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## The Mental Health Crisis in Sports: The Perfect Storm of Contemporary Factors

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## The Mental Health Crisis in Sports: The Perfect Storm of Contemporary Factors

Abstract: The current mental health crisis is affecting athletes in significant and concerning ways. Several contemporary or newly-appreciated factors may be interacting to contribute to this crisis and to its impact in sport. Those factors include: emerging adulthood as a particularly challenging phase of life; discrimination and racism; increasing professionalization of sports at younger ages; lack of mental health literacy and resources; the impact of technology and the 24/7 world; and the COVID-19 pandemic. Fortunately, at the same time, mental health stigma is showing signs of lessening. To further decrease stigma and enhance help-seeking, all stakeholders should appreciate mental health as inseparable from other aspects of physical health in athletes. Simultaneous with working to decrease *risk factors* in sport, we should work to optimize *protective factors*. Specifically, we should work toward a culture of mental health literacy, cultural competency, and positive supports in the sporting environment.

Key Words: athletes; mental health; pandemic; sport; athletic training; psychiatry

### Key Points:

1. The current mental health crisis is impacting athletes in significant ways, owing to a variety of factors that exist both within and outside of sport.
2. Factors that may be contributing to the mental health crisis in sport include: emerging adulthood as a particularly challenging phase of life; discrimination and racism; increasing professionalization of sports at younger ages; lack of mental health literacy

- 1 and resources; the impact of technology and the 24/7 world; and the COVID-19
- 2 pandemic.

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## 1 Laying the groundwork

2 Athletes are susceptible to mental health symptoms and disorders because they are human and  
3 because of the risk factors imposed by sport.<sup>1</sup> The current mental health crisis is making  
4 participation in sport and life all the more challenging for this population. The American  
5 Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and others have  
6 declared a national emergency in mental health.<sup>2</sup> Suicide is now the second leading cause of  
7 death for young people (ages 10-34).<sup>3</sup> Moreover, depression, anxiety, eating disorders, and  
8 substance use disorders among athletes are associated with early attrition from sport,<sup>4</sup> higher  
9 risk of injuries,<sup>5</sup> negative impact on sports performance,<sup>6</sup> burnout,<sup>7</sup> and lower academic and  
10 occupational functioning.<sup>6</sup> Importantly, there are aspects of the crisis that are unique and  
11 concerning in the world of sport. Physicians, other licensed mental health professionals,  
12 athletic trainers, coaches, and other members of the athlete entourage witness this painful  
13 reality every day in their offices and on the playing fields. This column highlights several factors  
14 that may be synergizing to create the “perfect storm” leading to this crisis in the world of sport:  
15 emerging adulthood as a particularly challenging phase of life; discrimination and racism;  
16 increasing professionalization of sports at younger ages; lack of mental health literacy and  
17 resources; the impact of technology and the 24/7 world; and the COVID-19 pandemic.

18

## 19 Emerging adulthood as a particularly challenging phase of life

20 Emerging adulthood spans the years from the late teens to mid-twenties, which overlaps with  
21 peak years of athletic achievement<sup>8</sup> and simultaneously with peak incidence age for many  
22 mental health disorders.<sup>9</sup> For most young people, this is a period of transition from the

1 dependency of adolescence to the responsibility and independence of young adulthood. It  
2 involves development of a stable identity, learning to self-regulate, forming intimate  
3 relationships with others, learning skills/habits to live independently, moving out of the family  
4 home, obtaining a higher education and/or preparation for a career, and moving into the  
5 workforce. High level sport involvement can be time-consuming to the point that it alters these  
6 typical development timelines if there is insufficient time or opportunity to accomplish the  
7 milestones. “Helicopter parents”, with the best of intentions as they are trying to help their  
8 heavily scheduled athletes, may inadvertently contribute to young adults feeling incapable,  
9 vulnerable, and dependent.<sup>10</sup> Young athletes who perceive parental over-involvement in sport  
10 report worse mental health.<sup>11</sup> The COVID-19 pandemic exacerbated lack of opportunities for  
11 young adults, including athletes, to accomplish the typical milestones of emerging adulthood.  
12  
13 Furthermore, emerging adults do not yet have the life experience to understand that, when  
14 confronted with a stressor, in many cases “this too shall pass”. For example, recent data show  
15 that humiliation and a sense of entrapment in current life circumstances are two particularly  
16 dire risk factors for mental health symptoms in athletes.<sup>12</sup> We also know that many athletes, at  
17 one time or another, experience these feelings.<sup>12</sup> Their immature brain developmental status,  
18 and their incomplete set of life experiences to date, may not allow them to appreciate that the  
19 humiliation or sense of entrapment—whether within or outside of sport—may well not last  
20 forever.

21  
22 Discrimination and racism

1 In the United States and many other locations, an important determinant of health—including  
2 mental health—is ongoing systemic, institutional, interpersonal, and internalized racism and  
3 discrimination.<sup>13</sup> While nothing new, increasing attention is appropriately being drawn to this  
4 problem. Racism and discrimination contribute to inequitable risk of poor mental health among  
5 minority athletes.<sup>14-16</sup> Minority athletes often find that there are no available providers who  
6 look like them or identify as they do, and this can deter help seeking.<sup>17</sup> At the same time, they  
7 may feel the emotional weight of being seen as a representative for an entire community or  
8 needing to win for their entire race or culture.<sup>18</sup> They may be told to “just shut up and play” as  
9 any references they make to social injustices, e.g., via notations on their uniforms or behaviors  
10 during sporting events, are critically scrutinized.<sup>19</sup> Ultimately, racism, discrimination, and  
11 disparate access to resources have bearing on all of the other contributing factors in the perfect  
12 storm of the mental health crisis. For example, young athletes from lower socioeconomic  
13 groups have suffered from even greater increases in rates of depression compared to other  
14 socioeconomic groups during the COVID-19 pandemic.<sup>20</sup>

#### 16 The increasing professionalization of sports at younger ages

17 Youth athletes today are often required to put as much time into their sport as collegiate  
18 athletes historically have been.<sup>21</sup> For collegiate athletes, sport is at least the equivalent of a  
19 full-time job.<sup>22</sup> Parents receive pressure from many angles to sign their children up for sport,  
20 and to do whatever it takes, including hiring individual trainers and promoting year-round  
21 participation in a single sport, from a very young age to assure success in sport.<sup>23</sup> There is a  
22 sense that their children will miss out on important life opportunities if they do not do these

1 things, and that endless practice is the route to athletic mastery. This mindset may lend itself  
2 to coaching styles that are performance-centered (focused on demonstrating superior  
3 performance compared to others) rather than skills mastery-centered (focused on exerting  
4 effort and improving personally in specific tasks), with the former approach associated with  
5 worse mental health and higher rates of burnout in athletes.<sup>24</sup> The end result of all of this may  
6 be higher rates of injuries (which themselves are associated with more mental health  
7 disorders),<sup>6</sup> poor life balance, insufficient time for school, friends, family, and sleep, a crushing  
8 sense of pressure,<sup>21</sup> and, perversely, less lifelong sport involvement.<sup>25</sup> How can young people  
9 exit from sport, if they decide that it is not what they want, when they know how much time,  
10 effort, and resources have been poured into their participation? Have they had a chance to  
11 develop their identity outside of sport, and if not, what do they have left if and once they do  
12 exit from sport?

#### 14 Lack of mental health literacy and resources

15 Mental health literacy is defined as the knowledge, beliefs, and skills regarding mental health  
16 disorders that aid their recognition, management, or prevention.<sup>26</sup> It includes concepts related  
17 to knowledge of effective self-management strategies, challenging mental disorder stigma,  
18 awareness and ability to assist others who are struggling, and the facilitation of help seeking  
19 behaviors.<sup>26</sup> The general public, and particularly athletes (who often exist in a problematic  
20 culture of toughness), frequently have low rates of mental health literacy.<sup>26</sup> This makes it hard  
21 for athletes to reach out for help, or even to be able to label their experiences as mental health  
22 symptoms when appropriate. Similarly, if their coaches and other support staff have not been

1 educated in mental health symptoms and disorders, how are staff to even know what  
2 constitutes negative, stigmatizing, help-dissuading commentary that should be avoided? Of  
3 course, mental health resource limitations<sup>1</sup> and organizational practices may constrain the  
4 ability of coaches to fully support mental health in word and deed.<sup>26</sup>

5

### 6 The impact of technology and the 24/7 world

7 Young people have markedly increased access to information and technology compared to  
8 generations past. For athletes, this is a double-edged sword.<sup>27</sup> It may help with opportunities  
9 for sponsorships and an ability to make a living. However, they are vulnerable to constant  
10 criticism, harassment, and abuse from sports “fans” who feel relatively protected by the  
11 pseudo-anonymity of an online presence. Even seemingly the nicest of people do not hesitate  
12 to criticize athletes—who apparently are super-human and should not be phased by such  
13 words—in public forums. Athletes may worry that they need to constantly check their online  
14 media profiles to maintain engagement with their fan base, so it can be hard to avoid the  
15 abusive or critical commentary.<sup>27</sup>

16

17 Moreover, when one takes a step back to consider the big picture of when mental health *really*  
18 plummeted for young people, many have traced it to the widespread expansion of the use of  
19 smart phones.<sup>28</sup> Illustrating this timeline, between 2008 and 2017, the percentage of people  
20 experiencing serious psychological distress in the prior month increased by 71% in the 18-25  
21 year age group.<sup>29</sup> The pandemic only hastened our move to an all-virtual world. Head-down  
22 use of phones has replaced meaningful face-to-face interaction and other activities more

1 beneficial for mental health. A constant barrage of photo-shopped social media posts leads  
2 athletes—who already disproportionately suffer from eating and other body image-related  
3 disorders<sup>30</sup>—to a place of anxiogenic comparison to others.<sup>31</sup> Additionally, the more screen  
4 time adolescents and young adults have, the less sleep they get,<sup>29</sup> and sleep is particularly  
5 important for athletes for the purposes of recovery and avoiding injury.<sup>32</sup>

6

### 7 The COVID-19 pandemic

8 The COVID-19 pandemic has gutted people’s sense of safety, stability, and routine. Athletes  
9 have suffered substantially during this time. Following the cancellation of organized sports in  
10 spring 2020, the negative mental health impacts were immediately obvious. A full 40% of  
11 13,000 adolescent athletes in a study across the U.S. reported moderate to severe symptoms of  
12 depression at the time.<sup>20</sup> One state’s data showed a jump in adolescent athlete depression  
13 rates from 10% before the pandemic to 33% shortly after it started.<sup>33</sup> Perhaps more alarming is  
14 that, despite the resumption of sport and other aspects of “normal life”, there has not been a  
15 return to pre-pandemic rates of depression in athletes.<sup>34</sup> Athletes are still catching up from the  
16 years of lost social support from teammates and coaches, the loss of the antidepressant and  
17 anxiolytic benefits of sport and exercise, the academic losses for those who are student-  
18 athletes, and reduced access to support services.<sup>34</sup> Moreover, many athletes—whether  
19 competitive high school or college seniors when the pandemic struck, or elite athletes nearing  
20 the end of their competitive careers—unexpectedly faced premature retirement from their  
21 time in competitive sport. It is well-established that unanticipated, unplanned transition out of

1 sport, without time to contemplate and adjust to that new reality, is a significant risk for mental  
2 health symptoms,<sup>35</sup> and that is precisely what the pandemic wrought.

3

#### 4 Toward a Brighter Future

5 Mental health in sport is receiving unprecedented attention in medical and research circles and  
6 in the general public.<sup>1</sup> This is hopeful. Mental health stigma is alive and well but is showing  
7 evidence of lessening, at least in some places. High level athletes are courageously sharing  
8 their experiences. Society needs to continue to move toward mental health being seen as  
9 inseparable from other aspects of physical health. Health is health. The brain is a real organ,  
10 just like the heart and lungs, and athletes will not be at their best in sport or in life if the brain is  
11 unwell. Stakeholders need to focus on improving all the above risk factors in the current crisis,  
12 and simultaneously they cannot forget about the other end of the mental health continuum:  
13 we must optimize the *protective factors* that buffer against mental health problems. All  
14 stakeholders must work together toward a culture of mental health literacy, cultural  
15 competency, and positive supports in the sporting environment.<sup>36</sup> Specific actions stakeholders  
16 can take include:

- 17 • Young athletes should be supported while being allowed to make mistakes and learn  
18 from them. The focus should remain on process goals rather than outcomes as much as  
19 possible.<sup>24</sup> All athletes should receive the consistent message that their worth does not  
20 depend on their success in sport.
- 21 • Clinicians providing mental health care to athletes should be licensed health care  
22 providers who receive training related to trauma-informed care, which recognizes the

1 presence of trauma symptoms, acknowledges the role trauma may play in an  
2 individual's life, and avoids practices that might exacerbate trauma symptoms. Care  
3 should also be culturally competent, in which social determinants of health are  
4 appreciated.<sup>37</sup>

- 5 • Intense training in a single sport to the exclusion of others should be delayed until at  
6 least late adolescence if not longer.<sup>38</sup>
- 7 • Educational programming targeting mental health literacy should be offered to athletes,  
8 caregivers, coaches, and all the way up to the highest levels of sports organizations, and  
9 it should be paired with practical interventions where mental health treatment referral  
10 options are sparse.<sup>26</sup>
- 11 • Athletes should receive education on the impact of media use on their mood, anxiety,  
12 and sleep and strategies for minimizing negative effects on these parameters.<sup>18</sup>
- 13 • Policy makers and organizations should consider mental health impacts of decisions  
14 related to COVID-19 or any other systemic threats to sports participation.<sup>20</sup>

15 Stakeholders in sport must appreciate the gravity of the current mental health crisis. They have  
16 an ethical obligation to take these and other steps to safeguard athletes' health, well-being,  
17 and ability to function in sport and in life.

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