

## **“Student Athletes and Mental Illness”**

By Alannah Allen

The mental health problems at hand is much bigger than we as a society can see, and mental health amongst college athletes has grown into a problem far greater than we can understand. This problem is growing far too fast, and the lack of resources and awareness is not good for the student athlete community. This problem needs a solution before more individuals fall victim to the horrors of mental illness. The epidemic of mental illness in the student athlete community could be better combated by including mental health screenings to the physical assessments that athletes are already required to complete prior to participation in competition.

Throughout the history of collegiate athletics, physical health of athletes has always stood on a pedestal for concern far above any other problem. Athletes at the collegiate level must undergo extensive assessments regarding their physical health. As a Division III collegiate athlete, I know from prior experience that these physical requirements are lengthy and cover every tiny detail about the athlete’s physical health. Along with the physical assessment, there are concussion protocols and testing put in place. These measures are preventative measures to help prevent the onset of further problems once competition begins. The lengthy amount of testing is important to ensure the health and safety of all student athletes. With this all being a normal process in the world of collegiate athletics, the addition of mental health screenings to the list should not pose much of a problem. This would be another preventative measure that could really help identify mental illness in the early stages, before the problem grows too big for the

athlete to manage. This preventative measure would be so beneficial to not only individual student athletes, but also the team, university, and organizations (NCAA, NAIA, etc.) as a whole.

The expansion of mental illness across the student athlete community has grown much larger than one would assume. In general, the mental illness epidemic is so vast in the college student population. One in three college students show signs of anxiety or depression. One in three. That is such a large number of students suffering from the effects of mental illness. But, of that one in three, only 30% will seek treatment in comparison to the only 10% of athletes that will do the same (Billitz). Along with this lack of help-seeking behavior, the prevalence of the problem is higher in the athlete community. “NCAA athletes are more likely to suffer psychological problems that require treatment as compared to their peers, accounting for 10 to 15% of all college athletes” (Billitz). These statistics are much larger than they should be. The number of individuals suffering is growing far too numerous. Another very horrifying statistic that really reveals the true shocking nature of the problem is that “over 477 student-athletes have died from suicide in the last decade alone.” That is such a large amount of suicides, but the number seems even greater when compared to statistics in the past. “One study found that, of the student-athletes that died over nine years, about 7.3% of deaths (35 student-athletes) were a result of suicide.” The problem is growing exponentially in today’s society. The degree of suffering has never been at a point this high before. Change is needed immediately to prevent the growth of this problem. One death is too many, but 477 is unbearable. We need solutions now.

Mental illness in an athlete can present itself in many different ways. Some of the most common mental illnesses in student athlete’s lives are anxiety, depression, and eating disorders (Billitz). The signs and symptoms can range and vary depending on the severity and the person, but there are some typical manifestations. Some of the typical signs and symptoms that can be

observed involve changes in sleeping habits, changes in eating patterns, drug or alcohol abuse, mood swings, withdrawal from social contact, and irritability towards those around them (Neal).

For those suffering, some of the symptoms they feel involve a lack of motivation towards anything they once enjoyed, being tired and fatigued all the time, excessive fear and worrying, agitation, and problems concentrating or focusing on tasks. For an athlete, these common signs and symptoms can also be paired with negative self-talk, all-or-nothing thinking, overuse injuries, changes in their intensity during competition, unresolved injuries, and withdrawal from their teammates, peers, coaches, etc. (Neal).

Mental illness can manifest itself differently in athletes than in non-athletes. This difference between the manifestations can make treatment much harder to universally help everyone. In athletes, mental illness can develop very quickly in comparison to non-athletes, where the development is more gradual. For example, injury is one of the major causes of mental illness in athletes. This cause happens in literal seconds, and the immediate effects are felt at that instance and continue throughout the course of treatment and recovery from the physical injury. This very quick onset is less likely in a non-athlete, for whom the symptoms typically take longer to develop.

One of the major problems associated with mental illness in athletes is the lack of awareness and deficit of knowledge. Increased conversation on the topic will lead to a generalized normalization of the issue and influence those suffering to come forward for help. One form of positive conversation on the topic is real-life experiences and stories from those who have been through it. One NCAA athlete used her experience as a platform to help others. A Division I volleyball walk-on standout who led her team to a title, Victoria Garrick has now reached millions with her story. After a TED Talk release called “Athletes and Mental Health:

The Hidden Opponent” (TedxTalks), her story and her message were received nationally. She now is a viral influencer and advocate for mental health and uses her story to help empower others through social media platforms, publishing articles, and delivering TED Talks that all speak to the seriousness of the problem.

The solutions to the problem are only helpful though when there is transparency in the discussion of mental health. Athletes have to be transparent in their illness in order for the solutions to work and help with the progression of their health. The main setback that is preventing athletes from offering up themselves in the direction of help is stigma. Stigma is defined as “a mark of disgrace associated with a particular circumstance, quality, or person” (Oxford). The occurrence of stigmas in the mental health world has led to setbacks in the ability of those suffering to come forward for help. As these stigmas have slowly been diminished in the mental health community through the use of awareness and new-found acceptance, they have not changed in the collegiate athletic world.

These stigmas still hold strong reigns over athletes’ decisions to step forward. A recent study revealed that the three main stigmas impacting mental health help-seeking behavior were perceived stigma, self-stigma, and personal stigma. As explained by Chow, Gabana, & Becker:

*Perceived stigma* (i.e., stigmatization by others) is an individual’s perception regarding stereotypes, prejudice, and discrimination held by the public toward people with mental illness; *self-stigma* reflects the internalization of public stigma by incorporating others’ stereotypes and prejudices about people with mental illness into beliefs about oneself; and *personal stigma* represents an individual’s personal attitudes toward people with mental illness. (Chow, Gabana, & Becker)

Revealing which type of stigmas were most impacting athletes allowed further initiative as to how to correct them or diminish their presence. The NCAA was a huge contributor in this effort. They even initiated a program that was aimed at overcoming these stigmas and encouraging the help-seeking behavior that is needed from student athletes.

The program had four sections that each focused on a different aspect of stigma reduction. "This is the first project to incorporate four science-based stigma reduction interventions into a single program with student-athletes" (Chow, Gabana, & Becker). This was a huge step in the right direction, because it focused directly on eliminating one of the many barriers to athletes seeking help from four different angles. These four different interventions were mental health literacy, empathy, counter stereotyping, and contact. Mental health literacy was focused on increasing the information about mental health issues faced by student athletes. The empathy portion of the program was focused on helping teach skills on how to talk to a teammate in need and the best actions to take to help them. The counter-stereotyping approach was focused on eliminating the common mental health myths that are plaguing the community. Lastly, the contact portion of the program was aimed towards showing real life stories and information from real student athletes who suffered from mental illness (Chow, Gabana, & Becker, 2020). This program's focus on eliminating this major barrier had success in increasing awareness and normalizing mental illness conversations, and similar programs should be implemented in colleges throughout the country.

As it has been learned throughout the early pages of this essay, the prevalence of mental injury throughout the student athlete community is massive. The real question then is why isn't it treated the same as physical injury? If the problem is so large, why isn't there a bigger concern or better procedures/restrictions in place to deal with these injuries as there is with physical

ones? The main difference is that mental injury isn't visible to the human eye. In a physical injury we can see the actual problem first-hand, and we may even be able to see the actual occurrence of it happening during competition, but in mental injury we only see the symptoms. An athletic trainer can physically view a sprained ankle, or broken wrist, muscle tear, etc., but they cannot view anxiety debilitating the mind, or depression overtaking the athlete's thoughts. This poses a problem in the way these injuries are handled. The pain in physical injury is visible and easily identified, whereas in a mental injury, the pain is not visible, and the only person who sees or feels the effects of the injury is the one suffering. This makes it hard to come forward and state the presence of the injury, because it cannot be seen or understood by anyone else. An athletic trainer would typically be able to assess a physical injury and create a treatment based on not only the pain that the athlete states, but also the physical problems that they can feel or see. With a mental injury there is no other aspect of assessment other than what the athlete states, which suggests the need for trained staff capable of reaching out to athletes showing signs and symptoms of mental health issues (Zhao).

All of this data supports the position that a solution, or at least a step in the right direction, is essential to prevent the further suffering of student athletes. One solution that would be seamless in its application to the procedures already in place would be the addition of mental health screenings. This added effort would be simple given the already extensive testing student athletes go through. It would help with early detection of potential mental health disorders and would also increase the conversation on the topic. Increased conversation will normalize mental illness discussions. Normalization will lead to a direct minimization of the stigma that is preventing the help-seeking behavior that is needed for change to happen. These mental health screenings would easily fit along-side the physical assessments and concussion screenings

required prior to competition. The screenings could involve an online testing portion as well as a quick one-on-one session for athletes who presented as having the potential to develop a mental health disorder. Athletic training departments should also offer a psychiatrist who strictly works with the athletes. These small changes in the program procedures would drastically decrease the amount and risk for mental illness in the student athlete population.

Many would argue about the effectiveness of the screenings and if they would really impact the problem. The question lies in whether student athletes would be willing to come forward and be truthful on the screenings. This is a big concern, but if the support services are there and ready to help in the case that an athlete needs it, they will be more willing to come forward. No one wants to feel the pain of mental illness, but when they are scared of stigma and unsure of the resources there to help, they fail to find help. By increasing the awareness of the problem through additional testing, it will kill the stigma. The seriousness surrounding the topic of concussions is the same serious nature that needs to develop regarding mental health. This is not impossible though. Concussions used to be treated with the same lack of regard, but now they are easily one of the most serious injuries and treatment protocols seen in athletes. We similarly need to make mental health a central concern.

Another big concern is cost and how it would impact athletic programs and universities. Adding mental health screenings and adding additional mental health staff are very cost effective. An online survey could be completed which screens through the athletes for their risk of mental illness. This will decrease the pool of individuals that need additional screening from the athletic department's psychiatrist. This will allow counselors to better focus their one-on-one conferencing with individuals who are experiencing at risk behaviors and symptoms. This increase in efficiency will leave enough time for those that need help to be helped while also

limiting the need to have several psychiatrists hired. This is a cost-effective measure to help ensure that this protocol could be used in all universities with athletic programs.

The mental health of student athletes is a major problem affecting athletes all around the world. We need to step up and take this problem more seriously to prevent the suffering of individuals. This change is simple, and a small development in new protocol would make a huge difference. It's time to jump on the chance to lessen the suffering athletes feel. We have the possibility to change not only protocol, but also change society and its prejudiced views on mental health. This is the solution to help do that.

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