

A Comprehensive Review on Mental Health, Psychological Well-being, and Performance Challenges of Elite Athletes in Competitive Sports

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Abstract: *The present review is a critical evaluation of the mental health of high-level, world-class, Olympian, or professional athletes. Based on the experiences of sports psychology, psychology and other fields, it synthesises the findings regarding prevalence, typologies, and determinants of mental health disorders in this population. The review mentions general difficulties like anxiety, depression, disordered eating, burnout, and substance misuse, with an increased risk being associated with performance pressure, injuries, changing roles during a career, and sociocultural issues like stigma and media attention. It also brings forth differences in mental health outcomes according to the type of sport, level of competition, and stage of the career. Evidence-based interventions in the field of athlete well-being, including psychological skills training, therapeutic modalities, organization policies change, stigma-reduction interventions, are presented as key elements of a comprehensive approach to the application of the examples of athlete well-being. The review highlights the importance of multidisciplinary, culture-sensitive, and preventative interventions that merge mental fitness into the security of top-level athletics, and consequently, develop both their efficiency and well-being.*

Keywords: *Elite athletes, mental health, anxiety, depression, burnout, disordered eating, stigma reduction.*

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1.0 Introduction and Conceptual Framework

The definition of elite athlete commonly used in sports research settings involves those who have competed in the upper echelons of athletic performance: international, Olympic, or elite professional leagues, and, have completed a lengthy training process to reach this level (Swann et al., 2015). Due to the objective criteria of performance, level of competition, and organizationally-medal or trophy recognition, this definition relates to elite athletes and opposes them to sub-elite or amateur material. Technical proficiency and physical load are not the only defining features of the elite athlete population because the individuals are also routinely exposed to extremely structured performance contexts, where the training load, frequency of competition, and exposure to public attention are significantly higher than during recreational or developmental sport activities (Henriksen et al., 2020). It is essential to define this group operationally in mental health research since their psychosocial culture-specific pressures, career pathways and performance expectations are starkly different of non-elite athletes and thus affect their mental health experience and outcomes (Reardon et al., 2019).

According to the World Health Organization (WHO), mental health is a state of well-being in which every individual can cope with life

stressors, explore their capacities, and learn and work efficiently, as well as give back to the community (World Health Organization, 2022). In the field of sports psychology, the definition is further elaborated to refer to the process when an athlete is enabled to perform to the best of his or her capabilities with the attainment of psychological balance, adaptability, and satisfaction with life (Kuettel & Larsen, 2020). Mental health in elite sport does not solely mean the lack of disabling diseases like anxiety or depressive disorders; it is a complex and multipronged attribute involving the ability to perform in a high-stress environment during competition, bounce back after defeat, have healthy relationships with others, and work towards personal and sporting objectives (Purcell et al., 2019). Other frameworks, including the biopsychosocial model, indicate the interaction between psychological resilience, social support, and physiological well-being to influence the outcomes of mental health among elite athletes (Rice et al., 2016). These views play a crucial role in answering questions as to why the top competitive athletes at the specialized level must have special mental health approaches that combine both clinical and performance-based mentalities.

They also create a special configuration of psychosocial stress factors impacting the elite athletes, increasing their risk of mental health symptoms and disorders over average population groups (Gouttebauge et al., 2019). The most common among the risk factors are the competitive pressure, fear of failing to perform well, injury and rehabilitation issues, overtraining, perfectionism, public attention and scrutiny, and psychological strain of constant touring and training (Henriksen et al., 2020). As people go through a career transition, particularly deselection or retirement, it can worsen vulnerability by destabilizing identity and social support systems (Stambulova et al., 2021). It has been established through empirical research that the incidences of

anxiety and depressive symptoms amongst elite athletes have been reported to be 15 percent to more than 30 percent, which even surpasses the percentage of anxiety and depressive symptoms among non-athletic populations (Reardon et al., 2019). Moreover, less frequently, elite athletes will seek mental health assistance because psychological challenges are a more stigmatized topic, and they fear that getting help will cost them a collegiate or professional career and that ruggedness and perseverance are part of their culture (Purcell et al., 2019). The above reasons would compel research and interventions that take specific consideration of the mental health demands of elite individuals in sports.

The main purpose of this review is to critically appraise pre-existing evidence regarding the mental health of elite athletes by synthesising findings in sports psychology, psychiatry and other relevant areas to develop risk and protective factors, strategies of intervention and policy implications. To fill this research, the research requires a multidisciplinary approach with the use of psychology, medicine, sociology, sports governance, and athlete advocacy to formulate effective and evidence-based mental health policies and interventions based on an elite athletics background.

2.0 Prevalence and Typologies of Mental Health Disorders in Elite Athletes

2.1 Epidemiological evidence on incidence and prevalence

The epidemiological studies of the past 10 years revealed that mental health symptoms and disorders in the elite athletes are quite prevalent, though reported percentages are wildly different due to heterogeneous samples, differing scales, and various criteria of caseness (Stambulova et al., 2021). Current elite athletes are estimated to experience common disorders with rates that are generally in the lower- to mid- decades percentile ranges in large systematic reviews and meta-analyses (Fig1): anxiety/depressive symptoms are frequently reported in the range of the teens to



the 30s percentiles, sleep disturbance and distress have also shown substantial incidences, and alcohol/substance-related problems appear in a minority but significant portion of samples (Gouttebarga et al., 2019; Reardon et al., 2019). Reviews by narrative summaries and systematic comments indicate that the data on the prevalence of various symptoms are sensitive to the choosing of the methods used to collect the data: screening questionnaires (which tend to overestimate the rate of symptoms) vs structured clinical interview (which generate lower, more

conservative prevalence figures) (Rice et al., 2016; Lundqvist & Andersson, 2021). Temporal and subgroup variation are also reflected in reviews: athletes who experience injury, deterioration of their performance or demotion (e.g., retirement) have a higher frequency compared to athletes experiencing high-performance phases (Reardon et al., 2019; Gouttebarga et al., 2019). As a whole, the epidemiological image can be visualized as a substantial symptom burden of the elite sport, with a noteworthy heterogeneity among studies and subpopulations

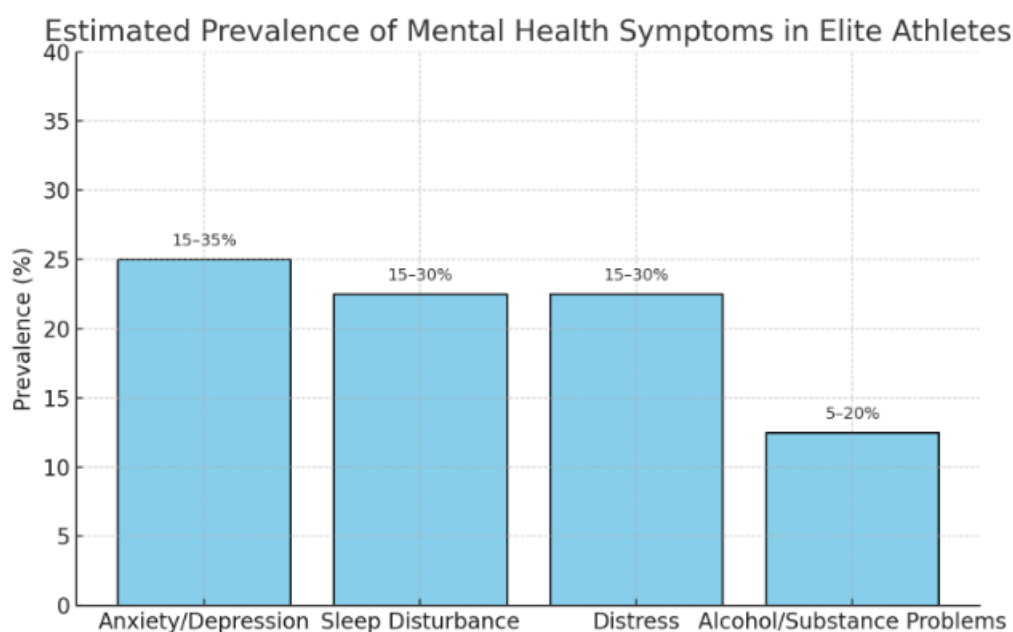


Fig 1: Showing statistics of prevalence of mental health issues in elite athletes(After Gouttebarga et al., 2019; Reardon et al., 2019)

Classification of common conditions

The most common typology of mental difficulties prevalent in the sample of elite athletes encompasses mood disorders (major depressive disorder and subclinical depressive symptoms), anxiety disorders (generalized anxiety, social anxiety, panic symptoms), sleep disorders (insomnia, circadian disturbance), eating-related disorders and disordered eating (including sport-specific manifestations associated with weight or leanness), burnout and overtraining syndromes, and substance

misuse (both alcohol and performance-enhancing substances) (Fig 2) and which considers metabolic, menstrual, osseous, and psychosocial consequences of energy insufficiency in the framework of sport activity (Mountjoy et al., 2014). Fatigue, mood disturbance, and cognitive findings associated with burnout and overtraining may, at a phenotypic level, overlap with depressive conditions and hence need to be investigated with caution when it comes to differentiation (Madigan et al., 2020). The IOC consensus and



sport psychiatry reviews stress some conditions present with sport-specific features (such as eating restriction in relation to performance or exercise dependence), as well as the prevalence of comorbidity (Reardon et al., 2019). Integration of general psychiatric diagnostic models and sport-specific formulations is particularly advantageous in the clinical evaluation of athletes.

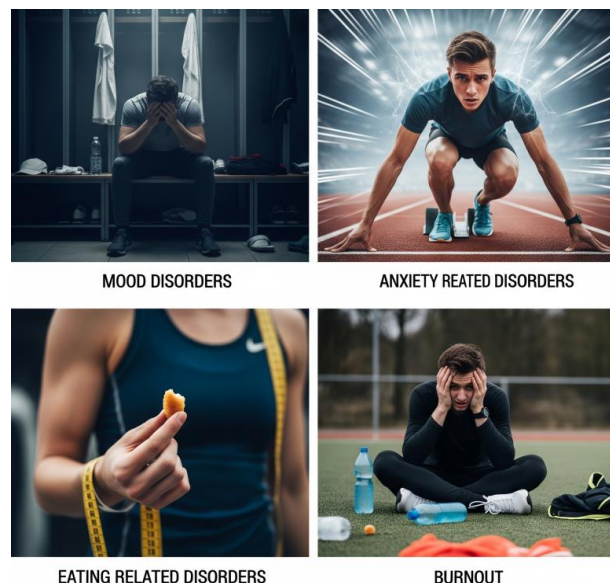


Fig 2: Common conditions faced by Athletes

Comparative analysis versus the general population

The point of comparative analyses shows that, in some high-prevalence disorders (anxiety and depression in particular), the prevalence rates are not always dramatically elevated in elite athletes as a group; in fact, many comprehensive reviews report similar rates upon harmonizing measurement approaches (Rice et al., 2016; Gouttebarger et al., 2019). But there is also nuance: specific subgroups of athletes may seem to be at increased risk (e.g. those with severe injuries, career and identity insecurity), some difficulties (e.g. disordered eating among aesthetic/weight-class athletes, substance abuse among some teams) are more common than in general populations (Mountjoy et al., 2016; Reardon et al., 2019). Direct comparisons are difficult because of

methodological shortcomings: a number of studies on athletes used convenience sampling, non-clinical screening instruments, cross-sectional study designs, whereas estimates in populations came largely from designed epidemiological studies that were based on randomly sampled populations. Therefore, the available reviews have been cautious about assuming whether athletes are at risk or possess a protective factor of high risk or high level of protection, arguing that the most appropriate interpretation of protection versus excess risk is given conditionally, where elite sport can both offer protection factors (ordered schedule, fitness, social back up) and special stressors that contribute to heightened vulnerability under certain conditions or in particular stages of the career (Lundqvist & Andersson, 2021; Rice et al., 2016).

Influence of sport type and competition level

There is some evidence that there is a meaningful mental health profile difference between sport type and competition level. In a series of coalitional empirical studies and reviews, they observe a similar trend and mention that individual athletes (e.g., gymnastics, athletics, combat sport) are more likely to experience depressive and anxiety symptoms compared to those in team sports, potentially since they perceive more of a direct connection between their performance and know to feel alone with few people holding them responsible, such as during competitions (Nixdorf et al., 2016; Lundqvist & Andersson, 2021). On the other hand, team-sport athletes could experience some stressors which are unique to them like locker-room culture, peer pressure and team-level substance norms that could affect their pattern of alcohol and other substance misuse (Reardon & Factor, 2010). The stage of the career and competition level are also relevant since the highest-level international athletes can be under more significant media pressure and related travel commitments and sponsorships that may increase stress and developmental/elite-junior



athletes are more likely to burn out due to premature specialization (Madigan et al., 2020; Stambulova et al., 2021). Last, previous elite athletes (especially those who are forced to leave sport) tend to display various and at times higher-than-average prevalence rates (e.g., depressive symptoms at retirement) compared to current peers as well as with general population samples (Gouttebarga et al., 2019). These results reiterate that typological and competing environment specificities influence the mental health risk and protective profile, and represent an argument to develop specific screening and interventions.

3. Determinants and Risk Factors Influencing Mental Health Performance-Related Stressors

The performance-related stressors that elite athletes have to deal with manifest in substantial effects on mental health, such as long-term pressure to compete, fear of failing and perfectionism (Fig 3). Maladaptive thoughts can also be driven by the frequent stressors related to strict requirements, self-imposed or not (Nicholls, 2021). Researchers revealed that highly perfectionist athletes can be more susceptible to depressive symptoms and maladaptive thoughts regarding their performance achievements or lack thereof (Nicholls, 2021; Sagar & Stoeber, 2009). Furthermore, psychological resilience may also be eaten away by constant perfectionism, particularly in conditions of penalising any mistakes and a strictly formulated achievement (Nicholls, 2021). So, performance-related stressors, although motivational with proper coping, turn into risk factors in mental health when they overstretch the reserves of an athlete in situations with high demands, such as at an international competition or when there is a high stake on endorsements (Rice et al., 2016; Stambulova et al., 2021).

Injury-Related Factors

Injuries are a severe determinant of the mental health of the athletes (Fig 3). Psychological

effects of an injury usually involve enhanced anxiety, depressive signs, altered self-identities, and the fear of being injured again when returning to the sport (Truong et al., 2020). The rehabilitation periods usually accompany the pain, disadvantage in functioning, or degraded training conditions that accompany isolation among teammates and loss of an athletic identity (Arden et al., 2013). According to longitudinal studies, athletes recovering after ACL injury, e.g., may have a long psychological post-injury discomfort period (even six months after their return to play), which may be expressed in low confidence, performance anxiety or increased propensity to re-injury cycles (Arden et al., 2013; Truong et al., 2020). They may also reverberate and disrupt the performance, preparation, and aspects of social support domains, as such stress may predispose one to mood disturbance, assuming there is no or inadequate psychological support (Arden et al., 2013).

Career Trajectories Influences

Determinants associated with trajectory (e.g., early specialization, changes in and out of the elite competition, and adjusting retirement) have a significant influence on mental health (Fig 3). The consequences of early specialization are related to burnout, injury and less long-term interest, raising the risk of being exposed to a disruption to their mental health (Brenner, 2016). Indeed, identity coherence and a clear role are often problematic in transition processes, such as an increasing level of elite activities or deselection, which make athletes anxious and depressed (Stambulova et al., 2021). Retirement/forced withdrawal from sport is one of the most risky moments and most of the athletes have complained of difficulty in adjustment, loss of purpose, and less social connectedness, which have been linked to an increase in depressive symptoms and substance misuse (Park et al., 2013; Gouttebarga et al., 2019). It has been demonstrated that these risks can be cushioned



through the introduction of dual career pathways and planned transition programs that make the adaptive process much easier (Stambulova et al., 2021).

Sociocultural and Environmental Factors

Amongst social and cultural factors that significantly influence the determination of health in athletes are the organizational climate, coaching styles, cultural stigma and media scrutiny (Fig 3). Resilience is facilitated by a positive organizational culture that encourages freedom, balanced growth, and free conversation, as opposed to punitive or authoritarian climates, which are associated with high levels of stress, anxiety, and attrition (Henriksen et al., 2020). Alternative or alternative- but not the coaching styles that are emotionally measured, constructive, and psychologically literate, proved to be the risk factors in mental health, unlike being the

critical or insensitive strategies that promote strain and withdrawal (Simpson et al., 2023). Mental health rarely advertises cultural issues like the notion that reporting distress is a sign of weakness, combined with the media attention and sensationalism of results, only serves to deteriorate help-seeking and increase psychological pressure (Sebbens et al., 2016). Qualitative research demonstrates the role of the perceptions of the views in self-efficacy and identity and how it can be harmed by public criticism or exaggerated media integration, especially related to female or high-profile team sports athletes (Sebbens et al., 2016). Interventions targeting these sociocultural and environmental determinants—through coach education, mental health literacy, and media relations training—are increasingly recognized as vital to safeguarding athlete mental well-being.

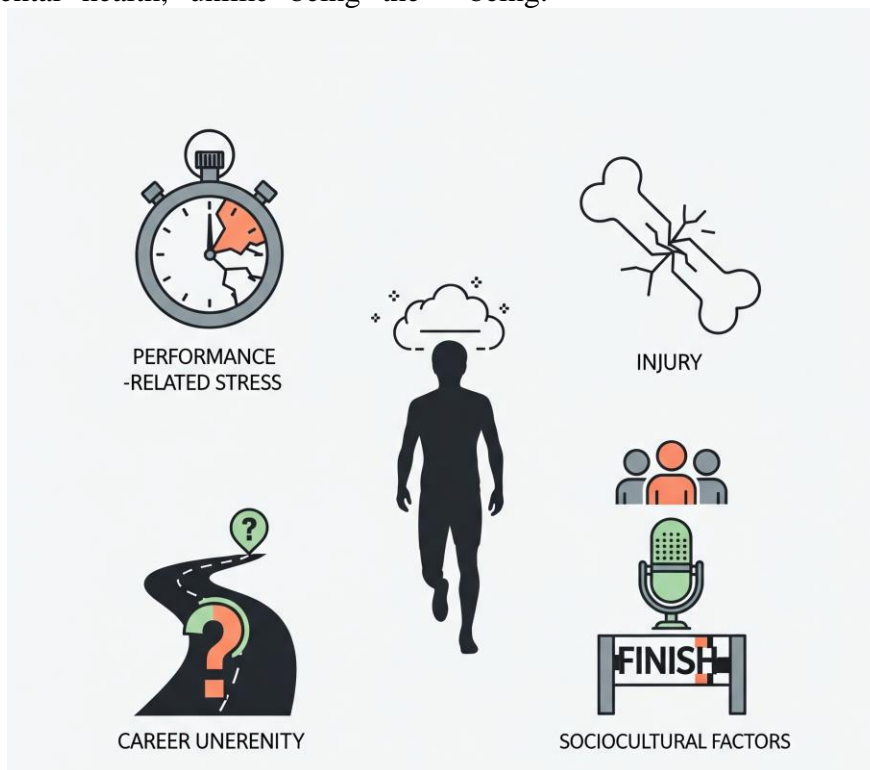


Fig 3: Determinants and risk factors influencing mental health

4. Evidence-Based Interventions and Support Mechanisms

Psychological Skills Training

Psychological skills training (PST) is the key intervention that is used to maximize the performance and mental health of elite athletes. Such fundamental, everyone sets goals,



visualizes (imaginary imagery), restructures cognitions, self-speech, and mindfulness-based ways (Fig 4). The adoption of clear, challenging, and attainable goals that include goal setting as their defining components not only increases motivation and focus but also prevents the emotions of anxiety associated with performance and promotes the ideas of mastery (Weinberg & Gould, 2019). Imagery or visualization is used in sports with the purpose of imagining a situation when the athletes have to perform some sport activities, which boosts confidence and decreases pre-competition agitation (Munroe-Chandler & Guerrero, 2018). Maladaptive thought patterns can also be altered through cognitive restructuring to reduce anxiety and depressive symptoms, e.g. catastrophizing or fear of failure (Birrer & Morgan, 2010). Most recently, mindfulness-based interventions (MBIs) like Mindfulness-Acceptance-Commitment (MAC) programmes have shown benefits concerning emotion regulation, stress resilience, and tolerating attentional control in top-level performers (Gardner & Moore, 2017). Such PST techniques are commonly provided by sport psychologists to individuals as part of combined performance and well-being programs; both their performance benefits and protective value against mental health risk factors are well-supported by research evidence (Birrer et al., 2012).

Therapeutic Modalities

Evidence-based psychotherapies, including cognitive-behavioral therapy (CBT), acceptance and commitment therapy (ACT), and solution-focused brief therapy (SFBT) can be used when the extent of psychological distress is at the clinical level and requires more specific and rigid use of support (Fig 4). CBT is the most developed approach that can be used in the treatment of depression, generalized anxiety, and performance stress in sportsmen (Didymus & Fletcher, 2017). Level CBT may also be adapted to sporting-related situations, for example, perfectionistic cognitions, injury-

related catastrophizing or performance anxiety utilizing behavioral activation, exposure and thought challenging. ACT focuses on measures of psychological flexibility, values-generated activation, and the acceptance of the inner experience, which helps in the case of an athlete who is going through an injury, transition, or stressors beyond control (Gardner & Moore, 2007). SFBT is a solution- and strength-oriented, short-term intervention that does not require a lengthy depression story but can assist the athlete with immediate adjustments towards, say, coming to grips with being under a selection, or temporary mood disturbance (Didymus & Fletcher, 2017). Less well-researched, initial indicators are that SFBT could have a future in the use with teams aiming to maximize accessibility and time-limited contexts in sporting situations. Combined, these modalities constitute a stacked therapeutic toolbox to be aligned to the needs of the athletes, the level of the symptoms, and the logistical setting.

Organizational-Level Interventions

Elite sport cannot be sustainable without organisational-level interventions (and an integrative approach) (Fig 4). Well-being-oriented athlete policies (e.g., secured rest days, time off during the working schedule) make an athlete resilient and work/life balanced (Henriksen et al., 2020). Since the sports psychology service is primarily embedded in training settings, rather than external to them through referrals only, it is normalized and allows better access by multidisciplinary teams conducting systematic screening, intervention, and performance support (Purcell et al., 2019). Other mechanisms to decrease the barriers to help-seeking are the peer-support framework, which, through informal support networks and the example of adaptive coping by design, helps to further reduce barriers to help-seeking (Gulliver et al., 2012). As an example, one can mention programs in which senior athletes tell personal stories of mental health experience,



which decreases the stigma and makes seeking assistance less scary. The formalization of such structures makes mental health care everybody's business including the athletes, the coaches, the administration, and the medical department, which is essential in moving towards a proactive and preventive culture, rather than a reactive one.

Mental Health Literacy and Destigmatization Campaigns

It is critical to increase mental health literacy (MHL) and de-stigmatise mental illness in sports organizations to help promote help-seeking behaviour, as well as create a psychologically safe culture (Fig 4). MHL encompasses enlarging awareness of the prevalent disorders, indicators of distress, and support options at hand. Digital modules or face-to-face educational workshops about stress, burnout, depression, and anxiety have

helped to increase awareness among athletes and support staff (Gorczyński et al., 2021). The destigmatization efforts, such as encouraging or leading with testimonials of athletic representation or promoting news “mental health awareness weeks” as a normal behaviour, also humanise the experience and make it a norm of vulnerability and toughness (Marks et al., 2021). Research demonstrates that in cases where elite athletes feel that their organization supports mental health (e.g., coaches or federation executives), stigma will be reduced and their tendency to seek help will be augmented (Gorczyński et al., 2021). Integrating MHL and anti-stigma elements into onboarding as well as recurrent learning and certification of coaches, helps to establish a culture in which mental health is appreciated, which is in plain sight and not stigmatized.



Fig 4: Interventions and support mechanisms

5.0 Conclusion

Several interacting factors influence the psychological health of elite athletes, including

performance-related stressors, having had an injury, career change, and the sociocultural environment. Although protected factors



associate with a positive influence in elite sport, e.g., structured routines, physical fitness, and good social networks, there are also unique stressors associated with elite sport, e.g., high expectations, perfectionism, media scrutiny, and stigma related to the perceived mental weakness of seeking help. The data indicate that elite athletes experience a similar, and sometimes even greater, anxiety, depression, disordered eating, and burnouts compared to the civilian population, especially in subgroups e.g. those returning to train after injury or athletes who become retired. The most effective intervention strategies include integrating psychological skills training, evidence-based modalities of therapeutic treatment, changes in organizational policies, and stigma-reducing efforts to encourage resiliency and improve well-being. A proactive, multidisciplinary, and culturally sensitive approach is important to safeguarding mental health in elite sporting environments.

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All components of the work were written by the author

