

When Winners Need Help: Mental Health in Elite Sport

What connects these individuals Frank Bruno, Dame Kelly Holmes, Marcus Trescothick and Clarke Carlisle? If you said are all are winners you would be correct, if you said all are elite sports individuals you would also be correct, but there is something else that connects these elite-level athletes. They have all reported having mental health concerns either whilst performing or shortly after retiring. Boxer Frank Bruno has bipolar disorder and depression and has been admitted to psychiatric wards 3 times in the last 12 years. Dame Kelly Holmes was battling depression in the lead up to the 2004 Olympics. Marcus Trescothick was playing cricket for England when depression forced his retirement. In 2014, Clarke Carlisle attempted to take his own life by jumping in front of an oncoming lorry and was later admitted to a psychiatric unit for depression. These elite sportspeople are not alone, the list could have included Gary Speed, footballer and Manager who took his own life in November 2012 after battling with depression or Terry Newton, Rugby league player, who also sadly took his own life in 2010, after being sacked and being found to have used performance-enhancing drugs.

Mental Health in Elite Sporting Contexts

Elite athletes are perceived to be highly mentally functioning individuals, given their elite status. Most notably elite athletes are known for positive mental attributes, such as being mentally tough, resilient, focused, confident, and composed (Holland, Woodcock, Cumming, & Duda, 2010; MacNamara, Button, & Collins, 2010). However, there are an increasing number of anecdotal reports suggesting elite athletes, like the rest of us, are vulnerable to an array of mental illnesses such as depression, anxiety, eating disorders, obsessive-compulsive disorders, addictions, and substance misuse. But why are elite athletes, who are considered to have positive mental attributes, vulnerable to mental health difficulties? To discuss this question, it is important to consider the environmental and social contexts in which elite sport operates. Specifically, in elite sport, both competition and training environments are highly controlled and pressurised. As such, elite athletes often experience a loss of personal autonomy, disempowerment, and experience unique pressures in the form of competitive achievement, staying physically healthy, remaining injury free, retaining or winning a new contract, or being selected regularly by their coach. The elite sporting environment can facilitate identity foreclosure whereby athletes shape and influence their view of self, merely within the parameters of an athletic identity. High athletic identity has been associated with

34 psychological distress and depression when the function of athletic identity has been
35 removed, for example, competitive burnout (Cresswell & Eklund, 2007) injury (Appaneal,
36 Levine, Perna, & Roh, 2009) and retirement (Wippert & Wippert, 2008). Some elite sporting
37 environmental cultures may perpetuate maladaptive normative eating practices, particularly
38 in lean appearance or weight management-related sports, or promote risk-taking behaviours
39 in the form of hazardous drinking, drug use and pathological gambling in order to cope with
40 mounting stress and anxiety (Reardon & Factor, 2010). For example, in the case of eating
41 practices, current Manchester City manager, Pep Guardiola, exiled some of his players from
42 the first-team, when returning to pre-season training, until they met certain weight targets
43 (BBC, 2016). For some players, such punitive rules may promote maladaptive weight loss
44 practices that perpetuate disordered eating.

45 From a social perspective, elite athletes are under great pressure for being positive
46 role models, living up to fans expectations and being media ‘personalities’. With the advent
47 of 24-hour news and social media, elite athletes are under increasing social scrutiny regarding
48 their competitive endeavours and their personal lives, and the pressure to interact with fans
49 may also be a significant stressor. Elite athletes, therefore, need to cope with continued
50 professional and personal media interest and may need to adjust their everyday living and
51 lifestyle decision-making, placing unique strain upon their personal life. It would be remiss of
52 sport governing bodies and national governments, therefore, to assume that the elite sporting
53 communities are less vulnerable to mental illness, simply because of their elite status and
54 perceived positive mental attributes (Junge & Feddermann-Demont, 2016). But this principle
55 could also be applied at the other end of the elite athletes’ career, it has been found that
56 retired athletes may also be prone to distress and sleep disturbances (van Ramele, Aoki,
57 Kerkhoffs, & Goutteborge, 2017). Both the environmental and social contexts can potentially
58 form a toxic a mix that can expose elite athletes to mental health issues. To reduce this
59 vulnerability, it is important that mental health professionals operating in elite sport
60 understand the athletic context, both environmental and social, to develop and implement
61 bespoke interventions that protect elite athletic populations from undue risk of mental ill
62 health.

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64 Sport as a Protective Factor for Mental Illness: Fact or Paradox?

65 In March 2015, the then deputy Prime Minister Nicholas Clegg launched the Mental Health
66 Charter for Sport and Recreation; the Professional Footballers Association, Rugby Football

67 League (RFL), Lawn Tennis Association (LTA), United Kingdom Athletics (UKA),
68 Professional Cricketers' Association (PCA) and the Professional Jockeys Association (PJA)
69 were some of the sporting bodies signing up to the charter. The charter was set up to promote
70 wellbeing, adopting good mental health practices, and trying to prevent discrimination on
71 grounds of mental health. Primarily the charter was designed to raise awareness of mental
72 health and to help promote the idea that sport and exercise can be used as a preventive
73 measure in mental health.

74 In linking elite sports and elite sports personalities to this charter and from the way
75 much of the evidence was presented, an onlooker may conclude that individuals involved in
76 elite sport must somehow be immune to mental health issues. The reality could not be further
77 from the truth. There is no clear evidence to suggest that elite athletes have lower rates of
78 mental health disorders than the general community (Gulliver, Griffiths, & Christensen,
79 2012). As such, the impression that elite athletes are more 'mentally healthy' is a paradox.
80 Indeed, as alluded to earlier, several factors specific to elite sport could increase their
81 vulnerability to mental health disorders. If sport does have protective properties, by the time
82 an individual reaches elite status the protective nature of sport has been eradicated, and to
83 some extent elite athletes are left just as vulnerable to mental health issues as those not
84 involved in any sport. Worse still they are unable to use sport, as a form of treatment. We are
85 told consistently by the media and many governments agencies that regular sport
86 participation will help extend our lives, better still we will have a healthier more active old
87 age if we regularly participate in sport. The facts appear to show that sport for most may help
88 prevent or mitigate the effects of some aspects of mental health. The paradox however is that
89 elite sport participation may be detrimental to mental health. For example, Allison Schmitt an
90 Olympic freestyler had every reason in London 2012 to feel proud of her achievements, she
91 had won silver in the 400-metre freestyle, and had gained bronze in the 4 x 100 metre
92 freestyle relay, and she walked away with a gold medal in the 200-metre freestyle, having
93 lead the pack from the beginning and finishing 2 seconds ahead of the second-place
94 competitor. She walked away from the pool with a new American record, an American hero,
95 and a gaping grin. This feeling of euphoria soon melted away however, just a few months
96 later she started to notice in herself classic symptoms of depression (Crum, 2016). Schmitt
97 states that "I didn't really understand it... everything had always seemed to go my way... I
98 had great friends, great family I had success in the sport... but at the same time I wasn't
99 happy... I couldn't understand why I was unhappy... why would I be depressed? ... I have
100 no reason to be depressed." (Crum, 2016). In the same article, sport psychologist Scott

101 Goldman of Michigan University stated that feelings of loss are common after a major
102 sporting event. When years of effort suddenly materialise, it seems logical to emerge
103 underwhelmed or confused by what the future holds. This is one example of the unique and
104 paradoxical nature of elite professional sport.

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106 Mental Health and Transitions in Elite Sport

107 According to the charity MIND, people aged between 16-34 have a 1 in 4 chance of meeting
108 the clinical criteria for one or more mental health disorders, which is precisely at the time
109 when many elite athletes are in their early, mid or latter stages of their professional sporting
110 career. Unsuccessful negotiation of transitions across the lifespan can potentially increase the
111 risk of mental illness (Lee & Gramotnev, 2007a, 2007b). Transitions can be understood as
112 experiential and developmental. According to Schlossberg's (1981) seminal paper,
113 experiential transitions can be triggered by physical, social or physiological changes that
114 result in a change of assumptions about self and subsequent behaviour. For example, an elite
115 adolescent athlete may experience a change in physical context (e.g., moving away from the
116 family home), taking on a new social role (e.g., academy player), or experience physiological
117 changes (e.g., puberty). In contrast, an older adult athlete may experience a move to a lesser-
118 ranked team (i.e., physical context), used as a back-up/ utility player (i.e., social role) and
119 experience the onset of ageing and physical decline (i.e., physiological change). It is
120 important that any experiential transitional change be viewed in relation to developmental
121 changes. Wylleman and Lavallee (2004) have documented four athletic developmental
122 transitions 1) initiation age (6-7): transition into organised competitive sports; 2)
123 development age (12-13): transition into intensive level training and competitions; mastery
124 age (18-19): transition into highest level or elite sport, and 4) discontinuation age (28-30):
125 transition out of competitive sport. As an example, a development transitional change from
126 amateur level competition to more professional intense academy-level competition is
127 characteristic of an adolescent athlete, whereas a discontinuation transitional change is
128 synonymous with and older adult athlete retiring from elite training and competition.
129 Difficulties in coping with experiential and developmental transitions in the world of elite
130 sport could expose athletes to mental health issues, as these transitions can adversely affect
131 assumptions one has about oneself and that of the wider world. It has long been recognised
132 that during adolescence, early adulthood, and older adulthood, athletes must cope with events
133 or issues that are typical of their phase of development (Arnold & Sarkar, 2015). In view that

134 mental illness can occur at any point during a person's lifespan, the adoption of an athletic
135 developmental lifespan perspective should help foster a more nuanced understanding of
136 mental health vulnerability across athletic age boundaries. In the general mental health
137 literature, it is recognised that many first episodes of mental health disorders occur during
138 mid to late adolescence and young adulthood (Rutter & Smith, 1995) and if left untreated can
139 predict problems in later adulthood. It would appear advisory therefore, that sports
140 practitioners should closely monitor athletic experiential and developmental transitions of
141 youth and academy level athletes, and maybe make mental health checks as important as
142 physical health to ensure young athletes remain both mentally and physically healthy.
143 However, the prevalence of mental health issues in elite sport is not yet clear for adolescent
144 athletes or indeed across the athletic lifespan.

145 To date, not enough is known about the prevalence and risk factors associated with
146 mental illness across the lifespan of elite sports participation. Therefore, it is important that
147 practitioners in the psychological community investigate critical transitional periods and
148 associated mental health risk factors that are developmentally specific to elite athletes. Doing
149 so will help inform and tailor mental health interventions to meet the developmental needs of
150 the elite athletic population.

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152 Mental Health and the Difficulty of Seeking Help

153 There are several barriers to seeking help for mental health issues not just within elite sports
154 but also within the general public. Poor health literacy is one such barrier, in this regard not
155 having sufficient knowledge about where to seek help is a major obstruction to recovery
156 (Abram, Paskar, Washburn, & Teplin, 2008). Individuals may find it difficult to distinguish
157 between real distress and normal distress, and may lack the necessary psychological
158 awareness to disentangle these issues (Boyd et al., 2007). In other words, at what point do
159 you call for help? This is a difficult question to answer. Often knowing when to call for help
160 depends on the individual and what 'normal' behaviour looks like. There also maybe a lack
161 of awareness about where or who to ask for help (Gulliver et al., 2012).

162 Stigma has been implicated as one of the major barriers to seeking help, particularly amongst
163 those living in small social populations (Abram et al., 2008) such as elite sports communities.
164 Sometimes it is the very people around you, the ones that you should be able to turn to for
165 help, are the very ones it's most difficult to confide in. It has been shown that athletes may
166 be stigmatised by fellow athletes and coaches as being weak, or even by the general public

167 (Kamm, 2005). Indeed, professional coaches are reluctant to refer athletes to a mental health
168 professional because of the apparent stigma (Watson, 2006). Male athletes have reported
169 negative assessment of other males who seek counselling from a psychotherapist, but not
170 from a sports psychologist; the former being an expert in clinical mental health, while the
171 latter have expertise in performance enhancement (Gulliver et al., 2012). This appears to
172 demonstrate contrasting perceptions relating to clinical and performance psychology practice
173 and thus may contribute to a lack of uptake to seek and receive mental health support among
174 male athletes. Research suggests that some people may avoid reporting issues of mental-
175 health due to self-stigma and negative attitudes for seeking help (Lannin, Vogel, Brenner,
176 Abraham, & Heath, 2016). However, male athletes in particular seem motivated not to seek
177 help simply because of the stigma surrounding mental-health.

178 Several organisations in the UK have recognised that mental health is an important
179 issue. The Professional Footballers Association (PFA) has set up a 24-hour hotline so that
180 professional footballers can seek help regarding their mental health. They have an impressive
181 website dedicated to those in professional football who feel they may benefit from support.
182 But recently goalkeeper Steve Harper was critical of the PFA for not doing enough for
183 players in relation to mental health concerns, for this he was labelled ‘emotional’ by Pat Lilly
184 of the PFA. Pat Lilly says his comments were taken out of context, nevertheless, a
185 professional footballer felt unsupported, and abandoned when he needed help, and was
186 derided publically for talking about mental health provision. It is possible that Steve Harper
187 was unaware that the PFA website existed, but it is also possible that a website may not be
188 the most appropriate platform for either this type of message or that the messages were
189 inappropriate. Maybe the message and support needs to be available at a more local (i.e.,
190 dressing room) level.

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192 Conclusions

193 It is accepted that taking part in sport can be beneficial for physical health, it is also
194 accepted that taking part in a sport can have beneficial aspects to our mental health. However,
195 there are an increasing number of anecdotal and empirical reports suggesting elite athletes,
196 like the rest of us, are vulnerable to an array of mental illnesses such as depression, anxiety,
197 eating disorders, obsessive-compulsive disorders, addictions, and substance misuse. From a
198 social perspective, elite athletes are under great pressure for being positive role models, living
199 up to fans expectations and being media ‘personalities’. They work in a highly competitive,
200 performance driven and controlled environments that shapes their personal identity. If

201 success in sport is a formula it would most certainly include components like, devoting many
202 hours, weeks, months, and years training and competing constantly portraying a mentally
203 tough persona to divert any overt signs of mental weakness. If this is what it takes to be a
204 winner in elite sport, then the formula clearly needs addressing. The formula should include
205 recognising and supporting the early signs of mental ill-health, and formulating a way of
206 making mental health something that the elite sporting community can talk about, openly.

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