

## 1                    When Winners Need Help: Mental Health in Elite Sport

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

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### 17    Mental Health in Elite Sporting Contexts

18   Elite athletes are perceived to be highly mentally functioning individuals, given their elite  
19   status. Most notably elite athletes are known for positive mental attributes, such as being  
20   mentally tough, resilient, focused, confident, and composed (Holland, Woodcock, Cumming,  
21   & Duda, 2010; MacNamara, Button, & Collins, 2010). However, there are an increasing  
22   number of anecdotal reports suggesting elite athletes, like the rest of us, are vulnerable to an  
23   array of mental illnesses such as depression, anxiety, eating disorders, obsessive-compulsive  
24   disorders, addictions, and substance misuse. But why are elite athletes, who are considered to  
25   have positive mental attributes, vulnerable to mental health difficulties? To discuss this  
26   question, it is important to consider the environmental and social contexts in which elite sport  
27   operates. Specifically, in elite sport, both competition and training environments are highly  
28   controlled and pressurised. As such, elite athletes often experience a loss of personal  
29   autonomy, disempowerment, and experience unique pressures in the form of competitive  
30   achievement, staying physically healthy, remaining injury free, retaining or winning a new  
31   contract, or being selected regularly by their coach. The elite sporting environment can  
32   facilitate identity foreclosure whereby athletes shape and influence their view of self, merely  
33   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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