Fast Break

Publication for team medical personnel

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WELCOME to FAST BREAK!

Welcome to Fast Break, the official quarterly news bulletin of the FIBA medial commission. Our goal is to introduce our FIBA sport medicine and sport science community to newsworthy research topics and develop a community of practice among physicians and clinicians involved with basketball at every level of play across the globe.

We hope this publication will foster friendly communication and discussion within the basketball world. We welcome and encourage your questions, comments, suggestions, and contribution to this publication.

THE FIBA MEDICAL COMMISSION

Over the last few years there has been a growing awareness of mental health issues in elite sport. This became more prominent with the restrictions and stresses of the COVID-19 pandemic. The oversight and in some cases treatment of an athlete's mental health problem is now widely accepted practice for team physicians. In most basketball teams, where there is likely to be the absence of a mental health professional, they are best placed to assess and direct treatment.

We have also seen a greater openness by athletes in discussing these matters. Teams and sporting organisations are becoming increasingly aware of their responsibilities in this space. After all, some of the stresses of being in elite sport are linked to these negative outcomes. While sport can provide so much good, it also has its dark places where we let our athletes down.

The mental health support role of basketball team physicians for players on their team is an emerging and important role. The IOC have provided a range of quality resources that can assist you. They also have developed an outstanding training program for physicians and other health professionals working in all sports. Have a look at what is available and start to use some of these resources.

https://www.sportsoracle.com/course/ioc-diploma-in-mental-health-in-elite-sport/

Dr Peter Harcourt

Chair, FIBA Medical Commission

MESSAGE FROM

MESSAGE FROM THE EDITOR

In 2019, the International Olympic Committee published a consensus statement addressing mental health in elite athletes. They note that "mental health cannot be separated from physical health, as evidenced by mental health symptoms and disorders increasing the risk of physical injury and delaying subsequent recovery." In my own (unpublished) Master of Arts thesis, I outlined that we must understand that psycho-emotional rehabilitation does not necessarily coincide with or continue from physical rehabilitation. These are two distinct aspects of recovery that can and should be addressed simultaneously during an injury recovery process. Whether we are working with an athlete in recovery from injury, or one that is troubled by mental health disorders, a wholistic approach to physical and mental well-being always results in more fortuitous outcomes.

This edition of the Fast Break will focus on mental health. The COVID-19 pandemic had a significant impact on the mental health of people all around the globe. While there are certainly sociocultural influences on mental health, I hope that you will find the more generic literature references in this edition of the Fast Break to be useful resources for your practice. Dr. Rosario Ureña Durán (Spain) has shared with us with her perspective of the importance of addressing mental health in athletes in the *Let's Chat About* section. By making this a thematic edition of the Fast Break, I hope to draw more attention to how important it is to make mental health an integral part of the care we provide to basketball athletes at all levels of play.

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IN THIS ISSUE

SELECTED PUBLICATIONS OF INTEREST

Mental health in elite athletes: International Olympic Committee consensus statement (2019).

Reardon CL, Hainline B, Aron CM, Baron D, Baum AL, Bindra A, Budgett R, Campriani N, Castaldelli-Maia JM, Currie A, Derevensky JL, Glick ID, Gorczynski P, Gouttebarge V, Grandner MA, Han DH, McDuff D, Mountjoy M, Polat A, Purcell R, Putukian M, Rice S, Sills A, Stull T, Swartz L, Zhu LJ, Engebretsen L

British Journal of Sports Medicine. 53(11):667-699, 2019 Jun.

Mental health symptoms and disorders are common among elite athletes, may have sport related manifestations within this population and impair performance. Mental health cannot be separated from physical health, as evidenced by mental health symptoms and disorders increasing the risk of physical injury and delaying subsequent recovery. There are no evidence or consensus based guidelines for diagnosis and management of mental health symptoms and disorders in elite athletes. Diagnosis must differentiate character traits particular to elite athletes from psychosocial maladaptations. Management strategies should address all contributors to mental health symptoms and consider biopsychosocial factors relevant to athletes to maximise benefit and minimise harm. Management must involve both treatment of affected individual athletes and optimising environments in which all elite athletes train and compete. To advance a more standardised, evidence based approach to mental health symptoms and disorders in elite athletes, an International Olympic Committee Consensus Work Group critically evaluated the current state of science and provided recommendations.

International Olympic Committee (IOC) Sport Mental Health Assessment Tool 1 (SMHAT-1) and Sport Mental Health Recognition Tool 1 (SMHRT-1): towards better support of athletes' mental health.

Gouttebarge V, Bindra A, Blauwet C, Campriani N, Currie A, Engebretsen L, Hainline B, Kroshus E, McDuff D, Mountjoy M, Purcell R, Putukian M, Reardon CL, Rice SM, Budgett R. British

Journal of Sports Medicine. 55(1):30-37, 2021 Jan.

OBJECTIVES: To develop an assessment and recognition tool to identify elite athletes at risk for mental health symptoms and disorders.

METHODS: We conducted narrative and systematic reviews about mental health symptoms and disorders in active and former elite athletes. The views of active and former elite athletes (N=360) on mental health symptoms in elite sports were retrieved through an electronic questionnaire. Our group identified the objective(s), target group(s) and approach of the mental health tools. For the assessment tool, we undertook a modified Delphi consensus process and used existing validated screening instruments. Both tools were compiled during two 2-day meeting. We also explored the appropriateness and preliminary reliability and validity of the assessment tool. SPORT MENTAL HEALTH ASSESSMENT TOOL 1 AND SPORT MENTAL HEALTH RECOGNITION TOOL 1: The International Olympic Committee Sport Mental Health Assessment Tool 1 (SMHAT-1) was developed for sports medicine physicians and other licensed/registered health professionals to assess elite athletes (defined as professional, Olympic, Paralympic or collegiate level; aged 16 years and older) potentially at risk for or already experiencing mental

health symptoms and disorders. The SMHAT-1 consists of: (i) triage with an athlete-specific screening tool, (ii) six subsequent disorder-specific screening tools and (iii) a clinical assessment (and related management) by a sports medicine physician or licensed/registered mental health professional (eg, psychiatrist and psychologist). The International Olympic Committee Sport Mental Health Recognition Tool 1 (SMHRT-1) was developed for athletes and their entourage (eg, friends, fellow athletes, family and coaches).

CONCLUSION: The SMHAT-1 and SMHRT-1 enable that mental health symptoms and disorders in elite athletes are recognised earlier than they otherwise would. These tools should facilitate the timely referral of those athletes in need for appropriate support and treatment.

Risk and Protective Factors for Mental Ill-health in Elite Para- and Non-Para Athletes.

Olive LS, Rice SM, Gao C, Pilkington V, Walton CC, Butterworth M, Abbott L, Cross G, Clements M, Purcell R.

Frontiers in Psychology. 13:939087, 2022.

OBJECTIVE: To apply a socioecological approach to identify risk and protective factors across levels of the "sports-ecosystem," which are associated with mental health outcomes among athletes in para-sports and non-para sports. A further aim is to determine whether para athletes have unique risks and protective factor profiles compared to non-para athletes.

METHODS: A cross-sectional, anonymous online-survey was provided to all categorized (e.g., highest level) athletes aged 16 years and older, registered with the Australian Institute of Sport (AIS). Mental health outcomes included mental health symptoms (GHQ-28), general psychological distress (K-10), risky alcohol consumption (AUDIT-C) and eating disorder risk (BEDA-Q). Risk and protective factors across multiple levels of the socioecological model, including individual, microsystem, exosystem and macrosystem level factors were assessed *via* self-report.

RESULTS: A total of 427 elite athletes (71 para and 356 non-para athletes) participated in the study. No significant differences in the rates of mental health problems were observed between para and non-para athletes. Both differences and similarities in risk and protective factor profiles were found across the multiple levels of the sports-ecosystem. Weak evidence was also found to support the hypothesis that certain risk factors, including experiencing two or more adverse life events in the past year, sports related concussion, high self-stigma, inadequate social support and low psychological safety conferred a greater risk for poorer mental health outcomes for para athletes in particular.
CONCLUSION**:** Risk factors occurring across various levels of the sports ecosystem, including individual, interpersonal, and organizational level risk factors were found to be associated with a range of poorer mental health outcomes. The association between mental ill-health and certain risk factors, particularly those at the individual and microsystem level, appear to be greater for para-athletes. These findings have important implications for policy and mental health service provision in elite sports settings, highlighting the need for more nuanced approaches to subpopulations, and the delivery of mental health interventions across all levels of the sports ecosystem.

Developing mental health literacy and cultural competence in elite sport.

Gorczynski P, Currie A, Gibson K, Gouttebarge V, Hainline B, Castalelli-Maia JM.

Journal of Applied Sport Psychology, Feb 2022, 33(4)
https://doi.org/10.1080/10413200.2020.1720045

Mental health symptoms and disorders amongst elite athletes have attracted a great deal of discussion recently. Current epidemiological evidence illustrates that mental health symptoms and disorders in elite athletes are prevalent and a concern for athletes, coaches, and sport organizations. Recently, seven consensus, expert, or position statements have been written on the topic of mental health in elite sport. A strategy suggested by each of the seven statements – aimed at preventing and treating mental health symptoms and disorders in elite athletes, both individually and systemically – is to employ education interventions, specifically those based on increasing mental health literacy. Mental health literacy has come to include concepts related to knowledge of effective self-management strategies, challenging mental disorder stigma, awareness and use of mental health first-aid to assist others, and the facilitation of help seeking behaviors. In elite sport, questions remain about how mental health literacy can address the unique needs of the individual athlete, but also factor in their culture and their environment to identify how to prevent and treat mental health symptoms and disorders. The purpose of this commentary is twofold: 1) to explore the evolving concept of mental health literacy within elite sport which addresses individuals, their culture, and their environment, and 2) to propose strategies for best practice and research in mental health literacy within elite sport relying on collaboration between sports psychiatry, sport psychology, and clinical psychology.

Expanding the screening toolbox to promote athlete health: how the US Olympic & Paralympic Committee screened for health problems in 940 elite athletes.

Nabhan D, Lewis M, Taylor D, Bahr R.

British Journal of Sports Medicine. 55(4):226-230, 2021 Feb.

AIM: To assess the value of including validated screening tools for allergies, anxiety, depression, sleep apnoea and sleep quality into an electronic patient health history questionnaire.

METHODS: In this descriptive study, we reviewed electronic medical records of Olympic and Paralympic athletes who completed health screenings, which included validated screens for allergies (Allergy Questionnaire for Athletes), anxiety (General Anxiety Disorder-2), depression (Patient Health Questionaire-2), sleep apnoea (Berlin Questionnaire) and sleep quality (Pittsburgh Sleep Quality Index), using established criteria for a positive screen. We report the prevalence of positive tests and the associations between positive screening tools.

RESULTS: A total of 683 Olympic and 257 Paralympic athletes (462 male, 478 female) completed the health history between May and September of 2019. At least one positive screen was reported by 37% of athletes training for the Olympics and 48% of athletes training for the Paralympics. More than 20% of all athletes screened positive for allergies and poor sleep quality. Athletes training for the Paralympics had a significantly higher percentage of positive screens for anxiety, depression, poor sleep quality and sleep apnoea risk. Females had significantly more positive screens for allergy and poor sleep quality.

CONCLUSIONS: The addition of standardised screening tools to an electronic health history resulted in the identification of potential mental health, sleep and allergy problems in both Olympic and Paralympic athletes. Strong associations between mental health and sleep

disorders suggest these problems should be considered together in health screening programmes.

Mental health symptoms and disorders in elite athletes: a systematic review on cultural influencers and barriers to athletes seeking treatment.

Guiherme de Mello J, Scialfa R, Gouttebarge V, Hitchcock ME, Hainline B, Reardon CL, Stull T.

British Medical Journal.
http://dx.doi.org/10.1136/bjsports-2019-100710

OBJECTIVE: To summarise the literature on the barriers to athletes seeking mental health treatment and cultural influencers of mental health in elite athletes.

DESIGN : Systematic review.

DATA SOURCES**:** PubMed, Cochrane, Scopus, SportDiscus (Ebsco), and PsycINFO (ProQuest) up to November 2018.

ELIGIBILITY CRITERIA FOR SELECTING STUDIES**:** Qualitative and quantitative original studies of elite athletes (those who competed at the professional, Olympic, or collegiate/university levels), published in any language.

RESULTS**:** Stigma, low mental health literacy, negative past experiences with mental health treatment-seeking, busy schedules, and hypermasculinity are barriers to elite athletes seeking mental health treatment. Cultural influencers of mental health in elite athletes include: (1) the lack of acceptance of women as athletes; (2) lower acceptability of mental health symptoms and disorders among non-white athletes; (3) non-disclosure of religious beliefs; and (4) higher dependence on economic benefits. Coaches have an important role in supporting elite athletes in obtaining treatment for mental illness. Brief anti-stigma interventions in elite athletes decrease stigma and improve literary about mental health.

CONCLUSION**:** There is a need for various actors to provide more effective strategies to overcome the stigma that surrounds mental illness, increase mental health literacy in the athlete/coach community, and address athlete-specific barriers to seeking treatment for mental illness. In this systematic review, we identified strategies that, if implemented, can overcome the cultural factors that may otherwise limit athletes seeking treatment. Coaches are critical for promoting a culture within elite athletes' environments that encourages athletes to seek treatment.

Are mental toughness and mental health contradictory concepts in elite sport? A narrative review of theory and evidence.

Gucciardi DF, Hanton S, Fleming S.

Journal of Science and Medicine in Sport; 20(3): 307-311, 2017.
https://doi.org/10.1016/j.jsams.2016.08.006

OBJECTIVE: Athlete development and management encompass a complex interaction of biological, psychological, and social factors. Within elite sport, multidisciplinary sport science and medicine teams play an important role in achieving an optimal balance between preventing athlete ill-health and optimizing health and performance. The psychological aspects of athlete health and performance have gained increased attention over the past two decades, with much

of this research concerned with the mental health of athletes and the concept of mental toughness. Recently, it was proposed that mental health and mental toughness are contradictory concepts in the world of elite sport. Although an interesting proposition, this claim was not substantiated. Thus, the purpose of this narrative review was to evaluate theory and evidence regarding the thesis that mental health and mental toughness are contradictory concepts in the world of elite sport, with the view to advance scholarly knowledge and inform professional practice.

DESIGN: Narrative review.

RESULTS: A critical evaluation of this literature suggests that mental toughness may represent a positive indicator of mental health, or facilitate its attainment, rather than be at odds with it.

CONCLUSION: When implemented alongside multilayered approaches to organizational change (e.g., group structures, policies), mental toughness could be used as a 'hook' to attract athletes into settings that can open dialogue on the importance of mental health and improve knowledge of key issues (e.g., stigma, symptoms).

An updated systematic review of interventions to increase awareness of mental health and well-being in athletes, coaches, officials and parents.

Breslin G, Shannon S, Cummings M, Leavey G.

Systematic Reviews. 11(1):99, 2022 05 19.

BACKGROUND**:** Interventions designed to increase mental health awareness in sport have grown substantially in the last 5 years, meaning that those involved in policy, research and intervention implementation are not fully informed by the latest systematic evaluation of research, risking a disservice to healthcare consumers. Hence, our aim was to update a 2017 systematic review that determined the effect of sport-specific mental health awareness programmes to improve mental health knowledge and help-seeking among sports coaches, athletes and officials. We extended the review to incorporate parents as a source of help-seeking and report the validity of outcome measures and quality of research design that occurred since the original review.

METHODS: Sport-specific mental health awareness programmes adopting an experimental or quasi-experimental design were included for synthesis. Five electronic databases were searched: Psychinfo, Medline (OVID interface), Scopus, Cochrane and Cinahl. Each database was searched from its year of inception to June 2020. As all of the outcomes measured were derived from psychometric scales, we observed statistically significant quantitative effects on the basis of $p < .05$, and a small, medium or large effect size as $d = .2$, .5 or .8, respectively. Risk of bias was assessed using the Cochrane and QATSQ tools.

RESULTS: Twenty-eight articles were included from the 2048 retrieved, eighteen additional articles since the original review. Eighteen studies targeted athletes, five with coaches, one sport officials (i.e. referees), one 'at-risk children' and three with parents. One of the studies was a combination of athletes, coaches and parents. In terms of study outcomes, health referral efficacy was improved in seven studies; twelve studies reported an increase in knowledge about mental health disorders. Proportionally, higher quality research designs were evident, as three of ten studies within the previous review did not demonstrate a high risk of bias, whereas thirteen of the eighteen additional studies did not display a high risk of bias. However, only one study included a behaviour change model in both the programme design and evaluation.

CONCLUSIONS: Our updated systematic review provides evidence of the benefits of mental health awareness interventions in sport; these benefits are mainly for athletes and show improvements in the methodological design of recent studies compared to the first review. There was also evidence of the extension of programme delivery to parents. In conclusion, researchers, practitioners and policy makers should consider methodological guidance and the application of theory when developing and evaluating complex interventions.

Rates and Correlates of Mental Health Symptoms in Currently Competing Elite Athletes from the Australian National High-Performance Sports System.

Purcell R, Rice S, Butterworth M, Clements M.

Sports Medicine. 50(9):1683-1694, 2020 Sep.

AIMS: Elite athletes are at risk of mental ill-health via exposure to sports-related stressors and the overlap in competitive playing years with the peak age of onset of mental ill-health. Despite this risk, there is a paucity of robust empirical data on mental health symptoms in currently competing athletes. The purpose of this study was to assess the prevalence and correlates of mental health symptoms in a representative, national sample of elite athletes and to compare rates against published community norms.

METHODS: A cross-sectional, anonymous, online survey was administered to all categorised (e.g. highest level) athletes, aged 17 years and older, registered with the Australian Institute of Sport (n = 1566). Main outcomes were self-reported scores on validated measures of psychological distress, probable 'caseness' (i.e. the experience of mental health symptoms that would usually warrant a need for care by a health professional), risky alcohol consumption, body weight and shape dissatisfaction, self-esteem, life satisfaction and problem gambling. Correlates of outcomes included demographic, individual vulnerability (e.g. social support, coping style) and sport-related variables.

RESULTS: The participation rate was 51.7% (n = 810), of whom 749 athletes completed most or all outcomes measures. Compared to published community norms, athletes were significantly more likely to report 'high to very high' psychological distress (9.5% vs 17.7%, respectively) and to meet the threshold for 'probable caseness' (19% vs 35%). In contrast, athletes reported significantly lower rates of risky alcohol consumption, problem gambling and body dissatisfaction compared to community norms, and conversely higher self-esteem and life satisfaction. The adjusted odds of psychological distress and caseness were increased in athletes who reported prior treatment for a mental health problem (OR = 1.28-2.84), inadequate social support (OR = -2.59 to 0.37) and more recent adverse life events (OR = 0.61-1.32); while, the odds of risky alcohol consumption were lower in female athletes (OR = - 1.36) and para-athletes (OR = - 1.20).

CONCLUSIONS: In a representative and national sample of currently competing elite athletes, inclusive of gender and para-status, psychological distress and probable caseness were elevated relative to community norms, although other aspects of functioning were as good as, if not better than, community peers. Sports medicine and mental health professionals working with elite athletes should screen for psychological distress in athletes who may otherwise appear to be well-functioning, to provide timely, optimal treatment.

Mental Health in the Young Athlete.

Xanthopoulos MS, Benton T, Lewis J, Case JA, Master CL.

Current Psychiatry Reports. 22(11):63, 2020 09 21.

PURPOSE OF REVIEW: The goal of the present paper is to provide a comprehensive overview of mental health concerns in young athletes, with a focus on common disorders, as well as population-specific risk factors.

RECENT FINDINGS: Athletes experience similar mental health concerns as non-athlete peers, such as anxiety, depression and suicidal ideation, ADHD, eating disorders, and substance abuse. However, they also experience unique stressors that put them at risk for the development or exacerbation of mental health disorders. Student athletes have to balance academics with rigorous training regimens while focusing on optimal performance and managing high expectations. Physical injuries, overtraining, concussion, sleep disorders, and social identity are some of the factors that also impact the mental health of student athletes. Existing literature highlights the need to develop proactive mental health and wellness education for young athletes, and to develop services that recognize the unique needs of this population.

Mental health symptoms and disorders in Paralympic athletes: a narrative review.

Swartz L, Hunt X, Bantjes J, Hainline B, Reardon CL

British Journal of Sports Medicine. 53(12):737-740, 2019 Jun.

OBJECTIVES: This narrative review summarises the literature on the mental health of Paralympic athletes, explores possible reasons for the paucity of research in this area and suggests directions for future research.

METHODS: A systematic search of PubMed, PsycINFO, Cumulative Index to Nursing and Allied Health Literature, SPORTDiscus, Scopus, and Cochrane databases was conducted using search terms related to disability, sport and mental health.

RESULTS: The search yielded 665 publications. Of these, 129 were duplicates, resulting in 536 publications identified for initial screening. A total of 72 publications were to be relevant at initial screening. Only seven publications addressed Paralympic athletes specifically. Of these papers, three included measures of depression and three included measures of anxiety. In the studies that were not concerned with mental health symptoms or disorders, the focus of enquiry included identity and self, stress, and well-being.

CONCLUSION: Most of the studies reviewed are small in scale, and there are almost no comparative data on Paralympic versus Olympic athletes. There is a paucity of data on rates of mental health symptoms and disorders in this population and the factors that might contribute to poor mental health among elite athletes with disabilities. We propose that stereotypes about people with disabilities-and the disability rights movement's rightful reaction to these stereotypes-have created barriers to mental health research among Paralympic athletes. There is a need for enquiry into the differential stressors experienced by Paralympic athletes, including trauma, transition out of sport, sport and personhood, and the potential for disability sport to promote psychological health.

Quality of life perception of basketball master athletes: association with physical activity level and sports injuries.

Moreira NB, Mazzardo O, Vagetti GC, De Oliveira V, De Campos W.

Journal of Sports Sciences. 34(10):988-96, 2016.

This study aimed to verify the prevalence and characteristics of sports injuries (SI) and determine the association between the physical activity level (PA) and SI with perception of health-related quality of life (HRQoL) in Brazilian basketball master athletes. A cross-sectional study was conducted with 410 male master athletes, between 35 and 85 years of age (mean 52.26, SD +/- 11.83). The HRQoL was assessed using the Medical Outcomes Study - Short Form-36. The PA was evaluated using the International Physical Activity Questionnaire. Information regarding SI was collected using the Reported Morbidity Survey. Poisson regression, as estimated by the prevalence ratio (PR), was used as a measure of the association of PA and SI with HRQoL. The majority of athletes showed a high SI prevalence (58.3%) and reported one injury (67.8%) that occurred during training (61.1%) and primarily affected a lower limb (74.6%). The adjusted regression models showed a positive association of PA with the Functional Capacity (PR = 1.46, 95% confidence interval [CI] = 1.12-1.90) and Physical Component (PR = 1.32, 95% CI = 1.03-1.70) of HRQoL. Furthermore, the SI were negatively associated with HRQoL in Functional Capacity (PR = 1.85, 95% CI = 1.51-2.27), Physical Aspects (PR = 3.99, 95% CI = 3.08-5.18), Pain (PR = 1.65, 95% CI = 1.26-2.16), Social Functioning (PR = 1.79, 95% CI = 1.41-2.27), Emotional Aspects (PR = 4.40, 95% CI = 3.35-5.78), Mental Health domains (PR = 1.37, 95% CI = 1.06-1.68), Physical Component (PR = 2.35, 95% CI = 1.90-2.90) and Mental Component (PR = 2.65, 95% CI = 2.14-3.29). These results highlighted that master athletes showed a high SI prevalence, primarily in the lower limbs. PA positively correlates with the physical HRQoL domain, whereas SI may decrease the HRQoL levels of both physical and mental domains.

LET'S CHAT ABOUT…

Let us know what is on your mind, what you want to chat about in the next issue of the Fast Break. Email mwesner@ualberta.ca.

In this issue of the Fast Break, Dra. Rosaria Ureña Durán (Spain), member of the FIBA Medical Commission, chats about mental health in basketball athletes.

Let's Chat about mental health in basketball athletes

Mental Health in Basketball: my point of view

The World Health Organization in its 2022 annual report indicated that mental health is of vital importance for everyone and everywhere in the world. In today's society, mental health needs have increased considerably, despite the fact that there is still a latent cultural stigma that does not allow such situations to be recognised. The stereotype that society has of elite athletes is that they are very lucky because they have money, they are successful, they travel, and this makes it difficult for the public and part of the sport community to understand that they are also vulnerable. This stigma is possibly one of the reasons why players themselves are afraid to acknowledge their situation and delay seeking help.

In elite basketball, the visibility of mental health disorders is low as few players have given voice to their cases, and very often only after a long process and a great deal of suffering. Some of the most notorious examples are Kevin Love, DeMar DeRozan, Paul George, Ricky Rubio, Alex Abrines, Iris Mbulito and Liz Cambage. These statements do not reflect the magnitude, scope and consequences that the lack of care has had on the mental health of players, coaches, referees and others, being an important reason for reflection for the basketball community and health professionals. "It is a disease of silence: fear, saying that you have this problem, losing weight, not having a team, feeling guilty? " (Santiago Abad, ex-professional basketball player.)

The physical health of basketball players has improved considerably thanks to technological advances through the development of tools and the design of programmes to prevent injuries and illnesses, achieve optimum performance, facilitate rapid recovery and minimise physical side effects. But at the same time programmes have not been implemented to guarantee the care of mental health, both (physical and mental) being essential for the integral health of sportsmen and sportswomen and their basketball performance. "My mental health has had a negative impact on my ability to do my job well." (Liz Cambage. Professional basketball player.)

The aim of this reflection addressed to the medical services and transferable to the technical staff, institutions and the athletes' environment is to recognise that sportsmen and sportswomen, as technical staff, are no strangers to mental health problems and the need for and importance of working in a multidisciplinary team to address this issue in a comprehensive and efficient manner. Medical services (multidisciplinary team) must look after the integral health of players and staff, for which it is essential to have solid training in this area and a protocolised working methodology that allows:

- A knowledge of each person under their supervision (through the use of validated protocols in the pre-participation sports medical examinations), which will allow the planning of preventive and follow-up programmes according to individual and group vulnerability, all of this to prevent anything that can be prevented.

- Proactive attitude to early detection of early warning signs indicating additional mental health hazards.
- To manage each situation comprehensively and together with a team of experts, always respecting the confidentiality of each person.

Some of the risk situations specific to basketball are:

1. Transition stages:
    a) Young talents with high expectations who leave their family and they have to combine heavy workloads, studies and a high level of competition.
    b) Professional players, under 40 years old and younger, who are forced to retire due to external factors (injuries, age, economic situation) and who find themselves in a situation with a lack of social recognition which can trigger a problem with their personal identity, while still young.
2. Injuries and/or serious illnesses and their recurrence.
3. Benching and a lack of opportunities
4. Heavy training loads and high level of competition.
5. Relationship between team members: harassment, hostility, lack of credibility in messages.
6. Uncertainty in contracts, financial problems, multiple trips, renunciation of family and social life, public image, living with defeat

Health Professionals should take into consideration that the above-mentioned risk factors may interact with personal factors (demographic, cultural and social).

Some warning signs to take into consideration by medical service are:

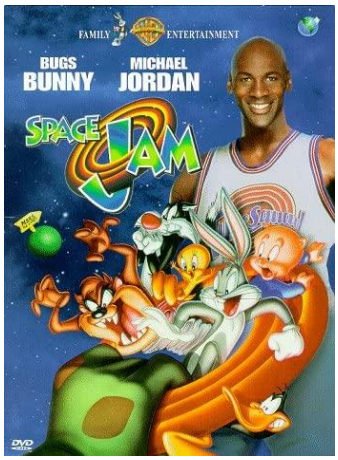
a) Sleep disturbances.
b) Alterations in eating behaviour (weight changes).
c) Alterations in conduct or behaviour: consume of tobacco, alcohol or drug abuse.
d) Multiple injuries and illnesses (intestinal syndromes), fatigue, somatization, others.

My final messages:

* for basketball health professionals, to assume their important role in education, prevention, detection and management of integral health to anticipate mental health disorders.

* for athletes, coaches and other members of the basketball community, to pay attention to their mental health and if someone feels at risk seek professional help as soon as possible.

FROM THE HISTORY BOOKS



In 1996, Warner Brothers Feature Animation produced their first live action/animated motion picture *Space Jam*, featuring Michael Jordan. The film's premise depicts MJ's time during his first retirement from basketball when he helped the Looney Tune characters defeat the Aliens in a basketball game, saving them from being enslaved for the Aliens amusement park.

Space Jam was a box-office hit and went on to gross more than $250 million dollars worldwide, and it is still the highest grossing basketball movie of all time.

(Source: Wikipedia)

SHARE YOUR PHOTOS

Please send us your funny, interesting, or remarkable basketball pictures that we can share with the medical and sport science basketball community.

Please contribute if you have photos you want to share with the basketball community.

THE STUDENT'S CORNER

This space is intended for sport science and medical students, residents, and fellows to contribute to our knowledge and conversation.

Please encourage your students to contribute to the Fast Break on a topic of their choosing related to basketball injury, rehabilitation, or sport science. The work published here is reviewed and approved for submission by the student's preceptor.

In September, I received an email forwarded to me by FIBA, from a student in Ireland. I made some inquiries in Canada and was able to send her some information. However, the scholarship of this young student so impressed me that I am reproducing her inquiry in *The Student's Corner*. If anyone in our FIBA network has any data or information that they can share with Faye, please email me and I will connect you with this budding researcher. (Marni Wesner)

"My name is Faye McDonnell. I am 15 years of age and I live in Kilkenny in the Southeast of Ireland. I have been playing basketball since I was 7 and it is my absolute passion! As a part of our school year, we have been asked to enter a project into the Young Scientist Competition.

Our project aims to examine if there is any advantage for basketball players to being "cross dominant". This refers to being dominant in one eye and dominant in the opposite hand (for example, left eye dominant and right-handed). Every person has a dominant eye and hand and this can be easily determined. Hand eye coordination plays a big role in many sports and one of the sports it is most vital in is basketball.

We intend to survey our school and club teams and gather as much data as we can. We would hypothesize that to be cross hand-eye dominant would be an advantage to a basketball player. The purpose of writing to you today is to ask if there has ever been a study like this done on FIBA players in the past and if so, would it be possible to access this data to reference in our project.

Also, we wondered would it be a useful exercise to contact individual FIBA teams with a similar request.

I really appreciate you taking the time to read this email and I look forward to hearing from you.

Many thanks in advance,
Faye McDonnell"

The affective experience during and after exercise helps determine motivation, commitment, and adherence to sports. Choice reaction time (RT) is critical in decision-making and sports performance. In this within-subjects laboratory experiment, we scrutinized core affect and choice RT in 18 male adolescent basketball players during exercise sessions performed to voluntary exhaustion and during a control condition. The adolescents performed choice RT tasks in one of two exercise conditions and in the control session. Participants ' feeling states differed between exercise and control sessions and decreased slightly even after moderate exercise intensity. Core affect also declined as the workload increased, but it remained pleasant activated in all conditions. The RT errors increased at the peak exercise intensity. These results suggest that while high-intensity training might negatively affect young athletes' feeling states and impair their decision-making, their core affect remained positive, with large inter-individual variability. We discuss the practical implications of these results in adolescents' sports.