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Conference Abstract

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Mental health and performance sustainability in elite men's cycling A qualitative study of recently retired professional riders

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1 Abstract

Elite cycling requires sustained psychological adaptability across prolonged high-performance careers and complex career transitions. While mental health burden in professional cycling have been increasingly reported, less is known about how former elite riders retrospectively experience psychological demands and support structures across and beyond their competitive careers, and how these experiences relate to performance sustainability. This qualitative study explored psychosocial experiences of retired professional cyclists with a particular focus on the interaction between organisational structures, perceived autonomy, transition clarity, and performance continuity; examining whether and how mental health factors identified by athletes themselves may influence both competitive performance and career longevity.

Semi-structured interviews were conducted in 2025 with thirteen retired male professional cyclists (Pro Continental–WorldTour level; age at interview: 28–45 years, median 39; minimum seven years of professional experience). The sample represented substantial cumulative elite exposure, comprising a total of 100 WorldTour seasons (range 0–12; median 11), 130 Grand Tour participations (range 0–29; median 8), and 200 starts in major one-day Classics (range 0–36; median 13). Across all

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participants, the combined number of professional career victories was 214 and the median number of victories was 5; the range for victories is not reported to minimise re-identification risk in this small, high-profile sample. Time since retirement ranged from approximately 1.5 to 8.5 years (median ~2.5 years).

Thematic analysis identified four multilevel domains shaping performance sustainability and post-career adaptation: (1) structural employment and career conditions (e.g., short-term contracting, career uncertainty); (2) performance-regulatory and recovery demands (e.g., body weight management, sleep and recovery optimization practices); (3) organisational support and confidentiality climates (e.g., limited access to independent psychological support, concerns about disclosure); and (4) transition resources and post-career adjustment (e.g., identity reconstruction, financial planning, absence of structured pathways).

Across accounts, unclear career and post-career perspectives were described as sources of persistent cognitive load that reduced psychological availability for performance and injury adaptation, whereas greater transition clarity and perceived support were associated with increased psychological stability and performance focus. Rather than representing isolated clinical issues, these domains reflect structural features of elite cycling that shape psychological regulation across the entire career continuum. From the athletes' perspective, factors such as contract insecurity, limited confidential support access, and little developed transition frameworks were experienced not only as sources of distress but as direct constraints on their capacity to maintain performance focus and adapt to competitive demands.

Optimising professional cycling may therefore require integrating autonomy-supportive practices, confidential mental health pathways, evidence-informed guidance at the medical–performance interface, and transition-oriented planning into existing high-performance systems. Such approaches may not only support long-term athlete wellbeing, but also enhance performance stability by reducing cognitive load and strengthening psychological safety, suggesting that systematic mental health infrastructure represents both a medical necessity and a performance-relevant investment aligned with the competitive objectives of elite cycling organisations.