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Athletes with Mental Health Illnesses

Trenton Allmang

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ATHLETES WITH MENTAL HEALTH ILLNESSES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Trenton Allmang
June 2020

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ABSTRACT

The focus for this research study is to understand the development of mental health symptoms that result from sports engagement. Participating in sports for several years within different developmental stages of human life can increase the probability of identity conflict and mental distress. This study addresses the risk factors that contribute to the development of mental health illnesses from former athletes' perspectives through qualitative research. The study includes former male and female participants ages 18 and older as well as their family members, friends, sports stakeholders, sports officials, coaches, social workers, and athletic training staff. This study was conducted from the constructivism perspective with a theoretical orientation concentrating on the Ecological Systems Theory. The social work implications of this study are to provide practitioners and community partners that work in athlete mental health with a better understanding of the specific needs experienced by athletes post athletic career. Common themes constructed by ex-athletes found in this study include identity crises, lack of social support systems, struggles of career transition, and mental health symptomology.

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CHAPTER ONE

ASSESSMENT

Introduction

Chapter one begins by identifying the research focus and the importance of athlete mental health. Following this is a literature review focused on the obstacles that former athletes encounter when functioning within their system. The theoretical orientation covers perspectives such as the Ecological Systems theory to measure the behaviors of former athletes with mental illnesses within their different environments. The literature review of the research findings is intended to persuade and inform stakeholders to construct an action plan to provide support for individuals that are transitioning into a new lifestyle following their sports career. This data highlights symptoms of trauma, depression, and additional mental health issues developed from sports engagement. Strengths, service challenges, and social capital will all be linked to support athletes battling mental health concerns. This chapter closes with the potential contributions that athletes can add to the micro and macro levels of social work practice.

Research Focus

For decades athletes have experienced mental and physical barriers due to their engagement in sports. This study's goal is to promote athletes' well-being following their career while preventing the development of severe mental health

symptoms. Categorizing general themes that were verbalized by respondents provides an outlook of the identity struggles faced by former athletes that no longer compete in sports.

As a former collegiate and professional athlete, the researcher has experience with engaging with players (and ex-teammates) that have difficulties with making a successful transition into a lifestyle without sports due to various factors such as loss of income, or diminished adulation, or the sudden isolation of no longer being part of a team and the camaraderie it brings (Trotter, 2015). This study involves a mixed method of analyzing the consequences of post-career mental health concerns as well as the contrast between the participants' identities as athletes and their identities as regular citizens. The researcher has discovered that the transition out of athletics causes adverse effects that stem from the circumstances surrounding the removal from sports, perceptions of control, social identity, developmental experiences, available resources, and the quality of career transition.

Social Work Checks into the Game

The understanding of social work as it pertains to sports is an emerging field that has not been explored in depth (Grobman, n.d.). As mental health issues have developed in the sports realm, social workers have begun to intervene with athletes as a client group. The justification behind this

constructivist approach is that the researcher had accessibility to be directly involved in collaborations with stakeholders, gain credible feedback from individual insights, study the settings where athletes function after their sport's career, validating the precision of depressive symptoms developed, and creating a plan for potential program reforms related to the mental health needs in athletes. This study evaluates whether implementation of policies and social work programs that support athlete mental health can be effective in communities where sports programs exist. These potential community programs will provide a safety net for athletes that are suddenly released from a sports program due to injury or poor performance.

Mental Health Risks and Sports

This study explores prevalent mental health diagnoses in athletes and potential solutions to trauma related symptoms (i.e. Post-Traumatic Stress Disorder, Chronic Traumatic Encephalopathy, Parkinson's, death). Because of the perception that they are healthy, athletes are seen as free from mental health challenges and social problems (Dean & Rowan 2014). Therefore, athletes are an identified client group whose social-work related needs are often not being met (Dean & Rowan 2014). National Football League (NFL), coach Ron Rivera compared the NFL's hesitancy to become fully involved in mental health issues to the lack of understanding people had about soldiers returning from World War I

and II with post-traumatic stress disorder (Newton, 2018). Thus, this study aims to contribute to developing awareness for all people and not just athletes.

Athletes are at a high risk of distress following their sports careers due to the pressures for them to transition into a new career (Rice et. al, 2016). A few of their known struggles include avoiding showing pain, hiding physical injuries, avoiding substance abuse, and coping with eating disorders that result from altered meal plans (Reardon & Creado, 2014). During their career athletes may experience fraudulent supporters that are solely interested in them for their social capital or monetary status. The goal for those working within athlete mental health is to develop additional programs that can provide support for ex-athletes who are managing their mental health issues, social problems, and behavioral related concerns (I. e. depression, anxiety, physical aggression, etc.).

Treatment for Athletes

Treatment facilities that support ex-athletes with transitioning into a career without sports will encourage them to realize that their life is valued regardless of the current circumstances. Ex-athletes also have a fear of uncertainty regarding lack of funding available for them to get the care and attention they need (Caldwell, 2018). Social work programs offered for ex-athletes should include free Mental health therapy for a variety of issues (i.e. physical injuries/illnesses, diseases, substance abuse, family issues and traumatic experiences). Going

from being an athlete to regular civilian life certain services are important such as, reintegration support, crisis intervention, family counseling, and resource navigation.

College athletes have been linked to the Sports Science Institute for the National Collegiate Athletic Association (NCAA, 2019), that provides educational resources and tools which offer a model of care for student-athlete mental health. Timothy Neal (2014), assistant athletic director for sports medicine at Syracuse University states how one in every four to five young athletes has mental health issues. Neal (2014), further asserts that student-athletes have stressors and expectations unlike any other student, which can trigger a psychological concern or the onset of a mental health issue. Outreach organizations in athlete mental health are emerging development to ensure that the social work practice can partner with and contribute to all levels of sports. If athletes can learn about available support programs at the collegiate level, it can provide them with a level of comfortability that they will have assistance with their immediate needs after their sports careers have ended.

Paradigm and Rationale for Chosen Paradigm

This study was conducted following the Constructivist research paradigm where the researcher collected subjective data on individual human experiences (Morris, 2014). With the constructivism approach, it is assumed that all reality is

subjective, therefore conducting research interviews through the lens of the individual offers more insight and reliability into the data (Morris, 2014). By using this constructivist paradigm, the researcher is honoring the participants as experts of their own experience.

Utilization of open-ended questions for all participants supported the researcher with developing a joint construction of the human experience being researched. The researcher structured open ended questions to target discussion topics that are related to the research focus. The constructivist approach supported the researcher with identifying common beliefs in effort to understand the perceptions of all athletes with mental, social, and behavioral challenges. Constructivist researchers must be punctual when assessing the qualitative data gathered in the interview process to ensure that underlying topics are clearly established. Therefore, the researcher has interviewed a circle of people with differing points of view, who reviewed a wide range of issues. Participants were able to share their direct experiences and opinions about sports related trauma throughout the interview process.

The researcher has also ensured that confidentiality is maintained for all the participants. In conjunction with the subjective data gathered, the researcher developed common themes between coaches, athletic directors, and sports officials to analyze the data and relevant topics as they develop from the creation of the hermeneutic dialect circle (Morris, 2014).

Hermeneutic research offers a subjective approach that started with the researcher writing the first draft of the group's joint construction and sharing with the circle at a meeting known as the member check meeting (Morris, 2014). This member check meeting includes concerns and issues that are related to mental health and athletics (Morris, 2014). Participation rates were dependent on the researcher's ability to accommodate schedules and setting a meeting place that is familiar and comfortable for as many of the circle as possible (Morris, 2014). For this study specifically, the researcher scheduled a member checking meeting within the Southern California region at a community college. At this meeting, the researcher focused on being the group facilitator while utilizing a generalist approach to review the structure of the interview process (Morris, 2014).

LITERATURE REVIEW

The goals of this literature review are to narrow the research focus and decide on an action plan regarding the synthesis of all the information (Morris, 2013). The results of the literature review provide a summary and evaluation of statistical data, salient risk factors, and social work interventions in relation to the mental health symptoms developed from sports engagement.

Statistical Information

Over the past years there have been many untold stories of mental health issues in sports because of the common perception that you are weak if you are mentally unstable (Caldwell, 2018). Athletes are also often afraid of a negative response from media outlets when revealing their mental health concerns. As mental health and sports are beginning to be recognized globally, there has been a recent societal shift in understanding mental health issues developed from sports engagement. Athletes are beginning to feel empowered so that they can talk about vulnerabilities as a strength rather than a weakness (Caldwell, 2018). Speaking out and creating an awareness has been very important for sake of professional athletes across the world (Newton, 2018). In addition, sports clubs that hire in-house clinicians brings about more awareness, not just to football, but to all other sports as well (Newton, 2018).

Winchester and Veal (2018), have conducted recent studies that have estimated how 1.6–3.8 million sports-related traumatic brain injuries, including concussions, occur in the United States alone every year. A similar study from Caldwell (2018), surveyed 224 elite Australian athletes and found 46.4 percent were experiencing symptoms of at least one mental health problem. Comparing statistics from different countries shows that there is an underlying need for increased professional mental health services offered around the world.

American football is one of the primary sports where brain injuries occur. In a study conducted on retired National Football League (NFL) players, Wolanin

et. al (2015), discovered that the onset of depressive disorders was associated with self-reported concussions. Concussions have also been closely linked to the brain diseases and early deaths in athletes. Jason Breslow (2015), has researched that a total of 87 out of 91 former NFL players have tested positive for the brain disease Chronic Traumatic Encephalopathy (CTE), prior to their death. Deaths in former athletes are being linked head trauma and depressive symptoms which highlights the growing incident rate for stakeholders and sports commissioners. Presenting statistics of these growing rates underlies the need for preventative interventions for the risk-reductions of PTSD, CTE, major depression, and additional mental health concerns. Relying on subjective measures such as headaches, dizziness and similarly nonspecific symptoms supports clinicians with identifying all trauma related symptoms (Winchester and Veal, 2018).

Furthermore, extensive care for student-athletes includes diagnosing mental health disorders. An American study regarding student-athletes participating in the NCAA sanctioned intercollegiate athletic programs found that of these student-athletes, between 10 and 15% will experience psychological issues severe enough to warrant counselling (Hansen, n.d.). Prevalence rates of depression among college athletes ranges from as low as 15.6% to as high as 21% (Wolanin, et. al 2015). With as many as one in five athletes suffering from depression, there presents a need for effective interventions at the college level.

Risk Factors

There are several determinants and risk factors that have been linked to mental health illnesses developed from sports engagement. The significant risk factors for sports trauma are based on the particular illness experienced with analysis on the average number of hours per week over one year, and the number of sports in which the athlete was participating in (Emery, Tyreman, 2009). Depression in athletes has increased negative behaviors and drug usage. LCSW Liza Greville (2014), explains how athletes drink more frequently, consume more alcohol when they drink, engage in sexual interactions with more partners, and participate in unprotected sex more often than their non-athlete peers.

Athletes experience a variety of mental health issues and can be related back to the sport in which they participated in. Traumatic injuries can be identified as risk factors for mental health illnesses. From punches in the boxing ring, to headers on the soccer field, to helmet-to-helmet hits in American football, the potential for concussions has been a part of sports for generations (Winchester and Veal, 2018). Evidence has portrayed that mental health diseases such as that CTE is caused by repetitive hits to the head sustained over a period of years (Winchester and Veal, 2018). This makes athletes vulnerable to long term brain trauma when their athletic careers are concluded. Children are also vulnerable to developing mental health illnesses over time therefore, they need to be protected by proposed policies that protect against head trauma.

Retirement or being dropped from your competitive team in favor of a potentially better player can also be categorized as a risk factor for depressive symptoms. Questions such as, 'what am I going to do tomorrow morning when I wake up' or 'who am I?', are some of the identity issues developed after the end of the athletic career. Social workers who recognize the risk factors for these identity issues should promote empowerment for athletes to effectively communicate their need for help. Trotter (2015), emphasizes how depression was only discussed privately and speaking about it publicly was viewed as a sign of weakness. Today, more players are beginning to speak up about their mental health issues because of life-threatening consequences.

Social Work Interventions

There is a growing need and concern for the exertion of social workers engaging with athletes by both the profession and the public at large (Grobman, n.d.). Given the increase of mental health issues in athletes across the world, social work providers should be able to provide appropriate services when necessary. New organizations such as the National Alliance of Social Workers in Sports have advocated for the health and well-being in athletes (Grobman, n.d.). As organizations are beginning to develop, there are sports events that are offered to describe models of sport social work, sport social work advocacy and community building, and ways to pursue careers in sport social work.

In a study conducted to explore how player care foundations have evolved to support athletes, it was reported that social work has been included to address mental health and cognitive issues of athletes. Mental health disparities such as depression, anxiety, substance abuse, and eating disorders have been targeted (Pedrelli, et. al, 2014). Ex-players have also opened up about feeling trapped, inferior, and alone (Newton, 2018).

Social workers have also begun to intervene with amateur athletes who present their own set of mental health challenges. Amateur athletes in sports are regarded as having a lower level of skillsets in comparison to professional athletes. Sports social workers interacting with athletes have a unique challenge in that the majority of their clients' athletic careers end at the amateur level (Grabal, 2016). Thus, social workers have begun to prepare them for life after college and consider other aspects of life (Grabal, 2016). Scott Gleeson and Erik Brady (2017), of the USA today explain that for a lot of athletes their arena is their sanctuary.

Data gathered on the various statistics, risk factors, and social work interventions presented, this research explored the need for additional social work support in the sports world. Athletes are at a high risk of distress and often internalize their problems to maintain their reputation on their sports team. Athletes have the perception that they are strong and healthy which has led them away from requesting for support with their mental health, behavioral issues, and social challenges. Risk factors can be examined for social workers to get

involved before it is too late. Severe consequences of untreated mental health concerns are causing more people to recognize the work needed from social workers engaging with athletes during their current and post athletic careers.

Theoretical Orientation

The theoretical orientation being applied in this study is the Ecological Systems Theory. Utilizing systems theory as a theoretical framework has supported the researcher with assessing problems of the ex-athlete within their various environmental systems. Social workers are practitioners who focus on how environmental factors and other influences can affect an athlete's overall well-being. Identification of micro, mezzo, and macro system and how they affect an athlete's personal wellness also supported with the research outcomes.

The ecological perspective helped address potential barriers to seeking psychosocial services by speaking with ex-college athletes about their various systems (i.e. coaching staff, teammates, family, athletic directors) and the stereotypes that members of their college or university have about college athletes (Moore, 2016). Researchers have examined the stigma attached to seeking mental health services in the sports culture which is related to vulnerability. High profile athletes may be hesitant to speaking out during their careers because it shows that there is fear of risking that next big contract and being judged in the public context (Caldwell, 2018). Therefore, all social work services provided for athletes should remain confidential within their system. Interventions can be developed based upon the barriers disclosed.

Moore (2016), continues to explain how within the systems theory, many college athletes look at their team and athletic department as a family due to the significant sport-related time commitments that they obtain. Therefore, focusing on this 'family' consistent of teammates and coaching staff can assist social work providers by spending time in activities together as additional members of an athletic team in effort to develop individual, group, and organizational relationships (Moore, 2016).

Potential Contribution of the Study to Micro and/or Macro Social Work Practice

This research study is intended to provide awareness and assistance for athletes suffering from mental health issues. The research findings have provided a meaningful contribution to the individualized needs of athletes at risk (at the micro level). Data outcomes also provided attentiveness towards preventative measures that stakeholders can make to influence positive changes to ensure that athletes are better protected.

At the macro level, the research data has provided an outlet for possible policy revisions or changes that influence social work support in the field of athletics. General managers, team owners, and additional sports executives can utilize their platforms for advocacy. Being that this a whole new practice arena for social work, sports stakeholders are beginning to recognize the need for mental health support. Dr. Allen Sills of the NFL chief medical officer, states that the National Football League and the National Football League Players Association

(NFLPA) are working jointly on a proposal for clubs that would make behavioral and mental health issues a priority (Newton, 2018). Awareness of untreated athletes with mental health needs is something that has not been taken seriously long enough.

The stigma associated with mental health issues has contributed to why there has been minimal mental health support in the past. Tish Guerin, is one of the first psychological clinicians in the National Football League and has expressed how the goal is to drop the stigma that if you seek clinical support that means you are crazy (Newton, 2018).

Summary

In summary, chapter one addresses the need of additional clinical intervention in the sports realm. As the number of athletes with mental health illnesses increases, it is important to implement a plan to address interventions that can support the problem. With the constructivism approach, inclusion of central ideas and data collection, the research has supported the discovery of what services are available for athletes, where are these agencies are located, and how these services meet the needs of athletes. This literature review measured different aspects related to athletes with mental health issues. An Ecological Systems Theory approach to social work is the theoretical orientation was used to help reflect on how different environmental systems place pressure on athletes, which results in psychological risks. The chapter concluded with

possible contributions that social workers can make to support this identified client group.

CHAPTER TWO

ENGAGEMENT

Introduction

Effective engagement and assessment for this research topic required multiple studies on various athletic programs that include age groups 18 and over. This chapter provides a description of the researcher's qualifications as well as the actual research sites. The researcher began the study with establishing rapport with various sports stakeholders at College of the Desert community college located within the Southern California region. The researcher also connected with professional sports organizations via internet. Athletes are the key element to this project therefore the researcher has also included the natural supports of athletes within the interview process (i.e. family members). The researcher met with retired professional basketball, football, softball, and baseball players. Self-preparation is also reviewed to highlight how the constructive process is started. The study focuses on diversity, ethical, and political issues to further understand the role that they play in sports competitions. Lastly, technology and internet operations have strengthened the engagement process overall.

Research Site and Study Participants

Being that most sports are offered through school programs, the researcher has collaborated with stakeholders at community colleges within the inland empire region of southern California to gather baseline data about athletes that have been injured or ill. It is important to note that most injuries result in athletes being removed from their sports team for an indefinite period of time. The college campus included in this study is located in the suburbs of Palm Desert, California with a total enrollment of 10,000 students. Within the college arena, the researcher has focused on collecting data about all types of athletes to compare their mental health needs.

Additional research study sites include arenas where sports counselors are employed. The researcher contacted players who have competed within National Football League. The stakeholders located at all the research sites include current athletes, ex-athletes, intern coaches, head coaches, sports officials' medical staff, and additional player personnel.

Study sites such as sports medicine facilities serve all athletes through referrals by coaches, counselors, player personnel, agents, etc. Players themselves can also choose to engage in a therapy program within their sports organization (i. e. walk-in appointments). Historically, sports medicine facilities provided support for all athletes with predominately physical injuries. Now, sports medicine therapists have been more integrated to target psychological issues that accompany athletic injury (i. e. anxiety and negative stressors). Athletic

counselors work one-on-one with the athlete, executing and overseeing therapeutic techniques and ensuring that the rehabilitation plan stays on course (Hamson-Utley et. al, 2008). Therapists focus on the immediate needs of an athlete who is mentally recovering from an injury. Implementation of coping skills, including visual imagery, relaxation, positive self-talk, and goal setting are instrumental in influencing positive behavioral and emotional outcomes (Hamson-Utley et. al, 2008). Most professional sports teams have a licensed mental health practitioner available for players and staff members on a contract basis (Newton, 2018).

Engagement Strategies for Gatekeepers at Research Site

The initial step for engagement in this study was for the researcher to partner with the gatekeeper at the sports site (i.e. Athletic Director) to build a shared understanding of the human condition being displayed (Morris, 2014). This was accomplished by first by requesting a meeting about the research study. This first face to face session was intended to provide an overview of the study with emphasis on improved safety protocol for all athletes. The researcher used different engagement strategies for gatekeepers at the research site in effort to obtain valid responses. In this study, the researcher was already familiar with stakeholders within the sports agency and has maintained professional relationships between gatekeepers such as coaches, sports officials, sports agents, and players themselves.

The researcher convinced the key players that it is in their interests to take part in the study by focusing on supporting the future generations of athletes. The researcher discussed the positive outcomes of treatment practices such as more athlete participation worldwide due to increased safety protocol. The researcher also shed light on the negative outcomes for no athletic support programs such as the higher unemployment rates for ex-athletes after their sports careers have ended. Severe outcomes were also reviewed ensure that gatekeepers understand the importance of decreasing the probability of extreme mental health issues in all athletes worldwide (which may result in early deaths). These strategies have led to the development action items that will be taken into consideration for policy reforms that aim to protect sports players.

Self-Preparation

The researcher is an ex-professional football player who has transitioned careers into the field of social work. The researcher has collaborated with professional athletes and clinicians to develop a program that provides clarity on the importance of mental health care. Therefore, there was good rapport established between all participants included in this research project. The researcher remained self-aware of countertransference and the impact that discussion topics could have on the interviewees. The constructivist paradigm supported the development of additional research as the interviews go along.

Preparing qualitative data required for the researcher to maintain attentive towards the study participants' constructions of the focus (Morris, 2014).

Maintaining a good rapport with all participants provided a level of comfortability during the data preparation process. The researcher shared background information about personal sports experiences in alliance with the research focus. The researcher remained attentive towards the study participants' roles with the athletes that they serve and how long they have been in that role. Addressing team dynamics with coaches and player personnel provided a clarity on how athletes identify with their team. Conducting discussions about available support for teammates and comparing them to family dynamics inspired thought-provoking discussion topics. For instance, topics such as 'what it means to be a coach and/or teammate', and 'how you see your teammate', or 'how a family member's expectation on their athletic family member' were explored.

Engaging with different stakeholders required different approaches. The researcher was prepared on how to ask open questions that were exclusively prepared for athletic coaches, athletic counselors, and administrators. This allowed the researcher to have more individualized approaches to data gathering.

Diversity Issues

As constructivists concentrate on the utilization of open-ended discussions, there can be issues of diversity that may develop throughout the research process. Key stakeholders included in this project derive from various cultural and economic backgrounds and have different morals. Racial differences, socioeconomic status differences, and additional factors can all play a toll in the life of an athlete. The researcher has gathered data on what brings someone to sports whether they are a person of color or white. Different genders and ethnic groups were examined in the study to examine all differences in mental health or behavioral symptoms displayed. Providing information about community involvement in sports organizations provided awareness for the participants as it applies to the natural support systems that athletes are linked with.

The researcher maintained a nonjudgmental stance with all athletes to ensure that personal biases did not negatively affect the construction of the research focus. The overall study remained strength-based and respected the diverse characteristics of the study participants. This was achieved by discussing the positive outcomes for increased support for athletes worldwide. Reviewing statistical data also provides a clear perspective about athletes who have had success with therapy. Positive outcomes were reviewed to present the underlying need for additional support for athletes worldwide.

Ethical Issues

It was important to establish trust in all participants to avoid any potential ethical issues. The researcher emphasized the protection of privacy rights and confidentiality so that the research process was not hindered. This was achieved by anticipating any harm that may be done by the study, which prepared the researcher for any ethical issues that arose (Morris, 2013). Accordingly, the researcher ensured that interviewees were comfortable during the entire process by using check-in questions to build trust. Meetings discussions were recorded and scripted after informed consent paperwork was completed. The constructive approach involved the development of various individual narratives, therefore informed consent portrayed how complex and risky the entire process was. Confidentiality was maintained on a computer though password protected firewall. All printed-out paperwork was stored in a lockbox and was password protected.

Political Issues

The researcher remained aware of any political issues that could develop throughout the research progress as the topic relates to social services. The college athletic program included in this study was open and honest when reviewing information on the services supporting athletes with their mental health needs. Sports programs that were contacted via internet were also available to discuss mental health symptoms that affect their player participation rates.

The researcher understood how ex-athletes may not want to look weak or inferior within their microsystem therefore did not disclose information about their needs or concerns. The researcher reiterated that all data will be confidential to ensure that study participants felt protected. Breakthroughs were achieved by developing a foundation of trust. This trust allowed the researcher to gain deeper access to uncovered feelings.

Funding for programs was also discussed to gather information about any potential booster programs or community resources that provide financial support for mental health and athletics. Grant funding, government funding, and state funding were discussed with a college athletic director to understand how their therapy programs will be compensated. Providing information on funding opportunities that support programs for athletes persuaded all study participants that their input is valid and needed for increased support. This was also addressed by discussing contracts for mental health services and additional resources for grant funding, and potential sponsorship funding.

The Role of Technology in Engagement

Technology was used during the research process. Before this occurred, the researcher conducted an initial face-to-face session with the identified participants. Telecommunication (i. e. email, telephone, video chat, social networks) were possible channels for effective engagement. Use of internet

platforms (such as zoom or Facebook) also allowed the researcher to be available upon request when study participants are traveling out of state. The researcher also established ground rules to ensure all participants are aware of their rights.

Summary

Constructivists must ensure that an effective rapport is built during the engagement phase. Without a solid foundation of rapport, interviews may be ineffective and unreliable. Several rapport building techniques were used during engagement for the researcher to encourage participation from all participants of the study to ensure the development of the hermeneutic dialect circle. Self-preparation of the research began with personal accountability regarding maintaining professionalism throughout the research process. The researcher addressed all potential ethical, political, or diversity issues and how to handle them if they occur. The researcher also acted as an advocate to provide support for all participants.

CHAPTER THREE

IMPLEMENTATION

Introduction

This chapter focuses on how the plan was orchestrated. Successful implementation procedures were determined by how well the researcher assessed, engaged, and planned the topic focus. Prioritizing all tasks before beginning the implementation process provided a good starting point for the researcher. When describing the different stages of the implementation process, the researcher concentrated on data gathering and the analysis of the data with the constructivism paradigm. Once the study participants were identified, the individual interviews were conducted with the utilization of open-ended questions.

The entire process required for each stakeholder to be interviewed individually in effort to gather constructions of common goals. Qualitative data was gathered and analyzed thoroughly. Strategic efforts led to the development of joint constructions which were considered the 'common goals.' Additionally, the phases of data collection were explored along with data gathering methods for qualitative analysis. Recommendations for social work practice and research are reviewed following the findings.

Study Participants

The phases of data collection began with identifying who the study participants are, which are sports stakeholders, ex-athletes, and officials who have connected with athletes. The participants included in the study are familiar with athletes who have suffered from mental health illnesses, behavioral challenges, and/or social issues. The ecological perspectives social work theory within the constructivism paradigm has allowed the researcher to express personal values of football experiences in effort to support participants with processing their thoughts sufficiently (Morris, 2014). The researcher implemented individualized strategies in effort to effectively engage with all the participants.

Opportunities for collecting data began with collaborations with all the different key players that exist. This pool of the key players included athletic directors, coaches, sports medicine specialists, and sports referees. The different roles that each key player obtains is closely linked the importance of athlete safety and its relevance to the topic. The role of a collegiate athletic director is to oversee the work of coaches and all staff members involved in athletic programs. Therefore, the researcher has checked in with the athletic director first prior to interviewing his staff. Next, the researcher connected with a college sports counselor and coach who provided valid information on athletes who struggle with mental preparation for competitions. The different roles of a sports medicine team can include sports athletic counselors, athletic trainers, exercise physiologists, psychological clinicians, and physical therapist. A collegiate sports

counselor was experienced in discussing the various recovery phases in an athlete's life when physical injuries occur as well as the toll it takes on their mental health. Lastly, the researcher has linked with sports referees that have knowledge on rule changes and how they are applied to protect athletes from physical injuries (i.e. concussions). The wide range of constructions allowed the researcher to process which issues are most common within different sports arenas. The differences in points of view promoted the researcher to remain neutral. Breaking down each of study participants reflections into themes has allowed the researcher to process feelings developed from the unexpected transition out of sports. Sports such as football, basketball, softball, and baseball were included in the study. The levels of the sports being studied are at the college and professional level where players are 18 years of age and older.

The researcher was specific when attempting to contact different stakeholders at their sites. The preparation for contact began with gathering background data about the specific facilities that stakeholders are located within. When the researcher interviewed the athletic director at the College of the Desert community college, background information about his role at that location was covered during the initial engagement process. The researcher also inquired information about the specific sports programs offered at the campus and how they are connected to student-athletes. Each staff member working under the athletic director provided their individual feedback which led to the development

of the overall joint construction. In addition, all participants agreed to add their feedback to a collective effort to meet the common goal.

Selection of Participants

With the constructivism paradigm, development of research was assembled through interviews. The researcher selected these types of participants because of their expertise and knowledge of the sports that they are engaged in.

The researcher focused on using Patton's Maximum Variation strategy as it applied to selected study participants' 'wide range of variations.' The maximum variations strategy focuses on identifying key dimensions of variations and then finding cases that vary from each other as much as possible (Bennot et. al, 2016). Its purpose in qualitative evidence synthesis is to identify essential features and variable features of a phenomenon among varied contexts (Bennot et. al, 2016). It applies to this study because of the diversity in all participants' sports backgrounds. The interview conducted with the head coach about mental health illnesses developed in college football players was different than the interview conducted with the ex-professional basketball player who experienced a career-ending injury. While using a maximum variation sampling method, the researcher selected a purposive sample that will maximize the diversity relevant to the research question. The researcher implemented maximum variation

sampling by discussing small topics of depression that results from sports engagement that can lead to severe consequences if left untreated.

Data Gathering

Qualitative data was gathered by the researcher based on real life experiences. The researcher emphasized how the developed questions will not trigger any negative emotions during the interview process. Spending time in the interviewee's settings supported researcher with gaining an experiential standing of their perceptions (Morris, 2014). Developing and constructing open ended questions also improved throughout the research process where the researcher was able to learn more about the identified clientele. The researcher focused on the questions that highlight the athlete identity. Please review the attached questionnaire (on attachment C) to review examples of questions in the collection interview.

The researcher was prepared to ask tough questions as they relate to the research focus. Therefore, being transparent during the informed consent process allowed for clear expectations to be set. Questions about positive and negative experiences were provided to gather maximized results. Regular check-ins for comfortability ensured that interviews remained productive while maintaining rapport.

The researcher collected various individual constructions for validity towards athletes' unmet needs. Gathering high-quality, detailed descriptions of

each case is useful for documenting uniqueness, and important shared patterns that coincide with cases which derive the significance of the research focus (Bennot et. al, 2016). A holistic understanding of the phenomenon was constructed by combining different feedback that was gathered in several dimensions (Bennot et. al, 2016). All participants provided different perspectives during the interview process. Putting together these joint constructions expanded the discussed concepts further by investigating the relations amongst them.

Phases of Data Collection

The researcher focused on asking open-ended questions. Interview questions were structured to increase positive interactions while remaining strength-based and goal driven. Creating questions with emphasis on the past, present, and future supported the researcher with focusing on experiences as well as values. Emotion-triggering questions, knowledge questions, sensory questions, and background/demographic questions were also considered. Similar to post positivists, constructivists gather qualitative data through skilled questioning, active listening, focused observation and disciplined reading (Morris, 2013). Interviews had descriptive, structural, and contrast questions that explored a person's understanding of the research focus (Morris, 2013). These questions gave the researcher more knowledge about the topic during preparation for the interview. The researcher also controlled the influence of personal values and biases. Specific questions such as, 'what sport is the best?' or, 'what do you not

like about this particular sport' were avoided to ensure that biases are not hindering the constructive process.

Preparing the interviewee is an important factor to the overall success of the research process. The interviewer guarantees that the participant's informed consent is secured so all gathered information remains private. The four types of questions that have assisted the interview process include essential questions, extra questions, throw away questions, and probing questions (Morris, 2013). Essential questions addressed the research topic and were grouped together or spread throughout the research process (Morris, 2013). An example of an essential question is, 'why are skills and game knowledge important to participate in physical activities/sports?' Extra questions check on the consistency of the responses to the same inquiry (Morris, 2013). Throw away questions are used at the beginning of sessions to build rapport (Morris, 2013). Probing questions request for elaboration on minimal encouragers and scattered throughout the interview process (Morris, 2013). Probing questions such as, 'what is one thing you wish your coaches knew that would have helped them support and/or coach you better?' Practice rehearsal assisted the researcher with achieving more success throughout the interview process (Morris, 2013).

After interviews are concluded, it was important for the researcher to reflect about the overall experience. Follow up phone calls were offered to involve a more intensive engagement with the interviewee (Morris, 2013). The researcher remained aware of the separate entities between each interviewee

and their individual construction (i. e. football vs basketball coaches). In addition, time was taken to decipher the important and irrelevant gathered throughout the interview process. The researcher focused on what worked well and what did not work as well as establish a functional balance between the questions being asked (Morris, 2013).

The process of analyzing qualitative data began with open coding interview transcripts. When this was completed, the researcher conducted follow up discussions to provide updates on where everybody within the group agreed or disagreed. The member checking meeting was an essential phase of data gathering where credibility is established between the interviewer and interviewees. This credibility included certifying the validity of the research findings by confirming that the findings are accurate and honest (Morris, 2013). The researcher strategized to re-ask questions for clarity to ensure that all feedback related to sports is honest.

Interviewees were required to agree that they were interested in sharing data with participants even if the participants have never met. This technique provided a sense of relief that all personal feelings are being validated and participants are that they are not alone in the study. By the end each session, participants understood and took ownership of their feedback that led to the joint construction.

Data Recording

Qualitative data was gathered comfortably so that the interviewee did not withhold valuable information. Tips such as making notes as soon as possible following interviews, recording the conversation in the order it happened, recording gut reactions and feelings, making diagrams to explain ideas, etc. supported the researcher with remaining productive. The researcher asked for permission from the participants to record the individual meetings using an audio recording device. Recording and transcribing interviews was essential to developing action items for upcoming interviews.

Data Analysis

After all data was obtained, the researcher transformed the data into actual findings through open coding. With open coding, data was gathered from significant interviewees so that all relevant topics related to sports were identified (Morris, 2014). Coding was used to transcribe interviews as well as summarize what interviewees have stated about their experiences as athletes. After using open coding to categorize or summarize themes or suppositions developed, the researcher reviewed this information with the identified clientele for validity. The agreements verbalized by each interviewee supported the research focus and were shared with additional study participants. Collaborations in the hermetic dietetic circle formed a joint construction.

Open coding allowed the researcher to label concepts, define categories, and develop strategies based on research findings (Bitsch, 2005). The researcher proceeded to use axial coding to break down the core themes throughout the data gathering process. The categorization of codes reflects themes and examples related to sports engagement. Examples of codes or themes that came up include, occupation, access to care, mental health symptoms, and natural supports. Additional examples of open codes that emerged fell under the categories of injuries, identity, and team commentary. Labeling all concepts related to sports supported the researcher analyzing and developing categories based on their properties.

Summary

This chapter addressed the implementation phase of the study, which includes the study participants and how they were selected. Data gathering methods were reviewed in conjunction with the phases of data collection processes. After this was completed, data recording allowed the researcher to gather qualitative data from interviewees. From here, the researcher conducted data analysis transcribed through open coding. Common themes or goals were shared with the participants at the member check-in meeting. The findings led to discussed recommendations for social work practice and research.

CHAPTER FOUR

RESULTS

Introduction

This chapter presents information and demographic data about the ex-athletes that participated in this study. A total of 7 participants completed interviews. Ages of the participants ranged from 21-40 years old. There were 6 male participants and one 1 female participant.

The group meeting held at the College of the Desert community college was conducted to review any services and recommendations that aid student-athletes' mental health. Three staff members working under the athletic director participated in this session. All group members reviewed ideas about how additional mental health support can be embedded into the athletic program to ensure that student-athletes remain mentally prepared for different life transitions. The group generated ideas such as coaching the youth on transferrable skills that can be applied into various life settings. The group also reviewed outreach methods that they have utilized to provide awareness for student-athlete mental health.

Presentation of Findings

Demographics

From the seven participants, general demographic information as well as their history with sports engagement was gathered. Four out of the seven participants maintain a current occupation related to sports (i.e., Athletic director, Sports Counselor, Head Football Coach, Referee). Three participants were football players, two participants were basketball players, one participant was a baseball player, and one participant was a softball player. Three out of the seven participants played sports professionally and five out of the seven participants played sports collegiately. All the participants have a history of at least ten years of sports engagement in their lifetime.

It is important to highlight that all seven of the participants were unaware of any mental health services during their sports career. Two out of the seven participants addressed mental health during their career within their athletic programs. Therefore, participants have little to no understanding in the field of social services. Participants also lacked a general understanding on the prevalence of mental health illnesses in sports.

Tables 1-5 illustrate the research themes that were constructed during each recorded discussion. They are organized by career transition, the ideal self, clinical support, microsystem interventions, and trauma. These categories were created after analyzing and transcribing each individual interview. Quotations are utilized to represent statements that have been verbalized from participants.

One goal of this study is to create more awareness towards athlete mental health. The research questions being addressed for this study include discussion topics about the circumstances surrounding the sport-career transition, psychosocial factors related to the sport-career transition, perceptions of control, athletic Identity, social Identity, developmental experiences, and available resources for quality of career transition. The data gathered revealed themes such as occupation, identity, mental health support, natural support systems, and symptomology indicative of mental health issues.

Table 1. Career Transition.

Occupation
<ul style="list-style-type: none"> • Contentedness with current job occupation. • Long term career goals • “I had to swallow my pride and accept that I was walking away from the biggest love of my life.” (Participant 6) • Transferrable skills • Education • “Once I got cut, I immediately felt pressured to find work” (Participant 4) • “I was training my body to perform on the court, but not gearing my mind towards finding a career path outside of basketball.” (Participant 5)

Table 2. The Ideal Self.

Identity
<ul style="list-style-type: none">• Private identity• “After I wore this mask for so long, it felt like it was permanent for me. I had to pry it off and put a new one on which was difficult.” (Participant 4)• Aspirations• “I used to fantasize about having millions of fans screaming my name on the field.” (Participant 6)• “There’s a draw to becoming a professional athlete. Then it becomes about wanting to keep that status long term” (Participant 4)• Isolation• “I have experienced that having a strong athletic identity can lead to you portraying yourself as selfish and egotistical.” (Participant 3)• “When you are an athlete, you view certain things as you would view comic book (i. e., with superheroes, flashes, colors, fun and games, etc.). When you have that taken away from you, you see things as a regular book. There’s just lines and no more colors.” (Participant 4)• “I did go through a period where I had to find out who I was. I eventually realized that football was what I did, and not who I was.” (Participant 3)• It was my identity that I had stripped from me. I did not give it up, I had it taken from me.” (Participant 4)

Table 3. Clinical Support.

Mental Health Support
<ul style="list-style-type: none">• Pregame rituals• Postgame reflection• Career longevity as athlete• “I downloaded an app to get my mental right.” (Participant 5)• Injury prevention• Bias• “I think that if we had more mental health providers in the community, that would be a big help.” (Participant 2)• Self-Perception• Weakness• Avoidance• Feeling inferior amongst teammates• Lack of psychoeducation• “Every team should have some type of mental health professional that is a part of the payroll” (Participant 4)• “I thought drugs would help and they did not.” (Participant 3)

Table 4. Microsystem Interventions.

Natural Supports
<ul style="list-style-type: none">• Marital Status• Team Comradery• “I have seen these circles of friends that become lifelong friends from being teammates. It’s special.” (Participant 2)• Loss friendships• Lack of mentor• “When you develop friendships with teammates, those are lifelong relationships. In fact, I am still friends with all the girls I played volleyball and softball with.” (Participant 1)• Rapport building• “(Laughs) You know it is funny. One of my buddies asked me who all my best friends are. All my best friends are coaches or ex-teammates.” (Participant 2)• Relief• “The value is having sports as a tool to teach our kids about mental toughness, perseverance, practice repetitions, teamwork, etc. That is why I love athletics, the life lessons that you can give from being involved in a sport.” (Participant 2)• Social Network

Table 5. Trauma.

Symptoms
<ul style="list-style-type: none">• Self-harm• Substance abuse• Depression• Mood swings• “I think for me, athletics was more of a release. I had to find a new way to de-escalate” (Participant 1)• Fighting• “I had to move and basically restart my life which caused severe depression” (Participant 3)• “I still don’t accept that it’s really over.” (Participant 5)• “I felt powerless.” (Participant 7)• Regret

CHAPTER FIVE

DISCUSSION

Introduction

This chapter reviews the five general themes related to participants responses to mental health disparities in the world of athletics. Through the lens of an ex-athlete, this chapter reveals different responses to trauma as well as available interventions for self-care. In addition, this chapter attempts to provide clarification of each theme as a guide to why ex-athletes experience difficulties within their system after their retirement from sports.

The themes being studied derive from each table presented in chapter four. These are: occupation, identity, mental health support, natural support system, and symptoms. Accordingly, limitations and recommendations for this emerging topic in the social work practice will be accentuated. The conclusion will provide a brief summary of the main themes that were discovered and how they are applied to the research focus. These findings should be concisely evaluated by all athletes who are making the transition into a new lifestyle. The current information and findings may assist in presenting ways that athletes can address their mental health needs and concerns.

Discussion

Occupation

The study identified occupation as an important factor that falls under the category of 'career-transition'. This universal theme developed between the seven participants highlights their contentedness with their current jobs. This theme also portrays how approximately 57% of the ex-athletes examined aim to find a career related to sports. The act of transitioning into an honorary career following sports symbolizes how athletes develop excessively powerful expectations of oneself. These expectations might not come to fruition which can create an existential crisis. The participants who were grateful for their occupation after their sports career implies that their transferable skills were utilized during a transitional career phase. Living a life free from regret signifies the importance of establishing a stable career following sports. Several of the participants reflected on the changes they would have made to be better prepared for a job once their sports careers were over. In fact, one interviewee mentions how he wishes he, "hit the books harder" and applied more time in school to improve his, "intellectual knowledge" (Participant # 6).

Whether they are on the field of play or in their field of occupation, athletes devote their efforts into improving their quality of life. As an ex-NFL interviewee (Participant #4) iterates, "You are a superhero and you are of that status. You never want to lose that feeling and aura around you." All seven of the participants developed a joint construction which describes the common difficulties that they

experienced with finding a new job. When their sports careers are over, respondents report how they all have pondered on the same questions, “What’s next and who am I now?” (Participants # 1-7). “One of the biggest problems is not knowing how you are going to feed your children,” says participant # 4.

Making the proper adjustments for a successful career after athletics is imperative to transitioning into a new role. A life worth living involves the ability to make “sacrifices” (Participant # 6). Another participant notes how, “there was never a big letdown. Instead, the focus shifted towards finding another niche. This led to ongoing feelings of overjoy” (Participant #2). Athletics teaches people various life techniques that can be applied in all career fields. Maintaining the “competitive edge” has required for participant # 7 to work diligently to “earn” his current job occupation. Athletes tend to participate in a variety of sports during their upbringing which improves their mental toughness.

Additionally, “being a multi-sport athlete supports you with being diverse and adaptable within different career fields,” says Participant # 1. Exposure to different opportunities early in development phases of life provides athletes with experiences in many critical thinking situations while learning the values of coaching. “Never put all your eggs in one basket”, states participant # 5 and athletes have to learn how to be “adaptable” to maintain successful careers.

Identity

The identity that athletes develop from sports engagement is analyzed in this section. On a scale of 1-5 (1 representing a weak identification, 5

representing a strong identification), each participant included this study scored themselves a 5. Athletes may struggle with trying to find a new purpose and identity after their playing days are over. As participant # 4, ex-NFL player states, “molding myself into this athlete identity is what was required to continue improving my skills. Having a drastic change after all of that was rough.” Research over the past decade has indicated that the more an individual identifies with his or her athletic performance, the less stable their individual identity and self-esteem become (Lockhart, 2010). Participant # 1, athletic counselor at College of the Desert mentions how, “all athletes are a little delusional with their abilities. I think that I probably thought sometimes that I was better than I was.” Not allowing your ego to disrupt your identity requires that athletes shift their outcome focus. All athletes need to develop coping methods to maintain a clear perspective of their self-worth.

Whenever unexpected events occur that cause athletes to be taken out of the game, their identity can be drastically affected. Any injuries that occur that disrupt an athlete’s capability to perform at their best abilities causes elevated psychological distress. Participant # 7 reflects on how his “injury was the worst that has ever occurred in life,” after losing his full scholarship to a prestigious basketball university. He states, “there was a transition where I was disconnected with all sports due to my loss of identity” (Participant # 7). Due to the several unforeseen events in the athletic world, many athletes have had to make a sudden change in their identity due to physical injury.

Athletes with a lower athletic identity view sports as something that they do rather than who they are, which allows them to effectively cope with life changing stresses (Lockhart, 2010). Achieving a good sense of self requires for athletes to comprehend which transferrable skills they are equipped with. Participant #1 shared how she implements interventions that “helps student-athletes with recognizing specific skills that they have in the field of play that can also be applied in the classroom setting.” Effective coaching is a determining factor that contributes towards a player’s identity. Participant # 3, head coach of the College of the Desert football team, expressed how he coaches “egotistical players” all the time. He then reiterated how, “when it becomes a disruption to the team, players get suspended. We are a ‘we’ program and not a ‘me’ program” (Participant # 3). As educators, social workers should familiarize athletes with the concepts of identity development in effort to decrease psychological trauma that occurs when athletes are finished playing sports.

Mental Health Support

Athletes experience various challenges with accessing mental health support. Currently, there is no comprehensive framework or model of care to support and respond to the mental health needs of athletes (Purcell, et. al, 2019). Additionally, “there has been an ongoing stigma that athletes are perceived as weak if they use mental health services,” says Participant # 1. Each participant included in the study shared how they did not address any mental health needs during their careers “to avoid humiliation”. As initiatives are evaluated and

enhanced, social workers should consult with sport organizations and individuals to ensure the relevance and sport sensitivity of their programs (Purcell, et. al, 2019). Athletes should be encouraged to attend mental health seminars and be rewarded by their coaching staff for positive reinforcement. Instead, “most coaches primarily care about winning, and not the individual concerns of their players” (Participant # 3). Participant # 3 also mentions how, “there is a growing concern among community college athletic directors due to the lack of mental health services available specifically for student-athletes.” Student-athletes who battle with their mental health concerns individually run the risk of developing a severe mental illness later in life.

Early intervention is required in circumstances where the performance and life demands placed on an athlete exceed their ability to cope (Purcell, et. al, 2019). Athletes can potentially experience a major injury and significant life event simultaneously. In fact, participant # 7 shared how he “got hurt and experienced another family crisis at the same time.” His best friend/brother died when he was “trying to get healthy to play again” (Participant 7). He then proceeds to explain how he “had no help and had to suffer through the pain” before overcoming these extreme life challenges (Participant 7). Social workers need to intervene with athletes as early as possible during their athletic career to target the psychological processes of the athlete that are impeding mental health (Purcell, et. al, 2019). Developing safety plans with athletes can also assist them with proactively engaging in coping skills that assist with de-escalation. Increasing

resources and research funding to support the evaluation and implementation of athlete mental health programs is essential to improve the management of athletes' mental health symptoms (Purcell, et. al, 2019).

Natural Support System

Each participant included in the study reviewed information about their natural support system and how it changed after their athletic careers were over. Applying the Ecological Systems Theory to the research findings allowed for thorough examination of each participant's relationships developed within their communities. Participant # 7 shares how he was "the hometown hero" and how "everyone always stopped to say hello" when he was seen in public. However, these "fans" were not considered natural supports as they diminished as soon as he experienced his career-ending injury (Participant # 7). Athletes have greater postinjury satisfaction when receiving social support from friends or family members (Yang, et. al 2010). When reviewing the value that sports holds in each participant's family structure, the general response was, "huge". Participant # 2 shared how he met his wife during his "college playing days" because "she was an athlete within the same program". Sports are a universal element in most family cultures which encourages athletes to participate in the first place.

Athletes find themselves simultaneously involved in different systems throughout their career. All these systems coexist and influence each other and every aspect of the athlete's life. Therefore, every athlete's natural support system should reinforce their positive behaviors. Natural supports of athletes also

can have better success with linking them to mental health services. Participant # 3 shared how his wife had to “force” him to seek therapy after he was cut from his sports team and resorted to substance abuse. “Athletes who develop a positive relationship with their family members and friends are assumed to be better prepared for life transitions following their sports career”, says participant # 2.

Symptoms

Athletes may experience a variety of symptoms throughout their career and following their career. Whether they are mild or moderate, clinical interventions should be exercised to decrease the onset of a severe mental illness. Many of the interviewees agreed that they never paid attention to their symptoms until they were done playing sports. This information postulates that athletes can lack attentiveness towards their mental needs and simply want to perform at their best physical capabilities. Practicing regular self-care is a strategy that all participants expressed that they had to learn on their own to reduce the stress developed from sports engagement. Many athletes experience a high prevalence of anxiety and mood symptoms as well as more complex eating and bipolar disorders (Purcell, et. al, 2019). Participant # 1 expressed how she went through, “a period of depression” due to the “amount of weight gained” after she finished her sports career. She then explained how her daily workout regime was completely terminated after she was cut from her sports team. Mental health professionals must remain attentive towards the wider ecological

factors that also contribute towards an athlete's poor mental health (Purcell, et. al, 2019).

The unexpected termination of an athlete's career can lead to severe symptoms of depression and identity crisis. Participant # 4 shared a story about his spike in depressive symptoms that occurred after he was cut from his NFL team. He mentions how he, "isolated" himself then slowly started to, "mingle back into society" once he redefined his identity (Participant # 4). He proceeds to explain how he "had a great situation set up which included buying a house in a secluded city" (Participant #4). "Nobody knew me!" says participant # 4. His goal was to. "walk amongst the public without answering questions like, what happened or what's next" (Participant #4). Isolation supported him with successfully reintegrating into his hometown community. "I was able to be at my worst and accept my new lifestyle. I felt reborn after I cocooned myself for so long", says participant # 4.

Risk factors for athletes may impact the severity of their mental health symptoms. Therefore, social workers must remain mindful of guiding appropriate response interventions for athletes when risk factors are present. Participant # 7 expressed how his "sports related injury" will always be a risk factor that triggers his "depressive symptoms." He then proceeded to mention how he has "a fear for other athletes when watching sports on TV" (Participant # 7). Injured athletes must be able to recognize their intrusive thoughts and immediately redirect them to avoid escalated depressive symptoms or mood swings. Additional risk factors

for athletes include concussions, performance failure, overtraining, etc.

Participant # 3 shared how he has experienced, “multiple concussions on the field of play,” and never reported them due to fear that he would miss playing time. Athletes need to be reminded their mind is their strongest tool on and off the field in order to seek the proper treatment whenever they experience any risk factors.

Limitations

The qualitative study has several limitations that should be considered for further research. First, the findings of the study could have been expanded by including additional participants in the interview process. Next, the findings are based on a sample of ex-athletes employed to the same community college in Southern California. Thus, responses provided may reflect the relationship between student-athletes and athletic staff only at this community college, and the results may not be generalizable to other community colleges. In addition, most of the ex-athletes in this study were males, limiting gender diversity. Another limitation of this study was the lack of additional sports such as hockey, soccer, rugby, golf, track & field, etc. Finally, ex-teammates were not included in this study, however, may have been a critical component when analyzing natural support systems.

Recommendations for Social Work Practice and Research

According to the results of this study, ex-athletes need to explore early interventions during their career to maintain appropriate coping mechanisms following their retirement. The themes examined to identify how athletes develop mental health illnesses can provide sports stakeholders with knowledge on the indicators for additional involvement. Athletics and mental health can maintain alliances to enhance the well-being of all athletes in all levels of competition. There are several unmet needs regarding mental health involvement at the community college level of athletics. Another recommendation to be considered is the development of social service agencies that primarily serve ex-athletes who suffer from identity crises. Furthermore, fundamental training programs for all coaches should provide psychoeducation about mental health issues. This will promote all members of a coaching staff to engage in trainings about clinical care for athletes who are recovering from injury.

Conclusion

The results gathered from the interviewees reveals the underlying need for ongoing collaboration between sports stakeholders and mental health providers worldwide. Athletes need to be empowered to recognize the importance of clinical care as early as possible within their sports career. Early acknowledgment of any symptom developed from sports engagement is essential to communicate in order to decrease the time between illness onset

and available treatment. With a low rate of athletes seeking mental health support, it is suggested that social workers need to utilize their platform for outreach purposes. Ex-athletes feel confident with sharing their strengths however, experience difficulties with disclosing their life challenges.

Each participant provided their feedback and plans to help others who have experienced similar life challenges following their sports career. All the ex-athletes in the study reported a strong connection to their identification as an athlete. Furthermore, all participants openly shared various coping methods that have assisted them with decreasing mental health symptoms.

This research hopes to continue expanding as more people become knowledgeable about the mental illnesses that athletes can develop without treatment. These findings should inspire collaboration opportunities with social workers and sports organizations. The stigma discouraging athletes from accessing mental health services should be eliminated. Mental health should no longer be the most hidden injury for athletes once they feel comfortable with expressing their vulnerabilities. Action plan strategies that are implemented exclusively within professional athletic organizations should encourage all the levels in the hierarchy of sports to follow a similar protocol. The easiest route to recovery requires that various treatment options remain available for athletes in need of help.

APPENDIX A: DEMOGRAPHICS TABLE

#	Sex	Sport	Occupation	Highest Level Exp.	Duration	Age	MH Aid
1	F	Softball	Athletic counselor	High School	<10	31-40	No
2	M	Basketball	Athletic director	College	<30	51-60	No
3	M	Football	Head Coach/GM	Professional	<30	51-60	No
4	M	Football	Deputy of the law	Professional (NFL)	<30	31-40	No
5	M	Basketball	Referee	Professional (Euro)	<20	21-30	No
6	M	Basketball	Tech Support	High School	<20	21-30	Yes
7	M	Baseball	Store Manager	College	<20	21-30	Yes

APPENDIX B: INFORMED CONSENT



California State University, San Bernardino
 Social Work Institutional Review Board Sub-Committee
 APPROVED 5/29/2019 VOID AFTER 5/29/2020
 IRB# SW 1950 CHAIR *[Signature]*

College of Social and Behavioral Sciences
 School of Social Work
Informed Consent

The study in which you are asked to participate is designed to examine Mental Health Illnesses that are developed from sports engagement. Participants within this study are currently living in the Riverside and San Bernardino County regions. The study is being conducted by Trenton Allmang, MSW student under the supervision of Dr. Armando Barragan Jr., assistant professor in the School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub-Committee, California State University, San Bernardino.

Purpose: The purpose of the study is to examine the Mental Health of athletes following their sports careers.

Description: Participants will be asked of a few questions on the current status of their mental health, frequency of years spent engaging in sports play, favorite sports-related activities, reasons for not participating in sports, and some demographics.

Participation: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

Confidentiality or Anonymity: Your responses will remain anonymous and data will be reported in group form only.

Duration: It will take approximately 60-90 minutes to complete interviews.

Risks: The research procedures do not involve any foreseeable immediate or long term risks to participants included within the study. One minor risk to the participants could be some negative emotional reactions resulting from the nature of the questions being asked in the questionnaire. In such case(s), participants will be assured that they can discontinue the research procedures at anytime.

Benefits: There will not be any direct benefits to the participants. But indirect benefits to the participants could be foreseeable in the long run. This research could help concerned individuals, researchers, and the entire athlete community better understand the current status of mental health illnesses developed in athletes.

Contact: If you have any questions about this study, please feel free to contact Dr. Armando Barragan Jr. at (909) 537-3501 (email: Armando.Barragan@csusb.edu).

Results: Results of the study can be obtained from the Pfau Library Scholar Works (<http://scholarworks.lib.csusb.edu>) at California State University, San Bernardino after December 2020.

I agree to be audio recorded: _____ Yes _____ No

This is to certify that I read the above and I am 18 years or older.

Place an X mark here _____

Date _____

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APPENDIX C: INTERVIEW GUIDE

Questionnaire Developed by Trenton Allmang

Circumstances Surrounding the Sport-Career Transition

1. What were the circumstances surrounding your decision to withdrawal from high school, and/or collegiate athletics, and/or professional athletics?
2. What were your immediate reactions/thoughts when you first had to quit or resign from athletic participation (whether it was due to injury, being released, or any other reason)?

Psychosocial Factors Related to the Sport-Career Transition

1. While still competing at the high school level, and/or collegiate, and/or professional level, how much thought did you give towards having to unexpectedly quit your participation in sports?
2. From your experience, what were the most difficult aspects of your unexpected retirement from sports?

Perceptions of Control

1. How unexpected was your removal from your sports team or decision to retire?
2. How do you think the unexpected removal from your sports team affect you?

Athletic Identity

1. On a scale of 1-5 (1 representing a weak identification, 5 representing a strong identification), how connected were you with your identification as an athlete?
2. How often did you self-reflect about your in-game performance following an athletic competition?
3. How did you identify with yourself after the transition out of sports had begun, up until now? Do you still identify with your role as a former athlete?
4. Did you address any mental health needs during your athletic career? (I. e. resulting in your removal in a sports competition)

Social Identity

1. How do you think your social network changed after you were no longer participating in high school, and/or college sports, and/or professional sports?

2. What were the most significant social changes (thoughts/feelings) that you experienced after withdrawing from your sports career?

3. What value does sports hold in your family?

Developmental Experiences

1. When do you think athletes should start preparing for the real world" (following their sports career)?

2. What do you feel could be done to help prepare athletes who may have a similar experience to yours?

3. Have you ever considered your mental health following your sports career?

Available Resources for Adaption to Career Transition

1. Explain how you chose to "deal" with your career transition. What type of coping mechanisms did you utilize?

2. Did you partake in any type of pre-retirement planning prior to quitting your sports career?

3. Looking back, what would you have been most beneficial to help you with your transition?

Quality of Career Transition

1. As best as you can, please describe the quality (negative/positive) of your adaptation and transition out of athletics?

2. What positive things did you experience during your transition?

3. What negative things did you experience during your transition?

4. Looking back, is there anything that you would have done different to help adapt to the transition out of athletics?

APPENDIX D: IRB APPROVAL FORM

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s): Trenton Allmang

Proposal Title: Athletes with Mental Health Illnesses

SW1950

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

- Approved
- To be resubmitted with revisions listed below
- To be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- Student's signature missing
- missing informed consent debriefing statement
- revisions needed in informed consent debriefing
- data collection instruments revision
- agency approval letter missing
- CITI missing
- revisions in design needed (specified below)



Committee Chair Signature

5/29/2019
Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

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