

Student-Athletes and Mental Health Problems

*I always thought it was a sign of weakness if I showed I was being vulnerable.
It's not a weakness ... If we're injured, they're going to fix out broken bones,
but if we're mentally struggling, we have to get help and we have to get it in safe places.*

Michael Phelps

According to the 2019 National Survey of Children's Health 56.1% of youth ages 6-17 say they participated in organized sports (Aspen Institute Project Play, 2020). And there is a increasing trend toward specialization.

For those actively engaged in sports, there are potential physical, academic, and mental health benefits (e.g., cardiovascular fitness, bone health, weight control, reduced screen time, academic gains, enhanced social and emotional development, enjoyment). Among the costs for some, however, are injuries and mental health and academic problems. This especially can happen when youngsters find themselves in toxic situations (e.g., environments where they cannot perform up to their own or others' expectations, extreme training regimens).

Negative outcomes can be worse for student-athletes specializing in a sport and participating on school teams. A survey by the American Academy of Orthopedic Surgeons (2018) found that 54.7 percent of parents encouraged their children to specialize in a single sport. Relatedly, some hire personal trainers. The Academy states that sports specialization can increase the risk of injury and burnout and decrease enjoyment due to excessive training. It also reduces the benefits of participating in other sports.

About Specialized Team Participation and Mental Health Problems

Brenner and colleagues (2019) looked at the relationship between sleep duration, training volume, and mental health in athletes 6 to 18. They note that sleep recommendations for children 6 to 12 years of age are 9 to 12 hours per night and adolescents 13 to 18 years of age 8 to 10 hours per night. Athletes sleep an average of 6.8 hours per night. Elite athletes participating in individual sports slept 6.5 hours per night, and team-sport athletes 7 hours per night. They stress that

the multitude of demands placed on athletes, including academic pressure, social pressure, and physical stress, may affect sleep in various ways, and the interaction between sleep duration and mental health in adolescents is significant, with insufficient sleep and daytime sleepiness having the greatest relationship with mood disorder. ... Female athletes, athletes who self-reported a history of clinically diagnosed depression or anxiety, and athletes who reported a prior sport-related injury were less likely to meet sleep recommendations. Athletes who were goal oriented in their sport pursuits were also less likely to meet sleep recommendations than young athletes who pursued sport for fun or pleasure.

With respect to mental health problems, researchers have focused mostly on students participating on secondary school and college teams. A survey of athletic trainers by the National Collegiate Athletic Association (2015) reported:

- almost 85% indicated that anxiety disorders affected their student-athletes
- 83% indicated concerns about eating disorders/disordered eating, 77% indicated concerns about mood disorders, 69% about substance-related disorders, and 46% about management and treatment of problems.

*The material in this document builds on work done by Dolce Vita Martin-Moreno as a participant with the national Center for MH in Schools & Student/Learning Supports at UCLA in 2022.

The center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA. Website: <http://smhp.psych.ucla.edu>

A study in 2017 concluded: Parents both directly and indirectly contribute to youth specialization. Investments in personal and elite coaches are accompanied by elevated expectations of collegiate and professional play. Parents of specialized athletes more frequently endorsed significantly influencing their children's specialization. As potentially harmful consequences of youth athlete specialization continue to be revealed, parents and coaches must astutely monitor athletes' physical and psychosocial health while also evaluating their own personal influence. Physicians must broaden their evaluation of the youth athlete to include assessment of extrinsic pressures to best care for young athletes. Padaki and colleagues

To decrease the chances of injuries, stress, and burnout, the American Academy of Pediatrics specifically recommended that young athletes participate in multiple sports, at least until puberty, and emphasized that "the primary focus of sports for young athletes should be to have fun and learn lifelong physical activity skills." DiFiori, et al, 2014

When our coaching staff last year was asked how many had athletes who were showing signs of anxiety and depression, every coach's hand in the room was raised.
Wood & Bryant (2019)

Marshall Mintz, a New Jersey-based sports psychologist working with teenagers for the past 30 years said that the incidence of anxiety and depression among scholastic athletes has increased over the past 10 to 15 years. (Reported in Flanagan, 2019)

The coach of a former high school lacrosse star who played at SUNY Binghamton and died by suicide. He said, "I look back and ask could I have done something... I don't know. There needs to be more education. More outreach. More help and understanding and resources. There just needs to be more." (Reported in McClendon, 2022)

What Mental Health Supports are Provided for Athletes

Resources to support the well-being of secondary school athletes are limited in availability and effectiveness and tend to be reactive rather than proactive. Findings suggest that student-athletes often have limited knowledge about how to access existing resources. Moreover, students frequently report feeling stigmatized when teammates, coaches, parents, and family see them as needing mental health help (Gulliver, et al., 2012).

A major set of guidelines has been developed by the National Athletic Trainers Association (2015). The guidelines indicate steps coaches and athletic trainers can take that ensure a safer and more positive environment for student-athletes. And while the guidelines recognize limitations related to what coaches and athletic trainers can do, they recommend prioritizing training these personnel to monitor and look for behaviors of concern and refer students for psychological help. Unfortunately, no policies ensure implementation of these guidelines, and most secondary schools don't have athletic trainers.

At the college level, student-athletes are better supported through the protections formulated by the National Collegiate Athletic Association (NCAA). A 2019 study by Sanders surveyed 411 student-athletes from 18 intercollegiate teams at a mid-major Division I institution in the mid-Atlantic region to assess the need for and use of supports. She reported findings suggesting a prevalence of mental health challenges among student-athletes, especially overwhelming stress, struggles with time management, and anxiety. With respect to supports, when overseen by the

NCAA, the athletes received an appropriate orientation to knowing where to go for guidance and help, and this was positively associated with a positive help-seeking environment within the team. She notes that

Female student-athletes seek help more often and are more satisfied with the care they receive from friends, teammates, and athletic trainers. Their male counterparts seek out peers and faculty members for support. There are also gender differences present in the perceptions of barriers and facilitators to seeking care. ... Conclusions drawn from this study include incorporating stronger and more frequent education on resources for student-athletes, coaches, support staff, and faculty members and establishing a peer support network within the athletics department.

These findings align with and support the NCAA's aim to create a help-promoting environment that supports mental health well-being. They also have implications for improving supports at secondary schools and support the guidelines set forth by the National Athletic Trainers Association (2015).

See the 2018 review by Moreland and colleagues of studies on collegiate athletes for an extensive discussion of facilitators and barriers to mental health services utilization. Their analyses conclude that collegiate athletes are willing to utilize mental health services. However, use is associated with athlete and coach gender, perceived stigma, peer norms, and service availability,

In response to concerns about burnout in young athletes, the American Academy of Pediatrics and the American Medical Society for Sports Medicine published three reports focused on prevention (Brenner, et al., 2007, 2016; DiFiori, et al, 2014). Recommendations included:

- Keep workouts interesting, with age-appropriate games and training, to preserve fun during practices.
- Take 1 to 2 days per week off from organized or structured sport participation to allow the body to rest or to participate in other activities.
- Take 2- to 3-month breaks from structured training and competition in 1 sport while focusing on other activities and cross-training to prevent a loss of skill or conditioning. These breaks may be divided into 1-month increments.
- Focus on wellness and teaching athletes to be in tune with their bodies so they become alert to cues that they need to slow down or alter their training methods.
- Emphasize skill development more than competition and winning.

Some General Implications for Schools

In addressing student-athlete mental health concerns, schools have a general role to pursue, and coaches and trainers have a specific role to play. Involving parents also can be critical.

Our Center extensively has delineated the school's role (e.g., see *Embedding Mental Health as Schools Change* (http://smhp.psych.ucla.edu/improving_school_improvement.html)).

Coaches and athletic trainers can be proactive in implementing the National Athletic Trainers Association and NCAA guidelines for creating an environment that protects and provides effective supports (e.g., balance training, monitor for problems, de-stigmatize help-seeking behaviors, assist in proper referrals). And they can help educate and encourage parents to avoid inappropriately pressuring their youngsters and supporting a positive approach to sports.

A Few Personal Recommendations from Dolce who is a Student-Athlete

I am an advocate for early onset preventative care through education, regulation, and healthy relationships. From this perspective:

I recommend that coaches hold a check-in meeting to see how their student-athletes are doing and feeling and whether they are struggling with sports demands or in general. The check can include making sure students are staying on top of their school work. This is something that many coaches neglect, since they see athletics as their priority and fail to remember that their athletes are still students and bear the weight of other responsibilities as well. These meetings could include questionnaires that students can choose to answer anonymously. Based on what students share, coaches then could work with student support staff at the school to follow-up with appropriate systemic and personal interventions.

Additionally, I recommend coaches limit sports specialization until children are older than currently is the trend (e.g., until they can be more aware of physical and mental health and academic considerations). I also suggest they regulate student-athlete training hours to an average of 14 hours per week to minimize the negative impact of longer hours that research has pointed out.

Most importantly, schools can enhance efforts to educate students, parents, coaches, teachers, student support staff, and administrators about steps to take to protect the well-being of student-athletes. Through open conversations and visibility about available resources, problems experienced by student-athletes will be better understood and a better environment created for them to speak out about their need for assistance.

Concluding Comments

Schools must always be sensitive to students problems and work to enhance supports that effectively prevent and respond. This clearly includes athletic departments, coaches, and other athletic personnel.

At the same time, our Center emphasizes that advocacy for a *special initiative* focused on mental health problems among student-athletes will simply add to the fragmentation and marginalization of efforts to support all students. Rather than adding another problem-specific initiative, we detail how the focus on mental health concerns for all students can be embedded readily into a unified, comprehensive, and equitable system of student/learning supports (see <http://smhp.psych.ucla.edu/pdfdocs/mh20a.pdf>).

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