Table S1. Summary of first-round voting results.

Statement	Useful Mean (SD) Range	Appropriate Mean (SD) Range	Feasible Mean (SD) Range
Primary Prevention			
1.1 Coaches should review their sport organization's protocol regarding both non-emergency and emergency athlete mental health concerns.	7.3 (2.5) 2-9	8.5 (0.8) 7-9	6.7 (2.5) 1-9
1.2 Coaches should verbally communicate their sport organization's mental health protocol to their athletes.	8.2 (1.0) 7-9	8.3 (1.2) 6-9	6.5 (2.4) 1-9
1.3 Coaches should verbally communicate to athletes their role in supporting athlete mental health, consistent with their sport organization's mental health protocol.	8.7 (0.6) 7-9	8.6 (0.8) 7-9	7.3 (2.0) 3-9
1.4 Coaches should verbally communicate their intention to encourage athletes to consult with a licensed practitioner with mental health service competencies when behaviors that represent mental health concerns are observed.	8.5 (0.8)	7.7 (2.1) 3-9	7.5 (1.6) 5-9
1.5 Coaches should verbally communicate with athletes that they believe it is important to seek help (such as, but not limited to: medical, psychological, and social support) for mental health concerns.	8.8 (0.6) 7-9	8.9 (0.3) 8-9	8.4 (1.3) 5-9
1.6 Coaches should verbally communicate with athletes that they believe it is important to support peers in seeking help for mental health concerns.	8.1(1.4) 5-9	8.0 (1.5) 5-9	7.3 (1.5) 5-9
1.7 Coaches should enlist the support of relevant stakeholders (including, but not limited to: parents, administrators, and support staff) to endorse the importance of athletes seeking help for mental health concerns.	8.5 (0.9) 6-9	8.5 (1.2) 5-9	7.5 (1.8) 5-9
1.8 Coaches should communicate that sport-specific decision-making (e.g., roster selections, playing time, etc.) will not be dictated by an athlete's mental health concerns and/or care seeking behavior unless the decision is endorsed by a licensed practitioner with mental health service competencies.	7.7 (2.3) 2-9	7.5 (2.3) 2-9	7.8 (1.4) 5-9
1.9 Coaches should share with athletes that addressing mental health concerns may improve athletic performance.	8.6 (0.5) 8-9	8.5 (0.8) 7-9	8.3 (1.1) 6-9
1.10 Coaches should establish bi-directional coach-athlete relationships that emphasize honesty and openness.	8.1 (2.2) 2-9	7.9 (2.2) 2-9	7.2 (2.4) 2-9
1.11 Coaches should moderate sport-related demands on athletes during times of high stress outside of sport.	7.5 (2.0) 3-9	7.3 (2.0) 3-9	4.3 (1.5) 2-7
1.12 Coaches should share with athletes ways they attend to their own mental well-being.	7.7 (1.4) 5-9	6.5 (1.6) 5-9	6.6 (1.9) 3-9
1.13 Coaches should not use language that stigmatizes mental illness and mental health help seeking.	8.8 (0.6) 7-9	8.8 (0.6) 7-9	7.6 (2.3) 2-9
1.14 Coaches should positively reinforce athlete behaviors that are consistent with a team culture supportive of mental health and mental health help seeking.	8.8 (0.6) 7-9	8.8 (0.6) 7-9	7.4 (2.5) 3-9

1.15 Coaches should communicate to athletes that they are receptive to feedback in how to improve the team's culture surrounding athlete mental health.	8.1(2.2) 2-9	8.6 (0.9) 6-9	7.5 (2.3) 2-9
1.16 Coaches should communicate to athletes that they are receptive to feedback in how to improve their own abilities in supporting athlete mental health.	7.7 (2.2) 2-9	8.3 (1.3) 6-9	7.3 (2.0) 3-9
Secondary Prevention			
2.1 Coaches should attend to changes in athlete behavior that may indicate the emergence of a mental health concern.	8.8 (0.6) 7-9	8.6 (0.8) 7-9	7.3 (1.7) 5-9
2.2 If coaches are concerned that an athlete is experiencing a non-emergency mental health concern, they should ask how the athlete is feeling and listen to the athlete's concern to initiate next steps consistent with their sport organization's mental health protocol.	8.3 (1.3) 5-9	8.3 (1.3) 6-9	7.8 (1.6) 5-9
2.3 Coaches should verbally communicate boundaries that govern what they can and cannot do when an athlete discloses mental health concerns or relevant behaviors are observed.	8.0 (1.9) 3-9	8.0 (1.9) 3-9	8.3 (1.7) 4-9
2.4 Coaches should provide information to athletes experiencing a potential mental health concern about local resources for accessing licensed practitioners with mental health service competencies.	8.3 (1.1) 6-9	7.7 (2.0) 3-9	7.3 (1.7) 5-9
2.5 In non-emergency situations, coaches should offer to put the athlete (or the athlete's parent/guardian if the athlete is a minor) in contact with a licensed practitioner with mental health service competencies.	8.2 (1.4) 5-9	7.4 (2.3) 3-9	6.8 (2.2) 3-9
2.6 If coaches think an athlete may be an immediate threat to the safety of others, coaches should contact emergency services.	8.9 (0.3) 8-9	9.0 (0.0) 9-9	8.7 (0.8 7-9
2.7 If coaches think an athlete may be a threat to themselves, coaches should follow their sport organization's emergency mental health protocol, unless there is no protocol in which case coaches should remain with the athlete until emergency services or a licensed practitioner with mental health service competencies have initiated next steps for care.	8.6 (1.3) 5-9	8.6 (1.5) 4-9	8.7 (1.2) 5-9
Tertiary Prevention			
3.1 Coaches should check in on a regular basis with athletes who have previously been identified as having a mental health concern.	7.3 (2.2) 2-9	7.3 (2.2) 2-9	6.8 (2.3) 2-9
3.2 Coaches should provide positive reinforcement to athletes who are actively engaged in seeking mental health care.	8.7 (0.9) 6-9	8.3 (1.3) 5-9	8.1 (1.9) 3-9
3.3 Coaches should provide consistent ongoing support to all athletes regardless of an athlete's relative athletic ability and skill level.	8.8 (0.6) 7-9	8.7 (0.9) 6-9	7.3 (2.5) 2-9
3.4 Coaches should protect the confidentiality of athletes' mental health help seeking, consistent with athlete preferences.	8.8 (0.6) 7-9	8.8 (0.6) 7-9	7.8 (2.4) 3-9

3.5 Coaches should respect athletes' desired levels of coach involvement in discussing and supporting the medical and/or psychological management of mental health concerns.	8.7 (0.7) 7-9	8.7 (0.7) 7-9	8.1 (1.9) 3-9
3.6 Coaches should express to athletes a willingness to modify sport-related responsibilities to accommodate treatment and recovery.	8.5 (0.8) 7-9	8.2 (1.3) 6-9	7.2 (2.1) 3-9
3.7 Coaches should continue to offer athletes opportunities for engagement in team activities if athletes are taking a break from competition due to mental health concerns.	8.7 (0.7) 7-9	8.2 (1.4) 5-9	7.7 (1.6) 5-9
3.8 Coaches should collaborate with athletes to receive feedback for improvements in supporting athlete mental health concerns.	8.5 (1.3) 5-9	8.2 (1.4) 5-9	6.4 (2.8) 2-9
3.9 If athletes have taken a break from sport due to mental health concerns, coaches should require that readiness for return to play be determined by a licensed practitioner with mental health service competencies.	7.1 (2.9) 1-9	6.9 (3.0) 1-9	6.3 (2.8) 1-9

Table S2. Summary of statement modification process for candidate statements that did not receive consensus 'yes' first-round voting.

	Statement	Themes from Feedback	Rationale for Revision
Primary Prevention			
Original	**1.1** Coaches should review their sport organization's protocol regarding both non-emergency and emergency athlete mental health concerns. **1.2** Coaches should verbally communicate their sport organization's mental health protocol to their athletes.	• Sport organizations may not have mental health policies	• No revisions were made. The feasibility issue of sport organizations not having mental health policies is structural and cannot be addressed by modifications to the statements.
Revised	**No revision.**		
Original	**1.11** Coaches should moderate sport-related demands on athletes during times of high stress outside of sport.	• High stress time periods may coincide with important athletic performances, meaning coaches are likely unwilling to compromise	• Conflicts between high stress time periods and athletic performance will likely occur; without prescribing what should be done in response to these stressors, coaches should still be aware of their occurrence so that they can respond as necessary/appropriate.
Revised	**1.11** Coaches should keep open lines of communication with athletes about stressors outside of sport.		
Original	**1.12** Coaches should share with athletes ways they attend to their own mental well-being.	• Coaches are likely not tending to their own mental well-being • Coaches who are may not be engaging in exemplary methods of self-care that should be shared with athletes	• While coaches may not be engaging in appropriate, or any, self-care, it is important—both for their own wellbeing and the behaviors they model for athletes
Revised	**1.12** Coaches should engage in healthy self-care practices.		
Secondary Prevention			
Original	**2.5** In non-emergency situations, coaches should offer to put the athlete (or the athlete's parent/guardian if the athlete is a minor) in contact with a licensed practitioner with mental health service competencies.	• Coaches are likely not aware of appropriate resources to make these connections • This procedure should be included in policies and communicated beforehand	• While making a direct connection to the resource may be too involved, if sport organizations share information with coaches about local mental health resources coaches can share this information with athletes/parents
Revised	**2.5** In non-emergency situations, coaches should provide the athlete (or the athlete's parent/guardian if the athlete is a minor) with information about where care can be sought from a licensed practitioner with mental health service competencies.		

Tertiary Prevention			
Original	**3.1** Coaches should check in on a regular basis with athletes who have previously been identified as having a mental health concern.	• Concept of "checking in" is vague and does not specify the frequency or duration of doing so • Coaches may not know how to appropriately "check-in" with athletes or put the time into doing so	• There is no appropriate way to define the duration or frequency of "checking in" because this will be situation dependent; however, maintaining open lines of communication between coaches and athletes allows for engagement as appropriate
Revised	**3.1** Coaches should maintain open lines of communication with athletes who have previously been identified as having a mental health concern.		
Original	**3.8** Coaches should collaborate with athletes to receive feedback for improvements in supporting athlete mental health concerns.	• Coaches rarely seek feedback from athletes • Feedback should be provided by multiple stakeholders, not only athletes	• Feedback can be sought from a variety of sources (e.g., athletes, medical staff); what is most important is that coaches are open to learning how to better meet the needs of their athletes
Revised	**3.8** Coaches should seek feedback about how they can improve their approach to supporting athlete mental health concerns.		
Original	**3.9** If athletes have taken a break from sport due to mental health concerns, coaches should require that readiness for return to play be determined by a licensed practitioner with mental health service competencies.	• If absence from play is brief, it is unlikely the athlete will seek professional help, let alone receive an official notice for return to play	• Should athletes seek professional help that requires them to take an absence from sport, it is outside the scope of a coach's practice to determine whether the athlete should return to play. This should be done by a licensed professional
Revised	**3.9** Coaches should require that return to play following a break from sport due to mental health help seeking should be determined by a licensed practitioner with mental health service competencies.		

Table S3. Summary of second-round voting results.

Statement	Useful Mean (SD) Range	Appropriate Mean (SD) Range	Feasible Mean (SD) Range
Primary Prevention			
1.11 Coaches should keep open lines of communication with athletes about stressors outside of sport.	8.2 (1.2) 5-9	8.0 (1.4) 4-9	6.9 (1.5) 4-9
1.12 Coaches should engage in healthy self-care practices.	8.8 (0.4) 8-9	8.7 (0.5) 8-9	7.5 (1.6) 5-9
Secondary Prevention			
2.5 In non-emergency situations, coaches should provide the athlete (or the athlete's parent/guardian if the athlete is a minor) with information about where care can be sought from a licensed practitioner with mental health service competencies.	8.7 (0.5) 8-9	8.2 (0.8) 7-9	7.0 (1.5) 5-9
Tertiary Prevention			
3.1 Coaches should maintain open lines of communication with athletes who have previously been identified as having a mental health concern.	8.6 (0.5) 8-9	7.9 (1.0) 6-9	6.8 (1.4) 5-9
3.8 Coaches should seek feedback about how they can improve their approach to supporting athlete mental health concerns.	8.3 (1.3) 5-9	7.8 (1.4) 5-9	6.8 (1.8) 4-9
3.9 Coaches should require that return to play following a break from sport due to mental health help seeking should be determined by a licensed practitioner with mental health service competencies.	7.5 (1.9) 3-9	7.2 (2.1) 3-9	6.3 (2.1) 2-9

Table S4. Coefficient of variance for statements included in both rounds of voting.

Statement	Voting Round	Coefficient of Variation		
		Useful	Appropriate	Feasible
1.11	Round 1	0.27	0.27	0.35
	Round 2	0.15	0.18	0.22
1.12	Round 1	0.19	0.25	0.29
	Round 2	0.05	0.06	0.21
2.5	Round 1	0.17	0.32	0.33
	Round 2	0.06	0.1	0.21
3.1	Round 1	0.31	0.3	0.34
	Round 2	0.06	0.13	0.21
3.8	Round 1	0.15	0.17	0.45
	Round 2	0.16	0.18	0.26
3.9	Round 1	0.42	0.45	0.46
	Round 2	0.25	0.29	0.33