


## Guidelines for mental health promotion in the sports system

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### ABSTRACT

Mental health has always been a relevant topic, but notoriety came with the case of gymnast Simone Biles and her decision not to compete in the Olympic Games in Tokyo. The gymnast's case is not an isolated situation, as it has already been experienced by athletes Gabriel Medina, three-time world surfing champion, as well as tennis player Naomi Osaka, basketball athlete Liz Cambage and many others. Studies reveal that mental illnesses are the main causes of disability, affecting almost one billion people in the world and despite the high incidence, access to diagnosis and treatment is scarce for athletes and the general population. If, on the one hand, physical exercise is recognized as an effective tool in reducing stress, depressive symptoms, general and social anxiety, and loneliness (FOSSATI et al, 2021), on the other hand, the pressure exerted in sports environments can be a driver of disease symptoms. In view of the high incidence of mental disorders in athletes and the reduced number of studies on guidelines for the promotion of mental health in sports, this chapter analyzes the Japanese and Australian models and the international consensus on sports psychiatry, in order to highlight what has been done and identify principles that are appropriate to the multicontextual scenario of Brazilian sports practice. By verifying the findings, it is understood that the Brazilian model can start with the training of interdisciplinary teams and athletes, so that they can recognize symptoms and signs of the fragility of their mental health and have decision-making power on the next steps for identification, but more studies are needed to validate a model that best suits the reality of each region and the financial possibilities of the scenarios presented.

**Keywords:** Mental health, Sport, Guidelines.

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## INTRODUCTION

In 2023, the World Health Organization (WHO) launched a survey where the results showed that 41 million people die from non-communicable diseases (NCDs) each year, which corresponds to 74% of deaths worldwide. Of these, cardiovascular diseases account for the majority of deaths, followed by cancers, chronic respiratory diseases, and diabetes (WHO, 2023).

Nevertheless, if the diseases mentioned above are responsible for a high number of deaths, mental illnesses are the main cause of disability, affecting almost one billion people in 2019 (PAHO, 2022b). For the authors, among the people whose most serious mental health conditions are evidenced, it can be said that they have their life reduced by 10 to 20 years, when compared to the general population.

According to PAHO (2022a), among the most common mental disorders are depression, bipolar affective disorder, schizophrenia, psychosis, dementia, intellectual disability, and developmental disorders, including autism.

It is also noteworthy that, despite the large number of people affected, only a small part have access to effective, accessible and quality mental health care. It is estimated that even in high-income countries, only one-third of people with depression receive formal care, falling to 15% to 24% in low- and middle-income countries (OPA, 2022a).

According to WHO Director-General Mr Tedros Adhanom Ghebreyesus: "... The indissoluble links between mental health and public health, human rights and socio-economic development mean that transforming mental health policies and practices..." (PAHO, 2022b).

Thus, if on the one hand mental illnesses affect more and more people, on the other hand, there is a growing amount of evidence documenting the beneficial impacts of physical activity on mental health, with studies examining its effects, both in brief periods of exercise and in longer periods of activity. Systematic evaluations have indicated better outcomes for mental illness with physical activity (MAHINDRU; PATIL; AGRAWAL, 2023).

Improving physical fitness becomes a strategy to face the impact of an unhealthy lifestyle on the mental health of adolescents and young adults. The prevention of mental disorders, during this critical period of life, is based on the promotion of recreational and competitive sports participation, as involvement in sports activities is effective in reducing stress, depressive symptoms, general and social anxiety, and loneliness (FOSSATI et al, 2021).

Thus, in order to identify and document which protocols for the promotion of mental health in sports, endorsed by formal sports bodies, are available for consultation and application by sports programs, similar studies already published in Brazil and abroad were analyzed.



## MENTAL HEALTH IN SPORT

Mental health is defined by the WHO as mental well-being, enabling people to deal with stressful life situations, developing their skills, learning and working in a way that contributes to the improvement of their lives and their community (Ministry of Health, 2024).

It can also be stated that mental health sustains people's individual and collective capacities to make decisions, being essential for personal, community and socioeconomic development, but it can be altered by disorders, psychosocial deficiencies, functional disabilities or risk of self-injurious behavior, and influenced by individual, social and structural factors - psychological and biological - such as: emotional skills, substance abuse, and genetics (Ministry of Health, 2024).

Findings reported by PAHO (2022a) report that stress, genetics, nutrition, exposure to environmental hazards are some of the factors that contribute to the onset of mental disorders, but others can still be listed, such as: the ability to manage thoughts and emotions; behaviors and interactions with peers, family, and society; cultural, economic, political, environmental factors; living standards; working conditions and community support.

Thus, although the most common causes that affect the mental health of the population are known, other causes associated with sports, especially high-performance, can be found in the population. It is also worth noting that, despite the numerous ways in which people can be affected by mental illnesses, mental health care is a constitutional right and a duty of the Brazilian State, through the provision of dignified health care conditions, with principles based on care in freedom and human rights (Ministry of Health, 2024).

Furthermore, despite the numerous benefits correlating the practice of physical exercise and mental illnesses, recent research indicates that sports, especially for high-performance athletes, have negative factors that impact the mental health of the practitioner, generating symptoms of depressive, anxiety and stress disorders (GALATTI, 2017; COLAGRAI et al., 2022; SILVA et al., 2022). Romero, Souza, and Silva (2023) corroborate and complement that, in the sports environment, in addition to the psychological factors already mentioned, it is common to find among athletes: sleep disorders, eating disorders, obsessive compulsive disorder, bipolar disorder, and alcohol abuse. These affect the mental health of athletes and interfere in their professional performance and as a private individual.

For the authors Silva et. al (2022) and Colagrai et al. (2022) athletes face a combination of factors that can generate high stress, such as: physical exhaustion, injuries, competition and training demands, overtraining, burnout, giving up family life, absence of an intimate and affective social support network, internal and external pressure to achieve results, excessive care with body image, and the concern with retirement, facilitate the onset of eating disorders and the use of substances to improve performance and manage stress. These factors, when added to preexisting risks such as



genetics, personality disorders, drug and alcohol use, childhood sexual abuse, and others, can catalyze the onset of mental disorders (COLAGRAI et al., 2022).

By detailing each of the factors mentioned above, Romero, Souza and Silva (2023) indicate that the pressure, internal and external, that sports culture nurtures is related to the achievement of objectives, the exposure of the athlete's performance and fear of failure, in addition to injuries and stresses arising from contract breaches. On the other hand, the perfectionist profile of most athletes, combined with third-party evaluations as a way to measure the competence and success of athletes, enables them to have high rates of pathological anxiety (ROMERO, SOUZA and SILVA, 2023).

Notwithstanding, in the sports community, the abuse of alcohol and other drugs, in order to improve self-esteem, self-confidence, attention, reduce anxiety, improve performance, strength, concentration, reaction time and endurance, reduce fatigue, decrease stress and reduce boredom, are commonly referred to in the literature (MCDUFF et. al, 2019).

It is also noteworthy that sleep disorders reduce the athlete's performance, compromising their recovery from the efforts, in addition to the reduction of creative and motor functions, increased pain perception, increased risk of injury and reduced tolerance to perform tasks (PUJALTE & BENJAMIN, 2018).

Thus, it is important to mention that mental health problems are defined as psychiatric disorders, with a substantial impact on quality of life, causing functional impairment at work, social activities and other important areas of life (CAMARGO, 2012). To minimize such effects and losses, sports psychology analyzes physical abilities, in addition to emotions, self-confidence, and mental strategies that can influence athletic sports performance and the mental well-being of athletes (ROMERO, SOUZA and SILVA, 2023). Psychological counseling should establish a relationship of trust between the athlete and those around him (family, peers, friends, team, and coaches), so that, free to express himself, he learns to deal with his emotions in the professional scenario in which he operates, in family, social, and intimate relationships (SILVA et al, 2022). In addition to these, leadership, teamwork, group cohesion, and overcoming adversity should be addressed by the multidisciplinary team in training and competitions (ROMERO, SOUZA and SILVA, 2023).

Regarding the prevalence of mental illnesses in athletes, Goellner (2005) states that 50% of them will be affected at some point in their careers and that the greatest chances occur around 19 years of age. Among the highest prevalences, depression affects 15% of German athletes, 68% of elite swimmers in Canada and 46.6% of Australian high-performance athletes aged 18 to 25 years. Also noteworthy is a 4.5% incidence rate of panic disorders in Australian athletes (COLAGRAI et al., 2022).

Finally, Colagrai et al (2022) found, through a systematic review, that high-performance athletes had similar or higher rates of mental disorders than the general population. They also



mention the low level of research with female athletes and the possible prevalence of higher levels of depression and anxiety in them. The International Olympic Committee (IOC), through the Expert Consensus Statement, encourages scientific production in high-performance athletes, given that the most researched refer to male athletes, in team invasion sports and individual brand sports (COLAGRAI et al, 2022).

Thus, considering the high incidence of mental disorders in athletes and the low research reported by the highlighted authors, it is important to know and develop guidelines in sports, which are capable of early detection and correct treatment referral. In addition, actions can be planned with athletes' families, peers, organizations and support networks, in order to improve understanding and reduce the fear of exposure and prejudice on the subject.

## **GUIDELINES FOR THE PROMOTION OF MENTAL HEALTH IN SPORT**

Of Latin origin, according to Priberam (2024), the word *directrix* means norm, indication, or instruction that serves as a guideline for decision-making and actions. The findings of Só Escola (2024), regarding the word guideline, corroborate and complement that they are defined with the objective of standardizing procedures, clear and objective direction, avoiding errors, promoting safety and compliance. The definitions of the guidelines avoid conflicts of interest, rework and assist in decision-making.

The guidelines allow for the establishment of quality and efficiency standards, ensuring that activities are carried out consistently and in line with best practices, promoting transparency and equal treatment (SÓ ESCOLA, 2024). Ferreira and Patino (2021) state that the use of guidelines facilitates the reproducibility, transparency, and acceptance of results and conclusions by the scientific community, and that they describe the process and provide a *checklist* that allows it to be replicated by other researchers, facilitating systematic reviews and allowing knowledge of critical and relevant components for studies.

Based on the central idea of this theoretical essay and the concept of guidelines, authors such as Vella et. al. (2021), whose study generated a systematic review and meta-analysis, with an assessment of the quality of athletes' mental health and well-being statements. In it, the objective focused on organizing a document to help policy makers and sports organizations make evidence-based decisions regarding mental health care in sport.

Vella et. al. (2021) state that, since 2016, numerous consensus statements and positions on the mental health of athletes have been produced by sports bodies, but on all the statements found, consensus positions that help policy makers and sports organizations in evidence-based decision-making regarding mental health care in sport were not verified.



This time, the article prepared by Vella et al (2021) categorized six topics to elucidate and assist the application, they are: writing a mental health plan; provision of mental health care; athlete support system; high-risk events; athlete's mental health; and, future directions.

With regard to the drafting of a mental health plan, the authors suggest defining and distinguishing between mental health and mental illness, including the medical, biopsychosocial, mental health continuum, and lifestyle perspective, including prevalence, key risk factors and stressors, risk management strategies, legal considerations, and written procedures for all stakeholders. whose main objective is the protection of athletes, especially those with mental health problems and illnesses (VELLA et al., 2021).

Regarding mental health care, the authors mention that explicit guidelines are needed, indicating the availability of mental health services for athletes, who and when to make referrals – an identifiable person, to whom to refer – self-referral to external users, and assessment and treatment options (VELLA et al., 2021).

Regarding the athlete support service, it is important that all people close to the athlete (coaches, peers, family members, organizations) have mental health literacy, in order to recognize symptoms, monitor athletes at risk, as well as assist in the prevention of mental health problems and the promotion of well-being. There must also be a person, defined by the organization, responsible for the supervision and prescription of medication and therapy (VELLA et al., 2021). For the authors, organizations should recognize the importance of mental health and provide screening and awareness programs, supporting and mobilizing resources for this purpose, using mental health as a key indicator of organizational effectiveness, including the topic in their organizational culture.

With regard to high-risk events, the authors of the systematic review, Vella et al. (2021) indicate that sports organizations should be prepared for the prevention of high-risk events, which include emergencies and crises, abuse, and mistreatment. This plan should contain procedures and suggestions to know how to deal with signs of suicide and signs of danger, in addition to explicit protection of athletes from abuse, mistreatment, *bullying*, hazing and non-abusive *coaching* strategies by coaches, in order to safeguard the mental health of athletes.

Finally, the authors mention that the mental health of the athlete and his/her performance are intimately related and that there are mental health stressors among the athletes. Overtraining, for example, is among the biggest stressors for mental health, as well as low recovery time and different phases of performance and different environments, with different demands and processes: cognitive, affective, physiological and behavioral, which can affect the mental health of athletes. As mental health affects performance, better mental health enables better performance (VELLA et al., 2021).

In summary, observing the findings in the scientific databases, it is highlighted that, despite the risks and pressure to which athletes are subjected, there are currently few statements about mental



health in sport, with a comprehensive structure or model of care to support and respond to the mental health needs of elite athletes. In the face of this deficiency, athletes and their confederations act according to their own attitudes, beliefs, and opinions regarding mental health.

In order to clarify what is being presented in other contexts, they will be addressed in the wake of the Japanese, Australian and international consensus models, with the aim of offering relevant knowledge to policy makers and sports bodies who wish to adopt, support, articulate or implement a coherent and robust mental health strategy.

## JAPANESE MODEL

In the search for references of the policies and consensuses used in Japan, through the search engines mentioned at the beginning of this subchapter, Nishida and Yamaguchi (2024) bring some current elucidations on the subject.

According to the authors, given the need for a different approach from that applied by psychology and considering the concerns about the mental health of athletes, more than 20 years ago the Japan Association of Sports Psychiatry (JSAP) was created, with a multidisciplinary team that includes: doctors, nurses, psychologists, researchers specialized in sports psychology, sports science and physical education, as well as coaches, active athletes, and athletic trainers.

With regard to access to the treatment of psychiatric disorders and information related to sports psychiatry, although it is not accessible to all athletes, there is a referral network shared by JSAP, in order to spread support among its members.

Yamaguchi (2024) states that JSAP has the following fundamental values: (i) the growing relevance of sport in psychiatry; (ii) the application of psychiatry in sports; and (iii) basic research on physical exercise and brain function. It is noteworthy that its application in sports has a direct correlation with anxiety, depression and cognitive function and its interventions aim to improve the mental well-being of athletes.

Some factors such as competitive performance, maximum performance in competitions and early return to sports after injuries are listed by researchers as triggers of mental disorders in athletes. They also state that the challenge in identifying mental health conditions by technical teams, athletes, and peers, combined with the stigma related to the disease, makes most athletes refrain from recognizing and treating their mental illnesses (YAMAGUCHI, 2024).

In Japan, the model used provides that the sports psychiatrist is solely responsible for carrying out an evaluation, diagnosis and recommendation of psychiatric treatment, including pharmacotherapy of mental illness. This diagnosis is made through the identification of the complaint, separating psychological issues - improvement of competitive performance, social



problems of relationship with peers, society, family, from psychiatric issues - depression, anxiety, *overtraining* (YAMAGUCHI, 2024).

In order to minimize such symptoms and their consequences, Japanese sports entities, endorsed by the International Olympic Committee (IOC), are advised to promote, among their athletes, non-pharmacological psychiatric therapies, such as: *mindfulness*, autonomic training, deep breathing, and progressive muscle relaxation techniques (YAMAGUCHI, 2024).

Despite all the efforts made by JSAP, the diagnosis and treatment of Japanese athletes and sportsmen continue to require a recognition of the need, on the part of the athlete himself or the encouragement of the technical team, sports organization, peers or family members, seeking the necessary support through the Athlete Mental Support Outpatient Clinic or in Psychiatric Hospitals. According to Yamaguchi (2024), even with specific places for mental health support, when considering university athletes, only 45% of them have access to professionals in the area.

Although studies are advancing in Japan, a reference presented is that sports psychiatrists and professionals specialized in psychological support, through a *Mental Health Literacy* (MHL) program, raise awareness and educate the delegation of sports clubs and associations, as well as coaches, athletes, family members and peers, working together in the creation of a program and a consensus (YAMAGUCHI, 2024).

## AUSTRALIAN MODEL

In an article by Liddelow et al. (2023), through a *Delphi study*, the role of community sports organizations in Australia was highlighted, correlating them with the actions carried out in high-performance environments. In the article, the authors listed the priorities for the guidelines and statements, through the opinions of expert groups.

Among the main points, one of the consensus of the experts is the need for mental health literacy training for coaches, volunteers and sports participants (athletes, parents, peers, organizations), as well as training in mental health first aid. Another consensus was the creation and maintenance of a psychologically safe and healthy sports environment, which promotes sport, social interactions, inclusion, community involvement, and healthy eating, providing a holistic view of mental health, including physical and emotional well-being (LIDDELOW at al, 2023).

Another point mentioned by the authors was the need to create a sports environment where athletes feel freedom to actively seek help, as well as openness to discussion about mental health and early help. This guarantee of the psychological safety and well-being of athletes and the sports community seems to have been another point of consensus by the experts, who also highlighted the need to establish partnerships with external mental health service providers.





Finally, coaches were considered essential to athletes' sports experiences, performance and well-being, as their behaviors and attitudes have already been the subject of previous investigations, being referred to as a negative influence on their mental health and well-being. This influence is due, in part, to a lack of training and information about psychologically safe *coaching*. Thus, it is essential that this coach includes a team culture and self-care, in addition to physical and performance skills, as well as investing in interpersonal knowledge and communication skills (LIDDELOW at al, 2023).

These consensus points mentioned in the above study were tested by O'Connor et al. (2024), who state that mental health literacy is defined as knowledge and beliefs about mental disorders that aid recognition, management, and prevention. They also state that mental health literacy deals with notions of self-help, professional help, seeking help and supportive attitudes that promote recognition, improving confidence to support and refer, knowledge of available resources, perception of the supportive environment in clubs and participants' confidence in their knowledge about mental health.

In the study, confidence to support and refer/refer was measured with *The Mental Health Referral Efficacy Scale*, while knowledge of available resources was assessed through a subscale of the *Mental Baseline Literacy* scale. On the other hand, the search for help was measured by *The General Help Seeking Questionnaire*, referring to the importance of the social support network. Lastly, the club's supportive environment was assessed with the *Supporting Mental Health in Sport Instrument* (O'CONNOR et al, 2024).

The survey carried out with Australian rules football clubs points to the recognition, by all respondents, of the obligation to support the mental health of themselves and those around them. On the other hand, they failed to address how the club should include the topic of mental health in the political, cultural and financial fields. Nevertheless, the notion of mental health and the identification of signs of illness and coping were the main lessons learned (O'CONNOR et al, 2024).

Finally, the authors highlighted that those who participated in the Mental Health Literacy program showed improvement when compared to the control group, sustained even in the months following the intervention. As described by the researchers, through the instituted program, the participants acquired knowledge, confidence and resources for the promotion of mental health, helping them to respond appropriately to the challenges and symptoms. The program also provided parents, athletes, and coaches with resources to support athletes' mental health, as well as enabling coaches to identify mental health issues and make appropriate referrals (O'CONNOR et al, 2024).



## INTERNATIONAL CONSENSUS MODEL

They refer to Russel et al. (2024) through an exploratory study carried out with 156 people, professionals who serve 112 different sports, with athletes of different levels of high performance, linked to professional accreditation bodies, in their vast majority. Respondents indicated that athletes had their mental fatigue and recovery monitored on a daily basis or at least in two weekly sessions, usually in training and competitions. The authors found that the pre-season phase was where participants reported having planned and periodized the fatigue and mental recovery of their athletes.

Among the points that most impacted the research was the identification that factors such as competition, type of competition, training intensity, scheduling and travel demand were the main influences on the mental recovery of athletes, who also reported participating in a reactive management of mental recovery, where the prioritization of mental health is not evidenced in the planning and periodization of training sessions and competitions (RUSSEL et al, 2024).

For the authors, the interviewees informed that some strategies are adopted for the mental recovery of athletes and the adoption or choice of which one to use is usually up to the athlete himself, which can vary between consultation with a psychologist, meditation, wellness diary, use of flotation tanks, yoga, progressive muscle relaxation techniques, listening to relaxing music, participation in social events, fun activities or deliberate consumption of food.

As can be observed, the authors did not present a single tool that indicated the best way to approach the theme, indicating that each research participant used, in the clubs where they worked, different tools, often deliberating the athlete to be responsible for the decision about their mental recovery strategy.

On the other hand, Claussen et.al (2024) presented a definite article as the first international declaration on sports psychiatry. For the authors, sports psychiatry is a field of medicine and psychiatry that deals with the prevention, diagnosis and treatment of symptoms and consequences on the mental health of athletes in sports, which is a medical, psychiatric-psychological-mental health discipline, based on neuroscience, integrated medication and psychotherapy.

Thus, the authors define sports psychiatry as a medical specialty, where the practitioner must have completed the medical course and, subsequently, carried out specializations in the area of sports psychiatry or sports and exercise medicine, in order to know and apply the knowledge, skills, essential skills and attitudes (eKSA+A), to promote mental health in athletes and physical activity as a therapeutic means in the prevention and treatment of mental disorders (CLAUSSEN et al, 2024).

The knowledge, competencies and skills required to work in the area include: i) knowledge about the most important sports; mental health and related problems in competitive and elite sports; relationship between physical health, performance, and mental health in competitive and elite sports; risk factors, importance of overload and stress in competitive sports; athletes' hopes, fears, and



aspirations; diagnosis and screening of mental disorders in sport; as well as the opportunities for promotion and prevention, in addition to the integrated role of the sports psychiatrist with the multidisciplinary team of the athlete and his coach; ii) competence and ability to intervene in crises and cope with mental health emergencies of athletes; application of treatments and techniques to improve the performance of athletes and coaches; diagnosis with physical or imaging exams, as well as specialized interventional action, in order to stimulate the prompt recovery of athletes (CLAUSSEN et al, 2024).

In addition, the authors believe that the sports psychiatrist should be committed to interdisciplinary and professional care, centered on the repudiation of forms of violence, abuse or racism and committed to the three fields of action: i) mental health and disorders in competitive and elite sports; ii) in the defense of sport, exercise and physical activity as forms of prevention and treatment for mental health; iii) addressing mental health symptoms and disorders in recreational sports. These fields of action aim not only to recover performance, but also to maintain and/or improve it (CLAUSSEN et al, 2024).

Claussen et. al (2024) that this consensus is a first international definition on the topic: sports psychiatry. They also mention that other interested parties, such as athletes, patients, managers and others, were not heard, and it is necessary to hear them in a next update or new statement. Nevertheless, they state that research will be needed on diagnostic and therapeutic procedures for mental disorders in athletes, as well as correlating physical activity and the treatment of these disorders.

## CONCLUDING NOTES

Silva et al. (2021) state that, in the Brazilian context, Sports Psychology is at an intersection between Physical Education and Psychology and, as a consequence of this, adaptations of instruments were made for the sports context, sometimes without proper validation or questioning. Thus, the authors suggest that these limitations should be understood so that changes can generate measurement instruments for Sports Psychology, because the use of adaptations can generate false results since they were not generated according to the local culture.

In addition, no literature was found that refers to explicit policies, consensus, and reference guidelines about clear and measurable indicators of policies and actions to promote mental health in athletes, which is the objective of this theoretical essay.

Among the findings made available by other countries, it can be seen that the proposed structure suggests: (i) development of competencies so that athletes can self-manage their mental health, (ii) training of interdisciplinary teams so that they can recognize and react to concerns related to athletes' mental health, (iii) provision of qualified multidisciplinary teams for the treatment of



athletes with mental illnesses, (iv) presence of a sports psychiatrist with the ability to apply the (eKSA+A).

That said, the question that this essay brings as a reflection is, based on the guidelines presented as a model in other realities and countries, it remains to understand how the application of such proposals can be carried out, in a multicontextual scenario, such as the Brazilian one, where the sport is practiced in large clubs, city halls, associations, universities, schools, non-governmental organizations, public and private spaces, with different realities and financial, human and sports equipment availability; and at the same time, in a culture of early specialization, encouraging sports competitions from the earliest ages.

Regarding this last subject, it is notorious and several studies point to the emotional damage evidenced by the failure of sports competitions, reported in the findings by Milisted et al (2014): stress, early adultization and mental exhaustion, in addition to the pressure exerted by parents, peers and clubs. Authors also point out that children who start very early in some sports end up wearing out and becoming disillusioned with the sport, giving rise to sports saturation syndrome, with symptoms of apathy, indifference, and aversion to sports, leading to their withdrawal, especially in adulthood (NASCIMENTO and FERNANDES, 2023).

Thus, considering the Brazilian sports scenario and its extent of scope and contextual disparity, it is believed that the Brazilian guideline model can start with the training of interdisciplinary teams and athletes, so that they can recognize symptoms and signs of the fragility of their mental health and have decision-making power on the next steps to identify. However, more studies are needed to validate a model that best suits the reality of each region and the financial possibilities of the scenarios presented.

Finally, corroborating the ideas of O'Connor et al. (2024), the sports context can provide a safe and conducive environment for literacy and mental health promotion, presenting a culture of support for athletes and staff, where members care for and support each other, both inside and outside the sports context.



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