

The Mental Health of the Health Care Professionals working with Athletes

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This global cross-sectional study examined the mental health of healthcare professionals working with elite athletes, a population that has received relatively little attention despite working in high-performance, high-pressure environments. Drawing on responses from 1,541 participants across 103 countries, the study assessed the prevalence of mental health symptoms, patterns of help-seeking, and associations with demographic and professional characteristics.

The findings demonstrate that healthcare professionals in elite sport experience a substantial burden of mental health symptoms. Approximately 12% of participants reported at least moderate symptoms of depression, and just over 10% reported moderate symptoms of anxiety. In addition, more than one quarter reported experiencing more than five mental health symptoms over the past year, with common concerns including sleep disturbance, anxiety, difficulty concentrating, and irritability. These prevalence rates are comparable to, and in some cases exceed, those reported in the general population, highlighting that those providing care within elite sport are themselves at meaningful risk of psychological distress.

A consistent pattern emerged across the analysis showing that mental health symptoms were more frequent and more severe among women compared to men, and among younger professionals compared to their older counterparts. In contrast, professional role, level of experience, and other occupational characteristics were not strongly or consistently associated with mental health outcomes. Multivariate analysis confirmed that age was the only variable demonstrating a consistent relationship with symptom burden, suggesting that vulnerability is less about professional context and more related to demographic factors and potentially early career pressures.

A key finding of the study is the significant gap between need for support and actual help-seeking behaviour. While a substantial proportion of participants reported wanting or needing mental health support, relatively few accessed professional care. This gap was particularly pronounced among men, who were less likely to seek help despite expressing need. Among those with a current need for support, a large proportion had not accessed care within the previous 12 months. This highlights persistent barriers to help-seeking, which may include stigma, time constraints, confidentiality concerns, and cultural factors within elite sport environments.

These findings have important implications for practice, policy, and future research. Healthcare professionals working in elite sport require access to mental health services that

are tailored to the unique demands and culture of high-performance environments. There is a clear need to better understand and address barriers to care, develop targeted interventions for higher-risk groups such as women and younger professionals, and implement organisational strategies that promote psychological wellbeing.

Overall, this study shifts the focus beyond athlete mental health to include the wellbeing of those who support them, emphasizing that sustainable high-performance sport systems must also prioritise the mental health of their healthcare workforce