

A Crisis in Sports; Mental Health Pathologies in Athletes

Professor Krista A. Figueroa, MA, CSPC

Department of Psychology | Caldwell University

ABSTRACT: The author explores the etiology of various psychological issues and mental health disorders within the context of athletes and the sport setting. Athletes suffer from a heightened susceptibility to certain mental health disorders. The distinctive athletic environment further exacerbates the risk of athletes developing pathologies. Athletes face a demanding singular environment wherein professional achievement relies upon perfection. Stress demands and evergreen physical readiness place enormous burdens on athletes. Sport-specific pressures escalate pathological tendencies and can fuel the development of psychological problems. Elite athletes suffer an exponentially larger risk of mental health disorder development as compared to the general athlete population. Special considerations with regard to elite athletes and psychological pathologies are analyzed and discussed. The prevalence of Generalized Anxiety Disorder (GAD) in athletes is explored and its multifaceted impact on sport performance is investigated. Increasing understanding and awareness regarding atypical psychological symptom presentation in athletes is examined in the discourse. Special consideration is given to patterns of identification and diagnosis of body-based symptom presentation within the athlete cohort. Detection and response strategies within the paradigm of the sport setting are reviewed, with particular attention on improving the currently insufficient framework available to athletes. It is important to note that due to the powerful stigma attached to experiencing mental health challenges in sport, most of the statistics regarding the number of athlete-sufferers and prevalence of psychological disorders within athletics are vastly underreported (Chang et al., 2020; Figueroa & Lee, 2024; Poucher et al., 2021). The statistics presented here provide a window into the overall picture, but not a complete view.

I. INTRODUCTION

Mental health is a topic that is rarely discussed or addressed by the athletic community. There exists a fixed notion in sports that physical condition alone dictates competitive outcomes. Although it has been established that psychological mindset and mental wellness are integral to physical performance, the sports world does not accept this truth (Figueroa & Lee, 2024). Having mental health challenges or struggles as an athlete is viewed by the sport community as taboo and forbidden (Figueroa & Lee, 2024).

Athletes who speak out about mental health difficulties are often met with disapproval and judgment from decision makers in their sport (Figueroa & Lee, 2024). Openly suffering from a mental health disorder as an athlete is unacceptable and anathema to success in the sport setting. The stigma of psychological disorder is magnified in manifold proportion within athletics (Figueroa & Lee, 2024). Athletes unable to hide mental health crises are often stigmatized by the sport community and find that their athletic career is seriously harmed. The conditions and circumstances around the treatment of psychological issues in sport lead to widespread underreporting (Chang et al., 2020; Figueroa & Lee, 2024; Poucher et al., 2021).

II. Mental Health Reporting in Sports

The punitive nature of disclosing mental health challenges leads athletes to internalize their psychological distress and reject help-seeking behaviors. Athletes dealing with psychological crises are subject to criticism, blame, and debate about their general fitness for participation in sports. Acknowledgment of mental health issues jeopardizes an athlete's career and endangers future opportunities within their sport (Figueroa & Lee, 2024). Given the myriad of personal and professional consequences athletes face when experiencing psychological issues in sports, it is understandable why they do not seek treatment. As a result of the culture fostered in sports regarding mental health, the notion endures that true champions are superhuman, strong, and impervious to pressure (Figueroa & Lee, 2024).

The general perceptions and attitudes surrounding the denial of psychological pathologies in athletes underpins a striking truth: *athletes are at a significantly increased risk of developing a mental health disorder as compared to the general population* (Chang et al. 2020; Figueroa & Lee, 2024; Poucher et al., 2021). Many athletes struggle with one or more mental health disorders (Chang et al., 2020; Poucher et al., 2021). Athletes,

by virtue of their involvement in sports, are subjected to amplified levels of stress and experience intense anxiety. Criticism, judgment (self-evaluation and evaluation by others), and time demands are much more extreme for athletes when compared to the general population (Chang et al., 2020; Figueroa & Lee, 2024; Poucher et al., 2021). Resources are available to athletes to buffer the physical effects of sport participation, but care aimed at understanding and treating the mental health effects of sport participation on athletes is far more limited (Chang et al., 2020; Figueroa & Lee, 2024; Poucher et al., 2021).

Psychological health and mental wellbeing are also intrinsically linked to physical sport skills. An undiagnosed eating disorder weakens the body and erodes endurance (Chang et al., 2020; Poucher et al., 2021). Obsessive compulsive disorder turns routine and ritual into a crippling fixation. Anxiety disorder can make skill recall and sport performance impossible (Pires et al., 2024). Raw physical talent alone can only take an athlete so far. Sound physical and mental health must be fused together to achieve greatness in any given sport (Figueroa & Lee, 2024).

III. Elite Athletes and Mental Health

Elite level athletes are especially vulnerable to mental health disorders within the athlete cohort. According to a study on the prevalence of mental health disorders in the elite athlete population performed in 2019, it was found that 41.4% met the criteria for one or more mental disorders (Poucher et al., 2021). Depression symptoms were the most commonly reported mental health challenge at 31.7%, followed by symptoms of disordered eating at 8.6%, and general anxiety at 5.9% (Poucher et al., 2021). While these figures outline a salient reality, it is important to remember that the incidence rates of psychological issues are likely much higher due to the pervasive underreporting culture inherent to the sport setting (Pires et al., 2024; Putukian & Keith Owen Yeates, 2023).

Stress was the common underlying cause of depression, eating disorders, and general anxiety (Putukian & Keith Owen Yeates, 2023). Overtraining and training load were significant factors to the development of depression and anxiety (Pires et al., 2024). Untreated depression and anxiety were strongly correlated to disordered eating. Stress is an established accelerating factor in the expression of psychological disorder (Putukian & Keith Owen Yeates, 2023). Given the inordinate amount of stress that athletes experience as compared to the general population, the increased risk of mental health disorders is manifold in sports (Poucher et al., 2021). Elite athletes endure intense levels of stress for long, sustained periods of time, placing this athlete cohort at the greatest risk among the athlete population of developing one or more mental health disorders (Figueroa & Lee, 2024).

The Athlete Personality

Personality traits common in athletes may also heighten their risk of developing pathological psychological issues. The unique factors needed to excel in sports can create increased threat factors for developing certain types of mental health disorders. Perfectionism is a personality trait wherein a person pursues excessively high standards of performance alongside overly critical self-evaluations (Chang et al., 2020; Figueroa & Lee, 2024). While perfectionism can be interpreted as a vital personality component in athletes, and especially in elite athletes, this personality trait can trigger psychological distress and exacerbate a plethora of mental health disorders (Chang et al., 2020; Figueroa & Lee, 2024).

Perfectionism as a personality trait can be divided into two categories: positive perfectionism and negative perfectionism. Positive perfectionism is associated with the underlying motivation of reaching a favorable outcome, whereas negative perfectionism seeks to avoid adverse consequences. (Chang et al., 2020; Figueroa & Lee, 2024). Both positive and negative perfectionism are harmful to mental health outcomes and have been demonstrated as a concomitant factor in the development of one or more mental health disorders in athletes (Figueroa & Lee, 2024). Overtraining, anxiety, and depression development have been demonstrated as a result of the perfectionism personality trait (Chang et al., 2020; Figueroa & Lee, 2024).

Disordered Eating in Sports

Athletes demonstrate an increased prevalence of eating disorders and disordered eating when compared to nonathletes across all age groups and genders (Chang et al., 2020; Poucher et al., 2021). Many sports often implicitly include an aesthetic dimension to performance. This is especially true as it pertains to female athletes. Compounding the classic risk factors in disordered eating of low self-worth, peer issues, and the presence of one or more other mental health issues, athletes experience sport-specific pressures that can accelerate the development of an eating disorder (Chang et al., 2020; Poucher et al., 2021).

Performance pressure, body image concerns, team weigh-ins, injuries, and sports where decreased weight is associated with competitive advantage all contribute to cases of disordered eating among athletes (Chang et al., 2020; Poucher et al., 2021). Perfectionism and perfectionistic tendencies produce an increased likelihood of developing an eating disorder in both athlete and non-athlete sufferers (Chang et al., 2020). The challenge with perfectionism as a personality trait and disordered eating in the athlete population is that

perfectionism is often viewed by the sports world as beneficial to performance. This distorted perspective complicates the management of perfectionism in disordered eating patients who are athletes versus non-athletes.

Eating disorders are a mental health problem that poses particularly corrosive consequences to the physical health of an athlete (Chang et al., 2020; Poucher et al., 2021). Complications resulting from disordered eating include fatigue and low energy levels, dehydration, muscle cramping, and electrolyte imbalances (Chang et al., 2020; Poucher et al., 2021). The erosion of physical health that results from eating disorders has significant detrimental effects on sport performance.

Perfectionistic tendencies compound the risk of an athlete developing compulsive exercise and overtraining syndrome (Chang et al., 2020; Poucher et al., 2021). Athletes who engage in excessive and compulsive exercise may overexert their bodies past the point of recovery and face heightened threat of injury, malnutrition, and developing overtraining syndrome (Chang et al., 2020; Poucher et al., 2021). The symptoms of compulsive exercise and overtraining syndrome perpetuate negative reinforcement and continued escalation. As performance declines due to the physical effects and general weakening caused by overtraining disorders, the athlete experiences heightened psychological distress, which serves to fortify the excessive training behaviors.

Depression and Anxiety in Athletes

Athletes have been shown to be more vulnerable to depression than non-athletes (Poucher et al., 2021; Putukian & Keith Owen Yeates, 2023). Certain factors present in the sports realm appear to compound the likelihood of depression among athletes. Athletes grapple with internal and external expectations far more often than non-athletes. Performance expectations account for much of the increased risk of developing depression that athletes face, but it is not the only possible cause. Injuries, time demands, and identity issues related to athletic participation all play a role in worsening depression among athletes (Poucher et al., 2021; Putukian & Keith Owen Yeates, 2023).

The type of sport within which an athlete participates appears to be a factor in the likelihood of depression. A large and comprehensive study of depression in athletes concluded that athletes who participated in individual sports report a substantially higher statistical rate of clinical depression than those in team-based sports (Chang et al., 2020; Poucher et al., 2021; Putukian & Keith Owen Yeates, 2023). Individual-based sports that produce only one winner at an event present a higher risk of depression when compared to team-based sports where half of the event participants are winners.

When evaluating the divergent experiences of team-based athletes versus individual sport athletes and mental health, it is imperative to explore the aspect of social support. Athletes who participate in team sports have been shown to have more diverse opportunities to receive social support, as opposed to athletes in individual sports (Chang et al., 2020; Putukian & Keith Owen Yeates, 2023). The isolating aspects of athletics are more severe and sharply pronounced in athletes who compete in individual sports.

Anxiety Disorders in Athletes

Anxiety has the potential to improve or undermine athletic performance, depending upon context, framing, and experience (Pires et al., 2024; Putukian & Keith Owen Yeates, 2023). Some degree of anxiety is married with competitive performance in sports. It is an unavoidable aspect of participation in sports and must be expected in athletics. This unavoidable truth makes it more challenging to distinguish symptoms of pathological anxiety in athletes. The competitive sports environment inexorably contains a multitude of situations that enhance the probability of anxiety dysfunction.

Certain pressures are inherent functions of being a competitive athlete; a reality that serves to foster and cultivate an unhealthy anxiety response. Fear of failure, negative effects of a disappointing performance, social judgement, and crowd effects can all heighten anxiety response (Chang et al., 2020; Poucher et al., 2021). Athletes suffer a range of anxiety related mental health disorders. Panic disorder, Generalized Anxiety Disorder, Social Anxiety Disorder, phobias, Obsessive-Compulsive Disorder, and Post-Traumatic Stress Disorder all have shown a significantly higher prevalence in the athlete population (Chang et al., 2020; Poucher et al., 2021).

Panic disorder causes athletes to be hypersensitive to their own physiological sensations and create situation avoidance. Experiencing a panic attack at a competitive event resulting in a negative outcome raises the likelihood of an athlete developing panic disorder (Chang et al., 2020; Poucher et al., 2021). Cases of panic disorder in athletes can become so severe that it is necessary to completely avoid the triggering nature of the competitive environment, leaving afflicted athletes with no choice but to retire from sports (Chang et al., 2020; Ford, 2017).

Obsessive-Compulsive Disorder (OCD) in athletes presents as intrusive thoughts and rigid use of routines that cause impairment to quality of life (Chang et al., 2020; Poucher et al., 2021). Some prototypical obsessive-compulsive symptoms have been normalized in the sports environment, which can make detection and management challenging. Athletes often have superstitious rituals or routines that are carried out before competitive participation. Quirks such as putting on the left shoe before the right, touching a good luck token a

certain number of times, or listening to a specific song in the locker room are commonplace pre-competition events within the athletic community.

Under times of greater pressure and competitive strain, low-level obsessive-compulsive behaviors can escalate into a much more severe form of Obsessive-Compulsive Disorder (Chang et al., 2020; Poucher et al., 2021). Distinguishing low-level obsessive-compulsive behaviors from clinical cases of Obsessive-Compulsive Disorder poses a unique challenge in athletics and can be difficult to distinguish for those close to an athlete who are not experienced clinicians.

Social Anxiety Disorder (SAD) can manifest in athletes through an avoidance of situations, settings, or circumstances in which the afflicted perceives difficulty of escape. Examples of sport-specific situations that can trigger social anxiety in the athletic setting include practice, competition, and social interactions with teammates, trainers, or coaches (Chang et al., 2020; Poucher et al., 2021).

As with depression, Social Anxiety Disorder is more prevalent among athletes in individual-based sports, as opposed to those in team-based sports. The lifetime prevalence rate of Social Anxiety Disorder in the United States population is 12.1% (National Institute of Mental Health, n.d.). Currently, there are no reliable estimates of the prevalence rate of Social Anxiety Disorder in athletes. It is noteworthy that despite the lack of established sport-based prevalence rate data, clinically significant social anxiety symptoms as high as 22.2% in male athletes and 37.3% in female athletes have been reported (Chang et al., 2020; Poucher et al., 2021).

Anxiety-Induced Sport Performance Disorder

Anxiety-related mental health disorders pose a significant risk to athletic performance. Virtually every sport has its own version of anxiety-induced sport performance disorder (Figueroa, 2026; Kelly et al., 2020). Each sport performance disorder manifests in divergent and unique ways, based on the requirements of the afflicted athlete's sport-specific demands. While there remains a poverty of understanding regarding the biological and psychological mechanics and triggers of sport performance disorders, anxiety appears to play a significant role in onset and management.

The "yips" is a sport performance disorder commonly found in baseball that involves a spontaneous loss of the ability to aim throws (Kelly et al., 2020). Players suffering from the "yips" will not be able to predict the direction, distance, or velocity of their throws. Causality of onset is unknown. Sometimes the "yips" will strike a baseball player after a traumatic injury; other times it will appear at random with no identifiable trigger (Figueroa, 2026). The "yips" can vary in severity, intensity, and duration but is often a chronic and career ending malady (Figueroa, 2026). Management therapy for a player suffering from the "yips" is aimed at reducing anxiety and focuses on positive self-talk, deep breathing exercises, and controlling negative thoughts (Kelly et al., 2020). There are no physical or medicinal treatments available.

Gymnastics and aerial acrobatics are also susceptible to anxiety-induced sport performance dysfunction. The "twisties" is a sport performance disorder wherein an afflicted gymnast loses the ability to sense their position in the air relative to the ground (Lanese et al., 2021). This sport performance disorder causes an athlete to lose control over their body positioning and sense of direction. An athlete experiencing the "twisties" will not be able to ascertain if they are horizontal or vertical, up or down, while performing aerial skills and maneuvers (Lanese et al., 2021). As with the "yips", the cause of onset is unknown, management therapy is aimed at reducing anxiety, but there is no universally successful treatment, and no physical rehabilitation or medicinal treatment course exists (Figueroa, 2026).

Athletes in baseball and gymnastics experience very different sport-specific demands. Despite these differences, athletes across a variety of sports are triggered by an interruption in the connection between brain and body function caused by anxiety (Figueroa, 2026). This break between brain and body leads to muscle memory failure, resulting in regression and loss of previously mastered skills (Figueroa, 2026; Kelly et al., 2020). Since the root cause of sport performance disorder is not widely understood, recovery is not guaranteed and can often lead to conditions where it is too dangerous for an afflicted athlete to continue participating in sports. Many athletes stricken with cases of sport performance disorder are forced to retire (Figueroa, 2026; Kelly et al., 2020; Lanese et al., 2021).

IV. The GAD Connection

Generalized Anxiety Disorder (GAD) involves excessive and uncontrollable worry that dominates an individual's daily life (Pires et al., 2024). Anxious, intrusive thoughts cannot be redirected or quelled in patients with GAD. Ruminations, or repeated negative thoughts, are a frequent concurrent symptom of GAD and often centered around worry about past occurrences or feared future events. When an athlete experiences GAD, anxious ruminations can be based around high performance pressure, fear of injury, competition anxiety, fear of failure, perfectionism, and career uncertainty (Pires et al., 2024).

Risk for developing GAD increases exponentially if an athlete has a history of injury. Individual athletes suffer from GAD at much higher rates than team athletes. Elite athletes and female athletes are at an

elevated risk of developing GAD (Ford, 2017; Li et al., 2021). Elite athletes in aesthetic sports, such as figure skating or gymnastics, are at the greatest risk of developing GAD (Pires et al., 2024; Rice et al., 2019).

While the psychological symptoms of GAD are often predominant for the general population of sufferers, GAD also produces physical symptoms. These physical symptoms can have a tremendous negative impact on the athlete population (Li et al., 2021). Muscle tension, increased heart rate, increased respiratory rate, muscle memory disruptions, shaking, and chronic fatigue are all associated with GAD (Ford, 2017; Rice et al., 2019).

Uncontrolled anxiety has a multitude of negative effects on physical and mental health, but it also has a deleterious effect on performance (Figueroa, 2026). Anxiety taxes the frontal lobes of the brain, most specifically, the prefrontal cortex. Motor skill is a function of the hindbrain, or reptilian brain. The hindbrain is the most primitive area of human cognition and requires a quiet prefrontal cortex in order to function. Human cognitive resources are not unlimited; these resources are finite (Ford, 2017; Pires et al., 2024; Putukian & Keith Owen Yeates, 2023).

As anxious thoughts set in for an athlete about to perform, the prefrontal cortex drains precious resources away from the hindbrain. As the frontal lobes activate and consume large amounts of cognitive resources, the hindbrain is unable to activate to perform sport skills. The result is a catastrophic drop in motor skills as all resources are routed to the frontal lobes in support of anxious thoughts (Ford, 2017; Pires et al., 2024; Putukian & Keith Owen Yeates, 2023). It is the reason why the loss of muscle memory function, or “autopilot” skills, is reported as one of the leading symptoms of GAD (Li et al., 2021).

Understanding sport performance failures from a cognitive-resources deficit perspective provides one part of the performance dysfunction puzzle. Why do some athletes suffer from sport performance failure, while others in similarly pressurized performance situations do not? What factor is present in athletes that experience sport performance failure that is absent in those who do not?

The answer may be underlying, unmanaged GAD. Research into this topic is a challenge due to the prevalence of non-reporting in sports, but existing research suggests that a decisive factor in whether an athlete will experience sport performance failure at some point in their career appears to be the influence of GAD. GAD has dominant cognitive and physical symptoms that result in the inability of the athlete to be cognitively present or mindful of the demands of the moment (Chang et al., 2020; Ford, 2017; Li et al., 2021; Pires et al., 2024). This can result in a marked decline in performance and skill retention, otherwise known as sport performance failure.

The nature of experiencing GAD in the sport setting places it at the forefront of potential causal answers to sport performance disorders like the “yips” and “twisties”. Sport performance disorders may be linked to symptoms of GAD in athletes. The athlete cohort suffers much higher global rates of anxiety when compared to the general population (Chang et al., 2020; Pires et al., 2024; Putukian & Keith Owen Yeates, 2023). It has been established that patients with GAD have a marked increase in non-task related cognitive activity. This redirection in the focus of brain activity could be causing performance failure in athletes with undiagnosed GAD.

While the symptoms of sport performance dysfunction are physical in nature, they do not have a physical explanation (Figueroa, 2026). Undiagnosed underlying GAD may serve as a possible trigger for this otherwise inexplicable phenomenon (Chang et al., 2020; Lanese et al., 2021; Pires et al., 2024). More research on the connection between spontaneous loss of performance function and its relationship to anxiety-driven mental health disorders is needed.

Athletes and Post-Traumatic Stress Disorder

Athletes who experience symptoms of Post-Traumatic Stress Disorder (PTSD) often have physiological symptoms that lead to increased muscular tension, hypervigilance, negative mood, and an increased startle response (Chang et al., 2020). Taken as a whole, these symptoms heighten the risk of injury and can contribute to a significant decline in performance. Athletes with Post-Traumatic Stress Disorder may adopt behaviors that allow for avoidance of triggers related to the foundational trauma. This avoidance can include actions or settings that are necessary for their participation in sporting events and lead to retirement (Figueroa, 2026).

Injury and Substance Abuse in Athletes

Sustaining an injury can be exceptionally damaging to an athlete’s mental health. The period from which an athlete is injured through to recovery is a particularly sensitive time and places the injured athlete at significant risk for developing one or more mental health disorders (Chang et al., 2020; Poucher et al., 2021). Participation in sports brings with it an inherent and unavoidable increase in the risk of experiencing an injury. Athletes have a much higher probability of being injured when compared to the general population of non-athletes (Chang et al., 2020; Poucher et al., 2021).

Phobias or anxiety behaviors regarding the fear of sustaining an injury can become pathological and problematic for athletes and interfere with in-sport participation and performance. The psychological response to being injured can unmask undiagnosed psychological disorder(s). Sustaining an injury can also create conditions that promote the development of mental health disorders such as eating disorders, depression, anxiety, and/or substance abuse issues (Chang et al., 2020; Poucher et al., 2021).

Injuries present mental health challenges to athletes on biological, psychological, and social levels. Biologically, athletes endure the distress of the physical pain and mobility impairments that follow due to injury (Chang et al., 2020). Psychologically, athletes struggle with negative cognitive responses that result from injury. Doubts about recovery, future competency, concerns about reinjury, and loss of identity issues are salient uncertainties that can trigger anxiety and depression (Putukian & Keith Owen Yeates, 2023). Socially, the athlete is sidelined for the duration of recovery from injury. Participation in sport events and practices are restricted. This can aggravate issues and symptoms related to anxiety and lead to feelings of loss and isolation (Putukian & Keith Owen Yeates, 2023). The biopsychosocial stressors that athletes experience during an injury can lead to problems with substance abuse (Chang et al., 2020; Poucher et al., 2021).

Substance abuse and self-medication in response to injury can be viewed through a two-pronged lens: physical response and emotional response. Injury-related pain can be severe and unrelenting. The use, misuse, and over-prescribing of opioid pain medication is of significant consequence to athletes (Chang et al., 2020; Poucher et al., 2021). Pain management protocol for injuries often includes the use of powerful pharmaceutical drugs that carry an explicit risk of addiction (Chang et al., 2020; Putukian & Keith Owen Yeates, 2023). When coupled with the psychological stressors of depression over the injury and loss of identity concerns, the risk of addiction to pain medication increases.

Opioid use disorder crosses all sports, skill levels, and age ranges. According to a study of NCAA athletes, 23% used pain medication in the past year. High school aged athletes are at the highest risk of being prescribed and subsequently misusing opioid pain medication. Male athletes are more likely to be prescribed, use, and misuse opioids. A study of retired football players found that of the 52% who were prescribed opioids during their career, 71% misused their prescription and 15% admitted to ongoing misuse and addiction. 63% reported obtaining prescription opioid drugs from nonmedical sources (Chang et al., 2020).

Many athletes are familiar with opioids and do not recognize the potential health risks associated with this class of drug. The athlete cohort is more likely to self-medicate without first consulting a physician (Chang et al., 2020). Further, the NCAA study found one third of athlete respondents “believed there was nothing wrong with using painkillers to cope with pain associated with competition” (Chang et al., 2020). The misuse of opioid pain medication has been established as a strong risk factor for heroin use. Ice hockey players have an increased risk for concurrent heroin addiction and opioid abuse (Chang et al., 2020; Poucher et al., 2021). The combination of stressors associated with high level competition, inherent risk of injury, and ease of access to, and availability of, powerful drugs predispose athletes to a disconcertingly intensified risk of substance abuse disorder.

Enhancing Buffering Effects and Protective Factors in Athletics

Given the enhanced risk factors of developing one or more psychological disorders that athletes face, buffering effects and protective factors are crucial in coping with the mental health challenges that come with participation in sports. Coaching culture may influence the severity and overall expression of mental health issues in athletes (Figueroa & Lee, 2024). Coaching style affects athlete morale, influences attitudes, and sets the standard for the development of a healthy and productive failure-response in athletes. The coaching environment that reinforces positive and protective factors, such as choosing optimism over pessimism, can buffer some of the negative effects of sport-related stress and anxiety (Figueroa & Lee, 2024). Coaches are also on the frontlines of early detection of problematic mental health behaviors in athletes (Chang et al., 2020).

Team physicians have a crucial role in detection and support. Typically, team physicians are more focused on recognizing and resolving physical symptoms and injuries. With expanded awareness of the symptoms of mental health disorders common among athletes, team physicians can play an important part in detection and provide treatment recommendations to athletes exhibiting symptoms of a mental health crisis. Just as there exists extensive screening and understanding of treatment protocol for physical injury, team physicians should be well versed in identifying symptoms of mental health disorders and the unique ways in which these psychological issues present symptomatically in athletes (Chang et al., 2020; Poucher et al., 2021).

Athletes often frame their experience in the context of the impact that symptoms have on the demands of their sport and are more prone to identifying pathological psychological symptoms in a body-based paradigm. Rather than naming a particular mental health symptom from a psychological perspective, athletes tend to describe symptoms by how they affect the physical body (Figueroa, 2026). For example, a tennis player suffering from crippling anxiety is more likely to frame the symptoms as “shaking hands” rather than “racing thoughts.” This unique distinction within the athlete cohort must be given due consideration by diagnostic professionals in order to provide targeted treatment solutions.

Physicians also have an imperative responsibility in taking meaningful action to reduce substance abuse and addiction issues within the athlete population. Focus on alternative pain management techniques would likely decrease the prevalence of opioid abuse (Chang et al., 2020). Normalizing help-seeking behaviors and acknowledging the unique barriers to care that athletes experience, as well as providing routine screenings for common mental health disorders such as depression, anxiety, eating disorders, and substance abuse can create pathways for athletes to seek mental health care guidance from treating physicians (Chang et al., 2020; Figueroa & Lee, 2024; Pires et al., 2024).

V. Conclusion

Given the mounting scientific evidence regarding the prevalence of mental health disorders among athletes, it is difficult to understand why action to alleviate the problem has not been more forthcoming. Mental health struggles within the sports arena have not suddenly appeared in recent times. It has been a longstanding, chronic, persistent, and unacknowledged problem (Chang et al., 2020; Figueroa & Lee, 2024; Ford, 2017; Pires et al., 2024; Poucher et al., 2021; Rice et al., 2019).

Much of the information presented here is intuitive. Humans are flawed and cannot be expected to achieve excellence or perfection all of the time; but those same basic standards do not apply to athletes. The pressure on athletes to be perfect (imposed by both self and society) creates an intensely pressurized atmosphere that can worsen already existing mental disorder or trigger new and additional psychological disorders.

Perhaps the resistance to acknowledging the mental health crisis in sports is attributable to the cultural portrayal of athletes as better, stronger versions of human beings. Recognizing and addressing the mental health crisis in sports would undermine that societal concept of athletes as superhuman, but it is long overdue. Understanding that athletes are more vulnerable to certain mental health disorders and providing a supportive framework within which they can seek help, treatment, and resources without judgement is essential to their physical and mental well-being (Chang et al., 2020; Figueroa & Lee, 2024; Poucher et al., 2021). It is also vital in promoting peak performance. The overwhelming consensus of the information currently available suggests that urgent action is needed to address the distinctive mental health challenges that exist within sports and provide significantly more robust mental health support to athletes.

REFERENCES

- [1] Chang, C. J., Putukian, M., Aerni, G., Diamond, A. B., Hong, E. S., Ingram, Y. M., Reardon, C. L., & Wolanin, A. T. (2020). Mental Health Issues and Psychological Factors in Athletes. *Clinical Journal of Sport Medicine*, 30(2), e61–e87. <https://doi.org/10.1097/jsm.0000000000000817>
- [2] Figueroa, K. (2026). The Role of EMDR in Overcoming Trauma in Sports. *International Journal of Education and Social Science*; Vol. 13, No. 2. April 2026.
- [3] Figueroa, K., & Lee, S. (2024). Giving It All for Gold; The Stigma of Mental Health Crises in Sports. *International Journal of Education and Social Science*; Vol. 11, No. 3. November 2024.
- [4] Ford, J. (2017). Sport-related anxiety: current insights. *Open Access Journal of Sports Medicine*, 8(1), 205–212. <https://doi.org/10.2147/oajsm.s125845>
- [5] Kelly, M. (2020, October 14). These players famously battled the “yips.” MLB.com. <https://www.mlb.com/news/players-who-had-the-yips>
- [6] Lanese, N. (2021, July 31). What’s happening inside Simone Biles’ brain when the “twisties” set in? *Livescience.com*. <https://www.livescience.com/simone-biles-what-are-twisties.html>
- [7] Li, C., Fan, R., Sun, J., & Li, G. (2021). Risk and Protective Factors of Generalized Anxiety Disorder of Elite Collegiate Athletes: A Cross-Sectional Study. *Frontiers in Public Health*, 9. <https://doi.org/10.3389/fpubh.2021.607800>
- [8] National Institute of Mental Health. (n.d.). NIMH: Social Anxiety Disorder. *Www.nimh.nih.gov*. <https://www.nimh.nih.gov/health/statistics/social-anxiety-disorder>
- [9] Pires, L., Gomes, S., & Freitas, P. (2024). Anxiety and Generalized Anxiety Disorder in Elite Athletes. *Acta Medica Portuguesa*, 37(12), 858–864. <https://doi.org/10.20344/amp.21600>
- [10] Poucher, Z. A., Tamminen, K. A., Sabiston, C. M., Cairney, J., & Kerr, G. (2021). Prevalence of symptoms of common mental disorders among elite Canadian athletes. *Psychology of Sport and Exercise*, 57, 102018. <https://doi.org/10.1016/j.psychsport.2021.102018>
- [11] Putukian, M., & Keith Owen Yeates. (2023). Clinical Commentary: Depression and Anxiety in Adolescent and Young Adult Athletes. *Journal of Athletic Training*, 58(9), 681–686. <https://doi.org/10.4085/1062-6050-0658.22>
- [12] Rice, S. M., Gwyther, K., Santesteban-Echarri, O., Baron, D., Gorczynski, P., Gouttebarge, V., Reardon, C. L., Hitchcock, M. E., Hainline, B., & Purcell, R. (2019). Determinants of anxiety in elite athletes: a systematic review and meta-analysis. *British Journal of Sports Medicine*, 53(11), 722–730. <https://doi.org/10.1136/bjsports-2019-100620>