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MENTAL HEALTH MATTERS

Guidelines





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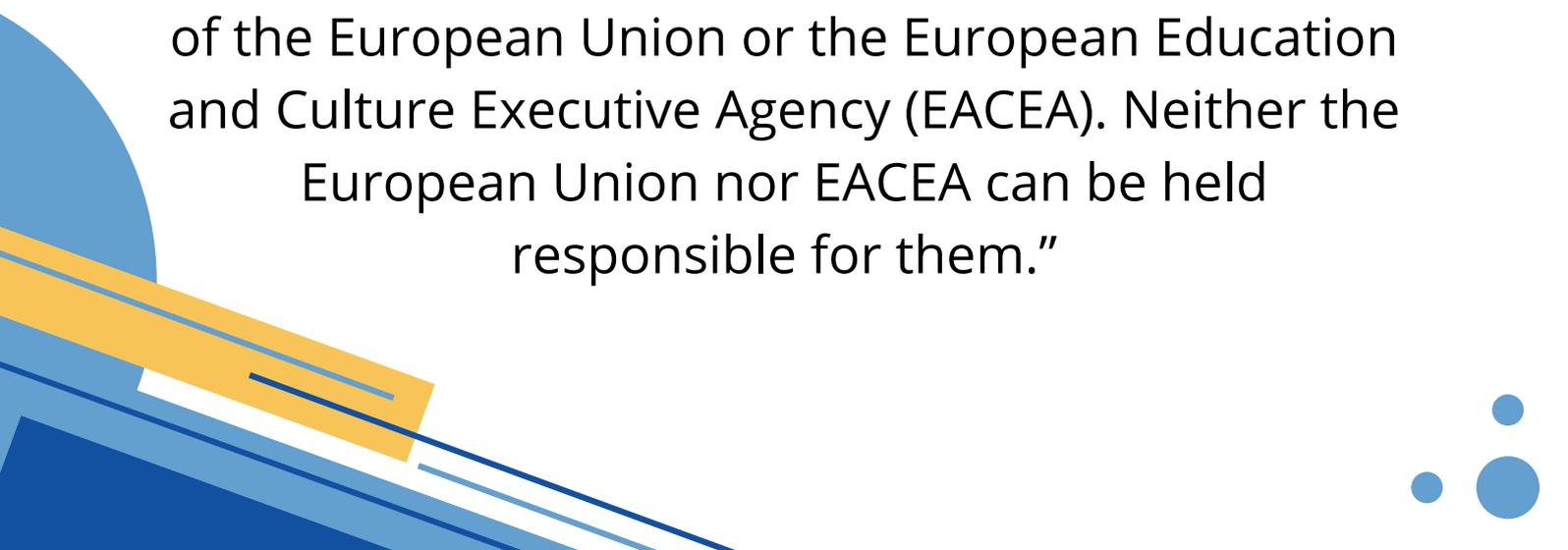


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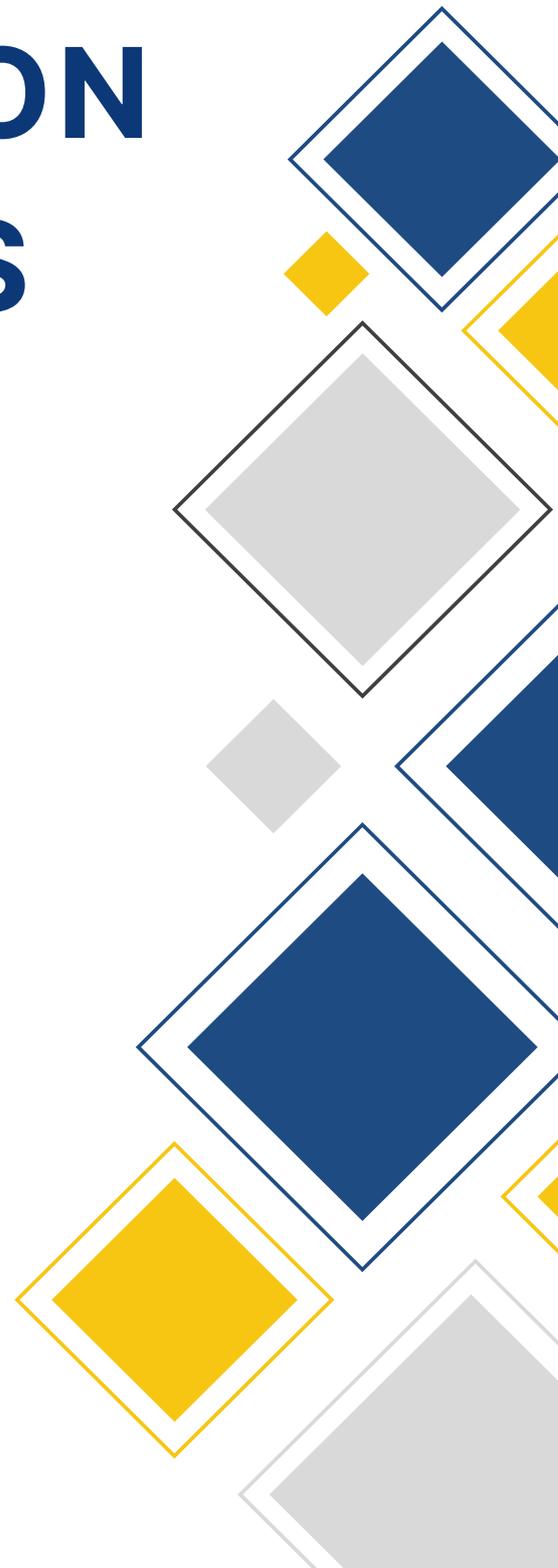
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1. SITUATION ANALYSIS



1.0.SITUATION ANALYSIS

Competitive sports, often heralded for fostering discipline and physical prowess, can significantly elevate mental health risks, particularly for children and young men, whose psychological well-being is shaped by the unique stressors of these high-pressure environments. For children, engagement in competitive sports, frequently beginning between ages 6 and 10 in disciplines like soccer, swimming, or gymnastics, introduces intense demands that extend beyond physical training. Research by [Rice et al. \(2016\)](#) highlights that young athletes face a prevalence of mental health issues ranging from 10% to 30%, with anxiety and depression emerging as common responses to excessive training loads (often exceeding 16 hours weekly) and the pressure to meet performance benchmarks set by coaches and parents. This study notes that early specialization, focusing on a single sport before age 12, heightens risks of burnout, characterized by emotional exhaustion and reduced personal accomplishment, with up to 35% of youth athletes reporting such symptoms when training overshadows developmental needs like rest and social play. For young men, typically transitioning into adolescence and early adulthood (ages 13–25), competitive sports amplify these challenges as physical and psychological stakes rise. [Gouttebauge et al. \(2023\)](#) found that male athletes in this age group exhibit a 20–25% prevalence of anxiety and depression symptoms, driven by factors like injury (affecting 30–50% annually), career uncertainty, and the relentless pursuit of elite status, with retired athletes reporting even higher rates (up to 39% for distress) due to identity loss post-competition. The cultural expectation of masculinity further compounds these risks; [Wolanin and Gross \(2024\)](#) emphasize that young male athletes, particularly in contact sports like football or wrestling, face a “hidden burden” where societal norms discourage emotional disclosure, leading to underreporting of distress and reliance on maladaptive coping strategies like alcohol use (noted in 15% of cases). Unlike their recreational peers, competitive athletes experience a win-or-lose dynamic that magnifies stress, with perfectionism, a trait prevalent among 30% of elite youth athletes, linked to increased anxiety and eating disorder risks, especially when coupled with body image pressures. Despite these findings, access to mental health support remains inconsistent; while sports psychology is gaining traction, many young athletes lack resources to address these evidenced risks, leaving children vulnerable to long-term psychological impacts and young men navigating a silent crisis shaped by both sport and gender norms. This evidence underscores the urgent need for targeted interventions to mitigate the mental toll of competitive sports on these groups.

1.1. Portugal

Pedro Teque and Bruno Avelar Rosa consider mental health to be an integral part of health and the World Health Organization (WHO) defines it as “the state of well-being in which the individual is aware of his or her capabilities, can cope with the usual stresses of daily life, work productively and fruitfully, and is able to contribute to the community in which he or she is inserted”.

Mental health considers psychological well-being, but it is not limited to this. It also translates into the manifestation of behaviors appropriate to the circumstances in which the individual finds himself or herself and with which he or she is faced.

According to work done by Maria João Heitor, a psychiatrist, around 23% of adults in Portugal (more than 1 in 5) suffer from mental disorders every year. And there are age groups and groups that are more vulnerable to this:

- 75% of mental illnesses begin worldwide before the age of 25;
- High-level athletes are one of those groups.

According to Pierre Coubertin, founder of the modern Olympic Games, the statement “The important thing is not to win, but to compete” does not correspond to the reality of high-level athletes, since they are trained to win at all costs, based on continuous overcoming, which often involves the loss of health and physical and mental well-being.

Mental problems can affect around 45% of high-level athletes, which are signalled by:

- Depression and risk of suicide;
- Behavioural addictions (such as gambling, for example);
- Anxiety;
- Eating disorders;
- Burnout;
- Misuse of alcohol and other psychoactive substances.

There are three major moments in the mental and physical life of athletes:

- 1.Pre-competition, with relationships in sport, involving the athlete, family and coach;
- 2.Competition, which involves several factors that generate stress, in addition to managing high expectations;
- 3.Post-competition or post-career, which is preceded by a period of transition, emptiness, identity issues, the need to change habits and redirect sources of income, as well as possible difficulty in finding another professional occupation.

1.1. Portugal

Nowadays, as we experience a post-pandemic period, a period of war, economic and energy crises, the risk factors associated with each of these phases in the lives of athletes are even more influenced and aggravated.

Dealing with mental health problems involves facing the fear of discrimination and dealing with stigmas. And this means that in most cases, seeking help is delayed. However, many national and international athletes have already acknowledged their mental health issues and “showed their faces”, facing them as normal. There are therefore several opportunities in this challenge:

1st opportunity

- Inform athletes, civil society, professionals and all those who deal with athletes on a daily basis, specifically about what mental illness and mental health are.
- Promote mental health literacy among athletes from young age.

2nd opportunity

- Identify protective factors in each of the athletes' phases, such as maintaining healthy lifestyles, taking care of sleep hygiene, leisure activities, developing resilience, family support, and viewing mental illness as an opportunity for personal development, learning and growth.

3rd opportunity

- To bring to civil society, with the involvement of the media, topics related to Physical Education, sport and health, with a focus on mental health and well-being. These topics are guided by the goals, objectives and policies of the UN (United Nations), the WHO (World Health Organization) and the European Commission.

According to Pedro Teques and Bruno Avelar Rosa (“Mental Health Professional Football Player, 2019), there are several ways in which mental illness can manifest itself, namely:

1. Psychological distress. A psychological state characterized by symptoms of anguish, discomfort, permanent worry and despair, which exceeds the individual's capacity.

2. Sleep disorders. Drastic changes in normal sleep patterns, manifested by changes in the period of sleep (increase or decrease), depth of sleep (increase or decrease), frequency of awakenings during the sleep period, tendency to wake up too early and difficulty falling asleep. Furthermore, sleep disorders can also reveal states of mental pathology such as anxiety and depression.

1.1. Portugal

3. Disorders with everyday situations. Usually, in athletes these situations tend to be associated with difficulties in dealing with not being called up for a game, uncertainty about the future (for themselves and their families), contractual instability and the approaching end of their career.

4. Depression and anxiety. Depression is a clinical condition characterized by a feeling of sadness, as well as a loss of interest in activities that were previously felt as enjoyable by the individual. This reaction should persist for at least two weeks and be accompanied by changes in sleep, appetite, difficulty concentrating, fatigue, suicidal tendencies, indecision, feelings of helplessness and/or uselessness. Anxiety represents a normal reaction to daily stress, however it may be a more serious problem when it manifests itself in an inappropriate proportion and lasts for at least 6 months with a real impact on the dynamics and quality of daily life.

Furthermore, according to the aforementioned authors, there are 11 factors that can affect the mental health of football players, which is why they need to identify them and seek help whenever they occur.

The following are practical situations to be aware of, which correspond to the most frequent forms of mental health disorders in football players in particular:

a) Injuries and long-term illness

Around 3% of active football players who suffer from long-term injuries start smoking, 58% have an unhealthy diet and 37% develop anxiety or depression. In these cases, players should maintain a training routine adapted to the treatment of the injury, seek specialist medical care and try to spend some free time doing activities that they enjoy. It is estimated that players with 3 or more serious injuries throughout their career are 2 to 4 times more likely to develop mental health problems.

b) Employment contract

The reality experienced by many players, particularly in terms of the average length of their employment contracts (equivalent to 2 years), low salaries and salary delays, may jeopardize their mental health. In this sense, it is recommended that whenever a player identifies a contractually unfair situation, he seeks a solution to the problem in accordance with legal mechanisms, and at the same time, seeks to carry out activities that make him feel good. Contractual problems may lead to appetite and sleep disorders, social phobia, fear of isolation or anxiety.

1.1. Portugal

c) Mobility and unemployment

Top-level players are subject to mobility (changing cities or countries), as well as a more vulnerable employment situation (they may become unemployed), and also to an earlier career end. This may imply changes in daily habits, which in turn may lead to anxiety, eating and sleeping disorders, social phobia or fear of isolation. For example, it is advisable that players in these situations draw up a weekly calendar of activities (in addition to training), in order to find new interests in the new place of residence/training.

d) Pressure of results

Sometimes players stop enjoying playing, due to excessive pressure from everyone around them, specifically to obtain results, resulting in sleep disorders and/or not being able to think about anything other than the result in question and the fear of failure. In this case, the player should seek specialized professional support, perform tasks that create pleasure and allow him to relax, dedicate time to other interests he has and try to relax in the days leading up to each game, imagining himself playing in a positive way. According to the authors, the age at which active athletes are most likely to develop mental disorders corresponds to the phase of greatest competitive intensity in their careers.

e) Match-fixing

It is estimated that professional football players are approached for match-fixing at least once during their career. By the end of their career, it is likely that 11% of players will have received at least one approach at this level, meaning that 1 in 11 players will have been approached for this purpose. Players approached for match-fixing should be aware that they should never get involved in such a scheme, as it is promoted by criminal entities that are in no way concerned about their difficulties. Therefore, involvement in situations of this type can cause major problems at all levels, including mental health.

f) Performance and drop in performance

Sometimes players feel that they can give more and better, but they are not able to and do not understand why. Also, situations such as a new signing for the same position as the player and the fear sometimes felt in relation to very important games, can trigger problems in their mental health. In these cases, the player should try to carry out activities in which he is successful and in which he feels important, spend more time with family and friends, as well as consult a sports psychologist.

1.1. Portugal

g) Transition and end of career

A career can end at any time for an athlete. Whether due to unemployment, age, injury or illness. A former athlete in this situation may wake up in the morning feeling lost, not knowing what to do, thus developing various disorders (eating, sleeping, social phobia, fear of isolation or anxiety). In order to avoid such problems, it is advisable for athletes to look for a plan B before ending their career. Planning a post-career activity will avoid psychological difficulties during the transition. It is estimated that 18% of retired football players suffer from stress, 35% from anxiety or depression and that 65% have an unbalanced diet. All players who present symptoms associated with the end of their career should seek help from psychology professionals and develop skills that allow them to identify another way out for their future.

h) Family instability

Family instability, more specifically divorce, is the main non-sporting cause of a drop in performance in athletes. Athletes should be aware if they feel that their normal routine at home has changed, which can be a source of concern and a cause of instability during periods of rest and recovery, as well as when they are not happy with their family life, which will impact their mental health. In these cases, the solution may be to break up or reconcile, but they should not make hasty decisions, seeking professional help if necessary.

i) Indebtedness

The contractual instability of athletes makes them more susceptible to financial inability, more specifically regarding the possibility of fulfilling the commitments associated with the repayment of a bank loan taken out. This can become a source of permanent concern, and may even develop different types of mental disorders. Athletes should therefore be aware of these situations, as it is estimated that up to 12 years after the end of a career, there is a risk of bankruptcy.

j) Addictions (tobacco, drugs, alcohol, gambling)

Every athlete should be alert if they start to consume drugs, alcohol, tobacco or gamble on a monthly basis. Also, if they feel the need to consume while training or carrying out other activities, becoming irritated when they cannot consume or play, this means that they have developed an addiction, putting their mental health at risk. In these circumstances, the player should seek help through specialized psychological support. It should be noted that the stimulus for the consumption of doping substances and involvement in activities that cause addiction is associated precisely with the most demanding or difficult moments during an athlete's career.

1.1. Portugal

k) Discrimination and hatred (homophobia, racism, violence in sport)

Sometimes players have the feeling that someone at the club does not support them (a teammate, manager, coach, or other) and that they are deliberately trying to harm them. It is worth mentioning that it is estimated that 1 in 10 professional players has been the victim of threats, discrimination (based on ethnicity, sexuality and religion) and hatred from people outside the club, particularly fans. Athletes should be aware that threats to their integrity constitute a crime, and should therefore take the necessary legal measures, not allowing their health, including mental health, to be put at risk.

The study "Mental health in elite athletes: translation and preliminary validation of the Athlete Psychological Strain Questionnaire (APSQ) for the Portuguese population", conducted by Isa Henriques Viegas at the University of Beira Interior, has as its main objective to adapt and validate a mental health screening instrument for elite athletes in Portugal. Given the growing interest in the mental health of high-performance athletes, a gap was identified in the existence of specific instruments for this population. The APSQ (Athlete Psychological Strain Questionnaire) was developed to assess psychopathological symptoms in elite athletes, allowing early detection of emotional and psychological difficulties. The research included a sample of 103 Portuguese athletes (mean age: 22.31 years), who responded to three instruments: the APSQ, the Kessler Psychological Distress Scale (K10) and the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS). The results revealed that 65% of the athletes presented signs of psychopathological symptoms. Exploratory factor analysis confirmed the tri-factor structure of the APSQ, with good psychometric properties and adequate reliability. The findings suggest that the APSQ is a valid and reliable instrument for the early identification of mental health problems in Portuguese elite athletes, and may be an essential resource for sports psychologists and other professionals in the field.

The study reinforces the need for further research into the mental health of elite athletes in Portugal, as well as the development of psychological support and intervention strategies adapted to this population.

Bibliographic reference: Viegas, I. H. (2023). Mental health in elite athletes: translation and preliminary validation of the Athlete Psychological Strain Questionnaire (APSQ) for the Portuguese population [Master's Dissertation, University of Beira Interior].

1.1. Portugal

Portuguese international volleyball player Miguel Cunha is developing a doctoral project funded by the Foundation for Science and Technology (FCT), with the aim of analyzing the relationship between competitive pressure in elite youth volleyball teams and the mental health of athletes. The study, in partnership with the Portuguese Volleyball Federation (FPV) and the University of Maia, aims to deepen knowledge about the psychological impact of competition on athletes in the development phase. The project focuses on the mental health literacy of parents and coaches, as well as the experience of athletes from the U-20 and U-22 national teams and elite groups based in Porto. The research aims to identify whether these athletes have different mechanisms for managing pressure, or whether they experience the same psychological challenges, but with greater resilience. Another focus of the research will be the relationship between competitive stress, depression and anxiety rates, and the consumption of anxiolytics among young elite athletes. The influence of social networks on mental health will also be analyzed, given the impact of social comparisons and incomplete psychological maturation in adolescence.

Miguel Cunha, who has a degree in Biochemistry from the University of Minho, a postgraduate degree in Bio Engineering and a master's degree from the Faculty of Sports at the University of Porto, has previously explored the topic of mental health in sport in the context of a young women's team from Vitória de Guimarães, where he was a coach. The athlete argues that the link between mental health and sporting performance continues to be one of the main gaps in the study of sport, highlighting the need to prepare not only the body, but also the mind of athletes for the challenges of high-level competition.

Athletes' mental health has been gaining prominence in the scientific literature, reflecting an increasing recognition of its importance for sporting performance and general well-being. Studies show that the prevalence of mental illness in athletes is similar to that of the general population, and is even higher in individual sports. Common disorders include anxiety disorders, depression, eating disorders, sleep disorders, and substance abuse.

1.1. Portugal

Risk factors such as competitive pressure, overtraining, injuries, stagnation in sports performance and career termination are identified as precipitating factors for mental illness in athletes. Dysfunctional emotional management can lead to demotivation, depressed mood, low self-esteem and, in more severe cases, suicidal ideation. In addition, lack of mental health literacy, stigma and the perception of mental illness as a fragility make it difficult to seek help and delay intervention.

Early detection of psychiatric symptoms in athletes has been addressed through the use of various screening instruments, many of which have been adapted from the general population. Among the most widely used are the General Health Questionnaire (GHQ-12) for anxiety and depressive symptoms, the Eating Disorder Examination Questionnaire (EDE-Q) for eating disorders, the Pittsburgh Sleep Quality Index (PSQI) for sleep disorders and the Alcohol User Disorders Identification Test (AUDIT-C) for screening for alcohol abuse. However, some specific questionnaires for athletes are beginning to be used, such as the Athlete Sleep Screening Questionnaire (ASSQ).

The literature points to the need for a multidisciplinary approach to promoting mental health in elite sport, involving athletes, coaches and health professionals. In addition, it is recommended that prevention and screening strategies be integrated into sports medical examinations, since mental health is directly related to the risk of injury, physical recovery and sports performance.

The sociology of sport and the mental health of athletes

Émile Durkheim was the first to apply a scientific method to sociology, introducing the notion of social facts, which are external to the individual and exert coercion on individual consciences. Applying this concept, the sociology of sport emerges as a field that studies sport as a social fact, analyzing practices, behaviors and interactions with social organizations.

Despite being frequently associated with well-being and health, sport can have negative effects on the mental health of athletes. A 2016 Scottish study revealed that 10% of young athletes under the age of 16 self-harmed in a competitive context, while 1% attempted suicide. Factors such as pressure to win, substance use and early retirement from sport are pointed out as causes of psychological distress in athletes.

1.1. Portugal

Cases involving renowned athletes such as Michael Phelps, Simone Biles, Naomi Osaka and Ashleigh Barty have brought visibility to the importance of mental health in sport. In Portugal, surfer Vasco Ribeiro revealed that he had sought professional support, while Cristiano Ronaldo showed interest in the topic by meeting with psychologist Jordan Peterson. Phelps, one of the main advocates of the cause, stated that saving lives is more important than winning medals, highlighting the significant number of Olympic athletes who have committed suicide.

The sociology of sport can contribute to understanding these problems, helping to reflect on the impact of sporting demands on the mental health and lives of athletes.

Mental health in elite football

The psychological dimension is a fundamental pillar in sporting performance, as argued by Filipe Teixeira, psychologist at Vitória Sport Clube. Problems such as competitive pressure, depression and anxiety are common in the sporting world, requiring an approach focused on the balance between athletes' personal and professional lives.

Cases such as that of goalkeeper Robert Enke, who suffered from severe depression and ended up committing suicide, illustrate the severity of the psychological challenges faced by elite athletes. However, mental health in sport is becoming less of a taboo subject, allowing more athletes to share their experiences. Gary Neville, for example, revealed that he sought psychological support after a serious error in 1999, but hid this decision for fear of stigma.

Recent studies highlight the prevalence of depressive symptoms among footballers. A 2018 survey revealed that 16.7% of elite Danish and Swedish players showed signs of depression. A study by FIFPro (2020) identified serious injuries, conflicts with coaches and teammates, and dissatisfaction with their career as the main causes of mental health problems in players. Among retired footballers, factors such as unemployment and post-career physical complaints were identified as triggers of emotional difficulties. Recognition of the importance of mental health in sport reinforces the need for effective prevention and intervention strategies, ensuring the well-being of athletes both during and after their professional career.

1.2.Serbia

The results of a study conducted by the Psychosocial Innovation Network (PIN) showed that about one-third of Serbia's population can be considered psychologically vulnerable, while the number of psychologists per 100,000 inhabitants is only 2. 15.6% of the population exhibits symptoms of depression, 7.2% anxiety, and 1.6% is at high risk of suicide. Additionally, 2.9% of citizens report having been hospitalized at least once in their lifetime due to mental health issues, 8.1% report having been diagnosed with a mental disorder, and 11.8% report using medication for psychological issues in the past 7 days. One-quarter of Serbia's citizens have felt the need for professional support due to mental health problems, with 6% stating it was frequently or constantly needed, and 20% reporting an occasional need at some point in their lives. Women, on average, report a more frequent need for professional help than men, which must be considered in the context of social and cultural factors. When seeking help, citizens most often turn to psychiatrists, followed by psychologists, and far less frequently to general practitioners. Only about one-fifth of those who sought professional help consulted a psychotherapist.

When asked which mental health and psychosocial support services would be most needed and significant for their local communities, over 40% of citizens highlighted counselling centres for youth, individual counselling/psychotherapy, support for victims of violence, and support for individuals with mental disorders. Less prioritized were services like counselling for pregnant women, developmental counselling, and support for those at risk of homelessness. Barriers to seeking professional help vary and include physical obstacles (e.g., distance, lack of transportation), lack of information about where to find help, psychological barriers such as fear of judgment and stigma, and socioeconomic factors (e.g., lack of money or time due to work). Attitudes toward mental health issues and help-seeking behaviour are also influenced by prior experiences with individuals facing these challenges, shaping both personal and societal perceptions. Contributing factors to mental health issues include personality structure, resilience, coping mechanisms, early experiences, and traumatic events, as well as broader social factors. Understanding these factors can inform interventions that address both individual and societal levels, fostering a supportive environment for mental well-being. Among demographic factors, gender emerged as the most significant predictor, with women showing higher symptom intensity across most categories except suicidality, which was more linked to men.

1.2.Serbia

Following the broader insights into Serbia's mental health landscape, where one-third of the population is psychologically vulnerable and faces issues like depression (15.6%), anxiety (7.2%), and a high suicide risk (1.6%), a closer look at specific vulnerable groups reveals distinct challenges, including those affecting men. The Psychosocial Innovation Network's research highlights that youth aged 15–30 struggle with anxiety, depression, and suicidal ideation, often tied to family violence or societal pressures, while women report higher symptom intensity across most categories and a greater need for support, influenced by gender norms and caregiving burdens. Victims of violence, regardless of gender, face elevated rates of PTSD and depression, yet men within this group may underreport due to stigma. Individuals with lower socioeconomic status experience increased depression and somatization, with men in such circumstances potentially bearing additional strain as traditional breadwinners. Rural populations show a trend toward higher suicidality, contrasting with urban areas where anxiety and psychosis prevail, and rural men may be particularly at risk due to isolation and limited resources. Notably, men stand out with a stronger link to suicidal tendencies, unlike women who dominate other symptom categories, reflecting global patterns where men are less likely to seek help, reporting lower needs than the 25% population average, possibly due to cultural expectations of stoicism. When men do reach out, they favour psychiatrists over psychologists or psychotherapists, though overall engagement remains low. Challenges for men include deep-rooted stigma equating emotional expression with weakness, underreporting of distress (which may surface as anger or substance use), and barriers like distance to services, lack of information, and socioeconomic pressures, all intensified by a fear of judgment that ties into rigid gender roles. This underscores the need for tailored interventions that address both the visible vulnerabilities of groups like youth and women, and the often-hidden struggles of men, particularly around suicide prevention and breaking cultural taboos.

The situation for professional male athletes adds another layer of complexity, marked by an alarming lack of targeted support. While the Psychosocial Innovation Network's findings indicate broad mental health pressures across demographics, professional male athletes likely experience these at intensified levels due to sport-specific demands such as relentless performance expectations, frequent injuries, and the cultural glorification of toughness, which aligns with the stoicism that discourages men from seeking help.

1.2.Serbia

In Serbia, this is compounded by an even scarcer resource: sports psychologists. With only 2 psychologists per 100,000 inhabitants overall, the number trained specifically in sports psychology is negligible, leaving athletes without professionals equipped to address their unique psychological strains. Research on their actual needs is virtually non-existent, no systematic studies have explored the prevalence or nature of mental health issues among Serbian male athletes, reflecting a broader neglect of this group's well-being. Career insecurity further heightens their risk; unlike their global counterparts, Serbian athletes often face unstable financial prospects and short professional lifespans, amplifying stress and anxiety without a safety net of systemic care. While international data highlights significant anxiety and depression among elite athletes, Serbia's lack of localized investigation leaves these pressures unquantified and unaddressed. Beyond the universal athletic stressors, Serbian male athletes are exposed to additional vulnerabilities due to the absence of structured mental health programs within sports organizations, leaving them to navigate these challenges in isolation. Public dialogue on this topic is equally absent, unlike growing global conversations about athlete mental health, Serbia's sports culture rarely acknowledges it, perpetuating silence and stigma. This systemic oversight not only mirrors the broader cultural barriers men face but also underscores an urgent need for research, specialized support, and open discussion to safeguard the mental well-being of these athletes whose struggles remain largely invisible.

Serbia has established several public policy measures to address mental health, signaling a gradual shift toward recognizing its societal importance, though none explicitly target athletes or male athletes. These policies encompass general population health, youth, and vulnerable groups, aiming to enhance prevention, improve access to care, and combat stigma. Below is a detailed overview of each key document, highlighting their specific scope and objectives.

Programme on Mental Health Protection in the Republic of Serbia for the Period 2019–2026

Overview: Adopted in 2019 by the Government of Serbia and published in the Official Gazette (No. 62/2019), this program serves as the primary strategic framework for mental health reform over a seven-year period. It builds on international guidelines (e.g., WHO's Mental Health Action Plan) and responds to Serbia's identified gaps, such as limited specialist services and over-reliance on institutional care. It covers all age groups but emphasizes children, adolescents, and the elderly as priority populations.

1.2.Serbia

Main goals: The program seeks to overhaul the mental health system by improving diagnostics, treatment, and rehabilitation through a multi-tiered approach: integrating mental health into primary care (e.g., via domovi zdravlja), developing community-based services like day centers, and reducing institutionalization. It targets a 15% increase in early intervention access for youth aged 15–24 by 2026, alongside ensuring human rights protections (e.g., minimizing coercive measures) and reducing stigma through public campaigns. Funding is allocated via the state budget and EU support, though no specific figures are publicized.

Specifics: It mandates training for 500 healthcare workers by 2026 and aims to establish 20 new community mental health centers, though by 2025, progress remains slow, with only a handful operational due to the persistent shortage of psychologists (2 per 100,000 inhabitants).

National Youth Strategy 2023–2030

Overview: Launched in 2023 by the Ministry of Tourism and Youth, this strategy succeeds the 2015–2022 version, addressing youth aged 15–30 across nine strategic goals. Mental health is explicitly tackled under Measure 5.1 (“Healthy and Safe Youth”), reflecting lessons from the COVID-19 pandemic’s impact on young people’s well-being. It was developed with input from youth organizations and international partners like UNICEF.

Main goals: The strategy aims to foster healthy lifestyles and resilience by reducing risk behaviors (e.g., substance use) and enhancing mental health support. Specific objectives include training 1,000 youth workers and educators by 2025 to recognize mental health issues, launching awareness campaigns reaching 50,000 young people annually, and supporting vulnerable youth (e.g., refugees, Roma) through peer networks. It seeks a 20% reduction in reported stigma among youth by 2030. The Action Plan (2023–2025) allocates funding via ministry budgets and grants, though detailed expenditure reports are pending.

Specifics: Activities include school-based prevention programs and online platforms for mental health resources, but implementation is uneven, with urban areas like Belgrade seeing more progress than rural regions.

1.2.Serbia

Strategy for Development of Mental Healthcare (2007)

Overview: Adopted in 2007 (Official Gazette No. 8/2007), this was Serbia's first post-conflict strategic document on mental health, spanning 2007–2015. Developed amid post-1990s recovery, it aimed to modernize a fragmented system inherited from Yugoslavia, focusing on capacity building and primary care integration. It's now considered foundational rather than active, influencing subsequent policies.

Main goals: The strategy targeted a 25% increase in trained mental health professionals by 2015, aimed to integrate mental health services into 50% of primary healthcare facilities, and sought to halve the use of large psychiatric institutions by promoting outpatient care. It emphasized public education to reduce stigma, with plans for nationwide media campaigns. Funding relied on state and donor contributions, but allocations were inconsistent.

Specifics: It proposed hiring 200 additional psychiatrists and psychologists and establishing 10 pilot community centers, but by its end, only partial staffing gains were achieved, and institutional care remained dominant due to insufficient investment.

Law on Healthcare (2019)

Overview: Enacted in April 2019 (Official Gazette No. 25/2019), this law provides the legal backbone for Serbia's healthcare system, including mental health as an integral component. It applies to all citizens and is administered through the Ministry of Health and the Republic Health Insurance Fund (RZZO). It's a framework law, not a standalone mental health policy.

Main goals: It guarantees mental health as a universal right under Article 26, mandating prevention, diagnostics, treatment, and rehabilitation services across primary, secondary, and tertiary care levels. It aims to ensure equitable access, reduce health disparities, and align with EU standards. Specific mental health goals include embedding psychologists in health centers and funding psychiatric care via RZZO reimbursements.

Specifics: The law requires annual health plans to allocate resources for mental health, but in practice, only 123 psychologists serve primary care nationwide (PIN, 2023), and psychiatric services remain centralized, limiting rural access. No quotas or timelines for mental health improvements are specified.

1.2.Serbia

Law on Protection of Persons with Mental Disorders (announced 2023, not yet enacted)

Overview: Announced in 2023 as a draft by the Ministry of Health, this forthcoming law aims to replace outdated regulations (e.g., parts of the 1991 Law on Non-Contentious Proceedings) governing mental health treatment. It's still in development, with public consultations held in 2023, and seeks to comply with the UN Convention on the Rights of Persons with Disabilities.

Main goals: The law intends to regulate involuntary treatment with stricter oversight (e.g., judicial review within 48 hours), promote voluntary community-based care, and enhance patient autonomy. It targets a 30% reduction in institutional placements by 2030 and plans to establish 15 new day centres for rehabilitation by 2028, funded through state and EU sources.

Specifics: Draft provisions include training 300 social workers and healthcare staff in non-coercive methods by 2026, but delays in adoption, attributed to political and budgetary hurdles, mean no implementation has begun by 2025.

In Serbia, systemic support measures specifically targeting male athletes' mental health remain virtually non-existent. Mental health services for athletes are not institutionalized within national sports frameworks, and psychological support is not a standard component of sports club structures, especially at the local or semi-professional level. The existing measures are sparse, fragmented, and largely dependent on individual initiatives rather than organized, sustainable programs.

A few elite-level sports clubs (e.g., Partizan and Crvena Zvezda) occasionally collaborate with sports psychologists or external mental health consultants, but these services are typically informal, sporadic, or provided only upon specific incidents (such as injury recovery or crisis situations). There is no public data available on how many clubs provide consistent mental health services for athletes, nor are there publicly funded support programs tailored for this target group.

Some national sports federations, like the Basketball Federation of Serbia or the Olympic Committee of Serbia, have acknowledged the importance of mental health in recent years, especially during and after the COVID-19 pandemic. However, no structured mental health strategy has yet been adopted or implemented. In universities with sports science faculties, such as the University of Belgrade's Faculty of Sport and Physical Education, there are departments and researchers dealing with sports psychology, but their outreach to practicing athletes is minimal and not coordinated with national sports policy.

1.2.Serbia

In rare cases, male athletes may seek psychological support through private practice, but cultural stigma, financial constraints, and lack of awareness prevent many from doing so. A few sports clinics in Belgrade and Novi Sad offer psychological counseling (e.g., Medigroup and Vita Maxima), but again, these are not publicly promoted nor tailored exclusively for athletes.

Targeted programs and campaigns addressing the mental health of athletes, particularly male athletes, are practically nonexistent in Serbia. While general awareness of mental health has improved, and a number of national and local initiatives focus on youth, none offer systematic support tailored to the unique needs of athletes in competitive environments. Nevertheless, several promising practices can be highlighted as potential models for future adaptation and scaling:

KOM 018 - "Safebook for Safe Youth"

Implemented by Club for Youth Empowerment 018, this Erasmus+ project addressed youth safety and mental health in the digital age, with a focus on combating peer violence, managing stress, and building psychological resilience. Although not exclusively aimed at athletes, the project incorporated workshops with sports clubs and school-based sports groups, addressing topics such as performance pressure and emotional regulation. The project culminated in the development of a practical handbook for youth workers, including modules on mental health protection using non-formal education methodologies—many of which could be adapted for sports coaches and athletes.

"Sazvežđe podrške" - National Youth Mental Health Network

Initially launched by youth organizations in Novi Sad and later expanded to national outreach, the "Sazvežđe podrške" network connects civil society actors working on mental health education, crisis response, and advocacy. The initiative provides knowledge resources, peer support, and workshops on mental well-being, particularly targeting youth aged 15–30. While it does not work directly with athletes, its community-based model and emphasis on de-stigmatizing help-seeking behavior make it a useful reference for grassroots action in sports environments. A branch of the initiative was also launched in Niš through the Youth Center, advocating the creation of a "Mental Health Club" as a safe and creative space for young people to discuss mental health, identity, and stress.

1.2.Serbia

UNICEF Serbia – "Kako si? Ali stvarno" Awareness Campaign

This national campaign, launched in late 2022 by UNICEF and the Norwegian Embassy, aimed to raise awareness of mental health challenges among adolescents in Serbia. It addressed issues such as family conflict, bullying, trauma, social isolation, and emotional dysregulation—factors that are also prevalent in competitive sports settings. Activities included the development of localized mental health services in Subotica, Zrenjanin, and Kragujevac, a digital platform for youth mental health, and training for more than 150 professionals in providing youth-friendly psychosocial services. While not athlete-specific, this campaign sets a precedent for intersectoral collaboration and could serve as a policy model for integrating sport institutions into youth mental health programs.

Dušan Vlahović and UNICEF – Youth Mental Health Advocacy

In 2024, Serbian national team footballer Dušan Vlahović became an official partner of UNICEF Serbia in supporting mental health for children and young people. At a public event held in Belgrade's Sava Center, Vlahović shared his own perspectives on psychological well-being, encouraging youth to seek help without shame. His personal testimony, emphasizing that "strength lies in knowing when to ask for help," positioned him as a relatable role model for boys and young men navigating emotional struggles in silence. Vlahović's significant donation enabled the expansion of UNICEF's mental health services across the country, and his public engagement helped destigmatize mental health issues in sports. The campaign gave young people a chance to speak directly with the athlete, breaking barriers between celebrity, vulnerability, and public discourse. As a sports icon with international influence, his involvement demonstrates how powerful athlete advocacy can be in promoting help-seeking behavior and reshaping cultural narratives about masculinity and emotional openness.

These examples, while not yet fully integrated into sports institutions, demonstrate a growing awareness and readiness among youth organizations, educators, public figures, and civil society actors to address mental health challenges. They offer a foundation for future collaboration between the sports sector and mental health professionals. However, there remains a clear gap in strategic planning, funding, and policy commitment specifically targeting the mental health of athletes, a gap that this project seeks to highlight and begin to address.

1.3. Italy

Mental health challenges among male athletes in competitive sports have become a critical issue in Italy, where societal expectations, cultural norms, and high-pressure environments contribute significantly to unique psychological burdens. Here an analysis of the mental health landscape for male athletes in Italy will be provided, identifying key challenges, existing support systems, gaps, and recommendations for improvement with the ultimate goal to create a robust foundation for addressing these issues and fostering healthier sporting environments.

The importance of mental health in sports cannot be overstated. Athletes, particularly those at elite levels, face immense pressure to perform, often leading to stress, anxiety, and depression. Specifically, Italy faces significant mental health challenges, with approximately 18% of its population suffering from common disorders such as depression and anxiety, according to ISTAT (Italian National Institute of Statistics, 2022) (Italian National Institute of Statistics). Women report higher prevalence rates (20%) compared to men (15%), but men are far less likely to seek help due to stigma and societal expectations around masculinity. The COVID-19 pandemic exacerbated these issues, leading to a 40% increase in requests for psychological assistance between 2019 and 2021.

The mental health landscape in Italy is shaped by several factors:

- Stigma and cultural norms, meaning that Italian society often views mental health struggles as a sign of weakness, particularly among men. Italian Ministry of Health indicates that only 35% of men experiencing symptoms of depression or anxiety seek professional help. This stigma is deeply rooted in traditional gender roles and expectations, where men are expected to be strong and resilient.
- Another factor is regional disparities, with Northern and Central regions reporting higher prevalence rates of mental health disorders compared to Southern regions, likely due to socioeconomic differences and access to healthcare services. However, rural areas across Italy face significant barriers in accessing mental health resources. These disparities highlight the need for targeted interventions and policies to ensure equitable access to mental health services.

1.3. Italy

- A third factor is given when it comes to young adults: Individuals aged 18-34 are indeed particularly vulnerable, with over 25% experiencing mental health difficulties. This age group often juggles work, education, and personal relationships, creating multiple stressors. The transition to adulthood can be challenging, with young adults facing uncertainty about their future, financial instability, and the pressure to succeed in a competitive job market.

Some of key data points include an ISTAT Survey dated 2022, stating that among adults, 22% reported feeling lonely, with men being slightly less likely to admit loneliness than women. Loneliness is a significant risk factor for mental health issues, as it can lead to feelings of isolation and disconnection from social support networks. Another relevant contributor is World Health Organization, within it is possible to read that Italy is among the top European countries for suicide rates among men, with 75% of all suicides attributed to males. This highlights the urgent need for targeted interventions to address mental health challenges among men in Italy. Last but not least, University of Bologna highlights that 1 in 5 Italians has experienced a major depressive episode at some point in their lives. This statistic underscores the prevalence of mental health issues in Italy and the importance of addressing them through comprehensive policies and support systems.

In addition to this, men in Italy face unique mental health challenges rooted in societal norms and cultural expectations. University of Padua revealed that 55% of men aged 18-34 report moderate to severe symptoms of anxiety, often linked to economic pressures and social isolation. Men are less likely to seek professional help, with only 35% of those experiencing symptoms reaching out for support, according to the Italian Medicines Agency - AIFA.

Investigating the primary causes of mental health issues among men, we found out that major reasons are to be found within work-related stress - meaning that approximately 40% of men cite work as a major source of stress, with long hours, job insecurity, and performance expectations contributing significantly. The competitive nature of the job market and the pressure to succeed can lead to chronic stress and burnout personal relationships - with conflicts and family dynamics contributing to emotional distress for about 30% of men aged 25-40.

1.3. Italy

Divorce, separation, and parenting responsibilities further exacerbate these issues. Balancing work and personal life can be challenging, leading to feelings of overwhelm and inadequacy – and masculine role expectations – this latter, including the traditional views of masculinity discouraging men from expressing vulnerability, leading to suppressed emotions and unresolved mental health struggles. Many men feel indeed pressured to maintain an image of strength and control, inhibiting them from seeking help. These expectations can be particularly challenging for men who do not conform to traditional gender roles, leading to feelings of isolation and exclusion.

Some relevant case studies include both regional differences and economic pressures. About the first ones, it has been claimed that in Southern Italy, where traditional gender roles are more pronounced, men are even less likely to discuss mental health issues. For example, Sicilian Regional Health Survey found that only 20% of men admitted to feeling comfortable discussing their emotions with others. This regional difference highlights the need for culturally sensitive interventions that address the unique challenges faced by men in different parts of Italy. About the latter, relevant data attested that the economic crisis of 2008 left lasting scars on Italian society, particularly affecting young men who struggled to find stable employment. A study by the IRIS Unimore showed that unemployed men were three times more likely to experience depression compared to their employed counterparts. The economic instability and uncertainty about the future can lead to feelings of hopelessness and despair.

When it comes to mental health issues among professional athletes, specifically male athletes, in Italy they experience heightened mental health challenges due to the intense demands of competitive sports. Approximately 30% of professional athletes reported symptoms of anxiety or depression, among the key contributors including competitive pressure, physical injuries, post-retirement adjustment, and stigma and silence.

Indeed, the relentless pursuit of excellence creates immense pressure on athletes. Performance anxiety, fear of failure, and the constant need to meet expectations can lead to burnout. National Olympic Committee of Italy – CONI (National Olympic Committee of Italy) highlighted that 70% of elite athletes experience performance-related stress during competitions. The pressure to perform can be exacerbated by external factors such as media scrutiny, fan expectations, and the need to secure sponsorships and endorsements.

1.3. Italy

Injuries are a common occurrence in sports, and their psychological impact cannot be underestimated. Around 25% of male athletes who suffer serious injuries develop symptoms of depression or post-traumatic stress. The recovery process can be emotionally taxing, especially when combined with concerns about career longevity. Injuries can also lead to feelings of isolation and disconnection from the team and the sport, further exacerbating mental health issues.

When it comes to post-retirement adjustments, approximately 40% of former athletes struggle to adapt to life after sports, citing loss of identity, financial instability, and lack of purpose. Retirement from professional sports often leaves athletes without the structure and support systems they relied on during their careers. The transition to retirement can be particularly challenging for athletes who have dedicated their entire lives to their sport, leading to feelings of loss and uncertainty about the future.

Also, despite growing awareness, stigma surrounding mental health persists in Italian sports culture. Many male athletes fear being perceived as weak or unprofessional if they admit to struggling. As a result, they often suffer in silence, delaying necessary interventions. The stigma surrounding mental health can be particularly challenging for athletes who are expected to embody strength and resilience, both on and off the field.

Competitive sports in Italy impose significant psychological pressures on athletes, particularly young men. Intensive training schedules, familial expectations, and constant competition contribute to chronic stress. According to Corriere Della Sera, 60% of young athletes feel pressured to meet parental or coaching expectations, leading to maladaptive behaviours such as hyper competitiveness or excessive self-criticism.

1. Intensive training: Long hours and inadequate rest periods result in physical and emotional exhaustion. Many athletes train up to 8-10 hours per day, leaving little time for rest or personal activities. The intense training schedules can lead to burnout and increased risk of injury, further exacerbating mental health issues.

2. Social comparison: Constant comparison with peers fosters low self-esteem and insecurity. Social media platforms exacerbate this issue, with athletes often comparing themselves to others based on performance metrics or public perception. The pressure to meet or exceed expectations can lead to feelings of inadequacy and self-doubt.

1.3. Italy

3. Injury recovery: Physical injuries often trigger emotional distress, complicating rehabilitation processes. Athletes may also face pressure to return to competition prematurely, increasing the risk of re-injury. The recovery process can be emotionally taxing, as athletes may feel frustrated and impatient with their progress, leading to feelings of helplessness and despair.

Beside all of these, we should at the same time consider the impact on young athletes, especially when it comes to children and young men involved in competitive sports and facing unique challenges:

- Early specialization: Many young athletes begin specializing in a single sport at an early age, limiting their opportunities for diverse experiences and increasing the risk of burnout. Early specialization can also lead to overuse injuries and a lack of overall physical development, further exacerbating mental health issues.
- Parental expectations: Over Involved parents can create undue pressure, leading to anxiety and stress in children. Italian Youth Sports Association – IYSA (IYSA) found that 50% of young athletes reported feeling pressured by their parents to succeed. Parental expectations can be particularly challenging for young athletes who may feel that their self-worth is tied to their athletic performance.

In response to rising mental health concerns, the Italian government launched the National Mental Health Plan (PNM) in 2021, aiming to improve access to mental health services nationwide. Specific measures targeting athletes include guidelines for sports federations and the establishment of dedicated counselling networks.

While these efforts represent progress, significant challenges remain:

- Accessibility: Many athletes, especially those in lower-tier leagues, lack access to mental health resources. Barriers to access can include financial constraints, lack of awareness about available services, and stigma surrounding mental health.
- Awareness: Educating stakeholders, including coaches, parents, and teammates, about the importance of mental health is crucial for creating supportive environments. Increasing awareness can help to reduce stigma and encourage athletes to seek help when needed.

1.3. Italy

Despite it all, several support systems exist to address mental health challenges among male athletes in Italy. Below are some notable examples:

Sport Psychological Interventions for Cyclists During COVID-19: The Italian Association of Professional Cyclists (ACCPI) introduced an online Sport Psychology Intervention (SPI) during the COVID-19 lockdown to bolster the mental health of professional cyclists. This initiative provided tools to manage psychological stressors, resulting in improved well-being among participants. This highlights the need for targeted mental health interventions for athletes in Italy.

Sports Activity Limitation and Mental Health in Italian Youth: Research on the impact of COVID-19 on young Italian athletes underscored the necessity for mental health support during periods of disrupted sports activities. The findings indicated a need for psychological interventions tailored to children, adolescents, and young adults, which could also benefit male athletes at higher competitive levels.

General Mental Health Support for Athletes

Coaches' Role in Promoting Mental Health: Coaches are instrumental in creating a positive team environment and promoting mental health awareness among athletes. Integrating mental health resources into training programs has been shown to foster resilience and effective coping strategies, emphasizing the need for comprehensive mental health support within athletic settings.

Narrative Review on Male Athletes' Mental Health: A comprehensive review revealed that stigma remains a significant barrier for male athletes seeking mental health support. However, there has been progress in attitudes towards help-seeking within elite sports, with a growing emphasis on education and awareness to encourage male athletes to address their mental health needs. This underscores the importance of ongoing efforts to reduce stigma and promote mental health support for male athletes.

Accessibility and awareness remain significant barriers. Many athletes, particularly those in lower-tier leagues or rural areas, lack knowledge about available services. In addition, stigma continues to deter individuals from seeking help. Overcoming these barriers requires targeted outreach efforts and education campaigns to raise awareness about mental health and available support services.

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1.3. Italy

In Italy, several initiatives are active and have been established to promote mental health among athletes, including male athletes. Here are some notable examples:

1. European Alliance for Sport and Mental Health (EASMH): Launched by the European Culture and Sport Organization, the EASMH is a network that brings together mental health and sports professionals to develop sport-based recovery models for individuals with mental disorders. The alliance emphasizes the importance of physical activity in mental health rehabilitation and aims to foster knowledge exchange among professionals.

2. Dual Careers for Mental Health (DC4MH): The University of Verona leads the DC4MH project, which aims to optimize mental health services within European dual career (DC) organizations that combine elite sport and education. The project's objectives include developing, implementing, and evaluating evidence-based mental health promotion recommendations and tools. These focus on mental health structures in DC organizations, monitoring, literacy, and preventive psychological resilience-building strategies. The initiative seeks to enhance support services, facilitating a healthy balance between high-level sports and education.

3. Sport for Inclusion Network (SFIN): The Sport for Inclusion Network is an Italian initiative that has implemented or supported over 300 inclusive sport initiatives in the past year, benefiting more than 175,000 individuals. These initiatives primarily target disadvantaged persons, caregivers, teachers, educators, and organizations providing sporting activities, such as amateur sports associations and clubs. By promoting inclusive sports, the network aims to enhance mental well-being and social inclusion among participants.

4. Collaboration with Mental Health Publications: The European Culture and Sport Organization (ECOS) collaborates with Italian publications like KIP Journal to address the stigma surrounding mental health in sports. These collaborations focus on raising awareness about the benefits of sports for mental health, emphasizing improvements in physical health, mood, self-esteem, socialization, and a sense of belonging. Such efforts are particularly significant for individuals with mental disorders who may lead sedentary lifestyles and experience isolation.

1.4.Spain

The mental health situation in Spain has undergone significant change in recent years, with an increase in the visibility of mental disorders and a greater focus on improving resources and access to care. However, several challenges remain that hinder the full integration of mental health into the general health system. Some of the most relevant aspects of the current situation are described below:

In Spain, mental disorders are a significant public health problem. It is estimated that around 20% of the population will suffer from a mental disorder at some point in their lives. The most common disorders are:

- Anxiety disorders: Including generalized anxiety disorders, phobias, and obsessive-compulsive disorder (OCD).
- Depression: Major depression and related disorders are very common.
- Mood disorders: Such as bipolar disorder.
- Psychosis: Such as schizophrenia.
- Eating disorders, such as anorexia or bulimia.
-

The COVID-19 crisis had a notable impact on the mental health of the Spanish population. During the lockdown, there was a significant increase in cases of anxiety, depression, insomnia, and post-traumatic stress disorders. Uncertainty, isolation, and fear of the disease exacerbated pre-existing problems and caused new disorders in many people.

The Spanish public health system has made progress in mental health care, but it still has shortcomings in several aspects:

- Access and waiting times: Despite the existence of a well-established public health system, the demand for mental health care still exceeds supply. Waiting times for consultations with specialists, especially psychologists and psychiatrists, can be long, especially in some autonomous communities.
- Territorial inequalities: There are differences in access to mental health services by region. Rural areas, for example, have fewer available resources and fewer specialized care options than urban areas.
- Primary Care: Primary care physicians are often the first to detect mental health problems, but they are not always sufficiently trained to manage them appropriately. This can result in late referrals or inappropriate treatment.

1.4.Spain

Although there has been significant progress in reducing the stigma associated with mental disorders, it remains a significant problem in Spain. Many people still feel ashamed or afraid to talk openly about their mental health, which can make it difficult to seek help. Employment and social discrimination are also a reality for those suffering from mental illness.

The Spanish government and autonomous communities have implemented several plans and projects to improve mental health care:

- **Mental Health Action Plan 2022-2026:** This plan aims to improve care, reduce waiting times, and increase resources for mental health. It also seeks to improve the integration of mental health into the general healthcare system and promote community care.
- **Community Mental Health Centers:** Closer, community-based care models are being promoted to avoid the isolation of people with serious and chronic mental disorders. These centers offer accessible and personalized social, medical, and psychological support.
- **Psychologists in Educational Centers:** In some places, efforts are being made to integrate psychologists into schools and educational centers to offer preventive support and early intervention to young people.

Awareness about the importance of mental health has increased considerably in recent years, both in society and in the media. Various organizations, such as the Spanish Mental Health Confederation, are working to raise public awareness about the importance of mental health and reduce the associated stigma.

Although Spain has increased its efforts to improve mental health care, there is still a lack of sufficient financial resources to adequately meet the growing demand. The percentage of public spending on mental health in relation to total healthcare spending remains relatively low, limiting the scope and effectiveness of implemented policies.

Despite progress, the mental health situation in Spain remains an area with significant challenges. Growing demand, persistent stigma, and inequalities in access to services are some of the main obstacles. Sensitivity towards mental health has awakened in Spain. With the coronavirus pandemic, which has affected us in all walks of life.

1.4.Spain

Talking about mental health has many aspects, without going beyond classification: it is about mental illnesses, but also about addictions, to drugs, alcohol, gambling, videogames, social networks, etc., and other disorders of the behavior, among which in recent times eating disorders stand out, which multiply in young people. Difficult to detect at times, with barriers to adequate treatment and rarely well visible. But the data testifies to its magnitude, whether or not its presence is buried in the public conversation.

More than 2.1 million people with depression, 230.000 of them severe. In Spain, in mid-2020, there were 2.1 million people with a depressive picture, 5.25% of the population over 15 years of age in the entire country, according to the European Health Survey, whose data was released by the National Institute of Statistics (INE). April 2021. Of all of them, 230.000 people suffered from severe depression. The prevalence of depression in women doubles that of men (7.1% vs. 3.5%), and in cases of severe depression the difference is even greater: for every serious case in men there are 3.5 in women . Depressive symptoms are more frequent with increasing age and reach their maximum value among those over 85 years of age, where they affect 16% of the population. By autonomous communities, Castilla y León (10%) and the Valencian Community (9.8%) have the highest prevalence of depression among those over 15 years of age, and the lowest figures are in the Balearic Islands and Cantabria, as well as Ceuta and Melilla.

5% of Spanish people, diagnosed with anxiety and depression. Greece and Spain are the European Union countries with the highest prevalence of depression. In the case of Spain, it registered 5.714 cases per 100.000 inhabitants, according to 2019 data compiled by the Civio Foundation. Although it is far from the more than 8.600 cases in Portugal and the more than 7.000 in the Netherlands and Ireland, the countries most affected by these health problems, it means that in Spain five out of every hundred people are diagnosed with depression, and the same figure with regard to anxiety disorders (the prevalence is 5.129 cases per 100.000 inhabitants).

1.4.Spain

Spain, leader in consumption of anxiolytics and antidepressants. The solution to mental health problems is often identified with the prescription and consumption of medications. And this is largely due to the insufficiency of psychologists in primary care who would contribute to reducing the consumption of psychotropic drugs, which is really high in Spain. Spain is, along with Portugal, one of the OECD countries where the most anxiolytics and antidepressants are consumed. The data is eloquent and alarming: more than two million Spaniards take anxiolytics daily, which are easily accessible in pharmacies without the need for a specific diagnosis. Women double men in the consumption of psychotropic drugs and are more likely to diagnose anxiety, insomnia or depression, disorders that lead to a greater prescription of these substances. If there is no adequate investment in mental health within the National Health System, our country will suffer the consequences of having a medicalized society, experts warn.

Eating disorders, a chronic disease in adolescents. Another frequently silenced mental health problem is that of eating disorders (TCA). And it is because there is no updated and exact data on the number of people who suffer from it. Many do not seek treatment or have never received a diagnosis, either due to ignorance, due to difficulty in accessing the public system or treatment, or because they do not accept their disease. It is estimated that in Spain there are some 400.000 people who suffer from eating disorders. A report from the Spanish Society of General and Family Physicians (SEMG) in November 2018 ranked eating disorders as the third most common chronic disease among adolescents. And it is worrying that they appear at increasingly earlier ages, around 12 years of age. Although they affect both sexes, they are 2.5 times more frequent in women, with a prevalence of 4.1 to 6.4% in girls between 12 and 21 years of age, and 0.3% for men. The most common disorders are anorexia, bulimia, binge eating disorder, and other unspecified eating disorders. Social pressure, exerted especially through social networks, in the 'double edge' between the feeling of community and low self-esteem, is one of the main factors that favor the appearance of these disorders.

1.4.Spain

Almost 11 suicides every day in 2020. The rediscovery of mental health has made an almost always silenced topic emerge in the public debate, that of suicide. In 2020, 3.941 deaths from suicide or self-inflicted injuries occurred in Spain, the highest number in the last four decades. There are 8.3 suicides per 100.000 inhabitants per year, almost 11 people who took their lives every day last year, according to INE (STATISTICS NATIONAL INSTITUTE) data. And three out of four people who commit suicide each year are men (2.930 compared to 1.011 women). Of the total deaths from this cause, 300 were in people between the ages of 14 and 29. It is the first cause of unnatural death in young people of this age, even above traffic accidents. This statistic is striking in the youngest, whose emotional suffering has contributed to uncovering the pandemic. But neither should we forget that the highest proportion of suicides occurs among adults between 40 and 59 years of age and that, in the last decade, the proportion of suicides in those over 80 years of age has also increased.

COVID-19 pandemic takes its toll on mental health. As in so many other things, the COVID-19 pandemic has taken a heavy toll on the mental health of Spaniards and also in the rest of the world. The effects of the first months, with home confinement and uncertainty, were ambivalent. An increase was observed in the percentage of the population that experienced a feeling of being down or depressed, with problems sleeping and with little interest or joy in doing things. But, at the same time, the percentage that indicated feeling tired, feeling bad about themselves or having trouble concentrating decreased.

Less than 12 psychiatrists per 100.000 inhabitants. Specialists are needed in mental health care. It is a clear fact when comparing Spain with other European countries. According to Eurostat data from 2019, even before the pandemic, Spain was one of the countries with the lowest number of psychiatrists per 100.000 inhabitants (11.84), in the tail van of countries with available information, below Portugal, Romania and Cyprus and very far from the first positions, headed by Switzerland (52.37), Liechtenstein (41.49) and Germany (27.71), which have more doctors specialized in psychiatry in relation to their population.

1.4.Spain

The price of a treatment that not everyone can afford. In Spain, you do not have to make extra payments to access a psychologist's consultation in the public health system, but a session with a private specialist can cost between 50 and 100 euros, according to the analysis of the Civio Foundation for the European Data Journalism network. Network (EDJNet). Another issue is that the number of psychologists available in the national health system in Spain is very small, less than six psychologists per 100.000 inhabitants, when the European Union recommendation is that there be 18 specialists in the public care network. Thus, the waiting lists to access a psychological care consultation range between 27 days in Andalusia and 71 in Murcia, according to the available data from ten autonomous communities included in the aforementioned Civio study. In this way, waiting lists push patients with problems such as anxiety or depression into the private system, which constitutes a major obstacle to accessing treatment. Taking the country's minimum wage as a reference and an average price of 75 euros per session for a private psychologist, it would be necessary to dedicate the salary of more than one working day (almost ten hours) to pay for it. Access to a professional in this specialty is thus more expensive in Spain than in other European countries such as Sweden, the United Kingdom, Germany or Finland (Source: Civio / EDJNet).

Mental health issues in professional athletes, especially male athletes, have become an increasingly recognized topic in recent years. Constant pressure, high expectations, injuries, and retirement are factors that can negatively impact athletes' psychological well-being. Here's an overview:

Factors that contribute to mental health issues in male athletes:

Pressure and expectations:

Professional athletes face intense external pressures: from the media, their teams, their fans, and even themselves. This can lead to anxiety, stress, and, in more severe cases, depression.

Injuries:

Injuries are common in professional sports, but the inability to compete or train can profoundly affect athletes' mental health. Anxiety about recovery and the fear of never being the same, both physically and in terms of performance, are common problems.

1.4.Spain

Retirement from sports:

Retiring from professional sports can be a significant emotional and psychological blow. The lack of structure, purpose, and the transition to a life without the same routines and competitive demands can lead to depression and anxiety.

Culture of Masculinity:

In many sports, especially those traditionally associated with masculinity (such as soccer, basketball, or rugby), there is a stigma about showing emotional vulnerability. Male athletes may feel they must hide their emotions to avoid being perceived as weak or less "manly." This makes it difficult for them to seek professional help.

Impact of Fame:

Fame and public recognition can bring with them emotional isolation and constant pressure to maintain a perfect image. This can increase stress and contribute to anxiety and depression.

Common Types of Mental Health Issues

Anxiety: Athletes may experience anxiety about their performance, pressure to meet expectations, and fear of losing their place on the team or suffering a serious injury.

Depression: Constant stress, frustration over injuries, and a lack of emotional support can trigger depressive episodes. In some cases, athletes feel they no longer have a clear purpose after retirement.

Eating disorders: Especially in sports where weight and body shape are an important factor (such as gymnastics, track and field, or soccer), eating disorders, such as anorexia or bulimia, are common.

Post-traumatic stress: Some athletes, especially those who have suffered serious injuries, can develop post-traumatic stress disorder (PTSD) due to the physical and emotional trauma associated with those events.

According to the 2021 document "IOC MENTAL HEALTH TOOLKIT FOR ELITE ATHLETES. GUIDE WITH TOOLS FOR THE MENTAL HEALTH CARE OF ELITE COMPETITIVE ATHLETES" published by the International Olympic Committee, determining the prevalence of mental health symptoms and disorders in sport remains difficult, largely because elite athletes are not an easily accessible study population and because reliable, valid, and sport-specific screening tools are lacking.

1.4.Spain

This document contains useful information for those professionally involved in sport, such as athletes themselves, their coaches, and professionals dedicated to this field. It includes information on the main mental health issues affecting athletes, recommendations, prevention strategies, best practices, and resources for caring for the emotional well-being of athletes. The following statistics on mental health in elite athletes are also highlighted:

ANXIETY AND DEPRESSION.

- A 2019 meta-analysis found that 33.6% of elite athletes and 26.4% of former athletes reported symptoms of anxiety or depression.
- A 2020 study found a higher prevalence of anxiety and/or depression in female athletes (26.0%) than in male athletes (10.2%).

SLEEP-RELATED PROBLEMS.

- 49% of Olympic athletes have sleep deprivation (a term that includes multiple sleep problems).

SUBSTANCE ABUSE DISORDERS.

- The most common substances among elite athletes across all countries, sports, and genders are alcohol, caffeine, nicotine, cannabis or cannabinoids, stimulants, and anabolic androgenic steroids.

BIPOLAR AND PSYCHOTIC DISORDERS.

- A 2019 review notes that while evidence shows that the typical age of onset for bipolar and psychotic disorders coincides with the average peak performance in elite athletes, information on their prevalence and impact on athletic performance is limited.

EATING DISORDERS.

- The estimated prevalence of eating disorders among athletes in general ranges from 0% to 19% in men and from 6% to 45% in women. These figures are higher than those of non-athletes.

ATTENTION DEFICIT HYPERACTIVITY DISORDER.

- Although there is limited data regarding the prevalence of ADHD in athletes, a 2020 study of 333 elite Swedish athletes found that 5.4% of them exhibited symptoms of the disorder.

1.4.Spain

SUICIDE

·In the largest study of suicide among elite collegiate athletes in the U.S., suicide was found to be the cause of 7.3% of all athlete deaths. However, the study found that the suicide rate among collegiate athletes was lower than that of individuals in their same age group in the general U.S. population. A 2020 study found that 1 in 6 international track and field athletes reported experiencing suicidal ideation.

POST-TRAUMATIC STRESS DISORDER AND OTHER TRAUMA-RELATED DISORDERS

·Athletes can experience traumatic experiences both in and out of sports. These experiences can range from sports injuries to unrelated life situations. Research on the prevalence of trauma-related disorders in elite athletes is limited.

GAMBLING AND OTHER BEHAVIORAL ADDICTIONS.

·A 2016 study of gambling among European professional athletes revealed that 56.6% had participated in some form of gambling in the past year, and that 8.2% had or had a gambling problem.

ALCOHOL ABUSE.

·A 2020 study revealed hazardous alcohol use in 25.8% of athletes. In a 2018 meta-analysis, 19% of athletes and 21.1% of former athletes reported symptoms related to alcohol abuse.

Solutions and progress.

- Increased Awareness and Destigmatization: In recent years, mental health in sports has received more attention, and many athletes now feel more comfortable talking about their issues. Sports organizations are beginning to offer more resources and psychological support.

- Emotional Support Programs: Many sports teams and organizations have implemented mental wellness programs, which include hiring sports psychologists and coaches specialized in stress and anxiety management.

- Redefining Masculinity in Sports: A cultural shift is emerging that allows male athletes to express their emotions and seek help without judgment. This has been supported by public figures who have spoken openly about their own psychological struggles.

- Prevention Instead of Intervention: Some training programs now include preventative psychological components, which help athletes develop tools to manage stress and expectations before serious problems arise.

1.4.Spain

The mental well-being of male professional athletes is beginning to receive more attention, although much remains to be done. Constant pressure, expectations, and a "show no weakness" culture remain significant barriers to many athletes seeking help. However, the growing visibility of these issues is helping to change the narrative, and steps are being taken to provide more support. Competitive sports can be a significant source of stress and a risk factor for mental health, especially among children and young people. Although physical activity has numerous benefits, competitive pressure and high expectations can lead to psychological problems.

Stressors in Competitive Sports.

- Pressure to Perform: Young athletes may feel the need to excel, which generates anxiety and fear of failure.
- External Expectations: Parents, coaches, and peers may impose excessive expectations, increasing stress.
- Training Load: Intensive training from an early age can lead to physical and mental exhaustion.
- Injuries and Recovery: Injuries can affect self-esteem and generate anxiety about the possibility of not being able to return to the same competitive level.
- Life-Sport Imbalance: Extreme dedication to sports can affect social and academic development.

Mental Health Risks:

- Anxiety and Chronic Stress: Constant pressure to perform well can lead to anxiety disorders.
- Depression: Comparing yourself with others, fear of failure, and a lack of balance in life can affect your mood.
- Burnout: This manifests as extreme fatigue, loss of motivation, and decreased performance.
- Eating Disorders: In some sports, an obsession with weight and body image can lead to disorders such as anorexia or bulimia.

1.4. Spain

Spain's national response to mental health challenges is framed by the **Mental Health Strategy of the National Health System (2022–2026)**, adopted by the Institutional Committee and the Interterritorial Council of the National Health System. This strategic document is the result of a multi-stakeholder dialogue involving health professionals, scientific societies, civil society actors, and individuals with lived experience. The strategy outlines new strategic lines, integrates updated international recommendations, and establishes a framework for evaluation in cooperation with autonomous communities. Special attention is given to the impact of COVID-19, with an explicit focus on vulnerable groups, including children, adolescents, and people at social risk. As part of this framework, in October 2021, Prime Minister Pedro Sánchez announced the launch of a free and confidential 24-hour mental health support hotline for individuals experiencing suicidal thoughts or emotional crises. The hotline forms part of the 2021–2024 Mental Health Action Plan, backed by a dedicated budget of 100 million euros. The plan also includes a large-scale public awareness campaign aimed at reducing the stigma associated with mental illness and promoting open dialogue about emotional well-being. Central to this campaign is the commitment to de-normalize harmful coping mechanisms (e.g., excessive use of medications to manage everyday stress and anxiety) and to create conditions for collective societal support. Strategically, the government prioritizes the promotion of emotional well-being in early life stages, with a focus on childhood, adolescence, and socioeconomically disadvantaged populations. The approach recognizes the structural nature of mental health challenges and emphasizes collaboration between scientific and civil sectors in both diagnosing issues and delivering appropriate support.

In Spain, several relevant initiatives have emerged to support the mental health of athletes, especially male athletes:

1. **“Beyond the Podium” (2024)** – A national program led by the Blanca Foundation Chair, supported by the Government of Aragón and the Universo Mujer program. It provided training in emotional resilience, prevention, and early intervention to athletes, coaches, and sports professionals across six cities. The program emphasized destigmatization and the integration of mental health into sports culture.

1.4.Spain

2. “Confía” Program (2023) – A regional initiative by the Community of Madrid, offering conferences, podcasts, and one-year psychological support for high-level athletes. It targeted motivation, stress, and emotional challenges through preventive education and direct professional support.

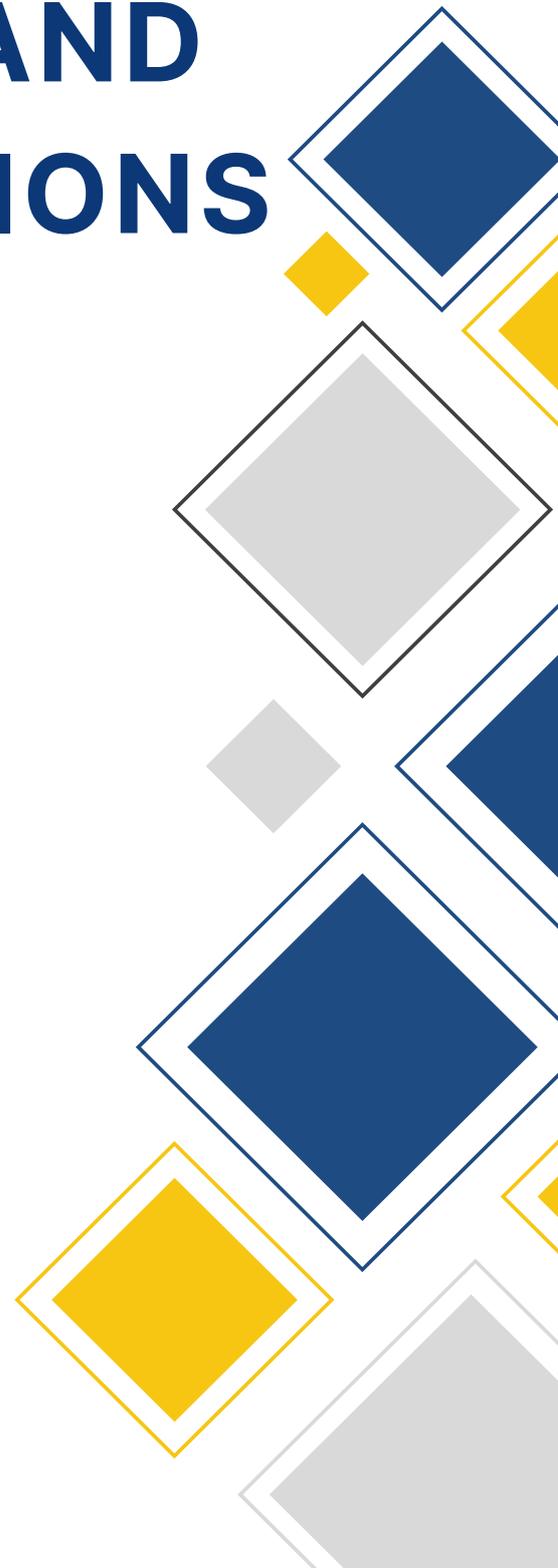
3. Blanca Foundation & Fundación Salud y Persona Collaboration – Offers 24/7 confidential psychological support to 4,000 elite athletes and their families. Services include emotional support, life planning, financial counseling, and awareness campaigns such as the documentary “El Viaje. The Mental Health Medal.”

4. Pablo de Olavide University Observatory – A research-based initiative to monitor burnout, stress, and resilience among Spanish athletes. The Observatory provides data to shape interventions and focuses especially on young and non-elite athletes.

5. Complementary efforts – Grassroots events like CADEBA Junior’25, rehabilitation models integrating mental health (e.g., Nayara Arroyo’s recovery), and sports psychology programs by AEPS that support mental wellbeing across team sports.

These initiatives reflect Spain’s growing commitment to integrating mental health into the sports sector and supporting athletes at all levels through education, professional services, and institutional cooperation

2. CHALLENGES AND RECOMMENDATIONS





2.0.MAIN CHALANGES AND RECOMMENDATIONS

The recommendations presented in this handbook are the result of structured focus groups conducted with key stakeholders from the sports community across four European countries. Each session brought together a carefully selected and diverse group of participants, including active and former athletes (both youth and professional), coaches from different disciplines, sports psychologists, referees, university professors in physical education, and volunteers engaged in grassroots sports. The focus was placed on male-dominated sports environments in order to capture a wide range of experiences and attitudes related to mental health among boys and young men.

The methodology guiding these sessions was grounded in participatory and non-formal education principles, designed to enable open, trust-based dialogue among individuals with varied but complementary perspectives. Participants worked in small mixed groups using structured guiding questions and real-world scenarios to explore common stressors, systemic gaps, and opportunities for improvement. Discussions covered both short-term and long-term mental health risks, from performance pressure and injuries to stigma, emotional isolation, and career transitions. The variety of backgrounds, from youth athletes to seasoned coaches, and from academic experts to community workers, ensured that the insights collected reflect the complexity and diversity of the sports ecosystem.

In total, 120 individuals contributed to these conversations, offering practical, experience-based solutions that directly inform the recommendations that follow. These voices represent not only the challenges but also the readiness and commitment within the sports sector to improve mental health outcomes for male athletes.



2.1.FOCUS GROUPS' FINDINGS

Identified Problems: mental health risks in competitive sports for men

The findings from focus groups across Spain, Italy, Portugal, and Serbia reveal a shared set of concerns related to the mental health of male athletes in competitive sports. Despite cultural and structural differences across contexts, participants identified a number of recurring and deeply interconnected issues:

1.Performance pressure and perfectionism

Across all four countries, athletes reported high levels of stress caused by constant pressure to win, meet expectations, and avoid failure. This pressure is internal (self-demand) and external (coaches, parents, fans, media). It begins at an early age and continues throughout a professional career. Athletes expressed that fear of failure, anxiety before competition, and obsession with results frequently led to emotional instability, low self-esteem, and depression.

2.Stigma and emotional suppression

Participants highlighted a widespread stigma around discussing mental health in sports. The dominant "strong athlete" narrative prevents open expression of vulnerability, especially among men. Many athletes fear being judged as weak or unfit if they speak up about emotional difficulties. This creates isolation, delayed help-seeking, and reinforces a culture of silence around psychological well-being.

3.Lack of professional psychological support

In all countries, especially at grassroots and youth levels, there is a notable lack of mental health professionals integrated into clubs and sports institutions. Coaches are often unprepared and unsupported in addressing athletes' emotional needs. Financial constraints prevent clubs from hiring trained psychologists, and mental health remains a secondary concern in organizational priorities.

4.Influence of family and social environment

Parental pressure, especially in early stages of athletic development, was identified as a significant stressor. Unrealistic expectations, emotional projection, and excessive involvement from family members often lead to guilt, anxiety, and burnout among young athletes. Additionally, societal admiration of athletic success sometimes masks the personal struggles of those in the spotlight.

2.1.FOCUS GROUPS' FINDINGS

5.Media exposure and social comparison

Media narratives and overexposure on social networks increase the mental health burden. Athletes are subjected to constant comparisons, public scrutiny, and pressure to maintain idealized images. Youth participants reported feeling inadequate when comparing themselves to professionals, while professional athletes expressed stress from invasive coverage and unrealistic portrayals.

6.Transition and post-career uncertainty

Uncertainty about life after sport emerged as one of the most overlooked but critical challenges. Many athletes lack formal education or professional planning outside sports. Injuries, retirement, and contract instability create existential anxiety, identity crises, and in some cases, financial hardship.

7.Injuries and physical vulnerability

Fear of injury and the consequences it might have on future performance, selection, or contracts creates chronic stress. Recurrent or long-term injuries are linked to depression, anxiety, and disengagement. Athletes often feel pressure to continue performing despite not being physically or mentally ready.

8.Structural and educational gaps in the sports system

Participants across countries described sport systems that are results-oriented but emotionally unsupportive. Training programs rarely include emotional development or mental health education. Coaches and staff are often unequipped to recognize or respond to psychological distress.

2.1. CONSOLIDATED RECOMMENDATIONS FOR ACTION

These recommendations are derived from the lived experiences and professional insights of athletes, coaches, educators, psychologists, and sports managers across four countries. They are grouped according to strategic areas of intervention and are suitable for policy advocacy, organizational planning, and practical implementation.

A. Institutional and policy-level recommendations

- Develop national and local guidelines on mental health in sports, including mandatory protocols for psychological support.
- Integrate mental health services into sports club infrastructure, especially at youth and amateur levels.
- Allocate public funding for psychological care in sports settings, including scholarships and grants.
- Establish observatories or data systems to monitor mental health trends among athletes.
- Introduce regular mental health screenings as part of athletes' medical evaluations.

B. Support for athletes

- Promote emotional literacy and mental health education from early stages of sports participation.
- Encourage athletes to adopt self-care strategies, including stress management and emotional regulation techniques.
- Create peer support and listening groups within teams.
- Provide accessible, confidential psychological support services within clubs.
- Promote athlete role models who speak openly about mental health.

2.1. CONSOLIDATED RECOMMENDATIONS FOR ACTION

C. Training and resources for coaches and staff

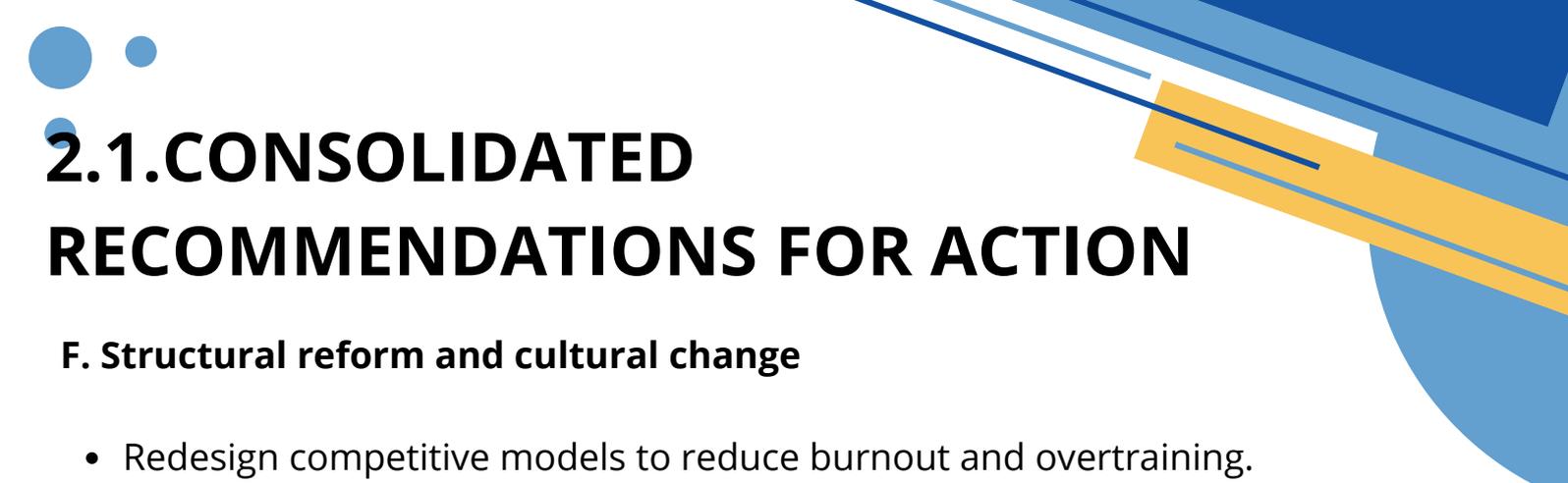
- Make mental health awareness and psychological first aid a mandatory part of coaching education.
- Offer ongoing workshops and mentorship for coaches on managing stress, trauma, and team dynamics.
- Equip coaches with basic tools to identify emotional distress and respond with empathy.
- Shift coaching culture from control and criticism toward support and communication.

D. Collaboration with mental health professionals and institutions

- Establish formal partnerships between sports clubs and mental health organizations.
- Include psychologists in the regular functioning of teams, not only in crisis situations.
- Involve experts in designing training programs and competition schedules that consider psychological well-being.

E. Media and public communication

- Develop media guidelines for responsible reporting on youth and professional sports.
- Avoid glorifying unhealthy competition and deifying young athletes.
- Use media platforms to promote mental health awareness and destigmatization.
- Support campaigns that showcase real-life stories of recovery, vulnerability, and balance.



2.1. CONSOLIDATED RECOMMENDATIONS FOR ACTION

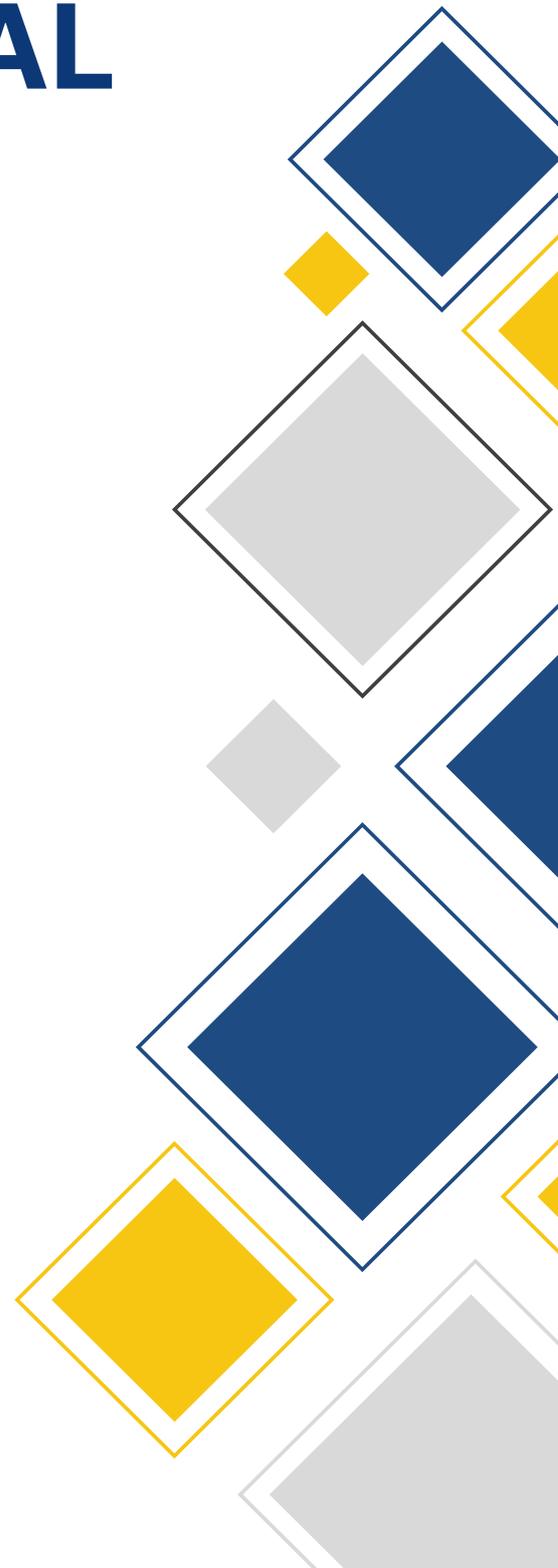
F. Structural reform and cultural change

- Redesign competitive models to reduce burnout and overtraining.
- Reframe success in sports to include well-being and personal growth, not just medals and rankings.
- Involve athletes in decision-making processes related to their mental and emotional health.
- Ensure transition programs and career planning are available to all athletes, especially at the end of their careers.

These recommendations represent a collective vision for a healthier, more humane sports culture, one that values performance and mental well-being equally, and builds environments where male athletes can thrive as both competitors and individuals.



3. PRACTICAL SESSIONS



3.1. Stereotype Mask Game

Theme: Stereotypes and Appearances in Sports

Target group: Young male athletes (ages 12–19)

Time: 60 minutes

OVERVIEW

This interactive session explores how social stereotypes can affect behavior and participation, especially in team sports. Through a symbolic and engaging game, participants will experience the effects of labeling and reflect on the mechanisms through which stereotypes are created and maintained, as well as strategies to dismantle them in sports and daily life.

OBJECTIVES

- To raise awareness among young people about the impact of social stereotypes in sports settings.
- To foster empathy and encourage inclusive behavior.
- To reflect on how stereotypes influence team dynamics, cooperation, and participation.
- To promote critical thinking and self-awareness about unconscious bias.

GROUP SIZE: 12–20 participants (two teams of 6–10 people)

MATERIAL

- Paper masks or card labels with stereotypical roles (e.g., “Nerd”, “Weak”, “Tough guy”, “Troublemaker”, “Crybaby”, “Leader”, “Weird”, “Princess”)
- Elastic bands or clips to attach the labels to participants’ foreheads (without them reading their own label)
- Colored armbands or bibs to distinguish the two teams
- A ball or other simple sports equipment (football, handball, etc.)

PREPARATION

Prepare the stereotypical labels in advance and ensure they are attached in a way that others can read them but the wearer cannot. Set up a small playing field with clear team areas. Facilitators should choose a simple game that doesn’t require extensive instruction (mini-football, handball, or a relay).

3.1. Stereotype Mask Game

INSTRUCTIONS

At the start of the session, the facilitator prepares the participants by randomly assigning each of them a label containing a stereotypical role, such as 'Nerd', 'Leader', or 'Crybaby'. These labels are attached to each participant's forehead in a way that allows others to read them, but not the wearer themselves. The group is then split into two teams, and a simple match-based game is introduced. At this stage, the participants are unaware of the relevance of the labels. (10 minutes) As the game begins, participants are instructed to treat others based on the visible stereotype label. They are encouraged to interact accordingly — ignoring, supporting, or challenging teammates based on perceived roles. For instance, a participant labeled as 'Nerd' might be ignored during the game, while the 'Leader' may be deferred to or followed. Throughout the match, the facilitator closely observes behavior and team dynamics, noting how instructions and labels influence inclusion, cooperation, and participation. (30 minutes)

Behavior Observation Grid

Use this grid during the match to take quick notes on how stereotypes are affecting behavior.

Player (Name/Number)	Assigned Stereotype	Ignored? (Yes/No)	Over-relied on? (Yes/No)	Verbal Treatment (Good/Bad)	Body Language / Notes

Once the activity ends, participants are invited to remove their labels and discover how others saw them. This reveal prompts a guided group discussion. The facilitator poses reflective questions that allow participants to explore how it felt to be excluded or overly relied on, whether their own behaviors shifted during the match, and what this teaches about the power of stereotypes in real life. The session closes with a collective conversation on how to dismantle these patterns and foster more inclusive environments in sports and beyond. (20 minutes)

3.1. Stereotype Mask Game

A group discussion follows, led by the facilitator with guiding questions:

- How did it feel to be ignored or favored?
- Did you notice any changes in how you behaved toward others?
- Have you ever made a quick judgment about someone based on appearance or hearsay?
- Have you ever experienced this in real life?
- What stereotype do you feel is most common in sports?
- How do stereotypes affect sports performance and inclusion?
- What can we do to create more inclusive teams and break these patterns?

DEBRIEFING AND EVALUATION

Debriefing will take place immediately after the activity with a semi-structured dialogue. Key questions include:

- “What did you feel during the game?”
- “What surprised you the most when you discovered your label?”
- “What would you do differently next time you’re on a team?”
- “Can you think of a real-life example of similar behavior?”

Evaluation is done verbally, inviting participants to share insights and lessons learned. A final group round can be used to collect one word per person summarizing their experience.

TIPS FOR FACILITATORS

Ensure a safe and respectful environment; stereotypes used must be familiar but not offensive. Avoid any that could reinforce trauma or discrimination. Be prepared to step in if the game becomes too emotionally charged or if someone feels excluded beyond the scope of the exercise. Use neutral language and focus the reflection on behavior and group dynamics, not personal identity. Emphasize that the purpose is to learn through experience, not to judge one another. Have a backup lighter activity or energizer in case the mood needs lifting post-debriefing.

3.1. Stereotype Mask Game

HANDOUT 1 Stereotype Label Cards

Label	Type	Brief Description
Nerd	Stereotype	Perceived as smart but socially awkward or weak
Crybaby	Stereotype	Seen as overly emotional or fragile
Troublemaker	Stereotype	Assumed to be disruptive or rule-breaking
Princess	Stereotype	Viewed as delicate or entitled
Leader	Positive Bias	Naturally expected to take charge
Lazy	Stereotype	Assumed to avoid effort or responsibility
Weak	Stereotype	Perceived as lacking strength or confidence
Tough Guy	Stereotype	Seen as aggressive or dominant
Weirdo	Stereotype	Considered strange or socially different
Clown	Stereotype	Not taken seriously, expected to be funny

3.1. Stereotype Mask Game

HANDOUT 3

STEREOTYPES – simplified and generalized opinions about certain group of people, assumptions that all members of the certain group have the same characteristics (they can be negative and positive). For example, “Roma people are thieves” or “All African Americans are great basketball players”

PREJUDICES – negative feelings and attitudes towards an individual or certain social group, not based on reasonable and balanced knowledge and experience about that individual or group; unlike stereotypes, prejudices involve emotions and evaluation in reasoning. For example, “Chinese people are dirty, they are disgusting”.

DISCRIMINATION - in all its possible forms and expressions – is one of the most common forms of human rights violations and abuse. It affects millions of people every day and it is one of the most difficult to recognize. It occurs when people are treated less favorably than other people are in a comparable situation only because they belong or are perceived to belong to a certain group or category of people. People may be discriminated against because of their age, disability, ethnicity, origin, political belief, race, religion, sex or gender, sexual orientation, language, culture and on many other grounds. Discrimination, which is often the result of prejudices, makes people powerless, impedes them from becoming active citizens, restricts them from developing their skills and, in many situations, from accessing work, health services, education and other areas of life. Prejudices + action = discrimination

3.2. Invisible Barriers

Theme: Exploring how invisible forms of bias, stereotypes, and unequal access impact fairness in sports and physical activities.

Target group: Young male athletes (ages 12–19)

Time: approximately 60 minutes

OVERVIEW

This dynamic session engages participants in a physical activity designed to simulate the unequal conditions faced by individuals due to stereotypes and bias. Through a symbolic relay race, each team experiences different invisible barriers that mirror real-life inequalities in sports settings. The objective is to create awareness of how such obstacles can shape participation and outcomes in unfair ways, even when they are not visible or openly acknowledged.

OBJECTIVES

- To raise awareness of how stereotypes and bias affect fairness in sports.
- To encourage participants to physically experience inequality through symbolic barriers.
- To stimulate reflection on inclusion, equity, and access in team settings.
- To promote empathy by letting participants feel both disadvantage and advantage.
- To develop critical thinking around fairness, privilege, and hidden obstacles.

GROUP SIZE: 12–20 participants (divided into 3 to 4 balanced teams of 3 to 5 players each)

MATERIAL

- Cones or markers to create 3–4 parallel race lanes (15–20 meters).
- Blindfolds or scarves for specific obstacles.
- Balloons or small balls for mini-challenges.
- Lightweight ropes or ribbons to “block” or restrict lanes.
- Printed “Barrier Cards” with symbolic limitations.
- Stopwatch to track relay time.

3.2. Invisible Barriers

PREPARATION

Before the session, facilitators should set up a 15–20 meter race course with 3 or 4 parallel running lanes, using cones or markers. Each lane should be prepared to include specific obstacles based on Barrier Cards. These might include markers for where a team must pause, areas requiring hopping, or limitations on the number of team members. Prepare one card per team to be handed out before the race. Ensure at least one team receives a card without any restrictions to create a visible contrast.

INSTRUCTIONS

Begin by dividing the group into equal-sized teams and introducing the idea of a relay race. Each team will run to the end of their lane, complete a small task such as dribbling a ball, hopping, or carrying a balloon, and then run back to tag the next teammate. (5 minutes)

After forming the teams, hand out a Barrier Card to each group. Each card outlines a symbolic limitation they must follow during the race, such as starting behind the others, hopping instead of running, or competing with fewer players. At least one team should receive a card with no barriers, in order to emphasize the contrast and spark reflection. (10 minutes)

Once the cards are assigned, the race begins. Teams run the relay under different conditions, and the facilitator carefully observes how participants react to the unequal rules, paying attention to behaviors, interactions, and emotions. (20 minutes)

After the race, gather all participants into a circle for a debrief. The facilitator leads a guided group discussion using reflection questions to explore how the activity made them feel, how fairness was perceived, and what this experience reveals about stereotypes and hidden disadvantages in real life. (25 minutes)

3.2. Invisible Barriers

DEBRIEFING AND EVALUATION

Debriefing will take place immediately after the activity with a semi-structured dialogue. Key questions include:

- Was that a fair race? Why or why not?
- How did it feel to race with extra limitations or barriers?
- What did you notice about your own team's experience?
- Did this activity remind you of any real-life situations in sports or beyond?
- How do stereotypes create invisible disadvantages in group activities?
- What can we do to build teams that are truly inclusive and fair?

TIPS FOR FACILITATORS

Prioritize psychological and physical safety: avoid using real identities or traits in assigning barriers. Make sure the space is suitable for running and adaptable for different ability levels. Frame the activity as symbolic—not a competition but a learning experience. Be ready to guide emotional reactions with care and openness. Prepare a light energizer activity to close on a positive note if needed. Avoid blame or guilt; focus on structural fairness and collective learning.

3.2. Invisible Barriers

Handout 1

Example 'Barrier Cards' for the activity

Barrier Title	Barrier Description
You're underestimated	Start 5 meters behind the others
You're not given proper gear	You must hop instead of running
You're judged unfairly	Pause for 3 seconds before you move each leg
You're overlooked	Your team only gets 3 runners instead of 4
You're fully included	No barriers

3.3. Fair Play Game

Theme: Fair play, anti-bullying, and emotional intelligence through team sports.

Target group: Young male athletes (ages 12–19)

Time: 90 minutes

OVERVIEW

This session uses team sports as a non-formal education tool to promote awareness about bullying and the power of words and attitudes in competitive contexts. Participants will play two games: the first without knowing they are being evaluated on behavior, and the second with full awareness. The experience aims to show the impact of supportive or harmful behavior and speech on individuals and teams.

OBJECTIVES

- To raise awareness of how bullying and aggressive speech can occur in sport.
- To help participants reflect on how their words and actions influence others.
- To promote conscious, supportive, and respectful behavior during competition.
- To encourage empathy and team cohesion.

GROUP SIZE: 10–20 participants (2 balanced teams)

MATERIAL

- Ball (football, basketball, or volleyball, depending on chosen sport)
- Whistle (optional)
- Cones or markers for boundaries
- Printed Behavior Evaluation Grid (Handout 1)
- Clipboards or hard surfaces for observers to write on
- Flipchart or board for showing final scores
- Pens

PREPARATION

Choose a team sport appropriate to the space and group (e.g., football, basketball, volleyball). Prepare the field/court with visible boundaries. Print enough copies of the Behavior Evaluation Grid for all facilitators/observers (at least 1 each 5 participants). Assign facilitators to observe and evaluate players' behavior without telling the group.

3.3. Fair Play Game

INSTRUCTIONS

At the beginning of the session, the facilitator divides participants into two balanced teams and introduces the activity as a friendly match of the chosen sport, such as football, basketball, or volleyball. Participants are instructed on the basic rules of the game, but are not informed that their behavior will be evaluated. This first game serves as a hidden evaluation phase, during which facilitators quietly observe interactions, using a Behavior Evaluation Grid (Handout 1) to note both positive and negative behaviors such as expressions of team spirit, empathy, shouting, compliments, or put-downs. The participants engage freely, believing the match is being played purely for fun and competition. After the match concludes, the group is gathered for a discussion. Here, the facilitator reveals that their behavior had been under observation throughout the game, and announces that scores were not only based on goals or points, but also on how players treated each other. Using anonymous examples, the facilitator explains what types of behavior were rewarded or penalized and presents the teams' scores based on this evaluation. Following this short reflection, the facilitator introduces the second game. This time, the behavior scoring system is clearly explained, and participants are shown or given a copy of the Behavior Evaluation Grid. They now understand that their communication, cooperation, and emotional responses will influence the final score. The same game is played again, but with increased awareness and intention. Now participants should be careful to use positive behaviours, in order to win the game. Finally, after this second round, participants are brought together to compare the two experiences and reflect on how their awareness affected their behavior. This creates a meaningful space to discuss the themes of respect, empathy, and the subtle forms of bullying that can appear in competitive settings.

DEBRIEFING AND EVALUATION

Facilitate an open group circle. Use these guiding questions:

- How did the two matches feel different?
- How did it feel knowing your behavior mattered as much as the result?
- Did someone's kind word or gesture help you during the game?

3.3. Fair Play Game

- Did anyone feel excluded or discouraged? Why?
- What did we learn about bullying in sports through this activity?
- What kind of team player do you want to be from now on?

Encourage honest sharing. Emphasize that inclusion and respect can change how people feel in any group or game.

TIPS FOR FACILITATORS

Have 1 facilitator each 5 participants minimum to observe effectively and ensure objectivity. Keep the tone light during the first match, but remain alert to aggressive behavior. During the reveal, be constructive and educational, not accusatory. Adjust the scoring system based on age, sport, or group dynamics if needed. Make sure every participant is seen and heard during the reflection.

MATERIAL FOR FACILITATORS

- Effective Communication in Youth Sports

<https://communityrecremag.com/effective-communication-in-youth-sports/>

- A Coach's Guide to Developing a Positive Youth Sport Team

https://sportpsych.unt.edu/files/coachbrochfinal_11-14.pdf

- Coach communication is key

<https://www.psychologytoday.com/us/blog/the-whole-athlete/202404/coach-communication-is-key>

3.3.Fair Play Game

Handout 1: Behavior Evaluation Grid (for facilitators)

Positive Behavior (Bonus)

- Encourages teammates verbally – +3
- Compliments the other team – +3
- Helps an opponent or teammate who fell – +2
- Shares the ball and avoids selfish play – +2
- Celebrates others' success (high-five, cheer) – +2
- Takes responsibility for a mistake – +2
- Supports a teammate after failure – +3

Negative Behavior (Malus)

- Shouts aggressively or with anger – -2
- Insults teammates or opponents – -5
- Blames others for personal mistakes – -3
- Laughs at someone's failure or error – -4
- Refuses to interact or play collaboratively – -3
- Uses passive-aggressive or sarcastic remarks – -2

3.4. Peer Pressure in Sport

Theme: Peer pressure

Target group: Young male athletes (ages 12–19)

Time: 60 minutes

OVERVIEW

This workshop explores peer pressure in the context of sports. Through guided discussion and a fictional scenario, participants will reflect on the influence of teammates and the sports environment on their decisions. It helps athletes understand both the power of their team dynamics and their individual responsibility when making difficult choices, particularly those involving loyalty, risk-taking, and the desire to fit in.

OBJECTIVES

- To help participants identify different sources of influence in the sports environment (teammates, coaches, fans, etc.)
- To increase awareness of peer pressure dynamics within male sports teams
- To develop critical thinking about decision-making in high-pressure social contexts
- To strengthen self-confidence and assertiveness in saying “no” to harmful peer behaviors

GROUP SIZE: 15–25 participants

MATERIAL

- Flipchart and markers
- Printed copies of Handout 1 (discussion questions) – 1 per group
- Printed copies of Handout 2 (Marco’s story) – 1 per group
- Pens

3.4. Peer Pressure in Sport

PREPARATION

Read the full story and discussion questions in advance. Print or prepare handouts. Set up the room for with chairs in half circle but easy to move for small-group discussion. Prepare flipchart with the opening question: “Who or what influences your behavior in sports?”. Review possible real-life examples from the media (e.g. sports peer pressure incidents) to introduce if needed. Prepare to share one neutral or third-party example to model openness without self-disclosure. Briefly review confidentiality rules with the group before starting to build trust

INSTRUCTIONS

Begin with an open discussion using these questions:

- Who or what influences how you behave in your sport?
- What are the expectations of your coach, teammates, family, fans?
- In your opinion, whose influence is strongest in your athletic life? Why?

Encourage participants to name different sources: coach, team captain, family, social media, sponsors, fans, and teammates. Write responses on a flipchart and briefly discuss: Are all influences equal in strength? Can you decide which influence to follow or reject? Have you ever felt pressured by your teammates to do something you didn't want to?

Conclude this 10-minute intro by stating that the focus will now shift to peer pressure among teammates.

Break participants into small groups (4–6 athletes). Read the “I didn't want to be the weak link” story out loud (Handout 2).

After reading the story, distribute Handout 1 (discussion questions) to each group. It is important to actively listen to the situation from this story, to discuss and answer questions. Allow 10-15 minutes for group discussion. Each group then presents their reflections to the wider group. Encourage connection to real-life team dynamics.

3.4. Peer Pressure in Sport

HANDOUT 1 — “I DIDN’T WANT TO BE THE WEAK LINK”

Marco is a 17-year-old basketball player who recently made the starting lineup of his regional team. The team is tight-knit and mostly made up of older boys who have played together for years.

After an away game win, the team captain announced that they would celebrate at the hotel with drinks, and that everyone was expected to join.

Marco hesitated—he never drank and was scheduled to attend a fitness test the next morning. But he didn’t want to appear soft or arrogant. When a few of his teammates started teasing him (“You’re not a kid anymore,” “Don’t ruin the vibe”), Marco agreed to come along. The next day, Marco’s performance in the test was well below average.

The coach was furious and benched him for the next two games. Later, Marco found out that one of his teammates posted a video of him at the party, tagging him on social media. Marco now worries that his parents, coach, or even future scouts will see it.

3.4. Peer Pressure in Sport

HANDOUT 2 - QUESTIONS

- Why did Marco agree to go along even if he was unsure?
- What did Marco fear would happen if he said no?
- How do you think Marco felt after the test and seeing the video online?
- How might this affect his position on the team long-term?
- What would you do in his place? What could he have done differently?

3.5. Value Corners — Exploring Peer Violence in Teams

Theme: Peer violence in sport settings

Time: 60 minutes

Target group: Young male athletes (ages 12–19)

OVERVIEW

This session tackles the unspoken power dynamics in male sports teams that may lead to peer violence. Through movement-based debate (“Values Corners”), group reflection, and open dialogue, participants are encouraged to critically assess commonly accepted behaviors such as rough teasing, enforced hierarchy, and silence around harm. The aim is to shift perspectives from “It’s just the way it is” to “What kind of team do we want to build?”

OBJECTIVES

- To reflect on how peer violence is normalized in male sports environments
- To explore the connection between team culture, silence, and mental health struggles
- To engage athletes in debate and self-reflection around “grey area” behaviors
- To foster shared values around respect, inclusion, and mental well-being in sport

GROUP SIZE: 15–25 participants. Can be done in full group with physical space or adapted to a classroom setup

MATERIAL

- 4 signs: Agree, Somewhat Agree, Somewhat Disagree, Disagree (posted in each corner of the room)
- List of provocative statements
- Flipchart and markers for visual notes during debrief
- Flipchart paper with the title “Team Commitment Wall”
- Sticky notes for final reflection

3.5. Value Corners — Exploring Peer Violence in Teams

PREPARATION

Post the four signs clearly in the space. Prepare 8–10 carefully worded statements in advance (examples below). Arrange a space where participants can move freely to corners. Establish ground rules for respectful debate and confidentiality. Review how to de-escalate tension if emotional topics arise

INSTRUCTIONS

Step 1: Movement debate - “Values Corners”

Explain that you'll read a series of statements and after each one, participants must physically move to the corner that best reflects their opinion.

Once everyone has chosen a corner, ask “Would someone from each side share why they chose that position?”. Encourage open discussion for 3–4 minutes per round, focusing on listening and respecting diverse views.

Statements example (you can add your own too):

1. “Teasing is just part of being on a team — it builds character.”
2. “If someone stays silent when being bullied, it means it’s not a big deal.”
3. “Coaches should always intervene if they hear players making fun of each other.”
4. “Strong athletes don’t let words get to them.”
5. “It’s better to be included in the group, even if it means putting someone else down.”
6. “Mental health struggles should be talked about openly in the locker room.”
7. “Saying ‘no’ to the group makes you a target.”
8. “Respect is more important than loyalty in a team.”

Let the conversation flow — the facilitators should not dominate. You can ask follow-ups like:

- “Has anyone ever felt differently in a real-life situation?”
- “Would your teammates agree or disagree with you?”
- “What do you think this says about your team culture?”

3.5. Value Corners — Exploring Peer Violence in Teams

Step 2: Collective reflection

Bring the group back together in a circle format. Ask:

- Which statements were hardest to decide on?
- What did surprise you about the group's responses?
- Where do you see the connection between peer behavior and athlete mental health?
- What kind of team culture do you want to build, and what's one action to help get there?

Facilitator captures key values or commitments mentioned by the group on a flipchart (e.g., "Look out for quiet teammates," "Respect over ridicule," "Mental health = strength").

Step 3: Silent Final Reflection

Ask participants to write on a sticky note:

"One thing I'll try to do differently in my team after this session is..."

They should post the notes anonymously on a "Team Commitment Wall". Read them aloud with a short commenting.

DEBRIEFING AND EVALUATION

- What did you learn about how peer violence shows up in your team?
- Did you feel comfortable expressing your opinions today? Why or why not?
- How can teammates support each other better, especially when things get tense?
- How do team values affect not just mental health, but performance?

TIPS FOR FACILITATOR

Avoid judging participants' opinions — your role is to moderate. Normalize that opinions can be influenced by culture, family, coaches, and past experiences. If emotional responses arise (e.g., someone shares past bullying), validate it and offer follow-up after the session if needed.

3.6. What's Beneath the Jersey? — Invisible Impact of Peer Violence

Theme: Peer violence in sport settings

Time: 60 minutes

Target group: Young male athletes (ages 12–19)

OVERVIEW

This session invites athletes to reflect on the emotional realities behind peer violence in sports through symbolic drawing and guided discussion. Participants will “design” a jersey that shows what others see on the outside—and what they feel or experience on the inside. The activity promotes empathy, self-awareness, and emotional expression in a safe, creative way, helping athletes explore how negative peer behavior affects mental health.

OBJECTIVES

- To give space for self-expression and reflection through symbolic art
- To explore the gap between external image and internal emotional experiences
- To raise awareness of how peer violence (jokes, isolation, bullying) can remain hidden but deeply impact athletes
- To promote empathy and team solidarity through shared storytelling and creative work

GROUP SIZE: 15–25 participants

MATERIALS

- Handout 1 – Model of jersey (1 per participant)
- Colored pencils, markers, crayons, or pens
- Optional: scissors, glue, stickers for collage effect
- Soft background music (optional, to encourage focus)
- Flipchart and markers for final values reflection

PREPARATION

Prepare a calm and relaxed space where participants can draw comfortably. Give each participant Handout 1 – Model of jersey (or let them draw their own shirt outline). Think through a few examples of what “outside vs inside” symbols could look like to support hesitant participants. Prepare final reflection questions.

3.6. What's Beneath the Jersey? — Invisible Impact of Peer Violence

INSTRUCTIONS

Explain: “In sports, we wear our jerseys with pride. They represent strength, resilience, loyalty. But sometimes, what we feel on the inside doesn’t match what others see. Today, you’ll be designing a jersey that tells your story—not just as an athlete, but as a person.”

Each participant gets a Handout 1 – Model of jersey. Ask them to complete a jersey split into two halves:

- Left side: What people see - represent how you think others perceive you as an athlete (e.g., strong, fast, leader, funny, quiet).
- Right side: What they don’t see - represent how you sometimes feel inside (e.g., anxious before games, hurt by comments, lonely in the team, pressure to be perfect).

They can use colors, symbols, words, shapes—whatever feels right. Give them 20 minutes for this activity.

After they finished, invite athletes to share what they drew, only what they feel comfortable with.

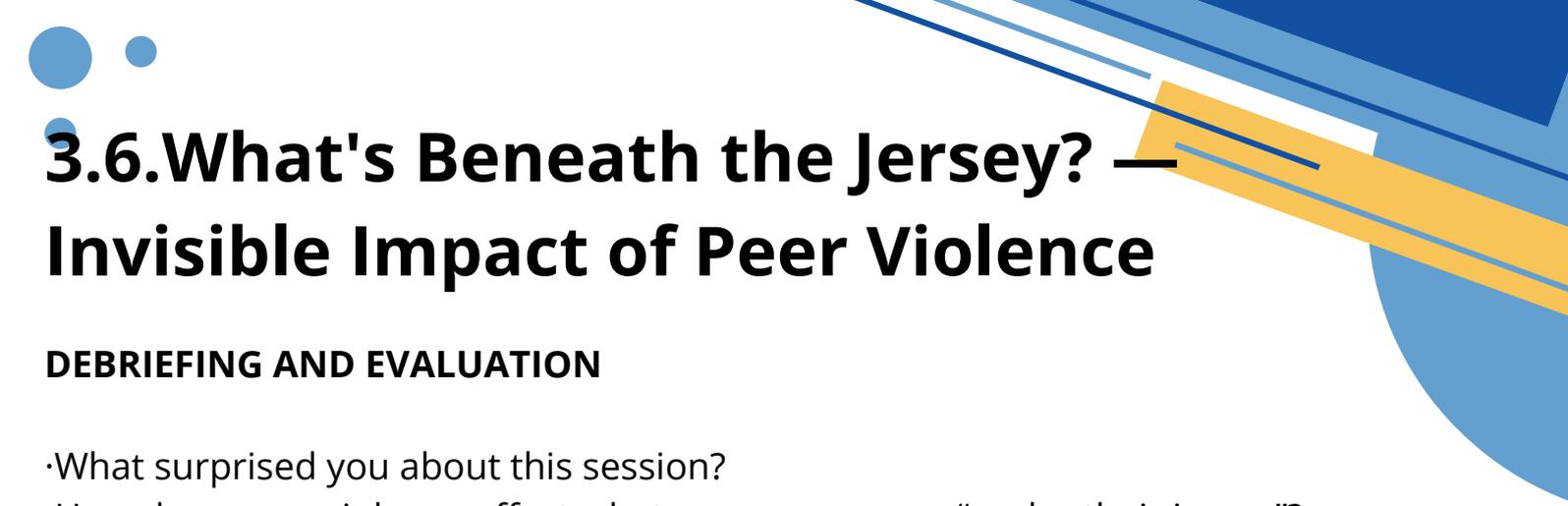
Encourage respectful listening. No interruptions, no commentary—just presence. Once everyone presented, draw a large empty jersey on flipchart (or prepare it in advance).

Ask:

- Based on what we shared, what are qualities of a mentally healthy team?
- What behaviors should be on the inside of our jersey as a team?

Write answers inside the jersey drawing (e.g., support, honesty, respect, space to speak up, zero bullying).

Close with: “Our jerseys show our colors. But our values build our team.”



3.6. What's Beneath the Jersey? — Invisible Impact of Peer Violence

DEBRIEFING AND EVALUATION

- What surprised you about this session?
- How does peer violence affect what someone wears “under their jersey”?
- Why is it hard to talk about feelings in sports?
- What’s one change we can make to help teammates feel safer and more supported?

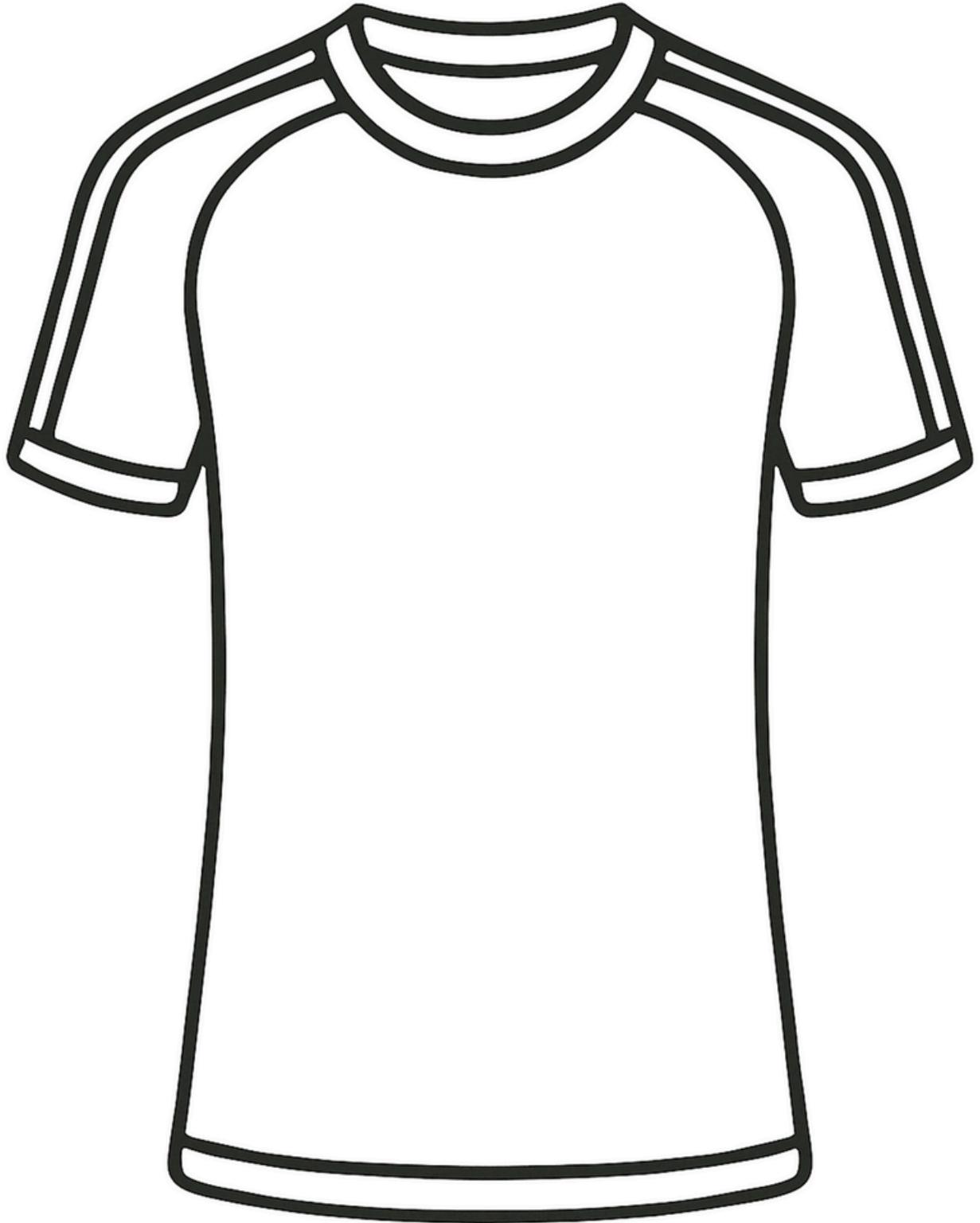
TIPS FOR FACILITATOR

Reassure participants that artistic skill doesn't matter—it's about expression. Normalize silence or hesitance—don't push anyone to share if they're not ready. If a participant shares something personal or painful, validate their courage. Be prepared to follow up individually with any participant who appears distressed



3.6. What's Beneath the Jersey? — Invisible Impact of Peer Violence

Handout 1 - Model of jersey (variant 1)



3.6. What's Beneath the Jersey? — Invisible Impact of Peer Violence

Handout 1 - Model of jersey (variant 2)



3.7. Cyberbullying in Sports

Theme: Cyberbullying

Time: 60 minutes

Target group: Young male athletes (ages 12–19)

OVERVIEW

This workshop explores cyberbullying within the context of youth sports. Athletes will reflect on how online behavior—especially among teammates and peers—can affect mental health, team cohesion, and personal well-being. The session uses guided discussion and a sports-specific scenario to examine the causes, impact, and strategies for responding to cyberbullying.

OBJECTIVES OF THE SESSION

- To define cyberbullying and identify its forms specific to the sports world
- To raise awareness about how online behavior can affect mental health and reputation
- To reflect on how digital peer pressure and group chats can reinforce toxic dynamics
- To equip athletes with strategies to handle, report, and resist cyberbullying
- To promote respectful and supportive team culture both online and offline

GROUP SIZE: 15–25 participants

MATERIAL

- Flipchart and markers
- Printed copies of Handout 1 (discussion questions) – 1 per group
- Printed copies of Handout 2 (Mateo's story) – 1 per group
- Pens

PREPARATION

Familiarize yourself with the story and discussion questions. Print handouts. Prepare flipchart with the opening question: "How do athletes use social media—and how can it go wrong?". Optional: prepare a real sports-related cyberbullying case (e.g., from Instagram/TikTok involving youth athletes) as an icebreaker. Review your safeguarding and support protocols in case sensitive issues arise

3.7. Cyberbullying in Sports

INSTRUCTIONS

Start the session by asking:

- How do athletes today use social media?
- Do you have group chats with your team? What kind of things are shared?
- Have you ever seen someone being mocked or excluded online?

Write answers on a flipchart. Clarify that cyberbullying includes mocking someone in group chats, sharing humiliating content, impersonation, exclusion, or posting harmful comments.

Introduce that today's session will explore this issue in a realistic team-based situation.

Divide participants into 5-7 small groups. Read the story "It was just a joke" aloud (Handout 2). Give each group Handout 1 (discussion questions). Give groups 10-15 minutes to discuss and then present their insights to the larger group.

Guide a group conversation using these questions:

- How common is cyberbullying in your sports environment?
- How do athletes take online teasing, as "just banter," or something more serious?
- What are the invisible consequences of such behavior?
- How can teammates support each other online?
- What can clubs or coaches do to prevent online harm?

DEBRIEFING AND EVALUATION

- Did Mateo's story feel realistic?
- Have you seen or experienced similar situations?
- How would you define the line between banter and bullying?
- After this workshop, do you feel more confident to speak out or support someone experiencing cyberbullying?

TIPS FOR FACILITATOR

Use neutral examples if participants are hesitant to share personal experiences. Emphasize that joking online has real-life consequences, especially in a close-knit team environment. Remind participants that silence from others in the group can be part of the harm. Prepare to refer to a trusted adult or mental health support if needed.

3.7.Cyberbullying in Sports

HANDOUT 1 — “IT WAS JUST A JOKE”

Mateo is 16 and plays as a goalkeeper on a regional football team. He had a bad game over the weekend and missed two saves. After the match, his teammates created a meme of his failed save and posted it in their team WhatsApp group with the caption “Professional napper”. Some teammates laughed, others added gifs and memes. Mateo stayed silent. The next day, a screenshot of the meme was posted on Instagram Stories by one of the players, tagging the club. It spread quickly among other teams. Mateo stopped responding to messages, skipped training, and told his coach he was “sick.” His coach noticed that Mateo became more withdrawn and unfocused. After two weeks, Mateo quit the team without telling anyone.

3.7.Cyberbullying in Sports

HANDOUT 2 - QUESTIONS

- Why do you think Mateo's teammates made the meme?
- Did they understand the potential harm?
- How did public sharing escalate the situation?
- What could the teammates have done differently?
- What would you do if you were:
 - o Mateo?
 - o The teammate who made the post?
 - o The coach?

3.8.Social Media vs. Sports Reality

Theme: Cyberbullying

Time: 45 minutes

Target group: Young male athletes (ages 12–19)

OVERVIEW

This session encourages young male athletes to critically reflect on how social media—particularly platforms like Instagram—affects their self-image, mental well-being, and peer dynamics in sport. Through interactive comparison and discussion, they will analyze how curated online personas create pressure around athletic performance, appearance, and popularity, and how these factors can lead to cyberbullying, self-doubt, and performance anxiety. The session also highlights the positive uses of social media for sport, motivation, and mental health awareness.

OBJECTIVES

- To raise awareness of how social media shapes athletes' self-image and mental well-being
- To explore the pressure young male athletes feel to maintain an idealized online persona
- To identify how social comparison and online feedback (likes, comments) affect confidence and mood
- To understand the link between social media, performance anxiety, and cyberbullying in sports contexts
- To promote positive, authentic use of social platforms for motivation and community building

GROUP SIZE: 15–25 participants

3.8.Social Media vs. Sports Reality

MATERIAL:

- Two flipcharts or large sheets for collecting sticky notes (labeled Post A and Post B)
- Sticky notes (at least 4-5 per participant)
- Markers or pens
- Printouts or digital mockups of two contrasting Instagram-style athlete posts (Handout 1):
 - o Post A: highly stylized, fit, successful image with 2,000 likes
 - o Post B: realistic or less flattering moment (e.g. post-loss, exhausted) with only 10 likes
- Projector or screen (optional, for showing visual mockups)
- Tape if using printed images on walls

PREPARATION

Prepare the visuals. Place flipcharts on two opposite walls or next to each other, labeled Post A and Post B. Arrange seats in a circle or semi-circle to encourage open dialogue. Warm up the group. Be ready to share neutral examples of social media use in sports to get the discussion going. Establish ground rules: respect, confidentiality, no mocking others' experiences. Optional: prepare a list of famous athletes who have spoken openly about social media pressure or mental health (e.g., Simone Biles, Marcus Rashford, Naomi Osaka) for inspiration.

INSTRUCTIONS

Ask the group:

- Who here uses Instagram, TikTok, or similar platforms?
- Do you use them mainly for personal life, training videos, following sports influencers, or team content?
- How much time do you think you spend on these apps?
- Have you ever seen teammates post something that felt unrealistic or too "perfect"?

3.8.Social Media vs. Sports Reality

Let a few volunteers share. Ask those who don't use social media to explain their choice. Acknowledge different usage patterns, including sport-specific accounts.

Prepare and display two stylized "Instagram post mockups" (Handout 1 – Post A and Post B):

- 1.Post A - One showing a muscular athlete in perfect lighting, with 2,000 likes and motivational hashtags.
- 2.Post B - One showing a tired athlete after a bad game or showing effort in training, with only 10 likes and no filters.

Distribute sticky notes and ask participants: "What do you think made one post more 'likable' than the other?" and "What might each post really represent in terms of that person's reality, struggles, or emotions?"

Have them write their thoughts and place them on two separate flipcharts (Post A and Post B). After everyone is done, read a few aloud and discuss: Do we judge based on effort or appearance? How often are honest, emotional posts from athletes supported vs. mocked? Do likes equals respect in sports culture?

Lead the group discussion with these reflection questions:

- Were your answers based on real-life examples, stereotypes, or prejudices?
- Who do you think is more likely to be cyberbullied—the guy with 2,000 likes or the one with 10? Why?
- What are appearance and performance standards in sports? Do they affect boys too?
- What is athletic self-image, and how is it shaped—by your own beliefs, coach feedback, social media, or peers?
- Can you know an athlete's real mindset or struggles from what they post online?
- Why do athletes sometimes exaggerate or hide parts of their story on social media?
- Is cyberbullying more common among amateur athletes, or among influencers and professionals?
- Do you think popular athletes handle online hate better—or just hide it better?

Encourage honest and respectful dialogue. Acknowledge that team chats, group DMs, and shared clips can be part of peer pressure and image-shaping.

3.8.Social Media vs. Sports Reality

Now invite each participant to give one concrete positive example of how Instagram or other social media helped them in sport or life. It could be:

- Finding training motivation
- Learning a new skill via reels
- Feeling inspired by an athlete opening up about their mental health
- Connecting with teammates after injury
- Sharing a moment they were proud of

Highlight diversity and encourage authenticity.

DEBRIEFING AND EVALUATION QUESTIONS

Wrap up with a short reflection:

- What was the most eye-opening or surprising part of today's session?
- Did you hear anything that changed how you think about athletes online?
- Will you use or view social media differently as an athlete after this? How?

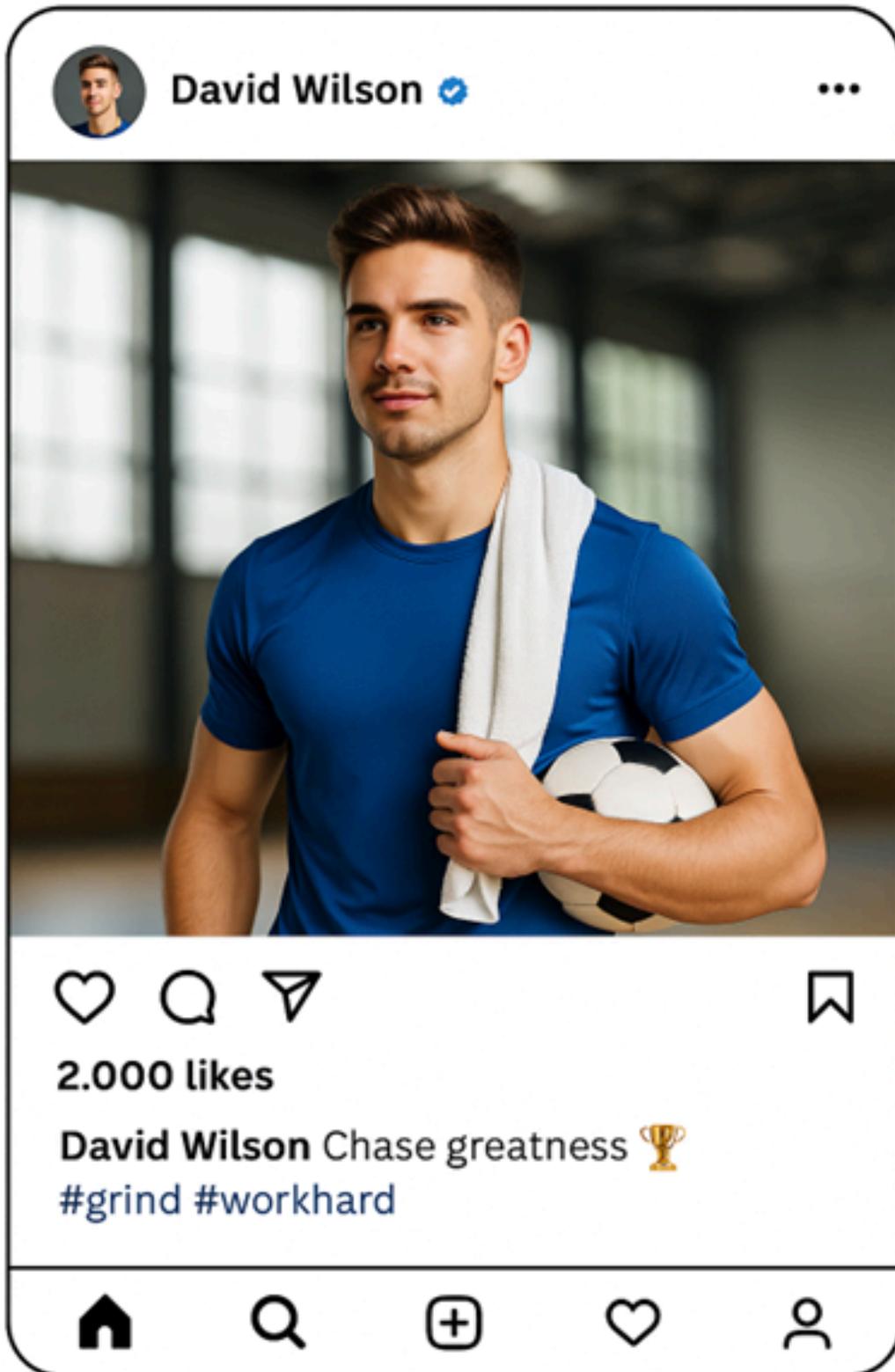
TIPS FOR FACILITATOR

Normalize vulnerability: remind athletes that even the strongest-looking players face inner pressure. Watch for laughter or sarcasm masking discomfort—validate concerns without embarrassment. Use humor when helpful, but avoid making social media struggles seem trivial. Provide support if someone shares a personal experience of online shaming, comparison, or bullying

3.8.Social Media vs. Sports Reality

Handout 1

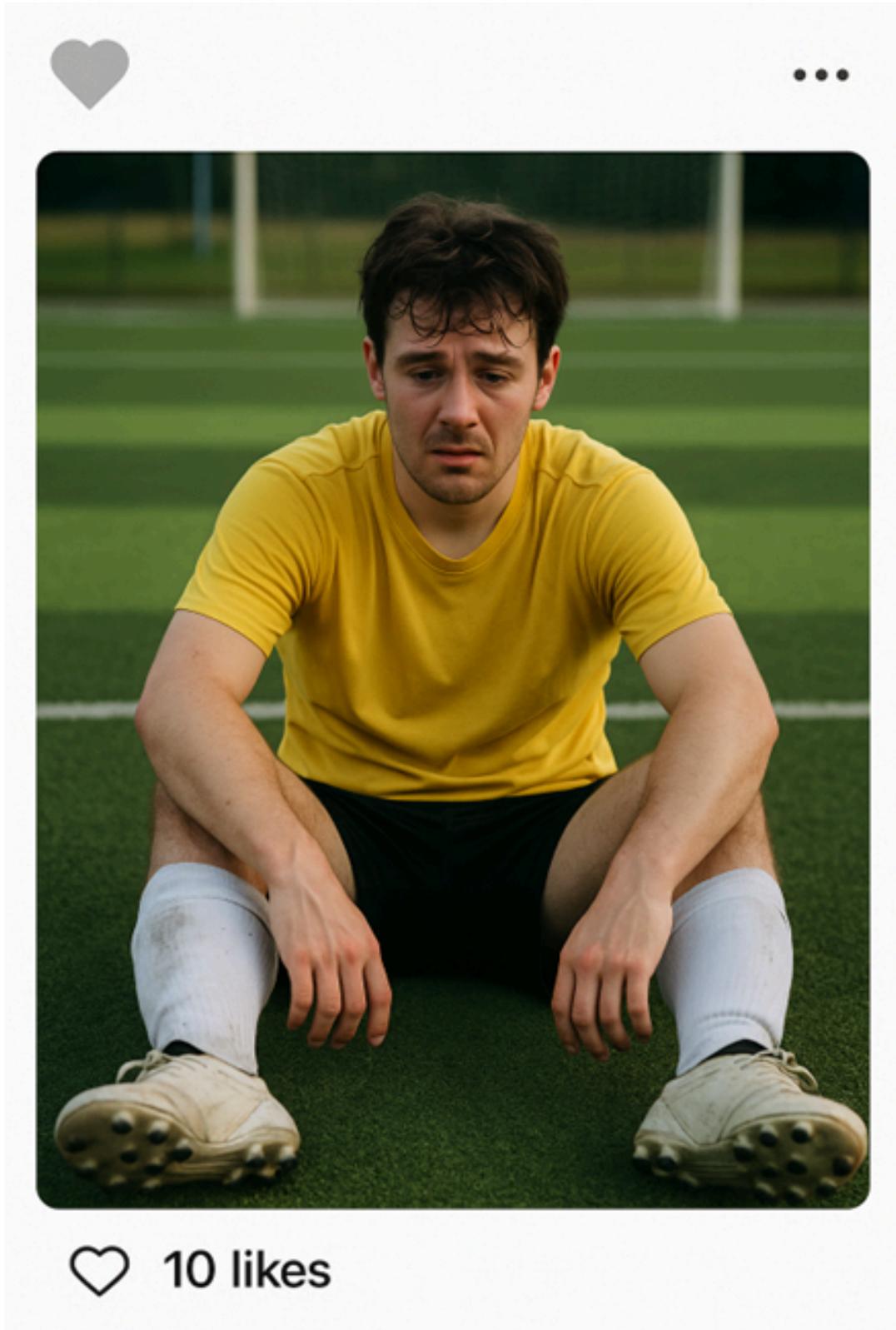
POST A



3.8.Social Media vs. Sports Reality

Handout 2

POST B



3.9.Scavenger Hunt

Theme: Cyberbullying

Time: 60 to 75 minutes

Target group: Young male athletes (ages 12–19)

OVERVIEW

This interactive session explores the impact of cyberbullying and harmful online communication, even in its most subtle forms. Through a symbolic and engaging scavenger hunt, participants experience the emotional effects of negative messages and develop empathy for those targeted. The activity encourages critical reflection on the power of words, the role we play in digital spaces, and strategies to promote kindness and respect in online interactions and daily life.

OBJECTIVES

- To develop critical thinking about online communication.
- To increase empathy for individuals affected by cyberbullying.
- To recognize subtle forms of bullying or sarcasm that may be harmful.
- To encourage positive and respectful communication online.
- To promote teamwork and collaborative problem-solving.

GROUP SIZE: Small groups of 4–6 people, with a total number of 15–30 participants.

MATERIAL

- Printed cards or paper with cyberbullying messages.
- Clue cards leading to next message locations.
- Pens and blank cards for teams to write the positive versions.
- Tape, sticky tack, or pins to hide messages around the venue.

3.9.Scavenger Hunt

PREPARATION

Prepare 4–6 cyberbullying messages and their associated clues. Each negative message should be printed on a card and hidden in a predetermined location. Write corresponding clue cards and keep them ready for distribution. Prepare blank cards for participants to rewrite the messages in a positive way. Test the entire clue trail beforehand and ensure a space is arranged for debriefing, preferably with chairs in a circle.

INSTRUCTIONS

The facilitator begins by explaining the purpose of the session: to identify cyberbullying, reflect on how words affect people emotionally, and learn how to reframe negative speech into kindness. Participants are divided into small groups of 4–6 and introduced to the concept of a message-based scavenger hunt. (10 minutes) Each group receives their first clue, which leads them to a hidden cyberbullying message. Upon finding it, the group reads the message and rewrites it into a kind, supportive version on a blank card. They return their positive rewrite to the facilitator. If approved, they receive the next clue and continue the hunt. This process repeats until all messages are completed. (40 minutes) Once the final message is found and rewritten, the facilitator gathers all participants in a circle. A debriefing session follows, encouraging open discussion and reflection on the activity. (20–25 minutes)

DEBRIEFING AND EVALUATION

Debriefing will take place immediately after the activity with a semi-structured dialogue. Key questions include:

- How did it feel to read those negative messages?
- Was it difficult to turn them into something positive? Why?
- Have you ever seen or received messages like these online?
- What's the difference between a joke and a hurtful comment?
- Why do you think people write such messages?

3.9. Scavenger Hunt

- How can we encourage kinder communication online?
- What would you do if you saw someone being bullied online?
- Do you think subtle forms of bullying are as harmful as direct insults?

TIPS FOR FACILITATORS

Be mindful of participants' emotional reactions, especially if they have personal experiences with bullying. Encourage creativity when rewording messages; there are no perfect answers. Remind participants that there's no judgment—this is a learning activity. Create a safe, respectful, and supportive environment for all. Adapt clues to fit your venue (indoors or outdoors). Support teams who struggle to reframe messages with positive language. Be prepared to share anonymous real-world examples or media cases if needed.

3.9.Scavenger Hunt

HANDOUT 1

Negative Cyberbullying Messages

Wow... you look fat in that photo.

It's cute how you think you're good at this.

Your voice is so annoying to listen to, do us all a favor and shut up.

You're such a loser. You'll never be good enough at anything.

You're a freak. Stay away from normal people.

Nobody actually likes you. They're just being polite.

You always ruin everything. Why do you even try?

You're way too sensitive. It was just a joke.

You'll never be as good as your brother/sister.

Just quit already — nobody wants you here.

You are so lousy in scoring, leave the team and never come back

You are a disgrace for this game, stay on the bench!

3.9.Scavenger Hunt

HANDOUT 2 Clue Cards

Message Number	Clue	Solution
Message 1	Sometimes we see ourselves clearly, sometimes not. Look where confidence is often questioned.	Mirror
Message 2	Where patience and logic meet, your next message waits. Find it near the pieces that come together.	A board game (i.g. Puzzle, chessboard, crosswords...)
Message 3	“Take a seat and rest... but don’t get too comfortable. What you’re looking for might be right under you.”	Under the chair
Message 4	Find the place where stories are shared, written, or imagined. Truth hides between the lines.	A book
Message 5	Look where people stand feeling uneasy, a punishment at school.	The board game again
Message 6	The hunt ends where we began. Return to the place where truth first took shape.	Assumed to avoid effort or responsibility
Message 7	Where mistakes are made and learned from, find the next step to “facilitate” your job.	Facilitators
Message 8	This clue is hiding where we clean up the mess – both literal and emotional.	Trash bin
Message 9	Check where art is displayed and – somewhere on the wall.	Behind a frame
Message 10	Look where people find quiet and rest, a soft space between noise.	A bed or a couch

3.10. Masculinity and Mental Health

Theme: Mental health

Time: 60-90 minutes

Target group: Young male athletes (ages 12–19)

OVERVIEW

The session explores how traditional ideas about masculinity influence the way young male athletes understand, express, and manage their emotions. It challenges harmful stereotypes such as “boys don’t cry” or “real men are always strong,” and invites participants to reflect on how such norms affect mental health in sports settings. Session aims to create space for vulnerability, self-awareness, and a broader understanding of what it means to be a mentally strong athlete.

OBJECTIVES

- To identify common stereotypes and social expectations related to masculinity in sports
- To examine how those expectations impact emotional expression and mental health
- To encourage self-reflection on how masculinity norms influence behavior and team dynamics

GROUP SIZE: 15–25 participants

MATERIAL

- Flipchart and markers
- Sticky notes and pens
- Printed Stereotype Statements

PREPARATION

Prepare a flipchart with ***“What does it mean to be a man in sports?”*** written and put on a visible place. Print Stereotype Statements. Review the list of stereotype statements and select those most appropriate for your group’s maturity level. Prepare papers with “YES” on one and “NO” on the other and stick them to two opposite walls of the room. Read the discussion questions in advance. Create a supportive atmosphere—this session may touch on sensitive topics related to self-worth, vulnerability, or emotional suppression.

3.10. Masculinity and Mental Health

INSTRUCTIONS

Start the session by asking participants: "What does it mean to be a man in your sport?". Through brainstorming, write down answers on the flipchart. Encourage terms like: strong, tough, winner, leader, doesn't cry, never quits, aggressive, protector. Then ask participants: Are these expectations helpful? Harmful? Or both? How do they make it easier or harder to talk about mental health?

Explain that now you will read certain statements to the participants and based on the statement they should go to the wall "YES" if they agree or "NO" if they disagree. List of stereotypes statements:

- "Strong athletes keep their emotions to themselves."
- "Real men don't cry."
- "If the coach yells at me, it does not affect me"
- "Talking about your feelings makes you weak."
- "If you can't handle pressure, you shouldn't be on the team."
- "When we lose a game, it is a shame to cry"
- "Mental health problems are for girls."
- "Being vulnerable makes others lose respect for you."
- "I don't care if the fans boos at me"

You can also print each statement separately so that the participants can see the statement. After each selection of sides, ask each side to comment of why they selected "YES" or "NO" side.

After you finish with the statements ask following:

- What do you think in general about these stereotype statements?
- How do sports reinforce certain ideas of masculinity?
- What does mental strength actually look like?
- What could change in your team culture to support emotional openness?
- How can leaders and coaches model positive masculinity?

3.10. Masculinity and Mental Health

Invite volunteers to anonymously write answers on sticky notes to the question: ***“One thing I wish people understood about being a male athlete and mental health is...”***. They should stick the notes on the flip chart. Read and discuss selected answers.

DEBRIEFING AND EVALUATION

Ask participants the following questions:

- How did this session challenge any of your views?
- How do traditional “male” roles impact your own mental well-being?
- After this workshop, do you feel better equipped to support a teammate struggling with mental health?
- What’s one thing you’ll try to do differently in your team after this?

TIPS FOR FACILITATOR

Use humor carefully—validate but don’t reinforce stereotypes. Normalize vulnerability through examples (e.g., famous athletes speaking about mental health). Avoid forcing anyone to share personal stories—allow voluntary participation. Have follow-up resources or contacts ready in case the session surfaces personal issues

3.11. Under Pressure

Theme: Pressures to succeed and mental health

Time: 90 minutes

Target group: Young male athletes (ages 12–19)

OVERVIEW

This workshop explores the pressure athletes experience to achieve success. We will use a video to introduce the discussion among participating athletes about the causes of the pressure athletes experience and the potential mental health problems it can cause. Once the causes have been identified, the facilitator will guide participants toward possible solutions to avoid these mental health problems caused by the pressure to succeed. Finally, a game will be played to put the conclusions of the discussion into practice.

OBJECTIVES

- To identify the causes of potential mental health problems that athletes may experience due to pressure to succeed.
- To raise awareness among participants that pressure to succeed can lead to mental health problems.
- To reflect on the identified causes and propose solutions to equip athletes with skills to manage, express, and tolerate pressure to succeed.

GROUP SIZE: 15–20 participants

MATERIAL

- Pens
- Papers
- Place for writing.
- Computer, projector and screen.
- Sports area (basketball court, soccer field, or similar)

PREPARATION

To prepare the meeting area, a large classroom or meeting room is needed to receive a group of approximately 20 people. Each of them must have a chair and table to be able to write or use a laptop computer. For the practice part of the session, a sports area is needed to play funny games. Prepare the videos in advance too.

3.11. Under Pressure

INSTRUCTIONS

First, the facilitator will show two videos that will serve as an introduction to the workshop:

Video 1: [Lamine Yamal 2025 - Locas Jugadas, Goles y Asistencias.](https://youtu.be/P5IISUcT1MY?si=XOcjYJjg-Oh3ye-)

<https://youtu.be/P5IISUcT1MY?si=XOcjYJjg-Oh3ye->

It's a video of Lamine Yamale, one of the best soccer players in the world at just 17 years old. In it, he appears to be playing soccer at a very high level, while having fun and being carefree:

Video 2: [Lamine Yamal | | Shake Body - Skales](https://youtu.be/-szpHjr82oE?si=qUgl0c3RhUJ3FWnS)

<https://youtu.be/-szpHjr82oE?si=qUgl0c3RhUJ3FWnS>

The facilitator will continue with the following questions:

- Do you think Lamine Yamale feels pressure to succeed?
- What attitude does he have while playing? (fun, relaxed)
- Do you feel the same as Lamine Yamale when you play your sport?
- If not, what are the reasons why you don't feel this way?

The participants will then be given 10 to 15 minutes to write down the reasons (when a player does not feel like Yamale). Guide to possible reasons for the facilitator to guide participants:

- Perfectionism and fear of failure.
- Performance anxiety and overtraining.
- Expectations of coaches, parents, and sponsors.

Once all participants have written down "their reasons," all the reasons will be listed and displayed on the flip chart. The next step will be to create groups of 3 or 4 people, and all the reasons will be distributed among the groups. The goal is for each group to propose a solution/measure to prevent these causes from harming us in our sports practice. Time for this part: 20 minutes.

3.11. Under Pressure

Guide to possible solutions/measures for the facilitator to guide participants:

- Learn techniques or tools to control emotions.
- Set achievable goals.
- Express yourself freely and don't be afraid to raise your hand if necessary. If necessary, seek professional help.
- Self-care plans: adopt healthy habits that promote emotional balance.
- Avoid overusing social media (a breeding ground for problems at early ages) and ignore media criticism.

Once groups finish with the proposed solutions/measures, they will be presented on the flip chart, and a final discussion will be done with all participants to see if any new solutions/measures can be contributed. Once all participants have agreed on the causes and solutions/measures, the facilitator will propose a fun game (20-30 minutes):

Practice the participants' sport in a fun and carefree way, trying to imitate Lamine Yamale. For example, it could be a basketball, soccer, handball, etc. game, where each athlete tries to practice in the way of Lamine Yamale.

DEBRIEFING AND EVALUATION

The most important objective of the session is to propose possible solutions to prevent mental health problems. For this reason, once the causes have been identified and the participants' proposals for possible solutions have been made, since they were created by the participants, the learning effect will be greater than if they had participated in a lecture that explained the causes and solutions without their participation. Evaluation should also be done verbally with participants to discuss everything they learned and why this topic is useful and important for them. To evaluate the session, the facilitator will ask attendees these questions:

- 1) Was this session helpful in helping you with your sports practice?
- 2) If so, what helped you most about this session in your sports practice?
- 3) Why is it important to approach sport in a fun and relaxed way?



3.11.Under Pressure

TIPS FOR FACILITATORS

It is important for the facilitator to create a friendly environment so that all participants can express themselves freely. They should also master certain vocabulary related to this topic to guide the discussion more accurately and allow participants to "learn" terms related to mental health in sport.

MATERIAL FOR FACILITATORS

It's important for facilitators to bring along some articles on mental health in sports, whether newspaper articles or even more scientific publications. This material can be used to reinforce or facilitate understanding of the causes and effects of mental health through case studies with a specific social impact.



3.12. Please, No More Pressure

Theme: Pressures to succeed and mental health

Time: 60 minutes

Target group: parents of athletes from the same team or the same sports club.

OVERVIEW

This session aims to identify the impact parents have on their children regarding the pressure to achieve athletic success. To this end, we will create a discussion led by the facilitator in which parents will identify the negative influences they have on their children by pressuring them to achieve athletic success. Once these negative influences have been identified, the discussion will continue so that participants can develop proposals/measures to avoid these negative influences and possible solutions if these negative influences have already occurred.

OBJECTIVES

- To identify negative influences that parents can have on their children by pressuring them to succeed in sports.
- To raise awareness among parents that pressure for athletic success can cause mental health problems in their children.
- To create proposals to prevent the negative influence of parents on their children and establish measures if pressure for athletic success has caused problems for their children.

GROUP SIZE: 15-20 participants.

MATERIAL

- Pens.
- Papers.
- Place for writing.
- Flipchart and markers.

3.12. Please, No More Pressure

INSTRUCTIONS

The session will begin with a personal question to the parents:

- What is your child's reason for playing sports?

Participants will be given 5 minutes to write down their reasons, and then all the reasons will be shared, and the facilitator will write them on the Flipchart (another 10 minutes).

The next step will be to ask the participants:

- What negative influence can put pressure on athletic success of your children?
- Do you think pressure for athletic success can cause mental health problems for your children?
- If so, what mental health problems?

Participants will write down their answers, and then the facilitator will write down all the negative influences on the Flipchart (15-20 minutes). Guide of negative influences for the facilitator to guide participants:

- Perfectionism and fear of failure.
- Performance anxiety and overtraining.
- Expectations from coaches, parents, sponsors.

Once the negative influences of athletic pressure on athletic success have been identified, groups of 3-4 people will be formed to establish proposals/measures for improvement, based on the negative influences identified (facilitator will distribute the negative influences detected among the different groups). Once the proposals have been established, the facilitator will write them on the Flipchart, and a final discussion will be held among all participants to see if new proposals or measures can be generated. (20 minutes). Guide of proposals/measures for the facilitator to guide participants:

- A stable family environment that doesn't pressure the athlete to achieve professional or unrealistic performance based on their abilities.
- Family environments can also be a negative influence if the player is pressured to achieve sporting success or high performance that is unrealistic for his or her abilities, talent, or capabilities. Sometimes, this excessive pressure comes from parents who have been unable to achieve their goals in sports and insist on living them through their children.

3.12. Please, No More Pressure

- Respect the athletes, coaches, referees, and fans of the opposing team. Parents are the athlete's family, not their coaches.
- Have empathy for athletes. Listen, observe, and identify potential problems their children face related to excessive pressure.
- Do not overuse social media (a breeding ground for problems at early ages).

DEBRIEFING AND EVALUATION

The most important objective of the session is to propose possible solutions to prevent mental health problems. For this reason, once the causes have been identified and the participants' proposals for possible solutions have been made, since they were created by the participants, the learning effect will be greater than if they had participated in a lecture that explained the causes and solutions without their participation. Evaluation should also be conducted verbally with participants to discuss everything they learned and why this topic is useful and important for them. To evaluate the session, the facilitator will ask attendees these questions:

- 1) Has this session been helpful in improving your relationship with your children?
- 2) If so, what suggestions or measures do you think could help your children engage in healthy sports activities?

TIPS FOR FACILITATORS

It is important for the facilitator to create a friendly environment so that all participants can express themselves freely. They should also master certain vocabulary related to this topic to guide the discussion more accurately and allow participants to "learn" terms related to mental health in sport.

MATERIAL FOR FACILITATORS

It's important for facilitators to bring along some articles on mental health in sports, whether newspaper articles or even more scientific publications. This material can be used to reinforce or facilitate understanding of the causes and effects of mental health through case studies with a specific social impact.

3.13.Sport Is a Game

Theme: Dealing with losing and feeling okay

Time: 90 minutes

Target group: Young male athletes (ages 12–19)

OVERVIEW

This workshop explores athletes' frustration: how to manage mistakes and defeats, with the goal of feeling good after a mistake or defeat. We will use two videos to introduce the discussion among participating athletes about MISTAKES ARE PART OF THE GAME. The next step will be to get feedback from all participants on how they feel after making a mistake and after a defeat; and the potential mental health problems it can cause. Once the feelings have been identified, the facilitator will guide participants toward possible solutions to avoid these mental health problems caused by the pressure to succeed. Finally, a game will be played to put the conclusions of the discussion into practice.

OBJECTIVES

- To identify the causes of potential mental health problems that athletes may experience after making a mistake or suffer a defeat.
- To make participants aware that mistakes are part of the game.
- To raise awareness among participants that giving excessive importance to mistakes and lead to mental health problems.
- To propose solutions to equip athletes with skills to manage, express, and tolerate the mistakes and the defeats.

GROUP SIZE: 15–20 participants

MATERIAL

- Pens
- Papers
- Place for writing.
- Computer, projector and screen.
- Sports area (basketball court, soccer field, or similar)

3.13.Sport Is a Game

PREPARATION

To prepare the meeting area, a large classroom or meeting room is needed to receive a group of approximately 20 people. Each of them must have a chair and table to be able to write or use a laptop computer. For the practice part of the session, a sports area is needed to play de funny game. Prepare the videos too.

INSTRUCTIONS

The session will begin with two videos that the facilitator will show on the screen about Michael Jordan's mistakes. The first video is about 10 of Michael Jordan's mistakes on the court:

Video 1: [10 Times Michael Jordan Got SCHOOLED!](https://youtu.be/AwDE_qg7t_c?si=hbl7yKy823IPtS4o)
https://youtu.be/AwDE_qg7t_c?si=hbl7yKy823IPtS4o

The second video is a reflection by Michael Jordan himself on his mistakes:

Video 2: [Lecciones de Éxito: Aprender del Fracaso con Jordan | TikTok](#)

Right after the videos, the facilitator will show a phrase written on the screen, in large print:

MISTAKES ARE PART OF THE GAME.

From here, the first part of the discussion will begin, with the following questions for the participants:

- What do you think about the videos?
- What is your opinion on: MISTAKES ARE PART OF THE GAME?

The facilitator should let the participants loosen up, with the goal of getting them to feel more comfortable (10-15 minutes). Once the ice is broken, the facilitator will ask two personals question:

- How do you feel after making a mistake?
- How do you feel after a defeat?

3.13.Sport Is a Game

Participants will have 10 minutes to write their responses. Facilitator's Guide of possible answers:

- Failure to achieve the set objectives. Bad results.
- The unfavorable comparison with his colleagues or opponents.
- Not feeling recognized by those around you: family, club, coach, teammates, fans, media.
- Poor relationships with a teammate or coach. Toxic relationships in the locker room.

The next step is to share all the responses with all the participants (10-15 minutes).

To reinforce the idea that MISTAKES ARE PART OF THE GAME, the facilitator will show two videos on the screen:

Video 3: [China estrena el primer campeonato de boxeo entre robots humanoides con control humano](#)

Video 4: [Robocup, el mundial de fútbol con robots](#)

And at the end of the videos, they will put a large phrase on the screen:

HUMAN BEINGS ARE NOT MACHINES.

Human beings have feelings, and thanks in part to them, we are able to play sports much better than machines.

The next step is to ask the participants:

- What measures do you think are appropriate for overcoming frustration?

Each participant will write down the measures they consider, and then all the answers will be shared with all participants (15 minutes). Guide for the facilitator of possible responses:

3.13.Sport Is a Game

- Learn techniques or tools to control emotions.
- Reframing failure as part of growth, building self-worth beyond results and supporting teammates after loss.
- Express yourself freely and don't be afraid to raise your hand if necessary. If necessary, seek professional help.
- Empathy from coaches to detect, prevent, and address frustration. This will help athletes improve their performance.
- Do not overuse social media (a breeding ground for problems at early ages) and not be aware of media criticism.

The final step is to show a video of how teammates cheer on a goalkeeper who has just conceded a goal after a mistake:

Video 5: [Lucas Cañizares, consolado por sus compañeros madridistas tras llorar por un error](#)

This video will serve as a model for the game to follow:

We will divide the participants into teams of four people, and they will play the sport they normally play (for example, a small game of soccer, basketball, handball, etc.). When a participant makes a mistake, the rest of the group will go to cheer them on and give them support (20-25 minutes).

DEBRIEFING AND EVALUATION

The most important objective of the session is to propose possible solutions to prevent mental health problems. For this reason, once the causes have been identified and the participants' proposals for possible solutions have been made, since they were created by the participants, the learning effect will be greater than if they had participated in a lecture that explained the causes and solutions without their participation. Evaluation should also be done verbally with participants to discuss everything they learned and why this topic is useful and important for them.

To evaluate the session, the facilitator will ask attendees these questions:

- 1) Was this session helpful in supporting your sports practice?
- 2) If so, what helped you most about this session in your sports practice?
- 3) How do you see now the mistakes done through the game?



3.13.Sport Is a Game

TIPS FOR FACILITATORS

It is important for the facilitator to create a friendly environment so that all participants can express themselves freely. They should also master certain vocabulary related to this topic to guide the discussion more accurately and allow participants to "learn" terms related to mental health in sport.

MATERIAL FOR FACILITATORS

It's important for facilitators to bring along some articles on mental health in sports, whether newspaper articles or even more scientific publications. This material can be used to reinforce or facilitate understanding of the causes and effects of mental health through case studies with a specific social impact.



3.14.Help Me to Have Fun

Theme: Dealing with losing and feeling okay

Time: 90 minutes

Target group: parents of athletes from the same team or the same sports club.

OVERVIEW

This session aims to identify the impact parents have on their children regarding how to manage frustration and how parents influence their children's tolerance for failure and defeat. The first step will be to identify how your children feel about failure and defeat. Then, we will try to identify the reasons why your children feel bad about failure and defeat. Finally, parents will suggest measures and tools to help their children overcome their fear of making mistakes and learn how to handle defeat.

OBJECTIVES

- To identify negative influences that parents can have on their children in managing mistakes and defeats.
- To raise awareness among parents that not knowing how to manage mistakes and defeats can cause mental health problems in their children.
- To create proposals to prevent the negative influence of parents on their children and establish measures to manage mistakes and defeats

GROUP SIZE: 15-20 participants.

MATERIAL

- Pens.
- Papers.
- Place for writing.
- Flipchart and markers.

PREPARATION

Facilitators should have sports experience, preferably coaches, sports psychologists and physical education teachers. They should also have experience in group management to moderate the discussion and guide the group through the solutions proposed in the Objectives of the session section.

3.14. Help Me to Have Fun

INSTRUCTIONS

The session will begin with the facilitator writing a large sentence on the Flipchart:

MISTAKES ARE PART OF THE GAME

Then, the facilitator will open a short discussion with all participants about this sentence (10 minutes):

·What do you think about this statement (MISTAKES ARE PART OF THE GAME)?

Once the ice has been broken, the facilitator will ask all participants:

- How do your children feel after making a mistake?
- How do your children feel after a defeat?

Participants will be given 10 minutes to write down their answers, and then all the responses will be shared, and the facilitator will write them on the Flipchart (another 10 minutes).

The next step will be to ask the participants:

- Why do you think your children feel this way after a mistake or a defeat?
- Do you think that the frustration can cause mental health problems for your children?
- If so, what mental health problems?

Participants will write down their answers, and then the facilitator will write down all the responses they have written on the Flipchart (15-20 minutes). Guide of possible responses for the facilitator to guide participants:

- Failure to achieve the set objectives. Bad results.
- The unfavorable comparison with his colleagues or opponents.
- Not feeling recognized by those around you: family, club, coach, teammates, fans, media.
- Poor relationships with a teammate or coach. Toxic relationships in the locker room.

3.14. Help Me to Have Fun

Once the answers have been identified, groups of 3-4 people will be formed to establish proposals/measures for improvement, based on the negative influences identified. After the proposals have been established, the facilitator will write them on the Flipchart, and a final discussion will be held among all participants to see if new proposals or measures can be generated. (20 minutes).

Guide of proposals/measures for the facilitator to guide participants:

- Learn techniques or tools to control emotions.
- Reframing failure as part of growth, building self-worth beyond results and supporting your children after loss.
- Promote that your children express themselves freely and they not be afraid to communicate when they feel bad. If necessary, seek professional help.
- Empathy with coaches and collaborate with them to detect, prevent, and address frustration. This will help athletes improve their performance.
- Excessive smartphone use causes concentration problems, which lead to more errors in sports practice. Reducing smartphone use will reduce the number of errors your children make in sports practice.
- Encourage your children not to overuse social media and to ignore criticism that appears on social media and other media.

DEBRIEFING AND EVALUATION

The most important objective of the session is to propose possible solutions to prevent mental health problems. For this reason, once the causes have been identified and the participants' proposals for possible solutions have been made, since they were created by the participants, the learning effect will be greater than if they had participated in a lecture that explained the causes and solutions without their participation. Evaluation should also be done verbally with participants to discuss everything they learned and why this topic is useful and important for them. To evaluate the session, the facilitator will ask attendees these questions:

- 1) Has this session been helpful in improving your relationship with your children?
- 2) If so, what suggestions or measures do you think could help your children engage in healthy sports activities?



3.14.Help Me to Have Fun

TIPS FOR FACILITATORS

It is important for the facilitator to create a friendly environment so that all participants can express themselves freely. They should also master certain vocabulary related to this topic to guide the discussion more accurately and allow participants to "learn" terms related to mental health in sport.

MATERIAL FOR FACILITATORS

It's important for facilitators to bring along some articles on mental health in sports, whether newspaper articles or even more scientific publications. This material can be used to reinforce or facilitate understanding of the causes and effects of mental health through case studies with a specific social impact.



3.15. Breathe, Align, Compete

Theme: Emotional regulation and focus before competition

Time: 20 minutes

Target group: Young male athletes (ages 12–19)

OVERVIEW

The sports performance of young athletes depends heavily on their emotional preparation. Learning regular emotions such as anxiety, fear and over-motivation can be decisive for performance. Techniques such as consistent breathing, body awareness and repetition of power phrases help athletes develop internal states of focus and tranquility. This workshop promotes, in a practical way and adapted to the age group, strategies to create emotional stability before competitions. The workshop uses an experiential and participatory approach, with moments of guided practice, individual reflection and positive anchoring. The techniques are based on evidence from neuroscience and sports psychology. The exercises are simple and accessible, even for athletes with no previous experience in mental practices.

OBJECTIVES

- To teach and practice the consistent breathing technique (5s/5s) for emotional self-regulation.
- To stimulate body awareness as an anchor for focus and calm.
- To create a personal activation phrase as a mental preparation tool.
- To implement a simple mental routine that can be used independently before the competition.

GROUP SIZE: Ideally, 6 to 15 athletes (adaptable to individual sessions)

MATERIAL

- Mats or chairs for each athlete
- Speaker or mobile phone with soft background music (optional)
- Cards or A5 sheets for writing sentences
- Printed guide with summary of the practice

3.15. Breathe, Align, Compete

PREPARATION

Review the complete session script and perform the exercises in advance. Ensure a quiet, welcoming space without visual distractions. Print the cards/phrases and support guides for each participant. Prepare audio with a calm voice (or use an existing recording) with a 5s/5s breathing count.

INSTRUCTIONS

Moment 1 – Welcome and introduction (2 min)

Explanation of the objective: “Let’s prepare the mind to compete. When we control our breathing, we control our mind.”

Moment 2 – Coherent Breathing (5 min)

Instruction: “Inhale for 5 seconds... exhale for 5 seconds... for 3 minutes.”

Moment 3 – Active Body Scan (5 min)

Settle into a comfortable position.

Sit or stand tall. Close your eyes or soften your gaze. Take a deep breath.

Shoulders: Gently lift your shoulders toward your ears, hold briefly, then release.

Repeat 2–3 times.

Neck: Slowly tilt your head side to side. Then gently roll your neck in a circle, if comfortable.

Hands: Clench your fists, hold, then release and stretch your fingers. Rotate your wrists slowly.

Full Body Check: Notice sensations in your torso, hips, legs, and feet. Make small shifts or wiggle toes if needed.

Finish: Take a final deep breath. Feel your whole body, grounded and present.

Moment 4 – Power Phrase (3 min)

Write a short phrase that represents inner strength. Repeat it mentally 3 times.

Moment 5 – Closing and reflection (2 min)

Reinforcement: “This practice is yours. You can use it before every game or training session.”

3.15. Breathe, Align, Compete

DEBRIEFING AND EVALUATION

Ask following questions:

- How do you feel now compared to when you started the session?
- Which part was the hardest or most useful for you?
- What can you start doing differently before games?
- Which of these practices can you imagine yourself repeating on your own?
- How would you feel if it were part of your pre-game routine?

TIPS FOR FACILITATORS

Use simple and accessible language. Do the exercise together with the athletes (modeling). Validate the participants' feelings without judgment. Reinforce that regular practice increases results. Lead the session with a calm and encouraging tone of voice. Avoid questions like "is everything okay?" and prefer "what did you feel?" (more open-ended).

This workshop can be integrated into a sequence with the following themes:

- "Confidence in Motion" (emotional and physical activation)
- "Consciously Switching Off" (emotional recovery)
- "Regenerating as a Team" (co-regulation and collective empathy)

3.15. Breathe, Align, Compete

Handout 1

Before we step into competition or training, it's important to pause. This short routine will help calm your body, focus your mind, and prepare you to perform at your best. We'll use breathing, movement, and a power phrase to feel grounded, confident, and ready. Let's begin.

Moment 1 – Welcome (2 min)

“Let's prepare the mind to compete.

Control your breath, control your mind.”

Moment 2 – Coherent Breathing (5 min)

Inhale through your nose – count to 5

Exhale through your mouth – count to 5

Keep this rhythm for 3 minutes

If distracted, gently return to the breath

Moment 3 – Active Body Scan (5 min)

Sit or stand tall, close eyes, breathe

Shoulders: Lift → hold → release (2–3x)

Neck: Tilt side to side, roll gently

Hands: Clench fists → stretch fingers → rotate wrists

Body: Notice feet, legs, hips. Wiggle toes if needed

End with a deep breath – feel grounded

Moment 4 – Power Phrase (3 min)

Choose a strong phrase (e.g. “I am calm and ready”)

Repeat it silently 3 times

Moment 5 – Closing (2 min)

“This is your practice.

Use it before every game or training.

You're focused. You're ready.”

3.16. Confidence in Motion

Theme: Releasing tension and activating physical presence before competition.

Time: 20 minutes

Target group: Young male athletes (ages 12–19)

OVERVIEW

Before competition, the body and mind need to align to achieve the best performance. Conscious physical activation is a powerful tool to release accumulated tension, reduce stress and generate confidence. This workshop proposes a practical and energetic approach, using free movement and breathing as mechanisms to stimulate presence, self-confidence and positive emotional preparation in young athletes. Session based on somatic practices, rhythmic music and free body expression techniques. Energy exercises (shaking), freedom of movement and guided breathing are combined to promote activation and self-confidence. The methodology is inclusive, does not require previous experience, and respects the individual rhythm of each athlete.

OBJECTIVES

- To release emotional and physical tension through conscious movement.
- To develop focus and presence through attention to the body in movement.
- To create an internal anchor of confidence using breathing and body posture.
- To stimulate self-expression as a form of safe emotional preparation.

GROUP SIZE: Ideal 8 to 20 athletes

MATERIAL

- Large and safe space for movement
- Cards with symbols of strength or visualizations (optional)
- Printed guide with instructions and anchoring phrases

PREPARATION

Select music with an appropriate rhythm and without lyrics in advance. Review the exercises and rehearse the instructions in a clear and motivating voice. Ensure there is no obstructions and ventilation in the space. Prepare cards with symbols or anchor words (optional).

3.16. Confidence in Motion

INSTRUCTIONS

Moment 1 – Opening and Introduction (2 min)

Explanation: “Let’s activate the body and release anxiety with free movement.”

Moment 2 – Shaking (5 min)

Instruction: “Shake your arms, then your legs, shoulders, your whole body. Let the tension out.”

Moment 3 – Free Movement with Music (5 min)

“Let your body move as it wants. There is no right or wrong. Listen to the music and respond with your body.”

Moment 4 – Guided Breathing (5 min)

“Breathe in deeply through your nose... exhale through your mouth. 5 complete cycles.”

Moment 5 – Anchoring and closing (3 min)

“Take a pose of strength (e.g. hero, lion). Breathe and feel that confidence growing.”

Let’s release the tension in your body. Start shaking your arms gently. Let the energy flow through your shoulders, through your hands. Now your legs. Move your whole body as if shaking off stress. There is no right or wrong — let your body do what it wants.

DEBRIEFING AND EVALUATION

Ask following questions:

- Which part did you feel most liberating?
- What changed in your body and mind throughout the practice?
- How can you use this type of activation before training or competing?
- Which part of the practice helped you feel most confident?

3.16. Confidence in Motion

MATERIAL FOR FACILITATORS

- Suggested playlist with instrumental music (100-120bpm)
- Symbol cards (lion, mountain, lightning, sun)

TIPS FOR FACILITATORS

Validate all types of movement as correct. Create an environment of safety and fun. Encourage individuality and self-listening. Adapt the pace to the energy of the group. Participate with the group — if you move, they get permission to move too. Never correct movements — just encourage with phrases like ‘follow your own rhythm’, ‘that’s right’.

This workshop can precede or complement the following:

- “Breath, Align, Compete” (emotional preparation)
- “Consciously Switching Off ” (post-game recovery)
- “Regenerating as a Team” (collective emotional recovery)

3.16. Confidence in Motion

Handout 1

Sometimes, our minds feel full or our bodies tense — especially before performing or focusing. This short routine helps us release that tension, wake up the body, and feel calm and strong. Let's move, breathe, and reset together.

Moment 1 – Opening (2 min)

Let's wake up the body and shake off any stress. We're going to move to feel better.

Moment 2 – Shaking (5 min)

Start shaking your arms. Then shake your legs, your shoulders, your head — your whole body.

Let everything go. Let the tension fall away.

Moment 3 – Free Movement with Music (5 min)

Now just move however your body wants.

There's no right or wrong, just feel the music and let your body respond.

Moment 4 – Guided Breathing (5 min)

Breathe in slowly through your nose... Breathe out through your mouth...

Do this 5 times.

Feel your body slowing down and relaxing.

Moment 5 – Anchoring and Closing (3 min)

Now take a strong pose — like a hero or a lion.

Stand tall, breathe deeply, and feel your strength inside.

3.17. Consciously Switching Off

Theme: Physical and emotional recovery after training or competition.

Time: 30 minutes

Target group: Young male athletes (ages 12–19)

OVERVIEW

After intense physical efforts, the body and mind need conscious breaks to ensure full recovery. This workshop offers young athletes practical tools for emotional and physical recovery, promoting self-regulation and self-care as an integral part of training. The practice of prolonged breathing, mindfulness and emotional writing helps to integrate experiences and restore internal energy. A body-centered and mindfulness approach is used, combined with emotional writing. The exercises are designed to induce relaxation, self-reflection and regeneration. They are accessible to all athletes and only require a quiet space.

OBJECTIVES

- To facilitate simple physical and emotional regeneration practices after training and games.
- To promote self-care as a pillar of athletic recovery.
- To stimulate emotional awareness through pauses, internal listening and writing.
- To prevent mental and physical exhaustion through deceleration strategies

GROUP SIZE: Ideal 6 to 15 athletes

MATERIAL

- Comfortable mats or towels
- Soft ambient light (or naturally calm space)
- Printed self-care sheets (checklist or journal)

PREPARATION

Ensure a quiet and welcoming space. Review and practice reading the mindfulness script. Print self-care sheets and guides. Test the breathing or reading audio if recorded.

3.17. Consciously Switching Off

INSTRUCTIONS

Moment 1 – Welcome and Introduction (2 min)

“Now we are going to take care of the body and mind after the effort. This is the time to restore.”

Moment 2 – Recovery Breathing (5 min)

Inhale for 4 seconds and exhale for 6 seconds. Repeat for 10 cycles.

Moment 3 – Mindfulness lying down (10 min)

“Sit your body on the floor. Observe your breathing and your contact with the mat. Stay present.”

Moment 4 – Self-Care Writing (8 min)

“Write down one word that describes how you feel. Then, an action that you will do for yourself today.”

Moment 5 – Sharing or collective silence (5 min) Optional: sharing sensations. Finish with deep breathing as a group.

Let's slow down together. Sit or lie down. Inhale through your nose for 4 seconds... 1, 2, 3, 4... Exhale slowly through your mouth for 6 seconds... 1, 2, 3, 4, 5, 6... We repeat this rhythm for 10 cycles. Feel how your body begins to slow down.

DEBRIEFING AND EVALUATION

Ask the following questions:

- Which part made you feel more relaxed?
- What did you learn about yourself in these minutes of pause?
- What habits can you incorporate after each training session or game?
- If you did this practice after every game, what would change in your recovery?

3.17. Consciously Switching Off

TIPS FOR FACILITATORS

Create a safe and welcoming environment. Reinforce that rest is part of performance. Validate all emotional responses as natural. Encourage the continuation of these practices outside of the session.

Do not interrupt silences — they are part of the experience. Set an example by doing the practice together with the group, without forcing.

This workshop can precede or complement the following:

- “Breath, Align, Compete” (emotional preparation)
- “Confidence in Motion” (emotional and physical activation)
- “Regenerating as a Team” (collective emotional recovery)

3.17. Consciously Switching Off

Handout 1

Self-Care Sheet: Check-In & Reset

Name: _____ Date: _____

1. How am I feeling right now?
(You can circle one or write your own)

Happy Okay Worried Sad Angry Tired Focused

2. What does my body need?
(Choose one or add your own)

- A break
- Stretching
- Movement
- Food or water
- Sleep
- A deep breath
- Quiet time

3. Try this quick reset:

Breathe in slowly through your nose (count to 5)...

Breathe out gently through your mouth (count to 5)...

Do this 3 times.

How do you feel now? _____

4. A kind phrase I can say to myself:
(Write your own or choose one below)

"I'm doing my best."

"I am strong and calm."

"It's okay to pause."

"I've got this."

My phrase: _____

One thing I can do today to care for myself:

(Examples: go for a walk, talk to a friend, write, rest, eat well)

3.18. Regenerating as a Team

Theme: Emotional and physical recovery in a group, after competition.

Time: 25 minutes

Target group: Young male athletes (ages 12–19)

OVERVIEW

Team sports are a shared emotional experience. After moments of competition, it is essential that athletes can process and regenerate emotions together. This workshop promotes the strengthening of bonds between colleagues, through stretching practices in pairs, active listening and closing rituals. Shared emotional regeneration promotes empathy, group cohesion and the continued well-being of young athletes. Based on pair dynamics, active listening and collective breathing. The exercises were designed to allow light physical contact, structured verbal sharing and positive emotional anchoring. The methodology favors the group as a safe space to regenerate internal states together.

OBJECTIVES

- To facilitate the physical and emotional regeneration of athletes through accessible collective practices.
- To stimulate active listening, empathy and authentic sharing between peers.
- To strengthen bonds of trust and belonging within the team.
- To create safe moments of emotional expression post-competition.

GROUP SIZE: Ideal 10 to 20 athletes

MATERIAL

- Ample space free of obstacles
- Light and neutral background music
- Reflection cards with open questions
- Guide to stretching in pairs

PREPARATION

Review the stretching exercises and demonstrate them in advance with another facilitator. Print the cards with questions and visual guide to stretching. Ensure a calm and trustworthy environment for sharing. Select soft instrumental music for the final moment.

3.18. Regenerating as a Team

INSTRUCTIONS

Moment 1 – Welcome and introduction (2 min)

“Today we will recover together, with awareness and mutual support.”

Moment 2 – Stretching in Pairs (10 min)

Exercises of pushing back, stretching arms with joint breathing.

Moment 3 – Active Listening (5 min)

In pairs, one athlete talks for 1 minute about what he/she felt during the game, the other listens without interrupting.

Moment 4 – Guided Collective Breathing (5 min)

Inhale and exhale together, with a common rhythm, in a circle.

Moment 5 – Closing Ritual (3 min)

With your eyes closed, remember a positive moment from the game and keep it as an emotional anchor.

Choose a partner and form a pair. Now you will do simple stretches together. For example: back to back, push each other lightly and breathe together. Then switch: one holds the other's arms and gently pulls to stretch. The important thing is to feel mutual support.

DEBRIEFING AND EVALUATION

Ask the following questions:

- How was it to listen and be listened to without interruptions?
- What did you discover about yourself and the other person?
- What feelings do you take away from this team moment?
- What do you take away from this collective moment that you would like to repeat more often?

3.18. Regenerating as a Team

TIPS FOR FACILITATORS

Model active listening by example. Encourage respect and confidentiality. Validate all emotions brought by the group. Promote post-game rituals that continue weekly. Remember: the facilitator is the first to model listening, respect, and the emotional tone of the session. Allow the group to take their time in the silence — there is much value in the shared pause.

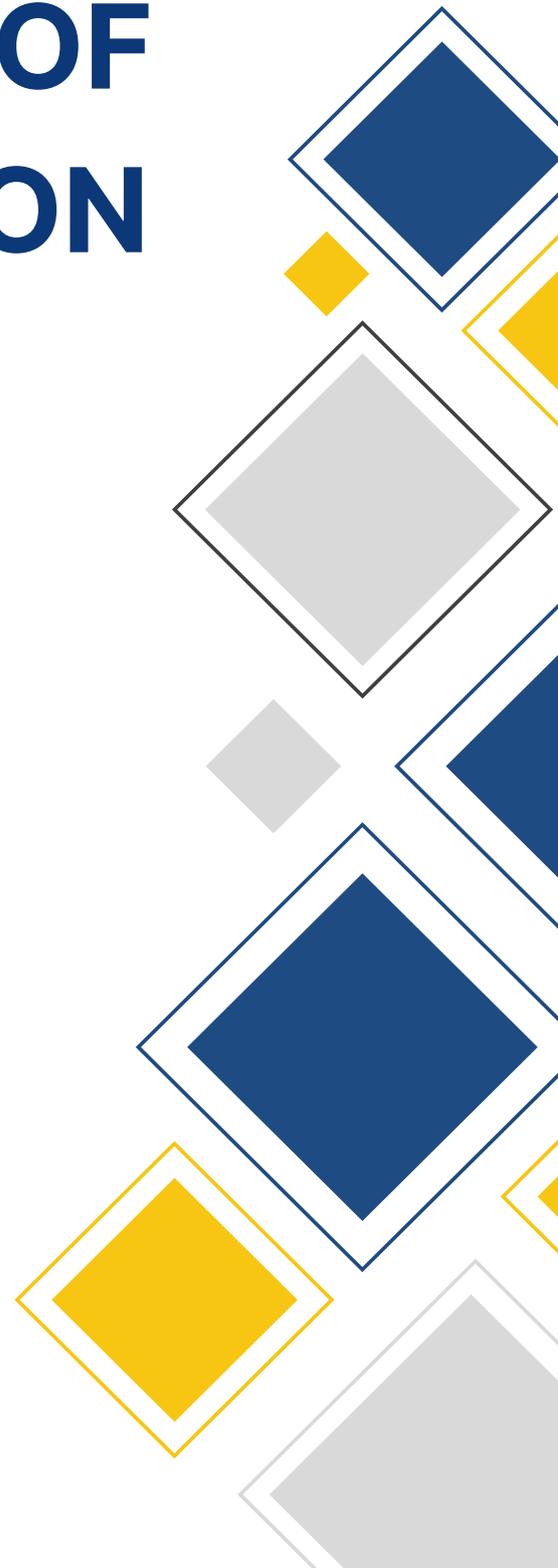
This workshop can precede or complement the following:

- “Breath, Align, Compete” (emotional preparation)
- “Confidence in Motion” (emotional and physical activation)
- “Consciously Switching Off” (post-game recovery)

MATERIAL FOR FACILITATORS

Visual guides for stretching
Playlist with soft background music

4. EXAMPLE OF INTRODUCTION GAME





4. Example of Introduction Game

Print one copy of the Handout “About me” for each participant. Provide pens, markers, colors for participants and give them 15 min to fill in and color the handout. After that each participant should present their “About me” sheet and talk about himself/herself.



4. Example of Introduction Game



All about me!



My birthday

day month year

My Country

I am from... _____

My Favorites

Food:



Sport: _____

Number: _____

Subject: _____



Colour

I like these colours:



Fun fact



my biggest dream

My name is

Job

I would like to be

Friend

The name of my best friend is



Living

City: _____

Country: _____



Hobby

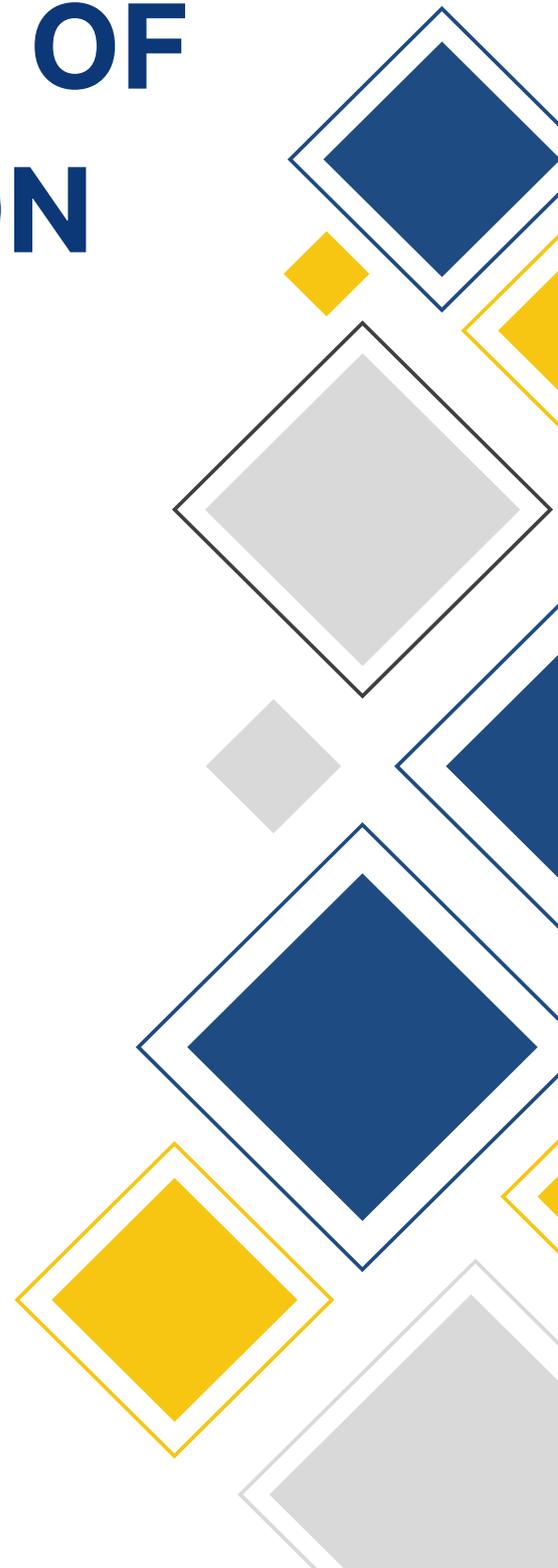
My favourite hobby is



People say that...

- I am a team player
- I am a kind person
- I am outgoing
- I am a good listener
- I am creative
- I am a hard worker
- I am funny
- I am helpful

5. EXAMPLES OF EVALUATION



5.Examples of Evaluation

You can use following examples for daily evaluations. Draw on a flip chart:

How was the workshop?

1)



How do you feel now?

2)



3)

"How was today's workshop?"

★ Great	👍 Good	🧑 Okay	😞 Not for me

5.Examples of Evaluation

4) *Before session and After session*

Before session (s), I felt..... (one word)	After session(s), I feel.... (one word)

5) *Or print following handout for every participant to color appropriate emojis based on how they feel*

5.Examples of Evaluation



happy



sad



calm



anxious



excited



satisfied



confused



bored



empowered



angry

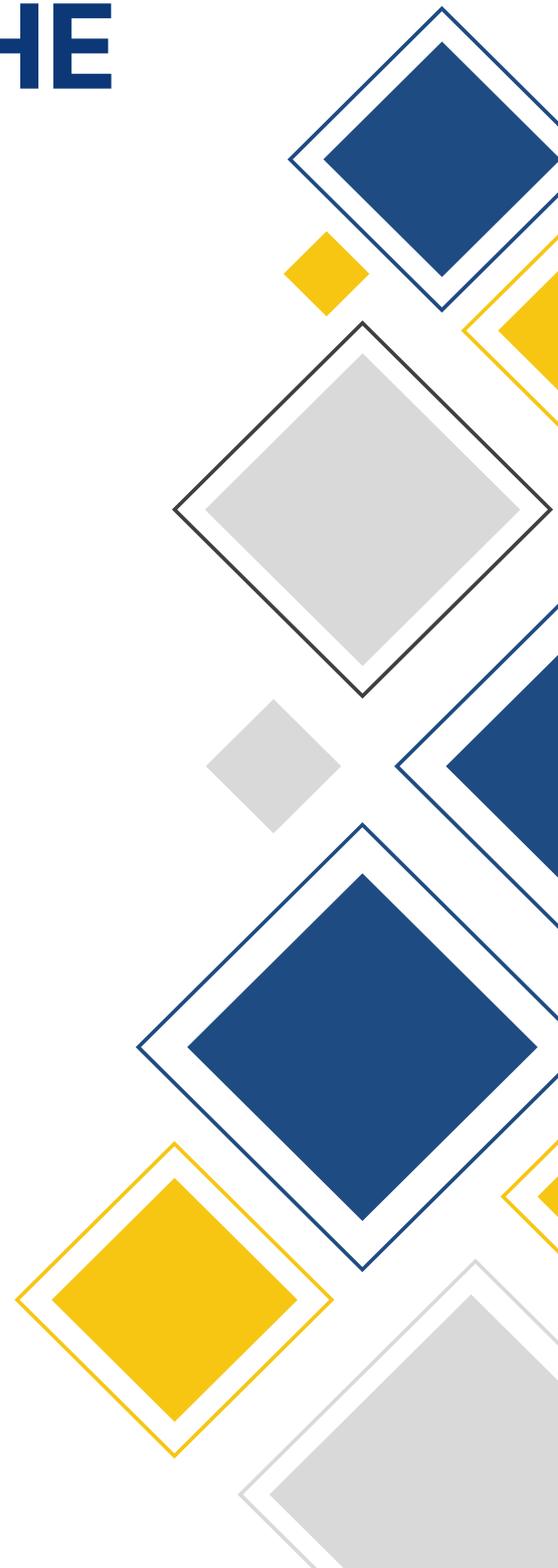


curious



proud

6. ABOUT THE PROJECT



6. About the Project

FuteBola from Portugal together with partners Club for Youth Empowerment 018 from Serbia, Beyond Borders from Italy and Barcel'hona Sports Events from Spain, implements "Mental Health Matters" project in the field of sport to promote importance of mental health hygiene while raising the awareness about mental health issues of men in competitive and professional sports. Project consortium is made from youth and sport organizations in order to combine different approaches and expertise so that more attention and visibility is given to the topic of men's mental health and more specifically of male athletes.

Project objectives are:

- 1) To develop new methodology for sport workers for promoting mental health and wellbeing of young men and boys,
- 2) To train 20 coaches and other sport workers in the field of mental health protection,
- 3) To create more opportunities for public dialogue on the topic of mental health of men in competitive sports and
- 4) To raise the awareness about importance of protection of mental health among male athletes. Project is implemented in Portugal, Serbia, Italy and Spain in the period October 2024 – September 2024 and is co-funded by the EU.

Partners



FuteBola
Portugal



KOM 018
Serbia

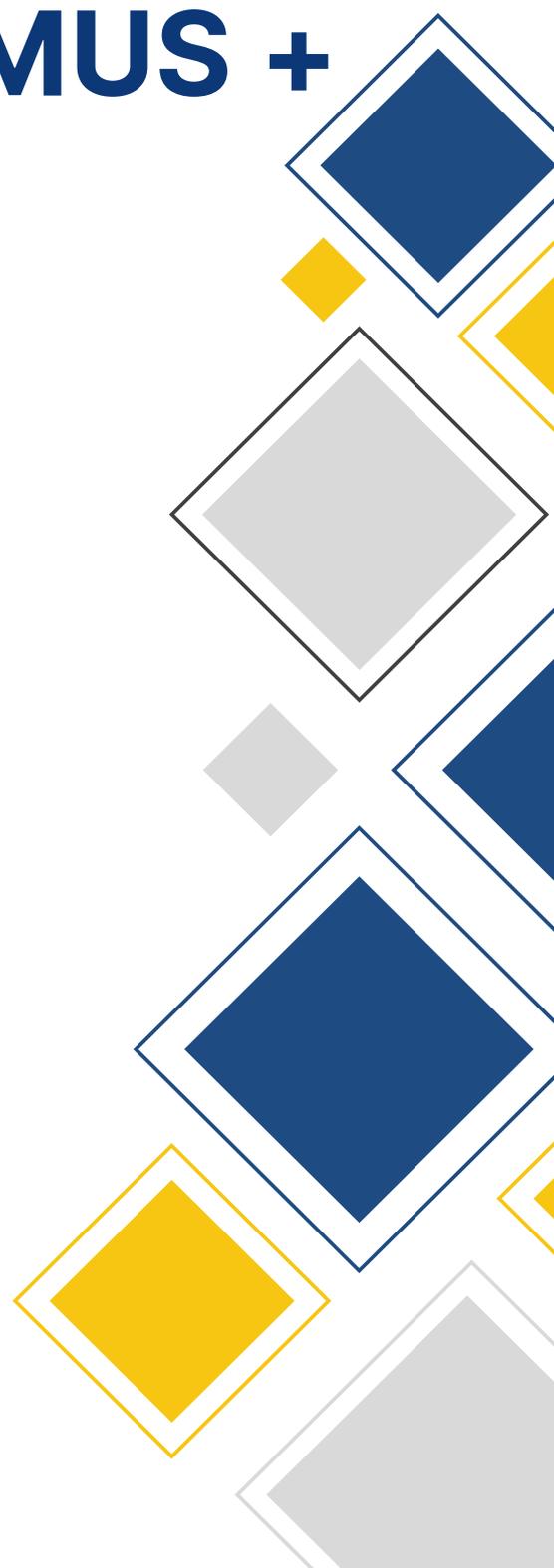


Beyond Borders
Italy



Barcel'hona Sports Events
Spain

7. ABOUT ERASMUS + SPORT



7. About Erasmus + Sport

The aim of Erasmus+, as a program, is to support the educational, professional and personal development of people in education, training, youth and sport, to contribute to sustainable growth, quality jobs and social cohesion, to drive innovation and to strengthen European identity and active citizenship.

Erasmus+ actions in the field of sport promote participation in sport, physical activity, and voluntary activities.

They are designed to tackle societal and sport-related challenges. Opportunities are available for organizations under 3 Calls which address these challenges.

A specific call on Capacity Building in the field of sport is also available as of 2022. It targets EU Member States and third countries associated to the Program (previously called Program countries) and the Western Balkans.

Cooperation Partnerships

Designed for organizations to develop and implement joint activities to promote (among others) sport and physical activity, as well as deal with threats to the integrity of sport (such as doping or match-fixing), promote dual careers for athletes, improve good governance, and foster tolerance and social inclusion.

Small-scale Partnerships

For grassroots organizations, less experienced organizations and newcomers to the Program. Small-Scale Partnerships have simpler administration, smaller grants and shorter durations than Cooperation Partnerships.

Not-for-profit European Sport Events

Designed to encourage sporting activity, implement EU strategies for social inclusion through sport, foster volunteering in sport, fight against discrimination and encourage participation in sport and physical activity.

Capacity Building in the field of sport

Capacity-building projects are international cooperation projects based on multilateral partnerships between organizations active in the field of sport in EU Member States and third countries associated to the Program (previously called Program countries) and the Western Balkans. They aim to support sport activities and policies in as a vehicle to promote values as well as an educational tool to promote the personal and social development of individuals and build more cohesive communities.



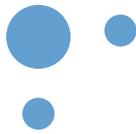
7. About Erasmus + Sport

More info on:

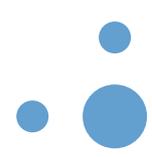
<https://erasmus-plus.ec.europa.eu/programme-guide/sport>







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