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

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

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

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

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

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

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

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

Mental Health and Transitions in Elite Sport

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

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

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

Mental Health and the Difficulty of Seeking Help

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

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

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

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

Conclusions

It is accepted that taking part in sport can be beneficial for physical health, it is also accepted that taking part in a sport can have beneficial aspects to our mental health. However, there are an increasing number of anecdotal and empirical 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. From a social perspective, elite athletes are under great pressure for being positive role models, living up to fans expectations and being media 'personalities'. They work in a highly competitive, performance driven and controlled environments that shapes their personal identity. If

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

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