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**Mental Health in Equestrian Sport**  
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### **Abstract**

Equestrian media is showing an increasing interest in the impact of mental health on performance and general wellbeing of equestrian athletes. This study explores the awareness of mental health difficulties and psychological wellbeing within equestrian sport from the perspectives of equestrian athletes, instructors/coaches and parents. The exploratory nature of the research offered opportunity to use a dual approach including e-surveys and semi-structured interviews. Analysis of the qualitative data identified five key themes (Emotional Wellbeing *in* Balance; Emotional Wellbeing *Im*balance; Wellbeing *Im*balance – Impact on Equestrian Sportspeople; Impact of Equestrian Sport on Wellbeing; Regaining Balance) and 22 sub-themes. The findings determine a compelling need for education, promotion of sharing experiences, facilitation of specialist (clinical and sport) professional training and intervention as well as a review of regulations from equestrian Governing Bodies.



76 assumption is not supported by any substantive research (Bär & Markser, 2013). The  
77 limited literature available indicates that athletes are equally, if not more, vulnerable  
78 to mental health difficulties as the general public (Gulliver, Griffiths, Mackinnon,  
79 Batterham, & Stanimirovic, 2015). Unique emotional ‘ups and downs’, pressures of  
80 competitive sport, stress of daily training, consequences of physical injuries, aging  
81 and transition (e.g., leaving and retirement), sport-specific challenges (e.g., team  
82 membership, aesthetic determinants) as well as stigma and media scrutiny, all present  
83 factors which, if not managed, could lead to particular vulnerability to experiencing  
84 mental health difficulties (e.g., eating disorders, Arthur-Camselle, Sossin &  
85 Quatromoni, 2017, Dosil, 2008; obsessive compulsive tendencies, Biggin, Burns &  
86 Uphill, 2017; anxiety, Kamm, 2008; depression and low/negative mood, Nicholls,  
87 McKenna, Polman & Backhouse, 2011, Reardon & Factor, 2010; general  
88 psychological distress, Gulliver et al., 2015). Athletes attempts to cope with the  
89 various sport-specific demands (physical, psychological and inter/intra personal) can  
90 lead to unsafe and unhealthy short-term, yet often effective, strategies (including  
91 disordered eating, Shanmugam, Jowett, & Meyer, 2011; and alcohol abuse, Vamplew,  
92 2012). Unhealthy self-management has been predicted to be an essential element in  
93 either precipitating and/or perpetuating pre-existing mental health difficulties  
94 (Topolovec-Vranic et al., 2015).

95         In 2014, Mind (a leading mental health charity in the United Kingdom)  
96 commissioned research exploring how sports governing bodies and player  
97 organisations approach, manage, and respond to mental ill-health within athlete  
98 populations across six sports. Findings highlighted various unique challenges  
99 negotiated by athletes experiencing mental health difficulties. Stigma and fear of the  
100 consequences of disclosure on sporting career were found to often prohibiting talking

101 about the difficulties. Injury or lack of performance, retirement and ‘struggling in  
102 silence’ were all referenced as particular ‘pressure points’ impacting on athletes’  
103 mental health. The research led to the development of the Performance Matters:  
104 Mental Health in Elite Sport report, accessible in the public domain. In response,  
105 governing bodies from targeted sports initiated a number of changes ranging from 24  
106 hour telephone helplines for athletes, increased access to counselling and mental  
107 health support services for players/athletes, specific mental health training for staff  
108 and training inclusion within coaching qualifications (Mind, 2014). Although a  
109 positive stride forward, mental health research and practical support within sporting  
110 domains where there are *unique* sporting factors associated with increased risk (i.e.,  
111 physical harm and/or life threatening/changing injuries) continues to be lacking (Rice  
112 et al., 2018).

113 Equestrian sport is referred to as one of the most high-risk sports on land  
114 (Landolt et al., 2017; Thompson & Nesci, 2016) with many recognised (health)  
115 hazards associated within sub-disciplines within the sport (i.e., horse racing and  
116 ‘making weight’, Dolan et al., 2012). Equestrian sport encompasses multiple sub-  
117 disciplines including dressage, showjumping, eventing, polo, racing, etc. Given the  
118 research on elements impacting on athlete mental health, equestrian sportspeople may  
119 be a sub-group of athletes particularly vulnerable to elevated risk of experiencing  
120 mental health difficulties. In addition to the general pressures all athletes must  
121 negotiate, equestrian sub-disciplines appear to have various *additional* and competing  
122 sport-specific stressors. Aesthetic requirements (e.g., weight and appearance) appear  
123 to be associated with eating disorder risk for professional jockeys due to sustained  
124 attempts to ‘make weight’ and sustain significantly low weight (Caulfield &  
125 Karageorghis, 2008). Equally, collegiate equestrian athletes may have increased

126 vulnerability to developing eating disorder symptomology due to research findings  
127 highlighting distorted perceptions of body image within this population (Torres-  
128 McGehee, Monsma, Gay, Minton & Mady-Foster, 2011). Additionally, the  
129 challenging training routines and daily demands of horse ownership can result in  
130 significant social and academic sacrifices with Pummell, Harwood & Lavalley (2008)  
131 highlighting potential risks associated with restricted identity development. Equally,  
132 the physical and mental demands in equestrian sport and increased vulnerability to  
133 physical injury due to the danger associated with the sport are additional stressors for  
134 athletes to manage (Dolan et al., 2012; Dosil, 2008; Landolt et al., 2017; Monsma,  
135 Gay, & Torres-McGehee, 2013). A particularly unique element of equestrian sport  
136 that is considered fundamental to performance success is the ability of a rider to  
137 manage emotions which can influence the horse-rider relationship (McBride & Mills,  
138 2012; Tenenbaum, Lloyd, Pretty, & Hanin, 2002; Wolframm, Shearman &  
139 Micklewright, 2010). Professional equestrian sportspeople such as Pippa Funnell,  
140 Michal Rapcewicz and Mark Enright provide anecdotal evidence of the impact of a  
141 rider's emotions, particularly those associated with mental health difficulties on riding  
142 ability, decision making, the relationship with the horse, general psychological  
143 wellbeing and ultimately performance (Funnell, 2004; Mathieson, 2015).

144

#### 145 **Present Study**

146 The limited research within sport and mental health literature has offered some insight  
147 into the pressures and unique challenges athletes negotiate whilst also the  
148 consequences for, and on, mental health and psychological wellbeing (Gulliver et al.,  
149 2015; Hughes & Leavey, 2012; Rice et al., 2016). Research findings have suggested  
150 that there may be sports with sub-groups of athletes that are particularly vulnerable to

151 developing or exacerbating mental health difficulties (Dosit, 2008; Landolt et al.,  
152 2017; Monsma et al., 2013). Given the identified additional stressors and pressures  
153 equestrian athletes negotiate, it is surprising to find that little is known about how  
154 these athletes experience or perceive psychological wellbeing and mental health  
155 difficulties within the sport. The purpose of the current study was to gain an  
156 understanding of equestrian sportspeople's experiences and perceptions of mental  
157 health difficulties and psychological wellbeing. The insights gained from this new  
158 research will contribute to greater understanding as to the specific mental health needs  
159 of equestrian sportspeople and provide suggestion for the development of approaches  
160 and strategies for this target population.

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163

### **Method**

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

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

172 The qualitative approach to this research was consistent with the researchers'  
173 interpretivist epistemological position which is grounded in the premise of sharing  
174 knowledge based on descriptions of phenomena rather than pre-existing ideas or  
175 frameworks (Creswell, 2014). Demographic information was collected along with

176 eight open-ended questions covering areas of; general understanding, recognition,  
177 causes, triggers and impact of mental health difficulties for equestrian sportspeople,  
178 and coping strategies and support available for this population. The questions were  
179 developed after a review of the literature on mental health and psychological  
180 wellbeing in sport whilst also informed by the authors' research experience and  
181 expertise in mental health and sport. Example questions include: '*What do the words*  
182 *'mental health' mean to you?*' and '*How do you think mental health difficulties impact*  
183 *upon equestrian sportspeople/athletes?*'.

184 Coach/instructor-athlete and parent-athlete attachment style and relational  
185 dynamic have been found in previous research to influence athlete wellbeing, basic  
186 psychological need satisfaction (e.g., Davis & Jowett, 2014; Felton & Jowett, 2017)  
187 and care-seeking responses (Milroy, Hebard, Kroshus & Wyrick, 2017). With this in  
188 mind, a holistic systemic approach was adopted to ensure an inclusive understanding  
189 of perspectives about mental health and psychological wellbeing in equestrian sport.  
190 As such, participants were key individuals involved in the system of an equestrian  
191 sportsperson, including the athlete, parent and coach/instructor. The selection of  
192 participants was criterion based: individuals over 16 years old who were either/or a  
193 competitive equestrian sportsperson, parent(s) or coach/instructor of an equestrian  
194 sportsperson and, able to comprehend written or spoken English.

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

199 All participants who completed the e-survey were invited to participate in the  
200 interview-based phase of the research through 'opting in' via contacting the lead



201 author as a declaration of interest. Semi-structured interviews were organised through  
202 follow-up e-mail correspondence. All interviews were digitally recorded and  
203 transcribed verbatim.

204

#### 205 *Participants*

206 The final e-survey sample included 155 participants (female, n=148) with the  
207 majority within the age bracket 35-44 years old (23%) and of a United Kingdom  
208 nationality (81%). The sample contained individuals from a comprehensive range of  
209 equestrian disciplines with various levels of expertise within that discipline (e.g., from  
210 amateur to advance/professional *Table 1.*), who described themselves as equestrian  
211 sportspeople (92%), parents of an equestrian sportsperson (10%) or instructor/coach  
212 (26%), with most having over 16 years of experience within equestrian sport (67%).

213

214 INSERT TABLE 1 HERE

215

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

221

#### 222 *Data Analysis*

223 The transcripts from the semi-structured interviews along with subjective  
224 information gathered from the completed e-surveys were analysed using inductive  
225 thematic analysis (six phase procedure), a qualitative method for identifying and

226 analysing themes which emerge from the data (Braun & Clarke, 2006). To ensure  
227 consistency of approach, validity and reliability, after interviews were transcribed,  
228 they were repeatedly read and coded independently by the lead author and an assistant  
229 clinical psychologist. The resultant codes were reviewed by a colleague experienced  
230 in qualitative data analysis (*Phase 1. & 2.*). Codes were collated into potential themes  
231 based on data that appeared repeatedly. Interpretations of all the qualitative data  
232 compared, discussed and agreed upon (*Phase 3.*). Themes were reviewed and further  
233 refined, with the development of a thematic map (*Figure 1.*) when all team members  
234 were satisfied that the themes represented the data set (*Phase 4. & 5.*). The themes are  
235 detailed in this document (*Phase 6.*).

236

237

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## Results

239 Strong thematic commonalities were found regardless of participant expertise  
240 or equestrian discipline. Five main themes, 22 first-order themes and 16 second-order  
241 themes emerged from the data (*Figure 1.*). Quotations were selected for inclusion in  
242 the paper if considered illustrative of key themes.

243

244

INSERT FIGURE 1 HERE

245

### 246 **Theme 1: Emotional Wellbeing *in* Balance**

247 The main theme of ‘**emotional wellbeing *in* balance**’ contained four first-  
248 order themes; ‘*inclusive*’, ‘*focused & organised thoughts*’, ‘*positive sense of self*’  
249 and, ‘*positive in actions & interactions*’.

250 Psychological wellbeing and mental health was considered by participants as  
251 '*inclusive*' and something which all individuals negotiate daily. Fundamental  
252 elements were deemed by participants as contributing to, and being a consequence of,  
253 sustainable "*good mental health*". Logical decision making, successful problem-  
254 solving, and realistic expectations of self were deemed key factors in demonstrating  
255 '*focused & organised thoughts*'. The ability to negotiate a range of emotions, cope  
256 with adversity and trust "*gut feelings*" all contributed to a '*positive sense of self*'.  
257 Additionally, individuals who are '*positive in actions and interactions*' (defined as  
258 embracing challenges and opportunities as well as meaningful interaction with others)  
259 were considered to maintain psychological wellbeing 'in balance'.

260 "[mental health is]...*being comfortable and confident in your life, happy to be*  
261 *stretched and challenged, meet people, be on your own etc. manage setbacks and take*  
262 *up opportunities.*"

263

## 264 **Theme 2: Emotional Wellbeing Imbalance**

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

269 Life experiences, upbringing and childhood influences were identified as  
270 significant '*contextual*' factors contributing both positively and negatively to an  
271 individual's psychological wellbeing and mental health. Participants referred to a  
272 range of 'mental health difficulties' which vary in complexity, severity and intensity,  
273 suggestive of a '*spectrum of imbalance*'. However, '*disorganised thoughts*', typified  
274 by issues with problem-solving, reduction in focus, forgetfulness, increased tendency

275 to make “*illogical and irrational*” decisions, and a ‘*negative sense of self*’, inclusive  
276 of negative self-belief, low self-esteem and confidence, were indicators of mental  
277 health difficulties. ‘*Personal and professional relationship difficulties*’ were  
278 identified consequences to confusion over change in an individual’s behaviour and  
279 interaction as a result of an individual struggling to manage their mental health.  
280 Additionally, ‘*physical health difficulties*’ were perceived as both cause and  
281 consequence of problems with psychological wellbeing. Genetic predisposition was  
282 considered by some participants to contribute to mental health difficulties, whilst  
283 brain dysfunction and susceptibility to illness were perceived to be more as  
284 consequences.

285

286

287

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

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

294 Sport-specific consequences for those equestrian sportspeople struggling to  
295 manage mental health difficulties were characterised by ‘*negative thoughts, emotions*  
296 *and self-beliefs*’ about ability and distorted ‘*perceptions of pressure and judgement*’  
297 typified by unrealistic goal-setting, reduced focus, concentration and ability to learn,  
298 sensitivity to judgements, constructive criticism and taking instruction and,  
299 excessively comparing self with others. Both ‘*negative thoughts, emotions and self-*

300 *beliefs*’ and *‘perceptions of pressure and judgement’* were considered contributory  
301 factors to avoiding competitions, *“losing their bottle”* (i.e., losing the courage to do  
302 something), struggling with motivation, and ultimately, disengagement.  
303 *‘Unpredictable behaviour and increased risk-taking’* including unusual changes in  
304 behaviour, recklessness (around themselves, others and with horses), increased falls,  
305 alongside identifiable *‘changes in the horse-rider partnership’* (e.g., horse  
306 performance deterioration, decreased confidence displayed by the horse) were  
307 considered indicators of an individual struggling with psychological wellbeing.  
308 Consequently, *‘performance, progression and development’* could be inhibited to the  
309 point where it could *“ruin your career”*.

310 *“It [mental health difficulties] impacts in every aspect, the way you ride, the*  
311 *way you come into a jump, the route you plan, and the way the horse acts as well,*  
312 *because it is the horse reacting to your body language and how you are so if you are*  
313 *not psychologically prepared for what you are doing, that effects how the horse goes,*  
314 *and effects your whole level of competition.”*

315

#### 316 **Theme 4: Impact of Equestrian Sport on Wellbeing**

317 Two first-order themes of *‘wellbeing imbalance’* and *‘promotes wellbeing in*  
318 *balance’* emerged from the main theme. Five second-order themes (*‘horse*  
319 *ownership/industry demands’*, *‘sport/life balance’*, *‘danger of the sport’*, *‘fitting in’*  
320 *and ‘pressure and expectations regarding competition and success’* were associated  
321 with the first-order theme of *‘wellbeing imbalance’*. With the first-order theme of  
322 *‘promotes wellbeing in balance’* comprising two second-order themes (*‘increases*  
323 *emotional resilience’* and *‘therapeutic success and achievement’*).

324 Stress factors contributing to '*wellbeing imbalance*' were associated with the  
325 physical and psychological demands of horse ownership (i.e., working conditions,  
326 financial pressures etc.), wider industry issues (e.g., impact of economic downturn;  
327 'fitting in' with peers), negotiating sport/life balance and, the danger of the sport (e.g.,  
328 illness/loss of horse(s) and colleagues; consequences of accidents and injury). Equally,  
329 pressures and expectations (personal and external) and the implication of achievement  
330 in competitions (e.g., losing a sponsor, future business etc.) were influential to  
331 psychological wellbeing.

332 Conversely, equestrian sport was considered to actively '*promote wellbeing in*  
333 *balance*' through the many opportunities to increase self-belief and self-esteem (i.e.,  
334 success in competition or training). Additionally, negotiating the sporting "*ups and*  
335 *downs*" was identified as promoting and enhancing emotional resilience. A  
336 "*therapeutic*" element in '*promoting wellbeing in balance*' was recognised as the  
337 unique horse-rider relationship/partnership.

338 "*Stress of preparation for and competing in competitions can have a negative*  
339 *impact on the mental state of sportspeople which can also affect their performance*  
340 *ability. However, equestrianism can also have a positive effect on the performance*  
341 *ability and mental state of an individual through achievements.*"

342

### 343 **Theme 5: Regaining Balance**

344 Five first-order themes emerged from the main theme '**regaining balance**'  
345 including '*general approaches*', '*sport-specific approaches – self*', '*sport-specific*  
346 *approaches – instructor/coach*', '*bounce-back ability*' and, '*sport-specific changes*'.

347 Three second-order themes were identified for; '*sport-specific approaches – self*'  
348 ('*seek help & advice*', '*self-management*' and '*self-assess and educate*'), '*sport-*

349 *specific approaches – instructor/coach* (*empathetic listening & open conversation*);  
350 *support, suggest & advise* and, *practical support strategies*) and *sport-specific*  
351 *changes* (*culture change*, *reduce stigma & raise awareness* and, *accessible*  
352 *specialist input/approaches*).

353 Seeking general professional help and support were identified as important  
354 *general approaches* for any individual struggling to manage mental health  
355 difficulties. Self-assessment of the issue, educating oneself and/or actively seeking  
356 help and advice from trusted others and personal ‘support systems’ were recognised  
357 as self-perpetuated strategies to understanding and approaching difficulties. Equally,  
358 self-management of difficulties through recreational drugs, alcohol, unhealthy eating,  
359 ‘covering up’ the problem, and doing nothing were identified approaches (*sport-*  
360 *specific approaches – self*). Practical techniques including changing and tailoring  
361 lesson plans to address approaches to stressors, re-directing goals (e.g., less  
362 performance orientated), removing time pressures and sharing stress management  
363 strategies were potential tactics to support riders in managing mental health  
364 difficulties (*sport-specific approaches – instructor/coach*). Specific techniques on  
365 how instructor/coaches approach individuals, such as allowing time and space for the  
366 individual to talk, asking how someone is feeling, “truly” listening, verbally  
367 acknowledging problems and efforts, and signposting to professionals and family,  
368 were deemed helpful support strategies. Participants highlighted that those equestrian  
369 sportspeople who are managing and negotiating specific mental health difficulties  
370 have *bounce-back ability*, described as an extra-ordinary strength and resilience  
371 built from personal challenges.

372 Various *sport-specific changes* were identified as desirable to enable  
373 promotion of psychological wellbeing and aid in reducing stigma. Practical changes

374 suggested were for governing bodies to provide specific regulations regarding work  
375 conditions (e.g., fixed pay, accommodation of health and holiday pay etc.),  
376 competitions (i.e., prize money, team selection) and sponsorship terms. More  
377 openness, disclosure and sympathetic discussion within popular equestrian media  
378 about mental health issues authored by specialists and professional equestrian athletes  
379 should be encouraged. Increasing the cohesion between the disciplines and reducing  
380 emphasis on “winning” were both identified as enabling equestrian sportspeople to  
381 feel involved within a supportive community. Participants believed that more sport-  
382 specific psychological research and access to specialist input by training of  
383 instructors/coaches, or via group training would be of significant value in normalising  
384 conversations about psychological wellbeing and mental health.

385           “...more access to training on how you deal with the emotional side of your  
386 client, and your competitor. I must admit that as a riding instructor, I sometimes feel  
387 that I would be far better as a trained psychologist as I am dealing with some really  
388 quite profound emotional issues that some people have got, so I think that might be  
389 quite helpful.”

390

391

## Discussion

392           This qualitative study explored the perceptions of a diverse range of equestrian  
393 sportspeople as to their understanding and awareness of mental health difficulties, the  
394 impact on their personal lives and on their sport. Common perspectives were found  
395 with five main themes, 22 first-order themes and 16 second-order themes emerging  
396 from the data. Two themes (‘*emotional wellbeing in balance*’; ‘*emotional wellbeing*  
397 *imbalance*’) offer general insight into awareness and understanding of mental health  
398 difficulties and were not specific to equestrian sport. Three sport-specific themes



399 (*'wellbeing imbalance – impact on equestrian sportspeople'*; *'impact of equestrian*  
400 *sport on wellbeing'*; *'regaining balance'*) provide focus on particular considerations.

401           Mental health and psychological wellbeing was generally recognised as a  
402 'balance' negotiated by everyone, contextually-determined, and ranged on a spectrum  
403 varying in complexity and severity. Changes in thought functionality  
404 (organised/disorganised), 'sense of self', actions and interaction reflected individual  
405 mental health and psychological wellbeing. Physical health issues were seen as being  
406 both cause and effect of mental health difficulties.

407           Unmanaged mental health difficulties were perceived to increase negative  
408 beliefs, distort perceptions of pressure and judgement, alter behaviours and reactions,  
409 significantly influence changes in horse-rider relationship and thereby generally  
410 inhibit performance, progression and development. Physical, psychological and social  
411 sport-specific pressures associated with the equestrian lifestyle and competition were  
412 also thought to contribute negatively to emotional wellbeing, exacerbate mental health  
413 difficulties and affect performance. Conversely, it was acknowledged that  
414 involvement in equestrian sport can promote emotional wellbeing through the  
415 development of robust resilience, generate positive self-esteem from achievement and  
416 provide a unique 'therapeutic' experience in the horse-rider relationship.

417           Equestrian sportspeople appear to manage mental health difficulties either  
418 through general approaches (e.g., visit GP) and/or sport-specific strategies including  
419 'self-management' techniques and methods led and supported by the  
420 'instructor/coach'. Self-management strategies were predominantly associated with  
421 self-generated assessment, self-education and intervention through unhealthy  
422 strategies (e.g., 'do nothing', recreational drugs). Instructor/coach-led strategies  
423 tended to be practical support (i.e., re-directing goals; tailoring sessions etc.) and

424 general conversational strategies (e.g., utilising an empathetic and validating  
425 approach). Clear sport-specific changes were identified as potential significant steps  
426 forward in changing cultural perspectives and reducing stigma and censure with these  
427 including education provision, increased media publicity, governing body and  
428 professional athlete endorsement and improved access to specialist professionals.

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

437

#### 438 *Limitations*

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

446

#### 447 *Clinical and Practice Implications*

448 Four key clinical and practical implications emerged from the findings. Firstly,  
449 and in correspondence with previous sport psychology research (e.g., Gulliver,  
450 Griffiths, & Christensen, 2012; Junge & Feddermann-Dermot, 2016), the findings  
451 underline the importance of promoting greater awareness. Provision of training  
452 specifically for instructors/coaches offering psycho-education about mental health  
453 within the equestrian field and suggestion of practical techniques (e.g., conversational  
454 approaches, when to advise referral etc.) would provide meaningful and an empathetic  
455 dimension above and beyond that of ‘physical skills training’ (as advocated by  
456 previous research; Plateau et al., 2014). Equally, and as a means of promoting a  
457 cultural shift, a mental health module could be produced as part of the syllabus to  
458 equestrian training exams, a suggestion also promoted in previous research involving  
459 coaches within other elite sport (Biggin et al., 2017; Pensguard & Roberts, 2000).  
460 Raising awareness and educating individuals about mental health difficulties and the  
461 importance of psychological wellbeing, aids in promoting open and ongoing  
462 discussion with the potential to reduce stigma and promote (healthy) help-seeking  
463 behaviours and engagement with services and professionals (Biggin et al., 2017;  
464 Gulliver et al., 2012; Mind, 2014).

465 Secondly, increased access to, and publicity about, the best placed  
466 psychological professionals specialising in equestrian sport, mental health and  
467 psychological wellbeing would promote destigmatisation and potentially early  
468 detection and intervention. Additionally, a pro-active approach would prevent  
469 confusion and uncertainty for athletes, coaches and parents, as to who to approach  
470 whilst also prevent professionals attempting to practice outside of their competencies  
471 (Biggin et al., 2017). Publicity could be facilitated through clinics/workshops and  
472 articles in popular media whilst also endorsed by governing bodies and sporting

473 professionals. Equally, sports psychologists would benefit greatly by specialist  
474 training and/or access to supervision opportunities with clinical psychologists would  
475 aid and support towards early detection and access to specialist intervention if  
476 required.

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

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

489

#### 490 *Future directions*

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

495         In promoting psychological wellbeing offered to the equestrian community  
496 future specialist training should be augmented with considered intervention

497 techniques, continually reviewed as to applicability, impact, and effectiveness on  
498 individual mental health, horse-rider relationship and performance outcomes.  
499 Further exploration into how skills gained from these interventions are incorporated  
500 into the daily functioning of an equestrian athlete would inform future provision,  
501 policy and research.

502

503

### **Conclusion**

504 This study explores the understanding of mental health difficulties and  
505 psychological wellbeing from the perspectives of athletes, instructors/coaches and  
506 parents from a diverse range of equestrian sport. The nature of obtaining data via  
507 internet communication has enabled international input. The findings offer new  
508 insight into sport-specific factors which may promote or compromise the mental  
509 health of equestrian athletes. Future research and sport-specific initiatives would  
510 advance techniques in promotion of psychological wellbeing and, prevention, support  
511 and recovery of those equestrian athletes experiencing mental health difficulties.

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514 **Competing Interests:** None.

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

516 **Declaration of Interest:** None of the authors of the manuscript have declared any

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687 *Table 1. Participant Demographics\**

<b>Characteristic</b>		<b>Number of respondents</b>
<b>Age Bracket (years)</b>	16 – 18	3% [4]
	19 – 24	15% [23]
	25 – 34	14% [24]
	35 – 44	25% [42]
	45 – 54	18% [30]
	55 – 64	19% [32]
	65 – 74	6% [8]
<b>Country of Residence</b>	UK	81% [134]
	USA	6% [9]
	Canada	3% [5]
	Ireland	1% [2]
	Other	8% [13]
<b>Range of Discipline &amp; Highest Level of Participant Expertise</b>		
<b>Amateur</b>	Trail Riding	
<b>Intermediate</b>	Trec	
	Endurance	
	Horse Ball	
	Side saddle	
<b>Advance/Professional</b>	Dressage	
	Showjumping	
	Cross Country Eventing	
	Racing	
	Polo	

Stunt Riding  
Driving  
Western Riding  
Hacking  
Hunting  
Reining  
Showing

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688 \*Inclusive of e-survey and semi-structured interview participants; [] = raw data figure

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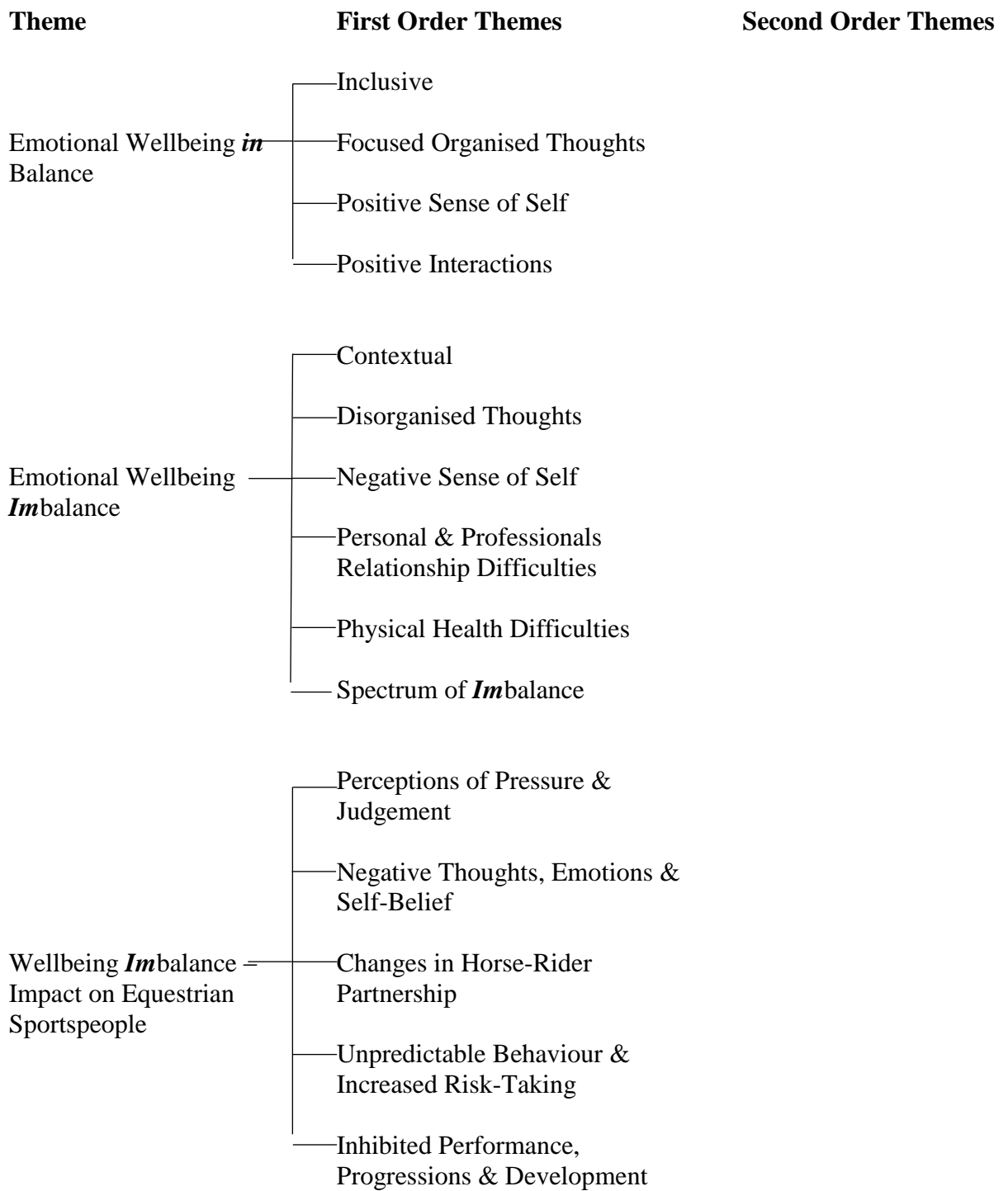
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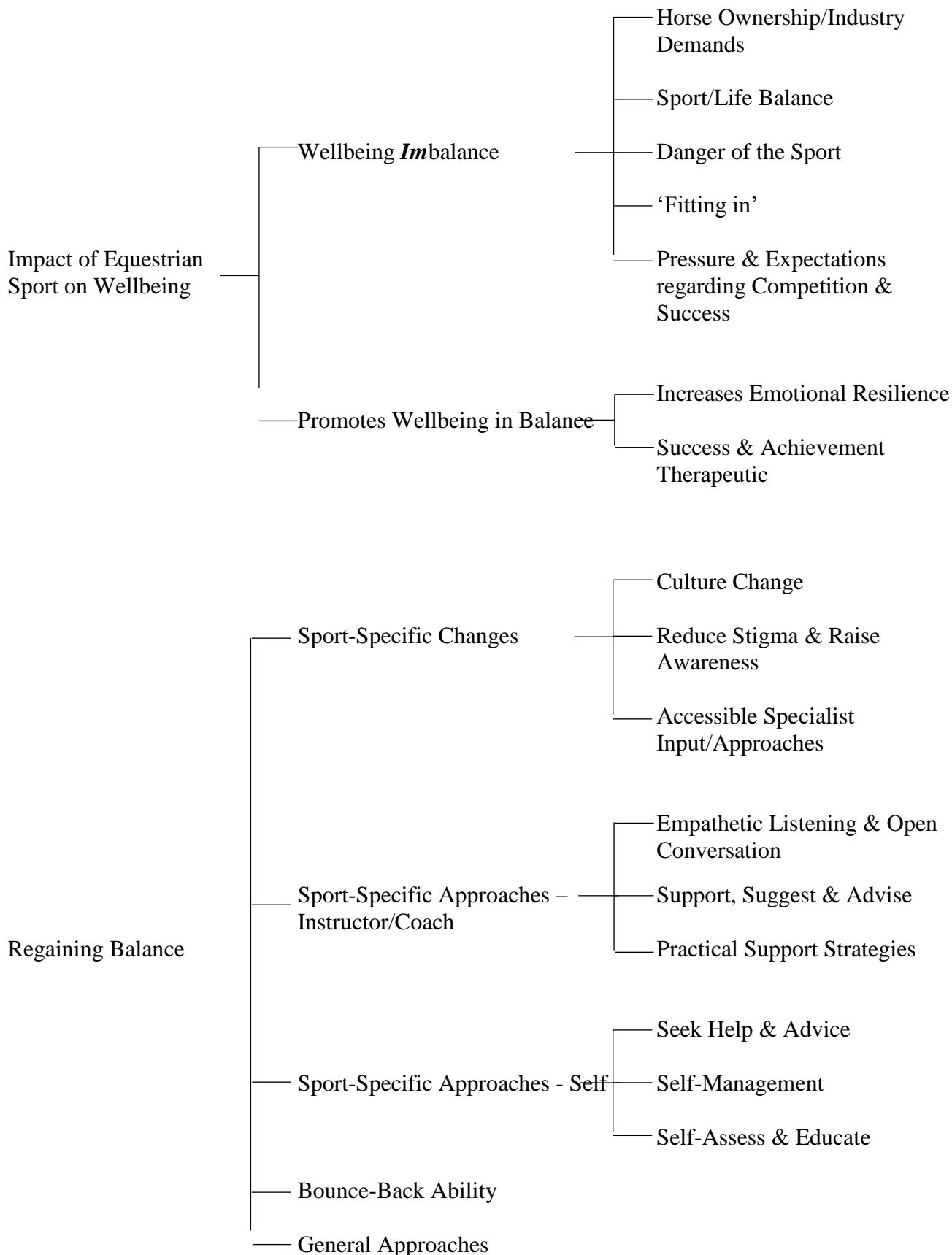
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Figure 1. Thematic Map





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