

Introduction

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Sport participation has well-established physical and mental health benefits (Biddle & Mutrie, 2008; Daley, 2008). Conversely, and as associated within the athlete population, intense exercise and physical activity has been found to compromise mental health with suggestion of increased experiences of anxiety, depression and burnout (Peluso & Andrade, 2005). Possibly no surprise, therefore, that an increasing number of high-profile professional sporting personalities (e.g., Clarke Carlisle, former footballer; Ronnie O'Sullivan, snooker player; Dame Kelly Holmes, track gold medallist) are speaking publicly about their experiences of mental health difficulties, the stigma associated with disclosure, and how they have coped in the sporting and competitive environment (BBC Sport, October 2015; Gardner & Moore, 2006). Low occurrence of mental health difficulties in athletes is often culturally assumed, but this assumption is not supported by any substantive research (Bär & Markser, 2013). The limited literature available indicates that athletes are equally, if not more, vulnerable to mental health difficulties as the general public (Gulliver, Griffiths, Mackinnon, Batterham, & Stanimirovic, 2015). Unique emotional 'ups and downs', pressures of competitive sport, stress of daily training, consequences of physical injuries, aging and transition (e.g., leaving and retirement), sport-specific challenges (e.g., team membership, aesthetic determinants) as well as stigma and media scrutiny, all present factors which, if not managed, could lead to particular vulnerability to experiencing mental health difficulties (e.g., eating disorders, Arthur-Camselle, Sossin & Quatromoni, 2017, Dosil, 2008; obsessive compulsive tendencies, Biggin, Burns & Uphill, 2017; anxiety, Kamm, 2008; depression and low/negative mood, Nicholls, McKenna, Polman & Backhouse, 2011, Reardon & Factor, 2010; general psychological distress, Gulliver et al., 2015). Athletes attempts to cope with the

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26 various sport-specific demands (physical, psychological and inter/intra personal) can
27 lead to unsafe and unhealthy short-term, yet often effective, strategies (including
28 disordered eating, Shanmugam, Jowett, & Meyer, 2011; and alcohol abuse, Vamplew,
29 2012). Unhealthy self-management has been predicted to be an essential element in
30 either precipitating and/or perpetuating pre-existing mental health difficulties
31 (Topolovec-Vranic et al., 2015).

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32 In 2014, Mind (a leading mental health charity in the United Kingdom)
33 commissioned research exploring how sports governing bodies and player
34 organisations approach, manage, and respond to mental ill-health within athlete
35 populations across six sports. Findings highlighted various unique challenges
36 negotiated by athletes experiencing mental health difficulties. Stigma and fear of the
37 consequences of disclosure on sporting career were found to often prohibiting talking
38 about the difficulties. Injury or lack of performance, retirement and ‘struggling in
39 silence’ were all referenced as particular ‘pressure points’ impacting on athletes’
40 mental health. The research led to the development of the Performance Matters:
41 Mental Health in Elite Sport report, accessible in the public domain. In response,
42 governing bodies from targeted sports initiated a number of changes ranging from 24

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43 hour telephone helplines for athletes (~~Professional Footballers Association~~), increased
44 access to counselling and mental health support services for players/athletes (~~Rugby
45 Players Association; British Athletes Commission~~), specific mental health training for
46 staff (~~Premier League~~) and training inclusion within coaching qualifications (~~Football
47 Association~~) (Mind, 2014). Although a positive stride forward, mental health research
48 and practical support within sporting domains where there are *unique* sporting factors
49 associated with increased risk (i.e., physical harm and/or life threatening/changing
50 injuries) continues to be lacking (Rice et al., 2018).

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51 Equestrian sport is referred to as one of the most high-risk sports on land
52 (Landolt et al., 2017; Thompson & Nesci, 2016) with many recognised (health)
53 hazards associated within sub-disciplines within the sport (i.e., horse racing and
54 'making weight', Dolan et al., 2012). Equestrian sport encompasses multiple sub-
55 disciplines including dressage, showjumping, eventing, polo, racing, etc. Given the
56 research on elements impacting on athlete mental health, equestrian sportspeople may
57 be a sub-group of athletes particularly vulnerable to elevated risk of experiencing
58 mental health difficulties. In addition to the general pressures all athletes must
59 negotiate, equestrian sub-disciplines appear to have various *additional* and competing
60 sport-specific stressors. Aesthetic requirements (e.g., weight and appearance) appear
61 to be associated with eating disorder risk for professional jockeys due to sustained
62 attempts to 'make weight' and sustain significantly low weight (Caulfield &
63 Karageorghis, 2008). Equally, collegiate equestrian athletes may have increased
64 vulnerability to developing eating disorder symptomology due to research findings
65 highlighting distorted perceptions of body image within this population (Torres-
66 McGehee, Monsma, Gay, Minton & Mady-Foster, 2011). Additionally, the
67 challenging training routines and daily demands of horse ownership can result in
68 significant social and academic sacrifices with Pummell, Harwood & Lavallee (2008)
69 highlighting potential risks associated with restricted identity development. Equally,
70 the physical and mental demands in equestrian sport and increased vulnerability to
71 physical injury due to the danger associated with the sport are additional stressors for
72 athletes to manage (Dolan et al., 2012; Dosil, 2008; Landolt et al., 2017; Monsma,
73 Gay, & Torres-McGehee, 2013). A particularly unique element of equestrian sport
74 that is considered fundamental to performance success is the ability of a rider to
75 manage emotions which can influence the horse-rider relationship (McBride & Mills,

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76 2012; Tenenbaum, Lloyd, Pretty, & Hanin, 2002; Wolframm, Shearman &
77 Micklewright, 2010). Professional equestrian sportspeople such as Pippa Funnell,
78 Michal Rapcewicz and Mark Enright provide anecdotal evidence of the impact of a
79 rider's emotions, particularly those associated with mental health difficulties on riding
80 ability, decision making, the relationship with the horse, general psychological
81 wellbeing and ultimately performance (Funnell, 2004; Mathieson, 2015).

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83 **Present Study**

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84 The limited research within sport and mental health literature has offered some insight
85 into the pressures and unique challenges athletes negotiate whilst also the
86 consequences for, and on, mental health and psychological wellbeing (Gulliver et al.,
87 2015; Hughes & Leavey, 2012; Rice et al., 2016). Research findings have suggested
88 that there may be sports with sub-groups of athletes that are particularly vulnerable to
89 developing or exacerbating mental health difficulties (Dosil, 2008; Landolt et al.,
90 2017; Monsma et al., 2013). Given the identified additional stressors and pressures
91 equestrian athletes negotiate, it is surprising to find that little is known about how
92 these athletes experience or perceive psychological wellbeing and mental health
93 difficulties within the sport. The purpose of the current study was to gain an
94 understanding of equestrian sportspeople's experiences and perceptions of mental
95 health difficulties and psychological wellbeing. The insights gained from this new
96 research will contribute to greater understanding as to the specific mental health needs
97 of equestrian sportspeople and provide suggestion for the development of approaches
98 and strategies for this target population.

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Method

A dual approach involving both an anonymous e-survey and a purposive sample of semi-structured interviews was undertaken. The study was approved by the researchers' University Ethics Committee.

The e-survey was developed to gather a broad range and scope of opinions, whilst the aim of the semi-structured interview was to capture depth of perception. Both modes of data collection used open-ended questions to gather and explore opinions, understanding and awareness of mental health and psychological wellbeing in equestrian sport.

The qualitative approach to this research was consistent with the researchers' interpretivist epistemological position which is grounded in the premise of sharing knowledge based on descriptions of phenomena rather than pre-existing ideas or frameworks (Creswell, 2014). Demographic information was collected along with eight open-ended questions covering areas of: general understanding, recognition, causes, triggers and impact of mental health difficulties for equestrian sportspeople, and coping strategies and support available for this population. The questions were developed after a review of the literature on mental health and psychological wellbeing in sport whilst also informed by the authors' research experience and expertise in mental health and sport. Example questions include: 'What do the words 'mental health' mean to you?' and 'How do you think mental health difficulties impact upon equestrian sportspeople/athletes?'

Coach/instructor-athlete and parent-athlete attachment style and relational dynamic have been found in previous research to influence athlete wellbeing, basic psychological need satisfaction (e.g., Davis & Jowett, 2014; Felton & Jowett, 2017) and care-seeking responses (Milroy, Hebard, Kroshus & Wyrick, 2017). With this in

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126 mind, a holistic systemic approach was adopted to ensure an inclusive understanding
127 of perspectives about mental health and psychological wellbeing in equestrian sport.
128 As such, participants were key individuals involved in the system of an equestrian
129 sportsperson, including the athlete, parent and coach/instructor. The selection of
130 participants was criterion based: individuals over 16 years old who were either/or a
131 competitive equestrian sportsperson, parent(s) or coach/instructor of an equestrian
132 sportsperson and, able to comprehend written or spoken English.

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133 Advertisement of the study and distribution of the e-survey link was facilitated
134 through recruitment drives (over a period of five months; January – May 2016) over
135 social media (Facebook and Twitter), advertisement in an international equestrian
136 magazine, and posters in equestrian colleges/centres.

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137 All participants who completed the e-survey were invited to participate in the
138 interview-based phase of the research through 'opting in' via contacting the lead
139 author as a declaration of interest. Semi-structured interviews were organised through
140 follow-up e-mail correspondence. All interviews were digitally recorded and
141 transcribed verbatim.

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143 *Participants*

144 The final e-survey sample included 155 participants (female, n=148) with the
145 majority within the age bracket 35-44 years old (23%) and of a United Kingdom
146 nationality (81%). The sample contained individuals from a comprehensive range of
147 equestrian disciplines with various levels of expertise within that discipline (e.g., from
148 amateur to advance/professional Table 1), who described themselves as equestrian
149 sportspeople (92%), parents of an equestrian sportsperson (10%) or instructor/coach
150 (26%), with most having over 16 years of experience within equestrian sport (67%).

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The semi-structured interview comprised a small purposive sample of eight participants (75% female) consisting of equestrian sportspeople (88%). Forty percent of the participant sample identified as coaches/instructors. The semi-structured interview sample was recruited via the e-survey sample (75% of total semi-structured interview sample) and equestrian colleges/centres (25%).

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Data Analysis

The transcripts from the semi-structured interviews along with subjective information gathered from the completed e-surveys were analysed using inductive thematic analysis (six phase procedure), a qualitative method for identifying and analysing themes which emerge from the data (Braun & Clarke, 2006). To ensure consistency of approach, validity and reliability, after interviews were transcribed, they were repeatedly read and coded independently by the lead author and an assistant clinical psychologist. The resultant codes were reviewed by a colleague experienced in qualitative data analysis (Phase 1. & 2.). Codes were collated into potential themes based on data that appeared repeatedly. Interpretations of all the qualitative data compared, discussed and agreed upon (Phase 3.). Themes were reviewed and further refined, with the development of a thematic map (Figure 1.) when all team members were satisfied that the themes represented the data set (Phase 4. & 5.). The themes are detailed in this document (Phase 6.).

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Results

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Strong thematic commonalities were found regardless of participant expertise

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or equestrian discipline. Five main themes, 22 first-order themes and 16 second-order

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themes emerged from the data (*Figure 1*). Quotations were selected for inclusion in

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the paper if considered illustrative of key themes.

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Theme 1: Emotional Wellbeing *in* Balance

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The main theme of 'emotional wellbeing *in* balance' contained four first-

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order themes; '*inclusive*', '*focused & organised thoughts*', '*positive sense of self*'

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and, '*positive in actions & interactions*'.

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Psychological wellbeing and mental health was considered by participants as

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'*inclusive*' and something which all individuals negotiate daily. Fundamental

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elements were deemed by participants as contributing to, and being a consequence of,

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sustainable "*good mental health*". Logical decision making, successful problem-

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solving, and realistic expectations of self were deemed key factors in demonstrating

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'*focused & organised thoughts*'. The ability to negotiate a range of emotions, cope

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with adversity and trust "*gut feelings*" all contributed to a '*positive sense of self*'.

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Additionally, individuals who are '*positive in actions and interactions*' (defined as

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embracing challenges and opportunities as well as meaningful interaction with others)

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were considered to maintain psychological wellbeing 'in balance'.

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"[mental health is]...*being comfortable and confident in your life, happy to be*

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stretched and challenged, meet people, be on your own etc. manage setbacks and take

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up opportunities."

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Theme 2: Emotional Wellbeing *Imbalance*

Six first-order themes emerged from the main theme of ‘emotional wellbeing *imbalance*’ including ‘*contextual*’, ‘*spectrum of imbalance*’, ‘*disorganised thoughts*’, ‘*negative sense of self*’, ‘*personal & professional relationship difficulties*’ and ‘*physical health difficulties*’.

Life experiences, upbringing and childhood influences were identified as significant ‘*contextual*’ factors contributing both positively and negatively to an individual’s psychological wellbeing and mental health. Participants referred to a range of ‘mental health difficulties’ which vary in complexity, severity and intensity, suggestive of a ‘*spectrum of imbalance*’. However, ‘*disorganised thoughts*’, typified by issues with problem-solving, reduction in focus, forgetfulness, increased tendency to make “*illogical and irrational*” decisions, and a ‘*negative sense of self*’, inclusive of negative self-belief, low self-esteem and confidence, were indicators of mental health difficulties. ‘*Personal and professional relationship difficulties*’ were identified consequences to confusion over change in an individual’s behaviour and interaction as a result of an individual struggling to manage their mental health. Additionally, ‘*physical health difficulties*’ were perceived as both cause and consequence of problems with psychological wellbeing. Genetic predisposition was considered by some participants to contribute to mental health difficulties, whilst brain dysfunction and susceptibility to illness were perceived to be more as consequences.

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226 **Theme 3: Wellbeing *Im*balance – Impact on Equestrian Sportspeople**

227 **The** main theme of ‘wellbeing *im*balance – impact on equestrian
228 sportspeople’ contained five first-order themes; ‘*negative thoughts, emotions and*
229 *self-belief*’, ‘*perceptions of pressure and judgement*’, ‘*unpredictable behaviour and*
230 *increased risk-taking*’, ‘*changes in horse-rider partnership*’ and, ‘*inhibited*
231 *performance, progression and development*’.

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232 Sport-specific consequences for those equestrian sportspeople struggling to
233 manage mental health difficulties were characterised by ‘*negative thoughts, emotions*
234 *and self-beliefs*’ about ability and distorted ‘*perceptions of pressure and judgement*’
235 typified by unrealistic goal-setting, reduced focus, concentration and ability to learn,
236 sensitivity to judgements, constructive criticism and taking instruction and,
237 excessively comparing self with others. Both ‘*negative thoughts, emotions and self-*
238 *beliefs*’ and ‘*perceptions of pressure and judgement*’ were considered contributory
239 factors to avoiding competitions, “*losing their bottle*” (i.e., losing **the courage to do**
240 **something**), struggling with motivation, and ultimately, disengagement.
241 ‘*Unpredictable behaviour and increased risk-taking*’ including unusual changes in
242 behaviour, recklessness (around themselves, others and with horses), increased falls,
243 alongside identifiable ‘*changes in the horse-rider partnership*’ (e.g., horse
244 performance deterioration, decreased confidence displayed by the horse) were
245 considered indicators of an individual struggling with psychological wellbeing.
246 Consequently, ‘*performance, progression and development*’ could be inhibited to the
247 point where it could “*ruin your career*”.

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248 “*It [mental health difficulties] impacts in every aspect, the way you ride, the*
249 *way you come into a jump, the route you plan, and the way the horse acts as well,*
250 *because it is the horse reacting to your body language and how you are so if you are*

251 *not psychologically prepared for what you are doing, that effects how the horse goes,*
252 *and effects your whole level of competition.”*

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254 **Theme 4: Impact of Equestrian Sport on Wellbeing**

255 Two first-order themes of ‘*wellbeing imbalance*’ and ‘*promotes wellbeing in*
256 *balance*’ emerged from the main theme. Five second-order themes (‘*horse*
257 *ownership/industry demands*’, ‘*sport/life balance*’, ‘*danger of the sport*’, ‘*fitting in*’
258 *and ‘pressure and expectations regarding competition and success*’ were associated
259 with the first-order theme of ‘*wellbeing imbalance*’. With the first-order theme of
260 ‘*promotes wellbeing in balance*’ comprising two second-order themes (‘*increases*
261 *emotional resilience*’ and ‘*therapeutic success and achievement*’).

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262 Stress factors contributing to ‘*wellbeing imbalance*’ were associated with the
263 physical and psychological demands of horse ownership (i.e., working conditions,
264 financial pressures etc.), wider industry issues (e.g., impact of economic downturn;
265 ‘fitting in’ with peers), negotiating sport/life balance and, the danger of the sport (e.g.,
266 illness/loss of horse(s) and colleagues; consequences of accidents and injury). Equally,
267 pressures and expectations (personal and external) and the implication of achievement
268 in competitions (e.g., losing a sponsor, future business etc.) were influential to
269 psychological wellbeing.

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270 Conversely, equestrian sport was considered to actively ‘*promote wellbeing in*
271 *balance*’ through the many opportunities to increase self-belief and self-esteem (i.e.,
272 success in competition or training). Additionally, negotiating the sporting “*ups and*
273 *downs*” was identified as promoting and enhancing emotional resilience. A
274 “*therapeutic*” element in ‘*promoting wellbeing in balance*’ was recognised as the
275 unique horse-rider relationship/partnership.

276 “Stress of preparation for and competing in competitions can have a negative
277 impact on the mental state of sportspeople which can also affect their performance
278 ability. However, equestrianism can also have a positive effect on the performance
279 ability and mental state of an individual through achievements.”

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281 **Theme 5: Regaining Balance**

282 Five first-order themes emerged from the main theme ‘regaining balance’
283 including ‘general approaches’, ‘sport-specific approaches – self’, ‘sport-specific
284 approaches – instructor/coach’, ‘bounce-back ability’ and, ‘sport-specific changes’.

285 Three second-order themes were identified for: ‘sport-specific approaches – self’
286 (‘seek help & advice’, ‘self-management’ and ‘self-assess and educate’), ‘sport-
287 specific approaches – instructor/coach’ (‘empathetic listening & open conversation’;
288 ‘support, suggest & advise’ and, ‘practical support strategies’) and ‘sport-specific
289 changes’ (‘culture change’, ‘reduce stigma & raise awareness’ and, ‘accessible
290 specialist input/approaches’).

291 Seeking general professional help and support were identified as important
292 ‘general approaches’ for any individual struggling to manage mental health
293 difficulties. Self-assessment of the issue, educating oneself and/or actively seeking
294 help and advice from trusted others and personal ‘support systems’ were recognised
295 as self-perpetuated strategies to understanding and approaching difficulties. Equally,
296 self-management of difficulties through recreational drugs, alcohol, unhealthy eating,
297 ‘covering up’ the problem, and doing nothing were identified approaches (‘sport-
298 specific approaches – self’). Practical techniques including changing and tailoring
299 lesson plans to address approaches to stressors, re-directing goals (e.g., less
300 performance orientated), removing time pressures and sharing stress management

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301 strategies were potential tactics to support riders in managing mental health
302 difficulties (*'sport-specific approaches – instructor/coach'*). Specific techniques on
303 how instructor/coaches approach individuals, such as allowing time and space for the
304 individual to talk, asking how someone is feeling, “*truly*” listening, verbally
305 acknowledging problems and efforts, and signposting to professionals and family,
306 were deemed helpful support strategies. Participants highlighted that those equestrian
307 sportspeople who are managing and negotiating specific mental health difficulties
308 have *'bounce-back ability'*, described as an extra-ordinary strength and resilience
309 built from personal challenges.

310 Various *'sport-specific changes'* were identified as desirable to enable
311 promotion of psychological wellbeing and aid in reducing stigma. Practical changes
312 suggested were for governing bodies to provide specific regulations regarding work
313 conditions (e.g., fixed pay, accommodation of health and holiday pay etc.),
314 competitions (i.e., prize money, team selection) and sponsorship terms. More
315 openness, disclosure and sympathetic discussion within popular equestrian media
316 about mental health issues authored by specialists and professional equestrian athletes
317 should be encouraged. Increasing the cohesion between the disciplines and reducing
318 emphasis on “winning” were both identified as enabling equestrian sportspeople to
319 feel involved within a supportive community. Participants believed that more sport-
320 specific psychological research and access to specialist input by training of
321 instructors/coaches, or via group training would be of significant value in normalising
322 conversations about psychological wellbeing and mental health.

323 *“...more access to training on how you deal with the emotional side of your*
324 *client, and your competitor. I must admit that as a riding instructor, I sometimes feel*
325 *that I would be far better as a trained psychologist as I am dealing with some really*

326 quite profound emotional issues that some people have got, so I think that might be
327 quite helpful.”

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329 **Discussion**

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330 This qualitative study explored the perceptions of a diverse range of equestrian
331 sportspeople as to their understanding and awareness of mental health difficulties, the
332 impact on their personal lives and on their sport. Common perspectives were found
333 with five main themes, 22 first-order themes and 16 second-order themes emerging
334 from the data. Two themes (*‘emotional wellbeing in balance’*; *‘emotional wellbeing
335 imbalance’*) offer general insight into awareness and understanding of mental health
336 difficulties and were not specific to equestrian sport. Three sport-specific themes
337 (*‘wellbeing imbalance – impact on equestrian sportspeople’*; *‘impact of equestrian
338 sport on wellbeing’*; *‘regaining balance’*) provide focus on particular considerations.

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339 Mental health and psychological wellbeing was generally recognised as a
340 ‘balance’ negotiated by everyone, contextually-determined, and ranged on a spectrum
341 varying in complexity and severity. Changes in thought functionality
342 (organised/disorganised), ‘sense of self’, actions and interaction reflected individual
343 mental health and psychological wellbeing. Physical health issues were seen as being
344 both cause and effect of mental health difficulties.

345 Unmanaged mental health difficulties were perceived to increase negative
346 beliefs, distort perceptions of pressure and judgement, alter behaviours and reactions,
347 significantly influence changes in horse-rider relationship and thereby generally
348 inhibit performance, progression and development. Physical, psychological and social
349 sport-specific pressures associated with the equestrian lifestyle and competition were
350 also thought to contribute negatively to emotional wellbeing, exacerbate mental health

351 difficulties and affect performance. Conversely, it was acknowledged that
352 involvement in equestrian sport can promote emotional wellbeing through the
353 development of robust resilience, generate positive self-esteem from achievement and
354 provide a unique 'therapeutic' experience in the horse-rider relationship.

355 Equestrian sportspeople appear to manage mental health difficulties either
356 through general approaches (e.g., visit GP) and/or sport-specific strategies including
357 'self-management' techniques and methods led and supported by the
358 'instructor/coach'. Self-management strategies were predominantly associated with
359 self-generated assessment, self-education and intervention through unhealthy
360 strategies (e.g., 'do nothing', recreational drugs). Instructor/coach-led strategies
361 tended to be practical support (i.e., re-directing goals; tailoring sessions etc.) and
362 general conversational strategies (e.g., utilising an empathetic and validating
363 approach). Clear sport-specific changes were identified as potential significant steps
364 forward in changing cultural perspectives and reducing stigma and censure with these
365 including education provision, increased media publicity, governing body and
366 professional athlete endorsement and improved access to specialist professionals.

367 This study provides holistic consideration of the experiences of equestrian
368 athletes but unlike previous research is not exclusive of any particular mental health
369 diagnosis (e.g., eating disorders, Monsma et al., 2013; depression, Hammond,
370 Gialloreto, Kubas, & Davis, 2013) or coping strategies (i.e., disordered eating, Plateau,
371 McDermott, Arcelus, & Meyer, 2014; alcohol abuse, Vamplew, 2012). The findings
372 offer additional perspective and insight into potential factors contributing to mental
373 health and wellbeing not only within equestrian sport but with application to sport in
374 general.

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376 *Limitations*

377 The study obtained a broad international scope of opinion and, as inherent in
378 qualitative research, findings are subjective, contextually-bound and not necessarily
379 representative of a universal perspective of equestrian sportspeople. The majority of
380 participants were female, a possible reflection of gender disparity within both the
381 sport (Plymth, 2012) and/or a gender willingness to disclose mental health difficulties
382 both in general population (Martin, Lavalee, Kellmann, & Page, 2004) and amongst
383 athletes (Hammond et al., 2013).

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385 *Clinical and Practice Implications*

386 Four key clinical and practical implications emerged from the findings. Firstly,
387 and in correspondence with previous sport psychology research (e.g., Gulliver,
388 Griffiths, & Christensen, 2012; Junge & Feddermann-Dermot, 2016), the findings
389 underline the importance of promoting greater awareness. Provision of training
390 specifically for instructors/coaches offering psycho-education about mental health
391 within the equestrian field and suggestion of practical techniques (e.g., conversational
392 approaches, when to advise referral etc.) would provide meaningful and an empathetic
393 dimension above and beyond that of ‘physical skills training’ (as advocated by
394 previous research; Plateau et al., 2014). Equally, and as a means of promoting a
395 cultural shift, a mental health module could be produced as part of the syllabus to
396 equestrian training exams, a suggestion also promoted in previous research involving
397 coaches within other elite sport (Biggin et al., 2017; Pensguard & Roberts, 2000).
398 Raising awareness and educating individuals about mental health difficulties and the
399 importance of psychological wellbeing, aids in promoting open and ongoing
400 discussion with the potential to reduce stigma and promote (healthy) help-seeking

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401 behaviours and engagement with services and professionals (Biggin et al., 2017;
402 Gulliver et al., 2012; Mind, 2014).

403 Secondly, increased access to, and publicity about, the best placed
404 psychological professionals specialising in equestrian sport, mental health and
405 psychological wellbeing would promote destigmatisation and potentially early
406 detection and intervention. Additionally, a pro-active approach would prevent
407 confusion and uncertainty for athletes, coaches and parents, as to who to approach
408 whilst also prevent professionals attempting to practice outside of their competencies
409 (Biggin et al., 2017). Publicity could be facilitated through clinics/workshops and
410 articles in popular media whilst also endorsed by governing bodies and sporting
411 professionals. Equally, sports psychologists would benefit greatly by specialist
412 training and/or access to supervision opportunities with clinical psychologists would
413 aid and support towards early detection and access to specialist intervention if
414 required.

415 Thirdly, as advocated by the findings within this study whilst also research on
416 equine-assisted therapy with various (clinical) population groups (e.g., adults, Bizub,
417 Joy & Davidson, 2003; children, Schultz, Remick-Barlow & Robbins, 2007) the
418 horse-rider relationship appears to have specific unique therapeutic benefits in
419 promoting mental health and psychological wellbeing. Equestrian sportspeople may
420 have exclusive opportunity to psychologically benefit from the attachment developed
421 as part of the 'horse-rider' dyad. As such, mental health programmes and training for
422 athletes and instructors/coaches need to ensure some focus on the impact of the horse-
423 rider dynamic and how to readdress any relational imbalance.

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424 Fourthly, increased recognition and support is required from sporting
425 governing bodies by a general review of policy and changes in regulation within
426 equestrian sport.

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428 *Future directions*

429 Further studies with a focus to specific disciplines, expertise levels and/or
430 groups (e.g., instructors or athletes) would provide insight into the subtle inter-
431 discipline differences in perspectives, so expanding the development of targeted
432 education and intervention.

433 In promoting psychological wellbeing offered to the equestrian community
434 future specialist training should be augmented with considered intervention
435 techniques, continually reviewed as to applicability, impact, and effectiveness on
436 individual mental health, horse-rider relationship and performance outcomes.
437 Further exploration into how skills gained from these interventions are incorporated
438 into the daily functioning of an equestrian athlete would inform future provision,
439 policy and research.

440

441 **Conclusion**

442 This study explores the understanding of mental health difficulties and
443 psychological wellbeing from the perspectives of athletes, instructors/coaches and
444 parents from a diverse range of equestrian sport. The nature of obtaining data via
445 internet communication has enabled international input. The findings offer new
446 insight into sport-specific factors which may promote or compromise the mental
447 health of equestrian athletes. Future research and sport-specific initiatives would

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448 advance techniques in promotion of psychological wellbeing and, prevention, support
449 and recovery of those equestrian athletes experiencing mental health difficulties.

450

451

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453 **Ethics Approval:** Granted by the University of Central Lancashire Ethics Committee.

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