

LGBTQ+ mental health in elite sport: A review

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Key points:

- Elite athletes who identify as LGBTQ+ are at increased risk of experiencing mental health symptoms and disorders.
- Strategies for participatory, collaborative, and multidisciplinary research are needed to better understand the mental health needs of elite LGBTQ+ athletes and how mental health services for these individuals can be improved.
- Policies are needed to address and eliminate discriminatory behaviours and practices that contribute to mental health symptoms and disorders experienced by LGBTQ+ elite athletes.

Clinical care points:

- Ensure mental health literacy resources are inclusive of LGBTQ+ people and offer connections to LGBTQ+ supportive services and providers.
- Routinely ask athletes their preferred name and pronouns to enhance inclusivity.
- Familiarity with affirmative therapy where LGBTQ+ identities and relationships are acknowledged and respected may facilitate a stronger therapeutic alliance

Synopsis:

Within elite sport, very little is known about the mental health symptoms and disorders of lesbian, gay, bisexual, trans, and queer (LGBTQ+) identifying athletes, their experiences with accessing treatment, or their journeys through recovery. Individuals who identify as LGBTQ+ are more likely to experience mental health symptoms and disorders, and non-accidental violence, compared to others. Mental health researchers and providers who work with LGBTQ+ identifying elite athletes are in positions to improve knowledge and pathways to mental health services, address and minimize barriers to mental health services, and enhance mental health service delivery.

Introduction/background

The mental health of elite athletes — those who compete at semi-elite (e.g., highly competitive youth sports, collegiate sports) and world-class elite (e.g., Olympics, world championships) levels — has received considerable attention as of late.¹⁻² Mental health is a resource that allows athletes to recognize their abilities and potential, cope with various stressors both within and outside of sport, participate in sport productively, and make contributions to their respective athletic and non-athletic communities.³ Epidemiological research findings have demonstrated that elite athletes are at risk of experiencing mental health symptoms and disorders.⁴⁻⁶ Mental health symptoms and disorders can be characterized as having negative effects on a person's cognitions, emotions, behaviours, relationships, and daily functioning. For a diagnosis of a mental health disorder, mental health symptoms must meet specific criteria for duration, severity, and frequency.⁷ Such symptoms and disorders can have serious and far-ranging consequences on both the individual athlete as well as the organizations of which they are a part.^{1,8} Considerable efforts have been taken by researchers and practitioners to develop better strategies to prevent, treat,

and manage mental health symptoms and disorders amongst athletes, as noted by the numerous position statements published on the topic (see Vella, et al. for a review).⁹ Despite these extensive efforts, to date very little is known or has been written about the mental health needs of athletes who identify as lesbian, gay, bisexual, trans, and queer (LGBTQ+).

Research from non-athletic populations demonstrates that LGBTQ+ identifying individuals are more likely to experience mental health symptoms and disorders compared to populations who are non-minority with respect to their sexual and gender identities.¹⁰⁻¹² For instance, individuals who identify as LGBTQ+ are more likely to experience loneliness, depressive symptoms, anxiety symptoms, substance use, self-harm, and thoughts and attempts of suicide.^{10,13,14} LGBTQ+ people are also more likely to experience harassment, discrimination, bullying, and assault.¹⁵⁻¹⁷ With respect to being able to access mental health services, LGBTQ+ people experience challenges. For instance, results from the 2017 National LGBT survey conducted in the UK showed that 72% of individuals who identified as LGBT said it was not an easy process to access mental health services.¹⁸ Many respondents reported long wait times; thoughts of worry, anxiety, or embarrassment about disclosing mental health symptoms or disorders to their health providers; unhelpful or unsupportive health providers; not knowing how or where to access mental health services; not knowing who to contact for mental health support; and distances to mental health services that were too far to access. Amongst the respondents, 54% of individuals disclosed or discussed their sexual orientation with health providers, and of those individuals, 9% stated that their disclosures had a negative effect on their healthcare experiences. For respondents who identified as trans, 40% stated that they had a negative healthcare experience because of their gender identity. Studies and reviews of LGBTQ+ mental health service use conducted elsewhere in the world have noted

similar findings and experiences.^{12,19-22} Unfortunately, to date, no studies have evaluated mental health service use amongst LGBTQ+ athletes.

Mental health providers who work with LGBTQ+ identifying elite athletes are in positions to improve knowledge and pathways to mental health services, address and minimize barriers to mental health services, and enhance mental health service delivery. The purpose of this review is to:

- 1) Explore the current epidemiological evidence related to the mental health symptoms and disorders of elite athletes who identify as LGBTQ+; and
- 2) Understand risk factors for and protective factors against mental health symptoms and disorders for LGBTQ+ identifying elite athletes.

Findings from this review will help structure strategies for collaborative and multidisciplinary research on the mental health needs of LGBTQ+ elite athletes and propose directions for evidence-based practice in mental health service delivery for elite athletes who identify as LGBTQ+.

Methods

For this review, a search strategy of the literature was designed and conducted for the following databases: MEDLINE; CINAHL; APA PsycInfo; and SPORTDiscus. English language literature was searched from inception to December 2021, and focused on the topics of elite athletes who identified as LGBTQ+, mental health symptoms and disorders, and mental health services. A combination of the following keywords was used: “athlete”,

“sport”, “gay”, “lesbian”, “bisexual”, “transgender”, “homosexual”, “lgbt”, “lgbtq”, “same sex”, “mental health”, “mental illness”, “mental disorder”, and “psychiatric illness”.

Reference lists of both scientific and grey literature were also reviewed for possible inclusion of additional articles. Where elite athlete-specific or sport-related literature was not available, mental health related literature from non-elite athletes and the general LGBTQ+ population was used. Findings were grouped broadly into the two areas of the purpose statement in order to provide recommendations for future research and practice.

General information

Epidemiology of mental health symptoms and disorders

Within elite sport, very little is known about the mental health symptoms and disorders of LGBTQ+ identifying athletes, their experiences with accessing or receiving mental health support or treatment, or their journeys through recovery. As noted by Currie and colleagues,²³ previous epidemiological studies of mental health symptoms and disorders in elite sport have underrepresented many significant groups of athletes, including LGBTQ+ identifying individuals. Studies that have been conducted within elite sport do provide some information about the types of mental health symptoms currently experienced by LGBTQ+ athletes, but do not offer evidence with respect to specific disorders, let alone their prevalence or incidence. Most epidemiological studies that have evaluated the mental health of elite athletes have not collected or published data concerning sexual orientation, or gender identity beyond binary options. For instance, analysis of the American College Health Association’s National College Health Assessment (Fall 2008-Fall 2012 administrations) has provided some information on the general mental health and mental health harms, including substance use,

of sexual minority college athletes.²⁴ Within this assessment, mental health was broadly defined and assessed by six questions that asked whether individuals experienced feelings of hopelessness, loneliness, sadness, depression, anxiety, and overwhelming anger. Furthermore, mental health harms that were examined included intentional self-injury, thoughts of suicide, and suicide attempts. Information was also collected on substance use, which specifically referred to taking illicit and prescription drugs, and binge drinking. Overall, college athletes who identified as sexual minorities were significantly more likely to experience more mental health symptoms and mental health harms than their heterosexual peers. With respect to substance use, individuals who identified as male and part of a sexual minority were significantly more likely to report using illicit drugs than their male-identifying heterosexual comparators, while individuals who identified as female and part of a sexual minority had significantly higher use of illicit and prescription drugs than their female-identifying heterosexual comparators. Other reviews of this health assessment found similar findings.²⁵ Another study, which examined the mental health literacy of semi-elite women rugby players in the UK, found that athletes who identified as bisexual were more likely to report lower levels of wellbeing and significantly higher levels of distress when compared to athletes who identified as heterosexual.²⁶ Although no research has explored the mental health symptoms and disorders of trans athletes from an epidemiological perspective, several researchers and practitioners have noted that trans athletes are most likely at an increased risk of mental health symptoms and disorders given reported experiences of non-accidental violence in sport settings and evidence from non-athletic trans populations.²⁷⁻²⁸

Risk factors for and protective factors against mental health symptoms and disorders

The ecological model provides a basis for mapping and understanding multiple and interacting risk factors for and protective factors against mental health symptoms and disorders.²⁹⁻³¹ Perhaps most importantly, the ecological model allows for an examination of the lives of athletes both within and outside sport. This holistic life perspective views athletes as multidimensional, non-static, and constantly acquiring athletic and non-athletic experiences.³²⁻³³ The ecological model, while taking on a holistic life perspective, provides a more complete understanding of the athlete and their mental health needs.

The ecological model can be broken down to examine factors that influence mental health at the intrapersonal, interpersonal, and environmental levels. Reviews published by Reardon and colleagues¹ and Kuettel and Larsen³⁴ have previously covered such factors for elite athletes. Intrapersonal level factors included physical and psychological characteristics of the individual, such as female sex, previous injuries, surgery, concussions, adverse life events, chronic stress, burnout, perfectionism, poor sleep, career dissatisfaction, competitive failure, forced retirement, and strong athletic identity. Interpersonal level factors included the interactions athletes had with other individuals, including family, friends, teammates, coaches, referees/officials, and fans. These factors included low social support from teammates, coach conflicts, and relationship difficulties with family and friends. Environmental level factors concerned the physical, cultural, and political environments where sport was practiced and played. This would also cover travel and movement between locations used for training and competition. Some instances of environmental risk factors included playing individual sports, participating in aesthetic sports, forced retirement, and experiencing non-accidental violence.

With LGBTQ+ elite athletes, different levels of the ecological model and the intersectionality of multiple factors must be considered with respect to risk of mental health symptoms and disorders. In addition to the risk factors listed above, careful attention must be given to minority stress.³⁵ Minority stress refers to stressors that are socially and culturally based, that affect marginalized communities, and that are not typically experienced by individuals outside of those communities.³⁶ Minority stress can be experienced distally and proximally. Distal minority stressors are external to the minority individual and include aspects of rejection and discrimination, such as hearing discriminatory language.³⁷ Proximal minority stressors are held internally by the individual and are often based on experiences with distal minority stressors. Proximal minority stressors can include an expectation of experiencing rejection and discrimination, concealment of one's identity for fear of negative repercussions, and possessing self-stigmatizing beliefs and attitudes.³⁵ The accumulation of both distal and proximal stress experiences can lead an individual to experience mental health symptoms and disorders.³⁵ Individuals who possess multiple minority statuses may experience minority stress in different ways and to different extents, which may lead to the exacerbation of mental health symptoms.³⁸

Although it has been recommended that strategies be designed for LGBTQ+ people to enhance or strengthen intrapersonal psychological characteristics, like resilience and coping skills, to address minority stress,^{39,40} strategies that address heterosexist environments in sport as well as non-accidental violence are desperately needed.⁸ In effect, strategies are needed within elite sport to enhance inclusivity of diversity to enhance the likelihood of participation in sport for LGBTQ+ people, at any level of competition.^{28,41-44} Heterosexism refers to the assumption that all individuals are or should be heterosexual.⁴⁵ Such non-inclusive beliefs and attitudes are a major barrier to participation in sport for LGBTQ+ people and a major

reason why some LGBTQ+ identifying individuals choose to leave sport.^{46,47} Heterosexism within sport is often built upon very narrow and limiting definitions of masculinity and femininity.⁴⁷ Behaviours within sport, like disparaging jokes or homophobic, biphobic, or transphobic slurs, reinforce such binary definitions of gender and perpetuate non-inclusive attitudes and behaviours.⁴⁶⁻⁴⁸ The effects of heterosexism and non-accidental violence can be traumatic and push an athlete into isolation, which may precipitate and then exacerbate mental health symptoms and disorders, including eating disorders, anxiety symptoms, depressive symptoms, and contemplation of suicide.⁸ Such isolation may also impact whether an athlete will seek mental health support.⁴⁹

Research from the European Union that has explored the opinions of LGBTI* (lesbian, gay, bisexual, trans, intersex, and *other queer identities) athletes found that 90% of individuals considered homophobia, biphobia, transphobia, and other forms of discrimination to be problematic within sport, with 82% having witnessed or experienced discriminatory language in the previous year.³⁷ A total of 8% of LGBTI* athletes officially reported incidents of discrimination based on gender or sexuality while a total of 32% of respondents stated they did not know who or which organization to contact in instances of discrimination based on gender and/or sexuality within sport. Facing negative personal experiences of discrimination based on gender and/or sexuality resulted in 5% of LGBTI* individuals quitting sport all together.

Careful attention needs to be given to environmental level factors, including local and national policies that perpetuate discrimination of LGBTQ+ individuals wherever athletes may practice or compete. Within elite sport, the 2014 Sochi Olympics may be seen as an example where a nation's stance on sexual minorities had an impact on the concentration,

performance, and mental health of LGBTQ+ athletes.⁵⁰ Prior to the Games, Russian lawmakers passed a federal bill that prohibited the distribution of information about same-sex relationships to children. The bill was signed into law by Russian President Vladimir Putin shortly after it passed the State Duma. The law was criticized heavily internationally as it prevented LGBTQ+ advocacy.

Discussion

Strategies for participatory, collaborative, and multidisciplinary research

Researchers who wish to explore the mental health needs of LGBTQ+ elite athletes should adopt an inclusive participatory approach that is rooted in the health equity promotion model.⁵¹ The model calls for acknowledging: a) heterogeneity amongst LGBTQ+ identifying individuals; b) structural and environmental contexts that contribute to mental health symptoms and disorders; and c) health promoting pathways that take into consideration biological, psychological, behavioural, and social processes. The model further acknowledges the need to address multiple contexts and lived experiences across the lifespan of the individual. With LGBTQ+ elite athletes, this would include attention paid to both athletic and non-athletic contexts across their lifespan, including experiences of childhood through to retirement. Additionally, researchers should adopt good epidemiological practice to better understand the incidence and prevalence of mental health symptoms and disorders of LGBTQ+ athletes, as well as risk and protective factors associated with their mental health needs. This would include the design of participatory, collaborative, and multidisciplinary research agendas, the collection of demographic data pertaining to sexual and gender identities, and the collection of demographic data that would allow comparative analyses

across race, ethnicity, (dis)ability, age, income, class, and geography to better understand diversity and intersectionality within LGBTQ+ populations.^{10,52,53} Researchers should follow previously published suggestions on mental health data collection, including the use of validated and reliable questionnaires that are athlete specific.⁵⁴ Researchers need to also be mindful of the sorts of experiences LGBTQ+ athletes may have with mental health services. This means structuring studies to better understand the mental health literacy needs of LGBTQ+ athletes, barriers to and enablers of mental health services use, strategies for enhanced mental health practice, and strategies to enhance recovery and return to play. Overall, research rooted in the health equity promotion model would help create inclusive policies, address and prevent heterosexism and non-accidental violence in sport, and enhance individual practice to diagnose and treat mental health symptoms and disorders.

Evidence based practice in mental health service delivery

Practitioners need to be aware of research showing that public and self-stigma, low levels of mental health literacy, negative experiences with previous use of mental health services, lack of faith in patient confidentiality, and busy schedules have all been reported to create barriers to seeking treatment for mental health symptoms and disorders for elite athletes.⁵⁵ Additionally, many elite athletes are not open about their sexuality, which may compound the difficulty for these individuals to seek appropriate support for mental health symptoms and disorders.^{55,56} Practitioners should use strategies to enhance mental health literacy, a key factor in enhancing help seeking behaviour and decreasing public and self-stigma, and design those strategies in a culturally competent manner, one that respects the lived experiences of individuals and their multiple identities.^{57,58} Sports teams, leagues, and organizations need to embrace strategies to address heterosexism and the various forms of discrimination against

LGBTQ+ athletes. The National Collegiate Athletic Association (NCAA) has investigated and established strategies for best practice in this area, including the creation of LGBTQ inclusive non-discrimination policies, LGBTQ inclusive codes of conduct, communication material that includes LGBTQ inclusive and non-discriminatory language, the creation and availability of LGBTQ resources for athletes and coaches, and annual training opportunities for staff and students.^{59,60} Practitioners should also follow the further recommendations from the NCAA including raising the visibility of LGBTQ athletes and providing access to mental health services.⁶¹ Strategies to enhance diagnosis and treatment, including both psychotherapy and psychiatric medication, have been extensively reviewed by Chang and colleagues, Reardon and colleagues, and Goutteborge and colleagues.^{1,54,62} Practitioners should establish and maintain a therapeutic alliance with LGBTQ+ identifying athletes, regardless of the specific modality of care. Service providers should initiate any interaction with athletes by asking them their preferred name and pronouns where this would enhance inclusivity.^{63,64} An inclusive and respectful therapeutic alliance – a collaborative relationship between the athlete and mental health provider, which recognizes and validates an athlete’s gender and sexual identity – may act as a key contributor to treatment adherence and overall symptom reduction.^{63,65,66} Practitioners should note that athletes may choose to change their preferred names and pronouns, as well as sexual identities, during their course of treatment and recovery. Affirmative therapy takes a positive view of LGBTQ+ identities and relationships and acknowledges the impact of homophobia, biphobia, transphobia, and heterosexism. At times, within psychotherapy, it may be necessary to ask difficult questions that may pertain to an athlete’s gender and/or sexual identity. For example, the athlete may wish to acknowledge and address experiences of proximal minority stress or explore areas of their various gender and/or sexual identities. Practitioners should approach these questions

and discussions carefully, with sensitivity and respect, rooted in a well-designed and maintained therapeutic alliance.

Summary

Within elite sport, very little is known about the mental health symptoms and disorders of LGBTQ+ identifying athletes, their experiences with accessing or receiving mental health services, or their journeys through recovery. Mental health researchers and providers who work with elite athletes who identify as LGBTQ+ are in positions to improve knowledge and pathways to mental health services, address and minimize barriers to mental health services, and enhance mental health service delivery. Participatory, collaborative, and multidisciplinary research that is rooted in the health equity promotion model may help better understand and address structural and environmental challenges within elite sport while acknowledging the heterogeneity and intersectionality of LGBTQ+ athletes. Inclusive, rigorous research will ultimately help structure mental health services to better address the mental health needs of LGBTQ+ elite athletes.

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