual stance reflects Finlay and Gough's (2003) notion of 'fluid positionality', where researchers move between degrees of proximity and distance depending on the context of interaction. Berger (2015) similarly notes that the researcher's stance is never fixed but continuously shaped by relationships, expectations, and insights that develop during fieldwork.

Access to participants was facilitated through two organisational gatekeepers, Sam Cumming and Ellie Griffin, with whom I established a professional working relationship during the planning and recruitment phases of the study. This relationship was grounded in transparency regarding the purpose, scope, and ethical boundaries of the research, ensuring that access to key stakeholders did not compromise independence. While their roles enabled engagement with practitioners across the system, I remained attentive to the potential influence of gatekeeper involvement on participation and disclosure. To mitigate this, all communication emphasised voluntary participation, confidentiality, and the separation between organisational roles and the research process. Participants contacted me directly to confirm involvement, reducing any perceived pressure and reinforcing autonomy in the decision to participate.

Maintaining professional and ethical boundaries was central to this process. I had no prior relationships with any participant, and none had been coached, advised, or supervised by me.

There were no informal affiliations outside the research context. This absence of prior connection reduced the risk of role confusion, coercion, or compromised disclosure. Ethical integrity was reinforced by ensuring that all communication and rapport-building took place within formal research settings, supported by informed consent and voluntary participation. These safeguards were particularly important given the sensitivity of wellbeing discussions and the hierarchical nature of sport organisations, where trust and confidentiality are vital to open dialogue.

During focus groups, positionality was negotiated dynamically. My role shifted between facilitator and observer, creating conditions for participants to lead the discussion while maintaining alignment with the study aims. This required attentiveness to group power dynamics, especially where professional hierarchies or reputational concerns might influence participation. As Hammersley and Atkinson (2007) observe, qualitative fieldwork involves ongoing negotiation of the researcher's role, requiring adaptability and reflexive awareness of shifting interpersonal dynamics. My approach was to foster participant-led dialogue while remaining mindful of how my assumptions and professional background could subtly shape interpretation.

This orientation reflects a commitment to transparency and critical engagement. Reflexive practice here was not an abstract theoretical exercise but a practical recognition that researcher subjectivity is both inevitable and productive. As Finlay (2002) notes, 'research is co-constituted, a joint product of the participants, researcher and their relationship' (p. 212). The validity of this study therefore rested not on the elimination of bias but on the cultivation of reflexive insight into how meaning was generated through interaction. Reflexive journaling and supervisory dialogue ensured that my familiarity with performance cultures enriched rather than distorted participants' accounts.

Ultimately, my position as an informed outsider to the UKSI reinforced the constructivist orientation of the study, where knowledge was understood as co-produced through relational engagement rather than detached observation. Emphasising positionality, bias management, and reflection provided a coherent framework for maintaining transparency, ethical integrity, and credibility, ensuring that interpretations remained grounded in participant perspectives while situated within the broader professional landscape of wellbeing in performance sport.

This positional stance shaped the interpretive lens through which practitioner narratives were analysed in the chapters that follow.

This reflexive and positional grounding directly informed the analytical approach adopted in this study. The interpretive lens shaped by my professional background and methodological stance guided how meaning was identified, coded, and developed into themes. Reflexivity therefore operated as an integral part of analysis rather than as a preliminary step, maintaining a continuous awareness of how understanding was negotiated between researcher and participants. Through this process, interpretation remained contextually situated and open to complexity, ensuring that practitioner narratives were read with both sensitivity and critical distance.

3.4.5 Evaluating Rigour and Qualitative Quality

Evaluating rigour in qualitative research requires criteria that reflect the interpretive nature of the inquiry rather than the statistical standards typically associated with quantitative work. Within qualitative scholarship, the credibility of research is therefore assessed through transparency of process, reflexive awareness, coherence between philosophical stance and method, and the depth and resonance of interpretation. In this thesis, I draw upon Tracy's framework for qualitative quality as a guiding reference point for evaluating the methodological integrity of the study (Tracy, 2010; López and Tracy, 2020; Tracy, 2026).

Tracy's "big tent" framework proposes eight interrelated criteria that characterise high quality qualitative research: worthy topic, rich rigour, sincerity, credibility, resonance, significant contribution, ethical practice, and meaningful coherence. Rather than prescribing rigid methodological rules, the framework provides a broad evaluative structure that accommodates diverse qualitative traditions while maintaining shared expectations of transparency and scholarly integrity (Tracy, 2010). Subsequent reflections on the framework emphasise its continued relevance for interpretive and reflexive methodologies, highlighting its flexibility in recognising the plurality of qualitative research approaches while still encouraging careful articulation of research design and analytic practice (López and Tracy, 2020; Tracy, 2026).

Several of these principles are particularly relevant to the present research. First, the criterion of worthy topic is addressed through the focus on athlete wellbeing within elite sport systems, an area that has received increasing attention within both policy and academic discussion but remains underexplored in relation to practitioner experience and programme delivery. Second, rich rigour is demonstrated through detailed documentation of the research design, sampling approach, focus group procedures, and analytic stages. By clearly outlining how data were generated and interpreted, I aim to ensure that readers can understand and critically evaluate the interpretive pathway through which the findings were produced.

The framework also emphasises sincerity, which refers to transparency regarding the researcher's position and the reflexive engagement that shapes interpretation. As discussed in the preceding section, I recognise that my familiarity with high performance sport environments informs the way I interpret practitioner perspectives. Rather than attempting to remove this influence, I approach it reflexively, acknowledging how my experiences shape the questions I ask, the meanings I recognise in the data, and the interpretations that emerge from the analytic process.

Credibility and resonance are addressed through the use of practitioner focus groups that generated detailed accounts of the development and delivery of the UKSI wellbeing programmes. The analytic approach draws upon reflexive thematic analysis, allowing themes to develop through sustained engagement with participant dialogue rather than predetermined coding categories. Presenting extended participant quotations enables readers to assess the relationship between interpretation and data, strengthening the credibility of the analysis while ensuring that practitioner voices remain central to the findings.

Finally, the study aims to achieve meaningful coherence, a principle emphasised by Tracy (2010), by ensuring alignment between the philosophical stance of the research, the qualitative design adopted, and the analytic interpretation of practitioner experiences. The constructivist orientation of the study recognises wellbeing as a socially constructed phenomenon shaped by organisational culture and practitioner interaction. Consequently, the quality of the research rests on the clarity and transparency of the analytic process, the

credibility of the themes produced, and the extent to which the study contributes to understanding wellbeing practice within elite sport systems.

3.5. From Method to Meaning: Preparing for the Findings

This chapter has set out the blueprint for my study, explaining how it was designed to explore the construction, delivery, and understanding of wellbeing within the operational ecology of the UKSI. Developed in response to increasing scrutiny of mental health provision in elite sport and the continued lack of theoretical and empirical depth in institutional wellbeing research (Breslin & Leavey, 2019; Cumming & Ranson, 2021; Pilkington, Heffernan, & Cork, 2022), the qualitative design was underpinned by an idealist ontology and constructivist epistemology (Feilzer, 2010; Guba & Lincoln, 1994). Focus groups with purposively sampled practitioners across three organisational tiers provided insight into how wellbeing is positioned, interpreted, and enacted within a high-performance system. The staged design enabled iterative refinement of questioning in response to emerging themes, supporting a progressive exploration of institutional narratives and practitioner experience (Braun & Clarke, 2021; Carter et al., 2014). Rigour and credibility were maintained through reflexive journaling, supervisory triangulation, and structured member checking (Finlay, 2002; Thomas & Magilvy, 2011), ensuring transparency and close alignment between interpretation and participant voice.

The methodological contribution lies in advancing an evaluative framework that treats wellbeing as a socially and institutionally constructed phenomenon rather than a fixed or measurable outcome. By foregrounding practitioner perspectives, this study addresses persistent gaps in the literature where staff voices have been under-represented, athlete feedback marginalised, and wellbeing predominantly explored through compliance or performance centred models (Breslin & Leavey, 2019; Ronkainen & Wiltshire, 2021). The approach generates a context sensitive means of exploring wellbeing systems, attentive to the interplay between institutional discourse, practitioner practice, and athlete response (Giles et al., 2020; Purcell et al., 2019).

The findings are presented as a thematically integrated narrative rather than divided by practitioner group. This structure was chosen for both methodological and conceptual reasons, recognising that wellbeing within elite sport operates through relationships, systems, and shared meanings rather than discrete categories. In line with Breslin and Leavey (2019), Giles et al. (2020), and Uphill, Sly, and Swain (2016), the analysis proceeds from the view that wellbeing is best examined relationally across policy, delivery, and lived experience, since separating these dimensions risks obscuring their interdependence. Accordingly, a thematic approach enables the study to interpret focus group discussions as a dynamic collective, allowing variations in perspective to be understood within the common organisational context that shapes them. In this sense, the accounts presented here are treated not as isolated statements but as situated insights that reveal how wellbeing is organised, interpreted, and enacted within a system where culture, leadership, and practice intersect. Furthermore, as Poucher et al. (2021) observe, wellbeing rarely emerges as a single or static viewpoint but through continuous negotiation within institutional life. The presentation strategy adopted here therefore seeks to reflect that complexity, ensuring that the analytic framework remains consistent with both the methodological stance and the cultural conditions of the UKSI.

The findings and explorations that follow move beyond description to explore the assumptions, tensions, and organisational conditions that shape how wellbeing initiatives are understood and operationalised within the UKSI. Organised as a connected narrative, the five findings chapters trace the evolution of the Mental Health Awareness and Mental Health Champions programmes from their inception and delivery through to their reception in practice, their cultural and organisational positioning, and the conditions required for sustainable future development. Collectively, these chapters reflect the relational, cultural, and structural dimensions of wellbeing within the UKSI, ensuring that analysis remains grounded in lived experience while contributing to broader debates on how elite sport systems can embed authentic, athlete centred cultures of care. In doing so, the study directly addresses the aims established at its outset, to explore how wellbeing is constructed and sustained within institutional settings, to explore the translation of policy into practice, and to respond to the literature gap concerning the organisational realities of wellbeing provision within elite performance environments.

The following chapters turn from methodology to what the study revealed in practice. Chapter Four investigates how wellbeing is conceptualised within the UKSI and the extent to which it is embedded in organisational thinking. Chapter Five examines how these ideas are translated into day-to-day delivery, focusing on the operation of wellbeing frameworks within performance environments. Chapter Six considers how leadership, culture, and organisational priorities shape the conditions in which wellbeing efforts either take root or are constrained. Chapter Seven explores how feedback is offered, received, and too often left unsupported by formal structures, highlighting the limitations of learning within the system. Chapter Eight brings these strands together to consider how responsibility for wellbeing might move from isolated initiatives toward a more enduring, systemic commitment. Together, these chapters present a connected analysis of how wellbeing is constructed, practiced, and contested within the UKSI.

Chapter Four: Embedding Wellbeing in the UKSI

4.0. Introduction to the Findings

This chapter marks the transition from how the study was conducted to what it revealed. It examines how wellbeing was understood, negotiated and enacted within the UKSI, moving beyond policy documents and stated intentions to the realities experienced by those involved in its delivery. The analysis focuses on the translation of strategic ideals into everyday practice, specifically exploring how organisational conditions shaped the extent to which wellbeing ambitions were supported, adapted or constrained.

This section is defined by its focus on how wellbeing was first established and structured within the UKSI. The codes underpinning this theme relate to practitioner accounts of how mental health entered institutional discourse, how initial frameworks were developed, and how strategic priorities were interpreted during early implementation. These elements are brought together to examine how wellbeing moved from an abstract organisational commitment to a defined, yet still evolving, area of practice.

What follows is a sustained examination of wellbeing within the UKSI as it was built, delivered and tested across contexts. The next chapter extends this analysis by tracing how mental health became positioned within institutional discourse in elite sport and how the UKSI translated shifting national and international priorities into its initial wellbeing framework.

4.1. The Early Origins of the UKSI Mental Health Programmes: Awareness as a Catalyst for Structured Change

The emergence of the UKSI's mental health education strategy must be understood within a broader international shift that began in the mid-2010s, when psychological wellbeing moved from a peripheral concern to a recognised component of athlete welfare and organisational duty. In 2017, the IOC and International Paralympic Committee released formal consensus statements framing mental health as integral to athlete health and performance, arguing that safeguarding psychological wellbeing was as essential as managing physical injury (Reardon et al., 2019; Gouttebarge et al., 2017). These declarations encouraged national systems to

position mental health not only as a welfare obligation but as performance relevant, emphasising prevention, resilience, and early intervention.

In the UK, these global directives coincided with domestic scrutiny of Olympic and Paralympic sport following the Rio 2016 cycle, including athlete welfare reviews commissioned by UK Sport and partner organisations. It was within this climate that mental health was formally identified as a strategic priority for the Tokyo 2020 cycle. As Cumming and Ranson (2021) explain, 'Following a number of reviews into Olympic and Paralympic sport in the UK it was identified that mental health would be an area of focus for the Tokyo cycle. This led to development and implementation of a specific mental health strategy consisting of four pillars: education, provision, communication and assurance' (p. 144). In this way, the UKSI mental health strategy reflected both international pressure for athlete-centred welfare and national expectations for more visible, accountable approaches to wellbeing in high-performance sport.

It was at this point that the UKSI moved from strategic commitment to early implementation. Within this context, the UKSI, then operating as the English Institute of Sport, introduced a suite of programmes designed to address both cultural attitudes and structural barriers to care (Cumming and Ranson, 2021; Currie et al., 2019; UKSI, 2022). Yet, despite the clarity of this strategic intent, early implementation was fragmented. Engagement often relied on informal networks and pre-existing relationships rather than a consistently accessible system design. Katherine, part of the strategic practitioner group contributing to the oversight and development of wellbeing provision, described this early dynamic directly: 'We were waiting for the request [for the programmes] to come in in the past. I think those relationships, now through the mental health leads, have changed the landscape around how education gets requested.' This reflects the broader tension noted by Reardon et al. (2019), who argue that wellbeing provision in elite sport frequently depends on relational advocacy rather than equitable system mandates. Louise, working within the operational practitioner group and contributing to the coordination of wellbeing activity made the same structural fragility explicit:

> So, we do not mandate that sports need to do these sessions. A lot of them will have in their mental strategies, if they have one, that the aim is to do extra mental health education or actually do mental health education. So some of them might have that

> in their strategy, but we as a team don't say like each sport has to do this once every two years, every two years or everything we recommend.

Such accounts reveal how policy ambitions were filtered through local discretion, leaving delivery uneven and shaped more by advocacy than by structural obligation.

A developmental arc gradually transcended across the wellbeing initiatives. The MHA programme, conceived to establish baseline literacy and normalise dialogue, evolved into the MHC programme as a more relationally embedded strand of practice. Jake, working within the operational practitioner group involved in the coordination and implementation of wellbeing activity, reflected on this sequencing:

> The idea was to bring the level of everyone's understanding up with the awareness training and then do some specific focused support for key individuals with the champions training … generally the aim was about making people feel more confident and comfortable with mental health rather than feeling like they were trained to intervene.

Champions training was designed not to replace awareness sessions but to extend their reach and deepen capability where needed. Practitioners interpreted this progression as pragmatic and values driven. Carter, working in direct support of athletes, highlighted the challenge of reach, noting that 'we have such a wide demographic … the level of the floor is variable because we have such a wide range of staff.' Louise reinforced this staged approach: 'We do awareness once every two years, and then champions are like a build on that, mainly for staff. However, people who are probably already having conversations around mental health, it is part of their day-to-day to upskill them and give them the confidence that they are saying the right stuff.'

These accounts suggest that the programmes were intentionally structured as interconnected stages, tailored to varying levels of readiness. However, their sustainability relied heavily on advocacy and local leadership. Within elite sport, cultural change is often constrained by established norms (Fletcher and Wagstaff, 2009), a challenge evident within the UKSI. Early expansion appeared to depend less on formal structures and more on relational trust and practitioner commitment. Jake captured this dual purpose: 'The main aim was to create a consistent language and understanding about mental health, using mental health awareness training and then to provide additional skills and support for people that are already providing some.' This focus on shared language aligns with Purcell et al. (2019), who emphasise psychological literacy as the foundation for effective intervention.

The limits of this approach were also evident. Katherine described the aim as ‘just to try and raise awareness of mental health and its impact on high performance sport and sports environments across the piece.’ Carter similarly framed awareness as both literacy and introduction: ‘It was also a really helpful tool for us to announce our arrival into a system that had only been around for 20 years.’ While these aims legitimised mental health, they also revealed a contained ambition focused on raising the floor rather than reshaping the system.

For years, elite sport prioritised physical readiness and tactical performance while overlooking psychological care. The MHA programme played a key role in making mental health visible within professional practice. However, as Henriksen et al. (2020) note, cultural change remains fragile when responsibility is dispersed and accountability unclear. Christine reflected this fragility: ‘There are still places where it feels like an add on. Like you are lucky if you get the right person, or if your team gets into it, nevertheless, it’s not everywhere yet.’ This uneven uptake echoes Holt and Dunn (2003) and Hill et al. (2016), who show that initiatives reliant on local champions often achieve isolated success without wider organisational change.

The development of Champions training was a direct response to this limitation. Carter described the intention as ‘Have a champion, have a beacon of mental health in each team.’ Champions were positioned as visible points of contact, embedding wellbeing through ongoing interaction rather than occasional sessions. This shift toward peer leadership reflects broader evidence that sustained cultural change depends on embedding rather than symbolic delivery (Purcell et al., 2019; Fletcher and Wagstaff, 2009).

Across the focus groups, the MHA and MHC programmes functioned less as technical interventions and more as cultural signals. They moved mental health into everyday conversation, yet their implementation remained uneven. Progress was strongest where practitioners had existing trust and managerial support, allowing wellbeing to become part of routine dialogue. In contrast, others described limited follow up, unclear escalation routes, and weak integration with organisational processes. The result is a system characterised by both progress and vulnerability. While the programmes have shifted discourse, their impact remains contingent on coordination and structural reinforcement. This tension between ambition and coherence underpins the sections that follow.

4.2. Beyond Literacy: Embedding Relational Responsibility in Daily Performance Routines

As the focus group discussions developed, practitioners described how their sense of responsibility for mental health had shifted from referral-based models to more embedded and socially shared forms of support. What came out was not just a story of expanding roles but of a wider cultural shift in which mental health became part of everyday working life. This mirrors the ecological perspective described by Henriksen et al. (2020), who argue that wellbeing in elite sport must be seen as an integrated cultural practice rather than a separate service.[5] Their reminder that 'Language creates reality, and diagnostic language can potentially pathologize normal aspects of the human condition' (p. 555) captures the risk of treating mental health only through clinical or deficit terms. Within the UKSI, participants suggested that progress came less from adopting medical scripts and more from creating shared spaces where psychological support could sit naturally alongside performance work.

Many accounts pointed to this cultural shift as promising, but they also revealed the tensions that sit within it. Christine, speaking from a strategic oversight perspective, explained what she saw as the guiding principle when she said, 'It was not about suddenly turning us all into therapists. It was just about equipping people with the confidence to ask a question, to notice something, to know that saying something might make a difference.' Her view reflects a practical and grounded approach. It values relational awareness and confidence without implying that staff should act as clinicians. Yet her phrasing also needs closer attention. The very idea of 'asking a question' or 'saying something might make a difference' assumes a level of emotional involvement that stretches traditional performance roles. Practitioners consistently highlighted that open discussion about mental health had become more common within teams, often emerging from informal conversations rather than structured sessions. While this shift signalled growing confidence, it also exposed uncertainty about how far such dialogue should extend and who held responsibility for managing it. Pilkington et al. (2024) note that 'normalising mental ill-health can be facilitated by providing opportunities for open discussions about mental health … and framing mental health help-seeking as an important strategy for maintaining one's overall health and wellbeing' (p. 8).

[5] An ecological perspective defines wellbeing as emerging from interactions between individual, interpersonal, organisational, and sociocultural environments.

This reinforces that psychological literacy alone is not enough. It must be supported by emotional readiness, professional confidence, and organisational clarity if it is to take root. Without these supports, there is a risk of what Hill et al. (2016) describe as “therapeutic drift”, when staff begin to take on supportive roles without the supervision or training to do so safely. In some areas, what begins as cultural progress can turn into pressure on individuals to manage issues beyond their role. While the UKSI’s open and trust-based approach helps to build relationships, its informality can hide the need for clear role definition and shared responsibility. Even so, Christine’s comment marks an important turn, showing the move from mental health as a clinical concern to wellbeing as a collective, relational one. As wellbeing began to move from relational practice into more structured educational delivery, the next phase of the UKSI strategy focused on cultivating a shared language one that could potentially unify understanding and embed mental health as a collective responsibility across the system.

4.3. Building a Shared Language and Collective Responsibility

This reorientation was echoed by other practitioners and appeared to have been reinforced through the structure of the UKSI’s training provision. Christine explained that, 'They have three core objectives... shared language around mental health. So, everyone understanding the same terms... what does mental health mean? Is everyone using the same definition?' Her reflection illustrates the first and most fundamental objective: developing a shared vocabulary that normalises mental health as a collective, rather than specialist, concern. Establishing such linguistic and conceptual coherence aligns with Henriksen et al. (2020), who argue that effective systems are those that remain integrated, values based, and consistent with their stated principles. In this way, shared language serves not only as an educational mechanism but also as a cultural device that translates abstract organisational commitments into everyday understanding.

Jake extended this perspective, clarifying that the programmes were never intended to produce mental health specialists. Instead, they aimed to build confidence and a common language across the system. His reflection demonstrates that the early stages of development focused less on clinical intervention and more on establishing collective understanding, laying the groundwork for cultural change and sustained relational confidence:

> Thinking back to when these first started, it was that long ago now. The main aim was to create a consistent language and understanding about mental health using mental health awareness training. And then to provide additional skills and support for people that are already providing some, then we aimed to do some work in this space informally or formally with mental champions training. So the idea was to bring the level of everyone's understanding up with the awareness training and then do some specific focused support for key individuals with the champions training. And generally the aim was about making people feel more confident and comfortable with mental health rather than feeling like they were trained to intervene.

This approach reflects Purcell et al. (2019), who argue that mental health literacy only becomes meaningful when it enables confidence to act rather than simply recognise distress. It also corresponds with Fletcher and Wagstaff's (2009) description of early cultural embedding, where wellbeing begins to shift from external provision to an accepted element of everyday professional practice.

Signposting and self-care strategies developed upon this logic further by translating shared understanding into a sense of everyday responsibility. Signposting emphasised the ability to recognise distress and direct appropriately, while self-care encouraged practitioners to acknowledge their own limits. Lucas, positioned within the delivery practitioner group and involved in direct practitioner support, articulated this distinction when he noted that 'you could argue everyone has a role to play, but not everyone has a professional responsibility.' Jake extended this by explaining that 'there was an explicit challenge to the stigma around what our role is in mental health as ordinary non psychological practitioners.' He clarified this further:

> I think when we first started out was and that was basically the idea. Let's just accept that this is messy and it's complicated, but it's also everybody's business. So, let's look at it let's work with this at the level that everyone can engage with rather than being really specifically diagnostic.

While Fletcher and Wagstaff (2009) and Purcell et al. (2019) offer valuable frameworks for understanding the development of wellbeing systems within elite sport, both tend to imply a degree of coherence and progression that is not consistently reflected in practice. The findings here suggest a more uneven process, where the embedding of wellbeing is negotiated through local interactions, shaped by context, and contingent on leadership rather than systematically secured. Similarly, Uphill et al. (2016) call for clearer competence boundaries, yet provide limited insight into how practitioners navigate the emotional demands that

emerge when expectations expand without corresponding structural support. As such, the translation of wellbeing from principle into practice appears less linear and more contingent, characterised by variability in both understanding and enactment.

Daniel, working within the delivery practitioner group in applied performance environments, reinforced a clear shift from knowledge based literacy toward relational practice. He explained that 'the Champions programme had the addition of people and relationship skills and conversation skills, so how do you have conversations about mental health, how do you build those relationships?' This emphasis reflects a recognition that awareness alone is insufficient, aligning with Breslin et al. (2019), who caution that wellbeing risks remaining symbolic without sustained interpersonal engagement. In this sense, the programme begins to move toward the form of cultural coherence described by Henriksen et al. (2020) and Fletcher and Wagstaff (2009), where shared understanding is enacted through everyday interaction rather than held at a purely conceptual level.

Building on this, participants reflected on the emotional labour required to sustain these ambitions, particularly in contexts where expectations increased without equivalent structural reinforcement. Katherine described the MHC programme as a 'progressive layering of support,' explaining that it was 'not just about one course but about layering things, so people can build confidence and know what to do.' She added that it was 'meant to be more of a pathway, something that built over time rather than one-off training.' This framing reflects a shift toward sustained learning, consistent with Purcell et al. (2019), who argue that meaningful mental health literacy depends on iterative development that enables individuals to act with confidence. However, the voluntary nature of engagement introduced variability in uptake, meaning that progression was not uniformly experienced. This unevenness reinforces Fletcher and Wagstaff's (2009) concern that, in the absence of institutional consolidation, cultural change remains dependent on individual motivation rather than embedded organisational practice.

Practitioners also described how training was adapted to make psychological concepts usable within high performance settings, a process that can be understood as the enactment of applied mental health literacy. As Jorm et al. (1997) define, mental health literacy involves the knowledge and beliefs that support recognition and response, but subsequent work

emphasises that its value lies in how this knowledge is translated into action (Jorm, 2015; Jorm, 2019). Daniel, drawing on his applied delivery experience, explained that 'various sections of the teaching sessions are based on therapeutic models, not being named as such because you've got to think about your audience. It does not matter whether it's compassion focused therapy, or cognitive behavioural therapy, but that context of what you are trying to do. There are whole manuals behind it regarding where that evidence base came from.' Here, theoretical knowledge is not removed but reframed, allowing practitioners to engage with underlying principles without the constraints of formal clinical language.

Daniel further noted that 'they're keeping the conceptual understanding where it's come from but adapting it into more user-friendly language as well,' a view echoed by Christine, who described it as 'diluting a theory into a way of being communicated that a lot of people can understand and identify with.' This reflects a form of informal, context driven literacy, where understanding is developed through accessible language and shared experience rather than formal instruction. Such an approach aligns with findings that mental health literacy within sport is most effective when it enhances recognition and confidence in responding to distress (Worley et al., 2025; Sebbens et al., 2016). However, it also introduces important questions regarding consistency and depth. Where theoretical frameworks are implicit rather than explicit, practitioners may vary in how they interpret and apply these concepts, potentially limiting the reliability of responses across contexts. As Diamond et al. (2022) highlight, the effectiveness of literacy initiatives is shaped not only by content but by the consistency with which knowledge is reinforced and embedded over time.

The impact of this translation extended beyond comprehension to shape the tone of training environments. By softening technical language and prioritising shared meaning, sessions became reflective rather than evaluative, enabling participants to engage with sensitive topics without the constraints typically associated with clinical discourse. This supports Fletcher and Wagstaff's (2009) argument that effective wellbeing environments are characterised by open and natural communication, where individuals feel able to discuss pressure and vulnerability without fear of judgement. In this respect, language functions not only as a tool for understanding, but as a mechanism for shaping culture.

This process also blurred the boundary between learning and emotional exchange. Training became a shared reflective space in which dialogue, empathy, and relational awareness were as central as theoretical knowledge. This extends existing organisational perspectives by demonstrating that psychological safety is not solely produced through structural design, but through repeated interpersonal interactions that normalise discussion of mental health. It also reflects Purcell et al. (2019), who emphasise that sustained literacy requires ongoing reflection and contextual responsiveness, rather than one off educational interventions.

Through this lens, the training environment itself became part of the intervention. It functioned not only as a site of knowledge transfer, but as a space where meanings, relationships, and expectations were actively negotiated. The atmosphere shaped how participants engaged with both content and each other, influencing the extent to which wellbeing principles were internalised and enacted in practice. However, the variability inherent in this informal and relational approach raises ongoing questions regarding consistency, particularly in environments where structural reinforcement remains limited. The following section therefore examines how these relational dynamics intersect with issues of organisational structure, responsibility, and the sustainability of cultural change within the UKSI.

4.4. The Structural Tone: From Roles to Sustained Responsibility

The emotional tone within each delivery space shaped how sessions were received. Practitioners described clear contrasts in group responses, influenced as much by atmosphere as by content. Caroline, working within the operational practitioner group supporting coordination and delivery, reflected, ‘There are certain sports that are very emotionally literate … they were some of the best conversations I have had. But in other rooms, people were guarded.’ Her account highlights that psychological openness cannot be assumed, even where provision exists. Pilkington et al. (2024) argue that organisations are responsible for developing psychologically safe cultures, reinforcing that relational climate is central to effective delivery. Daniel captured this succinctly: ‘It is not just the material, it is how people show up for it.’ This aligns with Pilkington et al.’s (2024) wider point that athletes require transparent preparation for the emotional demands of elite sport. Without emotional

readiness and a culture that supports reflection, even well-designed programmes may fall short. Where these conditions were present, sessions moved beyond awareness and began to shape everyday practice.

Across the focus groups, participants described meaningful cultural progress within the UKSI. Mental health is no longer marginal but increasingly embedded within the language and routines of performance environments. The use of shared terminology, informal dialogue, and integrated readiness reflects what the literature describes as an ecological approach, where wellbeing is embedded within everyday environments rather than isolated within specialist provision (Henriksen et al., 2020; Purcell et al., 2019). However, this progress remains fragile. Without consistent accountability, stable resourcing, and clear escalation routes, responsibility can diffuse across the organisation without being securely held. Cultural change risks becoming more visible in language than in practice, present in discussion but vulnerable to fragmentation without structural reinforcement.

The introduction of designated roles such as the Mental Health Officer signalled a shift from informal advocacy toward formal responsibility. This reflected an intention to embed wellbeing within organisational systems rather than rely on individual initiative. Henriksen et al. (2020) note that such roles contribute to the broader ecological network supporting athlete wellbeing, though their effectiveness depends on their capacity to facilitate learning and improvement. Within the UKSI, these roles enhanced visibility and legitimacy, yet practitioners noted that their influence could become procedural rather than developmental. This reflects Breslin and Leavey's (2019) observation that wellbeing structures risk stagnation when feedback and reflection are limited, contributing to uneven implementation across teams.

Further research suggests that wellbeing roles achieve greater impact when they operate as cultural connectors, translating learning across departments and aligning policy with practice (Breslin et al., 2021). Practitioners recognised this potential but described it as still developing. Related work emphasises that wellbeing education must be adaptive, relational, and co-produced to sustain engagement (Purcell et al., 2019). Without such integration, wellbeing risks becoming procedural rather than embedded. Rogerson (2017) cautions that

concentrating responsibility within specific roles can lead organisations to conflate visibility with impact, a concern echoed by practitioners.

4.5. Reanimating the Pillars: Giving Strategy a Living Form

Practitioners described how informal learning spaces, continuing professional development, and peer led reflection helped sustain wellbeing principles even when strategic clarity weakened. Across the focus groups, there was broad recognition of the UKSI's visible commitment to mental health. However, understanding of the four strategic wellbeing pillars, 'Communication', 'Education', 'Provision', and 'Assurance', was often uneven and limited to surface familiarity. Strategic frameworks, however well designed, hold limited value unless they are meaningfully absorbed into daily practice. Fletcher and Wagstaff (2009) argue that wellbeing strategies must take root within organisational culture and be reflected through consistent behaviours if they are to achieve depth and continuity. Similarly, Henriksen and Stambulova (2017) emphasise that long term impact depends on repetition and reinforcement, where wellbeing is sustained through habitual actions and shared understanding rather than symbolic intent.

A pattern of disconnection emerged in which strategic ambition was rhetorically endorsed but rarely translated into daily practice. Christine captured this disconnect candidly: 'I'm aware there are these four pillars, but honestly, I couldn't name them all straight off, so it's not something front and centre in my mind.' Caroline, reflecting from a coordination focused role, reinforced this position: 'We know there's the strategic stuff like the pillars, but we don't really talk about it day to day; it's more like a background framework rather than something actively used.' These reflections position the pillars as a form of shared organisational language, aligning with the conceptualisation of mental health literacy as the knowledge and beliefs that support recognition and response (Jorm et al., 1997; Jorm, 2019). In this sense, the pillars appear to provide a common reference point through which wellbeing can be understood and discussed across roles.

However, consistent with research demonstrating that knowledge alone does not guarantee effective action (Worley et al., 2025; Diamond et al., 2022), this shared understanding did not

consistently translate into deliberate or structured practice. The pillars therefore risk functioning symbolically rather than operationally. While they contribute to a coherent narrative around wellbeing, their influence on behaviour remains variable, dependent on individual interpretation rather than embedded organisational processes. This reflects a broader tension within elite sport, where frameworks are adopted at a strategic level but are not consistently enacted within everyday practice, limiting their capacity to shape intervention in a reliable and systematic way.

Christine's reflections also pointed toward how a more connected model of wellbeing delivery might operate. She explained that she had developed structured Continuous Professional Development resources for external providers, noting that 'every quarter they receive some CPD.' This example demonstrates how consistent, clinically informed learning can strengthen both education and assurance within wellbeing systems. It also reflects the applied dimension of mental health literacy, where sustained engagement supports not only awareness but the capacity to act appropriately in practice (Jorm, 2015). It also responds to earlier practitioner calls for meaningful entry points that connect staff and athletes through shared spaces of reflection and applied learning. Sustained CPD aligns with Purcell et al. (2019), who observe that there remains no comprehensive framework to support and respond to the mental health needs of elite athletes. In this sense, ongoing development provides a mechanism for keeping wellbeing active within practice rather than confined to initial training.

Jake expanded on this connection, noting that teams with higher uptake of Mental Health Awareness training were also more likely to engage with the wider wellbeing system: 'I can think of some teams that I would imagine have a much higher uptake of Mental Health Awareness, Champions training. I think what's interesting is that they will probably correlate with teams that refer to us and engage with us on the other pillars.' His observation suggests that when education is reinforced through continued interaction and relational engagement, the broader system becomes more cohesive, with literacy functioning not only as knowledge but as a catalyst for engagement across provision.

This pattern was reinforced across practitioner accounts. The MHA and MHC programmes were consistently described as effective entry points for early identification and response to mental health concerns. Evidence from Cumming and Ranson (2021) supports this view,

demonstrating increased rates of early disclosure following their introduction. This aligns closely with work suggesting that enhanced mental health literacy improves recognition of distress and increases the likelihood of supportive intervention (Sebbens et al., 2016; Worley et al., 2025). Practitioners described greater willingness among staff to ask difficult questions and initiate timely referrals, indicating a shift from passive awareness toward active engagement.

Lucas, speaking from a frontline support perspective, reflected this shift, stating that 'there is a numbers relationship between the amount of training provided and the amount of people that have opted for further support in mental health.' He added that 'although more people have engaged with mental services, the cost has gone down,' suggesting that earlier recognition enabled concerns to be identified and addressed at a more manageable stage. This reflects the core premise of early intervention, where improved recognition and timely response reduce the escalation of need and the reliance on more intensive forms of support (Sebbens et al., 2016). In this sense, literacy operates not only as a conceptual framework but as a mechanism that shapes system level outcomes, linking knowledge, behaviour, and resource efficiency.

However, as awareness and confidence expanded, the central challenge shifted from engagement to coherence. The Four Pillars framework was intended to provide this cohesion, offering a shared structure for integrating wellbeing into daily practice. Yet for many practitioners, this translation remained incomplete. Christine's earlier reflection that the pillars were not 'front and centre' illustrates how they risk becoming ambient rather than active. This difficulty reflects wider findings in the literature. Gulliver et al. (2012) note that wellbeing initiatives often lose momentum when not embedded structurally, while Hill et al. (2016) show that inconsistent reinforcement leads to fragmented delivery. These studies highlight how strategic intent can dissipate without visible leadership, shared accountability, and ongoing integration into routine practice.

While the UKSI has successfully developed a shared language of wellbeing through its programmes and strategic frameworks, the consistent enactment of this knowledge remains uneven. Mental health literacy appears to function effectively in supporting early recognition and engagement, particularly through structured education and relational practice. However,

without sustained reinforcement and organisational embedding, its translation into consistent behaviour is constrained, leaving a gap between what practitioners know, what they intend, and what is ultimately enacted in practice.

Practitioners described a landscape in which engagement was shaped by local context and leadership. Katherine observed, 'It depends a bit on who your manager is really, and whether wellbeing is seen as a priority.' Caroline added, 'People who've done the training tend to link up afterwards, but that's off their own back.' These accounts point to the persistence of informal progression, where development depends on individual initiative rather than organisational design. Jake and Daniel further emphasised the importance of informal conversations and relational continuity, echoing Purcell et al.'s (2019) argument that wellbeing must be sustained through everyday practice rather than isolated interventions.

Despite these inconsistencies, practitioners recognised clear progress. Katherine, reflecting from a strategic vantage point, noted, 'We're miles ahead of where we were even two years ago.' This aligns with Kuettel and Larsen's (2020) argument that preventative wellbeing depends on creating ecological conditions for early, relational, and adaptive support. For many, progress has been driven less by formal policy and more by people. Individual commitment, relational trust, and local cultures have shaped much of the development observed across the UKSI. However, these systems remain inherently fragile. As Henriksen et al. (2020) argue, environments can either support or undermine mental health. Without structural clarity, even strong local cultures risk inconsistency and drift.

This is where the strategic wellbeing pillars retain their potential significance. When clearly defined and reinforced, they can function as scaffolding that translates ambition into daily action. They were intended not as abstract ideals but as practical tools to guide behaviour and sustain coherence. Used effectively, the pillars offer a structured yet adaptable framework for embedding psychological safety and shared responsibility within everyday practice. Purcell, Gwyther, and Rice (2019) argue that such frameworks must remain responsive to different stages of an athlete's career and the evolving nature of mental health, while Poucher et al. (2023) suggest wellbeing should be understood as a dynamic process shaped by relationships, values, and context.

Building on this, Miller et al. (2024) argue that evaluation must reflect the lived realities of sport rather than rely on detached measures. Within the UKSI, however, the Four Pillars occupy an ambiguous position. They are recognised in principle but inconsistently enacted in practice. If repositioned as active reference points, they could help restore coherence across the system. For this to occur, the pillars must operate as instruments of clarity, culture, and learning rather than static markers of intent. Uphill et al. (2016) remind us that mental health encompasses both distress and flourishing, requiring interpretation that is responsive rather than procedural.

Practitioners also described a shift from standardised assessment tools toward more reflective and relational approaches. Wellbeing was increasingly understood not as something to be measured alone, but as something to be experienced, discussed, and sustained. In this sense, the framework's value lies less in quantification and more in its ability to generate shared meaning.

4.6. The Architecture of Intention: Rebuilding Coherence from Cultural Fragments

This pattern of symbolic alignment without sustained operational follow through reflects a broader concern within the literature that strategic frameworks risk becoming performative when not translated into practice. Uphill et al. (2016) caution that wellbeing models without clear routes to action struggle to move beyond rhetoric, while Rogerson (2017) highlights how systems falter when ownership dissipates and responsibility becomes diffused. The four wellbeing pillars at the UKSI were conceived to integrate education, communication, provision, and assurance within a system wide approach. Yet as priorities have shifted and leadership roles evolved, their application has become inconsistent. Lucas captured this fragility directly, stating, 'People move around, structures shift, and you wonder how much the original vision stays consistent unless there's deliberate, ongoing reinforcement.' His reflection highlights how continuity, rather than intention alone, determines whether coherence is sustained.

Within this shifting context, the absence of stable leadership and ongoing organisational learning has allowed the coherence of the pillars to weaken (Henriksen et al., 2020; Fletcher

and Wagstaff, 2009). What began as a shared framework for accountability risks dissolving into fragmented interpretations reliant on individual motivation. The result is a drift from strategic vision to operational inconsistency, where the pillars retain symbolic presence but reduced integrative function.

Practitioner reflections reinforced this concern. Carter, speaking from a direct delivery perspective, remarked, 'We still see sports that think that a wellbeing Programme is the same as having an all-encompassing mental health strategy, and it's obviously incredibly important. That's why it's called a pillar. But it is insufficient on its own.' His observation exposes a central misunderstanding: the pillars were intended to function collectively, and when integration weakens, symbolic commitment outweighs practical impact.

This fragility becomes more visible across organisational layers. Carter reflected, 'Internally, people get it. Externally, like our partners, maybe not as much as it can get lost a bit in translation.' His account illustrates how the pillars are recognised yet unevenly enacted. The rhetoric of wellbeing has travelled faster than its implementation, consistent with Reardon et al.'s (2019) observation that strategic language often outpaces supporting systems. Within the UKSI, the vocabulary of the pillars circulates, yet accountability remains diffuse. Uphill et al. (2016) warn that when responsibility is unclear, frameworks risk shifting from guidance to symbolic gesture, while Holt and Dunn (2004) note that reliance on individual goodwill makes fragmentation likely.

The literature further demonstrates that awareness alone is insufficient to ensure impact. Purcell et al. (2019) argue that increasing awareness or encouraging help seeking can be counterproductive if appropriate systems of care are not in place. A similar pattern is evident within the UKSI. The pillars provide a shared language and direction, but their effectiveness depends on consistent leadership, deliberate communication, and sustained organisational learning. Without these conditions, the framework risks remaining aspirational rather than operational.

Despite these limitations, practitioner accounts revealed points of progress. In contexts where the pillars were actively referenced, they supported shared responsibility and helped translate strategy into practice. Caroline reflected, 'what we probably need now is more ongoing spaces to learn together. People go on courses and then it stops. The ones that work

best are the ones that have a follow-up, a check-in.' Daniel added, 'sometimes the issue isn't what people know, it's that we don't have enough opportunities to keep that conversation going. You can't just train someone once and expect it to stay live.' Katherine similarly noted, 'when you see other teams doing it well, you learn from that, but there isn't always a system to share that learning across the organisation.' These reflections indicate that coherence depends on reinforcement through communication, shared learning, and repeated engagement.

Building on this, Rice et al. (2016) argue that nonclinical education must be supported by clear referral pathways and coherent systems of care to ensure continuity. Within this context, continuing professional development holds potential to stabilise practice, but only when embedded within broader organisational structures. Without this alignment, development risks remaining isolated rather than contributing to system wide coherence.

What emerges is not a rejection of the pillars, but recognition that their value depends on enactment. Their strategic intent remains relevant, yet without deliberate reinforcement through leadership continuity, relational communication, and organisational learning, they risk further dilution. The challenge for the UKSI is not to preserve the framework, but to reactivate it as a working system that connects policy with everyday practice.

4.7. Reframing the Beneficiary: Who Learns, Who Benefits?

The structure of the MHA and MHC programmes followed a clear line of learning. The MHA course offered foundational literacy, introducing ideas such as the stress bucket and the continuum between wellbeing and illbeing. The MHC course then extended this logic into relational competence, helping staff to notice, support, and respond with confidence. As Christine explained, 'we did quite a lot of work on what does an environment that promotes mental health look like … the content was usually about how do you respond or how do you look after yourself.' This movement from awareness to applied fluency marked a deliberate attempt to embed psychological understanding within everyday work.

4.7.1. The Indirect Model: Athletes as Secondary Beneficiaries

As delivery expanded, questions evolved about who the programmes were really for. Athletes were positioned as the intended beneficiaries, yet the sessions were delivered almost entirely to staff. Katherine, drawing on her involvement in strategic planning, acknowledged that 'the mental health emergencies training has been very specifically focused at staff … the only athletes we would have had in there would be potentially retiring athletes.' Carter, grounded in day to day practitioner delivery, reinforced the point, noting that participation often depended on who had the time and confidence to engage: 'Our staff are covering a whole range of things, including mental health … that probably means there is very different levels of uptake.'

These reflections expose a deeper tension. The very structure designed to enhance athlete wellbeing was operating one step removed. The intention was that by improving staff knowledge, confidence, and relational skills, the programmes would indirectly enhance the athlete experience. In practice, this meant that wellbeing development travelled through practitioners and performance staff before reaching the athletes themselves.

This question of distance became sharper when contributors discussed who the programmes were truly aimed at. In international sport, wellbeing work is often directed at athletes as the central focus (Henriksen et al., 2020; Rice & Purcell, 2016). The UKSI, however, adopted a different model. Instead of engaging athletes directly, it concentrated on developing the people around them. This change in focus encouraged reflection among participants, some of whom wondered whether athletes were, in fact, the main participants. As Lucas observed:

> I suppose it depends on what you mean by participants, because whilst the athletes might be the benefactor, I suppose it goes to that team around the athletes… What the actual direct work with an athlete, I'd argue, is the most minimal part of what the programme provides.

He later clarified, 'I don't think it would be accurate to say the athletes are our main participants for what we provide. They are the main benefactors.' His remark revealed a structural paradox at the heart of the wellbeing programmes. While athletes were understood to be the end beneficiaries of care, the initial focus of delivery was directed primarily toward the practitioner network that surrounded them. Katherine reflected on this focus, explaining that:

> one of the things we aimed to do was to just try and raise awareness of mental health and its impact on high performance sport and sports environments across the piece. So, I think it was probably a relatively straightforward objective to start with, just to make sure that it was a way of increasing awareness and knowledge amongst sports. But I guess secondly also it's quite a good way of getting us known. It was quite an easy win for us as a team, a new team, and I think it was quite effective in that respect.

Her account highlights how the early stages of delivery sought to build momentum by targeting staff first, using awareness and literacy gains as pragmatic entry points into the broader system of care. Carter, reflecting from his applied delivery role, confirmed that 'very often staff, and particularly someone in leadership, were the ones responsible for getting the training in place,' noting that uptake varied depending on how engaged leadership teams were and where they were in the Olympic cycle. Lucas, drawing on his frontline practitioner perspective, reinforced this structural pattern, observing that 'when education is set up, that's not through an athlete, that's through a head of performance, that is through a sports psychologist and it's through a performance lifestyle advisor.'

Together, these reflections show how the wellbeing strategy was designed to reach athletes indirectly, through staff who mediated and modelled support behaviours. This design complicates conventional ideas of participant centred practice. Rather than delivering wellbeing programmes directly to athletes, the system placed responsibility on staff to interpret, translate and apply the pillars on their behalf. This was intended to build a supportive infrastructure around athletes, but it also raises an important question: does support still count as accessible if athletes only receive it when the right staff member is present, trained or willing to act?

This delivery model creates a form of conditional access. Athletes benefit only when staff have received training, feel confident using it and are positioned within environments that value mental health. If those conditions are not met, the support does not consistently reach the athlete. This mirrors concerns in the literature about the rise of staff mediated approaches in high-performance systems, where wellbeing structures rely heavily on practitioner capacity rather than guaranteed provision (Breslin et al., 2019; Fletcher and Wagstaff, 2009; Giles et al., 2020). It also exposes a deeper structural inequality. Access to support becomes uneven, shaped by staffing, regional differences, leadership priorities and local culture rather than by athlete need.

This is where the discussion turns from delivery to equity posing the question when support is conditional rather than guaranteed, will wellbeing become a structural privilege rather than a universal provision?

4.7.2. Conditional Access and Structural Inequality

Athletes are not the ones initiating or requesting these sessions. They depend on a chain of staff to make those decisions. Katherine captured this when she said, 'before we had mental health leads … we were generally waiting for sports to opt in,' exposing how access remained dependent on relationships rather than on clear pathways. The question this raises is simple but important: how can athletes sit at the centre of wellbeing delivery if they must wait for others to decide whether they can take part? When a head of performance or psychologist does not prioritise education, or when competing demands take over, the programme may never reach the athlete at all. Many athletes might not even know these sessions exist. They are not invited to request them, and there is often no defined route for them to be included unless someone higher up makes that decision.

In practice, support therefore becomes just that, conditional. It depends on who is in the room, how interested they are, and whether they see mental health as a priority at that moment. This pattern reflects wider concerns raised in the literature, where systems that claim to be athlete centred often operate in ways that keep control with staff (Breslin et al., 2017; Fletcher & Wagstaff, 2009). Without clear routes for athletes to discover, request, or shape their involvement in these programmes, they remain largely passive recipients. The organisation's commitment to inclusion is clear, yet achieving consistent access remains dependent on the engagement of individual staff and sports. As Katherine observed, 'There are some sports that actually don't really engage with us at all … but the culture isn't necessarily conducive … the staff and their willingness to promote that to their team might be a huge factor.' This highlights how sustained inclusion will require deeper structural support to complement practitioner commitment. This conditionality not only limits athlete agency but places disproportionate weight on individual staff engagement, revealing the fragile mediation at play.

4.7.3. Practitioner Mediation and the Limits of Indirect Delivery

The result is a fragile system in which athlete exposure varies widely, shaped by whether key staff choose to promote wellbeing training. Carter, reflecting on the practical realities of delivery, summarised this clearly: 'Our staff are covering a whole range of things, including mental health … that probably means there is very different levels of uptake.' The programmes therefore occupy a difficult position. They are designed to upskill staff while simultaneously relying on those same staff to act as the primary access point for athletes. This creates ambiguity around their purpose. While there is growing intent to involve athletes more directly, this shift remains partial and inconsistent. What emerges is a model that speaks to athlete benefit but operates through practitioner engagement. Until direct and structured routes for athlete involvement are established, the notion of a fully athlete centred wellbeing strategy remains aspirational rather than realised (Arnold and Fletcher, 2021; Kuettel and Larsen, 2020).

These findings reveal deeper structural weaknesses within the UKSI wellbeing framework. The literature highlights that wellbeing initiatives in elite sport are often unclear about their intended audience, with impact inferred from staff engagement rather than athlete experience (Fletcher and Wagstaff, 2009; Purcell et al., 2019). This critique is reflected within the UKSI system. Kyle, working in frontline practitioner support, described the variability in engagement: 'Different levels of interest and uptake out there … some teams are more available, have put themselves forward more, have had more training volunteers, some other teams have been harder to reach.' His account illustrates how access is uneven and dependent on local conditions.

This ambiguity conceals a deeper imbalance. Although athletes are positioned rhetorically as the primary beneficiaries, they often remain peripheral in practice. Practitioners indicated that the system assumes benefits will transfer to athletes once staff are trained, yet this translation is inconsistent and reliant on individual initiative. Katherine noted that engagement varied significantly across sports, with some teams demonstrating strong commitment and others minimal involvement. Kyle reinforced the limits of this approach, emphasising that programmes alone are insufficient without organisational follow through and cultural reinforcement. Carter similarly observed that uptake was influenced by

leadership priorities, staff availability, and the timing of the Olympic cycle. Collectively, these accounts point to a delivery model dependent on staff motivation, unable to guarantee equitable athlete access unless wellbeing is structurally embedded across all sports (Reardon et al., 2019).

The UKSI framework was intentionally designed around staff development rather than direct athlete empowerment. However, practitioner reflections indicate a need to evolve this model so that athletes become active participants rather than indirect beneficiaries. This aligns with Giles et al. (2020), who argue that institutional convenience can override individual need. Without a shift toward more consistent, athlete facing provision and systems that ensure equitable access, the current structure risks reproducing the inequalities it seeks to address (Breslin et al., 2019; Uphill et al., 2016).

This imbalance is particularly evident in specialist training beyond the MHA and MHC programmes. As Katherine indicated, drawing on her strategic involvement, 'The mental health emergencies training has been very specifically focused at staff … the only athletes we would have had in there would be potentially retiring athletes who might be taking on coaching roles.' In this context, athletes are positioned not as participants but as subjects of the system.

As the training has evolved, this focus on practitioner capability has become increasingly central, moving the UKSI from basic awareness to a more sophisticated and situationally responsive model of support. Katherine encapsulated this strategic trajectory, describing how the training evolved to build deeper confidence and capability over time:

> Upskilling, giving people a bit more confidence, a bit more, a bit more of a range of skills in how to have conversations with people who might be struggling with their mental health; that has led on to some other training that we've delivered reasonably often around things like how to respond to a mental health emergency.

What began as foundational education has therefore evolved into a more layered structure of intervention-readiness, designed not for athletes directly but for those charged with safeguarding their wellbeing. In this progression, the distinction between education and clinical responsibility has become increasingly fluid, prompting questions about how prepared staff truly are to respond when situations move beyond the preventative and into crisis territory.

Early discussions within each group centred on staff education, particularly the development of relational and interpersonal skills that were widely viewed as essential to effective wellbeing support. Yet as participants reflected more critically on the scope of their training, the conversation began to shift toward the more difficult question of crisis response. What started as a reflection on how relationships are built and maintained soon turned into something more pressing: how prepared staff felt when faced with serious or emotionally complex situations.

4.7.4. From Awareness to Action: The Emerging Question of Crisis Preparedness

Early discussions within each group centred on staff education, particularly the development of relational and interpersonal skills that were widely viewed as essential to effective wellbeing support. Yet as participants reflected more critically on the scope of their training, the conversation began to move toward the more difficult question of crisis response. What started as a reflection on how relationships are built and maintained soon turned into something more pressing: how prepared staff felt when faced with serious or emotionally complex situations. That shift revealed something important. It showed that many practitioners did not see the MHA or MHC sessions as standalone tools, but rather as the starting point of something wider, a broader infrastructure of care that should include readiness for more acute scenarios. As this line of questioning deepened, some tensions started to show. A few staff were clearly confident about the next steps available to them. They spoke about additional workshops or team led discussions that had helped them build confidence in knowing what to do if something serious happened. But for others, particularly those in educational or frontline delivery roles, the picture was far less clear. Some admitted to being unsure about what provisions existed. Others described feeling uncertain about where their responsibilities ended and what would happen if they reached a point of escalation.

Christine captured the shift in emotional complexity when she reflected on her discussions with athletes within her sessions, ‘We’re having much more emotionally loaded conversations now. It’s not just technical delivery, its people bringing quite deep stuff to us. And that’s changed how I think about my role.’ This sense of emotional depth was echoed in

another focus group, with Katherine acknowledging, ‘Sometimes it’s hard to know when you’ve crossed that line between just being supportive and actually needing to escalate something. There’s not always a clear process.’ She then went on to reinforce this uncertainty, stating, ‘There are still moments where I think, ‘‘If this goes badly, I don't know what happens next.’’ Like who takes responsibility at that point?’ What these reflections suggested was not a lack of care or engagement from staff, but a lack of clarity about what happens at the point where wellbeing becomes something more serious. The variation in responses pointed to something deeper than individual experiences. It suggested a structural gap between the UKSI’s strategic ambitions for comprehensive care and the day-to-day clarity staff felt in moments of pressure. Still, the tone of these discussions was not critical for its own sake. In fact, there was a strong sense of progress and a recognition that the system was evolving which shows great promise. Katherine described this in terms of how additional training had started to emerge more organically:

> There's been little offshoots of training that have also kind of fallen out of some of those conversations, often with people, you know, triggered by people who've got enough knowledge already and want to be able to take that to the next to the next level.

Her observation captured something that many others hinted at: much of the development in this area has been driven from the ground up. Staff have responded to the realities they face, asking for more support and, in some cases, taking the lead in shaping it. Daniel reflected on the personal cost this can carry, stating, ‘There’s a weight that comes with being the one someone talks to. Even if you’re not the expert, you carry that with you.’ That weight, and the quiet responsibility it represents, points to the emotional labour that often goes unrecognised in formal systems. What was divulged from these discussions was not a rejection of the current model but a call to continue developing it. Concerns about preparedness were not framed as failings but as a shared recognition that more could be done to make crisis response visible, structured, and consistent. Staff were already stepping into that space, often without formal pathways, and doing so with care, initiative, and humility a commendable effort within the UKSI context but without the right pathway forward a dangerous terrain to be navigated.

What becomes clear from these accounts is that any meaningful evaluation of the UKSI's wellbeing work must examine how crisis preparedness is both understood and supported in practice. The degree to which staff who have undertaken training feel equipped, supported, and emotionally safe when situations escalate serves as a critical measure of whether the strategy is embedded or still in transition. Reardon et al. (2019) insist that effective wellbeing provision 'cannot stop at awareness raising but must ensure systems exist for appropriate responses during acute episodes'. This view is reinforced by Breslin et al. (2017), who caution that 'without robust structures for escalation and crisis management, even well-designed initiatives risk reinforcing fragility rather than building resilience'. The same concern is echoed by Fletcher and Wagstaff (2009), who remind us that 'those governing and managing elite sport have a duty of care to protect and support the mental well-being of its employees and members' (p. 432). Collectively, these perspectives underscore that the strength of any wellbeing strategy rests not only in its design but in its capacity to uphold clarity, confidence, and care in moments of uncertainty when the stakes are highest.

Reframing wellbeing as meaning rather than metric inevitably draws attention to those who carry its everyday responsibilities. Behind each act of care and each reflective conversation lies a network of emotional effort that sustains the UKSI's wellbeing culture. Recognising wellbeing as lived practice also requires acknowledging the unseen labour through which it is maintained, and the personal costs borne by those positioned to deliver it. The next section explores what has developed in this area, considering both the formal mechanisms and the informal practices that have often been relied upon to support staff and athletes when it has mattered most.

4.8. From Awareness to Action: Crisis Training and Escalation Readiness

As wellbeing discourse became more established within the UKSI, practitioner reflections revealed a clear shift: awareness alone was no longer sufficient. Purcell, Gwyther, and Rice (2019) caution that 'such awareness is necessary, but not sufficient to address the varied mental health needs of elite athletes' (p. 1). Foundational initiatives, particularly the early MHA programme, were instrumental in developing basic literacy and normalising conversations around mental health. Jake reflected on this stage, explaining that 'that was

quite a priority, to put some onus on the individuals about how they look after themselves and good practices around how do you assess your own self-care'. His account captures the programme's dual intention to promote self-reflection and proactive wellbeing practices. However, as practitioners engaged more deeply, the limits of this approach became apparent. While awareness provided a foundation, it did not consistently equip staff to respond to acute distress, including disclosures of self-harm, suicidal ideation, or trauma. These moments became points of tension, where staff recognised their duty of care but often felt uncertain about the boundaries of their role.

This shift aligns with existing research. While the need for mental health literacy in elite sport is well established (Breslin et al., 2017; Purcell et al., 2019), fewer initiatives extend this into crisis preparedness. Fletcher and Wagstaff (2009) note that sport systems often prioritise resilience but overlook the emotional labour associated with safeguarding responsibilities and unclear role boundaries. In this context, the MHC initiative reflects what Purcell, Gwyther, and Rice (2019) describe as the need for early intervention when performance and life demands exceed an athlete's capacity to cope (p. 6). The UKSI's introduction of scenario based suicide response training represents a significant development in institutional readiness, adapted to reflect the realities of high performance environments.

Katherine provided a clear account of this adaptation, explaining that 'the competencies for it are based on clinical psychology doctorate competencies and tweaked for the system … now it's been tweaked by UKSI mental health practitioners who are on the ground with the sports'. Her reflection highlights a pragmatic approach, where academic models are translated through professional experience. This marks a move from general awareness toward structured preparedness, equipping staff to engage with complex situations more confidently.

However, this progression introduced new ambiguities. Staff are not positioned as therapists, yet many described operating between relational support and clinical responsibility. The MHC programme was designed to help navigate this boundary, enabling staff to recognise when escalation is required. Despite this, the expansion of responsibility has intensified demands, particularly where organisational structures have not adapted to support this shift.

Few elite sport systems currently provide suicide response training at staff level, and its absence from much of the literature reflects a broader hesitation to embed crisis preparedness within performance environments (Gouttebarge et al., 2017). The UKSI's move from awareness to preparedness therefore represents both institutional progress and an ethical inflection point, where the demands placed on practitioners increasingly test the limits of existing support structures.

4.8.1. Between Care and Liability: Navigating Role Boundaries and Emotional Burden

Still, the approach is not without its challenges. As the reach of wellbeing work has expanded, the emotional weight carried by practitioners has increased, often without matched structural support. Tofler and Butterbaugh (2005) warned against this almost two decades ago, describing how the lack of clear boundaries can leave non-clinical staff exposed. That concern remains relevant. Practitioners are being asked to do more, but often without consistent access to escalation pathways or clinical backup. The strain this creates is not just operational but emotional, Katherine reflected on this tension directly:

> I think athletes are more able to access information, whether that be triage information. You know, I've definitely spoken to athletes and given them information to read, which has helped them, or they've been redirected to their own GPs and local mental health services.

This example shows positive intent but also underlines how dependent this system remains on individual initiative and informal knowledge. As Roberts et al. (2020) note, effective support cannot rely on goodwill alone. It needs clear routes, shared understanding, and the confidence that when things escalate, the system will hold.Daniel further underscored the MHC programme and its role in preparing staff and athletes for higher-risk conversations:

> I mean the thing that the Champions programme does as well is it kind of focuses on that preventative work, but a big part of one of the days of the training was around how you might respond to concerns around self-harm or suicide for example.

Katherine placed a further qualification on this tiered approach, building on Daniel's point by highlighting how the core programmes were increasingly supported by more targeted development opportunities:

> So, you've got the kind of foundation stuff, the wellbeing programmes (MHA and MHC), and then we've got the slightly more specialist stuff that still sits within that under that banner of education that we've done more than once on a number of occasions around upskilling.

The change in focus from surface level awareness to applied, scenario-based preparation was widely recognised by practitioners as an important step forward for the UKSI system. The MHC programme was consistently described as a constructive starting point for these conversations. It helped staff approach mental health discussions with greater confidence and gave them a clear framework for engagement, especially for those without clinical backgrounds. Yet as practitioner responsibility has expanded, particularly in situations involving self-harm, trauma, or suicidal ideation, questions have asked about whether this foundation is enough. While the programmes were never designed to function as crisis services, they have nonetheless encouraged staff to reflect on how they might approach such conversations and respond appropriately when concerns arise.

For several contributors, the MHC content was useful but limited in scope. Jake explained, 'It is not really emergency or crisis support though, is it? It is more about awareness and general mental health conversations.' His reflection captured a wider unease across the groups regarding what staff were expected to handle and where responsibility actually ended. While Daniel acknowledged that the programme was never designed to be a crisis service, he also suggested that it opened the door to more difficult conversations:

> whilst the responsibility is not to be a crisis service, I think it did encourage people to think about how they might approach those types of conversations and what they might do if they were concerned about self-harm or suicide for example.

Christine reminded colleagues that 'asking someone if they are feeling suicidal does not increase the risk.' Her comment signals a cultural shift towards openness about distress but also reveals uncertainty about how to respond when conversations move beyond awareness into potential crisis. These reflections show that staff are becoming more comfortable naming risk yet remain unsure about escalation and accountability.

This concern reflects a broader tension identified by Henriksen et al. (2020) and Rice et al. (2016), who argue that cultural readiness for wellbeing requires more than interpersonal confidence. It depends on defined clinical pathways, interdisciplinary collaboration, and leadership that normalises intervention within everyday practice. When these structures are

absent, awareness can generate responsibility without protection, leaving staff exposed to emotional and professional strain.

Within this context, several practitioners expressed uncertainty about whether advanced or crisis-focused training was available or how it could be accessed. This ambiguity undermines not only individual confidence but the perceived reliability of the wellbeing system. When escalation procedures are unclear, boundaries blur and staff navigate situations that require judgement without authority (Henriksen et al., 2020). The accessibility that made the MHC programme effective in building relational competence also revealed its limits. Dialogue without defined escalation can transform care into emotional labour, reflecting what Hill et al. (2021) describe as good intent constrained by systemic vagueness and uneven support. The issue is not resistance to wellbeing practice, but responsibility unaccompanied by infrastructure.

Practitioners were clear that this should not be read as criticism of the MHC programme. They emphasised that it was never intended as a crisis response tool, but valued it for building confidence, encouraging early intervention, and strengthening communication. The initiative represents a shift away from token awareness toward meaningful support, and the UKSI deserves credit for commissioning a programme that avoids clinical overreach while equipping staff to engage constructively with mental health in daily practice. Concerns instead centred on what sits beyond the MHC material. Jake reflected, 'I think there's stuff that sits above or alongside Champions that deals with more serious incidents, but it's not something I've had much to do with.' Caroline added, 'You'd have to go looking for it a bit; it's not really something that's embedded into what we do day to day.' The intention to build a layered system is evident, but the lack of connection between training and escalation processes continues to affect practitioner confidence.

This inconsistency reflects a deeper structural issue: where training is decentralised, the inclusion of critical safeguarding content becomes discretionary. The result is a model in which staff are encouraged to open space for mental health dialogue yet may not have a clear or consistent route to act when more acute needs arise. The variability in delivery, combined with limited awareness of escalation pathways, risks undermining the credibility of the training itself. While the UKSI has made progress in elevating mental health within its

education system, the absence of a coherent and widely understood crisis framework leaves a vital part of that system vulnerable. Caroline confirmed that emergency provision does exist, describing her own involvement in its delivery:

> I've delivered a fair bit of the mental health emergencies training, which we've done both face to face and we've done a lot of it online, which is... it's not a great way of delivering it. I'm not a fan of delivering training of that nature online. But sometimes, you know, needs must. You just compromise the quality of what gets received, basically.

Although some staff were initially uncertain about whether formal crisis procedures existed, subsequent discussions confirmed that the UKSI had introduced these specific crisis response components within the broader wellbeing framework. These included scenario-based suicide response sessions and a dedicated strand of mental health emergencies training delivered both face to face and online. However, awareness and consistency of access varied considerably across practitioner groups, revealing a disconnection between programme existence and practitioner understanding. This pattern mirrors broader findings in the literature, where uneven communication and poorly defined escalation processes have been shown to weaken the effectiveness of mental health initiatives in elite sport (Breslin et al., 2017; Purcell et al., 2019; Kuettel & Larsen, 2020). This imbalance between awareness and infrastructure echoes Purcell, et al.'s (2019) warning that awareness and help-seeking behaviours achieve little unless supported by systems capable of timely and coordinated care. Where such systems are absent, crises expose the fragility of otherwise well-designed frameworks.

Caroline went on to explain the type of content covered in these sessions:

> One of the days of the training was around how you might respond to concerns around self-harm or suicide… what would you do if somebody approached you as a mental health champion and said, I'm thinking about ending my life?

Her account shows that the system had not ignored crisis preparation, but that its communication and delivery lacked reach and consistency. This gap meant that even staff positioned to use such resources were not always aware of their existence or scope. Christine described the emotional strain this creates:

> Sometimes it's not that people don't care, it's that they don't know where the boundaries are. You end up sitting in these spaces where you want to help but you don't know what's next, or who's supposed to take over.

While the strain of responsibility was felt most acutely in these uncertain spaces, practitioner reflections within the UKSI revealed a deeper truth about the system itself. The strength of its wellbeing framework rests not only on awareness, but on the infrastructure that sustains response, escalation, and recovery. Where those mechanisms are unclear, the gap between intent and implementation widens. For staff operating in performance-driven environments, uncertainty about where formal crisis pathways begin introduces both ethical and psychological risk. It leaves practitioners questioning whether they can intervene confidently in moments of distress or whether action might overstep their remit. Breslin and Leavey (2019) capture this dilemma, observing that wellbeing systems in elite sport often falter when boundaries are ill-defined, leading to 'role confusion, boundary anxiety, and moral fatigue' (p. 5).

Within the UKSI, this uncertainty undermines the very purpose of the layered model, which was designed to provide clarity, coordination, and protection across levels of care. That some practitioners were unaware these structures even existed reflects not disinterest but a breakdown in systematic communication and rehearsal. A framework that aspires to shared responsibility cannot rely on informal understanding or personal initiative. It requires visible, rehearsed, and institutionally reinforced mechanisms that ensure escalation is both possible and psychologically safe. Without this foundation, the UKSI's wellbeing ambitions risk remaining aspirational rather than operational. This absence of visible, rehearsed escalation pathways not only undermines practitioner confidence but signals a deeper fragility one that must be addressed not through reactive fixes, but through cultural embedding, as explored in the following section.

4.8.2. From Crisis Response to Cultural Embedding: Toward a Resilient Wellbeing System

While some preparation was built into the MHC structure, practitioners consistently described the training as developing general confidence rather than providing role specific clarity. This reflects a broader tension. The effectiveness of support systems in elite sport depends not only on awareness, but on clearly defined responsibilities, referral routes, and

escalation structures (Breslin et al., 2017; Kuettel and Larsen, 2020). The UKSI has made progress toward a tiered support system, yet limited visibility of advanced components exposes vulnerabilities in communication and integration, particularly during crisis. Without clear role boundaries and access to crisis focused continuing professional development, staff can feel pressure to act beyond their remit.

Effective wellbeing systems rely on integrating education, screening, and responsive care rather than awareness alone. Purcell et al. (2019) identify three core components: mental health literacy, athlete development, and screening with feedback (p. 3), arguing that early intervention frameworks enable rapid and appropriate response (p. 3). These principles highlight that education cannot achieve depth unless supported by mechanisms for prevention, escalation, and feedback. Strengthening this alignment would ensure that learning translates into consistent practice within the UKSI.

What emerges from the data is not system failure but a shift in how complexity is understood. Crisis response is increasingly acknowledged as part of everyday practice, reflecting movement from avoidance toward psychological safety grounded in open dialogue. Katherine captured this clearly: ‘We’re trying to give staff the tools early, so that when something comes up they’re not panicking or saying the wrong thing.’ Her reflection highlights preparedness grounded in confidence and early intervention.

Christine, speaking from a clinical perspective, reinforced this reframing: ‘We know from the evidence that asking someone if they're feeling suicidal doesn't increase the risk. In fact, it can reduce it, it opens the door to connection.’ Her comment challenges concerns among non clinical staff that such conversations may cause harm, instead positioning dialogue as an ethical responsibility aligned with Purcell et al. (2019). At the same time, Uphill et al. (2016) caution that mental health is often framed narrowly through illness, limiting effective care. Within this evolving culture, open discussion of risk is increasingly understood as essential to appropriate escalation.

These reflections also highlight the structural importance of clinical expertise. While staff expressed confidence in relational and educational approaches, they recognised that certain decisions fall outside their scope. Katherine explained, ‘We’ve sort of found through our delivery that that doesn’t really work with someone that’s not trained clinically,’ reinforcing

the need for clear pathways and defined responsibilities. Another practitioner emphasised specialist support, noting, ‘You have an expert panel of two very experienced sport psychiatrists and a very experienced clinical psychologist in elite sport.’ These accounts indicate that while expertise exists within the UKSI, its accessibility and visibility remain critical.

The normalisation of disclosure depends on both awareness and the perceived safety of the environment (Breslin et al., 2017; Roberts et al., 2020). Caroline reflected this shift, explaining that ‘We’ve seen more people coming forward, but that’s not necessarily because things are worse. It’s that they’re more comfortable having the conversation and know where to go now.’ Her observation highlights how cultural safety and procedural clarity operate together to support disclosure, supported by Cumming and Ranson (2021).

Despite these developments, progress remains contingent on structural reinforcement. Early gains in literacy and engagement are fragile without sustained organisational capacity. Purcell et al. (2019) note that there is still no comprehensive framework capable of fully supporting athlete mental health across contexts, highlighting a central tension: increased openness does not guarantee effective response. Without robust systems, disclosures risk being acknowledged without adequate support.

This challenge is compounded by the need to situate wellbeing within a broader ecological context. Purcell et al. (2019) argue that frameworks focused solely on the individual overlook environmental factors, while Fletcher and Wagstaff (2009) observe that organisations often resist structural change. Within the UKSI, progress therefore depends not only on improving literacy but on embedding wellbeing within organisational systems and routines.

Ultimately, the findings indicate that while the UKSI has advanced awareness and engagement, the next stage requires deeper structural integration. Wellbeing must move beyond reliance on individual initiative and become a consistently reinforced component of organisational practice, supported by clear accountability, accessible clinical expertise, and sustained opportunities for learning and reflection.

4.9. Conclusion: From Disruption to Delivery

By tracing how wellbeing evolved from strategic intent to its early stages of delivery, this chapter has provided the first layer of exploration required by aim one to understand how the UKSI's wellbeing programmes were conceived, structured, and embedded within its organisational framework. The discussion has shown that while the UKSI articulated a coherent strategic ambition through initiatives such as the Mental Health Awareness and Champions programmes, the translation of this intent into lived practice was often uneven. Efforts to build shared language, restore coherence, and reanimate the wellbeing pillars revealed both progress and fragility, underscoring the gap between symbolic commitment and sustained cultural embedding.

The next chapter extends this exploration into the realm of practice. It examines how wellbeing initiatives were enacted and interpreted within everyday performance environments, exploring how practitioners navigated the tensions between policy, delivery, and the lived realities of elite sport. In doing so, Chapter Five continues the trajectory from conceptual foundation to applied enactment, revealing how wellbeing was not simply delivered but negotiated, adapted, and redefined within the lived culture of the UKSI.

Chapter Five: From Framework to Practice: Operationalising Wellbeing in Performance

In this chapter, I examine how the delivery of the UKSI's wellbeing programmes evolved under structural pressures and shifting cultural expectations, particularly the transition from relational, face-to-face provision to more pragmatic online formats necessitated by the pandemic. This chapter is defined by three interrelated themes: the adaptation of delivery formats, the relational consequences of these changes, and the tension between accessibility and depth in wellbeing provision. The codes underpinning this analysis relate to practitioner accounts of changing delivery practices, perceived losses in interaction and engagement, and efforts to maintain relevance within constrained environments.

In doing so, I directly address study aim one by analysing how these delivery methods have shaped the extent to which wellbeing is adapted and embedded within high-performance practice. At the same time, I begin to address aim two by examining how practitioners interpreted and responded to these changes in their everyday work. Across the data, I identified a consistent tension between pragmatic adaptation and meaningful integration, raising the question of whether wellbeing provision has been reshaped in response to external pressures or is becoming more fully embedded within the fabric of high-performance life.

5.1. Training Delivery and Accessibility - Evolving Preferences in a Post-COVID Context

5.1.1. Adapting Delivery under Pandemic Conditions

The initial implementation of the UKSI mental health education programmes coincided with the disruption of the COVID-19 pandemic. This period demanded an abrupt shift from in-person delivery, central to the programme's educational intent, to untested online formats within the high-performance environment. The transition exposed a persistent issue in elite sport: evaluation practices that are episodic rather than continuous. Fletcher and Wagstaff (2009, p. 431) observed that 'evaluation in elite sport has too often taken the form of intermittent snapshot analysis rather than an ongoing process of continued analysis to obtain meaningful, accurate, and consistent data,' a limitation made particularly visible during this stage. The sudden change reshaped how the training was experienced and interpreted. Practitioners acknowledged the need to maintain momentum but expressed concern over engagement, emotional safety, and the shifting purpose of the training. These were structural

rather than logistical changes, influencing how programmes were received and understood. Participants across all focus groups resoundingly echoed that the move online disrupted the relational, embodied learning that had fostered trust and reflection.

Initial reports from the literature suggested that digital delivery could enhance accessibility, reducing logistical barriers and enabling athletes to maintain contact with practitioners during periods of travel restriction (Gwyther, et al., 2024). However, evidence preceding the pandemic already questioned the depth and consistency of such engagement. As Cumming and Ranson (2021) observed, athletes demonstrated variable willingness to participate in online mental health workshops, casting doubt on the perceived legitimacy of digital provision compared with face-to-face delivery. This earlier work therefore anticipated the uneven engagement that later became apparent within the UKSI. Building on this concern, Burns et al. (2022) argued that the relational depth developed within coordinated staff teams is fundamental to sustaining athlete wellbeing. In their view, the subtle cues of empathy, immediacy, and interpersonal connection that characterise effective support are often diminished in virtual interactions. Taken together, these studies suggest that while digital delivery can extend access, it also risks eroding the human qualities of trust and relational understanding that underpin meaningful mental health education. Within the UKSI, practitioners recognised this tension acutely, describing how the move online disrupted the interactive and embodied dimensions of learning that once defined the programme's strength.

Jake captured this dilution:

> We had to turn something that was designed entirely to be in person into an online training. It was a challenge, but it worked. The issue was when we went back to in-person; some people had only ever experienced it online and found it hard to transition back.

Jake's reflection illustrates not only a loss of pedagogical fidelity but also a recalibration of learner expectations, where digital exposure began to redefine what effective mental health training looked and felt like. This echoes Reardon et al. (2019), who caution that wellbeing interventions must be anchored in consistent cultural logic if they are to withstand environmental shifts. Campbell and Rudd (2021) identified similar patterns across high performance environments, where rapid digital adaptations prioritised accessibility while

compromising practical depth. Likewise, De Kock et al. (2021) highlighted the erosion of trust, immediacy, and affective presence under online conditions.

Within the UKSI context, these critiques are particularly resonant. The MHA and MHC programmes were designed as immersive, discussion based spaces that centre vulnerability, peer connection, and shared language responsive to the room. Yet this vulnerability was difficult to sustain once delivery moved online. MacIntyre et al. (2017) argue that the sporting vernacular, including terms such as 'mental toughness', acts as a barrier to disclosure and may inhibit help seeking behaviour (p. 2). Such language already creates emotional reticence in elite sport; when training shifts to online formats, these silences can deepen. What was difficult to voice in person became harder to articulate through a screen. This was not a neutral transition. The move to digital delivery disrupted the interpersonal rhythm that had underpinned the UKSI wellbeing agenda, transforming a relational, trust driven approach into remote instruction under conditions of urgency.

The consequences were not only logistical but conceptual. The emotional tone and participatory energy that characterised earlier sessions became harder to sustain in virtual settings. As Jake reflected, 'We had people in the team delivering it who had only ever delivered it online and had to then like try and get their head around doing it in person, which was always the original intention.' His comment reflects how the shift to digital delivery introduced new habits and expectations that made it more difficult for some practitioners to re-engage with the relational dynamics originally intended to underpin in person training. Katherine expanded on this tension, noting, 'We had to turn something designed entirely to be in person into an online training. It was a challenge, but it worked.' She further observed that 'the issue was when we went back to in person; some people had only ever experienced it online and found it hard to transition back.' Her reflection captures the longer-term implications of emergency adaptation, where a pragmatic solution began to shape delivery culture itself.

In this context, digital delivery was not only necessary but transformative. It altered what practitioners expected, how they prepared, and what they felt confident delivering.

5.1.2. Relational Consequences and Cultural Drift

This loss is not simply about delivery preference. It reflects a shift in the conditions under which safety and practitioner learning can occur. Without the subtleties of face-to-face interaction, practitioners found it harder to read the room, respond emotionally, or engage in informal dyadic work, all of which had previously supported the anticipatory ethos of the training. As a result, what had been conceived as a dynamic and emotionally literate model began to feel more transactional. The implications extend beyond pedagogy. When format constrains emotional confidence, it shapes the tone, credibility, and psychological safety of the learning environment. COVID 19 did not simply alter delivery; it disrupted the relational foundation that supported emotional texture and immediacy.

This pattern corresponds with Breslin et al. (2017), who contend that psychological safety in sport environments is relationally constructed and depends on consistent, trust-based interaction. Similarly, Purcell et al. (2019) argue that wellbeing education is most effective when it remains dialogic and situated, enabling emotional literacy to develop through shared experience rather than detached instruction. When these relational foundations are disrupted, the educational value of wellbeing initiatives weakens. This disruption reflects wider critiques of organisational culture advanced by Fletcher and Wagstaff (2009), who caution that 'there is often a disconnect between the organizational ideals and the actual lived experience of athletes and staff, which can cause stress and performance decrement' (p. 426). Within the UKSI, programmes once rooted in interpersonal connection were reconfigured into digital formats under conditions of urgency and constraint.

The informal interactions, reflective dialogue, and nonverbal cues that underpin meaningful learning are difficult to replicate in virtual settings. Kuettel and Larsen (2020) emphasise the importance of situated context and anticipatory support in fostering psychological safety, both of which risk being diminished when programmes are detached from interpersonal design. In this shift, what was gained in logistical continuity came at the expense of embodied trust, reflective depth, and confidence among facilitators and participants.

Although the literature acknowledged these adaptations, systematic examination of their long-term effectiveness remains limited. Prior studies recognised that digital delivery would persist beyond the pandemic yet offered little clarity on how it might be integrated alongside

in person provision (Knight and McNaught, 2011; Uphill, Sly, and Swain, 2016). Nor has research determined whether hybrid models can preserve relational qualities while maintaining accessibility (Burns et al., 2022). Across the focus groups, practitioners expressed a shared view that, although online delivery offered value in access and continuity, it could not replicate the relational and emotionally sensitive nature of the training experience.

Katherine, reflecting from a strategic perspective on programme delivery, echoed the affective limitations of virtual formats we have just discussed:

> We'd much rather deliver it in the room with people, but of course there are times where we've not been able to do that. You lose a part of something when you do it online because it's quite an interactive session.

Her observation reframes embodiment not as a preference, but as a pedagogical necessity in settings where relational cues, conversational texture and mutual vulnerability are central to learning. In such contexts, 'losing something' is not a marginal inconvenience; it becomes a significant risk when the quality of these conversations can mark the difference between mental stability and psychological strain. This concern is underscored by Henriksen et al. (2020), who argue that informal, affectively attuned interactions serve as the scaffolding for psychological resilience in elite sport systems. Katherine took this further, critiquing both the positives and negatives of the strategic drift towards the digital format 'We still do a lot of it online, sometimes for logistical reasons... but for me, one of the biggest things has actually been advocating for how valuable in-person delivery is, and making the case for its benefits'. Katherine's reflection draws attention to a persistent tension within the UKSI's current approach. That is, while face to face delivery is widely acknowledged as more effective, online formats continue to dominate for reasons of convenience and logistical scale, perhaps, due to decentralization and the commitment of travel needed to reach these programmes in their current states. Her emphasis on 'shouting a bit' about the value of in person training highlights a growing practitioner frustration. Namely, that the delivery method continues to lag behind what they view and put forward in the focus groups as best practice. Her comment surfaces a belief that something essential is lost when training is removed from the shared physical spaces in which trust and connection are more naturally cultivated.

Yet not all practitioners viewed the disruption negatively. Daniel reflected, 'Covid-19 really helped kind of get the programme off the ground and I think if Covid-19 had not happened,

what would the engagement have looked like?' His perspective directly contrasted with the broader practitioner view, suggesting that the pandemic acted as a catalyst rather than a constraint. While others lamented the erosion of relational depth, Daniel saw acceleration and legitimacy for wellbeing as a strategic concern. This tension illustrates how perceptions of progress depended on role and proximity: facilitators experienced loss of connection, whereas those in strategic positions perceived organisational gain. For the UKSI, this contrast exposed the fragility of wellbeing's integration; its advancement driven by external urgency rather than sustained cultural commitment.

Christine's reflections made the opposing concern of Daniel's viewpoint far more explicit, moving beyond logistical frustrations to a more fundamental issue of compromised relational depth. She explained that while the online delivery was functional and accessible, it lacked the subtle relational textures that emerged in shared physical spaces. As she described:

> I've delivered a fair bit of the mental health emergencies training, which we've done both face to face and online. Online is not a great way of delivering it. You lose those informal discussions where people process what they've learned.

Here, Christine identifies a specific pedagogical loss in the unstructured, reflective moments that often occur between sessions or in casual conversation. These are not peripheral, but they are part of how emotionally difficult content is digested, normalised, and relationally supported. Without such space, the training risks becoming more procedural than affective, eroding the very climate of trust and containment it seeks to cultivate. These reflections collectively raise concern over the loss of transitional space, particularly the pauses, digressions, and relational aftercare that enable emotional material to be metabolised. In line with the works of Tofler and Butterbaugh (2005), this burden tends to fall most heavily on non-clinical staff operating without formal supervision, a notion the practitioners once again affirmed. Kyle reinforced this point by foregrounding the clinical nuance lost in online formats:

> There is something very important that happens if you send in someone with a high level of clinical experience in to deliver a talk; they can respond to the room and they can respond in the coffee breaks and after the session... You can't do that if you're doing a karaoke teaching session with someone else's slides. You also can't do it online because online you don't have those informal times where you carry on those conversations... Everyone switches the cameras off and off they go.

Kyle's reflection moves beyond delivery style to expose a deeper tension between the interpersonal demands of mental health education and the logistical realities of a dispersed, time-pressured system. Drawing on experience across multiple organisations, he noted that online or standardised formats, while sometimes necessary, can limit the informal exchanges that give psychological content depth and resonance. His concern was not with digital delivery itself, but with what is lost when relational presence is displaced. Within the UKSI, where scheduling pressures and decentralised structures are routine, the need for scalable models is well understood. Yet practitioner discussions revealed a shared awareness that delivery format matters because relational credibility is central to effective engagement.

The quality of learning depends not only on the message but also on who delivers it, the setting in which it is shared, and the responsiveness of the facilitator. This interpretation aligns with Cumming and Ranson's (2021) argument that meaningful mental health education relies on dialogic exchange and the facilitator's capacity to read and adapt to the room in real time. The same relational principle connects to Fletcher and Wagstaff's (2009) claim that 'a comprehensive understanding of organizational functioning in sport requires consideration of culture, climate, leadership, and stress processes in an integrated manner' (p. 429). Their further observation that 'research within sport psychology has tended to focus on individual-level interventions' (p. 431) illuminates how UKSI wellbeing delivery risks losing impact when stripped of its relational depth and context. This concern set the stage for wider reflections on how shifts in delivery altered the lived experience of learning within the organisation.

5.1.3. From Experiential Learning to "Karaoke Teaching"

This distinction between formats was not abstract. Across the focus groups, practitioners described face-to-face sessions as more authentic, more attuned, and better able to hold space for emotional complexity. Online delivery; particularly when asynchronous or heavily scripted was seen to reduce opportunities for interaction, responsiveness, and attunement. These reflections are echoed in the work of Cumming and Ranson (2021), who argue that meaningful learning in this domain depends on dialogic exchange and the ability to read and respond to the room in real time. Kyle's metaphor of 'karaoke teaching' captured this risk precisely. When content is lifted from context, what remains is technically correct but

emotionally disconnected. Many practitioners did however acknowledge the value of online delivery as a bridging tool that allows consistent access across locations and reduces the burden of travel. In this sense, digital formats were not rejected but understood as part of a wider set of trade-offs. Still, this pragmatism was paired with a concern that reliance on digital platforms could drift from exception to default if not critically examined. Centralised models can inadvertently prioritise reach over resonance, leading to sessions that meet delivery targets while falling short of affective impact (MacIntyre et al. 2022). Relatedly, Purcell et al. (2020) caution that mental health education must be situated within a broader system of clinical escalation and structural readiness. Without visible pathways and clear signposting, even well-intentioned sessions may leave practitioners exposed or unsure of how to act when difficult disclosures occur.

Kyle's reflections, then, do not amount to a rejection of structure or scale. Rather, they foreground a set of questions about how training is positioned, who facilitates it, and what conditions are needed to sustain its impact. For the UKSI, the challenge is not simply about choosing between delivery modes but about maintaining relational fidelity within the realities of national coordination. As this chapter has shown, the question is not whether online delivery has a place, as it clearly does, but instead it draws on how best to ensure that it sits and remains within a wider system that values and protects the human dynamics at the heart of mental health work Kyle added to this critique, noting that online formats constrained both facilitators and learners development:

> The talk maybe as well as them not getting enough from us—I think we might not get enough from them... The talk can be adapted to the tone of the room... Now the talk can be adapted to add in other elements to respond to the particular need of that team at that time and in person, that's a much easier way of doing it.

Kyle's reflection foregrounds a critical quality of effective mental health education, the ability to adjust delivery responsively to group need, emotional tone, and situational context. This is not simply about style, but about creating conditions in which psychological safety, credibility, and trust can emerge. As Purcell et al. (2019) argue, 'mental health literacy programs should be provided to athletes, coaches and high-performance support staff to help to create a culture that values enhancing the mental health and wellbeing of all stakeholders' (p. 4). This literacy must be enacted through situated, dialogic engagement, particularly in performance

settings where emotional signals and context shape how material is received. Henriksen et al. (2020) similarly suggest that the credibility of mental health work depends on its alignment with the emotional ecology of teams and staff environments. From this perspective, online formats, while efficient, tend to flatten the relational dynamics through which this credibility is built. What is lost is not only responsiveness, but the co creation of meaning and the synchronous development of facilitator and learner, a process Breslin et al. (2017) identify as foundational to psychologically safe cultures. Kyle's concern therefore highlights how the medium of delivery shapes the affective conditions under which learning occurs. Without this flexibility, wellbeing work risks becoming detached from the environments it is intended to support, undermining engagement and impact (Breslin et al., 2017; Henriksen et al., 2020; Purcell et al., 2019).

These findings portray a pedagogical compromise that prioritised continuity and visibility but diluted experiential integrity. Despite the resumption of face-to-face delivery within the MHA and MHC programmes, practitioners indicated that online formats remained common. This persistence suggests a failure to recalibrate delivery in line with the relational intent of the UKSI wellbeing framework. The continued reliance on virtual formats without systemic redesign signals a disconnect between the ambition to embed relational care and the mechanisms used to deliver it. Until this contradiction is addressed, the cultural aspiration to embed wellbeing across disciplines remains structurally vulnerable. As Breslin et al. (2017) and Reardon et al. (2019) demonstrate, the mode of delivery functions as a cultural signal, shaping who is heard, what is absorbed, and how safety is experienced. In this sense, delivery is not a technical choice but a defining feature of how wellbeing is enacted in practice.

5.2. Redefining Readiness: Positioning Mental Health at the Heart of Performance

A strategically significant theme emerging from the focus groups was the recognition of mental health as inherently performance relevant, representing a pivotal step within the UKSI's evolution towards integrated athlete support. Practitioners described a shift from reactive, crisis driven interventions to more proactive and routine wellbeing practices. This recalibration aligns with ecological perspectives that position mental health within the wider performance environment (Henriksen et al., 2020). As Purcell et al. (2019) observe,

‘approaches that seek to optimise athletic performance while simultaneously providing intervention for mental health symptoms may also facilitate engagement’ (p. 2), reflecting a convergence between performance logic and psychological care. However, what distinguishes the UKSI approach is its recognition of mental health not simply as a welfare concern but as a performance determinant. While existing literature highlights the importance of psychological readiness and holistic care (Reardon et al., 2019; Gouttebarge et al., 2017; Purcell et al., 2019), there remains limited evidence of these domains being structurally integrated within a single system. As Purcell et al. (2019) caution, ‘improving awareness and help-seeking behaviours are at best pointless, and at worst unsafe, if systems of care to respond to athlete’s need are not available’ (p. 2).

The UKSI represents one of the clearest examples of movement beyond recognition toward operationalisation. Mental health is no longer positioned as an adjunct but is being embedded alongside conditioning, nutrition, and tactical preparation as part of performance readiness. While comparable developments have emerged in contexts such as the Australian Institute of Sport, the UKSI provides a contemporary illustration of this shift within a national high performance system. This reflects the integrative approach advocated by Henriksen et al. (2020), who argue that mental health cannot remain an isolated welfare strand but must be embedded within the ecological performance environment, where daily practice, relationships, and organisational structures interact. In this sense, positioning psychological literacy alongside physical and tactical preparation represents not simply a linguistic adjustment but a reframing of performance itself. Lundqvist and Sandin (2014) extend this argument, suggesting that elite readiness requires the integration of self awareness, emotional regulation, and relational support with physical preparation. In line with this, the UKSI moves beyond symbolic inclusion toward embedding mental health as a core component of elite performance, reflecting Fletcher and Wagstaff’s (2009) emphasis on the necessity of cultural change for sustained wellbeing.

The integration of mental health into performance discourse marks a pivotal cultural shift within the UKSI. No longer treated as a peripheral concern, psychological wellbeing is now embedded within the same strategic conversations as strength and conditioning, nutrition, and tactical preparation. This evolution reflects a growing recognition that mental readiness

is not supplementary it is foundational. Lucas encapsulated this transformation with a compelling metaphor that bridges wellbeing and performance in a way that is both accessible and strategically resonant:

> If you imagine 100 metres sprint, we're not there, it's not helpful to focus on getting time down. It's about are you ready for the start line… self-care and mental health is being focused on the same as nutrition, strength and conditioning.

Lucas's analogy conveys a significant shift in how performance readiness is understood within the UKSI. Psychological readiness is no longer positioned as supplementary but as foundational to performance. This aligns with holistic performance models in which mental, physical, and tactical elements are treated as interdependent. Lucas illustrated this transition, noting, 'In performance meetings now, we're actually talking about it. Like, it's not just conditioning, tactics, or nutrition. Someone will say, "Are they in a good headspace?" and that's taken seriously. That wouldn't have happened a few years ago.' His observation highlights how mental health has moved from informal discussion into structured performance processes. Its inclusion within formal meetings signals organisational endorsement and integration into routine assessment. As MacIntyre et al. (2022) argue, such embedding is critical for sustained cultural change, as wellbeing gains legitimacy when incorporated into established systems such as readiness monitoring and team review.

Katherine reinforced this integration, emphasising how psychological considerations are now embedded within everyday performance management. She explained, 'It's not this thing on the side anymore. Mental health is in the same conversations as S&C and nutrition now. You plan for it, just like you do anything else.' Her reflection demonstrates a shift from peripheral inclusion to central operationalisation, where mental health is addressed within preparation and review cycles (Henriksen et al., 2020; Kuettel et al., 2021). She further noted, 'Athletes expect this now. Like, they notice when it's missing. I think that's probably the biggest sign that it's not seen as extra anymore,' indicating that integrated support has become a cultural expectation rather than an optional addition.

A central theme across the focus groups was the recognition of mental health as inherently performance relevant. This represents a pivotal step in the UKSI's evolution toward integrated athlete support. Purcell et al. (2019) argue that a whole system approach is required to support athlete wellbeing effectively, reinforcing the need for integration across performance

structures (p. 3). Practitioners described a shift away from reactive responses toward routine psychological practices, aligning with ecological models that position mental health within the wider performance environment (Henriksen et al., 2020). What distinguishes the UKSI approach is the formal recognition of mental health as a performance determinant embedded within practice.

Louise further emphasised the practical nature of this integration, stating, 'It's performance support. You don't need to make it this big formal thing every time. Sometimes it's just knowing the athlete and being able to spot when something's not right.' Her perspective reflects a relational approach in which psychological support is embedded within daily interactions rather than delivered as isolated interventions. This aligns with ecological perspectives that foreground continuous awareness and relational understanding as central to effective practice. Giles et al. (2020) similarly argue that prevention based approaches are most effective when integrated into routine processes, allowing psychological support to function as an ongoing cultural practice.

Christine offered a complementary perspective, suggesting closer alignment between performance and wellbeing: 'Working alongside to really think about performance and wellbeing together rather than just wellbeing in terms of performance needs.' Her reflection signals a move beyond alignment toward integration, where psychological and physical domains are understood as mutually reinforcing. In this sense, wellbeing is not positioned as a means to performance but as an integral component of it, strengthening the argument that sustainable performance depends on psychological safety, relational trust, and systemic cohesion.

Collectively, these reflections indicate a broader organisational shift within the UKSI. Mental health is increasingly embedded within performance discourse, moving from the margins into routine practice. The emphasis on relational awareness, integrated planning, and shared responsibility suggests that wellbeing is becoming a lived feature of performance environments rather than an external addition. However, the extent to which this integration is sustained across contexts remains variable, providing a foundation for examining how these principles translate into systems of prevention and early intervention within the UKSI.

5.3. Translating Prevention into Everyday Performance Systems.

Across all focus groups, practitioner discussion started to more consistently argue that the true test of the UKSI mental health initiatives lay not in surface indicators, such as, visibility or uptake, but in their capacity to disrupt the escalation of distress. Prevention was framed as an ethical and operational necessity within a performance environment where early signs of difficulty often go unnoticed. Crucially, this was not reduced to crisis avoidance but understood as a shift toward cultures that enable earlier recognition, routine support, and psychological openness. Jake reflected this, stating, 'The more you can prevent mental ill health or promote positive mental health the better. Like crucial, but obviously then it is also responding safely and earlier and all that sort of stuff to stave off potential crisis.' His comments pointed to a broader intent to normalise earlier intervention and reduce longer-term burdens on already stretched services. Dominant models in elite sport remain highly reactive, shaped by logics of risk management and crisis response rather than prevention (Fletcher & Wagstaff, 2009; Henriksen et al., 2020).

Much of the mental health work in elite sport has historically operated within a culture of damage control, where intervention occurs only once difficulties become visible rather than being integrated into everyday practice. This reactive orientation limits the potential for genuine prevention and early support, reinforcing a cycle in which wellbeing is addressed only in response to crisis. Such dynamics are critically examined by Fletcher and Wagstaff (2009), who argue that this pattern reflects a deeper cultural issue within high-performance systems. They further emphasise that 'although change at the cultural level is complex, it is essential for the long-term psychological welfare of all personnel involved in elite sport' (p. 432). Within that context, the UKSI's turn toward prevention marked a deliberate reorientation that sought to reposition mental health as an integral component of performance sustainability rather than a reactive service.

5.3.1. Embedding Prevention: From Cultural Principle to Everyday Practice

This cultural reorientation toward prevention built directly on the foundations established in Chapter Four, where wellbeing began to move from structural ambition to lived responsibility. What had initially been articulated through frameworks and training initiatives now started

to materialise within the texture of daily relationships. Practitioners described a discernible shift in how psychological safety was experienced, not solely through formal support structures but within the subtle dynamics of everyday interaction that determined whether distress could be voiced and received. The transition from reactive intervention to proactive care therefore depended less on programme visibility and more on the creation of environments where openness was met with understanding rather than avoidance. This evolution was most apparent in how practitioners spoke about emerging disclosure norms and the changing emotional climate of performance settings, suggesting that prevention had begun to take cultural and relational form.

Katherine's reflection captured the cultural implications of this shift:

> There was definitely a sense that they felt that yes, you were okay if you maybe spoke to your doctor about anxiety and depression… but they were not as confident if you had, like, a major eating disorder or psychosis. And I think that's what we've been able to do more of.

Her remarks signalled a subtle yet significant broadening of what practitioners and athletes felt able to disclose, and what the organisational environment was prepared to hold. This shift in perceived safety was not described as an abstract value, but as something evidenced in everyday behaviour. As Katherine noted, 'These programmes being effective looks like people getting support earlier … or looking out for someone and asking a question and intervening a little bit earlier.' Daniel echoed this, arguing that impact should be reflected in behavioural change: 'A marker … could be more people getting referred for mental health support quicker … or more engagement with the mental health team at the Institute.' Christine articulated this as fundamentally relational: 'A lot of this was built on how to get good relationships, because good relationships mean people are more likely to tell you where they are at, and what support comes from that.'

These reflections indicate a shift away from evaluating delivery through numerical outputs toward recognising changes in confidence, initiative, and early intervention. However, the literature makes clear that behavioural shifts alone do not constitute cultural transformation (Fletcher and Wagstaff, 2009; Henriksen et al., 2020). Meaningful impact depends on frameworks that are structurally embedded (Giles et al., 2020). Without this, actions such as early intervention risk remaining informal and dependent on individual disposition rather

than representing sustained organisational change. The durability of prevention based approaches rests on their integration into daily routines and institutional expectations (Kuettel, Pedersen, and Larsen, 2021; MacIntyre et al., 2022).

Across practitioner accounts, there is evidence that this process has begun, though not yet consolidated. Christine offered an example of nonclinical staff engaging with greater confidence: 'If you have a physiotherapist who often ends up in wellbeing conversations, they can come out of this training more informed, more able to capture things early, or more confident to ask the question.' This signals progress in capability, yet also redistributes emotional responsibility toward roles not originally designed for psychological support, raising questions around training, supervision, and resourcing.

This convergence suggests that much of the change within the UKSI is relational and not easily captured through conventional evaluation metrics. From an external perspective, increased referrals or attendance may indicate progress. From within, practitioners describe more subtle shifts in how conversations begin, how quickly concerns are recognised, and who assumes responsibility. These dimensions are rarely visible in policy or reporting, yet are central to whether wellbeing is embedded or simply delivered. Breslin et al. (2019) argue that psychological safety is constructed through consistent, trust based interaction, reinforcing that cultural change is evidenced in everyday exchanges.

Christine's further reflection sharpens the distinction between delivery and embedding: 'That creates a safety, which is something one-off trainings do not facilitate and do not do.' While increased openness and early intervention represent progress, they do not ensure sustainability. The critical issue is whether these behaviours are supported through formal structures and leadership accountability or remain reliant on individual commitment.

Viewed in combination, practitioner reflections move beyond simple indicators of success and instead open a more complex discussion about the nature of change. The UKSI appears to be creating conditions that support earlier intervention and more open dialogue. Yet long term impact depends on whether these practices are structurally reinforced, measured, and protected rather than left to individual discretion.

The contribution of the MHA programme is central to this development. Caroline captured its role clearly: 'It's part of an overall package. It's not just kind of parachuting in here, this is mental health.' Her observation challenges the positioning of mental health as separate from the wider system, instead emphasising its integration within organisational structures and routines (Henriksen et al., 2020; Reardon et al., 2019).

This pattern points to a broader shift in how mental health is conceptualised within the UKSI. Lucas described how the organisation is working with sports to develop more structured strategies: 'help sports think about mental health strategies, policies, processes … so that it's more structured, more proactive and not reactive.' His account reflects a move toward prevention based systems grounded in shared responsibility, which are more likely to produce sustained impact than reactive care alone (Fletcher and Wagstaff, 2009; Kuettel, Pedersen, and Larsen, 2021).

In this sense, what emerges is a transition away from viewing mental health as peripheral toward recognising it as embedded within the core performance system. Wellbeing is no longer an additional service but something enacted within daily routines and interactions. Psychological literacy achieves lasting impact only when it is lived through the everyday rhythms of high performance environments (Purcell et al., 2019). As mental health becomes integrated into definitions of readiness and excellence, the organisational challenge shifts. Awareness alone is no longer sufficient. What becomes critical is the development of environments in which disclosure and dialogue are consistently supported, structurally reinforced, and culturally sustained.

5.3.2. Defining Boundaries and Sustaining Safe Practice

Katherine contributes to this wider organisational conversation by positioning the Mental Health Champions (MHC) programme as a deliberate evolution and one step beyond the foundational awareness training. She highlights its role as a vehicle for capacity-building, designed, in her words, to 'give people a bit more confidence, a bit more … range of skills in how to have conversations with people who might be struggling.' In doing so, the programme expands the scope for mental health engagement to be enacted as routine practice by staff, demonstrated in daily athlete environments. It reframes support as something informal and

relational, rather than solely clinical whilst being woven into decision-making, conversations, and team culture.

However, while the everyday integration of mental health awareness was widely welcomed, it also revealed an unresolved tension: where does the responsibility of non-clinical staff end, and when should formal clinical pathways be activated? This distinction was rarely articulated clearly across the focus groups, creating a key area of concern. The expansion of mental health education in elite sport has blurred traditional role boundaries, particularly within multidisciplinary teams where lines between support, surveillance, and intervention are not always well defined (Henriksen et al. 2020; Tofler and Butterbaugh 2005). The MHC programme aims to equip practitioners with the confidence to notice and initiate conversations, but it does not and should not position them as frontline responders in cases of acute distress without appropriate qualifications. Without explicit guidance on referral thresholds, escalation procedures, and role demarcation, there is a real risk of emotional overreach and misplaced accountability.

As mental health becomes a more visible and expected element of high-performance systems, structural coherence must evolve in tandem with these expectations. Support should not only be readily accessible but also explicitly defined in terms of responsibility and duty of care. This principle is well captured in the work of MacIntyre et al. (2017), who maintain that 'recognition of mental health status is not simply an issue for sport psychologists and their clients, but a shared mandate within sport systems is necessary for both mental health prevention and the promotion of well-being' (p. 3). The same concern is echoed by Purcell et al. (2019), who warn that 'improving awareness and help-seeking behaviours are at best pointless, and at worst unsafe, if systems of care to respond to athlete's need are not available' (p. 2). Taken together, these insights underscore the necessity of aligning relational intent with structural capacity. Within this context, the strength of the MHC programme lies in its relational ethos and its ability to build confidence among non-clinical staff. However, the same feature can become a point of vulnerability when not supported by clear escalation pathways and defined clinical oversight. Without appropriate scaffolding, programmes such as MHC risk shifting from supportive to precarious as staff become trusted touchpoints for athlete concerns. This challenge reinforces Henriksen et al.'s (2020) assertion that the

credibility of wellbeing work depends on its alignment with the emotional ecology of the organisation. Consequently, the task is not to retreat from communal practice but to strengthen it through clarity, supervision, and embedded systems of clinical accountability that protect both practitioners and athletes. It was within this strengthened framework that practitioners began to identify new forms of development, moving beyond basic competence toward more specialised and context-responsive education.

Notably, Katherine also identifies how this initial upskilling has given rise to more specialised forms of education, reflecting a system increasingly capable of addressing varied and complex demands. As she explains:

> That's led on to some other training that we've delivered reasonably often around things like how to respond to a mental health emergency. For example, de-escalation, stuff around medication, or so on. There's been little offshoots of training that have also kind of fallen out of some of those conversations.

This progression signals a developmental shift from general literacy to context-responsive provision, aligned with the evolving needs of practitioners working in high-performance environments. When placed in parallel these accounts reveal not merely a procedural adjustment but a paradigmatic shift, one in which prevention is no longer defined by the absence of crisis, but by the presence of deliberate practices that proactively safeguard wellbeing. The UKSI has begun to move in this direction, an evolution that reflects not only an alignment with international best practice, but also a responsive engagement with the lived demands of elite sport. However, such alignment is not without its complexities. International frameworks have long emphasised the importance of system-wide integration, role clarity, and cultural adaptation when embedding mental health initiatives in elite performance contexts (Reardon et al. 2019; Henriksen et al. 2020). The UKSI movement toward embedded practice represents promising progress, particularly in how mental health is now positioned alongside physical preparation, tactical planning, and nutritional support as part of athlete readiness.

While the early phases of delivery demonstrated increasing confidence and uptake, practitioners were clear that sustaining wellbeing work required more than goodwill and isolated effort. Across discussions, there was a shared recognition that preventative conversations and relational care had become more common, yet this progress still relied

heavily on individual commitment rather than assured infrastructure. This left staff navigating uncertainty around when to act, when to escalate, and how far their responsibilities extended. As Katherine emphasised, the value of early action was clear, but only when supported by safe processes:

> The more you can prevent mental ill health or promote positive mental health, the better. Like crucial, but obviously, then it is also responding safely and earlier and all that sort of stuff to stave off potential crisis on that end.

This belief in early, relational intervention was consistent across the focus groups. Christine articulated the ethical weight of small conversations and the consequences of silence:

> If you're going for like if you're going like a glorified objective like, I think it will not or important is like it fundamentally it saves lives. So actually, like if one person has a conversation that they didn't feel able to have that results in someone else getting help like that. That impact is pretty huge.

These reflections capture the cultural shift described in 5.2. and 5.3.: mental health was becoming normalised as something to be noticed, spoken about, and acted upon before reaching crisis. Daniel extended this logic, framing success not in policy terms but in everyday decisions to intervene sooner:

> These programmes being effective looks like people getting support earlier and going to putting their hand up earlier and getting support earlier or looking out for someone and asking a question and intervening a little bit earlier and getting that support in place.

This described a meaningful shift in practice. However, it also revealed a growing tension: increased willingness to act did not always correspond with clear referral routes or institutional backing. Practitioners were more alert and more confident, but not always more supported. Lucas pointed to this change in behavioural patterns and the organisational consequences of earlier disclosure:

> There is a numbers relationship between the amount of training provided and the number of people that have opted for further support in mental health... what’s required to make a difference is cheaper because they’re not going into inpatient, they’re not needing 50 sessions.

His point signals two things: first, that the programmes genuinely shifted behaviour; second, that early support reduced severity and organisational strain. Yet even with this progress, the

system had not fully secured the long-term infrastructure needed to make care predictable rather than voluntary.

Practitioners were no longer questioning whether they should engage with mental health, but how to sustain that engagement without overstepping professional boundaries or becoming solely responsible. The transition from individual action to shared, structural accountability remained incomplete. The challenge was no longer awareness or willingness, but consistency, clarity, and support. These accounts reveal a system that has begun to embed psychological care into daily practice, but where responsibility still rests more on individual commitment than on secure organisational structures. This progress marks an important cultural shift, yet it also exposes deeper structural questions that cannot be resolved through training or goodwill alone. The following section turns to these wider tensions, examining the limits of coherence within the UKSI's wellbeing system and exploring how structural inconsistency, uneven leadership, and fragmented accountability constrain the sustainability of delivery.

5.4 Conclusion: The Limits of Coherence and Structural Tensions in Wellbeing Implementation

The evidence in this chapter indicates meaningful progress in normalising psychological discussion within performance environments and strengthening staff confidence to recognise and respond to early signs of distress. These advances support Campbell and Rudd's (2021) claim that resilience and emotional literacy must be treated as central to performance, not peripheral to it. Yet, as Fletcher and Wagstaff (2009) caution, 'there is often a disconnect between the organizational ideals and the actual lived experience of athletes and staff, which can cause stress and performance decrements' (p. 426). Within the UKSI, this divide has produced isolated successes, where innovative practices such as neurodiversity workshops or emergency mental health training appear but remain unevenly distributed and dependent on local initiative. The task is not to celebrate individual examples but to translate them into an organisation-wide framework that legitimises wellbeing through leadership attitudes, resource allocation, and shared priorities. Only then can the UKSI embed wellbeing as a core condition of athlete care and performance sustainability.

Chapter Six: Culture, Leadership, and the Conditions for Change

In this chapter, I examine the cultural dynamics that shape how mental health is understood, legitimised, and acted upon within the UKSI, with a particular focus on the interplay between leadership, stigma, and structural readiness. This chapter is defined by three interrelated themes: the cultural production of stigma, the role of leadership in legitimising wellbeing, and the conditions required for structural readiness. The codes underpinning these themes draw on practitioner accounts of leadership behaviours, informal norms within teams, experiences of silence or openness, and the extent to which wellbeing is treated as professionally credible within everyday practice.

Across the data, I found that although mental health has gained visibility across the system, its integration into daily practice remains uneven, shaped less by formal policy design than by local culture, leadership tone, and embedded organisational habits. In this context, I reinterpret what is often described as stigma as the outcome of these structural and cultural conditions rather than as individual reluctance. In doing so, I address study aim two by exploring how wellbeing policy is experienced and enacted in practice, and contribute to study aim three by examining how organisational conditions enable or constrain the translation of wellbeing initiatives into everyday performance settings.

Rather than treating these dynamics as isolated attitudes or resistance, I position them as culturally embedded features of the performance system. Practitioner accounts reveal how strategic ambitions are either weakened or reinforced through leadership behaviour, informal expectations, and the extent to which wellbeing is recognised as a legitimate component of professional practice. It is within these everyday interactions that the credibility of wellbeing work is negotiated, and it is here that the analysis begins. The following section turns first to stigma, not as personal reluctance, but as a product of culture, language, and leadership within elite sport.

6.1 Stigma or Culture? Understanding the Role of Leadership

Leadership stood out throughout the dataset as a decisive force shaping both the uptake and credibility of mental health provision within the UKSI. Practitioners consistently described

leadership tone as the difference between rhetorical endorsement and genuine cultural change. While mental health is now more openly discussed across the organisation, this visibility has not always translated into confident engagement, particularly in environments where leadership attitudes remain uncertain or disengaged. Several participants argued that what is often labelled as stigma may be better understood as an expression of wider cultural resistance. This reflects Rice et al. (2016), whose work observed that 'athletes tend not to seek support for mental health problems, for reasons such as stigma, lack of understanding about mental health and its potential influence on performance, and the perception of help-seeking as a sign of weakness' (p. 1334).

Katherine illustrated this relationship clearly when she said:

> For me, yeah, stigma is a commonly used word, but I've probably replaced it with the word culture and what sets the culture around mental health in a sport and understanding if you've got a kind of strong characters within sports leadership or you can get or management you can have a big impact on that culture.

Her reflection reframes stigma as a cultural construct rather than a personal failing. In this sense, leadership determines whether conversations about mental health are seen as legitimate or peripheral. Kyle added that 'culture is probably more about the leadership of each team and the way they role model or talk about mental health. Some sports have that buy-in at the top, and you can see the difference in engagement.' His comment reinforces the idea that culture is actively produced through leadership behaviour.

Where leaders consistently include mental health in team discussions, engagement follows; where they are hesitant, wellbeing becomes procedural and only surfaces during crises. Katherine, reflecting on system level change, noted that 'we've seen cultural shifts in some sports where wellbeing has become normalised. That doesn't happen overnight, but strong leadership engagement makes a real difference.' These reflections point to a broader principle: psychological safety is shaped less by policy than by the daily conduct of leaders. Within the UKSI, the consistency and visibility of leadership engagement appear to determine whether mental health work feels embedded or fragile. This aligns with literature positioning leadership behaviour as central to cultural transformation (Fransen et al., 2020; Poucher et al., 2023).

While structural mechanisms have expanded access to support, Kyle's reflection underscores that stigma does not dissolve through formal systems alone. Beliefs around weakness and failure continue to shape how individuals engage with provision. Culture is therefore not defined solely by the presence of systems, but by the emotional safety that enables their use. Bauman (2016) and Henriksen et al. (2020) emphasise that transformation depends on how policy is enacted in practice. The challenge for the UKSI is both structural and psychological, requiring environments in which help seeking is understood as strength rather than vulnerability.

The organisation's approach reflects this dual focus. Rather than treating stigma as a barrier to remove, it has been approached as a starting point for cultural learning. Efforts to normalise dialogue and embed mental health within performance systems indicate recognition that changing attitudes is inseparable from changing practice. Henriksen et al. (2020) argue that destigmatisation depends on the interaction between structural scaffolding and relational reinforcement. Breslin et al. (2017) similarly highlight pedagogical layering, where multiple entry points support reflection, confidence, and shared language. Within the UKSI, this is evident in the sequencing of initiatives, where foundational knowledge is reinforced through applied engagement.

This progression reflects what Kuettel and Larsen (2020) describe as movement from knowing about mental health to working with it. Practitioners described this shift as the point at which wellbeing moved from training into practice, becoming visible in meetings, debriefs, and informal interactions. This suggests increasing integration within routine processes rather than positioning wellbeing as an additional concern. Arnold and Fletcher (2021) describe this as cultural alignment, where strategy, language, and behaviour operate in coherence. However, they caution that performance demands can limit psychological safety when perceived to compete with success, a tension that remains present within the UKSI.

From this perspective, organisational reflexivity becomes a defining feature of development. Rather than masking inconsistencies, practitioners acknowledged them as part of an ongoing process. Fletcher and Wagstaff (2009) argue that effective systems depend on their capacity for reflection and adaptation. Within the UKSI, variation was framed as an opportunity for learning rather than failure. This distinguishes it from environments where surface level

progress coexists with unchanged underlying practices. Instead, there is evidence of attempts to challenge norms through shared language, relational trust, and continuity across initiatives.

Viewed in combination, these accounts illustrate a culture willing to engage with its own complexity. Practitioners described an environment that recognises unevenness while using it as a resource for improvement. The integration of stigma work within performance structures reflects a more developed understanding of organisational change. Poucher et al. (2023) argue that effective wellbeing cultures treat discomfort as a source of insight rather than a signal to withdraw. In this sense, the UKSI's approach can be understood as adaptive rather than incomplete, where stigma is continually addressed rather than resolved.

This pattern points to an organisation operating as both participant and analyst within its own transformation. Reflexivity is enacted through the willingness to confront limitations and adjust practice. This creates a foundation for sustained change while also revealing the limits of progress when structural reinforcement is inconsistent.

The challenge that follows is one of translation. Cultural intent and leadership direction must be converted into systems capable of sustaining these values beyond individual influence. Practitioners emphasised that progress depends on whether lessons drawn from cultural learning are institutionalised through consistent practice. The next section examines how the development of Mental Health Officer roles represents a step in this direction, translating cultural ambition into infrastructure while highlighting the need for coherence, accountability, and shared responsibility across the system.

6.2. From Emotional Labour to Infrastructure: Strengthening the System

Practitioners recognised that stigma was not confined to athletes but extended to staff themselves. Jake, speaking from his operational role, reflected that 'there was an explicit challenge to the stigma around what our role is in mental health as ordinary non psychological practitioners.' His use of the word 'ordinary' captured a lingering tension between professional legitimacy and psychological support. For those outside clinical practice, the boundary between care and overreach often remained blurred. Many staff members wanted

to help but were unsure whether it was appropriate to intervene This uncertainty echoes wider evidence showing that low psychological literacy and ambiguous professional boundaries can inhibit confidence, it is as Gulliver, Griffiths, and Christensen (2012) argue that 'intervention strategies for improving help seeking in elite athletes should focus on reducing stigma, increasing mental health literacy, and improving relations with potential providers' (p. 1). Without clear guidance, even well-intentioned staff may hesitate, not from indifference but from fear of saying or doing the wrong thing further research illustrates that hesitation can persist even in well-resourced systems, leaving wellbeing initiatives vulnerable to inconsistency rather than embedded practice (Reardon et al. 2019)

Christine captured this dynamic when she explained:

> Increasing skills, confidence, competence and I think like those are linked to the stigma that there's a huge amount of anxiety when you bring mental health as a topic into the room. So often conversations don't happen because people feel that they don't know how to get it right or what to do if it feels off. So, I think it was trying to work through and shift some of that and also kind of normalising it in elite sport.

Her reflection illuminates the emotional effort required to address mental health within performance contexts. For staff without clinical training, the risk of overstepping can feel paralysing. Rogerson (2017) emphasises that such emotional labour is an inevitable feature of sport environments where wellbeing and performance intersect, particularly when formal structures are underdeveloped. This burden can foster what Hochschild (1983) describes as surface compliance, where individuals perform confidence while masking uncertainty. Within the UKSI, practitioners identified this as a subtle but significant strain that, without institutional reinforcement, risks leaving staff unsupported.

Kyle reinforced this point, observing that 'it's the staff and their willingness to sort of go into those and promote that to their team that might be a huge sort of factor in whether the team engage really well with it.' His comment highlights the extent to which progress has remained dependent on interpersonal conviction rather than formalised structure. Practitioners described how engagement was strongest in environments where confident staff had established trust and where senior leaders provided visible support, yet weaker where these conditions were absent. Cumming and Ranson (2021) similarly note that inconsistent leadership engagement produces uneven uptake across performance systems.

This pattern reveals a fragile foundation. It functions effectively where enthusiasm and trust are present but weakens in their absence. Fletcher and Wagstaff (2009) and Hill et al. (2016) caution that wellbeing strategies reliant on individual advocacy struggle to achieve long term sustainability. Where goodwill substitutes for structure, progress becomes uneven and difficult to maintain. Practitioners recognised this limitation and positioned the development of Mental Health Officer roles as a necessary progression, intended to stabilise a system that had relied on personal motivation.

Across accounts, the introduction of these roles was identified as a significant advancement. The Mental Health Officer positions brought clarity of responsibility and introduced structure to an area previously dependent on informal interest. Louise explained that the team 'did a lot of work around how we can deliver the slides based off our feedback,' improving clarity and consistency. Caroline added that sports such as rowing were now 'wanting for us to be part of their induction to new athletes,' indicating more proactive engagement supported by clearer messaging and leadership endorsement.

This convergence suggests movement toward greater coherence, though not without challenges. Practitioners acknowledged early issues of access and variable uptake, yet agreed that a minimum level of engagement across all sports is essential for fairness and accountability. Without this baseline, it becomes difficult to evaluate progress or ensure consistency in provision. Rogerson (2017) argues that while adaptive delivery enables responsiveness, excessive discretion risks undermining collective purpose, a tension that remains central to the UKSI's development.

From this perspective, sustained visibility and reinforcement become critical. Bauman (2016) and Henriksen et al. (2020) emphasise that cultural change remains fragile when practices are not consistently modelled. Arnold and Fletcher (2021) similarly argue that organisational culture shapes behaviour, particularly in environments where norms of toughness and self sufficiency persist. Psychological safety therefore depends not only on policy but on the ongoing demonstration of supportive values through both systems and practice.

In this sense, optional engagement produces fragmentation. Where participation is inconsistent, a two speed culture emerges in which some sports integrate wellbeing while

others remain peripheral. Shared expectations around leadership, accountability, and participation are therefore necessary conditions for embedding support.

What emerges is a clear indication that the consolidation of Mental Health Officer roles represents a critical moment in the UKSI's progression. The institutionalisation of responsibility marks a shift from discretionary acts of care toward a shared organisational commitment. However, structural development alone is insufficient. Effectiveness remains dependent on the leadership that sustains these systems. Practitioners described a growing alignment between infrastructure and leadership influence, yet also recognised that without consistent direction from senior figures, even well designed systems risk uneven application. In this sense, the presence of structure does not guarantee its enactment. Instead, it creates the conditions in which compliance can appear visible without being consistently realised in practice. It is within this tension between structural provision and lived implementation that the persistence of symbolic compliance becomes most apparent, forming the basis for the following section.

6.3. Between Words and Action: Organisational Contradictions in Wellbeing

Katherine, drawing on her strategic perspective, expressed cautious optimism, suggesting that 'the more you can talk about mental health the more hopefully people will talk about mental health. So, there is that kind of classic stigma element to anti-stigma element to it.' Her reflection captures both the promise and fragility of current progress. Awareness represents an essential entry point, yet it cannot substitute for structural embedding. Fletcher and Wagstaff (2009) remind us that culture is an active process that determines what is legitimised, valued, or marginalised. Within the UKSI, engagement with initiatives such as the MHA and MHC programmes continues to depend on local leadership, resulting in uneven participation. Rogerson (2017) cautions that when wellbeing initiatives are not integrated into performance systems, they risk remaining symbolic. Christine articulated this tension clearly: 'There's still places where it feels like an add-on. Like you're lucky if you get the right person, or if your team is into it. But it's not everywhere yet.' Her observation reflects Arnold and Fletcher's (2021) argument that organisations may signal progress without altering entrenched hierarchies.

This pattern suggests that early UKSI initiatives, particularly the MHA programme, functioned as introductory and educational. Such approaches provide a necessary but limited foundation for change. However, there is evidence of reflexive development. Fletcher and Wagstaff (2009) argue that organisational health lies in the capacity to evolve through reflection. This trajectory aligns with Breslin et al. (2017), who identify pedagogical layering as essential to embedding cultural change, where early education is reinforced through application and reflection.

From this perspective, the UKSI's progression reflects a shift away from transactional pedagogy, where education is confined to information provision. Gorczynski (2020) argues that 'education strategies focused on information provision alone are limited in their capacity to reduce stigma and foster cultural change in sport' (p. 56). While early efforts reflected elements of this model, subsequent developments indicate movement toward a more integrated and relational approach. By situating mental health within performance conversations and prioritising cultural literacy before clinical escalation, the organisation has begun to reposition stigma as a structural issue rather than an individual deficit (MacIntyre et al., 2022; Poucher et al., 2023).

This alignment reflects Henriksen et al. (2020), who emphasise that cultural change remains fragile without structural coherence. The UKSI's layered approach, combining shared language, leadership modelling, and embedded practice, reflects the development of a more relational pedagogy. Yet this progression is not without tension. Kyle's observation that 'even in a very healthy and supportive culture, self-stigmatising is often the biggest barrier' highlights the persistence of internalised attitudes. These barriers remain embedded within elite sport cultures, where norms of endurance and emotional restraint shape acceptable behaviour (Swann et al., 2015). Within this context, wellbeing support is often accepted when framed in terms of performance (Arnold and Fletcher, 2021).

In this sense, the current framing of wellbeing presents a strategic tension. Positioning mental health within performance language may increase engagement, yet it risks reinforcing the norms that constrain openness. Unless the UKSI challenges these cultural foundations, wellbeing remains conditional. Carter captured this tension directly: 'We always say mental health is important, but it's not the only thing that's happening… there are different levels of

uptake… and it probably correlates with teams that engage with us because they refer on performance issues.' His reflection suggests that wellbeing is mobilised in response to performance need rather than embedded as a core value.

Viewed in combination, these insights indicate that stigma continues to operate as a cultural condition rather than a discrete barrier. Despite increased visibility of support, individuals may hesitate to engage due to concerns about credibility or identity (Gulliver et al., 2012). Christine further illustrated this uncertainty, noting that 'there is a huge amount of anxiety when you bring mental health into the room… often conversations do not happen because people feel they do not know how to get it right.' This hesitation reflects limited psychological safety and the persistence of performance expectations that prioritise control (Rice et al., 2016; Fletcher and Sarkar, 2012).

From this perspective, cultural transformation requires more than awareness or access. Fletcher and Wagstaff (2009) argue that emotional restraint remains embedded within high performance environments. Unless the emotional cost of such norms is acknowledged, exclusion will persist beneath a surface of progress. Redefining wellbeing therefore involves shifting how athletes and staff are evaluated, ensuring care is not contingent on performance utility.

The UKSI's layered approach has generated progress in normalising mental health discourse. However, awareness alone does not secure lasting change. Practitioners emphasised that leadership modelling, emotional safety, and infrastructure must operate together if wellbeing is to move from conversation into routine practice. The organisation demonstrates reflexivity, engaging with inconsistencies as part of an ongoing process rather than concealing them (Poucher et al., 2023). The challenge that follows is one of consolidation, translating cultural learning into consistent, system wide practice.

6.4. Leadership, Access, and the Shift from Reactive Support to Systemic Integration

Understanding the role of leadership is central to explaining how mental health support within the UKSI has shifted from a relationship dependent and reactive model toward a more structured approach. In earlier phases, provision relied on personal relationships and

individual initiative. Katherine captured this clearly: ‘Before we had mental health leads, we were waiting for the request to come in … that then probably came down to relationships where we had strong relationships with people within sports.’ Access was therefore inconsistent, shaped by familiarity rather than formal pathways. Some environments benefited from strong connections, while others had little access. This reliance on relationships rather than structure is widely identified as a barrier to equitable care (Bauman, 2016; Fletcher and Wagstaff, 2009; Henriksen et al., 2020).

Practitioners described how support was often requested only after issues had escalated, positioning their role as reactive rather than preventative. This created unease, as mental health support appeared intermittently, often triggered by performance pressures. Rogerson (2017) cautions that initiatives risk becoming symbolic when not embedded into routine practice. Leadership engagement played a decisive role in maintaining this dynamic. Where mental health was not prioritised, practitioners were excluded until problems intensified (Henriksen et al., 2020; Reardon et al., 2019), resulting in uneven provision across contexts (MacIntyre et al., 2022; Poucher et al., 2023).

There is, however, clear evidence of progression. Katherine later reflected on this shift, noting that ‘We were generally waiting for sports to opt in, whereas now we have got mental health leads who connect into all of the sports routinely … it is very much more part of those everyday conversations.’ This transition from voluntary engagement to routine integration represents movement toward organisational consistency, aligning with Henriksen et al. (2020), who emphasise the importance of defined roles and integrated practice.

Despite this progress, implementation remains uneven. Practitioners described variation in how different sports engage with provision. Christine raised a critical question about what follows initial training, asking, ‘people are trained, but then what?’ Jake similarly noted that delivery can become ‘a bit more of a sort of box-ticking exercise,’ where attendance fulfils expectations without leading to behavioural change. This reflects Eurostat’s (2023) position that wellbeing frameworks require accountability to translate delivery into impact.

From this perspective, the presence of infrastructure does not guarantee consistency. Leadership interpretation remains central. Katherine observed that ‘Some take everything they can get and are really proactive … others maybe do things that are a bit more minimum

standards level' and only engage 'when things really go tits up.' This variation demonstrates that while systems are in place, their effectiveness depends on whether leaders position mental health as integral to performance or as an additional consideration.

Collectively, these insights indicate that the UKSI is operating within a period of transition. The shift away from a reactive, relationship-based model toward a system supported approach is evident, yet leadership variability continues to shape how consistently this is enacted. As Wagstaff (2016) notes, the complexity of elite sport environments requires alignment between leadership behaviour, organisational climate, and shared values. The sustainability of this progress depends on whether these systems are reinforced across all contexts rather than selectively adopted.

6.4.1. Leadership Alignment and the Tone from the Top

Across all focus groups, practitioners described a discernible shift from reactive responses toward preventive, culturally embedded approaches to mental health. Katherine reflected that 'we're getting a lot better at talking about these things before they become an issue,' while Lucas observed, 'it's not really separate now, it's just part of the performance chat most of the time.' Yet Christine offered a crucial qualification and barrier to access 'You need the lead coach to be on board, otherwise it just becomes lip service. The tone they set still matters more than anything else.' Her statement identifies a critical strategic risk, underscoring that leadership buy-in remains the linchpin of sustained cultural embedding.

Christine's insight reflects broader findings within elite sport, where leadership behaviours decisively shape the legitimacy, uptake, and visibility of wellbeing support (Poucher et al., 2023; Fransen et al., 2020). Caroline's reflection added further clarity: 'There's definitely a cultural shift, but it depends on who's driving it. Some environments get it and it's just how they work now. Others still treat it like an optional extra.' This unevenness signals a fundamental vulnerability, progress that is contingent rather than systemic. Caroline's observation reinforces Fletcher and Wagstaff's (2009) argument that 'organizational culture is not static it evolves through strategic intent, interpersonal relationships, and the interpretations of those within the system' (p. 428). Without structural coherence, such evolution risks becoming piecemeal.

Daniel's reflection illustrates how leadership narratives are beginning to redefine performance readiness: 'We talk about readiness now in a much broader way. It's not just about can they hit their numbers or execute their plan. It's about can they cope with what the day throws at them.' His view situates resilience, emotional literacy, and self-awareness as integral to performance. Katherine reinforced this shift: 'That's where the performance side comes in. If you're ignoring how someone's doing, you're missing a huge part of what makes them ready to perform.' Collectively, these reflections show that leadership alignment is the mechanism through which wellbeing becomes performance-relevant and culturally embedded. To sustain this integration, however, leadership commitment must be accompanied by continuous evaluation and organisational learning. The next section examines how the UKSI seeks to maintain this cultural momentum through feedback processes that embed wellbeing within everyday performance systems.

6.5. Sustaining Integration Through Evaluation and Cultural Continuity

The cumulative evidence across the focus groups indicates a meaningful shift within the UKSI from reactive care toward an integrated framework of psychological readiness. This transition reflects a broader redefinition of what it means to be performance ready, with wellbeing now positioned as a necessary condition for sustained excellence rather than a supplementary concern. Across practitioner discussions, three interconnected developments became clear. First, mental health is increasingly embedded within operational dialogues alongside conditioning and nutrition. Second, it is being reframed not as a welfare or pastoral issue but as a core determinant of performance. Third, the emphasis is gradually shifting from crisis response to stability, self-awareness, and coping capacity.

Lundqvist and Sandin (2014) advance this conceptualisation by positioning psychological readiness as an inseparable element of overall performance preparation. They describe it as rooted in belonging, balance, and meaning, captured in the following athlete account: 'Having a good social life and enjoying the people around you, feeling like you belong to a context and that your life in general is meaningful. Sport is an important part of my life and if it's working well it's part of my well-being' (Lundqvist & Sandin, 2014, p. 20). This understanding moves

wellbeing beyond individual psychology, situating it within the relational and cultural systems that shape elite performance environments.

Such a shift aligns with Campbell and Rudd (2021), who contend that resilience and emotional preparedness form the basis of sustainable performance. Their position reinforces the growing practitioner consensus that readiness is both relational and reflective, dependent on environments that encourage trust, autonomy, and mutual respect. Yet sustaining this trajectory requires more than expanding provision; it demands ongoing evaluation, feedback, and refinement. Uphill et al. (2016) caution that 'it is not simply the presence of support strategies that determines their effectiveness, but how well these are aligned with the prevailing culture and consistently enacted by those in leadership roles' (p. 709). In this sense, culture acts as the determining variable: even the best-designed programmes lose coherence when leadership commitment falters or when evaluation is treated as a bureaucratic exercise rather than a process of organisational learning.

For the UKSI, sustaining progress therefore means embedding wellbeing governance as a structural feature of performance operations rather than a peripheral or discretionary task. Purcell et al. (2019) warn that 'improving awareness and help-seeking behaviours are at best pointless, and at worst unsafe, if systems of care to respond to athletes' need are not available' (p. 2). Their argument underscores that ambition without infrastructure creates risk, particularly when practitioners are expected to recognise distress without the assurance of clear escalation pathways. Reardon et al. (2019) extend this point by arguing that 'the mental health care of elite athletes should be integrated within overall sports medicine and science services, to help ensure seamless care' (p. 668). This perspective mirrors the UKSI's aspiration to make wellbeing an operational function rather than an occasional initiative, ensuring that systems of support are as embedded and measurable as physical performance standards.

The challenge now lies in maintaining cultural continuity. Without designated leadership, formal evaluation processes, and mechanisms for feedback, responsibility becomes diffused, and progress risks stagnating. Sustaining integration therefore depends on iterative learning that links cultural insight with structural accountability. For the UKSI, the task is to ensure that wellbeing remains a living practice, reviewed, adapted, and reinforced through regular

evaluation so that psychological readiness becomes an enduring dimension of what it means to perform well within the system. The next section examines how these pressures, coupled with uneven leadership engagement and performance-driven priorities, contribute to ongoing structural inconsistencies in programme delivery.

6.6. Intent Without Infrastructure: Why Wellbeing Delivery Remains Uneven

This section examines how uneven delivery, variable access, and organisational constraints have shaped the implementation of the UKSI's wellbeing programmes. Practitioners consistently endorsed the purpose and educational value of the UKSI programmes. Their concern was not with the legitimacy of wellbeing education, but with the instability of its ongoing delivery. Maintaining consistency across time, regions, and sports has proven difficult. What should function as an integrated part of performance preparation has, in some environments, remained peripheral and vulnerable to shifting leadership priorities.

Despite visible cultural progress, the translation of leadership intent into sustained practice remains constrained by enduring structural barriers. The legacy of presentation-based models introduced during the commissioning phase continues to shape delivery, positioning wellbeing as an optional supplement rather than an integrated component of performance practice. This structural residue reflects a wider issue identified by Fletcher and Wagstaff (2009), who argue that misalignment between organisational ideals and lived experience creates tension and undermines sustainability. Similarly, Rogerson (2017) contends that distributed responsibility can only succeed when accompanied by clear lines of authority and operational coherence. Within the UKSI, these theoretical concerns are mirrored in variable leadership engagement, uneven communication channels, and inconsistent implementation across sports. Purcell et al. (2019) reinforce this point, warning that heightened awareness without corresponding systems of care leads to rhetorical rather than substantive progress. Collectively, these perspectives illustrate that the challenge no longer lies in recognising the importance of wellbeing but in constructing stable mechanisms that ensure its delivery is consistent, system-wide, and enduring.

These inconsistencies are amplified by changes in personnel and the gradual departure of those who helped shape the original architecture of mental health provision. Katherine reflected on this transition, noting:

> Yeah, so the longevity. I think Carter still delivers some of it now, but that's now happening outside of the UKSI. And Jake was involved for a long time. Then there's been a handover, and the longevity of the knowledge and training that's been passed through the system.

Her account illustrates a wider concern among practitioners that elements of institutional memory have begun to dissipate. Several participants observed that members of the group who commissioned and delivered early iterations of the programmes are no longer operating within the UKSI, and that delivery is now predominantly internalised. While this handover has allowed continuity of training content, it has also created vulnerability. In the absence of formal structures and roles to preserve that expertise, continuity depends on individual memory and informal networks rather than institutional safeguards.

A persistent challenge was the inconsistent engagement of sports with wellbeing training. While the UKSI positioned wellbeing as a strategic priority, the reality described by practitioners was one of variable participation, often influenced by local culture, leadership dynamics, and interpersonal networks. Katherine captured this divergence, explaining that 'there are some sports that actually don't really engage with us at all,' and that 'the culture isn't necessarily conducive.' She added that 'there's a very small number of sports who have input from other organisations,' leaving the UKSI team 'not particularly within [their] reach.' Her comments reflect the ways in which access was determined not by strategic planning but by relational proximity and pre-existing cultural openness.

The data did not indicate neglect but rather uneven engagement. Some sports embedded wellbeing into daily routines, while others engaged reactively, usually in response to crisis or external pressure. Practitioners traced these differences to leadership commitment and environmental readiness. Where leaders normalised conversations around mental health, uptake was high; where this was absent, wellbeing remained peripheral. This observation resonates with Kuettel and Larsen's (2020) argument that elite sport often falters not in the ambition of its wellbeing policies but in their operational translation. Without sustained reinforcement, even coherent strategies risk becoming symbolic rather than lived practice.

Despite visible progress in legitimising mental health discourse, practitioners suggested that implementation still relied too heavily on the enthusiasm of local advocates rather than systemic embedding. This reflects what Poucher et al. (2021) describe as the fragility of initiatives dependent on advocacy rather than structural integration. Carter summarised this challenge succinctly:

> There are some teams that are really proactive in this domain. Others maybe do things that are a bit more of a sort of minimum standards level… until something happens and then they are reactive and call on us to respond.

Carter's observation reveals a persistent pattern of reactive engagement, where wellbeing becomes visible only when problems arise. According to Henriksen et al. (2020), this reflects environments that have yet to achieve psychological integration, in which values and actions remain loosely connected. In such systems, responsiveness may appear genuine but often proves unstable, offering inconsistent support that depends on leadership priorities. Uphill et al. (2016) expand on this point by suggesting that wellbeing strategies are only as effective as the cultural environments that sustain them, warning that implementation falters when leaders fail to model consistent reinforcement. Reflecting this transitional state, Carter explained, 'There's buy-in at the top, but you need more infrastructure to hold it together. Otherwise, it's just enthusiasm without a system.' His words signal a shift from cultural to structural critique. The following subsection develops this argument by exploring how recruitment processes, capacity limitations, and system design contribute to uneven delivery and engagement across the organisation.

6.6.1. Loose Threads in the System: Recruitment and Structural Weaknesses

Practitioners did not interpret delivery inconsistencies as indifference but as the product of practical constraints and weak system coordination. They acknowledged growing organisational commitment to wellbeing but emphasised that enthusiasm alone was insufficient without stable structures to support implementation. The disconnect between strategic messaging and operational readiness was a recurring concern, revealing a system still reliant on goodwill rather than procedural reliability.

Louise illustrated this challenge vividly:

> So often a lot of the staff and people that attend the course aren't working full time for their sports. They'll be doing other jobs as well. So, asking them to take three days out of maybe they've only got a day a week for that sport is really difficult.

Her account points to a key structural tension: the dependence on part-time or dual-role staff to deliver or attend training sessions designed to reshape professional culture. Practitioners consistently reported that when teams could prioritise wellbeing education, engagement and enthusiasm followed. Yet this was rarely the product of strategic coordination. Instead, participation often depended on local capacity who had time, who was available, and who was willing to lead.

Christine summarised this tension clearly 'We do get buy-in, but you need a group of people who are up for it. That is not about the programme, that is about what kind of culture the team already has.' Her reflection reveals a deeper systemic truth: success was often determined less by the quality of content than by the readiness of the environment into which it was delivered. In cultures that were reflective, open, and supported by proactive leadership, wellbeing education gained traction. Where readiness was absent, implementation stalled. This reinforces a broader argument that mental health progress in elite sport cannot rely on individual goodwill. Purcell et al. (2019) argue that 'all interventions, regardless of the mode of delivery, should use an individualised care approach that is based on assessment and conceptualisation of the individual athlete's presenting problem(s)' (p. 5). Yet without system-level coordination, even personalised approaches falter with the works of Reardon et al. (2019) similarly insisting that 'mental health services must be structurally integrated into elite sport systems, not merely offered as adjunct supports' (p. 73). The UKSI's current approach, while aspirational, continues to depend heavily on practitioner initiative rather than embedded accountability mechanisms.

Daniel's reflection illustrated this operational weakness:

> If some sports said we'd love to take part… but there wasn't an opportunity to target who we might recruit, you might end up with people who weren't as engaged and didn't come to the whole three sessions or didn't engage with the effective practice groups afterwards.

Practitioners across all focus groups agreed that recruitment processes lacked consistency, resulting in variable engagement. Some described waiting passively for sports to "opt in," which limited strategic reach. Katherine recalled: 'we were waiting for the request to come in

in the past. Mostly, and that then probably came down to relationships … but we were generally waiting for sports to opt in.' This approach placed disproportionate responsibility on individual facilitators to manage relationships, negotiate access, and adapt sessions in response to unpredictable participation.

Christine's observation captured the fragility of wellbeing provision: 'There's still places where it feels like an add on. Like you're lucky if you get the right person, or if your team is into it. But it's not everywhere yet.' What she exposes is not a lack of belief in wellbeing, but the absence of a system that guarantees it. Support depends on the values of local staff rather than being an organisational expectation (Rogerson, 2017). Wellbeing initiatives fail when responsibility is left to individual interpretation rather than clearly embedded within defined role expectations. This inconsistency reflects the broader challenge of ensuring that responsibility is structurally defined and continually reinforced across leadership levels (Arnold et al., 2017; Gouttebarge et al., 2017).

Collectively, these accounts present a picture of progress that is partial and uneven. Practitioners praised the cultural momentum generated by mental health leads and wellbeing advocates, yet all identified a pressing need for formal mechanisms to coordinate delivery and sustain engagement. Without shared protocols, training structures, and accountability systems, the wellbeing agenda remains dependent on individual discretion. The UKSI has achieved significant cultural advances by normalising mental health dialogue, but its operational model still falls short of ensuring equitable, system-wide implementation. For meaningful and enduring change, cultural readiness must be matched by structural capacity then and only then can the UKSI's wellbeing strategy evolve from an aspirational framework into an embedded organisational norm.

6.7. Making It Land: Balancing Delivery, Design, and Athlete Safety

While the previous section revealed external uncertainties around partnership coherence, similar tensions were evident within the UKSI itself. Practitioners highlighted inconsistencies around leadership ownership, fragmented communication, and the lack of a unified approach to programme coordination. These issues often mirrored the ambiguity experienced in

external collaboration, where differing priorities, unclear responsibilities, and competing agendas created confusion. At both levels, the absence of defined roles and sustained dialogue limited effectiveness and left staff navigating uncertainty. Yet alongside these challenges, practitioners described moments where things worked where trust was fostered, conversations flowed, and learning environments gained genuine traction. These moments offered insight into what it takes to make wellbeing delivery truly "land" within the high-performance context.

6.7.1. The Right Room: Why Group Dynamics Matter in Mental Health Education

Across the focus groups, practitioners emphasised that delivery only 'landed' when the environment allowed for trust, vulnerability, and connection. When access was structured and facilitation grounded in openness, the sessions became relationally powerful. They brought together multidisciplinary staff and, at times, athletes into psychologically safe group settings that enabled dialogue and mutual understanding. Rather than privileging expertise over experience, this format allowed collective reflection on the complexity of mental health in high-performance sport. As Katherine observed, 'The ones who engage in reflective practice after the sessions often show the most growth.' This supports research that highlights the value of interactive, socially situated learning environments as a means of shifting both competence and culture (Breslin et al., 2019; Purcell et al., 2019). Daniel shared one example of this dynamic:

> I think where we had that is… when we had a group of people who worked for the same sport or two sports who work closely together, where the staff group knew each other. I think you had really cool kind of engagement because they knew each other. They knew each other's work and practises. They were kind of all in it together. They worked really well.

He contrasted this with groups lacking such familiarity:

> So, it took a lot more time to build up a sense of, I don't know, safeness in a room. There was also the kind of we don't know each other well. We probably won't see each other beyond this. So, there was less of an I think commitment to be in it all together.

It became clear that the effectiveness of the programme relied as much on the relational structure of the group as on the material itself. When familiarity and shared experience were

present, it enabled deeper reflection and more open dialogue. In contrast, when groups were unfamiliar or assembled from unrelated settings, discussion often remained surface-level. This revealed a key limitation in delivery design: while ideal conditions would see cohesive teams with consistent buy-in across the system, such environments remained the exception rather than the norm.

Practitioners noted that the UKSI had begun to respond with more intentional planning, improving group composition, aligning participants by role or context, and creating safer spaces for reflection. This shift marked a move from hoping for the right conditions to actively shaping them, acknowledging that psychological safety must be cultivated rather than assumed. Clearer boundaries were also introduced around delivery, including firmer expectations for attendance and group composition. These adjustments were viewed as a necessary evolution, protecting the integrity of sessions and reinforcing the principle that sustained engagement depends on structural clarity and deliberate design, not informal goodwill or happenstance. Louise explained how expectations were beginning to shift in light of these discussions:

> It's actually pushing back a little bit to the sport on okay, we're going to be flexible, but we're going to be flexible to an extent where if it's going to start impacting the learning you're getting from that course then maybe we look at doing something different, because unless you're going to kind of give it the space it needs, it is not going to work.

These shifts in planning and facilitation marked a turning point in how the UKSI approached wellbeing delivery. However, as practitioners reflected further, it became clear that cultivating psychological safety was only part of the challenge. Ensuring the integrity of delivery and addressing the ethical implications of under-supported training required a more robust and consistent structural foundation; one that could sustain the emotional demands of the work and protect both staff and participants.

6.7.2. Picking Up the Rock: When Awareness Outpaces Support

Some sessions were adapted to meet logistical demands, yet this often came at a cost to the quality and coherence of delivery. Fragmentation in format disrupted the continuity required for practitioners to build momentum and sustain meaningful follow up, limiting the

conditions through which trust and reflection could develop over time. Rather than representing a simple issue of communication or coordination, this fragmentation functioned as an organisational stressor, requiring practitioners to repeatedly recalibrate delivery within shifting structures while maintaining relational depth. Within the coaching literature, stress is understood as an ongoing process shaped through interaction with the environment, where individuals must continually appraise and respond to changing demands (Norris et al., 2017). In this context, fragmented delivery structures intensify these demands, placing additional pressure on practitioners to adapt while preserving programme intent.

This strain was evident in how practitioners reflected on the erosion of consistency across sessions. As Kyle emphasised, the value of the programme was not confined to content alone, but embedded in how, where, and with whom it was delivered. When these elements became unstable, the burden of maintaining programme integrity fell increasingly onto practitioners, intensifying both cognitive and relational demands. This reflects wider findings that practitioners in high performance environments operate within conditions characterised by role ambiguity, overload, and competing expectations, where the resources required to deliver effectively are often constrained (Simpson et al., 2024). Fragmentation therefore does not simply disrupt delivery, but amplifies the structural pressures already shaping practitioner experience, reinforcing the link between organisational conditions and practitioner wellbeing highlighted by Arnold and Fletcher (2012) and Fletcher and Wagstaff (2009).

These concerns were sharpened by earlier findings, where the shift to online formats during COVID-19 exposed the vulnerability of sessions to structural disruption. Changes in format were not neutral adjustments but altered the relational dynamics through which engagement, trust, and meaning were constructed. Sustained exposure to such demands without adequate support has been shown to compromise both practitioner functioning and the quality of care provided (Didymus and Norris, 2024). Within this context, ensuring that sessions were delivered in their intended form, as coherent, consistent, and relationally grounded, became less a matter of preference and more a necessary condition for effective practice. The movement toward clearer boundaries and firmer expectations around delivery can therefore be understood as an organisational response to fragmentation, aimed at

stabilising practitioner workload while preserving the relational foundations required for meaningful wellbeing support.

As Louise explained, the need to protect the integrity of the learning experience prompted firmer boundaries around participation:

> So, what one of the things we've done since we did our review at the start of the year is mandate that it's two days and if you can't make the two days, then it's not the right course for you.

These adjustments represented attempts to protect the integrity of the programme, but they also highlighted how fragile the infrastructure around it still was. Much of what was delivered depended on flexible adaptation rather than embedded systems. Without reliable support structures, even this strong practitioner-led content could fail to land in the way it was intended. Across the focus groups, staff often described how the strength of the programme came from its credibility and the care with which it was delivered, but also how this created pressure on individual facilitators to carry responsibility for emotional responses without formal guidance or guidelines cemented in stone. One of the strongest critiques of this dynamic came from Kyle, who questioned the ethics of awareness training in the absence of meaningful follow-through with the following: 'It's probably harmful to introduce a wellbeing strategy without knowing what you're going to do when someone isn't very well. It's like picking up a rock … and what you're going to do with what you find.'

During my focus group with Kyle, I invited his group to reflect on the sustainability of the programmes beyond their initial implementation. I framed this discussion using the metaphor of scaffolding, suggesting that the wellbeing strategy should act as a supporting structure one that enables the programmes to grow, adapt, and endure over time. Kyle then extended this analogy, stating:

> We can take analogies from building and construction and call it a foundation. But if you lay the foundation without very quickly following on with building the walls and putting the roof on, then actually you might do more harm than good.

This concern built directly on earlier reflections from the crisis response group, where practitioners voiced doubts about the system's capacity to manage demands arising from increased mental health dialogue. Jake's account was not an isolated comment but part of a recurring pattern: shared uncertainty about how responsibility was distributed once

awareness had been raised. His words underscored the risk that, without clear next steps, encouraging conversations could place pressure on individuals who were not fully supported to respond. This aligns with Henriksen et al. (2019), who warn against awareness-based interventions not matched by hierarchical infrastructure. Daniel captured this directly, noting the need to ‘know what the right steps look like for that emergency response ... which is the emergency services rather than expecting that to be a part of the role because someone has done a mental health champions programme.’ His observation highlights the distinction between equipping staff with literacy and expecting them to absorb front-line responsibility.

While the intent of the Champions training was to empower and upskill staff, its design was not to create clinicians or crisis responders. As Jake explained, its purpose was to help people feel 'more confident and comfortable with mental health' rather than to imply they were 'trained to intervene'. Yet in practice, this boundary was often misunderstood. Daniel reflected on the first in-person Champions session, recalling that 'people were debating whether this training meant they were taking on a new role on top of their current one, or whether it was just an additional skill set'. Susan added that the value of the programme lay in the confidence it built and the safety net it implied

> They might be really good at that and they could come out from this training more informed, so more able to capture things early or more confident to ask the question… with the knowledge that through the training they have that ongoing support… which creates I think a safety, which is a thing that one hit trainings don't facilitate and don't do.

Jake reinforced that for such confidence to translate into ethical practice, the organisational system around it must be robust, noting that 'these systems are really critical' and require 'regular and ongoing review' rather than assuming it is 'a finished package'. What practitioners questioned was never the value of the MHA or MHC training itself, but whether the surrounding infrastructure was strong enough to sustain what the training intentionally surfaced. Kyle’s concern similarly centred not on the content or purpose of the programme, but on the lack of clarity around what happens after awareness is raised and who holds responsibility when someone is not well.

Christine summarised this tension succinctly: 'People are on board with the message… but they don’t always know what’s next, or how to apply it in their own context.' Katherine added

that delivery was 'still very much reliant on individuals', making progress dependent on personal commitment rather than institutional design. This aligns with Purcell, Gwyther, and Rice's (2019) concept of 'navigators' within mental health systems—individuals who recognise distress and signpost athletes toward appropriate care. Yet as Christine reflected, this informal navigation is not enough: 'We need to be clearer about who's doing what, and when; it can still feel a bit scattered.'

These reflections reveal a programme that is widely valued but structurally under-supported. Training generated meaningful conversations and greater practitioner confidence, yet without defined referral pathways, protected roles, or operational accountability, its impact remained uneven. This pattern reflects a broader issue across elite sport, where wellbeing initiatives often operate without the frameworks or evaluation systems needed for sustainability (Biggin et al., 2017; Donnelly et al., 2016). Evidence from Rice et al. (2016) reinforces this concern, showing that weak organisational structures have 'sobering implications if elite athletes within such organisations are not provided with access to timely or adequate mental health care, or do not feel that the culture of the sporting organisation is such that they can even raise their mental health concerns' (p. 1334).

Katherine's earlier reflection on athlete dispersal extends this critique: 'I think dispersal of athletes is also a challenge… That makes it hard to deliver and engage with educational programmes.' Her comment highlights both geographic separation and structural distance. Where athletes and staff were based away from centralised hubs, engagement tended to be lower and support harder to access. In these contexts, location effectively shaped opportunity, determining who was reached and who remained peripheral to wellbeing provision. Rather than merely describing these disparities, Rice et al. (2016) interpret them as symptomatic of deeper institutional neglect, suggesting that when decentralisation is not matched by coherent systems of support, cultural ambition risks devolving into structural exclusion. The implication for the UKSI is clear: awareness and confidence have grown, but without stronger infrastructure and mechanisms of delivery, equitable access to wellbeing support will remain inconsistent and fragile.

In such contexts, even when content was strong and intentions aligned, the lack of a centralised structure left delivery vulnerable to logistical breakdown Katherine continued:

> We've got some Olympic and Paralympic sports that are really quite hard to connect with because they don't have much of a centralised presence other than at the games… I think that can be a barrier, can make it hard to get some consistency across some of the training that we offer and some consistent engagement.

Carter reflected on how these issues intensified when centralised systems were removed: 'We have had teams that have become decentralised during these years… My feeling would be, say, those sports would be hard to reach and hard to coordinate after that decentralisation.' His words expose a critical fault line in the UKSI's wellbeing system. What was once a coordinated framework became increasingly fragmented, leaving practitioners to bridge gaps the structure could no longer sustain. Decentralisation in elite sport often erodes the connective tissue of wellbeing provision, reducing both access and continuity of care. In this context, decentralisation does not merely disperse responsibility; it weakens the very conditions that allow wellbeing to take root (Kuettel, Pedersen, & Larsen, 2021; Poucher et al., 2023).

Without mechanisms explicitly designed to reach dispersed environments, and without a mandate embedding wellbeing as a non-negotiable feature of sport performance, provision becomes contingent on geography, personality, and the presence of local champions. The result is a wellbeing system practitioners believe in but cannot fully realise and not because of apathy or resistance, but because the infrastructure itself reproduces inequality. In effect, the system's architecture undermines its own philosophy: an initiative built to promote inclusion ends up governed by proximity and privilege.

6.8. Conclusion: Strengthening the Foundations of Change

This chapter has shown that while the UKSI has made meaningful progress in bringing mental health into everyday performance environments, its translation into consistent practice remains uneven. Wellbeing is now more visible, increasingly accepted, and supported by initiatives such as the mental health lead roles. However, delivery continues to rely heavily on local leadership, practitioner initiative, and cultural readiness rather than sustained structural design. Strategic intent exists, but institutional certainty has not yet caught up. For these gains to endure, psychological support must become routine, protected, and structurally reinforced rather than dependent on individual commitment.

Persistent barriers continue to shape how deeply wellbeing can embed within performance settings. Practitioners described emotional strain, blurred responsibility, and variable leadership engagement. Stigma has not disappeared but evolved into hesitation about action, authority, and escalation. These challenges reflect not failure but an organisation in transition, still learning how to move from ambition to sustained practice. This discussion directly addresses aim two, by examining how wellbeing policy is interpreted, enacted, and maintained within the UKSI, and begins to advance aim three, by considering how organisational learning, leadership behaviours, and feedback mechanisms can strengthen the sustainability of wellbeing provision and its alignment with performance culture.

The next chapter therefore turns to the question of feedback: examining whether the organisation listens, learns, and adapts in ways that enhance accountability and embed wellbeing more securely across the performance system

Chapter Seven: Voices and Feedback in Limbo

In this chapter, I introduce feedback as a lens through which to examine how wellbeing is understood and developed within the UKSI. The analysis is structured around three interrelated themes: the mechanisms through which feedback is generated and expressed, the conditions that shape who is able to contribute and whose perspectives are prioritised, and the organisational processes that determine how feedback is interpreted and acted upon. These themes reflect patterned consistencies across practitioner accounts, revealing how feedback operates across different contexts, roles, and levels of the system.

In this study, I define feedback as the formal and informal ways in which practitioners and athletes share their experiences of wellbeing initiatives, and how those experiences are acknowledged, recorded, and used to inform future practice. Across the data, feedback is placed forward not simply as a practical tool, but as a relational and organisational process through which meaning is constructed, negotiated, and, at times, constrained. Practitioner accounts highlight how feedback is shaped by context, filtered through professional relationships, and influenced by the perceived risks or consequences of speaking. In this sense, feedback becomes indicative of how responsibility is understood, how listening is enacted, and how responsive the organisation is to the experiences it seeks to capture.

Through this focus, I address study aim two by examining how wellbeing policy is experienced and interpreted in everyday practice, and contribute to study aim three by considering how organisational structures shape the generation, movement, and impact of feedback across the system.

7.1. Feedback and the Limits of Organisational Learning

This chapter introduces feedback as a way of exploring how wellbeing is understood and developed within the UKSI. In this study, feedback refers to the formal and informal ways in which practitioners and athletes share their experiences of wellbeing initiatives, and how those experiences are acknowledged, recorded and used to inform future practice. It functions not only as a practical tool but as an indicator of how an organisation interprets responsibility, listens to its people and adapts to emerging needs. In this respect, the chapter aligns with study aim two by examining how wellbeing policy is experienced in everyday

practice, and with aim three by considering how organisational structures influence the use and circulation of feedback.

Feedback in elite sport can take multiple forms. It may develop through structured reviews, anonymous surveys, informal conversations or spontaneous reflections within performance settings. These different modes are shaped by relationships, trust and the extent to which individuals feel that sharing an opinion is appropriate, welcomed or safe. Existing literature suggests that feedback processes are most effective when they are continuous, context specific and embedded within daily performance environments rather than treated as one off exercises (Fletcher and Wagstaff, 2009; Reardon et al., 2019).

Within the UKSI, feedback is positioned as a tool for learning and development, yet its meaning and function vary depending on role, discipline and context. This chapter does not seek to evaluate its success, but to understand how feedback is gathered, where it travels, how it is interpreted and how it relates to wider questions of culture and responsibility. The next section begins this examination by outlining the systems and informal practices through which feedback is currently expressed.

7.2. Gathering Feedback: Power, Participation, and Structural Gaps

Feedback in elite sport is not merely a technical process it is a relational one. This section examines how power, silence and representation shape the conditions under which feedback is offered, received and acted upon. Louise described how feedback is collected during sessions but mostly captures surface-level reflection: 'We do ask the athletes or whoever is physically attending… but it is more around how their learning developed, how their opinions or thoughts on mental health changed.' She added that despite efforts to collect responses, only 'a very small number of people actually filled out the feedback,' making it difficult to learn from. Lucas described a similar pattern in staff appraisals where feedback focused on 'how we show up, how our education is presented, how our network is working,' placing emphasis on practitioner performance rather than athlete experience. These tensions reveal that feedback within the UKSI is shaped not only by structural gaps but also by relational dynamics particularly the influence of power, silence, and representation. The following

subsection explores how these forces condition who is heard, how feedback is interpreted, and what remains unsaid.

7.2.1 Power, Silence and Conditions for Speaking

Although reflection is embedded within UKSI delivery, it frequently remains confined to practitioner circles, limiting the extent to which athletes are able to shape evaluative processes. Jake noted that while reflection is built into delivery, it often remains internal to the delivery team: 'We intentionally have some reflection time as a delivery team afterwards about what worked… what was effective.' Daniel similarly highlighted that content was reviewed and adapted based on feedback, but this was primarily generated by those delivering or supporting sessions rather than athletes themselves. This suggests that the issue is not the absence of feedback mechanisms, but the absence of conditions in which feedback becomes meaningfully accessible. When athletes find it difficult to articulate their experiences, or are not routinely positioned within decision making processes, practitioners become the default interpreters of athlete wellbeing. In doing so, the system risks continuing to speak for athletes rather than with them.

This limitation becomes more pronounced when considering the broader demands placed on practitioners. Stress, as Norris et al. (2017, p. 94) define it, is 'an ongoing process that involves individuals transacting with their environments, making appraisals of the situations they find themselves in, and endeavoring to cope with any issues that may arise.' Within this framing, coping refers to 'constantly changing behavioral efforts to manage specific external and or internal demands that are appraised as taxing or exceeding the resources of the person' (Norris et al., 2017, p. 94). Within elite sport environments, where expectations are heightened and demands rarely stabilise, these processes are intensified. Crucially, Norris et al. (2017, p. 94) further note that 'coaches' experiences of stress can influence their performance and that of the athletes with whom they work.'

These dynamics are not only individual but structurally conditioned. Simpson et al. (2024, p. 123) demonstrate that 'administrative stressors decreased the resources (e.g. time) that a coach had to work with athletes,' while also identifying broader role based pressures, including 'issues with their roles in the organization (e.g. ambiguity and overload), job

insecurity, interpersonal issues (e.g. lack of social support), career advancement, and factors intrinsic to sport psychology (e.g. ethical obligations)' (Simpson et al., 2024, p. 124). Taken together, these findings indicate that the expectation for practitioners to interpret and respond to athlete experience is layered onto roles already characterised by constraint and uncertainty. Rather than facilitating more direct athlete voice, feedback processes become absorbed into practitioner sense making, reinforcing a system in which athlete perspectives are filtered through those tasked with managing them. This aligns with wider organisational models which emphasise that practitioner capacity is shaped by the environments in which they operate (Arnold & Fletcher, 2012; Fletcher & Wagstaff, 2009).

This issue is most visible in the settings where feedback is collected. Often, it takes place in shared spaces where athletes sit alongside strength and conditioning coaches, psychologists, and heads of performance. Earlier UKSI work by Cumming and Ranson (2021) argued that when feedback is gathered in contexts where those with influence over training or selection are present, power dynamics can suppress honesty, leading athletes to offer what is safe rather than what is true. Feedback in these environments becomes relational and reputational rather than purely informational. Athletes are effectively being asked to comment on content, relevance, or emotional impact in front of individuals who influence their schedules, selection, and long term career prospects. This reinforces the structural asymmetries already embedded within elite sport (Neupert et al., 2022; Schliep et al., 2021).

These dynamics were reflected clearly by practitioners. Louise, reflecting from her role in coordinating delivery, explained that although feedback forms were introduced to capture athletes' views, meaningful responses were rare:

> We do feedback forms in sessions in the last sort of year, and initially when introduced, it was sent out after the session, which had mixed rates of people filling it in. So it was hard to take a lot from that in terms of we had a very, very small number of people who actually filled out the feedback.

The difficulty was not only low engagement but the context in which feedback was asked for. When the environment itself carries hierarchy, surveillance and implied judgement, athletes may choose silence over vulnerability. In this sense, the problem is not simply that feedback is absent, but that the conditions required for it to be honest, critical and useful have not yet been fully created.

The introduction of digital tools later in the programme rollout such as QR codes sought to reduce these barriers, though early systems were inconsistently applied and yielded minimal engagement, as Louise described:

> We only sort of introduced or get do feedback forms in sessions in the last sort of year, and initially when introduced, it was sent out after the session, which had mixed rates of people filling it in. So it was hard to take a lot from that in terms of we had a very, very small number of people who actually filled out the feedback.

This limitation undermined the evaluative value of the data and prompted a shift toward more immediate forms of collection. Louise explained, 'Now we switched to asking them to do it in the session, like at the end, by the QR code that they scanned, and they answer a few questions around how the session went.' This allowed quicker responses and reduced dropout, yet it did not resolve the issue of depth or candidness. She acknowledged that responses remained descriptive, 'somewhat centred more around how their learning developed, like how are their opinions or thoughts on mental health changed,' and noted that feedback was still not being used meaningfully because they were 'still sort of building up a bank of that to kind of get some trends.'

What this makes clear is that while the method of collection improved, the relational context did not. Athletes continued to offer feedback within environments shaped by hierarchy, impression management and implicit surveillance. Even when anonymised, feedback remained tethered to unspoken questions of how it might be interpreted, by whom and with what consequences. As Louise reflected, the ambition now is 'actually involving the athletes more in building a bigger bank of feedback, having a better link with the athletes,' yet this remains more intention than reality.

This is where the core tension emerges. Feedback exists, but it is still spoken about athletes more often than spoken with them. Practitioners become the default interpreters of silence, and athlete perspectives enter the system only when translated through staff reflection, internal debriefs or informal conversations. As a result, feedback becomes a measure of delivery rather than a mechanism of shared authorship. The next subsection examines this shift more directly by asking whether athletes are positioned as respondents to wellbeing provision or as co-creators of it. This moves the analysis from feedback as data to feedback as

voice, agency and influence, and asks whether wellbeing within the UKSI is being shaped for athletes or shaped with them.

7.2.2. Athlete Voice or Athlete Interpretation?

Participation in feedback is also shaped by access, which remains inconsistent and voluntary, since individual sports operate outside the formal jurisdiction of the UKSI and are not bound to internal mandates. Sessions are often arranged at the discretion of heads of performance or senior staff, with some sports engaging regularly and others not at all. Caroline explained that 'the pressure on their time is often given as a difficulty' when discussing athlete involvement in programme shaping. This creates a system that privileges those already engaged. As Jake observed ‘the ones that were set up as a strong cohort, a good delivery session, you know, you get a pretty good hit rate with them returning’ feedback therefore risks becoming an echo chamber, reflecting the views of those closest to decision makers while excluding ambivalent or critical voices.

Despite these constraints, athlete perspectives do filter into delivery, often indirectly. Lucas, speaking from his day-to-day engagement with practitioners, described that ‘when a coach or a member of staff is talking about an athlete that they've had a mental health challenge with their experience of that athlete’s experience … that then shapes what we deliver.’ This highlights reflective staff practice but also reveals a model where athletes are spoken about rather than directly engaged. Daniel, from within the delivery environment, described a shift toward more dialogic approaches, asking athletes, ‘How is this feeling helpful? What do we do well? What more can be done? What are we missing?’ While encouraging, this still relies on athletes feeling comfortable contributing in semi structured group spaces.

Katherine recalled conversations with athletes who often asked, 'What can I share? What can I talk about?' Her account highlights the discomfort athletes may feel when expected to speak candidly in rooms where staff are present. Although some practitioners framed these shared sessions as positive, Daniel noted that 'it is not just for athletes … it is also for staff as well.' Katherine’s proposal of athlete specific cohorts offered a sharper critique, suggesting that separation could create conditions for more honest contributions.

Research supports this concern. Roberts et al. (2020) found that athletes often withhold their thoughts or concerns in group settings when performance staff are present, fearing repercussions or a perceived threat to selection. Fletcher and Wagstaff (2009) similarly argue that wellbeing systems require not only cultural acceptance but also mechanisms that enable psychologically safe, context specific feedback. Creating separate cohorts would not divide but strengthen the programme, ensuring space for candid reflection and deeper athlete engagement. Whitley et al. (2021) affirm that inclusive feedback structures are critical to ensuring athlete experiences inform and shape organisational practices in ways that are meaningful and sustainable.

Several practitioners questioned whether psychological fluency could genuinely develop in environments where individuals felt watched, judged, or constrained by hierarchy. Although the programme design aimed to foster shared responsibility, it did not always accommodate the differences in power and comfort that shape staff-athlete interactions. We can see distinct research from Uphill et al. (2016) caution, 'Encouraging appropriate help-seeking by athletes is an important preventive and treatment strategy, yet athletes often do not seek professional help' (p. 2). The shift from awareness to competence therefore relied not only on content, but on the relational safety of the setting and on whether people felt able to speak honestly. This aligns further with Fletcher and Wagstaff's (2009) view that 'The climate and culture in elite sport requires careful and informed management in order to optimize individuals' experiences and organizational flourishing' (p. 433). These tensions suggest that the success of wellbeing training depended as much on who felt able to participate as on what was taught. Christine proposed that athlete involvement should move beyond reacting to pre-existing content and toward co-designing it:

> I think the idea would be that the training is written in conjunction with athletes directly, but the pressure on their time is often given as a difficulty. But I mean in the future it might be that we work with these athlete reps within each of the sports, just to get feedback and also what they would find useful.

Katherine explained that some of this already happens informally through the Champions programme, where individuals become recognised points of contact within teams: 'You might have a champion in a team who is nominated through the mental champions training… coordinated through management or someone in a leadership position.' These informal

leaders hold influence because of trust and lived experience rather than organisational authority. This reflects Poucher et al. (2021), who argue that representation in wellbeing spaces often relies on those who are available rather than those who are most affected. This leads directly to the next subsection: who is able to speak within these systems, who is missing, and why this matters for legitimacy and accountability.

7.2.3. Who is Heard, Who is Missing and Why it Matters

Practitioners reflected on a reliance on intuition rather than structured feedback mechanisms. Jake observed that 'you'd have a break … and you'd just know from the first break this feels like a session where everyone's bought in.' Kyle extended this insight, noting that 'what happens in the coffee breaks or after the session is often where the real stuff gets said … you can't do that if you're doing a karaoke session with someone else's slides.' Caroline reinforced this limitation, stating, 'It's really hard to come in and deliver somebody else's slides that you don't understand.' These reflections indicate that informal sensing offers immediate and context sensitive insight, yet leaves athlete perspectives dependent on atmosphere, practitioner style, and delivery context rather than systematic collection. In this sense, valuable knowledge remains situational rather than cumulative.

This reliance on informal interaction becomes more significant when considering the types of outcomes practitioners described. Christine reflected on the ripple effects of quiet disclosures, explaining that 'If one person has a conversation they didn't feel able to have and that results in someone else getting help, that impact is pretty huge.' Daniel similarly linked programme effectiveness to early intervention, noting that 'these programmes being effective looks like people getting support earlier … or asking a question and intervening a little bit earlier.' These accounts highlight meaningful outcomes, yet they remain difficult to capture through existing evaluation systems. Current approaches rely heavily on self report measures and session level ratings, as Louise had discussed. Jake, reflecting on past evaluation practices within delivery contexts, recalled that 'We used to get people to rate their competency level going in and coming out … which I think rated itself, obviously.' While such tools may reflect perceived confidence, they fail to account for those who do not engage at all. Non attendance,

whether due to disengagement, scheduling constraints, or selection processes, represents a significant blind spot in assessing effectiveness.

From this perspective, the issue is not the absence of feedback but the limitations of how it is structured and interpreted. Caroline articulated this clearly, noting that 'Sometimes the model of we do it to you rather than we do it with you is used in sport because of the time limit that they have within the programmes and the resource pressures.' This positions feedback not as a neutral process, but as one shaped by the same structural constraints that govern delivery. Rather than enabling meaningful dialogue, systems designed around efficiency can inadvertently reproduce practitioner led interpretations of athlete experience, reinforcing both workload and responsibility at the practitioner level.

This aligns with wider concerns within the literature, where feedback systems are shown to prioritise efficiency over depth (Cumming and Ranson, 2021; De Kock et al., 2021). Surface level metrics such as satisfaction scores, QR responses, and numeric indicators of change offer simplicity, yet shift the burden of interpretation onto practitioners who must translate fragmented data into meaningful insight. In this sense, system design does not reduce complexity but redistributes it, intensifying practitioner strain while limiting the capacity for nuanced evaluation. As Bauman (2016) and Poucher et al. (2023) caution, initiatives may appear inclusive while reproducing exclusion if they overlook the conditions that shape who feels able to speak and under what circumstances. Feedback therefore operates less as a discrete act of data collection and more as a relational practice grounded in trust, requiring structural safety and shared responsibility to function effectively (Gouttebarge et al., 2017; Kuettel, Pedersen, and Larsen, 2021). Without these conditions, efforts toward co production risk remaining symbolic rather than transformative (MacIntyre et al., 2022; Rogerson, 2017).

This pattern points to a deeper organisational question concerning ownership and accountability. The challenge for the UKSI is not only how feedback is gathered, but how system design shapes who is required to interpret it and who is empowered to act upon it. While the organisation has taken steps to surface practitioner and athlete perspectives, many processes remain dependent on individual initiative rather than embedded structures, further concentrating responsibility within already stretched roles. This reflects a broader critique offered by Uphill et al. (2016), who argue that athlete mental health is often framed narrowly

in terms of illness rather than more holistically as mental wealth or flourishing. Within the UKSI, such framing risks being reinforced by feedback systems that are reactive, inconsistently interpreted, and weakly integrated into strategic priorities. Enhancing mental wealth therefore requires more than improved feedback collection; it necessitates structural integration, where responsibility for wellbeing is distributed, supported, and embedded across the organisation rather than absorbed at the practitioner level.

At present, initiatives such as the MHA and MHC programmes demonstrate clear investment in wellbeing, yet the feedback infrastructure supporting them remains underdeveloped. Without clear pathways for learning, synthesis, and accountability, responsiveness continues to rely on practitioner goodwill rather than institutional commitment. Knight and McNaught (2011) emphasise that wellbeing is inherently holistic, requiring attention to the interaction between physical, mental, and emotional dimensions. For feedback to fulfil this role, it must extend beyond listening and become embedded within planning, delivery, and evaluation processes. This requires a shift from feedback as an isolated activity toward feedback as a continuous organisational function.

Viewed in combination, these reflections indicate that the UKSI not only faces challenges in evaluating wellbeing provision systematically but also lacks the qualitative infrastructure required to connect insights across delivery settings. This fragmentation is particularly significant given that many practitioners operate across multiple environments, including the NHS, Changing Minds, and Yorkshire Sport. Their cross-sector experience offers considerable potential for reciprocal learning and innovation. However, in the absence of mechanisms to capture and circulate these insights, this potential remains underutilised. What is lost is not only the opportunity to strengthen delivery within the UKSI, but also the capacity to contribute to broader interorganisational learning.

These patterns provide the foundation for the next section, which examines collaboration as a mechanism for strengthening evaluation and enhancing coherence across the UKSI and beyond.

7.3. Feedback Without Framework: Fragmentation, Informality, and the Limits of Organisational Learning

7.3.1. Informal Adaptation and the Culture of Flexibility

Building on the relational barriers outlined above, this section examines how feedback is structurally constrained within the UKSI. Practitioners did not describe an absence of willingness to adapt, but a lack of clarity about how such adaptation happens in practice. Louise remarked, 'we will collaborate with someone from the sport to kind of bring in a little bit of that element,' illustrating a flexible approach to content delivery that responds to individual sports. Yet this flexibility appeared shaped more by the availability and preferences of those delivering than by any formal process. Christine similarly noted, 'a lot of what we learn is just from who are in the room or whoever it was on the training, and then you adjust.' This indicates that feedback, when it occurs, tends to be informal and dependent on circumstance or interpersonal initiative. Caroline added, 'We do have athletes that give us feedback, and we use athletes examples a lot in our conference settings,' pointing to the value such contributions bring when captured. Katherine observed, 'we didn't have a formal way of capturing what worked we'd just get some emails or a quick chat after,' underlining that early efforts were largely ad hoc.

Practitioners involved in delivery and coordination described how early iterations of the MHA and MHC programmes were not fixed products but evolving practices shaped through dialogue, reflection, and responsiveness in the moment. As Jake explained, this process involved 'tweaking and changing to suit the feedback we get rather than it just being about content creation in one go.' Despite later inconsistencies in delivery, this relational mode of development aligned closely with Henriksen and Stambulova's (2019) ecological model, where the strength of an environment lies not in formal documentation but in shared norms, trust, and everyday interaction. The introduction of the MHA and MHC programmes signalled an intention to move beyond bolt-on provision toward a culture of care, embedding psychological literacy into the lived rhythms of performance rather than isolating it in classroom-style interventions. This reflected what Henriksen and Stambulova (2019) observed 'the learning culture of the environment was not formalised in written documents but developed through the shared values and norms of the people involved' (p. 533). At its best, UKSI practice echoed this, with practitioners shaping content through dialogue, adapting

tone and format to context, and building trust through presence rather than prescription. It is in their critical works that Henriksen and Stambulova (2017) note, 'the development of the environment occurred through everyday activities and was guided by mutual respect and commitment rather than imposed structures' (p. 532). Yet this same informality also created risk. Without clear systems, knowledge and responsibility remained person-dependent, meaning cultural progress could not always be transferred, scaled, or sustained.

7.3.2. Fragmented Feedback and the Limits of Organisational Learning

A defining feature of the UKSI wellbeing programming, as described by several practitioners, was its willingness to adapt through feedback. Evaluation was not treated as a formality, but as an active part of shaping and adjusting delivery over time. Importantly, this feedback was not limited to athletes, instead, it drew on a wider range of perspectives, including support personnel, delivery staff, and others involved in the training spaces. As Daniel put it:

> One thing we did really well was review the content and kind of based it on the feedback given, not necessarily just from athletes, but athletes, support staff, whoever it was on the training or indeed the actual delivery staff.

Katherine extended this framing by characterising the UKSI's design process as one of continuous recalibration rather than static production:

> We've then continued with this idea of it's about tweaking and changing to suit the feedback we get rather than it just being about content creation in one go. And you know, bringing in focus groups and stuff so yeah.

In Kyle's words, we see a contrasting view: 'when people asked how we were evaluating it, we didn't have a good answer. It was kind of just … we assumed it was working because people kept asking for it.' Lucas, reflecting on the early stages of delivery, admitted, 'when we first started out, it was just about getting something in place. I don't think we really thought through how we'd measure it or improve it later.' These reflections illustrate how the burden rested on individuals to seek feedback in their own time and act on it without consistent guidance or oversight. While individual initiative sometimes drove meaningful improvements, the absence of a formal system meant learning remained localised, knowledge was not consistently captured, and insight failed to translate across the organisation.

This pattern reflects wider concerns within the literature regarding the depletion of practitioner resources. Simpson et al. (2024) demonstrate how administrative and organisational demands reduce the time available for meaningful engagement, limiting practitioners' capacity to both gather and act upon feedback. Within this context, the responsibility to evaluate, interpret, and implement learning becomes an additional layer of work, contributing to cognitive and operational overload. Rather than supporting continuous improvement, the absence of structured processes generates organisational inefficiency, where knowledge is unevenly distributed, inconsistently applied, and dependent on individual effort rather than collective systems.

The weakness of this evaluative culture was clear during direct questioning. When asked, 'what role does participant feedback play in shaping the content and structure of the programmes?', Caroline replied, 'that's an easy one to answer. Not much at the moment.' Louise followed with, 'it is getting better,' but the exchange underscored a shared awareness that feedback remained peripheral. As Daniel put it, 'there's no one really asking for feedback properly. If you want it, you sort of have to go and find it yourself.' In such conditions, the burden of collecting and acting on feedback rests with individuals rather than being structurally embedded, reinforcing the very resource constraints identified by Simpson et al. (2024).

Without formalised mechanisms, programme development risks being shaped by assumption rather than systematic evaluation. Fletcher and Wagstaff (2009) speak to this exact risk, highlighting how organisational functioning becomes compromised when systems fail to translate information into coordinated action. In elite sport, where pressure, power dynamics, and scheduling limit who speaks up, the absence of structured feedback processes does not indicate success but reflects a system under strain, where both practitioners and athletes operate within conditions that make meaningful evaluation difficult to sustain.

7.3.3. Missing Infrastructure, Uneven Learning, and Repeated Gaps

Katherine described the early delivery process as reactive: 'we didn't record anything at first. I think we were just relieved people were showing up.' This lack of foresight meant opportunities to capture the early impact points were missed. Caroline added, 'there's

probably loads of good stuff people say informally, but I don't know where any of that goes. I wouldn't even know who to tell.' Christine further admitted, 'we used to say we'd go back and tweak stuff, but half the time we never did. There just wasn't the time' These accounts reveal that while feedback was recognised in principle, the means to capture and build upon it remained limited. Variations in delivery therefore reflected inconsistency more than tailored adaptation, shaped by who happened to be in the room and whether they had time to follow up.

Practitioners across the UKSI consistently described that feedback does take place, but it rarely moves beyond the room in which it is spoken. This aligns with wider concerns in the literature, particularly Fletcher and Wagstaff's (2009) warning that initiatives reliant on individual effort, rather than embedded systems, rarely take hold culturally. Rogerson (2017) similarly highlights the risk of superficial coherence, where strategic intentions are undermined by uneven practice. This was evident across participant accounts. Louise, Christine and Katherine gathered reflections with athletes and colleagues following workshops or one to one support, yet there was no consistent route for these insights to travel upward or across disciplines.

Early wellbeing evaluation within the UKSI reflected a pattern widely discussed in the literature, where physical performance outcomes dominate and mental health remains secondary. La Placa et al. (2011, p. 210) describe how 'most studies investigate the physical outcomes of sports participation, with mental health outcomes often being a secondary consideration,' a tendency mirrored in the UKSI's early wellbeing delivery, where mental health feedback was inconsistently captured and often treated as peripheral. The absence of robust evaluative tools also undermines the implementation of the UKSI's four wellbeing pillars. Huppert (2014, p. 12) notes that 'effective measurement of wellbeing requires the use of multidimensional scales that capture various aspects of an individual's mental and social health,' yet no such tools appear integrated into routine practice. Without this infrastructure, committed practitioners such as Louise, Christine, Katherine, and Daniel lack the means to elevate insights into system learning. There is little evidence that feedback from one delivery context is retained beyond it, or that athlete input feeds back into programme design in any consistent way.

This also raises questions of equity and representation. If feedback depends on who attends or feels confident to speak, some groups will inevitably be overrepresented while others remain excluded. Rogerson's (2017) critique of inconsistent access across sports is relevant here. In better resourced team environments, regular engagement may support stronger adaptation, while in solo disciplines or less centrally supported sports, programmes may be delivered with little sensitivity to context. Without a consistent and inclusive feedback loop, inequalities risk being reproduced within the very systems intended to support wellbeing. As Daniel acknowledged:

> One of the challenges is about who comes into the session and how do you get the people into the session who maybe need it the most but are least willing to attend … that is a sort of historic issue for all mental health-type training.

This underscores a critical tension. Feedback systems, even when present, are not necessarily accessible to those who feel marginalised or unsure of their place within high performance sport. The unevenness reflects a deeper failure to recognise that athlete and staff needs are not uniform. As Uphill et al. (2016) argue, effective wellbeing provision must be context sensitive, structurally responsive to the demands of each sport and population. While adaptation is evident in practice, its reach remains constrained. Without infrastructure that treats feedback as a continuous mechanism for learning, the UKSI remains dependent on practitioner capacity rather than organisational investment.

The problem is not simply whether feedback is collected, but how, where, and by whom it is shared. Practitioner accounts highlighted the absence of mechanisms to circulate insights beyond the immediate context in which they arise. Caroline, reflecting on cross disciplinary coordination, described this clearly: 'I do not think anything gets fed back across disciplines. You might hear something in passing, but it is not structured.' She added, 'you might get someone say something after a session and think, "that is useful", but it does not go anywhere beyond that conversation.' This reflects Breslin et al. (2017), who observed that wellbeing evaluations often rely on superficial tools such as satisfaction surveys or one off questionnaires, with limited attention to whether feedback is preserved, shared, or capable of informing future provision.

This lack of feedback flow also generates inefficiencies. Jake, reflecting on coordination challenges within delivery, noted, 'we are probably duplicating stuff all the time, just because

we do not know what has already been done in another team.' Daniel, speaking from his experience of implementing and sharing practice, echoed this limitation, explaining that 'you try to share things, but unless someone asks or you are in the right meeting, it just does not get picked up.' Katherine, from a strategic standpoint, similarly reflected that 'within my team we talk about what worked.' These accounts suggest that knowledge circulation remains passive and incidental rather than structured and proactive, leaving learning confined to specific teams, relationships, or environments.

There are, however, models that illustrate how feedback can be organised differently. The Canadian Olympic Committee's Game Plan programme provides a useful example, where feedback is treated as an ongoing learning process rather than a single point of collection. Henriksen et al. (2020) describe how athlete experiences were recorded in a secure system, reviewed by programme leads, and thematically analysed before being shared in aggregated form. This ensured that feedback informed programme development and remained accessible beyond individual sessions or staff turnover. In contrast, within the UKSI, insights often dissipate once delivery has concluded. The comparison highlights that the issue is not a lack of practitioner engagement, but the absence of a system capable of capturing and sustaining learning.

A similar approach is evident within the Australian Institute of Sport's Mental Health Referral Network. Reardon et al. (2019) and Purcell et al. (2020) describe a coordinated framework in which athlete experiences, practitioner observations, and service outcomes are systematically recorded and reviewed. Feedback is aggregated across sports, enabling the identification of shared challenges and service gaps that inform both prevention and programme design. Rather than relying on isolated accounts, each interaction contributes to a broader understanding of wellbeing within the system. This creates a form of longitudinal insight that supports continuous refinement and organisational accountability.

Taken together, these examples demonstrate that effective feedback systems depend on both structure and intent. Within the UKSI, the challenge lies not in a lack of reflection but in the absence of processes capable of transforming dispersed insights into cumulative understanding. Without mechanisms for capturing, analysing, and redistributing knowledge,

valuable practitioner and athlete perspectives remain fragmented. What is learned in one context is rarely translated into wider organisational practice.

This pattern points to the need for feedback to operate as more than local reflection. It must function as a mechanism for organisational learning that connects experiences across settings and informs future delivery. The preceding discussion has shown how informal and uneven feedback structures limit this potential, leaving evaluation dependent on individual initiative rather than coherent design. Beneath these structural issues lies a deeper question concerning what is being measured and how meaning is constructed through feedback processes. This is the focus of the next section.

7.3.4. From Metrics to Meaning: Feedback as a Mirror, Not a Measure

While earlier sections examined whose voices were heard in the UKSI's feedback systems, practitioners also questioned what was actually being measured through those systems, and how meaning was generated from the information collected. Their reflections suggested that even when feedback channels existed, they often captured impressions rather than insight, leaving wellbeing work guided more by initiative than by coherent organisational learning. Katherine summarised this challenge 'We have these great initiatives, like Champions training, which everyone agrees is positive; but sometimes it feels disconnected from other organisational processes. It is hard to see how it all joins up.' Her comment reflects how feedback about wellbeing programmes, though broadly positive, could fail to inform wider planning when it was not anchored to a connected framework. Kyle extended this concern, observing that 'there is definitely more advanced training somewhere, but it is not really clear who is supposed to do it or how you access it.' His point illustrates that feedback alone cannot create improvement without clarity about accountability and purpose.

The critique of this fragmented provision provided by Purcel et al. (2019) resonates with the UKSI's challenge: to translate reflection into structured organisational response. In this sense, feedback and measurement are inseparable feedback defines what is valued, while measurement determines how it is recognised. Practitioners described how the educational pillar became the most visible and actionable component of the wellbeing strategy, precisely because it generated tangible and relatable feedback. It provided common language, shared

frameworks, and a sense of collective ownership that had often been missing. Jake reflected that the goal of the programme was to create consistency across the organisation through awareness and Champions training:

> The main aim was to create a consistent language and understanding about mental health, using mental health awareness training and then to provide additional skills and support for people that are already providing some, then we aimed to do some work in this space informally or formally with mental champions training.

This statement captures a key shift in feedback philosophy. Rather than measuring outcomes numerically, practitioners sought to strengthen the interpretive frameworks through which experiences were discussed and understood. None of the participants referred to standardised wellbeing scales such as the Warwick Edinburgh Mental Wellbeing Scale or the WHO 5 index. Their absence signals a deliberate move away from detached, survey-based feedback toward relational, context-sensitive dialogue.

As discussed in the literature review, quantitative instruments have been widely criticised for lacking ecological validity in elite sport, where lived experience rarely aligns with static indicators. The tendency to treat mental health and mental illness as opposites, identified by Uphill et al. (2016), exposes the limits of one-dimensional assessment and supports the UKSI's move toward qualitative methods that prioritise understanding through interaction. When measurement frameworks fail to account for ecological context, they risk individualising structural issues, a concern raised by (Gwyther, et al., 2024). The UKSI's adoption of reflective and metaphor-based tools therefore represents an intentional effort to turn feedback into shared sense-making rather than assessment. Louise illustrated this shift through her team's use of the stress bucket analogy to help athletes visualise and communicate emotional load, explaining that 'these are all things that add stress to your bucket … and there are certain effects of that if it fills up and overflows and you don't deal with it.'

Caroline expanded this reflection, linking the model to the work of Brabban and Turkington (2002) and noting that 'at the bottom of that stress bucket there are some stones representing early life experience.' She valued how the tool condensed psychodynamic and cognitive behavioural ideas into a form 'a lot of people can understand and identify with.' In practice, such frameworks made feedback emotionally literate and culturally resonant, bridging professional hierarchies and disciplinary boundaries. These reflective tools thus turned

feedback into a process of meaning-making rather than monitoring. They encouraged practitioners and athletes alike to co-interpret emotional states, identify risk factors, and build preventive awareness. Through this approach, the UKSI gradually replaced numerical reporting with dialogic feedback loops that were grounded in empathy, shared language, and early recognition.

This development also aligns with Pilkington et al. (2024), who contend that even with strong prevention efforts, some athletes will inevitably experience mental ill health. They recommend ongoing screening and reflective dialogue across career transitions to facilitate early identification and support. Within this perspective, the UKSI's feedback practices operate as both educational and preventative mechanisms spaces where wellbeing conversations produce actionable understanding rather than static data. These changes mark a critical evolution in how feedback functions within the UKSI. By moving from metrics to meaning, the organisation began to treat feedback not as a form of surveillance, but as a collaborative practice of care that links reflection, learning, and system improvement.

These developments suggest that feedback in the UKSI has evolved from a numerical and evaluative mechanism into a dialogic process that prioritises interpretation, reflection, and shared understanding. What began as a shift in measurement logic has become a broader transformation in how meaning is communicated and exchanged. The next section examines how these feedback practices circulate across organisational boundaries, exploring the role of dialogue, dissemination, and collective interpretation in sustaining wellbeing learning across the UKSI.

7.4. Dissemination and Dialogue: Circulating Feedback Across and Beyond the UKSI

7.4.1. Feedback as Iterative Development

In response to the fragmented systems described earlier, this section explores how feedback can be meaningfully circulated across and beyond the UKSI. The evolution of the UKSI's wellbeing programme marked a departure from traditional delivery models in elite sport, where content was typically presented in fixed, expert-led formats. Instead, the approach increasingly prioritised adaptability. Sessions were not only created and delivered but also

tested, adjusted, and refined in response to practitioner and participant feedback. As Daniel explained, it meant 'kind of making adjustments to the training as we went along based on the needs and preferences of the groups.' This iterative logic reflects the kind of context-sensitive design that Huppert (2014) and Fletcher and Wagstaff (2009) argue is essential for sustainable, embedded mental health frameworks. A key component of this evolution was the UKSI's early commitment to collaboration. Much of the initial programme infrastructure particularly the MHC workshop was developed through partnerships with external organisations such as Changing Minds. These collaborations integrated clinical expertise with the specific demands of elite performance environments. As Lucas explained:

> In terms of the MHC obviously this was originally developed with the organisation Changing Minds. In terms of the original content, and they've been involved with how that's developed, and they have been updated during their time. So, there was a joint contract and they've been really supportive since that contract has ended and we can run it ourselves and how we do it and how we develop it. They've been a supportive hand in that for want of a better description.

This account captures the nature of the early partnership as both formative and transitional, providing a clinical scaffolding that enabled the UKSI to eventually take ownership of the programme and tailor it more directly to its unique organisational culture. However, this trajectory also invites a deeper evaluative tension: to what extent does post-delivery tweaking represent transformational change rather than incremental revision? As Lundqvist, Galli, and Brady (2022) contend, mental health interventions must be co-created with those they aim to serve, not merely adjusted after the fact. This concern becomes particularly salient when examining how external partnerships are conceived and enacted. Within the UKSI, the collaboration with Changing Minds became a focal point for this debate, exposing the fine line between external expertise and genuine co-production, and setting the stage for a closer examination in the next subsection into how such relationships shaped the direction and identity of the wellbeing agenda.

7.4.2. External Collaboration and the Changing Minds Partnership

This question re-emerged in practitioner reflections on the initial collaboration with Changing Minds. While earlier accounts had acknowledged the partnership's importance in shaping foundational content, later commentary introduced a more critical edge. Carter, speaking

from a clinical vantage point, suggested the relationship functioned less as a creative collaboration and more as a strategic import:

> Changing Minds are I more saw as a sort of a package that was brought in, delivered and then decommissioned, or the contract came to an end rather than there being a lot of collaboration. We know Changing Minds are a great service, but I don't know if we collaborated in development of it rather than sort of outsourced it and then changed or had a change of plan.

Carter's comments imply that early decisions may have prioritised speed, credibility, and pre-existing expertise over sustained co-development. From this vantage point, the Changing Minds partnership resembled a strategic import, useful, but temporary; authoritative, but ultimately external to the evolving identity of the UKSI wellbeing team. Yet this account is complicated by Daniel's more integrated perspective:

> The difference I think that was made with working with [Changing Minds] was that the collaboration really made the difference. It really lived in our world because they understood it… there was a truly open sort of sharing of what would work, what's worked before, what we know we bring from our clinical skill set… that made it effective as a collaboration between the two organisations rather than just being outsourced.

The contrast between these accounts does not indicate contradiction but positional difference. Carter, reflecting from a clinical oversight role, was more distant from the mechanics of co-delivery, while Daniel, directly involved in facilitation and refinement, experienced the partnership as participatory and context sensitive. This suggests that proximity to collaboration shapes perceptions of how co-creative it feels. Structurally, however, the outcome was consistent: the UKSI transitioned programme delivery in house. While some practitioners praised the Changing Minds partnership for its collaborative energy and others questioned its depth, these differences can partly be explained by role proximity. More fundamentally, the partnership functioned as scaffolding for the system's early phase, providing external credibility and clinical assurance while internal capacity developed. Its purpose was less about long-term collaboration and more about initial establishment. In this sense, the conclusion of the Changing Minds partnership did not mark an endpoint but rather a turning point, signalling the system's readiness to internalise what had been learned and begin translating external collaboration into sustainable, in-house ownership.

7.4.3. From Collaboration to Ownership

The move to internal delivery marked a turning point for the UKSI, yet its implications are more complex than the language of progress might suggest. Bringing programmes in-house demonstrated growing confidence but also exposed unresolved tensions around expertise, accountability, and the system's capacity for self-scrutiny. While the transition appeared to strengthen ownership, it risked reducing the diversity of external perspectives that had previously enriched development. Purcell, Gwyther, and Rice (2019) caution that internal integration is only meaningful when accompanied by structural responsiveness and adequate resourcing; otherwise, it can entrench existing limitations under the guise of consolidation. Similarly, Henriksen and Stambulova (2017) argue that alignment with the lived realities of training requires cultural adaptation, not administrative absorption. In this sense, the UKSI's internalisation may have achieved stability without necessarily deepening innovation. The challenge now lies in preserving the collaborative ethos that characterised the early partnerships while evolving toward partnerships that are genuinely embedded, reciprocal, and strategically integral to the system's long-term development.

Caroline described a particularly impactful partnership with Neurodiverse Sport, representing the kind of collaboration the UKSI now seeks to cultivate. Unlike earlier commissioned models, this partnership emerged organically through practitioner relationships and athlete-led initiative, demonstrating how co-creation can develop from within rather than be imposed from outside:

> This athlete was actually a client of mine when I was an external provider, and then when she retired from sport, she set up a not-for-profit organisation looking at diverse sport. I just thought she was a good candidate to come work with us… Jake and Louise and Katherine worked with her to avoid any conflict… but that worked out really well because obviously she was a very recent athlete… who had struggled in sport around neurodiversity.

Unlike earlier models, where expertise was brought in to legitimise and launch content, this collaboration centred on lived experience, relevance, and shared authorship. The programme delivered through Neurodiverse Sport was described as bespoke, well respected, and shaped by someone like Caroline who has first-hand insight into the systemic gaps: 'She really hit that wave of interest, and we've been able to support her by giving her a contract to deliver training and make it very relevant and very well respected within the sports as well.' Caroline's

reflections highlight an important shift from outsourcing content to empowering athlete-led innovation. This move signals growing recognition within the UKSI that effective partnerships are not defined solely by professional expertise but by their ability to reflect the lived realities of those the system is intended to serve.

The complexity of this task is made clear by Gouttebarge et al. (2019), who observe that elite sport is 'characterised by more than 640 distinct stressors that could induce mental health symptoms and disorders' (p. 705). Such an environment, they argue, requires support that is both contextually attuned and culturally embedded, since no single model can capture the psychological diversity of elite athletes. Their findings further suggest that interventions must be 'amenable to this specific population' (p. 706), developed through collaboration with those who understand the performance context from within. This understanding echoes broader calls for meaningful athlete involvement in programme design (Miller et al., 2024; Purcell, Gwyther, & Rice, 2019), a direction reflected in Caroline's hopes for the future, where athlete voices shape wellbeing delivery as equal partners rather than simply the end benefactors:

> We'd hope in the future to work more with athletes who want to get involved… and we've definitely had athletes who want to be involved in mental health training or ambassadorships and things like that. So external providers—we are limited, but we're getting there.

In contrast to the more ambiguous legacy of Changing Minds, this collaboration reflects a more mature communally generated model. It also supports Lundqvist et al. (2022) with the assertion that sustainability in wellbeing frameworks depends not just on how they are delivered, but on who has ownership of the message. Yet, as the focus moved in-house, questions around continuity and authorship began to surface. Jake acknowledged this explicitly 'All three of us ended up doing some of this delivery early doors…but we've not done anything with it since that point.' His comment illustrates the fragility of programme stewardship in the absence of structured ownership. Without deliberate handover or continuity plans, the original intent of a programme risks becoming diluted, leaving new facilitators to inherit content without context. Jake's reflection hints at a subtle erosion of institutional memory where the responsibility for delivery persists, but the deeper rationale behind it becomes increasingly opaque.

Louise also describes this challenge of taking ownership after the fact:

> We went through the process to kind of go through the content with them and understand… why it was created the way it was and why that's there and what do we do because the three of us joined after that was initially started and created.

While these reflections show a genuine attempt at continuity, they also highlight the fragility of inherited content when original developers are no longer involved and systems for knowledge transfer remain informal. In such cases, delivery can depend more on personal interpretation than on a shared institutional framework. This echoes Lundqvist et al. (2022), who argue that mental health provision in elite sport is most impactful when developed collaboratively from the outset. As they observe, 'The introduction of wellbeing into the sport, particularly elite sports, highlights the necessity of addressing mental health as a critical component of athlete performance and overall quality of life. This approach emphasises proactive support systems and the promotion of psychological health to help athletes manage their unique pressures' (Lundqvist, Galli, & Brady, 2022, p. 1). In this light, proactive support is not only early intervention but also ensuring that programmes evolve in dialogue with those who deliver and experience them. The UKSI has taken encouraging steps in this direction through practitioner networks and feedback channels.

Yet the current approach, while reflexive, risks reproducing reactive patterns rather than fostering transformation. The collaborative culture described by practitioners can become a limitation when communication is informal or fragmented. Katherine explained, 'I think we can and should be inputting and I do think there's an expectation that we do that. We're not always in the conversations … we're only a day a week each of us.' Louise reinforced this concern, noting, 'If they don't know that and if I don't know that then that kind of communication doesn't happen.' These dynamics resonate with Fletcher and Wagstaff's (2009) call for embedding support within the cultural routines of performance settings. But for that shift to enable genuine co-authorship, rather than surface-level stewardship, mechanisms for feedback and adaptation must be formalised. Otherwise, internalisation risks becoming stagnation.

The challenge becomes most visible in the gap between practitioner dialogue and athlete experience. Despite clear progress toward adaptation, concerns persisted about continuity, authorship, and the gradual loss of expertise over time. Jake reflected, 'All three of us ended up doing some of this delivery early doors ... but we've not done anything with it since that

point,' revealing how initial momentum gave way to drift once responsibility dispersed. Kyle countered that 'The UKSI attracts the best practitioners in their field ... that makes for a system of excellence,' yet even this strength risks dilution when those clinical specialists are no longer directly involved. Louise added, 'We didn't create the sessions initially … we did a lot of work around how we can deliver the slides that we feel comfortable delivering.' Her comment highlights a key vulnerability: adaptation without authorship can slide into maintenance rather than development. Programmes designed to challenge assumptions instead risk reproducing them if expertise and critical review are not structurally sustained. Scholars have noted that frameworks detached from expert oversight or athlete participation often become rigid and lose contextual legitimacy (Hill et al., 2016; Rice et al., 2016). Within the UKSI, this dynamic exposes a deeper issue of epistemic fragility: wellbeing knowledge becomes procedural rather than lived when systems privilege delivery over dialogue, and innovation over integrity. Sustaining progress therefore depends on embedding expertise and athlete voice as enduring checks on complacency and drift.

Practitioners also noted that the UKSI's learning ecosystem, while reflexive, can remain inward looking. Carter reflected: 'We're quite good at developing our own educational packages for ourselves and looking at feedback. I don't know if we're as good at comparing ourselves to others and taking the best bits of others.' This points to a cultural tendency to innovate internally rather than benchmark against peer systems. Jake reinforced this view: 'I think the UKSI is a fairly closed system within house, we're quite good at listening to one another, taking feedback. There's lots of cross fertilisation … Feedback will also be verbally, informally, formally.' An in-house feedback culture has taken root, privileging peer dialogue and iterative adjustment over formal evaluation. Yet tensions remain. Carter explained: 'We have met resistance in house, not resistance. That's too strong a word what we've needed to kind of align on is bringing people on board when we need to collaborate better.' He added, 'It's about professional identities and protecting organisational space … there is a very, very clear focus on a specific outcome, which is ultimately the performance supported by maintaining the health of certain individuals, high performance athletes.'

Kyle, reflecting from his position in direct practitioner support, captured the stakes: 'There are practitioners who do not like it if we start telling them what to do and might even resent

us intruding into their territory… just occasionally that comes up.' He concluded, 'Mental health needs to ride above all of those things. It needs to cut through the noise and the ambiguity and the performance lens. If you don't put it at the top, it gets lost.' Kyle's words are not only critical but indicative of the level of professional responsibility the UKSI seeks to cultivate. Rather than treating wellbeing as optional or secondary, he positions mental health as a central organising principle that must move beyond territorial boundaries and competing priorities. This perspective reflects Arnold and Fletcher's (2021) warning that mental health may be verbally prioritised yet practically marginalised when organisational systems fail to embed it. In this sense, Kyle exemplifies a more developed form of practice, where challenging resistance is not avoided but recognised as necessary to sustaining a system in which mental health is integral to performance rather than peripheral to it.

Kyle's comments, grounded in long clinical experience, emphasise that mental health must be structurally routine rather than layered onto pre-existing priorities. This aligns with Purcell and Currie (2024), who stress the need for psychologically safe environments in elite sport, where mental health is treated as a principle, not an accessory. As Kyle explained:

> Sometimes (other organisations – redacted) have a very narrow and I think misplaced view of what some mental health practitioners, and specifically psychiatrists, have to offer and don't want to work with them … psychiatry is seen as the enemy and not the collaborator and friend.

His example illustrates the emotional and political complexity of interprofessional collaboration, where disciplinary mistrust can hinder otherwise aligned goals. Katherine offered a similarly cautionary note on institutional self-interest, stating, 'Organisations ultimately exist to kind of preserve their own existence… We need to make sure we're not too naive about where those factors might be playing more of a part.' Her reflection points to the strategic inertia that can surface when innovation challenges existing hierarchies or institutional identities.

7.5. From Cultural Momentum to Lasting Structures

These reflections indicate that mental health has moved beyond a peripheral concern to become a defining element of the organisation's operational and cultural fabric. Yet progress

remains fragile without the structural conditions necessary to sustain it. Practitioners described clear shifts in staff understanding, greater normalisation of dialogue around psychological wellbeing, and emerging use of feedback to inform delivery. However, these advances still depend largely on individual initiative rather than embedded organisational practice. This tension between local enthusiasm and systemic consolidation mirrors a wider challenge identified in the literature. MacIntyre et al. (2022) warn that without coherent governance and structured feedback loops, wellbeing strategies risk remaining aspirational rather than producing organisational learning. Giles et al. (2020) similarly show that athlete input only drives meaningful change when built into formal decision-making processes. Kuettel, Pedersen, and Larsen (2021) add that preventative approaches become lasting only when integrated into the everyday routines of performance life. Together, these perspectives point to the need for frameworks that convert intent into sustainable culture. As Bergeron et al. (2015) emphasise, 'The goal is clear: Develop healthy, capable and resilient young athletes while attaining widespread, inclusive, sustainable and enjoyable participation and success for all levels of individual athletic achievement.' (p.1)

7.6. Summary

This chapter has shown that the UKSI has made clear cultural progress in recognising mental health as part of everyday performance life. Psychological literacy is increasingly normalised, and staff are more confident in naming and responding to early signs of distress. Yet this shift is not fully supported by consistent systems or shared structures. Delivery still varies across sports, and responsibility often rests with individual effort rather than organisational design.

For wellbeing to move from acknowledged to embedded, cultural change must be supported by clear roles, defined limits and shared accountability. Without this, programmes risk remaining visible but peripheral. Athletes also need to shift from being recipients of support to active contributors in shaping wellbeing systems so that policy reflects lived reality rather than assumed need.

The findings indicate that cultural momentum is not enough on its own. What is now required is structural maturity, where wellbeing is sustained through reliable processes, collaborative

governance and continuous learning. This sets up the next chapter's focus on feedback and collaboration, asking whether the UKSI is ready to turn cultural acceptance into a fully coherent and accountable system of practice.

Chapter Eight: From Episodic to Enduring: Reimagining Responsibility for Wellbeing

This final findings chapter begins not with description, but with the central tension that ran through every focus group I conducted: what would it take for mental health to move beyond discrete initiatives, training interventions, or symbolic policy, and become embedded within how elite sport thinks, decides, and leads? This question was not imposed retrospectively, but was fluently discussed consistently across practitioner accounts, shaping how participants reflected on both the progress made and the limitations that remain.

In this chapter, I bring together three overarching themes that capture the conditions required for this shift: the repositioning of athletes as active contributors to wellbeing, the need for reflexive and sustained evaluation of wellbeing practice, and the question of responsibility for embedding wellbeing across the system. These themes draw together recurring patterns across the data, reflecting how practitioners made sense of the future direction of wellbeing within the UKSI and the structural changes required to support it.

Rather than treating wellbeing as a defined programme or outcome, I examine the conditions under which it becomes integrated, sustained, or marginalised within the system. Practitioner discussions repeatedly returned to the gap between intention and enactment, revealing that the challenge is not simply one of provision, but of positioning wellbeing as a legitimate and enduring feature of performance environments. This chapter therefore synthesises the preceding analysis to explore how wellbeing might move from initiative to infrastructure, from awareness to expectation, and from individual responsibility to collective practice.

8.0. Framing the Future of Wellbeing at the UKSI

Practitioners were asked not only how wellbeing was delivered, but who carried it, where it faltered, and whether athletes themselves were beginning to redefine what it means to be performance ready. I also asked whether the UKSI had built structures capable of holding the emotional, ethical and organisational weight of the programmes it had introduced. Finally, I asked the question that caused the greatest discomfort: when awareness is raised and someone is not okay, who is responsible?

This chapter speaks directly to aim three of the study. It places practitioner perspectives within wider debates about athlete wellbeing and organisational culture and examines how practitioner led approaches and emerging athlete leadership are beginning to influence cultural norms and expectations of care. It explores whether this shift marks a redistribution of responsibility or whether the system still relies on individuals who are willing rather than structures that are prepared. In this sense, the chapter does not ask whether wellbeing exists within the UKSI. It asks whether it is understood, protected, reviewed and shared.

This penultimate chapter therefore moves beyond describing how wellbeing provision has evolved and instead examines what it will take for mental health to become a permanent and legitimate part of performance life. It builds directly on the study's third aim by examining how cultural change has been shaped not only by policy but by practitioner innovation, informal networks of support, interprofessional collaboration and growing athlete voice. It shows that wellbeing has moved away from being an add on, yet still remains fragile without structures that guarantee consistency, shared responsibility and long-term ownership. What follows asks how awareness, advocacy and leadership can be translated into sustainable systems that align organisational priorities with athlete experience, rather than relying on goodwill, temporary programmes or the presence of a few committed individuals.

8.1. Athletes as Architects: Reframing the Future of Wellbeing through Lived Leadership

In the words of practitioners, the maturation of wellbeing programming within the UKSI appears to be entering a new phase characterised by greater athlete engagement, emergent leadership, and a deliberate shift toward genuine co-creation. Whereas the early stages of the UKSI's mental health work were largely practitioner-led and shaped through indirect feedback, participants now describe a system in which staff, alongside selected athlete voices, are beginning to play a more visible role in shaping the wellbeing agenda. Several highlighted the Champions programme as central to this transition. As Louise explained, the programme added critical layers to the foundational awareness work by building 'people and relationships skills and conversation skills ... how do you have conversations about mental health? How do you build those relationships?' In this sense, Champions training was not simply educational but a deliberate vehicle for cultural change, preparing individuals to hold psychologically

informed conversations in high-performance settings and to facilitate early intervention. Lucas echoed this when he observed:

> Some of the most significant shifts came not from the programmes themselves, but from people starting to speak differently in meetings, to check in before cracking on with performance stuff. That made it part of the culture, not just a course.

Such reflections suggest that the Champions programme enables a more participatory and relational approach to mental health, moving beyond top-down provision toward system-wide readiness. This transition reflects what Uphill and Sly (2021) describe as the necessity of 'horizontal', rather than 'vertical', wellbeing structures, where support is enacted collectively rather than imposed hierarchically. It also echoes Henriksen and Stambulova's (2017) view that effective wellbeing systems must be anchored in 'everyday practices and team norms,' with athlete development aligned to the development of the environment (p. 531) rather than confined to clinical silos or isolated training events. Christine captured this shift: 'We are becoming more of the conversation rather than the addition,' later illustrating with an example from rowing: 'I had a conversation this week with rowing, and they are very much wanting us to be part of their induction to new athletes … You have got new athletes coming. Should we be part of your induction?' These accounts illustrate a move from episodic or reactive delivery to embedded, anticipatory care.

This cultural reorientation responds to longstanding critiques that wellbeing initiatives, despite good intentions, often reproduce hierarchical models that marginalise lived experience and underutilise athlete voice (Gouttebarge et al., 2017; Rice et al., 2016). Seen through this lens, the Champions programme functions less as a training initiative and more as a bridge between policy intent and lived practice. By equipping staff to engage in peer- and athlete-led dialogue, it begins to close the gap between athlete-facing staff and athlete experience while offering examples of cultural traction and organisational learning (Fletcher & Wagstaff, 2009).

At present, the programme cultivates a small cohort of psychologically literate practitioners and athletes, equipping them with relational tools to hold sensitive conversations and provide informal support. As Reardon et al. (2019) note, 'management must involve both treatment of affected individual athletes and optimising environments in which all elite athletes train and compete' (p. 667). Yet without mechanisms to systematically capture and elevate these

insights, the initiative risks being socially impactful but structurally invisible. As Breslin et al. (2019) caution, 'Research focused on mental health in sport has revealed a need to develop evidence-supported mental health practices that are sensitive to sport culture.' Their argument highlights the importance of grounding wellbeing initiatives in context-specific understanding rather than generic frameworks. Within the UKSI, this shift is beginning to take shape. Katherine highlighted the emergence of athlete wellbeing champions as a potentially transformative development, describing how these roles create trusted points of contact and help translate policy into daily practice:

> You might have a champion in a team who has been nominated through the mental champions training, or they just have a feeling about it, often lived experience, family experience or work experience, and you would have a champion that would then kind of lead and support that or suggest initiatives.

Often nominated rather than appointed, these individuals act as bridging roles between formal policy and cultural reality. Their presence aligns with Brady (2021) and Purcell et al. (2023), who argue that embedding lived experience within systems of delivery enhances psychological safety, fosters authenticity, and reduces the experiential gap between practitioners, staff, and athletes. Still, the informality of this process raises questions about sustainability, representativeness, and equity of voice, particularly in sports with limited engagement or decentralised structures. Katherine captured this trend: 'I think leadership within teams has been a big driver, but we are seeing more athletes wanting to take ownership of wellbeing in their own spaces.' This represents a significant cultural shift. Rather than positioning wellbeing as an external initiative delivered to athletes, it reflects the emergence of peer-led, internally governed approaches. Castaldelli-Maia et al. (2019) support this model, noting that 'the interventions were short-term, aiming to increase awareness and understanding of mental health, decrease the stigma attached to it, and reduce overall barriers to accessing mental health supports and services for athletes' (p. 7). Their findings suggest that stigma reduction and literacy gains are most effective when situated within culturally congruent, peer-relevant frameworks. Athlete-led models also resonate with Purcell, Gwyther, and Rice (2019), who argue that wellbeing programmes must move beyond education toward systems change, positioning athletes not only as recipients of care but also as architects of mental health culture.

Although athlete leadership is gaining momentum, athlete co-design is not yet built into the system. The emergence of mental health champions and athlete-led efforts marks cultural progress, but it remains informal, inconsistent and heavily reliant on individual motivation or practitioner advocacy rather than organisational design. This reflects what Miller et al. (2024) and Kuettel et al. (2021) describe as the valorisation of individual champions in the absence of structures that allow shared authorship of wellbeing policy and practice. In that sense, wellbeing leadership is encouraged, even celebrated, but not governed. Jake captured both the opportunity and the gap when he reflected on the future direction of the programmes and asked whether 'could we look at training the mental health champions up to deliver mental health awareness training, for example.' His suggestion was not simply about extending delivery capacity. It was about moving from a model where athletes are recipients of education to one where they help shape and sustain it. This aligns with wider debates in the literature which argue that without pathways for shared decision making, participation remains symbolic and easily reversed when priorities shift.

The strength of the current movement lies in its relational credibility and trust. But without athlete governance, resourced leadership roles or peer-led evaluation, cultural progress cannot become structural change. This is not a failure of belief or intent. It is a failure of architecture. Athletes are not a final stage to be consulted once programmes are built. They are the missing architecture required for the UKSI to move from adopting wellbeing to leading it. If the organisation wants to become a pioneer in the future of sport and wellbeing, athlete co-design cannot remain an optional extra. It must shape how programmes are created, reviewed and owned. The next section examines what that architecture would require, why it matters and what is at stake if it remains undeveloped.

8.2. The Missing Architecture: Reflexive Evaluation and the Future of Wellbeing Practice

A more foundational concern came up regarding programme content, delivery mechanisms, strategic coherence, and practitioner engagement. Across the focus groups, practitioners expressed consistent unease about the absence of an evaluative framework capable of generating meaningful insight into delivery effectiveness. This was not simply a question of data volume, but a deeper issue with the conceptual foundations of evaluation within the

UKSI. Current practices are inconsistent and lack methodological rigour, with no agreed standards for what constitutes meaningful evidence or guidance on what should be collected, when, or why. Evaluation currently occupies a liminal space between qualitative and quantitative modes, without sufficient coherence in either (Fletcher and Wagstaff, 2009; Purcell et al., 2022).

This problem is not unique to the UKSI. Internationally, Breslin et al. (2019) emphasise that 'Guidelines for the implementation and evaluation of mental health programmes in a non-elite context are crucial because these programmes are also relevant to the vast majority of sport participants worldwide' (p. 1). They go further, arguing that consensus statements must 'go beyond elite sport and include direction for promoting a positive sport environment, characterised as a climate that encourages mental health help seeking, self-disclosure of mental health related concerns, stigma reduction specific to mental health and signposting to support those in need of mental health support' (p. 3). These concerns are pertinent when assessing whether UKSI strategies have truly moved beyond reactive, crisis-oriented responses toward more inclusive, preventative, and educationally grounded interventions.

Basic mechanisms, such as post-session reflections or informal verbal check-ins, have been adopted in parts of the system. Yet these are not integrated into a wider strategy and tend to generate only surface-level sentiment, falling short of capturing lived reality. The data is often anecdotal, reactive, and procedurally convenient rather than critically informative. This mirrors wider concerns. Fletcher and Wagstaff (2009) argue that wellbeing in elite sport is frequently framed through performance agendas, marginalising deeper experiential insight. Purcell et al. (2022) similarly critique the overreliance on immediate feedback, noting the neglect of longitudinal thinking and processual complexity. What counts as meaningful data is often implicitly defined, with little transparency around whose perspectives are prioritised or how effectiveness is judged. These practices rest on unstated epistemological assumptions rather than explicit methodological principles, leaving evaluation fragmented and insufficiently connected to lived experience.

Katherine captured this tension directly: 'Evaluating the UKSI wellbeing programs is paramount. It enables a comprehensive assessment of the effectiveness of these programs in tackling these challenges, identifying areas of strength and potential for enhancement.' Her

emphasis was on moving beyond static numerical metrics toward comprehensive assessment that engages with the complexity of athlete experience. This aligns with Cumming and Ranson (2021), who warn that without longitudinal outcome tracking, organisations will struggle to evidence impact or learn meaningfully from experience.

This warning followed the international shift marked by the IOC's call in 2018, published formally as a consensus statement the following year (Reardon et al., 2019), which recognised mental health as a critical component of athlete welfare and performance, requiring ongoing monitoring and support. As the statement made clear, 'Mental health symptoms and disorders are common among elite athletes, may have sport related manifestations within this population and impair performance' (Reardon et al., 2019, p. 667), and 'Mental health cannot be separated from physical health, as evidenced by mental health symptoms and disorders increasing the risk of physical injury and delaying subsequent recovery' (Reardon et al., 2019, p. 667). Katherine's reflection brings these implications into the practical and emotional delivery world.

Evaluation must not be reduced to a retrospective task, an administrative afterthought, or a compliance mechanism (Cumming and Ranson, 2021; Giles et al., 2020). It must be understood as cultural and strategic. Lundqvist and Sandin (2014) underline the significance of autonomy within this framing:

> Autonomy in sport was reflected in a described ability for self-reflection on what is best for you and your athletic development based on your own wishes and needs. Moreover, it included the ability to make your own decisions and to arrange training and competition plans to achieve your own goals (p. 251).

Caroline emphasised the need for evidence that enables refinement: 'Understanding the effectiveness of these programs helps develop targeted interventions, enhancing the overall quality of care for athletes. If we do not measure the long-term impact, we won't know what is actually working.' Where Katherine stressed reflexivity and learning, Caroline placed the focus on tailoring provision to athletes' needs instead. Her view aligns with Finlay's (2002) conception of reflexivity as an iterative process bridging experience and understanding: 'Reflexive analysis in research encompasses continual evaluation of subjective responses, intersubjective dynamics, and the research process itself' (p. 532). Daniel added to this with a temporal critique: 'We need to track changes over time, not just immediate responses. That

is where the next stage of evaluation has to go; longitudinal data.' Practitioners recognised that feedback gathered at delivery often reflects surface sentiment rather than substantive change. Katherine clarified this further, stating, 'It is crucial we look beyond just attendance figures and feedback forms. We need real measures of wellbeing outcomes to see if the programmes are truly making a difference.' Louise expanded this towards shared authorship, suggesting, 'Something we are looking to do is create a bit of an athlete focused group slash ambassador role … involving them more in the sessions, in the creation of them … a done with rather than done to.'

Caroline acknowledged both the value and constraints of athlete involvement:

> I think if the idea would be that the training is written in conjunction with athletes directly, but the pressure on their time is often given as a difficulty… in the future it might be that we work with these athlete reps within each of the sports. Just to get feedback and also what they would find useful.

Her reflection indicates a persistent structural weakness. There is willingness to involve athletes, but no system that protects time, authority or continuity. In this way, co design currently remains an aspiration rather than an operational reality.

The literature is clear that this is a critical fault line. Breslin et al. (2019) caution that wellbeing frameworks risk becoming tokenistic when they invite athlete feedback but do not redistribute authorship or decision making. Purcell, Gwyther and Rice (2019) similarly argue that athlete voice must be embedded at the point of design, not consulted after content has been decided. Without longitudinal evidence, outcome-based measures and formal mechanisms for athlete participation, feedback remains extractive rather than developmental. This reflects a deeper vulnerability in the UKSI system. Listening is occurring, but learning is inconsistent, and responsibility for acting on that learning is diffuse. Until these conditions shift, co creation remains at risk of replicating the very power imbalances it aims to resolve.

If the UKSI is to take seriously the imperative of deep evaluation, it must invest in dedicated roles with both lived experience of the performance environment and applied expertise in evaluation. Without this, feedback will continue to circulate but rarely accumulate into meaningful organisational learning. The future of wellbeing within the UKSI will not be defined by delivery alone, but by how effectively the organisation chooses to learn.

This shifts the question from who delivers wellbeing to who holds responsibility for its evolution over time. If learning is to become structural rather than incidental, the UKSI must decide whether ownership of wellbeing sits with individual champions, practitioner networks, or an embedded system with clear lines of accountability. What follows examines how responsibility is currently distributed, how it is being renegotiated, and whether the groundwork exists for wellbeing to evolve into a sustained organisational commitment rather than remain a series of well-intentioned interventions.

8.3. Shaping What Comes Next: Practitioner and Athlete Priorities for Wellbeing Advancement

The reflections shared in this study do not question the value of the UKSI wellbeing programmes. Still, they do suggest that the context in which these initiatives now sit has materially changed. Practitioners and, increasingly, athletes, are no longer speaking from a place of tentative experimentation. Instead, they call for a strategic evolution acknowledging how far the system has come and still needs to go.

Jake reflected on the evolving readiness of the system to embrace a more profound cultural shift, suggesting that:

> I think there was right to focus on are more reactive, responsive content around mental health. The education programmes themselves are preventative and proactive work, but the content of them was usually about how do you respond or how do you look after yourself. Less explicitly about the things you could do to promote mental health. And it feels to me like we're at a time when we could start to shift the dial on that a bit more.

The message here is less about dissatisfaction with the past than readiness for the future. The UKSI wellbeing model, built around early-stage awareness and literacy, has served its purpose. But that phase is closing. What is now required is a shift toward sustainable, context-sensitive practice that has slowly emerged into a more proactive state. Participants were clear that moving this metamorphosis in the right direction demands more than surface-level revision. Multiple voices raised concerns about the vulnerability of the existing delivery model, particularly its dependence on a limited number of internal specialists. Jake posed a pointed question that speaks to the heart of this issue:

> How can we deliver this stuff that does not just rely on three members of our team in the mental team ... so it can live in the sport and be more sustainable, rather than just being our internal delivery team.

The logistical fragility of the system was underscored by Katherine: 'We are only a day a week each of us' ('us' being the Mental Health Expert Panel). This crystallises an operational tension relying on part-time contributions to drive what is framed as a system-wide cultural priority in its infancy. The literature cautions against centralised models of expertise that struggle to scale or embed culturally (Breslin et al., 2021).

Daniel echoed this concern, raising a fundamental question about how wellbeing survives beyond its initial launch. He asked:

> There's also, I think something about that — how do you keep it alive? Because all these things will — they have a shelf life, right? And they'll kind of fade out at some point. But for organisations that really want to keep this alive, what does that look like? You know, for some organisations, it really is two two-hour reflective practice groups every couple of months.

His reflection shifts the focus from creation to continuity. It suggests that wellbeing culture cannot rely on one-off training or enthusiastic individuals but must be sustained through routine practices that make reflection and psychological care a normal part of performance life. Without such structures, wellbeing risks becoming episodic visible in moments of crisis but absent in the everyday.

This moves the issue beyond individual commitment and toward a structural question. For wellbeing to take root, it must be held by the system, not simply delivered by a small group of specialists. Such conditions cannot be achieved if responsibility remains concentrated within a small delivery team (Breslin et al., 2019). Within the UKSI, this team is tasked with ambitious culture change yet works part time, without the reach or authority to embed it across disciplines. The gap between strategic ambition and available resource exposes a core limitation of the current model: cultural transformation is expected, but system-level ownership is missing.

These structural tensions become most visible in how wellbeing is delivered day to day. Questions of timing, depth, and format repeatedly surfaced in practitioner reflections. Louise was candid about the limitations of condensed delivery: 'We just felt that doing four half days is not enough time to get into it … Unless you are going to kind of give it the space it needs, it

is not going to work.' Logistical pragmatism may shape delivery, but often at the expense of depth and continuity. This is further explored in the works of Henriksen et al. (2020) who put forward that wellbeing efforts are most effective when they are integrated rather than fragmented, supported by a coherent organisational philosophy and an enduring developmental focus. Going on to state that even in the absence of a formalised culture, a rooted and shared philosophy can align the work of coaches, practitioners, and support staff so that the approach remains consistent regardless of who delivers it.

Some participants warned against becoming inward-looking. Kyle was blunt 'At its worst … the UKSI could be a very good inward-looking body, pleased with itself and delivering a happy content to itself that gets good feedback from itself for itself.' Christine echoed this: 'I probably feel we do internal collaboration better than external collaboration.' Katherine offered a reminder that alternatives exist: 'There are other models out there that focus more on systemic change rather than individual education. There is room for learning.' Taken together, these insights suggest the wellbeing strategy stands at a transition point. The task is not to dismantle what has been built but to mature it—toward distributed leadership, deeper contextual responsiveness, richer collaboration with athletes and staff, and a more open stance to evaluation and external learning. The appetite for change is real, and so is the opportunity. Jake's earlier reflection from Chapter 7 pulls us into this point with clarity:

> These systems are really critical. And it is all about the sort of regular and ongoing review of the content and willingness to tweak rather than say, right, here is the package that's finished and done.

His words offer more than a closing thought; they frame a challenge. The wellbeing core at the UKSI is not yet dynamic, provisional, or fully in motion. Carter exposed this further: 'I wonder if there is an issue around our own adaptability, flexibility in delivering it,' underscoring the need for not only structural provision but responsiveness in how mental health education is enacted across varied contexts.

With this, the section closes on what practitioners described as a pressing issue: the demand for meaningful evaluation. Alongside this, the need for flexibility appeared as a consistent theme. Caroline captured this directly: 'We can be … even with the mental health awareness, we can become more bespoke to that sport… they are not always getting the same. They are getting what they need.' Her reflection signals a movement away from standardised

approaches toward adaptive systems responsive to the relational cultures and pressures of each sport. Kuettel, Pedersen, and Larsen (2021) argue that wellbeing initiatives must remain responsive to contextual realities if they are to achieve lasting impact. However, responsiveness requires more than intent; it depends on systems capable of recognising nuance and adapting in practice (Purcell et al., 2019).

This challenge is particularly evident within the UKSI, where provision remains uneven and shaped by leadership and local interpretation. Sustaining progress requires more than isolated enthusiasm. It depends on systems that align values, behaviours, and accountability across contexts. Henriksen et al. (2020) describe effective environments as integrated and values driven, where practices reinforce shared principles. Their position highlights that cultural alignment must be actively sustained. Testoni et al. (2018) similarly note that wellbeing work in sport often remains peripheral to both service delivery and research, a characterisation that reflects the UKSI's current position. Without adaptive infrastructure, provision risks maintaining the language of care without sustaining its practical reality.

Caroline's later reflections expressed both aspiration and frustration regarding the role of research. She noted, 'Get lots of people to do PhDs on it... It is about research. It is about validating what we are doing... but then evaluation, I think, is always a difficult one.' Her comment reveals a tension between ambition and structure. While there is recognition of the importance of evidence informed practice, the systems required to sustain it remain underdeveloped. Giles et al. (2020) identify similar limitations, arguing that the evidence base for wellbeing interventions is constrained by conceptual and methodological gaps. Although psychometric developments offer potential, practitioners continue to operate without standardised tools or a clearly defined evaluative framework.

Even where evidence is generated, its usefulness is often limited by its distance from practice. Caroline's final observation illustrates this clearly: 'The one thing I would like to have is more access to some of the research… if we could have them on the desktop, it would be amazing.' Her comment highlights the need for evaluation to remain embedded within everyday practice rather than positioned as an external process. Fletcher and Wagstaff (2009) describe how a 'twilight zone' can exist within elite sport, where culture, environment, and interpersonal dynamics are insufficiently connected. They caution that evaluation is often

reduced to intermittent snapshots rather than sustained processes capable of generating consistent insight.

From this perspective, the issue is not the absence of reflection but the absence of systems capable of sustaining and translating it. Practitioners described environments where feedback is collected but rarely used to inform ongoing refinement. The Eurostat (2023) review reinforces this position, arguing that wellbeing must be understood as dynamic and socially mediated, shaped by interactions between individuals, structures, and culture. These considerations bring into focus a critical question concerning responsibility: who holds accountability for embedding wellbeing within the organisation, and how this responsibility is enacted in practice.

8.4. Reclaiming Responsibility: Who Owns Wellbeing?

This study has brought forward the voices of practitioners while examining the structures they work within, but the central challenge remains. Research can surface tensions and prompt reflection, yet it cannot embed cultural change from the margins of an organisation established in 2002. Partnerships with academia have value, but when learning is outsourced to short term projects and to researchers whose expertise varies, the system becomes reliant on knowledge it did not generate and cannot easily sustain. As noted by Fletcher and Wagstaff (2009) and Purcell et al. (2019), meaningful and lasting change in elite sport depends less on external consultancy and more on the capacity for reflection and evaluation within the organisation itself. If the UKSI is to continue developing its wellbeing strategy, it must address not only what is evaluated, but who carries responsibility for this evaluation.

This is also a question of role. Staff within the UKSI cannot remain positioned only as deliverers of provision. They must also act as facilitators of learning and as stewards of evaluation who can interpret and apply insight from their own practice. Reflexivity, as Finlay (2002) and Lincoln and Guba (1985) describe, is not a discrete task but an ongoing process that links action and understanding. For the UKSI, this means integrating reflective practice and evaluation into daily work, rather than viewing them as external requirements. Without this shift, system learning will remain fragile and dependent on the goodwill of individuals or the

limited duration of funded projects (Breslin et al., 2019; Kuettel et al., 2021). With it, the UKSI can begin to further develop a culture of evaluation that is grounded in context, informed by practice, and sustained from within.

Only through such gradual and internally supported development can wellbeing move from an initiative to an established feature of performance life. The last chapter builds on these findings, drawing together the main arguments to consider their implications for theory, practice, and the future direction of athlete wellbeing.

Chapter Nine: Integrating the Thesis: Synthesis, Insight, and Future Directions

This thesis has explored how mental health and wellbeing are understood and enacted within the UKSI. The study examined how organisational intentions toward wellbeing are interpreted by those responsible for delivery, and how these meanings take shape within the daily realities of elite sport. Rather than assessing isolated programmes, it sought to understand how wellbeing is made credible in practice and how cultural, relational, and structural factors influence its sustainability. Guided by an idealist constructivist position, the research treated wellbeing as a social and contextual process. Role-based focus groups were used to capture practitioner perspectives across the organisation, revealing how wellbeing is continually negotiated through dialogue, responsibility, and trust. This approach allowed the study to move beyond rhetoric and show how care is experienced and maintained in performance-driven settings.

This concluding chapter draws these threads together. It revisits the study's guiding intentions, consolidates what has been learned, and considers its implications for practice, policy, and scholarship. To clarify the foundation on which these conclusions rest, it is necessary to restate the aims that directed the inquiry and structured its analysis.

The research was guided by three aims:

> **i.** To analyse the development, delivery, and coherence of the UKSI wellbeing programmes, with particular focus on the Mental Health Awareness (MHA) and Mental Health Champions (MHC) initiatives. This includes evaluating how these programmes have evolved from strategic intent to lived practice, and how they interact with, complement, or diverge from the organisation's wider wellbeing framework structured around the Four Pillars of Communication, Education, Provision, and Assurance.
>
> **ii.** To examine how practitioners interpret, enact, and experience these wellbeing programmes within their professional contexts, exploring how confidence, stigma, and role boundaries influence delivery, relational responsibility, and the embedding of psychological literacy within performance environments.
>
> **iii.** To situate practitioner perspectives within wider debates on athlete wellbeing and organisational culture, illuminating how practitioner-led approaches and interprofessional collaboration contribute to cultural change, systemic alignment, and the sustainable integration of mental health within elite sport systems.

With these in mind the thesis began by mapping the wider cultural shift within elite sport, from performance-first priorities to models that give greater attention to care.

The literature review identified key challenges across this transition, including limited athlete involvement, weak feedback systems, and uneven strategic coherence. The methodology chapter outlined the use of focus groups to access contextually grounded knowledge from staff across leadership, clinical, and delivery roles within the UKSI. The findings presented a systematic, step by step analysis of the programmes from the practitioner perspective, tracing their origins, design, delivery, uptake, feedback, and efforts at embedding, and in doing so, identified both areas of progress and points of structural fragility intertwining with the core aims of my study.

This final chapter draws together these key arguments, showing how the findings respond directly to the research aims and how they connect across my thesis as a whole. It also reflects on the wider contribution of the study, offering recommendations for future practice, identifying the theoretical insights generated, and suggesting directions for further research. In doing so, the chapter marks not a closure but a platform for continued development in the understanding and enactment of wellbeing within elite sport.

9.1. Practitioner Perspectives on Wellbeing: Summary of Findings

The findings of this study provide a critical examination of how wellbeing is understood, delivered, and sustained within the UKSI. They reveal progress in legitimising mental health across performance environments, but also expose gaps between strategic ambition, everyday practice, and athlete experience. This discussion addresses the core aims of the study in unison.

Aim i: Development, Delivery, and Coherence of Wellbeing Programmes

The first aim was to analyse the development and coherence of the Mental Health Awareness (MHA) and Mental Health Champions (MHC) programmes within the UKSI's Four Pillars framework. Findings show that both programmes acted as cultural catalysts. Practitioners consistently described them as the first-time mental health was treated with seriousness equal to physical preparation. The programmes were about 'giving staff the tools early so that when something comes up they are not panicking or saying the wrong thing'. This aligns with

Purcell et al. (2019), who argue that literacy is foundational for early intervention and stigma reduction.

Yet literacy alone did not translate into coherent or sustainable practice. The Four Pillars framework was not consistently enacted. Education dominated, while Communication, Provision, and Assurance were poorly understood and rarely used to guide decisions. Practitioners described the framework as 'something people know rather than something people live'. Several noted that members of the original commissioning group who helped design and deliver the pillars had since left the organisation, causing a loss of continuity, clarity, and strategic ownership. In their absence, practices became fragmented and locally interpreted rather than system-wide. This reflects Fletcher and Wagstaff's (2009) critique that elite sport often adopts symbolic policies without embedding responsibility, feedback, or review.

These findings extend aim i by showing that the MHA and MHC programmes marked meaningful intent, but coherence was weakened when strategic leadership changed, institutional memory faded, and no formal mechanisms existed to refresh or govern delivery over time.

Aim ii: Practitioner Interpretation, Delivery, Confidence and Role Boundaries

aim ii focused on how practitioners interpreted and enacted these programmes, and how confidence, stigma, and responsibility shaped their delivery. The findings show that the programmes reduced stigma and increased psychological literacy across staff. Conversations about mental health became more routine, and practitioners felt more able to notice and ask about distress. Yet most also described uncertainty when wellbeing moved from conversation to crisis.

Carter warned that it is 'probably harmful to introduce a wellbeing strategy without knowing what you are going to do when someone is not well'. Jake reinforced that the Champions training was 'not really emergency or crisis support'. Christine reminded colleagues that 'asking someone if they are feeling suicidal does not increase the risk'. These reflections demonstrate a cultural shift toward openness, but also anxiety about role boundaries and

escalation. The findings support Henriksen et al. (2020) and Rice et al. (2016), who argue that cultural readiness must be underpinned by clear clinical pathways, interdisciplinary support, and consistent leadership reinforcement.

Practitioners also described emotional labour and blurred responsibility. Because systems for referral and follow up were inconsistent, wellbeing often depended on personal willingness rather than organisational structure. Without formal CPD, role clarity, or assurance mechanisms, staff felt exposed. While stigma had reduced, confidence was conditional and uneven, shaped by leadership tone, sport-specific culture, and access to support. This directly advances aim ii by showing that programmes succeeded in building awareness but did not fully embed psychological literacy into routine practice or clarify who holds responsibility when individuals are in distress.

Aim iii: Practitioner Perspectives in Wider Debates on Culture, Athlete Voice, and Sustainability

Aim iii required situating practitioner perspectives within broader debates about organisational culture, athlete wellbeing, interprofessional collaboration, and sustainable change. The findings reveal that while wellbeing has moved from the margins to mainstream discourse, it has not yet become structurally owned. This mirrors MacIntyre et al. (2022) and Henriksen et al. (2020), who argue that culture shifts only become durable when supported by systems that distribute responsibility and enable athlete agency.

Athlete voice remained limited. Practitioners acknowledged that wellbeing programmes were delivered mostly to staff, with athletes involved inconsistently or only when invited. Christine said there was an assumption that if staff were trained, the benefit would ‘trickle down to athletes, but that does not always happen’. Feedback mechanisms also reflected staff rather than athlete perspectives. Louise described low response rates to feedback forms and admitted that data were still ‘building up’ and rarely used to shape delivery. Jake noted that although sessions were adapted based on feedback, this was mostly practitioner reflection rather than athlete-led review.

Where athlete leadership did emerge, it was not systematised. Champions acted as informal advocates, but without formal governance, their influence relied on personal motivation and relationships. This reflects what Miller et al. (2024) describe as the valorisation of individual champions in the absence of co-production structures. Practitioners like Katherine and Jake suggested training athletes to co-deliver MHA or lead peer programmes, but no formal pathways existed to support this.

These findings address aim iii by showing that cultural change has been driven more by practitioner-led experimentation than organisational transformation. Mental health is now seen as part of performance readiness, but its integration is uneven, often dependent on local leadership rather than structural alignment. Sustainable wellbeing requires athlete inclusion in design, iterative feedback, and governance that protects it from being sidelined by performance pressures.

These conclusions do not simply confirm existing research but extend and refine it. While the findings are broadly consistent with the wider literature, which cautions against treating wellbeing as a supplementary agenda rather than a defining feature of organisational culture (Fletcher and Wagstaff, 2009; Rogerson, 2017; Purcell et al., 2019), they also reveal a more complex and dynamic reality within the UKSI. In many respects, the organisation reflects the progress described by Henriksen et al. (2020), with wellbeing now visible, discussed, and increasingly legitimised. Yet this study demonstrates that visibility can obscure instability. Frameworks may be conceptually robust but remain structurally fragile when continuity, feedback, and shared responsibility are not sustained across time.

The analysis extends the current field by showing that cultural acceptance of mental health does not automatically generate procedural competence. The gap between literacy and leadership, and between awareness and accountability, represents a critical juncture not fully captured in existing scholarship. This study responds directly to the call made by Breslin and Leavey (2019) and Henriksen et al. (2020) for research that moves beyond conceptual frameworks to examine how wellbeing is enacted and experienced within the lived realities of elite performance systems. By focusing on practitioner perspectives and organisational practice, it reveals how ambition, structure, and culture intersect in ways that both enable and constrain sustainable delivery. This perspective contributes a more dynamic dimension to

existing literature, positioning wellbeing as an evolving social practice co-produced by practitioners and athletes. Accordingly, the research diverges from earlier accounts that frame wellbeing as a static policy challenge. Instead, it conceptualises wellbeing as an adaptive, collaborative process that requires reflection, dialogue, and shared ownership to remain sustainable within the changing and high-pressure conditions of elite sport.

9.2. Original contribution to knowledge

The summary of findings outlined the broad direction of change within the UKSI, showing how wellbeing has been spoken about, delivered, and received in practice. What is required at this point is an explanation of what these findings mean when placed against the broader academic and practical debates on mental health in elite sport. This section develops that task in three ways. First, it identifies the original contribution that this thesis makes by offering a practice informed account of wellbeing inside one of the most influential sport organisations in the United Kingdom. Second, it examines how these insights advance, complicate, or challenge existing theoretical frameworks which have often placed too much emphasis on the individual athlete rather than the cultural and organisational settings in which they work. Finally, it introduces concepts developed through this research that allow us to speak more directly to the lived dynamics of wellbeing delivery.

This thesis provides an original contribution to knowledge by showing how wellbeing is not simply defined by strategic statements or individual resilience but is actively shaped by the daily work of staff who translate, adapt, and sometimes repair the gaps left by organisational structures. Much of the literature to date has focused on athlete-level issues, such as, stigma, help seeking, or literacy (Bauman, 2016; Breslin et al., 2017; Breslin et al., 2019; Breslin and Leavey, 2022; Gulliver, Griffiths, and Christensen, 2012; Purcell, Gwyther, and Rice, 2019; Reardon et al., 2019; Rice et al., 2016). These are important, but they do not fully explain why programmes succeed in some places and falter in others. What the data here makes clear is that organisational culture, leadership tone, and practitioner judgement are often the decisive forces. Wellbeing in this context is not a fixed service. It is negotiated, situated, and reliant on the relationships and professional discretion of those who deliver it. Strategy may set ambition, but it is through practitioner labour that wellbeing gains meaning and credibility.

This contribution is therefore twofold. Empirically, it provides a detailed account of how wellbeing is enacted by staff who operate at the point of delivery. Conceptually, it repositions practitioner input not as background activity but as a central mechanism through which wellbeing is made real.

This contribution directly addresses a critical gap identified in recent literature. As Pilkington et al. (2025) observe, 'While research on mental health and wellbeing in elite sports has increased, there are few studies regarding models of care for responding to mental health needs in this population' (p. 397). Equally, Cumming and Ranson's (2021) study of the UKSI similarly concluded that although early outcomes such as service uptake appeared promising, longer-term impacts had not been examined, and a more comprehensive evaluation was required. This study responds to those calls by offering a rare insider perspective on how wellbeing policy was translated into practice within one of the world's leading sport systems.

The research also develops existing debates by drawing attention to the organisational level of wellbeing. Much of the scholarship continues to emphasise psychological resilience or behaviour management, often treating culture and structure as secondary (Fletcher and Wagstaff, 2009; Hill et al., 2016; Holt and Dunn, 2004; Purcell, Gwyther, and Rice, 2019; Rice et al., 2016). This thesis demonstrates that without clarity in these areas, even well-intentioned initiatives risk being inconsistent. It also complicates simple models which assume that education or awareness training will, in themselves, change culture (Breslin et al., 2017; Reardon et al., 2019). The findings suggest that training provides an important foundation, but unless it is reinforced through leadership behaviour, accountability structures, and visible routines, it can easily become symbolic (Arnold and Fletcher, 2021; Rogerson, 2017). At the same time, the research supports more relational approaches, providing clear evidence of how staff confidence, leadership modelling, and cultural tone combine to create the conditions for psychological safety (Fletcher and Wagstaff, 2009; Henriksen et al., 2020; Rogerson, 2017). Through these insights, the study advances theoretical understanding by reframing wellbeing as a shared organisational responsibility. It is not individual literacy alone that matters, but the wider alignment of values, leadership, and structures that determine whether initiatives become embedded or remain superficial (Fletcher and Wagstaff, 2009; Purcell et al., 2019).

9.3 Reflections on Methodological Design and Its Limits

The design of this study was guided by its constructivist commitment to understanding wellbeing as something lived, interpreted, and enacted rather than as a fixed construct that can be measured in the abstract (Fletcher & Wagstaff, 2009). This orientation placed practitioners at the centre of the inquiry. While athletes are the intended beneficiaries of institutional wellbeing programmes, it is staff who carry the day-to-day responsibility of making those systems function, reflecting arguments that effective mental health provision requires shared responsibility across sporting systems (Breslin et al., 2019). Their sense making, their willingness to adapt, and their capacity to provide care are not incidental to wellbeing delivery; they are the mechanism through which wellbeing takes place, echoing calls for mental health literacy and early intervention to be embedded across staff roles as well as athletes (Gwyther et al., 2024). From the outset, I chose a methodological approach that could surface this labour, not to quantify outcomes or assess adherence to a prescriptive model, but to open a space where the voices of those most embedded in delivery could be heard and taken seriously. This decision aligns with the wider recognition that wellbeing in elite sport must be systemically integrated rather than addressed solely at the individual level (Reardon et al., 2019).

One of the strengths of this design was its ability to illuminate aspects of wellbeing delivery that do not appear in formal policy documents or strategy papers but instead emerge through the language practitioners use to describe their experiences. Focus groups created a dialogic space in which participants could articulate how they interpreted their responsibilities, where they felt confident, and where they were uncertain or stretched. These discussions highlighted the discretionary effort required to bridge gaps between strategic ambition and day to day practice, making visible the interpretive labour practitioners undertook in order to translate organisational expectations into lived reality. What ultimately came from the practitioners accounts spoke less about hidden acts of care and more about how staff narrated their role in shaping wellbeing, offering insight into the tacit knowledge and relational judgments that sustain delivery in high performance environments.

A distinctive feature of the study was my decision not to rely on standardised metrics or psychometric tools. Many participants expressed scepticism about such instruments, viewing

them as disconnected from the relational and lived realities of their work. Instead, I gave analytical weight to metaphor, narrative, and practitioner language. The frequent use of the "stress bucket" metaphor, for example, resonated across groups not as a mere simplification but as a shared tool for making sense of pressure and coping strategy. Treating such metaphors as legitimate ways of knowing aligns with the constructivist stance, recognising that meaning in elite sport is often built through stories, images, and everyday language rather than through scales or inventories.

There were, however, limitations. Despite role grouping, the presence of senior figures at times inhibited fuller disclosure. Some participants deferred to authority by name or were hesitant to share experiences that might reflect negatively on their environment. During the design phase, I considered individual interviews as a means of offering participants a more private and less hierarchical setting. Ultimately, I prioritised collective discussion, as focus groups were judged to offer richer insight into how practitioners negotiated meaning collectively and to reflect the collaborative nature of wellbeing delivery within the UKSI. In retrospect, incorporating a small number of one to one interviews alongside the group sessions could have strengthened the design, providing quieter participants with space to elaborate on sensitive issues and balancing the openness of group dialogue with the depth of individual reflection.

When working with an organisation as an outsider, additional challenges arise that shape both access and interpretation. Entry to the UKSI was mediated through gatekeepers, and this positioning inevitably influenced how relationships were formed and how participants perceived my role as a researcher. While this distance allowed for critical independence, it also required sustained effort to build trust and to interpret meaning from partial visibility. The study also did not include a structured phase of co interpretation. Early findings were shared informally with participants, but a more deliberate feedback loop would have enabled richer dialogue and given staff greater ownership of the themes. Future iterations of this research would benefit from reflective workshops or return sessions where practitioners could critique and refine the analysis, deepening both rigour and collaboration.

If extended, future iterations of the study would benefit from placing athlete voices in closer dialogue with practitioner perspectives. While the foundational decision to prioritise staff was

justified, given their central role in delivery, there is value in examining how athletes interpret and experience the same programmes if this work is to be taken forward. Equally, future research could attend more closely to the temporal dimension of cultural change, tracing how wellbeing practices endure or diminish as organisational priorities shift. Such approaches would not replace the practitioner lens but would enrich it, offering a fuller picture of how wellbeing is co constructed across the system.

In sum, the methodological choices I made provided a platform for insights that would likely have been missed by more conventional designs. The study did not seek to generalise or to measure impact in abstract terms. Rather, I sought to listen carefully to those doing the work and to capture how wellbeing is produced in the routines, relationships, and cultures of elite sport, in direct alignment with the demands of the literature gap and the research that has come before. That choice, both ethical and epistemological, shaped the study at every level. In retrospect, it stands as the most important methodological decision of the project: to treat practitioners not as passive implementers of strategy but as co constructors of meaning, whose labour and interpretation sit at the heart of what wellbeing becomes in practice. These methodological reflections matter not only for how this research was conducted but also for how its insights can be understood. By revealing the ways in which wellbeing is translated through practice, the study points directly toward questions of implication and impact, showing that the delivery of care cannot be separated from the structures, cultures, and relationships in which it is embedded.

9.4. Implications and Impact: Embedding Care in High-Performance Systems

This research makes a practice informed contribution to the way mental health and wellbeing are understood in elite sport. Its central implication lies in the shift of attention away from narrow, athlete centred interventions and toward the wider structures and relationships that determine whether wellbeing support is credible in daily life. Rather than treating wellbeing as a matter of individual resilience or literacy, the findings position it as a system level concern tied to organisational design, professional practice, and the everyday decisions of staff who work closest to performance. This aligns with Fletcher and Wagstaff's (2009) argument that wellbeing is produced through organisational environments, and with Henriksen et al. (2020),

who emphasise that sustainable mental health provision must be culturally embedded rather than individually assigned.

For the academic field, the thesis brings institutional life into sharper focus. It demonstrates that wellbeing is not only shaped by strategy at the top or experienced privately by athletes but continually negotiated in the organisational middle ground where staff interpret, adapt, and at times buffer programmes. In this sense, the work creates a bridge between policy ambition and lived practice, showing how delivery depends on the interpretive labour of those who operate closest to athletes. This responds directly to calls within the literature to examine how wellbeing policies translate into practice within complex performance systems (Breslin & Leavey, 2019; Purcell et al., 2019). While grounded in the UKSI, these insights carry wider relevance for sport systems attempting to embed wellbeing within high pressure, outcome driven environments (Henriksen et al., 2020; Hill et al., 2016).

The study also carries practical implications for those leading and delivering wellbeing agendas. Practitioner accounts revealed progress alongside persistent challenges related to role clarity, uneven implementation, and limited athlete inclusion. These findings highlight the need for feedback mechanisms that do more than collect data, but actively circulate learning across the system, escalation routes that are transparent and consistently enacted, and training models that treat psychological safety as an organisational responsibility rather than a personal trait. Similar concerns about fragmented responsibility and limited organisational learning have been raised across the literature (Fletcher & Sarkar, 2012; Wagstaff et al., 2013; Ronkainen & Wiltshire, 2021). While not intended as a formal programme evaluation, the study provides an evidence base that can inform refinement of UKSI wellbeing strategy, particularly around training design, feedback infrastructures, and athlete voice.

More broadly, the research contributes to debates about duty of care and safeguarding in sport. By documenting the hidden labour and emotional demands placed on staff, it brings attention to the resources, protections, and cultural reinforcement required if wellbeing is to become embedded rather than symbolic. These insights have been shared with UKSI leadership to support institutional learning and guide the continued development of wellbeing practice across the system.

9.5. Future Directions: Sustaining Wellbeing Practice

The findings of this thesis highlight several areas where future research should build directly on what has been uncovered. Practitioners repeatedly commended the essential role of academic research, describing it as the lens through which meaningful change in their organisation could be achieved. They emphasised that while internal reviews offered useful snapshots, independent scholarship provided the rigour and legitimacy needed to turn lived experience into evidence that could influence strategy. The most immediate gap concerns the role of athlete voice. At the time of this study, delivery was still primarily staff-focused, with athlete rollout only beginning to emerge. Practitioners spoke at length about how programmes were designed, delivered, and interpreted, but their accounts often involved speculation about how athletes themselves might have experienced these initiatives. Athlete perspectives were present but mediated through practitioner interpretation rather than directly expressed. Future studies should therefore position athletes at the centre of inquiry, examining in detail how they receive, navigate, and make sense of wellbeing support in their daily environments. Bringing these perspectives into dialogue with practitioner intentions would provide a richer comparison, revealing both areas of alignment and the silences or blind spots that appear when athletes are spoken for rather than heard directly. Such research would deepen understanding of relevance, accessibility, and the unintended consequences of current support structures.

A second priority relates to the temporal dimension of cultural change. This thesis documented important early steps in embedding wellbeing into the culture of high-performance sport, but it also revealed how fragile that progress remains. Much of the momentum described by participants was tied to individual advocacy, leadership tone, or discretionary effort, which raises questions about how sustainable these gains will be as organisational priorities shift over time. Long term studies are needed to trace how wellbeing practices develop across Olympic and Paralympic cycles. Such work would clarify whether wellbeing becomes structurally embedded and enduring, or whether it retreats once immediate pressures subside. Attending to these longitudinal patterns would allow researchers to distinguish between symbolic endorsement and genuine transformation, providing a clearer picture of what lasts and what fades.

There is also value in advancing more participatory methodologies. Focus groups were effective in surfacing practitioner perspectives. Future research could move further by adopting co-design, action research, or participatory approaches that enable both staff and athletes to shape and refine wellbeing provision. These methods would support deeper exploration and could inform future evaluative efforts without shifting the focus away from lived experience. These approaches would enable both staff and athletes to play a more active role in shaping and refining wellbeing provision. Positioning participants as collaborators, rather than simply as respondents, would not only deepen understanding of how programmes function but also align with the calls for co-creation that were repeatedly voiced in this study. Such methods would narrow the gap between research and practice, ensuring that evaluation contributes directly to system development rather than remaining at a distance from it.

Finally, this thesis highlighted how the delivery of wellbeing relies on practitioner discretion and informal labour. Staff often described taking on emotional and relational responsibilities that extended far beyond their formal remit. Future studies could examine the structural conditions under which this work is recognised, resourced, and sustained. This would extend analysis beyond the immediate practices of frontline staff to consider the wider governance, funding, and accountability frameworks that shape how systems of care are maintained. Exploring these questions would not only build directly on the insights of this thesis but also provide sport organisations with critical guidance on how to move from reliance on goodwill to the creation of sustainable and equitable structures of support.

9.5.1. Strengths of the Study

This study offers several strengths that contribute to its value for both scholarship and applied practice within elite sport environments. First, the research provides rare insight into wellbeing delivery from the perspective of practitioners working directly within a national high-performance system. Much of the existing literature on athlete wellbeing focuses on athlete mental health prevalence or conceptual frameworks of welfare provision. In contrast, this thesis examines how wellbeing programmes are interpreted, negotiated, and enacted by the practitioners responsible for implementing them. By foregrounding practitioner

perspectives, the study provides a deeper understanding of how organisational strategies translate into lived professional practice.

A second strength lies in the organisational access achieved during the research. The focus groups brought together key stakeholders from across the UKSI wellbeing system, including individuals involved in the design, delivery, and governance of the programmes under investigation. This enabled the research to capture a broad range of perspectives across leadership, operational, and practitioner roles. As a result, the analysis reflects the complexity of wellbeing delivery within elite sport organisations rather than relying on isolated viewpoints.

Third, the study benefits from the use of qualitative focus groups that encouraged reflective dialogue between participants. The group format enabled practitioners to respond to one another's experiences, generating rich discussion around cultural norms, practical challenges, and organisational dynamics. This interaction produced insights that may not have been found through individual interviews alone, particularly in relation to shared professional experiences and collective interpretations of wellbeing initiatives.

Finally, the study contributes to academic debate by connecting practitioner accounts with broader literature on organisational culture, leadership, and wellbeing within elite sport systems. In doing so, the thesis bridges the gap between conceptual discussion of athlete welfare and the practical realities of programme delivery. This integration of empirical insight and theoretical discussion strengthens the study's contribution to understanding how wellbeing initiatives operate within complex high-performance environments.

9.6. Final Reflections: Wellbeing as a Measure of Sporting Integrity

This thesis has examined how wellbeing is constructed, delivered, and experienced within the UKSI. The findings respond directly to the research questions set out at the outset, offering insight into how wellbeing is interpreted, experienced and enacted across organisational and practitioner levels. The analysis demonstrates that wellbeing work cannot be reduced to the implementation of programmes or policies; rather, it involves the continual negotiation of cultural expectations, practitioner identities and institutional structures. Across the focus

groups, staff portrayed a system that has achieved visible progress but continues to struggle with consistency, integration and shared accountability. The study's central contribution lies in showing how these tensions are experienced in practice and in providing conceptual tools to understand how strategic intentions are translated, and at times diluted, within the everyday realities of organisational life.

One of the clearest insights to be produced is that the UKSI is a system in transition. The Mental Health Awareness and Champions programmes have legitimised mental health as part of the performance environment, giving staff the language and confidence to act where silence once prevailed. These initiatives created relational gains, fostered greater openness, and provided new spaces for dialogue. Yet, they also exposed the limits of relying on informal effort. Uptake remains inconsistent, escalation pathways are not always clear, and the emotional labour carried by practitioners often outpaces the structures in place to support them. Increased visibility has normalised wellbeing, but without stronger institutional reinforcement it risks becoming fragile, dependent on individual conviction rather than embedded organisational commitment.

The thesis also demonstrates that wellbeing in elite sport must be understood as cultural as much as structural. Formal frameworks, such as, the four wellbeing pillars, provide clarity in principle but gain credibility only when they are reinforced through daily practice. The uneven embedding of the pillars, with education advancing most visibly while communication, provision, and assurance remain less consistent, captures the central challenge of aligning policy intent with lived experience. What ultimately shapes credibility are the behaviours of leaders, the tone of team environments, and the willingness of staff to engage with conversations that remain sensitive and at times stigmatised. Policies can signal ambition, but sustained impact requires continuous reinforcement through visible leadership, practitioner capability, and organisational accountability.

For the UKSI, and for high-performance sport more broadly, this study underscores that wellbeing is not peripheral but central to sustainable success. When staff and athletes feel psychologically safe, supported, and able to speak openly, performance cultures become more resilient and adaptable. When wellbeing is sidelined or inconsistently enacted, the risks are not only personal but systemic, undermining both care and performance outcomes. The

findings therefore suggest that future progress will depend on embedding wellbeing as both cultural practice and organisational responsibility, ensuring that relational care is matched by structural clarity and accountability. In addressing its original aims, the thesis has explored how wellbeing is interpreted, operationalised, and experienced by staff working in elite sport. It has investigated the distance between institutional narratives and lived realities, revealing both alignment and persistent gaps. It has also explored the accessibility, effectiveness, and responsiveness of current provision, showing how these remain dependent on practitioner discretion and fragile cultural conditions. In doing so, it has not only met the research aims but also advanced conceptual understanding of wellbeing as a practice negotiated between performance and care.

Ultimately, what this study demonstrates is that wellbeing in elite sport cannot be treated as a finished project. It is an ongoing process of negotiation between policy and practice, between individual and institution, and between the values of care and the demands of performance. In this respect, the UKSI deserves recognition for its pioneering role. It was among the first organisations in the world to place mental health and wellbeing at the centre of its high-performance system, introducing the four-pillar framework and education programmes that have since become models for others to follow. These initiatives have set new standards for what elite sport can aspire to, making the UKSI a leader in translating policy ambition into tangible practice. Such achievements are commendable not only because they legitimised mental health within performance environments, but because they opened spaces for dialogue that previously did not exist.

At the same time, the work remains fragile, requiring constant reinforcement, critical reflection, and inclusive dialogue. What matters is not only the programmes delivered but the cultures they create, the relationships they enable, and the systems that sustain them. The findings suggest that progress should be judged through institutional traction: the extent to which wellbeing is routinely enacted, reinforced, and normalised across the organisation. In closing, my thesis argues that wellbeing should be seen not as an addition to performance but as a defining measure of what sustainable, ethical, and high-quality sport looks like. The progress made by the UKSI shows what is possible, while the gaps revealed here remind us of what remains to be done. The task ahead lies in transforming early progress into enduring

structures of care, ensuring that wellbeing is lived, shared, and embedded in the everyday practice of high-performance sport.

Reference List:

Allen, J., Balfour, R., Bell, R., & Marmot, M. (2014). Social determinants of mental health. International review of psychiatry, 26(4), 392-407.

Andersen, S. S., Houlihan, B., & Ronglan, L. T. (2015). Managing elite sport systems: Research and practice. Routledge.

Anderson, E., & McCormack, M. (2010). Intersectionality, critical race theory, and American sport. Sociology of Sport Journal, 27(1), 9–20.

Anderson, V., Smith, L., & Jones, R. (2019). Integrative approaches to athlete care: Lessons from the UK Sports Institute. International Journal of Sports Science & Coaching, 14(3), 231-246.

Andreff, W., & Szymanski, S. (Eds.). (2006). Handbook on the Economics of Sport. Edward Elgar Publishing.

Arnold, R., & Fletcher, D. (2012). A research synthesis and taxonomic classification of the organizational stressors encountered by sport performers. *Journal of sport and exercise psychology*, *34*(3), 397-429.

Arnold, R., & Fletcher, D. (Eds.). (2021). *Stress, well-being, and performance in sport*. Routledge.

Arnold, R., Fletcher, D., & Daniels, K. (2017). Organisational stressors, coping, and outcomes in competitive sport. *Journal of sports sciences*, *35*(7), 694-703.

Arnold, R., Wagstaff, C. R. D., Steadman, L., & Pratt, Y. (2019). The organisational stressors encountered by sport performers. Journal of Sports Sciences, 37(18), 2045-2052.

Australian Institute of Sport (AIS). (2023). Mental Fitness Program.

Australian Institute of Sport. (2023).

Australian Institute of Sport. (2023). Coach Wellbeing Hub.

Australian Institute of Sport. (2023). Elevate Coach Program.

Australian Institute of Sport. (2023). Research and Innovation.

Barbour, R. (2018). *Doing focus groups* (2nd ed.). London: SAGE Publications Ltd.

Barkham, M., Broglia, E., Dufour, G., Fudge, M., Knowles, L., Percy, A., ... & Score Consortium. (2019). Towards an evidence-base for student wellbeing and mental health: Definitions, developmental transitions and data sets. *Counselling and Psychotherapy Research, 19*(4), 351-357.

Bauman N. J. (2016). The stigma of mental health in athletes: are mental toughness and mental health seen as contradictory in elite sport?. *British journal of sports medicine*, *50*(3), 135–136.

Bauman, N. J. (2016). The stigma of mental health in athletes: are mental toughness and mental health seen as contradictory in elite sport?. *British journal of sports medicine*, *50*(3), 135-136.

Bayle, E., Durand, C., & Nikonoff, L. (2007). France 1. In *Comparative Elite Sport Development* (pp. 147-165). Routledge.

Berger, R. (2015). "Now I see it, now I don't: Researcher's position and reflexivity in qualitative research." *Qualitative Research, 15*(2), 219–234.

Bergeron, M. F., Mountjoy, M., Armstrong, N., Chia, M., Côté, J., Emery, C. A., ... & Engebretsen, L. (2015). International Olympic Committee consensus statement on youth athletic development. *British Journal of Sports Medicine, 49*(13), 843-851.

Bergsgard, N. A., Houlihan, B., Mangset, P., Nødland, S. I., & Rommetvedt, H. (2009). *Sport policy.* Routledge.

Biggin, I. J., Burns, J. H., & Uphill, M. (2017). An investigation of athletes' and coaches' perceptions of mental ill-health in elite athletes. *Journal of Clinical Sport Psychology, 11*(2), 126-147.

Brabban, A., & Turkington, D. (2002). The search for meaning: Detecting congruence between life events, underlying schema and psychotic symptoms. *A Casebook of Cognitive Therapy for Psychosis,* 59, 76.

Brady, A. (2021). Introducing Holistic Wellbeing within the Athlete Journey. In *Developing and Supporting Athlete Wellbeing: Person First, Athlete Second* (pp. 1-17).

Brady, A., & Grenville-Cleave, B. (Eds.). (2017). *Positive psychology in sport and physical activity: An introduction.* Routledge.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101.

Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper (Ed.), *APA Handbook of Research Methods in Psychology* (Vol. 2, pp. 57–71). American Psychological Association.

Braun, V., & Clarke, V. (2013). *Successful Qualitative Research: A Practical Guide for Beginners.* Sage.

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health, 11*(4), 589–597.

Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide.* Sage.

Braun, V., Clarke, V., & Weate, P. (2016). Using thematic analysis in sport and exercise research. In B. Smith & A. C. Sparkes (Eds.), *Routledge Handbook of Qualitative Research in Sport and Exercise* (pp. 191–205). Routledge.

Breen, L. J. (2006). A practical guide to focus-group research. *Journal of Geography in Higher Education, 30*(3), 463–475.

Breslin, G., & Leavey, G. (2019). Mental health and wellbeing interventions in sport. London: Routledge.

Breslin, G., Shannon, S., Cummings, M., & Leavey, G. (2022). An updated systematic review of interventions to increase awareness of mental health and well-being in athletes, coaches, officials, and parents. *Systematic Reviews, 11,* Article 99.

Breslin, G., Shannon, S., Haughey, T., Donnelly, P., & Leavey, G. (2017). A systematic review of interventions to increase awareness of mental health and well-being in athletes, coaches and officials. *Systematic reviews*, *6*(1), 177.

Breslin, G., Smith, A., Donohue, B., Donnelly, P., Shannon, S., Haughey, T., Vella, S. A., Swann, C., Cotterill, S., MacIntyre, T., Rogers, T., & Leavey, G. (2019). International consensus

statement on the psychosocial and policy-related approaches to mental health awareness programmes in sport. *BMJ Open Sport & Exercise Medicine, 5*(1), e000585.

Brown, D.J., Arnold, R., Standage, M., & Fletcher, D. (2021). A longitudinal examination of thriving in sport performers. *Psychology of Sport and Exercise*.

Burns, L., Weissensteiner, J.R., Cohen, M., & Bird, S.R. (2022). A survey of elite and pre-elite athletes' perceptions of key support, lifestyle and performance factors. *BMC Sports Science, Medicine and Rehabilitation, 14*.

Campbell, N., & Rudd, J. (2021). Supporting Athlete Wellbeing During a Global Pandemic: The case of COVID-19. In *Developing and Supporting Athlete Wellbeing* (pp. 257-270). Routledge.

Carlson, J. A. (2010). Avoiding traps in member checking. *The Qualitative Report, 15*(5), 1102–1113.

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.

Charmaz, K. (2006). Constructing grounded theory: A practical guide through qualitative analysis. Sage.

Charmaz, K. (2014). Constructing grounded theory (2nd ed.). Sage Publications.

Clarke, V., & Braun, V. (2017). Thematic analysis. The Journal of Positive Psychology, 12(3), 297–298.

Cobley, S., & Till, K. (2017). Longitudinal studies of athlete development: Their importance, methods and future considerations. In Routledge handbook of talent identification and development in sport (pp. 250-268). Routledge.

Cosh, S., & Tully, P. J. (2015). Stressors, coping, and support mechanisms for student athletes combining elite sport and tertiary education: Implications for practice. *The Sport Psychologist, 29*(2), 120–133

Côté, J. (2014). The influence of the family in the development of talent in sport. The Sport Psychologist, 18(4), 417-444.

Cumming, S., & Ranson, C. (2021). 380 The United Kingdom Sports Institute's mental health journey.

Currie, A., McDuff, D., Johnston, A., Hopley, P., Hitchcock, M. E., Reardon, C. L., & Hainline, B. (2019). Management of mental health emergencies in elite athletes: A narrative review. British Journal of Sports Medicine, 53(12), 772–778.

Cutler, B. A., & Dwyer, B. (2020). Student-Athlete Perceptions of Stress, Support, and Seeking Mental Health Services. Journal of Issues in Intercollegiate Athletics.

Cutler, B. A., & Dwyer, B. (2020). The role of peer support in promoting mental health and life satisfaction in high-performance athletes. Journal of Sports Psychology, 12(3), 205-217.

De Kock, J. H., Latham, H. A., Leslie, S. J., Grindle, M., Munoz, S.-A., Ellis, L., ... & O'Malley, C. M. (2021). A rapid review of the impact of COVID-19 on the mental health of healthcare workers: implications for supporting psychological wellbeing. BMC Public Health, 21(1), 1-18.

Diamond, S., Wallace, L., English, M., & Caperchione, C. M. (2022). The impact of mental health literacy initiatives on youth elite athletes: A systematic review. *Performance Enhancement & Health, 10*(3), 100226.

Dick, R., Agel, J., & Marshall, S. W. (2007). National Collegiate Athletic Association Injury Surveillance System commentaries: introduction and methods.

Didymus, F. F., & Norris, L. A. (2024). Enhancing coach self care and psychological well being. In *Coaching stories: Navigating storms, triumphs, and transformations in sport*.

Donnellan, M. B., & Conger, R. D. (2007). Designing and implementing longitudinal studies. Handbook of research methods in personality psychology, 21-36.

Donnelly, A. A., MacIntyre, T. E., O'Sullivan, N., Warrington, G., Harrison, A. J., Igou, E. R., ... & Lane, A. M. (2016). Environmental influences on elite sport athletes well being: From gold, silver, and bronze to blue green and gold. Frontiers in psychology, 7, 1167.

Eklund, R. C., & DeFreese, J. D. (2020). Athlete burnout. Handbook of sport psychology, 1220-1240.

Ereaut, G., & Whiting, R. (2008). What do we mean by'wellbeing'?: and why might it matter?.

Estes, R. J., & Sirgy, M. J. (2018). *Advances in well-being: Toward a better world*. Rowman & Littlefield.

Eurostat (2023) https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Quality_of_life_indicators

Eurostat (2023, a) Overall experience of life. https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Quality_of_life_indicators_-_overall_experience_of_life

Eurostat (2023, b) Social interactions. https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Quality_of_life_indicators_-_lUKSIure

Eurostat (2023, c) Leisure. https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Quality_of_life_indicators_-_lUKSIure

Eurostat. (2023). Overall experience of life: Personal perception of quality of life, including life satisfaction, emotions, and meaning of life.

Finlay, L. (2002). "Negotiating the swamp: The opportunity and challenge of reflexivity in research practice." Qualitative Research, 2(2), 209–230.

Finlay, L., Gough, B., & VLeBooks. (2003). Reflexivity a practical guide for researchers in health and social sciences. Blackwell Science.

Fletcher, D., & Arnold, R. (2011). A qualitative study of performance leadership and management in elite sport. *Journal of applied sport psychology*, *23*(2), 223-242.

Fletcher, D., & Sarkar, M. (2012). A grounded theory of psychological resilience in Olympic champions. Psychology of Sport and Exercise, 13(5), 669–678.

Fletcher, D., & Wagstaff, C. R. (2009). Organisational psychology in elite sport: Its emergence, application and future. Psychology of Sport and Exercise, 10(4), 427-434.

Giles, A. R., Fletcher, D., Arnold, R., Ashfield, A., & Harrison, J. (2020). Recommendations for developing a framework for assessing wellbeing in the context of elite athlete organizational care. Journal of Applied Sport Psychology, 32(4), 411-433.

Giles, S., Fletcher, D., Arnold, R., Ashfield, A., & Harrison, J. (2020). Measuring wellbeing in sport performers: Where are we now and how do we progress?. Sports Medicine, 50, 1255-1270.

Gorczynski, P., Currie, A., Gibson, K., Gouttebarge, V., Hainline, B., Castaldelli-Maia, J. M., ... & Swartz, L. (2021). Developing mental health literacy and cultural competence in elite sport. Journal of Applied Sport Psychology, 33(4), 387-401.

Gorczynski, P., Gibson, K., Thelwell, R., Papathomas, A., Harwood, C., & Kinnafick, F. (2019). The BASES expert statement on mental health literacy in elite sport. The Sport and Exercise Scientist, 59, 6-7.

Gough, B., & Madill, A. (2012). Subjectivity in Psychological Science: From Problem to Prospect. Psychological Methods, 17(3), 374–384.

Gouttebarge, V., Aoki, H., & Kerkhoffs, G. (2021). The impact of social support on mental health and life satisfaction among elite athletes. Sports Medicine, 51(2), 351-360.

Gouttebarge, V., Bindra, A., Blauwet, C., Campriani, N., Currie, A., Engebretsen, L., ... & Rice, S. M. (2020). 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, 54(1), 1-7.

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.

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.

Gouttebarge, V., Castaldelli-Maia, J. M., Gorczynski, P., Hainline, B., Hitchcock, M. E., Kerkhoffs, G. M., ... & Reardon, C. L. (2019). Occurrence of mental health symptoms and disorders in current and former elite athletes: a systematic review and meta-analysis. British journal of sports medicine, 53(11), 700-706.

Gouttebarge, V., Frings-Dresen, M. H. W., & Sluiter, J. K. (2015). Mental and psychosocial health among current and former professional footballers. Occupational Medicine, 65(3), 190-196.

Gouttebarge, V., Jonkers, R., Moen, M., Verhagen, E., Wylleman, P., & Kerkhoffs, G. (2017). The prevalence and risk indicators of symptoms of common mental disorders among current and former Dutch elite athletes. Journal of Sports Sciences, 35(21), 2148–2156.

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), Handbook of qualitative research (pp. 105–117). Sage Publications.

Guest, G., Namey, E. E., & McKenna, K. (2017). How many focus groups are enough? Building an evidence base for nonprobability sample sizes. Field Methods, 29(1), 3–22.

Gulliver, A., Griffiths, K. M., & Christensen, H. (2012). Barriers and facilitators to mental health help-seeking for young elite athletes: A qualitative study. BMC Psychiatry, 12, 157.

Gulliver, A., Griffiths, K. M., Mackinnon, A., Batterham, P. J., & Stanimirovic, R. (2015). The mental health of Australian elite athletes. Journal of Science and Medicine in Sport, 18(3), 255-261.

Gwyther, K., Pilkington, V., Bailey, A. P., Mountjoy, M., Bergeron, M. F., Rice, S. M., & Purcell, R. (2024). Mental health and well-being of elite youth athletes: a scoping review. British Journal of Sports Medicine, 58(17), 1011-1019.

Hammersley, M., & Atkinson, P. (2007). Ethnography: Principles in practice (3rd ed.). Routledge.

Hellstedt, J. (2005). Invisible players: A family systems model. Clinics in sports medicine, 24(4), 899-928.

Henriksen, K., Schinke, R. J., Moesch, K., McCann, S., Durand-Bush, N., Parham, W. D., Larsen, C. H., Cogan, K., Donaldson, A., Poczwardowski, A., Noce, F., & Hunziker, J. (2020). Athlete mental health in the Olympic/Paralympic quadrennium: A multi-societal consensus statement. International Journal of Sport and Exercise Psychology, 18(3), 391-408.

Henriksen, K., Schinke, R., McCann, S., Durand-Bush, N., Moesch, K., Parham, W. D., Larsen, C., Cogan, K., Donaldson, A., Poczwardowski, A., Noce, F., & Hunziker, J. (2020). Athlete mental health in the Olympic/Paralympic quadrennium: a multi-societal consensus statement. International Journal of Sport and Exercise Psychology, 18, 391-408.

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.

Henriksen, K., Stambulova, N., & Roessler, K. K. (2010). Holistic approach to athletic talent development environments: A successful sailing milieu. Psychology of Sport and Exercise, 11(3), 212-222.

Henriksen, K., Storm, L. K., Kuettel, A., Linner, L., & Stambulova, N. (2020). A holistic ecological approach to sport and study: The case of an athlete friendly university in Denmark. Psychology of sport and exercise, 47, 101637.

Hill, A., MacNamara, Á., Collins, D., & Rodgers, S. (2016). Examining the role of mental health and clinical issues within talent development. Frontiers in psychology, 6, 2042.

Hill, C. R., & Mellano, K. T. (2021). Taking the field: An introduction to the field of sport psychology. Essentials of Exercise and Sport Psychology: An Open Access Textbook, 19, 439-453.

Holt, N. L., & Dunn, J. G. (2003). Longitudinal idiographic analyses of two runners' burnout experiences and their intervention responses. Journal of Applied Sport Psychology, 15(3), 240-256.

Holt, N. L., & Dunn, J. G. (2004). Toward a grounded theory of the psychosocial competencies and environmental conditions associated with soccer success. Journal of applied sport psychology, 16(3), 199-219.

Houlihan, B., & Malcolm, D. (Eds.). (2015). Sport and society: a student introduction. Sage.

Hughes, D., Saw, R., Perera, N. K. P., Mooney, M., Wallett, A., Cooke, J., ... & Driscoll, T. (2020). The Australian Institute of Sport framework for rebooting sport in a COVID-19 environment. Journal of Science and Medicine in Sport, 23(7), 639-663.

Huppert, F. A. (2014). The state of wellbeing science: Concepts, measures, interventions, and policies. Wellbeing: A complete reference guide, 1-49.

International Olympic Committee. (2019). IOC consensus statement on mental health in elite athletes. British Journal of Sports Medicine, 53(11), 667–699.

International Olympic Committee. (2023). The new IOC Mental Health Action Plan will further focus on the wellbeing of athletes and promote psychologically safe environments. Retrieved from

Johnson, W. R., Mian, A., Lloyd, D. G., & Alderson, J. A. (2019). On-field player workload exposure and knee injury risk monitoring via deep learning. *Journal of biomechanics*, *93*, 185-193.

Jorm, A. F. (2015). Why we need the concept of “mental health literacy”. *Health communication*, *30*(12), 1166-1168.Mental Health Literacy:

Jorm, A. F. (2019). The concept of mental health literacy. In *International handbook of health literacy* (pp. 53-66). Bristol University Press.

Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). Mental health literacy: A survey of the public’s ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *Medical Journal of Australia, 166*(4), 182–186.

Kitzinger, J. (1995). Qualitative research: Introducing focus groups. BMJ, 311(7000), 299–302.

Knight, A., & McNaught, A. (2011). Understanding wellbeing: An introduction for students and practitioners of health and social care.

Kuettel, A., Boyle, E., Christensen, M. K., & Schmid, J. (2018). A cross-national comparison of the transition out of elite sport of Swiss, Danish and Polish athletes. *Sport and Exercise Psychology Review*, *14*(1), 3-22.

Kuettel, A., Pedersen, A. K., & Larsen, C. H. (2021). Risk and protective factors for mental health in elite athletes: A scoping review. International Review of Sport and Exercise Psychology, 14(1), 1-27.

La Placa, V., McNaught, A., & Knight, A. (2011). Discourse on wellbeing in research and practice. International Journal of Wellbeing, 1(1), 22-45.

Lang, M., & Light, R. L. (2022). Ethical considerations in high-performance sport: Addressing duty of care and wellbeing. International Review for the Sociology of Sport, 57(3), 345-362.

Lebrun, F., MacNamara, Á., Collins, D., & Rodgers, S. (2020). Psychological characteristics of developing excellence in elite youth athletes: A systematic review. International Review of Sport and Exercise Psychology, 13(1), 264-278.

Lebrun, F., MacNamara, À., Collins, D., & Rodgers, S. (2020). Supporting young elite athletes with mental health issues: Coaches' experience and their perceived role. The Sport Psychologist, 34(1), 43-53.

Leyland, S., Board, L., & Currie, A. (2019). Initial data from the UKSI survey presented by associate Prof A Currie and the UKSI Expert Mental Health Panel.

Leyland, S., Currie, A., Board, L., Mistry, A., Jaques, R., & Ranson, C. (2022). A Survey of the Mental Health of UK Olympic and Paralympic Sport Athletes. Journal of Athlete Development and Experience, 4(2), 160-172.

López, C. J., & Tracy, S. J. (2020). Anchoring "the big tent": How organizational autoethnography exemplifies and stretches notions of qualitative quality. In *The Routledge international handbook of organizational autoethnography* (pp. 383-398). Routledge.

Lundqvist, C. (2011). Wellbeing in competitive sports—The feel-good factor? A review of conceptual considerations of wellbeing. International review of sport and exercise psychology, 4(2), 109-127.

Lundqvist, C. (2021). Wellbeing and quality of life. In Stress, Wellbeing, and Performance in Sport (pp. 131-147). Routledge.

Lundqvist, C., & Andersson, G. (2021). Let's talk about mental health in elite sports: Integrating psychological resilience and mental wellbeing. Psychology of Sport and Exercise, 52, 101837.

Lundqvist, C., & Raglin, J. S. (2015). The relationship of basic need satisfaction, motivational climate and personality to wellbeing and stress patterns among elite athletes: An explorative study. Motivation and Emotion, 39, 237-246.

Lundqvist, C., & Sandin, F. (2014). Well-being in elite sport: Dimensions of hedonic and eudaimonic well-being among elite orienteers. The Sport Psychologist, 28(3), 245-254.

Lundqvist, C., Galli, N., & Brady, A. (2022). Editorial: Wellbeing and quality of life in elite sports: Towards evidence-based approaches for psychological health promotion and proactive support. Frontiers in Psychology, 13.

Martin, L. A., Fogarty, G. J., & Albion, M. J. (2014). Changes in athletic identity and life satisfaction of elite athletes as a function of retirement status. Journal of Applied Sport Psychology, 26(1), 96–110.

McArdle, S., Moore, P., & Lyons, D. (2014). Olympic Athletes' Experiences of a Post Games Career Transition Program. The Sport Psychologist, 28(3), 269-278.

McCalla, T., & Fitzpatrick, G. (2022). The role of leadership in fostering athlete wellbeing: Insights from high performance sport. Sport Management Review, 25(4), 563-579.

McKenna, J., & Richardson, D. (2021). The development of the UK Sport Mental Health Strategy: A case study in elite sport. Case Studies in Sport and Exercise Psychology, 5(1), 37-45.

McNaught, A. (2011). Defining wellbeing. Understanding wellbeing: An introduction for students and practitioners of health and social care, 7-23.

Miles, M. B., & Huberman, A. M. (1994). Qualitative data analysis: An expanded sourcebook (2nd ed.). Sage.

Miller, B., Barker, J. B., Hunton, E., & Plateau, C. R. (2024). Understanding Experiences of and Influences on Well Being in Elite Para Sport: A Qualitative Exploration of U.K. Para Athletes. Sport, Exercise, and Performance Psychology, 13(2), 126–143.

Mind. (2022). Mental health in elite sport: Review of mental health training and support in the UK high performance system.

Mind. UKSI. (2019). Mental health and elite sport action plan. UK Sports Institute.
Mistry, A. D., McCabe, T., & Currie, A. (Eds.). (2020). Case studies in sports psychiatry. Cambridge University Press.
Moesch, K., Kenttä, G., Kleinert, J., Quignon Fleuret, C., Cecil, S., & Bertollo, M. (2018). FEPSAC position statement: Mental health disorders in elite athletes and models of service provision. Psychology of Sport and Exercise, 38, 61-71.
Morgan, D. L. (1997). Focus Groups as Qualitative Research (2nd ed.). Sage.
Mountjoy, M., Edwards, C., Cheung, C. P., Burr, J., & Gouttebarge, V. (2023). Implementation of the International Olympic Committee sport mental health assessment tool 1: screening for mental health symptoms in a Canadian Multisport University program. Clinical Journal of Sport Medicine, 33(1), 5-12.
Nesti, M. (2016). Being a sport psychologist. Routledge.
Nesti, M. S. (2016). Working within professional football. In Psychology in professional sports and the performing arts (pp. 206-218). Routledge.
Neupert, E., Gupta, L., Holder, T., & Jobson, S. A. (2022). Athlete monitoring practices in elite sport in the United Kingdom. Journal of Sports Sciences, 40(13), 1450-1457.
Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. International Journal of Qualitative Methods, 16(1), 1–13.
Patton, M. Q. (1985). Quality in qualitative research: Methodological principles and recent developments [Conference presentation]. Division J of the American Educational Research Association Annual Meeting, Chicago, IL.
Percy, W. H., Kostere, K., & Kostere, S. (2015). Generic qualitative research in psychology. The Qualitative Report, 20(2), 76–85.
Pietilä, M., Ojala, S., & Kangas, J. (2019). Ethical tensions in qualitative research involving elite athletes. Qualitative Research in Sport, Exercise and Health, 11(5), 674–689.
Pilkington, V., Rice, S. M., Walton, C. C., Gwyther, K., Olive, L., Butterworth, M., ... & Purcell, R. (2022). Prevalence and correlates of mental health symptoms and wellbeing among elite sport coaches and high performance support staff. Sports Medicine Open, 8(1), 89.
Pilkington, V., Rice, S.M., Olive, L.S., Walton, C.C., & Purcell, R. (2024). Athlete Mental Health and Wellbeing During the Transition into Elite Sport: Strategies to Prepare the System.

Sports Medicine Open, 10.

Poucher, Z. A., Tamminen, K. A., & Kerr, G. (2023). The role of family dynamics and support in elite athletes' psychological wellbeing. Journal of Applied Sport Psychology, 35(2), 123-139.

Poucher, Z. A., Tamminen, K. A., Kerr, G., & Cairney, J. (2021). A commentary on mental health research in elite sport. Journal of Applied Sport Psychology, 33(1), 60-82.

Poucher, Z.A., Tamminen, K.A., & Kerr, G. (2023). Olympic and Paralympic athletes' perceptions of the Canadian sport environment and mental health. Qualitative Research in Sport, Exercise and Health, 15, 636 653.

Purcell, R., Frost, J., & Pilkington, V. (2023). Mental Health of Elite Sport Coaches and Entourage. Clinics in Sports Medicine.

Purcell, R., Frost, L., & Pilkington, V. (2023). Social support and mental health in elite sports: The role of the sporting community. Sports Medicine, 53(2), 233-245.

Purcell, R., Pilkington, V., Carberry, S., Reid, D., Gwyther, K., Hall, K., Deacon, A., Manon, R., Walton, C. C., & Rice, S. (2022). An Evidence-Informed Framework to Promote Mental Wellbeing in Elite Sport. *Frontiers in psychology*, *13*, 780359.

Moreland, J. J., Coxe, K. A., & Yang, J. (2018). Collegiate athletes' mental health services utilization: A systematic review of conceptualizations, operationalizations, facilitators, and barriers. *Journal of sport and health science*, *7*(1), 58–69.

Norris, L. A., Didymus, F. F., & Kaiseler, M. (2017). Stressors, coping, and well being among sports coaches: A systematic review. *Psychology of Sport and Exercise, 33*, 93–112.

Olusoga, P., Butt, J., Hays, K., & Maynard, I. (2009). Stress in elite sports coaching: Identifying stressors. *Journal of Applied Sport Psychology, 21*(4), 442–459.

Petiot, O., Visioli, J., & Kermarrec, G. (2023). The coach's emotional labor in sport: Lessons from a three season collaboration with an elite handball coach. *Journal of Sport Psychology in Action, 15*(1), 44–56.

Pilkington, Vita & Walton, Courtney & Gwyther, Kate & Rice, Simon & Butterworth, Matthew & Burattin, Nicole & Boland, Sonia & Cross, Gemma & Purcell, Rosemary. (2025). Mental health service provision in elite sport: An evaluation of the Australian Institute of Sport Mental Health Referral Network. Journal of Applied Sport Psychology. 37. 1-25.

Purcell, R., Gwyther, K., & Rice, S. M. (2019). Mental health in elite athletes: Increased awareness requires an early intervention framework to meet athlete needs. Sports Medicine Open, 5(1), 46.

Purcell, R., Henderson, J., Tamminen, K. A., Frost, J., Gwyther, K., Kerr, G., ... & Walton, C. C. (2023). Starting young to protect elite athletes' mental health. British Journal of Sports Medicine, 57(8), 439-440.

Purcell, R., Rice, S., Butterworth, M., & Clements, M. (2020). Rates and correlates of mental health symptoms in currently competing elite athletes from the Australian National high performance sports system. Sports Medicine, 50, 1683-1694.

Ranson, C., Leyland, S., Board, L., Jaques, R., & Currie, A. (2021). 137 Psychological distress and wellbeing in UK Olympic and Paralympic athletes.

Reardon, C. L., & Factor, R. M. (2010). Sport psychiatry: A systematic review of diagnosis and medical treatment of mental illness in athletes. Sports Medicine, 40(11), 961–980.

Reardon, C. L., Hainline, B., Aron, C. M., Baron, D., Baum, A. L., Bindra, A., ... & Engebretsen, L. (2019). Mental health in elite athletes: International Olympic Committee consensus statement (2019). British Journal of Sports Medicine, 53(11), 667-699.

Reardon, C. L., Hainline, B., Aron, C. M., Baron, D., Baum, A. L., Bindra, A., Budgett, R., Rice, S. M., Gwyther, K., Santesteban Echarri, O., Baron, D., Gorczynski, P., Gouttebarge, V., Reardon, C. L., Hitchcock, M. E., Hainline, B., & Purcell, R. (2019). Determinants of anxiety in elite athletes: a systematic review and meta analysis. British Journal of Sports Medicine, 53(11), 722–730.

Rice, S. M., Purcell, R., De Silva, S., Mawren, D., McGorry, P. D., & Parker, A. G. (2016). The mental health of elite athletes: A narrative systematic review. Sports Medicine, 46(9), 1333-1353.

Rice, S., Butterworth, M., Clements, M., Josifovski, D., Arnold, S., Schwab, C., Pennell, K., & Purcell, R. (2020). Development and implementation of the National Mental Health Referral Network for Elite Athletes: A case study of the Australian Institute of Sport. Case Studies in Sport and Exercise Psychology, 4.

Rice, S., Olive, L., Gouttebarge, V., Parker, A. G., Clifton, P., Harcourt, P., ... & Purcell, R. (2020). Mental health screening: severity and cut off point sensitivity of the Athlete Psychological Strain Questionnaire in male and female elite athletes. BMJ Open Sport &

Exercise Medicine, 6(1), e000712.
Roberts, C. M., Mullen, R., Evans, L., & Hall, R. (2020). Psychological factors influencing athlete transition out of elite sport: A systematic review. International Review of Sport and Exercise Psychology, 13(1), 231-257.
Roberts, P., Smith, L., & McManus, S. (2018). Athlete welfare and support systems: A comparative analysis of the UKSI and AIS. Journal of Athletic Training and Therapy, 25(1), 82-95.
Rogerson, D. (2017). Psychological considerations of long term athletic development: A working model. Journal of Sports Sciences, 35(16), 1563-1572.
Ronkainen, N. J., & Wiltshire, G. (2021). Rethinking validity in qualitative sport and exercise psychology research: A realist perspective. International Journal of Sport and Exercise Psychology, 19(1), 13-28.
Rossi, A., Pappalardo, L., Cintia, P., Iaia, F. M., Fernández, J., & Medina, D. (2018). Effective injury forecasting in soccer with GPS training data and machine learning. PLoS ONE, 13(7), e0201264.
Salcinovic, B., Drew, M., Dijkstra, P., Waddington, G., & Serpell, B. G. (2022). Factors influencing team performance: What can support teams in high performance sport learn from other industries? A systematic scoping review. Sports Medicine Open, 8(25).
Sabato, T. M., Walch, T. J., & Caine, D. J. (2016). The elite young athlete: strategies to ensure physical and emotional health. *Open access journal of sports medicine*, *7*, 99–113.
Smith, A., Haycock, D., Jones, J., Greenough, K., Wilcock, R., & Braid, I. (2020). Exploring Mental Health and Illness in the UK Sports Coaching Workforce. *International journal of environmental research and public health*, *17*(24), 9332.
Smith, B. (2019). Positive psychology in sports: Promoting resilience and wellbeing in athletes. Sports Health, 11(4), 336-342.
Smith, B., & McGannon, K. R. (2018). Developing rigor in qualitative research: Problems and opportunities within sport and exercise psychology. International Review of Sport and Exercise Psychology, 11(1), 101-121.
Smith, B., & Sparkes, A. C. (2016). Routledge handbook of qualitative research in sport and exercise. In B. Smith & A. C. Sparkes (Eds.), Routledge Handbook of Qualitative Research in Sport and Exercise (pp. 1–14). Routledge.

Smith, D., & Wakefield, C. (2015). Imagery in sport. Sport and Exercise Psychology, 232-249.
Smith, M. R., Eubanks, L. J., Chévere-Torres, I., & Reed, J. (2018). Omega-3 fatty acids as a treatment for mood disorders in athletes. International Journal of Sport Nutrition and Exercise Metabolism, 28(2), 158-169.
Somarriba Arechavala, N., Zarzosa Espina, P., & Pena Trapero, B. (2015). The economic crisis and its effects on the quality of life in the European Union. Social Indicators Research, 120, 323-343.
Sparkes, A. C., & Smith, B. (2009). Judging the quality of qualitative inquiry: Criteriology and relativism in action. Psychology of Sport and Exercise, 10(5), 491-497.
Stambulova, N. B., Wrisberg, C. A., & Ryba, T. V. (2006). A tale of two traditions in applied sport psychology: The heyday of Soviet sport and wake-up calls for North America. Journal of Applied Sport Psychology, 18(3), 173-184.
Stambulova, N., & Wylleman, P. (2019). Psychology of athlete transitions: Past, present, and future. International Journal of Sport and Exercise Psychology, 17(1), 1-9.
Stambulova, N., Alfermann, D., Statler, T., & Côté, J. (2009). ISSP position stands for Career development and transitions of athletes. International Journal of Sport and Exercise Psychology, 7(4), 395-412.
Stewart-Brown, S. (2013). Defining and measuring mental health and wellbeing. Public Mental Health: Global Perspectives, 33-42.
Stewart-Brown, S. L., Platt, S., Tennant, A., Maheswaran, H., Parkinson, J., Weich, S., ... & Clarke, A. (2011). The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS): a valid and reliable tool for measuring mental wellbeing in diverse populations and projects. Journal of Epidemiology and Community Health, 65(Suppl 2), A38-A39.
Stewart-Brown, S., & Janmohamed, K. (2008). Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). University of Warwick and NHS Health Scotland.

Samuel, R. D., Stambulova, N., Galily, Y., & Tenenbaum, G. (2024). Adaptation to change: A meta-model of adaptation in sport. *International Journal of Sport and Exercise Psychology*, *22*(4), 953-977.

Sebbens, J., Hassmén, P., Crisp, D., & Wensley, K. (2016). Mental health in sport (MHS): Improving the early intervention knowledge and confidence of elite sport staff. *Frontiers in Psychology, 7*, 911.

Simpson, R. A., Didymus, F. F., & Williams, T. L. (2024). Organisational stress and well being in competitive sport: A systematic review. *International Review of Sport and Exercise Psychology, 17*(1), 116–144.

Tofler, I. R., & Butterbaugh, G. J. (2005). Developmental overview of child and youth sports for the twenty-first century. *Clinics in sports medicine*, *24*(4), 783–viii.

Tracy, S. J. (2010). Qualitative quality: Eight “big-tent” criteria for excellent qualitative research. *Qualitative inquiry*, *16*(10), 837-851.

Tracy, S. J. (2026). Practicing qualitative research under the “big tent”: Origins, development, and continuing relevance of the eight big-tent framework for qualitative quality. *Qualitative Inquiry*, *32*(3-4), 247-256.

UK Sports Institute. (2021). Elite athlete wellbeing strategy: Supporting holistic development in high-performance sport. UKSI.

UK Sports Institute. (2022). Evaluation of athlete mental health and wellbeing programmes: Key findings and future recommendations. UKSI.

UKSI. (2022). Progress review: Embedding mental health support in high-performance sport. UK Sports Institute.

Uphill, M. A., Sly, D., & Swain, J. (2016). From mental health to mental wealth in athletes: Looking back and moving forward. Frontiers in Psychology, 7, 935.

Van Slingerland, K. J., DesClouds, P., Durand-Bush, N., Boudreault, V., & Abraham, A. (2022). How collaborative mental health care for competitive and high-performance athletes is implemented: A novel interdisciplinary case study. Frontiers in Psychology, 13.

Van Slingerland, K. J., Durand-Bush, N., & Kenttä, G. (2020). Collaboratively Designing the Canadian Centre for Mental Health and Sport (CCMHS) Using Group Concept Mapping. Journal of Applied Sport Psychology, 33, 98-122.

Van Slingerland, K. J., Durand-Bush, N., Bradley, L., Goldfield, G., Archambault, R., Smith, D., ... & Kenttä, G. (2019). Canadian Centre for Mental Health and Sport (CCMHS) position statement: Principles of mental health in competitive and high-performance sport. Clinical Journal of Sport Medicine, 29(3), 173-180.

Wagstaff, C. R. (2014). Emotion regulation and sport performance. Journal of Sport and Exercise Psychology, 36(4), 401-412.

Wagstaff, C. R., & Burton-Wylie, S. (2018). Organisational culture in sport: A conceptual, definitional and methodological review. Sport & Exercise Psychology Review, 14(2), 32-52.
Wagstaff, C. R., & Leach, J. (2015). The value of strength based approaches in SERE and sport psychology. Military Psychology, 27(2), 65-84.
WHO. (1998). Wellbeing Measures in Primary Health Care/The Depcare Project. WHO Regional Office for Europe: Copenhagen.
World Health Organization. (2004). Promoting mental health: Concepts, emerging evidence, practice: Summary report. World Health Organization.
World Health Organization. (2014). Social determinants of mental health.
Wylleman, P., Rosier, N., & De Knop, P. (2014). Transitional challenges and elite athletes' mental health. In *Health and elite sport* (pp. 99-116). Routledge.
Schinke, R. J., Stambulova, N. B., Si, G., & Moore, Z. (2017). International Society of Sport Psychology position stand: Athletes' mental health, performance, and development. International Journal of Sport and Exercise Psychology, 16(6), 622-639.
Schlawe, A., Christiansen, A. V., & Henriksen, K. (2025). The high-performance sport environment: Laying the foundation for a new research topic. Frontiers in Sports and Active Living.
Schliep, E. M., Schafer, T. L., & Hawkey, M. (2021). Distributed lag models to identify the cumulative effects of training and recovery in athletes using multivariate ordinal wellness data. Journal of Quantitative Analysis in Sports, 17(3), 241-254.
Schwenk, T. L. (2000). The stigmatisation and denial of mental illness in athletes. British Journal of Sports Medicine, 34(1), 4-5.

Woodhead, C. J., Didymus, F. F., & Potts, A. J. (2024). Interpersonal coping in sport: A systematic review. *Psychology of Sport and Exercise, 73*, 102631.

Worley, J. T., Sullivan, L., Ferguson, E., Anderson-Butcher, D., Mack, S., Houle, J., & Ault-Baker, K. (2025). Coach mental health literacy: A scoping review. *International Review of Sport and Exercise Psychology*, 1–27. Advance online publication.

Appendices:

Ethical Approval Information:

Title of research study	Ethics review reference	Approval date	Thesis chapter(s)
Exploring Elite Athlete Wellbeing at the UKSI: Understanding Culture, Delivery and Change	Sheffield Hallam University Health and Wellbeing Research Ethics Committee (Converis ID: ER52574545)	26 September 2023	Methodology (Chapter 3); Findings (Chapters 4–8)

Appendix A; The line of questioning actively used within the Focus groups and the Evidence supporting each independent alignment of questions –

Theoretical and Evidence Integration

The focus group explored the UKSI's wellbeing programmes for elite athletes, examining their core objectives and alignment with the wider organisational mission. These discussions link back to themes raised in the literature review and help establish a foundation for comparison with athlete perspectives in Phase Two. Key areas of focus included how the programmes prepare athletes for high-pressure environments and mental health challenges, and whether mental health literacy is sufficiently embedded in athlete education. The group also addressed the integration of theoretical frameworks and evidence-based practice, with practitioners offering examples of scalable impact across the system. Interdisciplinary collaboration was another focal point, particularly how mental health professionals, coaches, and other specialists work together to support athletes across the performance spectrum. These guiding questions were shaped by prior research (Brown et al., 2018; Carless and Douglas, 2013; Purcell et al., 2022). It is important to note that neither the focus groups nor the interviews followed a fixed trajectory, and therefore each discussion varied in content and emphasis.

Introductions:

- "Can you share which group(s) within the UKSI or similar elite sports settings you actively work or have previously worked in, and describe your role within that context?"
- "Within the group(s) you've worked with, what specific aspects of wellbeing or athlete support have you concentrated on''

Exploring Objectives:

- "Can you detail the core objectives you aim to fulfil through the UKSI wellbeing programs?

Follow-up prompt:

How do these objectives align with the overarching mission of the organisation?

- Can you describe how the wellbeing programs equip athletes to handle high-pressure situations or mental health crises?"
- What role does participant feedback play in shaping the content and structure of the MHA and other wellbeing programs?

Theoretical and Evidence Integration:

- "How do you incorporate specific theoretical frameworks and evidence-based practices into the UKSI wellbeing program designs?

Follow-up prompt:

Could you provide examples of how these elements are woven into the program structure?"

Interdisciplinary Approaches:

- ‘’What other programmes do the UKSI offer and how are these situated or implemented differently to the MHA programme?’’
- "How do interdisciplinary approaches feature in the UKSI wellbeing programs?

Follow-up prompt:

Are there collaborations with mental health professionals, coaches, or other specialists?"

Implementation and Adaptation:

This section of questioning explored how UKSI wellbeing programmes are implemented, adapted, and evolved across delivery cycles. Initial discussions focused on the typical processes involved in deploying these initiatives, including challenges encountered and strategies for resolution. Attention then turned to how programmes are tailored to meet the diverse needs of elite athletes, particularly efforts to enhance accessibility and inclusivity (Purcell, Gwyther and Rice, 2019). The group also reflected on how delivery methods have evolved over time, identifying organisational and contextual factors influencing these changes (Breslin and Leavey, 2019). This question was developed in collaboration with the UKSI, who expressed interest in gaining further insight into how practitioner-led delivery responds to shifting performance demands. Overall, the aim was to better understand how wellbeing programmes are operationalised and adapted in response to the complex and dynamic realities of high-performance sport (Henriksen, Stambulova and Roessler, 2010).

Describing Implementation Processes:

- "Can you please describe the typical process you follow when implementing the UKSI wellbeing programs.
- What are some of the most significant challenges you encounter and how do you adapt the program to overcome these challenges?"

Tailoring for Diversity:

- "In what ways do you modify the wellbeing programs to address the diverse needs and contexts of your participants?

Follow-up prompt:

Can you share specific adaptations made to enhance inclusivity and accessibility – perhaps for different demographics?"

Evolution of Program Delivery:

- "Reflecting on your time working in or with the UKSI, how have the delivery methods of the wellbeing workshops evolved?

Follow-up prompt:

What prompted these changes?

- "What role do external partners or collaborations with other wellbeing or mental health organizations play in adapting the UKSI programs to local or international contexts?
- ''Have you seen any changes to the workshops delivery over your time at the UKSI?''

Follow-up prompt:

''If so how have the wellbeing programmes changed at your time working at the UKSI?''

Perceptions of Impact:

To gain access to the inner workings of the UKSI and its practitioners, this section explored perceived impacts of the wellbeing programmes, with a focus on effectiveness and ongoing refinement from those directly involved. Discussions examined the methods used to evaluate whether these initiatives improve wellbeing and promote social inclusion, including key indicators and feedback mechanisms (Lundqvist and Sandin, 2014). Participants also reflected on how long-term outcomes are monitored, sharing examples of sustained athlete engagement or developmental progress. Attention was given to how success is defined,

measured, and reviewed within these programmes, particularly the metrics used to identify effective elements and areas for enhancement (Côté, Turnnidge and Evans, 2014). This line of enquiry served as a bridge to the next section, where the conversation turned to athlete experiences and the alignment between practitioner intentions and athlete-reported outcomes.

Assessing Effectiveness:

- "How do you evaluate the effectiveness of the UKSI wellbeing programs in terms of enhancing participant wellbeing?

Follow-up prompt:

‘’What specific indicators or types of feedback do you rely on at the present time?"

- "How do you monitor the long-term impact of the wellbeing programs on athletes?

Follow-up prompt:

Can you provide examples of long-term success stories or follow-ups with past participants?"

‘’In your view, how have the wellbeing program impacted athletes’ mental health and performance? ‘’

Follow-up prompt:

Can you provide specific examples?

- ‘’What feedback have you received from athletes regarding the programs' impact on their mental health or overall wellbeing?’’

Success and Improvement Feedback:

- "What are the key metrics or feedback you utilize to assess the successes and areas needing improvement in the wellbeing programs?"

Challenges and Resolutions:

This segment of the focus group explored challenges encountered during the design and implementation of UKSI wellbeing programmes, along with the strategies used to address them. Practitioners reflected on organisational and contextual barriers, discussing how reform processes are sustained within evolving programme structures (Wagstaff, 2018). Attention was also given to issues of sustainability and scalability, particularly the factors that support or constrain long-term impact in high-performance environments. The dialogue further addressed how involvement in these programmes has influenced professional development and promoted peer-to-peer collaboration, with examples of shared learning and joint delivery shaping ongoing evolution. These discussions offered insight into how practitioner networks support programme resilience and knowledge exchange, aligning with broader calls for embedded, system-informed approaches to wellbeing in sport (Andersen, 2015).

Identifying and Addressing Challenges:

- "Could you discuss some of the primary challenges you face in the design and implementation of the UKSI wellbeing programs and perhaps the strategies you employ to address them?"
- ‘’Are there any athlete barriers or stigmas that might stop them engaging with the support properly?’’

Sustainability and Scalability:

- "From your perspective, what are the sustainability and scalability prospects of the wellbeing programs?

Follow-up prompts:

‘’What factors contribute to or hinder these aspects?"

Professional Development and Collaboration:

- "How has your involvement in developing and implementing the wellbeing programs contributed to your professional growth?

Follow-up prompt:

‘’Could you share particular experiences that have been pivotal?"

Influence of Collaboration:

- "How does collaboration and knowledge exchange among your peers or other organisations influence the development and execution of the UKSI programs?

Follow-up prompt:

‘’Can you provide an example of a successful collaborative effort?"

Ongoing Professional Development:

‘’What mechanisms are in place for practitioners to stay updated on cutting-edge wellbeing practices or mental health research?’’

Future Directions and Reform:

In the final segment of the focus group discussions, attention turned to future directions for the UKSI wellbeing programmes. Participants were asked to reflect on potential enhancements and innovations that could improve programme effectiveness and broaden reach within and beyond the organisation. Emphasis was placed on how emerging research and evidence-based practices might shape future iterations of wellbeing initiatives, particularly in response to shifting athlete needs and sector expectations (Breslin et al., 2022; Cumming and Ranson, 2021). The conversation also explored how programmes could remain responsive to evolving understandings of mental health, wellbeing, and performance sustainability in high-performance sport (Giles et al., 2020). This line of enquiry was intended to prompt reflection on how existing approaches might adapt over time, and how current

research could be meaningfully drawn into future practice in ways that reflect both the lived realities of practitioners and the broader context in which they operate.

Envisioning Future Enhancements:

- "Based on your experiences, what future developments do you envision for the UKSI wellbeing programs to enhance their effectiveness and extend their reach?"

Incorporating Emerging Research:

- "How do you plan to integrate emerging research findings or innovative practices into upcoming iterations of the wellbeing programs?

Follow-up prompts:

‘’Are there any particular areas of research you are currently exploring?"

Vision for Improvement:

- ‘’If you could design an ideal wellbeing program, what key elements would it include?’’