

# **Course 13**

**Psychology, Mental health  
and burnout**

## Learning objectives of the course

Upon completion of this course, the student will be able to:

- ✓ Identify the main mental health disorders in athletes (chronic stress, burnout, depression, anxiety, addictions).
- ✓ Recognise the early signs of burnout and psychological distress.
- ✓ Understand the impact of competitive pressure and environmental factors.
- ✓ Implement prevention and support strategies (listening, referral to a sports psychologist).
- ✓ Adapt their coaching stance to promote a healthy psychological climate and sustainable performance.

## Introduction

Long neglected in favour of physiology or traumatology, the mental health of athletes is now recognised as a key factor in performance and injury prevention. Athletes are exposed to intense pressures: results, selection, injury, body image, social media, family separation, etc.

### Mental disorders are common:

- **Prevalence:** about 15-30% of high-level athletes suffer from a significant mental disorder (anxiety, depression, burnout) at some point in their career.
- **Burnout:** 5-10% in endurance and team sport athletes.

The coach, through daily proximity, is on the front line to detect, support and refer. The coach is not a psychologist, but can create a protective environment.

## 1. Stress and anxiety in sport

### 1.1 Definitions

Concept	Definition	Example in athletes
<b>Stress</b>	Organism's response to a demand perceived as exceeding resources	Before an important competition, physical and mental tension
<b>Anxiety</b>	Diffuse emotion of worry, apprehension, with cognitive (negative thoughts) and somatic (muscle tension, tachycardia) components	Waking up at night before a final, ruminating about possible mistakes
<b>Acute stress</b>	Short-lived, reversible reaction	Just before a decisive penalty
<b>Chronic stress</b>	Prolonged exposure without recovery	Performance pressure throughout an entire season

## 1.2 Yerkes-Dodson law (stress / performance relationship)

- Optimal stress (moderate activation zone): best performance, increased vigilance.
- Under-stress: lack of motivation, apathy.
- Hyperstress: excessive anxiety, blocking, errors, performance drop, injury risk.

Application for the coach: aim to place the athlete in their optimal zone – neither under-stimulated (boredom) nor over-stimulated (panic).

## 1.3 Signs of excessive anxiety to recognise

Category	Signs
Physical	Resting tachycardia, sweating, tremors, nausea, insomnia, muscle tension
Behavioural	Avoiding training, lateness, isolation, excessive ritualistic behaviours
Cognitive	Catastrophic thoughts, concentration difficulties, ruminations, fear of failure
Emotional	Irritability, sadness, feeling of imminent danger

## 1.4 Stress management strategies (to share with athletes)

- Controlled breathing (heart rate coherence: 5 s inhale, 5 s exhale, 5 minutes).
- Positive visualisation: mental rehearsal of success.
- Progressive muscle relaxation (Jacobson).
- Rational internal dialogue: replace “I have to win” with “I will do my best”.
- Preparation routines (reassuring rituals).

**Coach’s role:** do not add unnecessary pressure (“you absolutely must win”). Value effort, progress and the process rather than just the result.

## 2. Athlete burnout

### 2.1 Definition (international consensus)

Burnout is a syndrome of physical and emotional exhaustion related to training and competition, characterised by:

- Emotional and physical exhaustion (persistent fatigue, lack of energy).
- Depersonalisation / disengagement (cynicism towards sport, loss of enthusiasm).
- Reduced personal accomplishment (low self-esteem, feeling of no longer progressing).

## 2.2 Risk factors

Personal factors	Environmental factors
Excessive perfectionism	High performance pressure
Low self-esteem	Lack of social support (coach, family)
Monotrainning (single sport without variety)	Excessive training load without recovery
History of repeated injuries	Conflict with coach or teammates
Young age (less resilience)	Feeling of lack of control over the programme

## 2.3 Warning signs of burnout (to monitor)

### Early phase (reversible):

- Morning fatigue despite sufficient sleep.
- Decreased motivation for sessions usually enjoyed.
- Irritability, mood swings.
- Repeated minor injuries.

### Advanced phase (intervention required):

- Active avoidance of training (absenteeism, lateness).
- Deterioration of relationships with teammates/coach.
- Persistent performance decline despite effort.
- Sleep disturbances (insomnia, early awakening).
- Associated depressive symptoms.

## 2.4 Burnout prevention – coach's role

Measure	Example
Plan recovery periods	Unloading weeks, complete breaks (holidays)
Vary content	Avoid monotony, include games, other sports
Involve the athlete	Give them choices (goals, organisation)
Monitor early signs	Recovery questionnaire, regular interviews
Create a trusting climate	Tolerance for error, non-judgemental listening
Promote life balance	Friends, family, hobbies outside sport

**If burnout is established:** major load reduction, consultation with a sports psychologist, sometimes temporary cessation.

### 3. Depression in athletes

#### 3.1 Specificities

- Is depression more common in athletes than in the general population? Data vary, but prevalence is high (10-30% depending on studies). Specificities:
- Physical signs (fatigue, loss of energy, sleep disorders) are sometimes wrongly attributed to overtraining.
- A depressed athlete may mask their suffering through paradoxical hyperactivity.
- Post-injury: a high-risk period (isolation, loss of identity, chronic pain).

#### 3.2 Suggestive signs

Category	Signs
<b>Mood</b>	Persistent sadness, irritability, feeling of emptiness
<b>Cognitive</b>	Pessimism, self-deprecation, dark thoughts (to be taken seriously)
<b>Behavioural</b>	Social withdrawal, abandonment of enjoyable activities, self-neglect
<b>Physical</b>	Extreme fatigue, appetite/weight changes, psychomotor slowing

#### 3.3 What to do as a coach?

- Do not trivialise.
- Engage in a private conversation.
- Refer to the physician. The physician will assess and propose management (psychotherapy, antidepressants if necessary).
- Adapt training: reduce load, avoid sanctions, maintain connection.
- Do not leave them alone: discreetly inform medical staff, close relatives.

### 4. Addictions in athletes

#### 4.1 Types of addictions specific to the sports environment

Addiction	Mechanism	Signs
<b>Exercise dependence</b>	Seeking well-being through effort, irresistible need	Trains even when ill or injured; anxiety if session missed; social isolation
<b>Substance addiction (doping, alcohol, cannabis, medications)</b>	Relief of anxiety, artificial performance enhancement, or pain management	Behavioural changes, purchasing substances, irritability when deprived
<b>Eating disorders with addiction (orthorexia, binge eating)</b>	Obsession with food "purity" or food compulsions	Draconian diets, guilt after deviation, social isolation

## 4.2 Detection by the coach

- Training despite an unhealed injury.
- Anxiety or aggression when a rest day is proposed.
- Visible use of substances (alcohol smell, nasal traces, syringes) – be careful not to accuse without proof.
- Sudden change in body composition (rapid muscle gain, weight loss).

## 4.3 What to do

Addiction	Referral
Exercise dependence	Impose rest days, sports psychologist, work on life balance
Alcohol/cannabis/drugs addiction	Addiction physician, psychological support, anti-doping tests
Painkiller addiction	Physician, supervised withdrawal
Doping addiction (psychological + substance)	Physician, psychiatrist, detox programme, anti-doping reporting

**Coach's role:** do not judge, protect health, refer. Do not cover for the athlete if it endangers their life.

## 5. Competitive pressure and toxic environment

### 5.1 Sources of pressure

- **Internal pressure:** perfectionism, fear of failure.
- **External pressure:** demanding coach, parents, federation, sponsors, media, social networks.
- **Group pressure:** teammates, internal competition.

### 5.2 Signs of a toxic environment (for the coach)

- Frequent humiliation or shouting.
- Threats of demotion or exclusion.
- Constant comparisons between athletes.
- No right to make mistakes.
- Ignoring signs of fatigue or injury.

**Consequences:** chronic anxiety, burnout, eating disorders, dropout from sport.

### 5.3 How the coach can reduce pressure

Action	Example
Shift focus from outcome	Value progress, commitment, fair play
Set process goals	“Complete 80% of passes” rather than “win the match”
Create psychological safety	Accept error as a learning source
Educate parents (in youth sports)	Meetings on appropriate behaviours
Limit social media exposure	Phone-free periods after a defeat

## 6. Coach’s role in promoting mental health

### 6.1 Attitudes to adopt

Do	Avoid
Listen without judgement	Minimise (“it’s nothing”)
Normalise talking about mental health	Stigmatise (“you’re mentally weak”)
Offer resources (sports psychologist)	Ignore signs
Adjust goals and load	Force despite distress
Set an example (manage your own stress)	Add your own pressure

### 6.2 Setting up preventive psychological monitoring

- Regular individual interview (15-20 min every 2-4 weeks) on mood, stress, recovery.
- Use a simple questionnaire (e.g., anxiety and well-being scale).
- Create a trusting climate: the athlete must know that talking about difficulties will not lead to sanctions or exclusion.

### 6.3 When to refer to a sports psychologist?

- If symptoms persist despite adaptations.
- Systematically after injury (depression prevention).
- After a major failure.
- In case of eating disorder, addiction, burnout.
- At the athlete’s request (normalise this step).

## Key points to remember

- ✓ **Stress and anxiety:** normal in low doses, pathological when they impair performance and quality of life. The coach helps regulate through discourse and relaxation techniques.
- ✓ **Burnout:** exhaustion + disengagement + reduced accomplishment. Prevention through periodisation, variety, support.
- ✓ **Depression:** common, especially post-injury. Do not trivialise. Refer to a physician. Suicidal thoughts = emergency.
- ✓ **Addictions:** exercise dependence, substances, etc. Signs: training despite injury, irritability if rested.
- ✓ **Competitive pressure:** manage by valuing process, accepting error, educating the entourage.
- ✓ The coach is not a psychologist but must listen, refer and create a healthy climate.

## Appendix: Quick screening questionnaires (for the coach)

WHO-5 Well-Being Index (short version)

Over the last 14 days, how often... (0 = never, 5 = all the time)

I have felt cheerful and in good spirits.

I have felt calm and relaxed.

I have felt active and vigorous.

I woke up feeling fresh and rested.

My daily life has been filled with things that interest me.

Raw score (0-25); score  $\times 4 = 0-100$ . If  $< 50$  or rapid drop  $\rightarrow$  mental health alert.

Simple interview questions

“How would you rate your stress level right now (0-10)?”

“Do you feel like training?”

“How is your sleep?”

“Do you have recurring negative thoughts?”