



Dr. Nickson is a Master’s level mental health professional and former elite athlete that has been committed to working within the mental health field over the last decade. In 2017, Christopher founded LifeSkills Sports Academy (LSSA) and authored the book *Trauma vs. Self: An Experiential Guide to Self* (Mill City Press, 2019). In 2021, Christopher completed his Doctorate in Education and Organizational Leadership with a specific emphasis on athlete mental health and sport organizational strategies and interventions.

For questions and/or permission to reprint this article in whole, or in part, for any purpose other than personal use, contact inquiries@theBMSproject.org.

theBMSproject.org

"Elite Athlete Mental Health"



TOPIC ARTICLE

Elite athletes are considered significant figures and icons within various communities typically representing positive associations of health, physical prowess, and superior cardio respiratory fitness, strength, and power. Athletes have often been portrayed as superhuman, larger than life, and unaffected by stress or clinical concerns. However,

this general perception is not a reality for much of the athlete population. While general participation in sports has been associated with physical and mental health benefits, participation in elite sports has been linked to stressors that can be associated with a variety of mental health problems and disorders (i.e., depression, eating disorders, general psychological distress, social anxiety, generalized anxiety disorder, panic disorder, negative coping strategies and negative stress-recovery rates). The higher the athlete moves throughout the athlete developmental pathway, the more stressors they encounter and must learn to navigate and overcome. Nevertheless, the elite athlete path, when given adequate perspective, can be truly rewarding and full of lessons that translate from sport to life.

The elite athlete is an individual competing at a semi-elite, competitive elite, or world-class elite level. Elite athletes’ susceptibility to mental illness has presented as a challenge to their ability to manage and maintain positive mental health and well-being. These individuals encounter risk factors for mental illness throughout the athlete development pathway in which they may be faced with mental health stressors and challenges during and after competitive participation. The pressures elite athletes place on themselves, experiential complexities (i.e., the glorified self) and athletic identity, challenges within sport culture (i.e., culture of mental toughness) and socialized features of mental health stigmatization, and injury and career transitions all serve as potential agents that host negative effects on the mental health and well-being of elite athletes.

Much of elite athletes’ mental health issues are a result of self and environmental appraisals that serve as antecedents of stress. There are more than 640 stressors associated with mental health symptoms and disorders that have been found in elite athlete populations. Although elite athletes tend to encounter proportionately more organizational stressors than their non-elite counterparts, the effects of these stressors can vary from athlete to athlete according to personal and situational characteristics by acting as a buffer or exacerbating the relationship between the person and their environment (e.g., goal hierarchies, self-confidence, culture, social support). Such stressors may challenge the athlete’s resilience or vulnerability to stressors.

Frameworks, models, intervention strategies and resources have been adopted by a variety of sport institutions to address the mental health needs of various athlete populations. Outreach efforts, integrated care systems and collaborative processes (i.e., interdisciplinary teams), and optimization strategies have been recommended to provide more strengths-based and comprehensive care for the athlete. To destigmatize sport culture and increase mental health literacy across sports organizations, there are individuals and organizations that have sought to increase knowledge of mental health issues, reduce the social stigma of mental health, and successfully engage athletes within mental health interventions. Nevertheless, accessibility and systemic issues and a combination of socialization factors that discourage openness have contributed to extensive barriers to mental health treatment.

Overview of Elite Athlete Mental Health Issues and Challenges

Mental health disorders occur in 5% to 35% of elite athletes annually with anxiety, depression, sleep-related problems, alcohol misuse, and eating disorders highly prevalent in screening studies.

List of Disorders Prevalent in Elite Athletes

Sleep apnea and sleep disorders
Depression and Major Depressive Disorder (MDD)
Anxiety and Generalized Anxiety Disorder (GAD)
Trauma-related symptoms and Post-Traumatic Stress Disorder (PTSD)
Disordered eating and eating disorders
Sport-related hyperactivity and Attention-Deficit Hyperactivity (ADHD)
Bipolar and psychotic disorders
Sport-related concussion
Substance use and abuse
Gambling behaviors and disorder

Mental health issues may occur before, during, and after elite sport participation. Elite athletes may experience socioemotional challenges throughout three phases (childhood phase of sport, transition into adolescence, and transition into and out of the adult athletic career phase) of elite development. Current and former elite athletes' prevalence of mental health symptoms and disorders have appeared to be slightly higher than the general population as a result of sport-specific stressors that affect athletes during their careers.

Risk Factors and Stressors

One of the most significant factors contributing to the development of mental illness among elite athletes is the pressure that the athletes place on themselves. Stress is common in elite sport contexts where high performance underpins innovation, success, and competitive advantage and where athletes experience dynamic interactions within multiple aspects of their lives and the sporting environment, including personal (e.g., work-life interface, family issues), competition (e.g., inadequate or disrupted preparation; risk of injury; expectations of media, sponsors, coaches) and the organizational contexts (e.g., selection processes, cultural and team issues). Stress may profoundly affect both physical and mental health and can potentially lead to the development of dysfunctional thought patterns, depression, anxiety, poor concentration and memory, substance use, social withdrawal and isolation, gambling, sleep and appetite disturbances, disordered eating, academic problems, and deterioration of relationships.

Generic and sport-specific factors combine to increase the risk of mental health symptoms and disorders throughout an elite sport career [14]. Elite athletes encounter athlete-specific (sport-related injury and concussion, performance failure, sport type, and overtraining) and general risk factors (major negative life events, low social support, and impaired sleep) that can vary across career phases with support systems and expectations shifting with developmental progression.

Risk factors and stressors for mental health symptoms and disorders in elite athletes are extensive. Negative adaptations that extend into mental health symptoms and disorders in elite athletes can include the following:

- Negative cognitive and affective responses (e.g., decreased motivation, excessive worry, and adverse self-expectations).
- Problematic somatic responses (e.g., muscular tension, prolonged heightened cortisol, and adrenal exhaustion).
- Maladaptive behavior patterns (e.g., impulsivity, perfectionism, and disordered eating).

Comorbidity (two or more disorders) across mental health disorders can be profound in elite athletes as stressors involved with sport participation, athlete identity, and performance outcomes, along with everyday life challenges present opportunities for distress to formulate maladaptive thoughts and behaviors.

Socially marginalized athletes (Black race, LGBTQ orientation, etc.) may experience extensive pressures and challenges regarding encounters that fuse a combination of a person's social identities to create unique modes of discrimination and marginalization factors. Elite athletes may experience performance disadvantages and a higher likelihood of developing mental health symptoms and disorders as a result of discrimination or marginalization of their cultural identities (gender issues, sex role stereotypes and role expectations, gender identity, sexual orientation, ethnicity, race, socioeconomic status, and religion). When services are intended for use in difficult-to-reach populations such as low-income individuals and ethnic minorities, there may be inherent processes associated with the pursuit of mental health intervention that increases stigma and restricts access to care.

Elite athletes tend to encounter organizational stressors (i.e., the demands associated with the organization within which an individual is operating) that can attenuate not only their preparation for and performance in competitions, but also their overall health and well-being. These stressors consist of four main categories which include leadership and personnel issues (e.g., the coach's behaviors and interactions, external expectations), cultural and team issues (e.g., communication, team atmosphere, and support), logistical and environmental issues (e.g., facilities and equipment, selection), and performance and personal issues (e.g., injuries or career transitions). Important variables to consider regarding risk factors and stressors to current and former elite athlete mental health symptoms and disorders include biological predispositions and cultural factors (e.g., family history, personality traits, etc.), psychological threats (e.g., injury, chronic pain, transitioning out of sport, non-accidental violence, and childhood trauma) and environmental factors (e.g., relationship quality, social support, and experiential/organizational pressures such as performance demands).

Psychotherapy and Pharmacological treatments

Psychotherapy and pharmacological treatments have been considered effective in managing mental health symptoms and disorders in the general population [14]. The majority of mental health symptoms and disorders can be rectified or mitigated via psychotherapeutic intervention (e.g., motivational interviewing, CBT and other cognitive strategies, behavioral therapy, family-based therapy and psychosocial interventions) or early identification of symptoms (e.g., screening procedures). Pharmacological interventions, along with psychotherapy, may be needed to treat more severe psychopathology.

Pharmacological treatments include non-stimulant medications, stimulants, and antidepressants which host additional considerations to safety (i.e., potential negative impact on athletic performance, potential therapeutic performance-enhancing effect, potential non-therapeutic performance enhancement effects and potential safety risks) when being prescribed to elite athletes that may prohibit their use such as effects of medication, issues with side effects, and misuse.

Psychotherapeutic processes can include personal interviews, progressive increases in exercise and social activity, and trauma-informed management as a way to reduce symptoms and mitigate comorbid conditions. Interventions such as insight-oriented therapy have been indicated as useful for elite athletes with challenging personality and behavioral issues with therapy focusing firstly on maladaptive behavioral patterns and less on personality traits that are more resistant to change.

Engaging elite athletes in the psychotherapeutic process can be complex. In comparison to non-athletes, elite athletes can present with sport-related issues that may pose a challenge to providing therapeutic interventions consistent with symptomology when not tailored specifically to the context of the athlete. In particular, there can be diagnostic challenges (e.g., overtraining versus major depression) in determining aspects of personality versus mentally impaired functioning (e.g., aggression, narcissism, and entitlement). Disorders or symptomology must be differentiated from other sport-related developmental issues that could arise throughout the athlete's developmental process. It is also important that mental health symptoms be differentiated from mental health disorders, especially in acute cases where symptoms may present a mental health emergency (mood-related and psychotic symptomology).

Sport Culture and Stigmatization

The culture of sport itself may promote stigmatization (perceptions of fears regarding being labeled mentally weak) associated with athlete mental health issues and help-seeking behaviors. Sport culture and social stigma often view mental health injury as a weakness, which causes athletes to avoid mental health providers. Social and cultural conditions of sport may foster conditions in which personal resources such as those encompassed by mental toughness (e.g., overcoming obstacles and perseverance) are valued so highly that athletes ignore mental health issues due to anticipating being perceived as weak or being worried that they will be treated unfairly. Conformity to sport norms of mental toughness and resiliency often intensify underutilization of mental health services in athletes.

EMERGENCY

In a crisis call "911" immediately

● If considering self-harm, call "988"

The National Suicide Intervention Lifeline

SEXUAL MISCONDUCT

To speak to a counselor,

Call (800) 656-4673

RAINN

BULLYING/HAZING, VIOLENCE, ADDICTIONS & SUBSTANCE ABUSE

For helpful resources,

thebmsproject.org/Safety

CHILD ABUSE

To report suspected child abuse,

Call (800) 422-4453

Childhelp National Child Abuse Hotline

It is recommended that incident(s) of serious misconduct be reported to law enforcement.
Minors should report incidents of misconduct to their parent(s) or guardian(s).