Chapter 11

Understanding mental health and wellbeing in sport

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According to the World Health Organisation (2018) mental health can be defined as "a state of wellbeing in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community". This definition acknowledges that mental health is more than the absence of mental disorders (Galderisi et al., 2015) and shows that sport can potentially create situations that challenge mental health where, for example, the athlete is unable to cope with the stresses of training and competition. As the quote from Kelly Holmes demonstrates athletes, like all members of society, can be affected by mental health difficulties. Mental health is perhaps best conceptualised as a continuum ranging from negative (ill health) to positive (good health/mental wealth; Kuettel & Larsen, 2019), where both clinically diagnosed mental health disorders and sub-clinical symptoms can have an impact on an individual's quality of life. Indeed, research has explored both clinical and sub-clinical symptoms in athletes and consequently throughout this chapter the term *mental health difficulties* is used to describe both clinically diagnosed mental health conditions and sub-clinical symptoms. The chapter explores the mental health of athletes by examining the prevalence of mental health difficulties in athletes, the mental health difficulties that can affect athletes, why athletes might be vulnerable to these, how they can be prevented or treated, and how positive mental health and wellbeing can be promoted in sporting environments. This will be further explored in Chapters 12-14 which investigate resilience, thriving, and athlete welfare which are all closely allied to mental health.

Traditionally sport and exercise psychology research exploring mental health has predominantly focussed on physical activity as a treatment modality in the prevention and treatment of mental health difficulties. However, in recent years interest has been sparked in the role of sport as a potential causative factor in the development of mental health difficulties and how sporting environments can be shaped to impact positively on mental health. This interest has been fuelled by an ever-increasing number of high-profile athletes openly discussing their mental health challenges. This chapter is focussed on the mental health of athletes, rather than on the role of exercise in treating mental health in non-athletic populations. The rising interest in the mental health of athletes is evidenced by a recent explosion in research in this area (Poucher et al., 2019) and the large number of position, consensus and expert statements that have been published on the topic in recent years. Nine examples of these published between just 2018-2020 are shown in Table 11.1. The volume of these statements indicates the growing recognition of the importance of mental health in athletes amongst researchers and sporting bodies and the need to raise awareness of mental health issues within those involved in sport.

Table 11. 1: Position statements on mental health in sport

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The recognition that athletes can experience mental health difficulties challenges the commonly held perception that athletes, particularly those competing at elite level, are unbreakable superior beings both physically and mentally (Hainline & Reardon, 2019). As will be explored later in this chapter,

this perception can create a culture that exacerbates the development of mental health difficulties, such as the stigma attached to seeking help (Bauman, 2016). There are signs that this culture is changing and the world of sport is evolving and becoming more aware and accepting of mental health difficulties. This chapter seeks to provide an overview of our current knowledge on the topic of mental health in sport. Whilst it will focus predominantly on athlete mental health, it will also consider the mental health of support staff such as coaches. We will begin this journey by exploring what mental health difficulties athletes can be affected by and their prevalence.

The prevalence of mental health difficulties in sport

There has been much debate over whether athletes are more vulnerable or less vulnerable to developing mental health difficulties than the general population (Moesch et al., 2018). Hainline and Reardon (2019) suggest that although elite athletes generally experience several mental health difficulties at the same rate as the general population there are some that are more common in sport (e.g., eating disorders, substance abuse). In this section we will explore some of the data examining the prevalence of mental health disorders, but before doing so it is important to acknowledge some of the challenges in collecting such data which may affect its credibility. Firstly, despite recent advances in understanding there is still a stigma attached to mental ill health, particularly in sporting environments, which can lead to the underreporting of mental health difficulties (Bauman, 2016). This is not exclusive to sporting domains and it has been suggested that mental health difficulties and disorders are underdiagnosed in the population as a whole (Hainline & Reardon, 2019). However, sport represents a unique environment in which a culture of mental toughness is often promoted which may be in conflict with disclosing mental health concerns (Rao & Hong, 2020). Secondly, there are differences in the reporting of clinical and subclinical symptoms, with some studies only reporting data where the clinical threshold of a mental health disorder has been reached whilst others, recognising the impact of subclinical symptoms, reporting symptoms below the criteria for formal diagnosis (Moesch et al., 2018). Finally, Reardon et al. (2019) suggest that data comparing the prevalence with the general population is limited due to most athlete studies lacking reference groups from the general population, different measures of mental health difficulties being used in different studies (e.g., self-report v medical diagnosis), and failure to consider cultural differences in the meaning in mental health difficulties between different groups.

In their systematic review and meta-analysis of research exploring both current and former elite athletes from a range of sports Gouttebarge et al. (2019) found that the prevalence of mental health difficulties ranged from 19% to 34% in current athletes, and 16% to 26% in former athletes. They suggested that this was slightly higher than the general population, although they acknowledged the difficulties in making comparisons. In their systematic review Rice et al. (2016) concluded that elite athletes experience a similar prevalence of mental health difficulties such as anxiety and depression to the general population, and that they are vulnerable to a wide range of mental health difficulties. Female athletes appear to be more prone to mental health difficulties. In their review of the literature examining elite athletes Poucher et al. (2019) concluded that mental health difficulties generally appeared to be more prevalent in female athletes, although this could be due to female athletes being more willing to disclose difficulties.

There may also be further differences in prevalence between able bodied and disabled athletes, and elite and lower level athletes. Swartz et al. (2019) identified a lack of research exploring the mental health of disabled athletes and a need for more research exploring the prevalence of mental health difficulties in this group who may have additional stressors to able bodied athletes. Similarly, Vella and Swann (2020) have critiqued the lack of research exploring lower level athletes. Whilst much of the research explores elite athletes, it is important to recognise that lower level athletes are not immune to developing mental health difficulties and those supporting athletes of any level need to be aware of mental health.

Like the general population athletes can be affected by a broad range of mental health difficulties. The IOC consensus statement on mental health in elite athletes (Reardon et al., 2019, p. 671) identified eleven groups of mental health disorders that can be experienced by athletes:

1. Sleep disorders and concerns
2. Major depressive disorder and depression symptoms
3. Suicide
4. Anxiety and related disorders
5. Post-traumatic stress disorder and other trauma related disorders
6. Eating disorders
7. Attention deficit hyperactivity disorder (ADHD)
8. Bipolar and psychotic disorders
9. Sport related concussion
10. Substance use and substance use disorders
11. Gambling disorder and other behavioural addictions

The prevalence of each of these in athletic populations is briefly explored below. It is important to note that this is not an exhaustive list and that often these disorders can occur alongside each other rather than in isolation.

Sleep disorders and concerns

Sleep is considered to be a key determinant of athlete wellbeing, performance, and health (Kroshus et al., 2019), yet insufficient sleep (less than 7 hours per night) and sleep disturbances appear to be common amongst athletes (Reardon et al., 2019). For example, in their study of 317 Olympic athletes preparing to compete at the 2016 games Drew et al. (2018) found that the prevalence of poor sleep quality was high with 49% of athletes reaching the threshold for clinical diagnosis. Athletes commonly report sleep difficulties such as trouble sleeping the night before competition or maintaining sleep patterns whilst travelling (Reardon et al., 2019). Poor sleep can be indicative of a mental health disorder or can exacerbate existing mental health difficulties and so is an important consideration in the mental health of an athlete (Asplund & Chang, 2020). Athletes who suffer from poor sleep quality are much more likely to suffer from conditions such as anxiety and depression than those with good sleep quality (Asplund & Chang, 2020).

Depression

The term depression can cover a range of disorders that are generally characterised by a reduction in functioning and symptoms such as low mood, sadness, decreased energy, and feelings of worthlessness (Doherty et al., 2016). Depressive disorders are one of the most common mental health

disorders experienced by athletes and rates of depression are thought to be equal to or higher than the general population, and on the rise amongst both groups (Wolanin, 2020). In their study of 465 collegiate athletes Wolanin et al. (2016) found a 23.7% rate of clinical symptoms of depression and a 6.3% rate of moderate depression symptoms. Similarly, Beable et al. (2017) reported a 21% rate of depressive symptoms in elite athletes. In their meta-analysis of depressive symptoms in high-performance athletes Gorczynski et al. (2017) found that both male and female athletes were no more likely than non-athletes to report mild or severe depressive symptoms, but found that male athletes were 52% less likely to report depressive symptoms than female athletes. However, they critiqued some of the existing literature for an overreliance on self-report measures and called for more research exploring clinically diagnosed depression in athletes. Wolanin (2020) suggests that rates of depression may be higher in individual sport athletes compared to team sport athletes and identified that factors such as injury, retirement, and poor performance can lead to depressive symptoms.

Suicide

Suicidal thoughts can be a symptom of depression and other mental health disorders (Doherty et al., 2016) and consequently athletes with depression are potentially at risk of suicide. According to Rao (2020) 20% of the general population have a mental health disorder that places them at greatest risk of suicide, which is an alarming figure. Comparable data on athlete populations is not available, but sadly, the world of sport has seen high profile instances of suicide such as the tragic deaths of 18-year-old British snowboarder Ellie Soutter in 2018 and former World Judo Champion Craig Fallon in 2019. Male athletes appear to be at greater risk of suicide than their female counterparts, which matches the general population where young males are most at risk (Rao, 2020). This may be due to a greater willingness amongst female athletes to seek support for mental health difficulties such as depression (Gorczynski et al., 2017). In their study of collegiate athletes Rao et al. (2015) found that the annual suicide rate for male athletes was 1.35/100,000 compared to 0.37/100,000 in female athletes.

Anxiety

Anxiety disorders are different from performance anxiety which is a common occurrence in competitive sport (Reardon et al., 2019). Anxiety disorders include generalised anxiety disorder (GAD), social anxiety, obsessive-compulsive disorder, and panic disorder (Reardon et al., 2019). GAD which is characterised by excessive anxiety and worry has been reported to have a prevalence of between 6 to 14.6% in athletes, with female athletes and injured athletes being at greatest risk (Reardon et al., 2019). There is less research on the other disorders, but prevalence for these from self-reported data is: social anxiety (14.7%), obsessive-compulsive disorder (5.2%), and panic disorder (4.5%) (Reardon et al., 2019). In their systematic review and meta-analysis of anxiety in elite athletes Rice et al. (2019) concluded that athletes and non-athletes experience a similar prevalence of anxiety disorders, and that athletes who are dissatisfied, female, younger, injured, or have experienced a recent adverse life event are more prone to anxiety. Anxiety can have a negative impact on cognitive and overall functioning in the general population and can lead to negative performance in athletes (Reardon et al., 2019). It is important to note that anxiety does not always occur in isolation and may occur alongside other mental health disorders such as depression (Reardon et al., 2019).

Trauma

According to Reardon et al. (2019) trauma-related disorders such as post-traumatic stress disorder (PTSD) are relatively common in elite sport. PTSD can be defined as at least a month of negative mental health symptoms following exposure to a trauma (Reardon et al., 2019). Symptoms that last for less than a month are instead categorised as acute stress disorder (Reardon et al., 2019). In their review of the literature Aron et al. (2019) concluded that elite athletes may have higher rates of PTSD (13-25%) and other trauma-related disorders than the general population. Athletes can encounter traumatic events both inside and outside of the sporting domain that can lead to trauma-related disorders. Examples of traumatic events in the sporting domain include sports injury and abusive relationships/environments (Aron et al., 2019). Equally, athletes can be affected by traumatic events outside of sport such as adverse childhood experiences (e.g., domestic violence, child abuse, neglect).

Eating disorders

Both eating disorders (anorexia nervosa, bulimia nervosa, and binge eating disorder) and disordered eating (subclinical symptoms that do not meet the criteria for diagnosis but are still of concern) are common in athletes (Reardon et al., 2019) and are thought to be more prevalent in athletes compared to non-athletes (Joy et al., 2016). These conditions can have a significant negative impact on the mental and physical health of the athlete and are reported to have a prevalence of 0-19% in male athletes and 6-45% in female athletes (Bratland-Sanda & Sundgot-Borgen, 2013). Whilst female athletes are more vulnerable to eating disorders, male athletes are still affected and are at more risk than males from the general population (Souter et al., 2018). Additionally, athletes from endurance (e.g., distance running), aesthetic (e.g., gymnastics), and weight-controlled sports (e.g., combat sports) appear to be at greater risk (Bratland-Sanda & Sundgot-Borgen, 2013).

ADHD

ADHD is a brain development disorder characterised by persistent inattention and hyperactivity-impulsivity causing dysfunction in various settings (Han et al., 2019). ADHD in athletes has received limited research interest in comparison to other mental health disorders (Moesch et al., 2018). Its inclusion in the IOC position statement may surprise some since it is deemed to have both positive and negative impacts on sports performance (Han et al., 2019). In their narrative review of the literature Han et al. (2019) reported the prevalence of ADHD to be around 7-8% in elite and college athletes and suggested that ADHD may be more common in athletes than the general population. This may be because those with ADHD are naturally drawn to sport (Han et al., 2019). In their systematic review Poysophon and Rao (2018) found a prevalence rate of 4.2-8.1% in young athletes which they concluded was similar to the general population. Although predominantly considered a childhood condition it has been suggested that around 30% of those diagnosed in childhood continue to meet the diagnostic criteria in adulthood (Han et al., 2019).

Bipolar and psychotic disorders

Bipolar disorders are characterised by episodes of extreme changes in mood (e.g., mania or depressed mood) and associated functional impairment (Currie, Gorczynski, et al., 2019). Psychotic disorders (e.g., schizophrenia) are characterised by symptoms such as delusions and hallucinations (Reardon et al., 2019). Whilst much is known about bipolar and psychotic disorders in the general population little is known about their prevalence and impact in athletes, however, there are anecdotal reports of athletes having such conditions and as the peak age of onset crosses over with the peak age of

performance in most sports they are a consideration (Currie, Gorczynski, et al., 2019). These conditions are likely to have a significant impact on sports performance as the conditions are often chronic and the symptoms enduring, although, some athletes have had successful sports careers despite this (Reardon et al., 2019). Bipolar and psychotic disorders can be categorised as primary or secondary, with secondary often induced through substance abuse (Currie, Gorczynski, et al., 2019). Currie, Gorczynski, et al. (2019) report that the prevalence of bipolar disorder in the general population is 0.4-0.6% and 0.5% for psychotic disorders.

Concussion

Sport related concussion can lead to changes in mood, emotions and behaviour and those affected can develop anxiety, depression, and other mental health difficulties (Reardon et al., 2019). Such symptoms appear to be more prevalent when an athlete has had multiple concussions (Reardon et al., 2019). In their systematic review exploring concussion and mental health Rice et al. (2018) concluded that depression symptoms were the most commonly reported mental health outcome of concussion. Although reported less frequently, the other outcomes identified in the studies reviewed were anxiety, impulsivity, aggression, and apathy (Rice et al., 2018). Some studies have shown that ADHD can increase the risk of concussion, and impact on its recovery (Ströhle, 2019).

Substance use

In their review of substance use in elite athletes McDuff et al. (2019) identified that a range of substances were used by elite athletes, both recreational and ergogenic. They identified alcohol, cannabis, tobacco, prescribed opioids, and stimulants as the substances most frequently used by elite athletes, but noted that the prevalence of their use was lower than in non-athletes (McDuff et al., 2019). However, they also found that the rates of binge alcohol, oral tobacco, non-prescription opioids, and anabolic-androgenic steroid use were higher in athletes compared to non-athletes, despite the fact that some of these substances are banned by the World Anti-Doping Agency (WADA) (McDuff et al., 2019). Various risk factors have been identified that place athletes at greater risk of substance abuse. These include a culture of substance abuse in a sport, male gender, and injury (Reardon et al., 2019).

Behavioural addictions

Athletes are recognised to commonly have risk factors for addictive behaviours such as sensation seeking tendencies and young age (Grall-Bronnec et al., 2016). Behavioural addictions that can affect athletes include those to gaming and social media, but it is gambling addiction that has received the most research attention (Reardon et al., 2019). In their study of European professional athletes Grall-Bronnec et al. (2016) reported the prevalence of either past or present problem gambling as 8.2% compared to 0.15-6.6% in the general population. Similarly, in their narrative review Derevensky et al. (2019) concluded that rates of gambling disorders are higher amongst elite athletes than non-athletes. Gambling addictions can be associated with several negative mental health outcomes such as anxiety, depression, irritability, and substance abuse (Derevensky et al., 2019).

So far, this section has focused on the prevalence of mental health difficulties in athletes, but other people involved in sport, such as coaches also experience difficulties as explored in the box below.

Spotlight on: Coach mental health

Whilst most of the research exploring mental health in sport focuses on athletes it is important to be aware that all those involved in sport are potentially vulnerable to mental health difficulties. Here we look at mental health in sports coaches, using the case study of Lance.

Lance is a high-performance coach in an Olympic sport. He has successfully worked in this environment for several years, but in recent months has been finding it increasingly difficult to cope with the demands being placed on him and constantly feels under pressure. This has led to feelings of anxiety, depression, and exhaustion, which are having a negative impact on his motivation and enjoyment of coaching. He describes his job as '24-7' and therefore finds it hard to switch-off and relax.

Lance's experiences are not unique. Coaches work in environments where they are exposed to a large amount of pressure and stress (Fletcher & Scott, 2010). The demands of coaching in high-performance sport make it difficult to achieve an appropriate work-life balance (Carson et al., 2018), and this is negatively impacting Lance's mental health and wellbeing. Lance is not alone in feeling this way. In a study of 103 UK coaches 49.5% indicated that they were experiencing symptoms of a mental health disorder (Gorczynski et al., 2020).

Most of the research exploring the mental health of coaches has focused on burnout and after talking to the medical team this is what the doctor has suggested Lance might be suffering from. In their study of 25 full-time and 45 part-time coaches exploring stress and burnout Altfeld et al. (2015) concluded that full-time coaches such as Lance experience higher levels of emotional stress and have insufficient recovery time during the competitive season, highlighting the importance of recovery and self-care in protecting mental health. Stress and burnout scores were particularly high towards the end of the season. The prevention and treatment options discussed later in this chapter should also be considered for coaches and other support staff.

Why are athletes vulnerable?

The previous section suggests that athletes are at least as vulnerable as the general population to experiencing mental health difficulties, with some research showing that they are more vulnerable, so why is that the case when exercise is known to have a positive impact on mental health? One explanation is that the peak age of athletic performance in most sports tends to coincide with the peak age for risk of developing mental health difficulties (Rao & Hong, 2020). Additionally, Moesch et al. (2018) suggest that elite sport environments and the stressors experienced by athletes can trigger mental health difficulties.

Research has shown that there are multiple factors in sport that could potentially increase an athlete's risk of developing mental health difficulties. Some of these are summarised in Figure 11.1. Arnold and Fletcher (2012) identified 640 distinct organisational stressors that can be experienced by sports performers. These stressors were split into four categories: leadership and personnel; cultural and

team; logistical and environmental; and performance and personal issues. Gouttebarge et al. (2019) suggest that in addition to generic adverse life events, elite athletes can be exposed to a wealth of sport-specific stressors. Some of these stressors (e.g., pushing oneself to the extreme) are created by the culture of sport (Hainline & Reardon, 2019). Key stressors appear to include those linked to career transitions such as sport injury and retirement from sport (Gouttebarge et al., 2019). Sport injury can lead to several mental health symptoms such as depression and anxiety (Putukian, 2020). Additionally, the existence of mental health symptoms can increase the risk of injury (Reardon et al., 2019). Retirement from sport is associated with an increased risk of developing mental health difficulties, particularly for those experiencing an unplanned retirement (e.g., career ending injury) or with a strong athletic identity (Reardon et al., 2019). Disabled athletes are likely to be affected by additional stressors such as chronic pain and logistical difficulties (Reardon et al., 2019). Schinke et al. (2018) suggest that culture, identity, and mental health are inextricably linked, and that where sporting environments are not accepting of an athlete's diversity (e.g., disability, gender, ethnicity, sexual orientation, nationality) mental health can be negatively impacted. Awareness of the factors that may make athletes vulnerable to developing mental health difficulties is important to help facilitate the prevention of such difficulties.

[INSERT FIGURE 11.1 AROUND HERE]

Figure 11.1 Sample mental health risk factors (Gouttebarge et al., 2019; Henriksen et al., 2020; Howells & Lucassen, 2018; Jeckell et al., 2020; Kuettel & Larsen, 2019; Moesch et al., 2018; Poucher et al., 2019; Putukian, 2020; Rao, 2020; Reardon et al., 2019; Rice et al., 2019; Rice et al., 2016; Sarac et al., 2018; Schinke et al., 2018; Souter et al., 2018; Van Slingerland et al., 2019)

Box 11.1 shows a case study of an athlete who has reflected on how sport added to her mental health difficulties. A sport injury, lack of support and a culture of not wanting to show weakness all appear to have contributed to her symptoms.

Box 11.1: Case study - Priscilla

"Over the last few months, I've been feeling really down – I've been experiencing feelings of depression and anxiety. I guess it really started when I first got injured. I got what I thought was a minor hamstring injury and whilst I was a bit angry and frustrated about it, I was determined to get back - and I did. But it turns out that I came back too soon, pushed too hard and made it much worse. I now have a significant muscle tear and am going to miss the first part of the season. I'm now starting to question whether I will recover and whether I will re-injure my hamstring again. That fear is playing on my mind and making me really anxious. My sport is everything to me and the thought of not having it in my life is really depressing. I feel sad every day and I don't know what to do with myself. I feel like I've got no-one to talk to about how I feel. I pretend to my teammates that everything is ok, because I don't want to show weakness, but inside it's not. I haven't spoken to my coach for weeks - it's like I'm no use to him at the moment. I feel worthless."

Preventing and treating mental health difficulties

It is important that sports organisations and coaching environments put in place structures and strategies that both (a) help prevent mental health difficulties occurring in the first place, and (b) support the athlete appropriately when they do occur. Whilst this section is predominantly written with the athlete in mind it also applies to support staff who are also vulnerable to mental health difficulties.

Prevention of mental health difficulties

One of the main ways to prevent mental health difficulties is to create an environment which promotes and supports mental wellbeing and helps individuals to cope with the stressors they face (Hainline & Reardon, 2019). This requires a cultural shift towards an environment where mental health is openly discussed and there is no stigma attached to mental health or seeking help (Schinke et al., 2018). Mental health literacy is considered key to achieving this. Mental health literacy can be defined as awareness of mental health disorders and symptoms, and knowledge of when and where to seek help (Rao & Hong, 2020). Castaldelli-Maia et al. (2019) found that stigma and poor mental health literacy were the most significant barriers to athletes seeking support for mental health difficulties. Seeking such support early can help prevent a more serious mental health disorder. Both athletes and coaches have been suggested to have limited understanding of mental health (Biggin et al., 2017), but coaches are considered to be well positioned to act as gatekeepers in facilitating athletes accessing mental health support (Brown et al., 2017). Therefore, education interventions aimed at increasing the mental health literacy of athletes, coaches and other staff are advocated (Breslin et al., 2017). In their systematic review of such interventions Breslin et al. (2017) found that they can be effective in increasing mental health awareness, reducing stigma, enhancing help-seeking intentions, improving wellbeing, and increasing self-efficacy to provide help, however, they critiqued the quality of the studies reviewed and called for further research.

It has been suggested that in order for mental health literacy training to be effective it needs to be ongoing (starting at an early training age), specific to the needs of the organisation, and focus on the mental health of all involved (e.g., athletes, coaches, support staff, family), and not just the athlete (Gorczynski et al., 2019). Such training should be considered as an investment as mental health is an important resource throughout the individual's career and beyond (Henriksen et al., 2019). In their international consensus statement Breslin et al. (2019) make several recommendations for the design of rigorous evidence based mental health awareness programmes in sport. For example, they suggest that any programme should be underpinned by appropriate theories and models (e.g., Theory of Planned Behaviour, Self-Determination Theory, Integrated Behaviour Change Model) and led by appropriately qualified individuals with an understanding of the culture of sport.

Changing the environment to be more aware, accepting and supportive of mental health difficulties goes beyond the coach and athlete. It requires all stakeholders such as support staff, governing bodies, sport associations, clubs, and the media to acknowledge their role to make systemic changes (Breslin et al., 2019). The aim is to create an environment in which athletes can thrive (see Chapter 13), feel safe (see chapter 14), and be resilient to the stresses placed on them (see Chapter 12). Henriksen et al. (2019) suggest that sporting environments can either "nourish" or "malnourish" the athlete (p. 5). Environments that negatively impact on mental health, such as those with a culture of bullying or abuse, can be considered to malnourish the athlete and those around them (Henriksen et al., 2019). In

recent years there have been several high-profile examples of environments that have been deemed as malnourishing such as British cycling and USA gymnastics, where cultural changes have been recommended.

Improving mental health literacy and creating environments that promote wellbeing will encourage all stakeholders to better recognise and respond to mental health difficulties. Screening also has a role in identifying those at risk, although many tools still need to be validated for sporting populations and should only be administered by an appropriately qualified person (Trojian, 2020). The Baron Depression Screener for Athletes (Baron et al., 2013) is an example of a self-report screening tool and is advocated in the IOC consensus statement. An athlete scoring highly on the tool should be assessed by a mental health professional (Reardon et al., 2019).

When an individual identifies signs of mental health difficulties, for example in an athlete they coach, they need to elicit an appropriate response. In a mental health literate environment, there may be a structure and system in place to help facilitate a response. Responses essentially fall into two categories - self-help/self-care advice or referral. Self-care advice might be administered where symptoms are very mild and could, for example, involve giving an athlete experiencing mild sleep issues advice on good sleep hygiene (Reardon et al., 2019). Depending on the nature of the symptoms and the country of residence referral could be to a range of professionals including the sport psychologist, psychotherapist, clinical psychologist, or medical doctor e.g. general practitioner, psychiatrist, or sports medicine physician (Moesch et al., 2018). For those making decisions about whether referral is necessary or not, it is important to consider that symptoms can manifest in a different way in athletes compared to the general population. For example, in their study Doherty et al. (2016) found that athletes with depression outwardly masked their symptoms (e.g., performing at a high level, interacting with teammates) creating a mismatch with the internal stress they were experiencing.

Treatment of mental health difficulties

Once an athlete has been referred to a mental health professional there are a multitude of treatment options available depending on the nature and extent of their symptoms. It is beyond the scope of this chapter to provide a comprehensive analysis of the various treatment options available for a diverse range of mental health difficulties, but treatments can be broadly split into pharmacological interventions and talking therapies (Reardon et al., 2019). When prescribing medication for a mental health disorder in an athlete additional consideration has to be given to the potential impact of that medication on the athlete's performance and whether the athlete is permitted to use that medication by WADA (Chang et al., 2020). Talking therapies used can include psychotherapy and counselling (Ströhle, 2019). In their review of the literature Stillman et al. (2019) concluded that psychotherapy can be effectively used to treat a range of mental health difficulties in elite athletes and suggested that an athlete's treatment should be managed by a multidisciplinary team with a thorough understanding of their specific needs. This multidisciplinary team should work with the athlete to decide if it is appropriate for an athlete to continue training and competing during treatment, whether that be pharmacological, talking therapy, or combination (pharmacological and talking therapy) based (Moesch et al., 2018).

Response to a mental health emergency is an important consideration for those involved in sport who may need to make a quick decision about how to react to such an event. A mental health emergency can be defined as a situation where an "individual presents with an acute disturbance in mental state associated with either an underlying mental health or other medical disorder" (Currie, McDuff, et al., 2019, p. 772). Such disturbances could manifest as agitation, aggression, or violence, and place the individual or those around them at immediate risk of harm, thus requiring immediate intervention (Currie, McDuff, et al., 2019). An athlete who attempts to take their own life whilst at a training camp might be an example of a mental health emergency. Organisations should have mental health emergency plans in place to guide responses, which should cover protocols for responding to events such as suicidal thoughts, sexual assault, paranoia, extreme agitation, delirium, intoxication, or drug overdose (Currie, McDuff, et al., 2019). An appropriate response to an emergency is one that avoids physical/emotional harm, uses a person-centred approach, establishes safety, and encourages hope, recovery, and resilience (Currie, McDuff, et al., 2019). When travelling with athletes it is also recommended that staff are familiar with local emergency services and legislation (Reardon et al., 2019).

Closing thoughts

The aim of this chapter was to help you to recognise the importance of mental health in sport and the need to understand the uniqueness of the sporting environment and its potential impact on mental health. Mental health is a complex area and those involved in sport (e.g., coaches and support staff) are not expected to have a detailed understanding of the area that extends beyond their professional boundaries, but should have a basic understanding that includes awareness of warning signs, sources of support, referral networks, and mental health emergency plans. Such mental health literacy will allow individuals to perform in environments that nourish their mental health and sports performance. Mental health is best viewed as a continuum that extends from negative (ill health) to positive (good health). At the negative end are clinically diagnosed mental health disorders, which everyone recognises as problematic, but extending further along the continuum, before we reach good health, we also have negative mental health symptoms at a sub-clinical level. Whilst these symptoms are sub-clinical, as we have seen in this chapter, they can still have a significant impact on wellbeing and sports performance. It is perhaps in this zone that we can have the most impact by developing systems and environments that catch and support those individuals before their symptoms escalate to a clinical level.

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Table 11. 2

Position statements on mental health in sport

International organisations:
International Olympic Committee (IOC) consensus statement: Mental health in elite athletes (Reardon et al., 2019)
FEPSAC position statement: Mental health disorders in elite athletes and models of service provision (Moesch et al., 2018)
International Society of Sport Psychology (ISSP) position stand: Athletes' mental health, performance, and development (Schinke et al., 2018)
Sample statements from national organisations:
British Association of Sport and Exercise Sciences (BASES) expert statement: Mental health literacy in elite sport (Gorczynski et al., 2019)
American Medical Society for Sports Medicine (AMSSM) position statement: Mental health issues and psychological factors in athletes: detection, management, effect on performance, and prevention (Chang et al., 2020)
Canadian Centre for Mental Health and Sport (CCMHS) position statement: Principles of mental health in competitive and high-performance sport (Van Slingerland et al., 2019)
Other:
International consensus statement on the psychosocial and policy-related approaches to mental health awareness programmes in sport (Breslin et al., 2019)
Athlete mental health in the Olympic/Paralympic quadrennium: a multi-societal consensus statement (Henriksen et al., 2020)
Consensus statement on improving the mental health of high performance athletes (Henriksen et al., 2019)

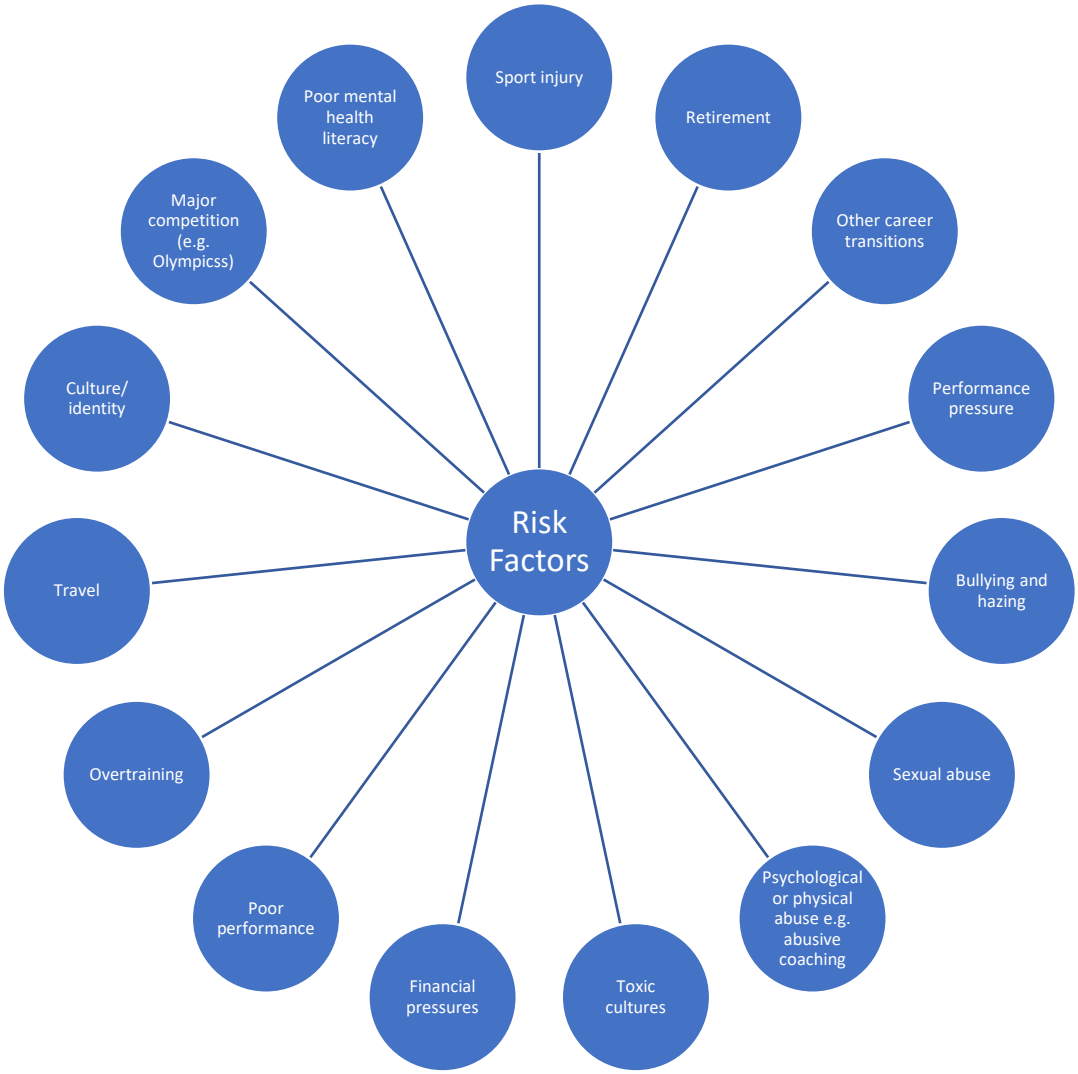

Figure 11.2

Mental health risk factors (Gouttebarge et al., 2019; Henriksen et al., 2020; Howells & Lucassen, 2018; Jeckell et al., 2020; Kuettel & Larsen, 2019; Moesch et al., 2018; Poucher et al., 2019; Putukian, 2020; Rao, 2020; Reardon et al., 2019; Rice et al., 2019; Rice et al., 2016; Sarac et al., 2018; Schinke et al., 2018; Souter et al., 2018; Van Slingerland et al., 2019)