

Life on an Emotional Roller Coaster: NFL Players and Their Family Members’ Perspectives on Player Mental Health

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This qualitative study examined how NFL players and their family members characterized the impact of an NFL career on the mental and emotional health of NFL players. We interviewed 25 NFL players (23 former and 2 current) and 27 family members (24 wives and 3 others) to elicit players’ experiences during and following their time in the NFL. While players experienced positive outcomes from their careers, they also described important mental health challenges including feelings of depression, loneliness, and stress. Many of their concerns during their careers were linked to anxiety about job performance and job security. Post-career concerns were linked to loss of social identity and connections. Players had difficulty finding help for their concerns. We conclude with eight recommendations, including improved resources, confidentiality, and support.

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Yeah, well, these injuries kind of affect you again mentally. Because someone could come in right after you and take your place. You get hurt and there’s

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always someone else. Like if you're not one of the top . . . three players on the team you don't want to admit you're hurt because someone else is going to take your job. So that definitely plays into the mental aspect of it (26).

An NFL career can bring players great financial and social rewards, but there are downsides. First, players collectively suffer a mean of 1,511 injuries each regular season, 160 of which are concussions (Deubert, Cohen, & Lynch, 2016). Second, the mean career length for a drafted player is short, approximately 5.0 years. Third, only about 44% of NFL player compensation is guaranteed (Deubert et al., 2016), meaning NFL teams can—and often do—terminate players' contracts with little warning or further financial liability. These physical and financial realities can cause NFL players significant mental and emotional stress.

In order to better understand issues affecting the lives of NFL players, we conducted a qualitative interview study with players and family members, covering a wide range of topics. Mental health concerns emerged from these interviews in response to open-ended questions about the effects of a career in the NFL on the lives of players. The fact that this topic was raised repeatedly attests to the salience of these concerns from the perspective of players and their family members. This article reveals how players and their family members described and explained players' mental health concerns.

The World Health Organization (WHO) defines mental health as “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community.” (WHO, 2016). In this article, when we use the term “mental health” we adopt the WHO's definition. It is important to emphasize that we are not medical or mental health professionals, and as such, did not undertake to diagnose the players we interviewed with any mental health condition, and we do not use “mental health” as a clinical term of art.

Literature Review

According to the National Institute of Mental Health, 43.4 million American adults, or 17.9 percent, reported some form of diagnosable mental illness in the preceding year (National Institute of Mental Health, 2017). Moreover, studies have found that approximately 16 to 20 percent of American adults have had at least one major depressive episode in their lifetime (Andrade et al., 2003; Kessler et al., 2003; Shim, Baltrus, Ye, & Rust, 2011).

Mental health concerns among elite athletes are less well characterized owing to a lack of systematic studies (Rice et al., 2016). Some commentators have attributed this to the assumption that athletes are more emotionally fit than the general population because they are able to compete at high levels and because physical fitness has positive benefits for emotional well-being. However, increasing evidence suggests that rates of mental health disorders may be higher among athletes than assumed; at least comparable to, and among some subgroups higher than, rates among the general population (Bar & Markser, 2013; Frank et al., 2013; Hammond, Gialloreta, Kubas & Davis, 2013; Reardon & Factor, 2010; Rice et al., 2016).

Existing studies on mental health of NFL players, all of which focus on retired players, offer inconsistent findings. Two studies found that former players

experienced higher rates of depression compared to the general population of adults in the U.S. In a survey of 1,063 former NFL players, 25.6% of the players aged 30–49 years old and 22.9% of those 50 years and older reported current or lifetime depression based on items from the PHQ-9¹ and the National Study of American Life (Weir, Jackson, & Sonnega, 2009). Similarly, in a case-control study comparing 30 former NFL players to 29 healthy controls, the players reported higher levels of depressive symptoms on all BDI-II² scores (Didehbani, Cullom, Mansinghani, Conover, & Hart, 2013). By contrast, lower rates of depression among football players compared to the general public were reported in three studies. In a study partially funded by the National Football League Players Association (NFLPA), 14.7 percent of 1,617 former players surveyed reported moderate to severe depressive symptoms based on the PHQ-9 (Schwenk, Gorenflo, Dopp, & Hipple, 2007). Researchers at the University of North Carolina found that of the 2,434 former players who responded to a questionnaire with complete data, 269 (11.1 percent) reported having been diagnosed previously with clinical depression (Guskiewicz et al., 2007). Finally, a 2016 study found that among 3,439 former NFL players who played between 1959 and 1988 incidence of suicide was significantly less than would be expected compared with the general population (12 and 25.6, respectively) (Lehman, Hein, & Gersic, 2016).

A number of factors related to emotional wellbeing have been identified among athletes, some of which are unique to sports. For example, depression is linked to injury, involuntary career termination (Wolanin, Gross & Hong, 2015), performance “failure” when accomplishments do not meet expectations, and disconnection with family or social supports (Hammond et al., 2013; Gucciardi, Hanton & Fleming, 2017; Weigand, Cohen & Merenstein, 2013; Wolanin et al., 2015). Loss of autonomy and identity foreclosure have also been suggested as risk factors (Hughes & Leavey, 2012). Roderick, Smith and Potrac (2017) point to a work environment in professional sports that can be dehumanizing and insecure, forcing athletes to relinquish autonomy and blurring their public and private worlds. Other researchers emphasize the effects of stigma and the barriers to help-seeking (Bauman, 2016; Gucciardi et al., 2017; Gulliver, Griffiths, & Christensen, 2012).

While the above studies provide useful data on NFL player mental health, we have not identified any studies reporting how players themselves or their family members view the effects of an NFL career on their mental health, or the types, scope, or quality of available supports. We sought to address that gap, and provide players and their family members the opportunity to speak in their own voices.

Methods

This study was part of the Law & Ethics Initiative of the Football Players Health Study at Harvard University. Created in 2014 pursuant to an agreement between Harvard Medical School and the NFLPA, the Football Players Health Study (the Study) is a long-term, multi-faceted research project dedicated to understanding the causes of conditions that NFL players face, with the goal of improving their health and wellbeing. The Law & Ethics Initiative encompasses a variety of distinct projects with the primary goal of understanding the legal and ethical issues

that may promote or impede player health, and developing recommendations to promote player health through structural change.

Study Interviews

The interview guide was designed to elicit information about how a football career affected the players' lives, both within and outside the family, their finances, support for problems, preparing for retirement, and satisfaction with life after football. Questions also covered risk disclosure and risk taking, NFL team healthcare, injury and pain management. The interview guide used for family members closely paralleled the questions asked of players with the majority of questions framed to elicit the family members' perspectives on players' experiences.

Interview topics were chosen based on our existing knowledge about NFL player health issues, news articles, the academic literature, and discussions with former NFL players and their family members, including former NFL players and family members serving as advisors to the Study.

A single investigator conducted all study interviews by telephone. The interviews, 60–90 minutes in length, were audio recorded, and transcribed verbatim by a professional transcription service. To protect the participants' identities, the interviewees were instructed to leave out identifying details, such as names and teams for which the player played. In addition, where necessary, we redacted identifying information from the transcripts.

Study Recruitment

Study staff recruited former and current NFL players and family members for interviews with assistance from the Study's Player and Family Advisors. We also employed "snowball" recruiting by asking interview participants whether they could recommend other individuals who might also be willing to participate. Interview participants were sent a \$100 gift card following the interview.

The Harvard University Committee on the Use of Human Subjects, the University's Institutional Review Board, approved the research. To further protect the research participants' identities, we obtained a Certificate of Confidentiality from the National Institute of Neurological Disorders & Stroke.

To ensure an appropriate minimum level of experience in order for a player or family member to be able to reliably provide insight on an NFL career, we defined an NFL player as someone who played in at least eight games in each of at least two NFL seasons (minimum of 16 games).³ We also sought to include interviewees from a range of position groups (offense, defense and special teams), position types, race, and years removed from playing for former players.

Data Analysis

To identify and describe themes relevant to NFL player health, we employed content analysis (Hsieh & Shannon, 2005; Krippendorff, 2013) using Atlas.ti, a qualitative analysis software. The coding proceeded in three iterative stages. First, the coding team independently read through a set of interview transcripts,

identified key topics emerging from the materials, discussed observations, and arrived at an initial list of descriptive codes (e.g., mental health during the NFL and after the NFL, finding help for concerns, self-esteem, identity, and football culture). A coding dictionary was created to define each code. In the second phase, two members of the coding team independently coded a subset of the transcripts (27%). To ensure consistent application of codes, the team met to review coding, reconcile differences, and refine the coding list by adding or combining codes. They revised the coding dictionary accordingly and recoded transcripts to reflect changes. At the third stage, the text for each code was compiled in matrix tables and the team compared the text for each code and defined higher-order themes (Miles & Huberman, 1994).

Text in which a player described feeling low, sad, down, or depressed, or a family member observed a player that appeared to be or reported experiencing these feelings, was coded as “depression”. Anxiety was defined as any description, by the player or family member, of the player as feeling anxious, nervous, insecure, or worried. Mentions of loneliness, isolation, feeling separate or apart from others were coded as loneliness, and anger included any mention of feeling angry to displaying aggression. In addition, the Atlas.ti query function was employed to identify all instances of key words such as “depression,” “anxiety,” “anger” and “stress,” tagging the surrounding text that referred to the emotional state.

We took two additional steps to ensure analytic validity. First, the research team was composed of individuals from diverse professional and personal backgrounds. Second, we conducted one hour telephone discussions with both a group of the Study’s Player Advisors and Family Advisors to elicit their comments on a summary of the themes identified through the analysis. None of the Advisors who participated in these discussions was interviewed as part of the study. The discussions substantially confirmed our interview findings and helped us to refine our analyses.

The findings reported below are based on the interviews with both players and family members. A transcript identification number and “P” to indicate player or “F” for family member identify illustrative quotations. We have removed verbal hesitations, fillers and repetitions (i.e., “um,” “you know”) to enhance readability. In addition, in some cases we have omitted material in order to avoid revealing identifying information about the participant.

It is important to clarify that our focus is on the mental health of the players—not the family members; while family member mental health is of course an important issue and is discussed in certain places, the focus of our work is on NFL players themselves. In addition to the text below, we also include a summary table (Tables 3 and 4) with an illustrative quotation for each theme.

Results

Participants

We invited 110 individuals to participate in the study and interviewed 66 individuals. Of those, 14 did not play in at least eight games in at least two NFL seasons and were not included in our analysis (Tables 1 and 2). All wives were married and living with their husbands at the time of the interview. In six

Table 1 Participant Characteristics: NFL Players

Characteristic	#	%
Playing Era		
Pre-1993	10	40.0%
1993–2008	12	48.0%
2009–current	3	12.0%
Total	25	
Experience Level		
2–5 Seasons	10	40.0%
6–10 Seasons	10	40.0%
More than 10 Seasons	5	20.0%
Total	25	
Position Group		
Offense	13	52.0%
Defense	8	32.0%
Special Teams	4	16.0%
Total	25	
Position		
Quarterback	1	4.0%
RB/FB/WR/TE	8	32.0%
Offensive Line	4	16.0%
Defensive Line	4	16.0%
Linebackers	1	4.0%
Secondary	3	12.0%
Kicker	1	4.0%
Punter	2	8.0%
Long Snapper	1	4.0%
Total	25	
Race/Ethnicity		
Black	9	36.0%
White	14	56.0%
Other	2	8.0%
Total	25	

cases (12 interviews) both the player and his wife were interviewed independently. Additionally, we also interviewed the father of a player as well as the player himself. Thus, the study represents 45 unique players. Of the 23 former players interviewed, the range of experience was 2 to 14 seasons, with a mean career length of 6.8 seasons, and a median career length of 6 seasons. Players were grouped into the playing era during which the majority of their seasons were played (pre-1993,

Table 2 Participant Characteristics: NFL Players' Family Members

Characteristic	#	%
Relationship to Player		
Wife	24	88.9%
Parent	1	3.7%
Other (Child, Sibling)	2	7.4%
Total	27	
Race/Ethnicity		
Black	11	40.7%
White	13	48.1%
Other	3	11.1%
Total	27	
Player's Playing Status		
Current	5	18.5%
Former	22	81.5%
Total	27	
Player's Experience Level		
2–5 Seasons	10	37.0%
6–10 Seasons	15	55.6%
More than 10 Seasons	2	7.4%
Total	27	
Player's Playing Era		
Pre-1993	3	11.1%
1993–2008	15	55.6%
2009–current	9	33.3%
Total	27	

1993–2008 or 2009–current) (Tables 1 and 2). The reasons for these temporal distinctions largely track the NFL's evolution and are discussed at length elsewhere by Deubert, Cohen, and Lynch (2017). Fewer than 10 percent of the interview subjects were Advisors, or related to an Advisor.

Player Mental Health

Most players were proud of their careers and the fact that they made it to the NFL. They almost universally said that they would do it again if given the opportunity. In their view, their careers yielded social and psychological benefits. Players also experienced mental health challenges either during their tenure in the league, after leaving, or both. Five respondents spontaneously characterized their emotional experiences as an “emotional rollercoaster” (5F; 14P; 33P; 47F; 48F).

All but six players described positive experiences related to their NFL careers both during their time as players and continuing into retirement including financial, social, and emotional benefits. Some viewed their careers as a “blessing” (38P) because it gave them opportunity to do “what I loved doing and that’s playing” (34P). For others it was a “privilege” because “there was a very select group of people who . . . have . . . the opportunity to play in the NFL” and “[I was] fortunate to have been one of those” (28P). One player said: “I loved the team I played for; I loved the people I played with; I loved the fans that supported our team” (46P). In these cases, a player’s career enhanced his self-esteem and brought emotional benefits. A wife observed that her husband gained:

lots of positives from the affirmations that you get from everybody around you telling you that you’re doing a good job for the team. So overall while he was playing, I think his emotional health was a fantastic thing (5F).

Mixed feelings about their experiences were also evident. While they loved playing professional football, they acknowledged problems including experiencing mental health challenges: “I think it was good for me in a way because it set me on a path and I think I could do positive things with it but it certainly took its toll” (32P).

Despite the near universal appreciation expressed for the players’ NFL careers, almost all ($n = 43$) of the 45 players represented in this study experienced at least one mental health challenge during or after their careers based on their own reports or reports by their family members. Their experiences fell into five closely related sub-categories: depression; anxiety; anger; loneliness/isolation; and, stress. Again, we note that we are reporting the players’ and their family members’ descriptions of the players’ mental health experiences, using the terminology they used; we do not intend to suggest any diagnosis or use of terms in accord with clinical criteria.

It is important to note that players and their family members described these experiences as varying in chronicity and severity. Some were longer term and more disturbing concerns, while other incidents appeared to be time-limited reactions to a specific situation, such as feeling depressed during a long rehabilitation or feeling anxious about an upcoming series of games. All of the experiences were notable enough to emerge in response to questions about other topics. None of the interview questions explicitly asked about mental health challenges.

Close to half of the players ($n = 21$) experienced feelings of depression at some point. One player commented: “I think that a lot of players deal with anxiety and depression just on a daily basis” (14P). Similarly, a family member commented: “I think [there are] more active players depressed than you would realize” (50F). Their mental health states were not always linked to a specific incident, but, for some players, were more general or long term; a few reported experiencing depression or anxiety even before they entered the NFL. One player noted that he was “already suffering from depression and isolation and . . . different anxieties” before the NFL but the NFL “solidified it” (15P).

Feelings of depression emerged for ten players after they left the league. Several experienced extended periods of depression that did not resolve easily. A wife described her husband’s depression as follows:

But, it just continued . . . and I just I had to reach out for help, because I said, I don't want him to get so low into this dark space where he just, God forbid, starts to feel like he wants to take his own life, or doesn't feel 'Why am I here?' Because he was in that dark space for about two and a half years (48F).

Significant feelings of anger were reported for seven players after the player left the NFL. One player described going to a "dark place" and "snapping" at his wife, even though he felt he "had never been a mean or evil person in my whole life . . . I holler and scream at any little thing for no reason" (40P). A daughter described her father's "bizarre temper" as "almost like . . . PTSD" (9F). Finally, many players or their family members ($n = 30$) reported that players felt isolated or lonely and more than half of the interviews ($n = 27$) included descriptions of player stress. "It was very stressful . . . Not just hard on the body but definitely stressful . . . on the mental" (21F).

Factors Linked to Mental Health Challenges

Job performance and job security. Constant scrutiny of job performance and pressure to perform at a peak level was raised in half of the interviews as a concern. One player said that the pressure felt like "[i]t's your final exam every week" (3P). A wife observed that "[t]here's a lot of pressure in his position to be perfect. There's not a lot of room for error. And so that was a heavy burden to bear for a long time" (42F). For some players, the pressure could be quite disturbing: "I was paralyzed with fear . . . every player at probably one point or another, has a little bit of fear of failure, or screwing something up—dropping a ball" (34P). In some cases, coaching practices increased the pressure and scrutiny. A player reported that "you're literally videoed every step of every practice, and criticized and critiqued . . . It's that intensive scrutiny—being scrutinized is difficult. I mean it's not a good emotional environment by any means" (30P).

Worry about losing one's position on the team to another player was constant. For many, this was stressful and detrimental to their mental health: "So, there's always that stress, you know, will I have a job or not. So, I think from the mental side of it, there's some different stresses that probably weren't healthy at all times" (11P). The players' job security concerns were well founded. The standard NFL player contract explicitly permits the team to "terminate" the player's contract "[i]f at any time, in the sole judgment of the Club, Player's skill or performance has been unsatisfactory as compared with that of other players competing for positions on Club's roster." ([NFL-NFLPA Collective Bargaining Agreement, 2011](#), p. 260).

In the view of several players, teams intentionally kept players worried about their job: "I was never a guy that had the luxury of knowing I had a job every week . . . the NFL as a whole keeps younger athletes in that state of suspended belief that you might not be good enough" (32P). One wife described how the constant competition for a position on the team could be emotionally exhausting:

I feel like a lot of times, he was sort of beaten down mentally by . . . trying to make the team, and be on the team . . . Were you good enough, and were you

not good enough? I wouldn't say he suffered from, like, a mental health issue, but just it was crazy to see this person who had made it to the NFL but still sort of didn't really feel like he's made it . . . [because of] how they kind of pit the players against each other and what not (10F).

Difficulty with social connections. Four concerns related to making and keeping social connections were noted during the interviews. First, players and their families expressed trepidation about establishing connections with people outside of the NFL because they worried that such individuals were only interested in them as a result of the player's status as a football player, not as a person. A wife succinctly summarized the fear: "Do you like me or do you like my association with the team?" (5F). Players sometimes felt, as one wife said, "very isolated because not too many people could understand what he went through" (20F). Several players reported that they felt isolated simply because their physical size made it difficult to "blend into a situation" (31P). Some also reported that they felt isolated by their celebrity status, which left them feeling that they did not want to "indulge in just normal life activities" (21P) because they were constantly under observation.

Second, frequent team roster turnover and the consequent moves to join a new team made it difficult for some to form close connections, and pulled players and their families away from extended family and close friends. One player noted: "You kinda keep yourself at an arm's length because there is nothing guaranteed" (33P).

Third, some noted that the feeling of isolation in the locker room was sometimes exacerbated by racial, socioeconomic and cultural differences among players.

There's isolation monetarily within that locker room. They know if you either got it or don't And then race played a little bit of an issue in there. . . . It's still like the world but it's just a more intense world whenever you're in the football locker room and there's still that division. There's still, socioeconomically, there's a difference. How people were raised, there's a difference. You know, if a guy's working or if he's tough guy or not. You know, so there's a lot of things that can isolate guys especially in the long 20 week season (32P).

A wife observed that: "even in the locker room it can be a very lonely feeling" (42F). Paradoxically, players were frequently surrounded by people but could feel very much alone at the same time:

[I]t's interesting how in football you were constantly surrounded by people . . . in the locker room, coaches, media, a charity event. You're just always around people yet amidst all those people, it's really very lonely The reason it's so lonely is we put those walls up... and nobody can know that I'm feeling, you know, concerned about my performance, that I'm insecure about this or that because football in a sense is ultimate meritocracy and such a manly thing that you just you always feel like you gotta be on, you know? (25P).

Finally, former players also talked about feeling the loss of their social connection with the team and teammates through practices and games. Several

mentioned that when they were cut from a team, their contacts with the team stopped abruptly. Some said that other team members stopped calling, in part, out of embarrassment and the knowledge that they were similarly vulnerable themselves. This loss also increased the sense of loneliness. One player reflected:

But especially, a couple of guys that I thought were pretty good friends, that we socialized with our families . . . I basically got fired, and didn't even get a phone call from any of my teammates. I think . . . it's normal that you don't get a ton of calls because it's like – there's only so many people that are really your close friends, and it's going to be an uncomfortable call because everybody feels bad, but . . . people you considered to be close friends, that just seems very, very odd . . . and so at that point, I kind of recognized, well, these aren't really good friends; they're just people I work with (37P).

Loss of football identity. It is frequently said that few players leave the NFL voluntarily—instead, careers end when teams are no longer interested in a player's services. Thus, it is not surprising that no longer being an NFL player was difficult for most, and many described experiencing a terrible loss. After leaving the NFL, players were distressed by losing what they had cultivated and were rewarded for since a young age. This led many player participants to question how they defined themselves and challenged their self-esteem.

Almost all of the players described the importance of football in their lives, saying that football was “so all-encompassing of their lives” (8P) or “everything was football, football, football, football” (52F). Concerns about a loss of identity after leaving football were described in 18 of the 43 interviews with former players or family of former players. In these cases, players struggled with coming to terms with who they were beyond their football identity. One family member noted: “if he wasn't in football anymore, like . . . what was he?” (8F). Some even felt “shame” that they were no longer playing football (40P). A player summarized these feelings:

But for most that are successful in the NFL, they've had this identity as an athlete and professional or, you know, a football player for a really long time. And then all of a sudden that stops. I think for a lot of football players there's a real crisis with that, because all of a sudden no matter what your degree was in college, no matter what it was, your identity all along was that you were a football player. And all of a sudden you're not, and I think especially for people that were good at it and which obviously if you played in professional places you were but all of a sudden that stops and so your identity is gone (30P).

He went on to say that the emotional effects of this loss can be worse than the physical effects of a playing career: “But I really believe it's more of an emotional issue of losing your identity and some of those other things that can cause emotional trauma more than what's happening physically too” (30P).

Distress was greater for players when they were released or “cut” from a team, rather than voluntarily retiring, because that event was beyond their control. A wife said:

And leaving the league, I think, is a hard thing to do because most of the time, it's not you choosing to leave, it's them telling you it's time to go. So you might not always be ready when it's time to go, and that's a hard pill to swallow . . . because, when you're in it, it feels like that's all there is (27F).

The feelings of loss were exacerbated by players' perceptions that people outside of football no longer valued them: "And so going from people knowing who you are, just liking you because you play football . . . to nothing and nobody . . . is what . . . is challenging" (26F). To illustrate this concept, a family member drew the analogy to a "light going out" when a player moves from the "limelight" and the frequent praise or recognition that came with their job to the loss of standing in the community and with the team:

I think that a lot of the players, whenever they're in the limelight like that, they're used to people praising them and you know, and [he] had a lot of friends whenever he was playing. And then all those people turned their backs on him. So kind of like you're in this big room full of lights, and you have all these things, and all of a sudden, the light goes out and everyone disappears (48F).

Several players described questioning their own personal value; questions that continued to emerge for years after they were no longer in the league:

[Y]ou got friends that are still playing or there's guys that you were better than that were playing after you and it's like 'what did I do or why I am not good enough' . . . I mean it takes your soul because you know, I still think about it. I have bad dreams about, you know, being cut and, you know, I was cut quite a few times . . . so I definitely think the mental health portion of it [is] never really being addressed (32P).

Indeed, many players struggled to understand their value as more than a football player:

[O]nce you finally come to grips with the fact that you're done playing, stuff like self-esteem issues start creeping in. Like I said, people want to know you whenever you're playing, but they don't know you when you're not. And, so, I started having those feelings . . . You start thinking about, okay, did she marry me because I played? (1P).

One player talked about coming to terms with the loss: "I'm more than just a football player. I'm a human being. I wanted a family. I wanted to be a husband and life is bigger than just football" (19P).

Support for Mental Health Challenges

The main sources of support for players, both during and after their careers, included their wives, parents, other family members, team mentors, religious organizations, and team staff. Ten respondents noted that a player would, or did, seek help from a professional counselor, although in five of these instances it was for marriage counseling. One player described his support structure:

[O]bviously my wife would be my number one. I feel strong in our relationship that we have good communication and if it was something I wouldn't probably bring her something that would worry her, but if I really needed help with something, she'd be the person I'd take it to. I think also I found good advice from my teammates and we also had a player development person [described below] within the organization that was a very recently retired player, so he kinda was good with advice, good with listening and just had the best interests of the players in mind (6P).

Wives were a particularly important source of support for football players. Both players and family suggested that wives needed more support and guidance to enable them to help their husbands because they have a "huge responsibility" (4F). In their view, wives could be better supported by the NFL and NFLPA through educational programs and materials that describe how to help a player socially and emotionally make his transition out of football. They also wanted practical information about "resources available to call if you think your husband is depressed" (20F). In addition, some noted that wives themselves would benefit from support programs, perhaps run by wives of veteran players to help with their own sense of isolation and loneliness.

When they could, players appreciated the opportunity to talk to other players, particularly older players, because they "had the experience that maybe you were going through" (34P). However, this was not an option for those with concerns about confidentiality or those who had difficulty forming close relationships with their teammates that would allow for the kind of trust necessary to confide in others. Some noted that the "high turnover rate in the NFL, [made it] hard to make friends and keep friends for a long time" (14P). A number of players and family suggested that more robust or structured mentorship programs designed to address confidentiality concerns might provide these supportive relationships for players more broadly. We discuss this issue further in the Discussion and Recommendations section below.

A number of respondents mentioned the value of giving players better access to counselors or having someone on the team prepared to assist players with "wellness" including mental health. They thought that these services should be offered to current players as well as players who were "just let go" (2F). However, some players who sought help from a professional counselor or therapist reported mixed success. One player said he worked with a sports psychologist but it "didn't really seem to help" (25P). A wife noted that her husband did not seem to benefit from seeing a number of therapists although she felt that their couples' therapist "helped a lot" (2F). Some of these problems may have stemmed from concerns about confidentiality that inhibited their participation. Respondents suggested that to address this concern, the NFL should provide players and their wives (both current and former) with access to therapists who are not associated with the league or an NFL team.

Players and family noted that stigma around mental health concerns and the resulting reluctance to see a therapist should be addressed directly. This might include asking players who are comfortable with this topic to communicate the message that: "there is nothing wrong with speaking to a therapist. That doesn't mean you're crazy" (15P). Indeed, star NFL wide receiver Brandon Marshall has

been vocal in recent years about his own struggles with mental illness and has publicly advocated for acceptance and understanding in the NFL community (Cogan, 2014). Nevertheless, one wife observed that Black players may be particularly reluctant to see a therapist; she suggested that counseling programs should account for what she believed was customary in that community:

Cause that's just not something that we do, typically. I'm not gonna say none of us have ever gone to therapy. But for the most part, just our culture We'll go to church. We'll pray about it. We'll talk to our friends about it. A lot of us are not gonna go see a therapist when we're having issues. Especially men . . . but I think if there would've been someone, maybe not call themselves a therapist, someone on the teams, like you know that when you're feeling down, or when you're angry or when you're having issues, this is the person that I'm supposed to call to talk to about this kinda stuff. And if it was truly confidential, I think that that would have been helpful for people (52F).

Faith, religious organizations, and team chaplains (who often hold small studies or sermons for interested players) were a source of support for a number of players and family members including providing guidance for “issues within our marriage” (4F). Some noted that they would turn to these sources of support first because “our faith is a huge foundation for our family and kind of our walks in life so we seek out a lot of times, counsel from our pastor. So even if it's like, finance, any of those things on that list, we'll go to someone in our church first” (12F). However, these faith-based sources were not an option for everyone because, as one wife commented about the team chaplain “there are people who aren't religious and so they don't feel comfortable talking to him” (29F).

Some found help through the team's player development staff. These employees are often ex-players who are responsible for assisting the team's players with a blend of professional and personal issues, including transitioning from college to the NFL, getting the player and his family settled in a new environment, dealing with the media, continuing their education, planning for retirement, and providing general life coaching and guidance (Deubert et al., 2016). As respected elder statesmen of the game, these individuals have the opportunity to play an important role in assisting players. One player believed that these individuals were: “good with advice, good with listening and just had the best interests of the players in mind” (6P). Several players suggested that the work of these staff would be enhanced if they were trained in more systematic psychoeducational approaches. One player described in detail how player development staff might be trained to help players learn how to deal with stress or clarify personal goals and values to help them plan their life after retirement. We discuss this issue further in the Discussion and Recommendations section.

Barriers to Support

One important barrier to players finding help, described in 15 interviews, was the expectation that they should think and behave as if they were invincible and not show or admit to weakness. They noted that they were taught to “just deal with” their problems (11P). In their eyes, those players who appeared to be tough and

showed dedication to the team were the most admired. This attitude applied to both physical and mental distress, and kept many players from seeking help, even when they thought they might need it:

I really didn't have anywhere to go for support for many things. I know with me and a lot of guys that played football one thing we don't wanna show is weakness. You know, we were always taught to be tough . . . I never wanted anybody to see that I was weak or that I needed help. You know, I always wanted to be in control and be able to, you know, handle my own problems (38P).

Seeking help for mental health challenges may have been more difficult than for physical problems simply because of the stigma associated with talking about these kinds of concerns:

I could tell you just from experience, that the reason a lot of players may silently deal with what they are dealing with too, just based on a trust standpoint or a desire to not engage in something that seems a little bit more private or judgmental (48F).

A second barrier to receiving mental health support described in 18 interviews was players' concern that seeking such support would get back to the team management and negatively affect their career:

[I]f you expose yourself that might be kinda like a bad thing on your record . . . You didn't wanna make anybody think that there was issues or problems because you were afraid that it'd get back to your team and they would be kinda taking that into consideration when it came to contract negotiation or employment for the next year. So you tend to keep to yourself (33P).

A wife reported that her husband sought mental health care but concluded his treatment earlier than she thought he should have because he was worried about being viewed as "lingering" and no longer "dependable" (21F). She said that he also worried that: "Definitely, what I say to the therapist is gonna get back to the team" (21F). Several wives noted that even if a player went to talk with someone about emotional concerns, he would limit how much information he shared because of concerns about a "conflict of interest" (45F). In addition, others avoided using counseling programs associated with the NFL.

They have like the counseling programs. They have those phone numbers and people that you could talk to if you had issues, but I know for a fact my husband didn't trust anybody in the front office. He didn't even want to deal with them. So anything that came from the team, he wouldn't have used those resources (45F).

In fact, some who did seek professional help found that information about treatment was revealed to the team: "I ended up battling depression once and then I realized . . . it was being used against me on the first team . . . which I thought was confidential. It ended up not being" (32P).

Players were also worried about confidentiality if they shared their concerns with teammates partly because some teammates were competing with them for the same position:

There's nobody in a team that you can trust to give your business to . . . I know a couple of guys were seeing a therapist. I know a couple of my teammates were but you just don't trust people with the team. You know, just cause it's such a big conflict of interest – you don't want them in your business. And so you just try to work it out yourself. Because you don't trust anybody and even to some extent you can't trust all your teammates because everybody's fighting for a job and its business (19P).

Nevertheless, prior research has indicated that many players are not aware of the programs and benefits available to them (Deubert et al., 2016). And even if they were aware of possible support mechanisms, 21 participants noted that they did not have or would not have looked for help for emotional concerns. “I really didn't have anywhere to go, for support for many things” (38P). “You were sort of doing it on your own” (8P). One player who described being “paralyzed with fear” said that he “just toughed it out . . . I never considered saying anything” (32P).

Notably, a number of players and family members said that they were aware of educational programs and groups offered by the NFL or NFLPA but strongly recommended more assertive outreach. This could include contacting each player (current and former) to ask: “How are you doing with this?” (1P) or “having someone check in” (26F) with both retired players and wives. In addition, some commented that programs should be “better publicized” (26F) and that there “could more a more concise, clear-cut explanation of all of the opportunities and resources that are available to the players between the NFL and NFLPA” (45F). Moreover, several players reported administrative difficulty enrolling in such programs:

But just to get access to them it takes a lawyer. It takes a Nobel prize lawyer, someone to navigate through it all. It's horrible . . . The signing up, I've signed up with the Trust and I still haven't heard from anybody . . . And they haven't called me back yet . . . So again, it's a program that a lot of money thrown at from the NFL, NFLPA or whoever, but what are they doing with it? I can tell you they're not helping me out right now (3P).

Dealing with the demands of signing up for a program might be more difficult for older players less comfortable with the internet or who are somehow disabled physically or emotionally:

A lot of . . . guys don't use computers or don't have email, particularly the older guys . . . or guys that are so depressed or physically or emotionally unhealthy, they're less likely to be engaged with the Players Association. So the guys who may need it the most have the least access to it (20P).

Having the time and energy to seek mental health assistance while playing can be particularly challenging. One player pointed out that players get the message that they need to focus their time and energy on physical health to keep their standing: “If you're not all in 110 percent then you don't have a home here in the

NFL” (23P). Consequently, taking the time to attend to emotional concerns is not a top priority for players:

I understand when we talk about health, we talk about mental health, emotional stuff, emotional stability . . . it’s got to be the most difficult thing to do while you’re trying to make it and trying to stay on a team (23P).

Discussion and Recommendations

Given their physical size and fitness, celebrity status, and relative financial success, it is easy for people to dehumanize players and disregard the mental health challenges of playing in the NFL. As a result, there is little understanding of player mental health in popular culture beyond anecdotal reports in the news media about the social and emotional lives of individual players. Similarly there is limited evidence about the mental health of football players in the scientific literature. In this study, we illustrated the substantial mental and emotional benefits and stresses that players experience as a result of their careers and considered how their work environment is linked to these problems and their ability to seek help.

Our findings are consistent with the thesis expressed in Roderick et al. (2017) that the work environment of professional sports which offers only a short-term, transactional connection to the employer and emphasizes performance over individual identity can have negative consequences for a player’s emotional wellbeing. This is exacerbated by what Roderick et al. (2017) suggests is the blurring of private and public lives. For NFL players, a tension between personal and confidential concerns and living in a role with a very public identity contributed to distress and limited opportunities to find help.

Players and family members could not always find the assistance they needed either because they could not acknowledge or identify their problem, or because they would not or could not find help. This finding comports with the study by Gulliver et al. (2012) in which stigma, lack of knowledge about mental disorders, and services were key barriers to help seeking. However, concerns about loss of confidentiality and the threat of employment loss may be more prominent in football than in other sports.

The confidentiality concerns expressed by players and family members are justified. While the NFL’s insurance plan explicitly states that the submission of claims by players or their family members for mental health, substance abuse, and other counseling services provided for under the insurance program “will not be made known to [the] Club, the NFL or the NFLPA,” in practice players, at the request of their teams, execute broad confidentiality waivers that undermine this apparent protection (Deubert et al., 2016). The first waiver authorizes the team, the NFL, and other parties to use and disclose the player’s “entire health or medical record” expressly including “all records and [protected health information] relating to any mental health treatment, therapy, and/or counseling, but expressly exclud[ing] psychotherapy notes” (Deubert et al., 2016). The second waiver authorizes all of the players’ “healthcare providers,” including “mental health providers” to disclose player health information and records to the NFL, NFL teams, and other parties (Deubert et al., 2016). Thus, a player’s team can indeed receive substantial information about a player’s mental health treatment.

The NFL and NFLPA do provide players with some resources for mental healthcare. A standard training camp PowerPoint presentation from the NFL to current players includes slides about the importance of mental health and advises players to use resources available to them, including team doctors.⁴ Nevertheless, given the conflicts and distrust noted above, this may be of limited use to current players—and of course, is irrelevant to former players who no longer have access to team medical personnel. In 2012, the NFL, in partnership with other organizations, created the Life Line program, a 24/7 hotline for players (current and former) and their families in need of assistance during crises (<http://nfllifeline.org/resources/programs-and-benefits>). The Life Line connects callers with professional counselors for confidential support and advises of additional resources that may be available for mental health support. Finally, players are able to receive mental healthcare through their player insurance plans though, as discussed above, confidentiality is not guaranteed. Moreover, former players with at least three years of experience only receive health insurance coverage for five years after their career ends (Deubert et al., 2016).

In addition, the 2011 NFL-NFLPA collective bargaining agreement allocates \$22 million per year to healthcare and related benefits, funds, and programs for former players, increasing at 5 percent annually, at the NFLPA's discretion (NFL-NFLPA CBA, 2011, Art. 12, § 5). The NFLPA used the money to create "The Trust," a program designed to "provide resources and benefits for former NFL players to ensure a successful post-career" (<http://playerstrust.com/about/our-history>). The Trust provides a variety of services, including connecting former players with mental health treatment.

The NFL also provides financial and treatment benefits for conditions that might be related to mental health, such as dementia, Parkinson's or Alzheimer's (Deubert et al., 2016). In addition, the League supports the NFL Legends Community, Alumni Association, and Player Care Foundation, all of which are communities of former players that can assist former players in obtaining access to a wide variety of benefits, programs and resources, including for mental health.

Outside the NFL, there are other organizations that seek to help former players and their family members, including but not limited to the Retired Players Association, Gridiron Greats, and the Off the Field Players' Wives' Association. All of these organizations seek to help players with a variety of issues, including mental health.

Despite the available resources, the results of this study and other work performed as part of the Football Players Health Study point to a number of approaches that can help players and their family members better manage mental health issues. It is important to recognize, however, that certain approaches are more relevant to current players than former players; for example, any changes made to teams' operations will be irrelevant to former players. Moreover, under the National Labor Relations Act, the NFLPA's principal obligations are to current players, not former players (Deubert et al., 2016). Nonetheless, the NFLPA has in recent years negotiated benefits and created programs aimed at helping former players, which we commend. Although this means that current players are effectively contributing funds that would otherwise be allocated to their salaries, they will eventually be former players, too. Thus, as we have recommended elsewhere, the NFLPA should continue to assist former players to the extent such assistance is consistent with the NFLPA's obligations to current players

(Deubert et al., 2016). In addition, this study suggests the importance of cultivating informal supports through relative, peers, and religious organizations.

Recommendations

In terms of more specific recommendations, first, players and their families need to hear that they are not alone in their feelings and that mental health challenges are not an abnormal or shameful experience. All players, from rookies to veterans to former players, should be made aware that assistance for these problems is available. As stated above, at least for current players, the NFL's preseason presentation to players does include information about mental health issues and treatment. This information needs to also come from others with the ability to influence players, including other players, the NFLPA, and their friends and family. It is important that these issues be normalized, de-stigmatized, and treated with the appropriate levels of respect and seriousness, as well as confidentiality (Corrigan, Morris, Michaels, Rafacz & Rusch, 2012).

Second, players (current and former) and their family members should avail themselves of the mental health assistance currently available to them, with assistance from contract advisors (i.e., agents), the NFL, the NFLPA, and others (Deubert et al., 2016). Relatedly, we recommend that the NFL and NFLPA should continue and improve efforts to educate players about the variety of programs and benefits available to them (Deubert et al., 2016). However, we understand there are concerns about the confidentiality of mental health treatment, which is addressed in our next recommendation.

Third, to effectuate the goal of unencumbered access reflected in the insurance provisions, we recommend that the NFL and NFLPA re-assess whether the collectively bargained waivers executed by the players are overly broad. The NFL and NFLPA should reconsider whether waivers providing for the use and disclosure of player medical information should continue to include mental health information (Deubert et al., 2016).

Fourth, we recommend that NFL players be provided healthcare—including mental healthcare—in an environment that is as free from conflicts of interests as possible (Deubert et al., 2016). While the details of such an arrangement are complex and described in a separate publication, we believe it is essential and possible to provide players with treatment by doctors and other medical professionals who are exclusively concerned with the players' interests, rather than having duties to both players and the team.

Fifth, players and their family members should have access to structured and well-tested programs to help them to anticipate and cope with their mental health challenges as well as gain insight into their personal experiences. One approach, especially for younger and current players, involves using web-based interventions which draw on a variety of psychotherapeutic and educational approaches and have been shown to be effective in treating depression and anxiety disorders (Berger, 2014; Renton, Tang, & Ennis, 2014). Some programs are self-guided and others blend in clinical contact or peer support. These programs can facilitate access particularly for those concerned about the stigma associated with visits to a therapist. Two web-based programs have been developed specifically for men including Mantherapy (<http://mantherapy.org>) (Spencer-Thomas,

Table 3 Summary of Key Themes

Theme	Illustrative Quote
Depression	A lot of his friends, they would just you know slowly stop hanging around and slowly stop coming . . . I think he was depressed at one point. He would never admit that. But I think he was, 'cause he stopped sleeping. He was just acting, you know, he'd be up all night. And he would always say I'm fine. I don't care, whatever. I don't care. I can tell that you care. There's no way that you don't care. I've seen him cry before (52F).
Anger	[H]e has a gun for his store, for his business. And because sometimes he gets so angry I take the gun and I put it in a hiding place, and I'm going away because, not because I think he's gonna hurt himself. I just like to take preventative measures because, you know, you just never know and I wanna feel safe in my home, and I want him to just be okay when I'm not around (48F).
Loneliness Isolation	Every little thing was under the microscope so he just kinda felt isolated and even with teammates sometimes, I mean, sometimes it can be cutthroat because everybody wants their job. Everybody wants to be better than the next person so. You don't want the person that's vying for job to see that you are moving slow or your knees are hurting because then they're coming for your jugular sometime (21F).
Anxiety	So you have all that change and uncertainty there, there's anxiety and anxiety's kind of a doorway to depression (14P).
Stress	I'd say the last year or so, just some of the stress, mental stress, you know, and negative self-talk and some of those things that I put myself under were not good . . . But as far as things that I say health wise or mental health I wish wouldn't have happened, I look at the mental health potential issues that I went through were really self-induced. They were my own, you know, stinking thinking put me in some of those spots (25P).
Sources of Mental Health Challenges	
Job performance	Everybody knows exactly to the dime how much money I make and people know that and you underperform or over perform, you either don't deserve the money you're getting paid or you deserve to make more. I think for a societal standpoint instead of just going to work and doing something that we love, we have a little pressure in the back because everybody knows and expects. The expectation level is far exceeding, what some players can divvy out and give (14P).
Job security	Early on in his career, he was always getting cut and re-signed by the same team, which was distressful . . . I found a difficult thing about the NFL was that the highs were really high, and the lows were really low. You [could] be a hero and then two weeks later, you don't know if they have to cut somebody, and were you gonna be the first in who would be cut . . . And then at the end of his career, it was tough again when he was older, and coaches would change, and the middle of the year, coaches firing. If your coach left, you were nervous about how that would affect [you] just if you were there or not still in (10F).

(continued)

Table 3 (continued)

Theme	Illustrative Quote
Loss of identity	Cause you know sometimes . . . he can't talk to his other friends about I'm not a football player anymore. What do I do? Woe is me, 'cause they don't get it . . . what that feels like to kinda go from feeling like you're on top of the world to nobody (52F).
Loss of social connections	[He] wasn't playing any more, and the guy that he went to high school with just completely cut him off. And he was really hurt about that . . . They disappeared. They didn't call him to check up on him, you know. His birthday would go by and he wouldn't even get a text . . . He said, I remember when I was playing, my phone, I would finish the game on Sundays and I would have like 17 to 20 text messages, and ten missed calls. And now, no one's calling me, no one's checking on me to see how I'm doing. Socially, for him, it was, who am I, why am I here? Nobody loves me. I was just a football player. Now that I'm not playing football, I'm nobody, no one cares (48F).
Factors Impeding Mental Health Support	
Reluctance to admit weakness	These guys are unbelievable athletes. They don't need anybody's help . . . then when you get them off the field, for them to say, 'I have an issue' . . . and need your help because I can't figure this one out.' . . . I think a lot of guys struggle with that because most of them don't need help on the field . . . and so to turn to somebody else . . . as a player you think, 'Well, you know, I don't need any help. I need to be stronger. I'm a guy . . .' It's like a Samson syndrome kind of (14P).
Concerns about confidentiality	Even with the . . . people who are the ones you should be able to go to or even the chaplain he was concerned that word would get out. That in some conversations, you know, something would slip and it would go to a coach or go to the manager or whatever . . . They say, in this business you have to have tight lips (26F).
Difficulty finding professional help	There is no counseling. No counseling [by] any person, professional person (30P).
Sources of Mental Health Support	
Wives	I start with my wife . . . her and I have a great relationship, we're very close. And because of that we kind of share nearly everything with each other, and so she'll help me deal with any issues that may come up (24P).
Family members	He would have turned to his parents, his father and mother, for advice and counsel (20F).
Team mentors	There was a person inside the first team that he played for that was really a mentor for him away from home. . . . He would talk to him about on the field activities as well off the field activities . . . because this person had played in the league and he had developed a trust with this individual (7F).

(continued)

Table 3 (continued)

Theme	Illustrative Quote
Religious organizations	I would say probably our church. The team and the NFL provides all types of counseling, and that sort of thing, if you ever feel like you need it. I mean, that constantly, we were getting things in the mail from our insurance saying, ‘If you feel – to talk to someone, or if you’re feeling depressed or anything like that, feel free to call this number, we provide counselors’ and it was all anonymous. So I mean, he never took part in any of that, but that was always offered by the NFL and through the insurance program but we – we clung to our faith, and I mean, he would go to God first, and to our church (27F).
Professional counselors	Definitely going to talk to counselors . . . we were referred by [a] retired couple from the NFL (2F).
Team staff	We had a player development guy my first few years. It was like a mentor to all of us. He was awesome. They let him go after my third year but he’s a guy I still talk to. He was one of those guys that, I mean, anything in the world, money financial, personal problems, football problems, anything in the world you could talk to this guy. He’s another one just really great (25P).

Table 4 Summary of Recommendations

1. Players and their families need to hear that they are not alone in their feelings and that mental health challenges are not an abnormal or shameful experience.
2. Players (current and former) and their family members should avail themselves of the mental health assistance currently available to them, with assistance from contract advisors (i.e., agents), the NFL, the NFLPA, and others. Relatedly, we recommend that the NFL and NFLPA should continue and improve efforts to educate players about the variety of programs and benefits available to them.
3. The NFL and NFLPA should reconsider whether waivers providing for the use and disclosure of player medical information should continue to include mental health information.
4. NFL players should be provided healthcare—including mental healthcare—in a structure and environment that is as free from conflicts of interests as possible.
5. Players and their family members should have access to structured and well-tested programs to help them to anticipate and cope with their mental health challenges as well as gain insight into their personal experiences.
6. Players and their family members should have confidential access to a variety of professionals trained in counseling or related issues such as chaplains, therapists, and the team’s development staff. Relatedly, we recommend that teams provide greater support for their developmental staff.
7. Wives and family members should be empowered to offer support regarding the mental health challenges that players may face. They should be aware of any gaps in their own understanding of player experiences, and the NFL and NFLPA should offer programs or materials to help them become better health advocates.
8. Players should seek out and learn from more experienced players, including former players, concerning health-related matters, and that players take on a responsibility to one another, to support one another’s health, and to change the culture for the better.

Hindman, & Conrad, 2014) and a suicide prevention program designed for the construction industry which could be adapted to the NFL (<http://www.constructionworkingminds.org>). Another program run by The Center for Mind-Body Medicine (<https://cmbm.org>) is designed to promote self-awareness and mindfulness, stress management, and promote self-care (Greeson, Michael & Pearce, 2015; Gordon, 2014). This evidence-based program has been effective for health care providers, military veterans, and traumatized populations internationally. Veteran players could be trained as mentors to facilitate these programs. In addition, Gulliver et al. (2012) conducted an exploratory study of an online program to promote help seeking for mental health concerns among athletes. This program should be considered for adaptation to the NFL setting. The NFL and NFLPA should work with players and family members to identify the most effective ways to ensure that these programs are promoted.

Sixth, players and their family members should have confidential access to a variety of professionals trained in counseling or related issues such as chaplains, therapists, and the team's development staff. In addition to providing psychological support they should be prepared to refer to psychiatrists when needed. In addition, the developmental staff has the potential to be a powerful resource for players, particularly in pointing them to the various programs and benefits offered by the NFL and NFLPA, and helping them through the process of taking advantage of those programs and benefits. Better support for these staffs and professionalizing their role, teams can make gains in player health. Lastly, safeguards must be implemented to prevent the players' concerns from being transmitted to the team in order for players to feel comfortable taking advantage of such professionals (Deubert et al., 2016).

Seventh, wives and family members should be empowered to offer support regarding the mental health challenges that players may face. They should be aware of any gaps in their own understanding of player experiences, and the NFL and NFLPA should offer programs or materials to help them become better health advocates (Deubert et al., 2016). For example, the NFL and NFLPA could provide information and seminars on relevant health issues or support systems and programs for players and families suffering from various conditions. At the same time, family members should be careful about the pressures they might place on players and can help themselves and players by learning about a player's health situations and understanding what might be done to safeguard them.

Eighth, players need better peer support. When players leave the NFL, depression, loneliness, and problems with retirement are amplified by the fact that their identity was so closely defined by football, leaving them cut off and suddenly without the daily structure, resources, and social contacts that were so important to their lives. In addition to developing skills and interests outside of football to prepare for their transition out of the league, players and their families needed help to anticipate their feelings of loss and understand the reasons for their feelings. Those players who are not able adjust to the loss should have easy access professional or formalized peer support. For these reasons we recommend that players seek out and learn from more experienced players, including former players, concerning health-related matters (Deubert et al., 2016), and that players take on a responsibility to one another, to support one another's health, and to change the culture for the better (Deubert et al., 2016).

Limitations

Several limitations of this study should be noted. The small sample size representing 45 players is characteristic of qualitative studies but cannot be viewed as representative of the entire population of NFL players, in particular their ethnic/racial backgrounds. Although a substantial proportion of our player population (36 percent) was Black, this proportion is smaller than the current population of players. According to the University of Central Florida's *2016 Racial and Gender Report Card*, of the 2,257 players employed by NFL teams in 2016, 1,573 (69.7 percent) were Black, 618 were White (27.4 percent), 44 were Asian (1.9 percent), 18 were Latino (0.78 percent), and 4 were other races (0.2 percent) (Lapchick, Malveaux, Davison, & Grant 2016). Nevertheless, our own knowledge of how the NFL has changed over time, informed by discussions with former NFL players and others knowledgeable about the issue, suggests that the racial makeup of the NFL has shifted from majority White to majority Black, with a small percentage of players of other ethnic/racial backgrounds. Consequently, we sought to interview roughly an equal number of White and Black former NFL players. Nevertheless, we were not able to recruit as many Black participants as we would have liked and thus our interview population contains more White participants than Blacks among former NFL players (14 to 9).

It is important to understand that policies and practices concerning NFL player mental health have changed considerably over the years. As described above, the NFL and NFLPA have increased their attention and resources to such issues. In addition, we anticipate that players and their family members will become more aware of and willing to engage on mental health matters. Thus, it is possible that some of the negative experiences former players and their family members described are less likely to occur today. Nevertheless, the mental health challenges of the players characterized in this study reflect the lived experiences of former and current players. Furthermore, players and family member advisors who reviewed the findings voiced a strong appreciation for the importance of reporting the results.

Lastly, our interview population may also be affected by voluntary response bias or self-selection bias. It is possible that the individuals who agreed to participate in this study were those most unhappy with their experiences in the NFL and were looking for an outlet to express those feelings. However, we do know that many of the players in our sample were satisfied with their lives after football. Furthermore, we know that the vast majority of them did have positive views on the benefits of their football careers, as discussed above.

Conclusion

Players' mental health concerns were often at least partially shaped by the structure of the NFL. Of note is the paradoxical situation that although football is a team sport, individual players can feel very much alone. In many respects, a football player is a "journeyman"; he is an individual for hire typically working for multiple teams over the course of a relatively short career. While players value being a part of a team when they are with a team and do make friendships, they also know that their tenure with a team can be short, sometimes too short to develop close, supportive relationships with their teammates or others.

Loneliness and other emotional concerns may be exacerbated by competition among players for positions on a team and worries that one's position on a team is always vulnerable. NFL roster spots are not guaranteed and players can lose their jobs at nearly any time. Job security and pressures for peak performance are constant concerns.

Addressing these concerns means walking a fine line between making changes to assist players handle the stress of this very competitive business and minimizing competition too much such that players no longer perform at their peak. Competition and pressure are inherent to the sport. Yet, it is important that players and their families be provided with adequate resources to deal with these challenges in a healthy way.

Notes

1. The PHQ-9 is the Patient Health Questionnaire, a popular self-administered instrument used for diagnosing common mental disorders.
2. The BDI-II is the Beck Depression Inventory, a 21-question multiple-choice self-report test used for measuring the severity of depression.
3. NFL playing experience was confirmed using NFL.com or Pro-Football-Reference.com. Similarly, we defined a season of NFL experience as a season in which a player played at least 8 games.
4. The NFL provided a copy of the 2016 Training Camp presentation.

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