Mental Health & Mental Illness in Cycling
Disclosures

NONE
Recent Headlines

• “Does elite cycling have a problem with mental health?”
• “6 Pro Cyclists Open Up About Their Struggles With Depression”
• “Olympic champ Kennaugh takes cycling break for ‘mental health’ reasons”
• “Callum Skinner says he retired because of British Cycling attitude to mental health”
• “Olympic cyclist Kelly Catlin dies at 23”
Outlines difficult emotional challenges

“Post Olympic letdown” vs “Post Olympic depression”

This occurs for athletes, coaches, and staff
Triggers

- Watching a documentary or film such as “Weight of Gold”
- A picture
- A sound
- A smell
- Memories/flashbacks
- Brain is wired to remember the negative
Athlete Mental Health is Everyone’s Responsibility

You are the Front Line
Mental Health Stats

• In the USA, 20% of adults experience a mental health problem annually
• 30% among 18–25 year-olds
• Youth mental health is worsening; highest for multi-racial youth
• Increases in adult & youth suicidal ideation
• Especially LGBTQ+ youth
• Increases in Serious Mental Illness, Suicidal thoughts/attempts in Black/African American population
Mental Health Stats

• Prevalence of diagnosable psychiatric disorders in athletes is unclear
• Some studies indicate that elite athletes are just as likely as nonathletes to experience anxiety or depression (Rice et al 2016; Gulliver et al 2012)
Depression-NCHA Data

Have you ever felt so depressed that it was difficult to function? 
(Yes, in the last 12 months)

<table>
<thead>
<tr>
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<th>STUDENT-ATHLETE</th>
<th>NON-ATHLETE</th>
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<tbody>
<tr>
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<td>27%</td>
<td>36%</td>
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<tr>
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Within gender and within race differences are statistically significant, chi-square, $p < .01$

# Anxiety-NCHA Data

Have you ever felt overwhelming anxiety?  
(Yes, in the last 12 months)

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<tr>
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<th>NON-ATHLETES</th>
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<td>52%</td>
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Within gender and within race differences are statistically significant, chi-square, $p < .01$

COVID-19 Impact

- Mental Health America Screening: increase in incidence of mental health concerns since pandemic began
- 2020 NCAA Student-Athlete COVID-19 Well-Being Study
- Majority reported experiencing high rates of mental distress since the pandemic
- Over 1/3 reported sleep difficulties
- 1/4+ reported sadness & sense of loss
- 1 in 12 reported feeling so depressed it has been difficult to function, “constantly” or “most every day.”
- Majority turn to coaches for information on mental health
While physical activity has documented benefits to health and well-being, elite athletes have specific risk factors (in addition to life issues) that can reduce mental health:

- Pressures of high level competition
- Travel away from family/friends
- Consequences of injury
- Financial stress
- Trauma/disability for paralympians
- Cancellations and postponements of competition
Stigma & Culture

- Stigma around mental health issues
- Athletic culture celebrates “mental toughness” so athletes may underreport and don’t seek resources
- Gender differences in seeking support
- Racial/ethnic differences in seeking support
Multi-Continuum Conceptualization

Keyes (2002)

Optimal Mental Health (Flourishing)

Optimal Mental Health with mental illness

Optimal Mental Health without mental illness

No mental illness symptoms

Serious mental illness

Poor Mental Health with mental illness

Poor Mental Health without mental illness

Poor Mental Health (Languishing)

Mental Illness: Major Depressive Disorder, Generalized Anxiety Disorder, Substance Abuse Disorder, Eating Disorder

Mental Health: Emotional, Psychological and social well-being
Types of Mental Illness Issues

- Anxiety (GAD, Panic Attacks, PTSD)
- Obsessive Compulsive Disorder (OCD)
- Depression (MDD)
- Suicide
- Self harm/injury
- Athletic Injury
- Training w/o Clear Racing Goals
Anxiety disorders differ from normal stress and anxiety. The symptoms of an anxiety disorder are more severe and can cause impairment in daily life (i.e., work, relationships).
Physical, Behavioral, Psychological Symptoms of Anxiety (GAD)

**Physical:**
- Pounding heart
- Shortness of breath
- Sweating
- Nausea
- Shaking
- Chest pain
- Dizzy
- Dry mouth
- Muscle aches

**Behavioral:**
- Avoidance of situations
- Obsessive Compulsive behaviors
- Distress in social situations
- Phobic behaviors

**Psychological:**
- Mind racing/going blank
- Irritability
- Confusion
- Decreased concentration
- Anger
- Sleep disturbances
Different than Competitive Anxiety

- **Physical symptoms:** muscular tension, clammy hands and feet, increased heart rate, sweating, and butterflies in the stomach

- **Behavioral symptoms:** inhibited posture, fingernail biting, avoidance of eye contact, and uncharacteristic displays of introversion or extroversion

- **Cognitive/Psychological symptoms:** fear, indecision, poor concentration, loss of confidence, and defeatist self-talk

Context is important in differentiating from GAD
Symptoms of Panic Attack

Prevalence 4.5% in athletes

Symptoms
- Palpitations, pounding heart, rapid heart rate
- Sweating
- Trembling and shaking
- Shortness of breath, sensations of choking or smothering
- Chest pain or discomfort
- Abdominal distress or nausea
- Dizziness, light-headedness, feeling unsteady
- Feelings of being detached from oneself (unreality)
- Fear of losing control or “going crazy”
- Numbness or tingling
- Fear of dying

Seems to come out of nowhere
PTSD

- Exposure to traumatic event (injury, abuse, etc.) or witnessing traumatic event
- Pandemic
- Re-experiencing, hyper-arousal, nightmares, dissociation, fear of re-injury
- Prevalence in athletes is unclear
- Acute stress disorder (symptoms 3 days to 1 month)
- PTSD (symptoms greater than one month)
Obsessive Compulsive Disorder (OCD)

Presence of Obsessions, Compulsions, or Both

Obsessions:
• Recurrent and persistent thoughts, urges, or impulses
• Experienced as intrusive and unwanted
• Cause marked anxiety or distress
• Attempt to ignore or suppress such thoughts or urges
• Or neutralize them with some other thought or action (i.e., a compulsion).
OCD

Presence of Obsessions, Compulsions, or Both

Compulsions:
• Repetitive behaviors (e.g., hand washing, ordering, checking)
• Or mental acts (e.g., praying, counting, repeating words silently)
• In response to obsession or according to rules that must be applied rigidly
• Behaviors or mental acts are aimed at preventing or reducing anxiety or dreaded event
• Not connected in a realistic way with what they are designed to neutralize or are clearly excessive.
OCD

- Affects 2.3% of adults
- 5.2% in athletes
- Subthreshold symptoms in 28.2% of adults
- Competitive athletes’ traits can mask identification of OCD:
  - Over-responsibility
  - Perfectionism
  - Secrecy
  - Calorie obsession
  - Body hyper-focus
  - Superstitions and rituals
OCD

• Interferes with training and performance
• Need to involve mental health professionals who specialize in treating OCD
• Treatments
  – Cognitive Behavioral Therapy
  – Exposure & Response Prevention
  – Medication
  – Changing up the OCD thoughts and behaviors
Major depressive disorder lasts for at least 2 weeks and affects a person’s

- Emotions, thinking, behavior, and physical well-being
- Ability to work and have satisfying relationships
- Ability to carry out usual daily activities
Physical, Behavioral, Psychological Symptoms of Depression

Physical:
- Fatigue
- Sleeping more or less
- Over- or under-eating
- Headaches

Behavioral:
- Crying spells
- Withdrawing from others
- Loss of motivation
- No interest in personal appearance
- Use of alcohol/drugs

Psychological:
- Sadness
- Guilt
- Mood swings
- Confusion
- Anxiety
- Anger
- Irritability
- Thoughts of death/suicide
Risk Factors for MDD in Elite Athletes

- Genetic factors
- Environmental factors
- Injury
- Competition failure
- Retirement from sport
- Pain
- Concussion
How Do We Talk About Depression?

- Ask: “It seems you have been feeling down (or sad, quiet, less involved). What is going on?”
- Listen
  - “Tell me more about....”
  - Don’t try to fix it or give advice
- Look for symptoms (mood, appetite, sleeping, motivation, loss of interest in enjoyable activities)
- Have you thought about suicide?
- If “yes” to many of those symptoms, then consider the possibility of depression and making a referral
Assess for Risk of Suicide or Harm

With severe depressive and anxiety symptoms it is important to assess for:

- Non-suicidal self-injury
- Suicidal thoughts and behaviors
Self-Injury

Self Injury behaviors ≠ Suicidal Intent
<table>
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<th>Reasons for Self Injury</th>
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<td>To escape unbearable emotional pain</td>
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<tr>
<td>To get the attention of others</td>
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<tr>
<td>To show desperation to others</td>
</tr>
<tr>
<td>To “get back at” other people</td>
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<tr>
<td>To gain relief from tension</td>
</tr>
<tr>
<td>To seek help</td>
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</tbody>
</table>
Suicide Risk Assessment

- Gender
- Age
- Chronic physical illness
- Mental illness
- Use of alcohol or other substances
- Less social support
- Previous attempt
- Organized plan
## Warning Signs of Suicide

- Threatening to hurt or kill oneself
- Seeking access to means
- Talking, writing, or posting on social media about death, dying, or suicide
- Feeling hopeless, worthless, guilty
- Giving away possessions
- Acting recklessly or engaging in risky activities
- Dramatic change in mood
- Increasing alcohol or drug use
- Withdrawing from family, friends, or social activities
- Demonstrating rage and anger or seeking revenge
- Appearing agitated
- Comments about not being here
Talking About Suicide

• You can’t put the idea of suicide into someone’s head
• It is best to be direct
• If you can’t ask the question, find someone who can
• Asking directly about thoughts of suicide can help in the following ways:
  – It may be a relief to know they are not alone and you care enough to bring it up
  – It may be comforting that you aren’t afraid to help them face their problems
  – It will help you figure out how urgent it is for you to get help – If they have a plan to harm themselves and/or intent to act on a plan, get help immediately.
Questions to Ask About Suicide

Ask directly whether the person is suicidal:

• “Are you thinking about suicide?”
• “Are you thinking about killing yourself?”

If “yes” to either above, then...
Questions About Suicide

Ask whether the person has a plan:
• “Have you decided how you are going to kill yourself?”
• “Have you decided when you would do it?”
• “Have you collected the things you need to carry out your plan?”

Check For Two Other Risks:
• Has the person been using alcohol or other drugs?
• Has he or she made a suicide attempt in the past?
ADHD

- Persistent pattern of inattention and/or hyperactivity-impulsivity causing dysfunction in multiple spheres
- No information on prevalence in elite sport
- Hypothesize it may be higher in sport as athletes are drawn to sports as an outlet for extra energy
ADHD:
Negative Impact on Performance

• Lack of focus and concentration
• Oppositional behavior
• Argumentative attitude
• Frustration
• Low self esteem
• Labile mood
Diagnosing & Treating ADHD

• Common to think someone suffers from ADHD if they are at all distractible
• True diagnosis of ADHD requires battery of psychological tests and extensive history of childhood behaviors
• Often has co-existing mood disorders such as depression and anxiety
• Sometimes oppositional defiant symptoms (arguing, losing temper, refusing to follow directions)
• Need to co-treat; use medication and behavioral interventions (e.g., mindfulness)
Tips for Coaches and Staff

• Have one-on-one conversations
• Provide structure
• Assist athletes in implementing reminders
• When giving feedback, provide small amounts of information at a time
• Vary tasks and training routines
• Keep athlete occupied
Intersection of Injury Performance & Mental Health

01
Sport stressors →
Increased risk of injury, illness and mental health concerns

02
Injury can unmask or precipitate mental health concerns

03
Mental health concerns can complicate recovery from injury
Responses to Injury

Cognitive
Concerns about reinjury
Doubts about competence
Low self esteem
Loss of identity

Emotional
Sadness
Depression
Suicidal ideation
Isolation
Loneliness
Anxiety (GAD)
Frustration
Low motivation

Behavioral
Disordered eating
Substance abuse
Gambling
Sleeping difficulties
Mental Health & Concussion

- Studies limited
- Changes in mood, emotions, and behavior following concussion
- Most common mental health symptoms are depression, anxiety, impulsivity (study participants are primarily males)
- May be acute mood symptoms and not mental health disorder
- With multiple concussions, mental health symptoms are more likely
- Social support and psychotherapy can be helpful
Goal Setting

- Goals give us purpose and direction
- Set long-term and short-term
- Measurable
- Achievement Strategies
- Realistic
- Time-bound

How do we do this with COVID???
Training without Clear Goals

- Decide what is important
- Determine what is in your control
- Be creative
- Be accountable
- Understand barriers
- Ask yourself what gets in your way
Beyond Goal Setting

- Why doesn’t goal setting work sometimes?
- Examine your motivation
- We do what we want to do
- The sky’s the limit when we want it bad enough
- If we don’t do something, it is because there is some sort of pay off NOT to do it
Beyond Goal Setting

• Ask what makes it possible to stick to the plan
  – These are strengths
• Ask honestly, why don’t you follow through on an important goal
  – These are challenges or barriers
• Use strengths to overcome challenging areas
If a mental health/illness issue is identified, get in contact with Sport Psychology, Mental Health Provider, Sports Medicine

A consultation can help determine the severity and give direction on next steps

Have Emergency Action Plans (EAPs) and processes for accessing mental health services in place for your organization

Review plans with all providers and staff

Resources: Teamusa.org/mentalhealth
Concluding Thoughts

- Mental Health & Mental Illness are on 2 intersecting continuums
- Athletes are experiencing mental health/illness issues and need support
- You do not have to treat or resolve these issues
- Do know how to recognize mental illness and talk to someone in crisis
- Refer to and get consultation from Sport Psychologists, Sports Medicine, mental health professionals
- You are not alone!