

Athletes and Depression: A Review of the Literature

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ABSTRACT

Elite athletes are a group of people who appear to 'have it all.' They have talent that places them at the top of their respective fields, teams of people to support them in their endeavors, and literal teams of like-minded collaborators who share their drive, goals, and experiences. At the same time, data shows that all is not well with professional and elite athletes. At some point in their careers, according to Athletes for Hope, 35% of elite athletes experience a mental health crisis (Athletes for Hope). Their crisis may present itself as stress, burnout, depression, anxiety, or an eating disorder. Put into context, where 1 in 5 adults experience a mental health condition at some point in their lives, athletes have a higher self-reported prevalence of mental health crises or symptoms (Athletes for Hope).

The following paper reviews the literature on the existence and prevalence of depression in the athlete community. It considers the rates of depression across student and professional athletes and highlights three prominent case studies of athletes impacted by depression during and after their careers.

MOST COMMON MENTAL ILLNESSES IN ELITE ATHLETES

According to the NCAA, the most common psychiatric disorders found among student-athletes include a wide range of types of disorders including:

- Anxiety disorders
- Mood disorders
- Personality disorders
- Eating disorders
- Adjustment disorders
- Body dysmorphic disorder
- Substance use disorders
- Psychosomatic illnesses
- Impulse control disorders

Out of these disorders, depression is now a common focus for researchers. According to the American Psychiatric Association, depression, or major depressive disorder (MDD) is a "common and serious medical illness that negatively affects how you feel, the way you think and how you act." Depression differs from sadness or grief because feeling grief or sadness when facing a loss is a natural response. Although depression and sadness share some of the same symptoms, there are important differences. For example, when someone is sad, they often feel pain in waves mixed with feelings of happiness or contentment: depression brings about a low mood consistently for at least two weeks.

Depression can impact anyone, even those who seem to 'have it all.' However, the onset of depression remains poorly understood. Scientists understand that depression is often the product of biochemistry and a lack of serotonin. However, it can also run in families. Personality can also impact depression: people who respond negatively to stress are more likely to struggle with depression. Environmental factors can also contribute to depression: exposure to abuse, neglect, or violence can make a person more vulnerable to depression.

Depression may affect an estimated 6.7% of the adult population in a given 12-month period (Wolanin, Gross, Hong, 56). Young adults (along with older adults) have a higher prevalence rate. Given that NCAA athletes are typically age 18-24, it is reasonable to suggest that thousands of student-athletes struggle with depression and must manage their symptoms with sports because they are already in a high-risk group due to their age. As noted by Wolanin, Gross, and Hong, the issue remains vastly understudied, however, increased scrutiny has directed new research to the issue.

The first study exploring potential rates of depression symptoms between student-athletes and non-student-athletes was performed by Storch et al. The researchers initially hypothesized that athletes face greater levels of stress than the typical non-athlete. Thus, in theory, student-athletes should also report higher instances of co-morbid issues, such as social anxiety, alcohol use, and depression symptoms. The study did find female athletes experienced social anxiety and depression symptoms at rates greater than female non-

athletes, but they were also more likely to self-report these symptoms compared to male athletes. A similar study by Yang et al. also found female student-athletes reported the highest levels of depression symptoms. However, there was a much smaller discrepancy between female student-athletes and nonathletes. These reports are supported by general depression research: in the general population, women present or self-report a higher rate of depression than men.

Not all studies on the subject of athlete depression report higher levels of depressive symptoms. Armstrong and Oomen-Early's study of 227 participants found student-athletes were less likely to report depression than non-athletes to a significant degree. Their study suggested that the team support and a strong social network serve as a potential preventive measure to ward off depressive symptoms. A study of 112 students by Proctor and Boan-Lenzo found again that non-athletes reported more depression symptoms than student-athletes. However, while their studies do not show student-athletes experiencing depression at rates higher than non-athletes, they did find rates of depression higher than the general population among student-athletes.

The number of student-athletes makes the group a larger, more effective cohort to study compared to elite, professional athletes, who exist in smaller numbers. However, a FIFPro study targeting European football players found that rates of mental health crises were high in their cohort of 188 players (Madu). One study found that somewhere between five to 42% of former professional players reported mental health problems. Fifteen-twenty percent reported distress and burnout. These rates remain similar in the general population (Madu).

As seen in the following case studies, mental health issues exist beyond the scope of the student-athlete sphere and can persist into the elite and professional athlete context as well.

NEIL LENNON

Neil Lennon is the head coach of the Scottish Professional Football League team Hibernian F.C. As well as being a retired professional athlete and current coach, Lennon is also an advocate for promoting mental health in sports. Lennon has spoken about his mental health struggles publicly on multiple occasions. His most recent public comments appeared in February 2018, when he described a period of depression from the beginning of December 2017 and lasting four to six weeks into the middle of January 2018. Speaking at a mental health initiative launch run by the Scottish Professional Football League, Lennon noted:

“The first one was three months because I didn't know what it was, but now, if it happens again, while it's still very difficult to go through, you've a better understanding of it and that's really important for any individual.” (Neil Lennon on depression relapse, helping young players & SPFL initiative)

Lennon previously noted his first episode occurred when he was 29 and playing for the Leicester football club. His team had finished in the top ten rankings for the season and had just won the League Cup. Yet, it was also the start of his first experience of depression.

“I was young, I was fit, I was healthy. I had plenty of things going for me in life, quite an outgoing gregarious character and all of a sudden I became very introverted and shy to the point where I just didn't want to be around people. Didn't enjoy anything in life - taste of food, so I lost my appetite. Lack of sleep - I was waking up on the hour every hour with all of a sudden this negative though spiralling thought process. This went on for two, three weeks and then I had to go and speak to the club doctor and eventually I was diagnosed with having clinical depression, so he put me in touch with the psychiatrist or psychologist and I went to see them once a week and I was put on antidepressants as well.” (Neil Lennon on depression relapse, helping young players & SPFL initiative)

AARON LENNON

While Neil Lennon described bouts of depression and his experience of receiving a diagnosis in his youth several decades ago, football players today continue to face mental health crises. On May 3, 2017, the BBC reported that Everton FC player Aaron Lennon was detained by the police under the Mental Health Act due to concerns for his safety and welfare. He had been picked up at the side of the road in Salford. Aaron Lennon's representatives told the press he was taken to the hospital for assessment and was then receiving care and treatment for a “stress-related illness” (Aaron Lennon: Everton winger detained under Mental Health Act).

In the hours and days after the news broke, several prominent UK athletes shared their support for Aaron Lennon on social media. Many of these personalities had also noted experiences with depression, including Stan Collymore, the ex-Liverpool and Aston Villa striker, and Frank Bruno, the former world heavyweight boxing champion. Lennon himself says he made a full recovery, but that he believes other footballer struggled in silence. His goal was to help those players. He told reporters:

“I have spoken to a couple of players about it to offer them advice. They wanted to know what I’d been through and where to get help. There are probably still players out there who don’t want to talk about anything to anyone - I know because that is just what I was like - but my message would be to speak to someone because there is a lot of help available and it can really make a difference. The person I spoke to when I was being treated helped me massively within about 10 minutes.” (Wilson)

ANDREAS BIERMANN

Andres Biermann was a German football player who played for Herta Berlin and FSV Spandauer Kickers. Biermann was relatively open about his battle with depression. He first revealed his struggle after the suicide of another German footballer, Robert Enke, in 2009. He had also published a book titled “Depression: Red Card.” Biermann also studied psychology and stated his commitment to helping others dealing with depression. Unfortunately, his decision to speak publicly about his mental health perhaps caused Biermann to lose his job: in his book, he noted that the stigma attached to depression was the reason why he was dropped by Union Berlin and no other club in Germany would make him an offer (Gladwell). On July 21, 2014, Andreas Biermann lost his battle with his depressive illness and died (Gladwell). In the months and years after his death, Germany football teams and players have come under fire for failing to support Biermann (Madu).

CONCLUSION

Depression impacts a substantial part of the population: up to 6.7% of the adult population is clinically depressed in any 12-month period. Being a successful or even professional athlete does not insulate a person from depressive symptoms. In fact, there may be a higher rate of depressive symptoms among athletes as compared to the general population. While the data on the subject of depression among athletes remains limited, more athletes and sporting organizations are not only recognizing the role of mental health in athlete’s lives but are stepping forward to tell their stories and help younger players who maybe even more predisposed to depressive symptoms than previous generations were due to the pressures of social media.

Ultimately, depression is a very common experience, but it is important for those in the sporting community to not only know the signs of depression in athletes but to remove the stigma surrounding athletes when they come forward to tell their stories. It is important that sporting organizations learn from their past mistakes and realize that athletes need care

for more than their physical performance: their mental health is at the center of their game.

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