



**Mental Health of Athletes
A Summary of the Rose Table Dialogue
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While X-Rays or other diagnostics can easily detect physical injuries, mental health ailments often exist without proper recognition. Even when there appears to be something wrong, athletes often feel they just need to push through it, or that it signals a weakness. Yet, the stresses of athletic competition, paired with athletic drive (or a striving for perfection) and outside pressures from coaches, parents, media, and fans, create many opportunities for mental health issues to arise.

For many years, the mental aspect of athlete wellness was ignored or even derided. In more recent years, however, new awareness has illuminated the need to address the mental game, not only for its preparation for competition, but for the adversity that mental issues and problems can cause athletes and teams. Currently, experts estimate that 20% of the general population will have a mental issue in any given year, but that figure rises to 30% in the 18-25 age group, a prime age for athletic competition. What can be done to improve the state of athletes' mental health?

Rose Table Dialogue. On November 15, 2022, the **Rose Bowl Institute** convened a Rose Table Dialogue entitled "Mental Health in Athletes" among a diverse group of 18 athletes, former athletes, coaches, life coaches, psychologists, and parent advisers to identify the problems inherent in mental health issues in athletics and suggest improvements and solutions to the current situation. We have appended the list of participants as Appendix A to this summary. A description of a Rose Table Dialogue appears as Appendix B. The Institute also distributed a few readings to the group in advance of the meeting, some of which we reference in this report.

Disclaimer. This summary is a personal interpretation of the Dialogue written by the moderator. It does not identify individual participants with any statement, and the report has not been reviewed ahead of time by the participants. Therefore, every participant may not agree with every assertion in this summary.

Risks. The Dialogue began with participants sharing personal stories which highlighted why certain mental health issues arise in athletic contexts. These include pressure to perform from coaches, owners of professional sports franchises, parents in some cases, and from the players themselves; reluctance to admit to problems or to ask for help due to appearance of weakness or non-athleticism; lack of recognition of mental health red flags by coaches and parents; sexual harassment, bullying and hazing; burn-out, often from pressures to excel at an early age; financial considerations (e.g., needing to get a scholarship, or from management in the professional ranks); and injuries that change athletic trajectories.



They also include identity issues that arise in various contexts such as moving from a dangerous neighborhood to a large university environment where most people in authority “don’t look like you,” or from retiring after a career of being a high school, college, and professional athlete. To that last item, as one participant summarized, “the ball stops bouncing for us all.”

Participants observed that they were expected to perform at will and often people recognized them only as an athlete over being the unique human that they are. Success is supposed to equal happiness in the world of athletics, but it doesn’t always. At times, the rush of competition instilled in athletes overwhelms everything else, whether on the playing field or at gambling venues. It becomes the end-all.

These pressures and stimuli have led to a variety of mental issues including depression, anxiety, eating disorders, substance abuse, attention deficit hyperactivity disorder (ADHD), and gambling. As Dr. Todd Stull points out in “Mind, Body and Sport: The psychiatrist perspectiveⁱ,” anxiety disorders include performance anxiety, panic attacks, phobias after significant injury, and to a lesser extent, obsessive-compulsive disorders. Athletes can feel overwhelmed and excessive stress that is difficult to control. Mood disorders such as depression can come from substance abuse, or a pre-existing disorder such as bipolar or a thyroid disorder. While any of the identified disorders can arise in athletes, ADHD appears more common in males, while eating disorders are more common with females.

Wellness. So, what is mental health for an athlete? Of course, it is different for each person. As one participant put it, “It is the ability to self-regulate the balance of one’s own identity – a need to understand the multiple sides of who you are.” Others supported this concept in different terms. It is the need for the athlete to understand himself or herself as a human as well as a performing athlete, to be vulnerable, and to be able to come back to their humanity. “You are always first a person.” Another cited her mantra, “Self-Awareness, Self-Judgment, Self-Action.” Just as the Olympics go back to ancient Greek times, so does the ultimate maxim, “Know Thyself.”

In addition to self-awareness, all longed for safe and trusted communities where it is normal to ask for help without stigma or disapproval from authority figures, an atmosphere of understanding, and support from institutions and people who can help. Athletes need “permission to pause, and permission to progress,” as one participant observed.



Recommendations. The broad conclusions at the Dialogue were that the stigma of mental health issues needs to disappear; athletes, coaches, trainers, and parents need to recognize signs of mental health issues; and the broader community must accept that athletes are humans first and not performance robots. How can team officials, parents, coaches, trainers, and athletes move to address mental health issues in ways that are most conducive to resolving these issues and improving athletes' mental health?

- 1. Athletes at all levels need a safe environment where they are free to ask for help without negative consequences.** While this first recommendation sounds obvious, it is not so easy when one's parents and coaches are sometimes part of the problem. Parents cannot take their own frustrations out on their children; youth coaches cannot convey that winning a game or race is more important than the athlete's well-being.
 - a) Youth coaches, trainers and team staff need help in identifying mental health red flags and helping the athlete solve his or her issues. Videos do exist on this, but more is always better, and having them readily accessible to coaches is key.
 - b) Institutions need to have psychological resources for athletes, so that when one does ask for help, or a coach suggests it, there is professional help available.
 - c) Parents, fans, and the media need to empathize with athletes who are having mental health issues.
 - d) Athletes with current or past mental health issues can be leaders in exposing the need for help to athletes in that situation.
- 2. Educate young athletes and their parents on mental health at a young age.** Sports competition is fun and exciting at all levels. But particularly early in the process, kids, parents, coaches, and fans need to keep a perspective on the game. The health of the participant is paramount, and just as one would not expect someone with a broken arm to play, they should understand that the mental side of the game can be broken as well. Education and awareness are key for every element of athletics. The group called on media to do a better job in making these points.
- 3. Athletes and mental health professionals need more measurements to assess one's mental state.** Most people are now familiar with apps and watches that provide metrics from physical exercise. Some of these measurements can, at times, apply to mental health – e.g., an increased heartbeat not caused by physical exertion. And at least one app encourages the user to check on their mental wellbeing by answering questions. This is an undeveloped area that could well reward the app-maker that provides constructive feedback for those on the cusp of mental problems.
- 4. The media needs to do more to bring issues of athletes' mental health to the public's attention.** If we are in an "attention economy," where one's attention is scarcity, then bringing attention to the issue of athletes' mental health needs champions who are willing to be honest, tell their stories, and offer encouragement to others. Several of the star athletes who participated in



the Dialogue did just that. That is leadership. But media, whether podcasts, sportscasts, or journalistic enterprises, need to step up to this issue and educate the broad public on the causes, issues, and solutions to mental health in athletics.

Conclusion. In the end, much of this comes down to trust: trust in parents, coaches, trainers, professionals in mental health, and most of all, in themselves. Trust brings confidence that one is on the road to a solution to whatever problem ails them. Trust allows parents and coaches to back off from the pressures on the athlete to compete and excel. These are not easy problems in society generally. Adding in the extra pressures and circumstances of athletics exacerbates the difficulties. But those who confront the problem are headed in the right direction. The world of sports has a long road to travel.

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Endnote:

¹ Stull, Todd, "Mind, Body and Sport: The psychiatrist perspective," in NCAA, Mind, Body and Sport, www.ncaa.org/sports/2014.11/3/mind-body-and-sport-the-psychiatrist-perspective.aspx



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Rose Table Dialogue: Mental Health of Athletes

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