



# The Need to Psychological Screening of Para Athletes

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#### Who am I? where I work? What I do?







- Emeritus Psychology professor;
- Head of sport psychology commission at NOC;
- Director of sport psychology center at NOPA.
- Member of eligibility panel in INAS

#### What I am to talk about

#### From a psychological viewpoint:

- What sport involvement brings for para athlete
- What challenges para athletes encounter in sport
  - What need to be controlled
  - What need to be considered

- The way to manage psychological stress in para athletes
- What are the experiences of IOC
- How a preliminary study carried out
- What we learnt from it
- Suggestions

#### Sport involvement provides opportunities to:



Explore abilities



Develop social relationships



Experience success



Satisfy need for belonging



Experience joy

which all are valuable for para athletes (Cheon, Reeve, Lee, & Lee, 2015)

## Sport involvement also improves



Coping styles (Campbell and Jones, 2002)



Motivation (Wu and Williams, 2001)



Personality and mood (Martin, Malone, and Hillyer, 2011)



Sport identity (Huang & Brittain, 2006)



Posttraumatic growth (Crawford, Gayman, Tracey, 2014)



Mental skills (Martin and Malone, 2013)

These studies helped to appreciate some aspects of athletic qualities.

#### What has been studied:



Managing life



Selfefficacy



Functional skills



Selfesteem



Self - confidence

Greenwood, Dzewaltowski, & French (1990); Reardon (2019)

#### We need to consider the risk of









Injury

Overtraining

Burnout

Anxiety

which affect para athletes' health and well-being (Kenta and Corban, 2014).

### We also need to consider controlling

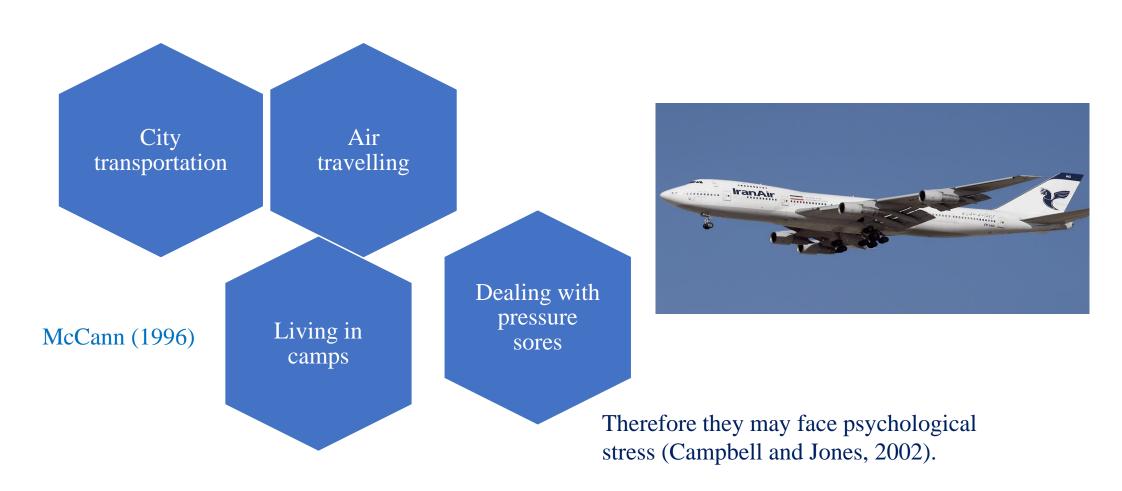


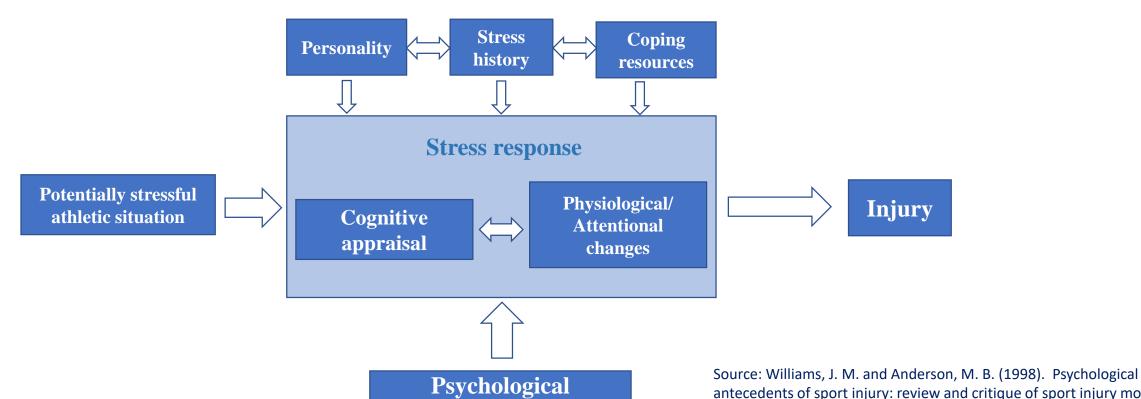
(Martin, 2017)



Sleep disturbance

## And challenges they usually face in:



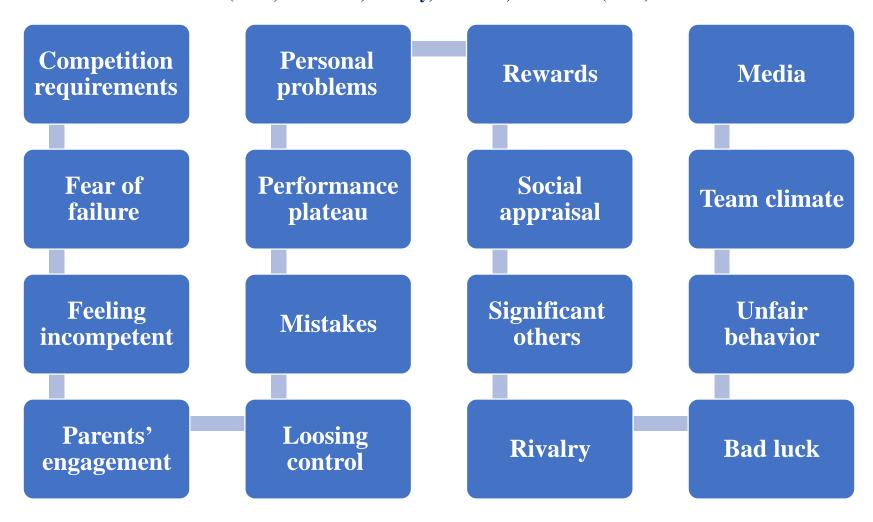


intervention

antecedents of sport injury: review and critique of sport injury model. Journal of applied sport psychology. 10 (1), 5-25.

#### We should not ignore other sources of stress

(Silva, Cornelius, Conroy, Petersen, and Finch (1996)



#### Athletes are not in control of:



Practice (type, duration, intensity, place...)



Selection of athletes



Nutrition (What, when, and how much to eat)

## The common understanding is



Many athletes are not prepared to cope with the emotional load accompanied with high level of involvement in sport





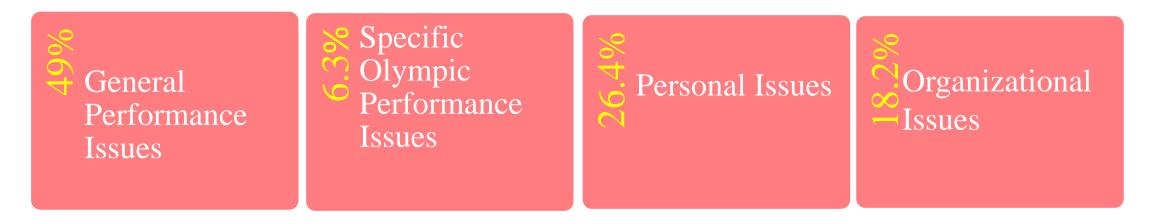
# Sometimes, gender, would be also a challenge for para athletes

• In some cultures, female sport is not of significance and is not considered as part of feminine values and competences (Shakespeare, Gillespie-Sells, Davies, 1996).



#### What have been found in three Olympics

(Turin, 2006; Beijing, 2008, Vancouver, 2010)



Birrer, Wetzel, Schmid, Morgan (2012)

#### We know about Olympic athletes Reardon (2019)

- Sleep disorders and sleep concerns
- Major depressive disorder and depression symptoms
- Suicide
- Anxiety and related disorders
- PTSD and other trauma-related disorders
- Eating disorders
- ADHD
- Bipolar and psychotic disorders
- Substance use and substance use disorders
- Behavioral addictions similar to gambling disorder

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

Claudia L Reardon, <sup>1</sup> Brian Hainline, <sup>2</sup> Cindy Miller Aron, <sup>3</sup> David Baron, <sup>4</sup> Antonia L Baum, <sup>5</sup> Abhinav Bindra, <sup>6</sup> Richard Budgett, <sup>7</sup> Niccolo Campriani, <sup>8</sup> João Mauricio Castaldelli-Maia, <sup>9,10</sup> Alan Currie, <sup>11,12</sup> Jeffrey Lee Derevensky, <sup>13</sup> Ira D Glick, <sup>14</sup> Paul Gorczynski, <sup>15</sup> Vincent Gouttebarge, <sup>16,17</sup> Michael A Grandner, <sup>18</sup> Doug Hyun Han, <sup>19</sup> David McDuff, <sup>20</sup> Margo Mountjoy, <sup>21,22</sup> Aslihan Polat, <sup>23,24</sup> Rosemary Purcell, <sup>25,26</sup> Margot Putukian, <sup>27,28</sup> Simon Rice, <sup>29,30</sup> Allen Sills, <sup>31,32</sup> Todd Stull, <sup>33</sup> Leslie Swartz, <sup>34</sup> Li Jing Zhu, <sup>35,36</sup> Lars Engebretsen <sup>37,38</sup>

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#### **ABSTRACT**

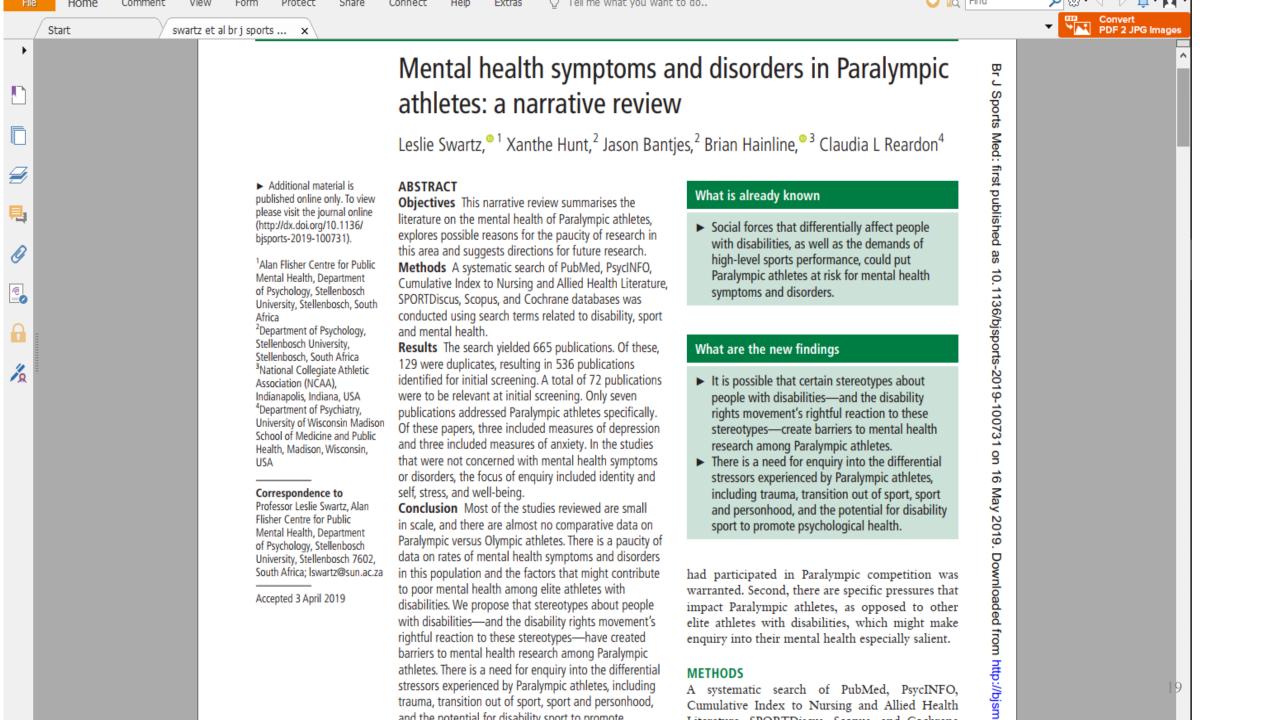
Mental health symptoms and disorders are common among elite athletes, may have sport related manifestations within this population and impair performance. Mental health cannot be separated from physical health, as evidenced by mental health symptoms and disorders increasing the risk of physical injury and

- ▶ to review the literature describing and establishing recommendations for non-pharmacological and pharmacological management of mental health symptoms and disorders in elite athletes
- ▶ to provide recommendations on how to minimise negative impacts of the sport environment

# A recent review about Paralympians (Swartz, Hunt, Bantjes, Hainline, Reardon, 2019)

665 publications Mental health

- Small in scale
- Narrow range of symptoms
- Few countries



## Mental health symptoms and disorders in Paralympic athletes: a narrative review Leslie Swartz, Xanthe Hunt, Jason Bantjes, Brian Hainline, Claudia L Reardon (2019)

• Social forces that differentially affect people with disabilities, as well as the demands of high-level sports performance, could put Paraathletes at risk for mental health symptoms and disorders.

## Mental health symptoms and disorders in Paralympic athletes: a narrative review Leslie Swartz, Xanthe Hunt, Jason Bantjes, Brian Hainline, Claudia L Reardon (2019)

• There is a marked lack of comparative data exploring differences in rates of mental health symptoms and disorders between Paralympic and Olympic athletes.

• It is thus difficult to draw firm conclusions about the mental health status and mental health needs of Paralympians from available evidence.

## Mental health symptoms and disorders in Paralympic athletes: a narrative review Leslie Swartz, Xanthe Hunt, Jason Bantjes, Brian Hainline, Claudia L Reardon (2019)

• The only definitive conclusion that can be made from this review is that there is a clear need for more focused research on the mental health of Paralympians.

• There is not a management system for mental disorders in Paralympic



#### Because of deficiencies in:

- Recruitment
- Intervention process



#### Therefore,

It will be necessary to study/record psychological information both related to:

- Athletes' mental health, and
- Athletes' mental skills

# A database is made which remains for years

#### How should we do it?

- Using Questionnaires/inventories
- Using a qualitative approach

				Table I The final form qui	estior	maire for scr	eening or dementia				
				Question				Sens	sitivity (%)	Specificity (%)	PPV (%)
			نسوان الاحداث القريبة.					87.9		64.7	70.7
				Forgetfulness of recent events.  2 يتعمد ذكر الأحداث البعيدة و خاصة الأحداث المهمة و يكرر ها			90.9		88.2	88.2	
				- ,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			rents especially the important ones.	70.7		A	JU.2
				نوم الواحد ( كتكر از الاسئلة او       3				81.8		85.3	84.4
lease answer by using the tick boxes  one tick for each question								90.9		58.8	68.2
lease note that this part of the questionnaire should be answered, even you have never had trouble in any parts of your body.								87.9		91.2	90.6
				la distanta la da	10.			93.9		97.1	96.9
Have you at any time during the last 12 months had trouble (such as ache, pain, discomfort, numbness) in:			Have you had trouble during the last 7 days:		be	During the last 12 months have you been prevented from carrying out normal activities (eg. job, housework, hobbies) because of this trouble:		78.8		94.1	92.9
1	Neck No Yes	Ι-	Neck		3	Neck	Yes 2	78.8		82.3	81.3
4	Shoulders No Yes	5	Shoulders No Yes		6	Should	ers (both/either)	78.8		91.2	89.7
	1 2 in the right shoulder 3 in the left shoulder 4 in both shoulders		3	in the left shoulder in the left shoulder in both shoulders		٠Ц	2	75.8		100.0	100.0
-	Elbows	8	Elbows		9	Elboure	(both/either)	84.9		100.0	100.0
′	No Yes	•	No Yes		3	No No	Yes	90.9		100.0	100.0
	1 2 in the right elbow		1 2	in the right elbow		¹ 🔲	2	70.7		100.0	100.0
	3 in the left elbow		з 🗆	in the left elbow							
	4 in both elbows		4	in both elbows	1			63.6		100.0	100.0
10	Wrists/hands	11	Wrists/hands		12	Wrists/	hands (both/either)				
	No Yes		No Yes			No	Yes	87.9		88.2	87.9
	1 2 in the right wrist/hand		1 2	in the right wrist/hand		1	2	07.7		00.2	07.7
	3 in the left wrist/hand		3	in the left wrist/hand	1			84.9		79.4	80.0
	4 in both wrists/hands		4	in both wrists/hands							
13	Upper back	14	Upper back		15	Upper		87.9		88.2	87.9
	No Yes	1	No Yes			No	Yes				
	1 2		1 2	J		٦	2	87.9		91.2	90.6
16	Lower back (small of the back)	17	Lower back		18	Lower	back	84.2		88.2	88.8
	No Yes		No Yes			1 🗀	Yes 2			00.2	
19	One or both hips/thighs/buttocks	20	Hips/thighs/	buttocks	21	Hips/th	ighs/buttocks				
	No Yes		No Yes			1 🗀	Yes 2				
22 One or both knees		23	Knees		24	Knees					
	No Yes		No Yes			1 <u>No</u>	Yes 2				
25	One or both ankles/feet	26	Ankles/feet		27	Ankles	fleet				
	No Yes	1	No Yes		1	No .	Yes	1			

Figure 2 Musculoskeletal questionnai

#### This is done in Iran NPC

#### On 60 para-athletes

- Including criteria:
- 1) being a member of a national team;
- 2) participation in Rio Paralympic games (2016), or Incheon Para-Asian games (2014), or London Paralympic games (2012), or Guangzhou Para-Asian games (2010); and
- 3) participation in Jakarta Para-Asian games (2018) training camps.

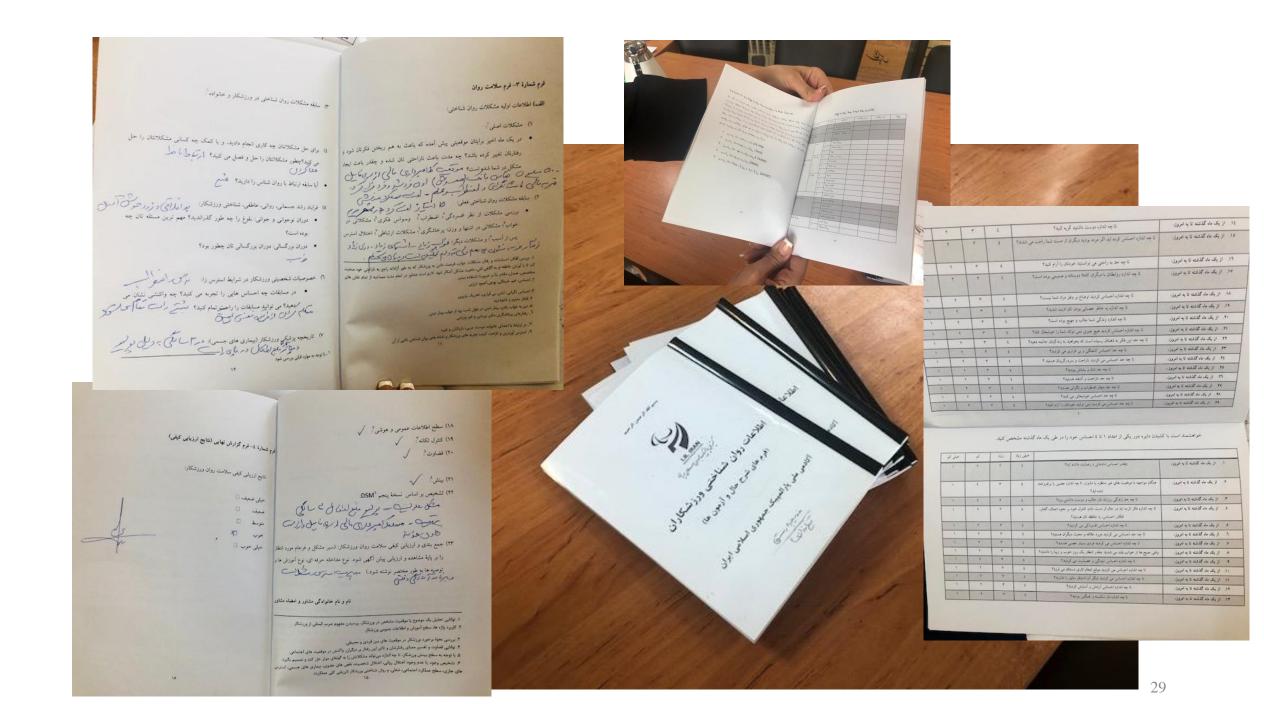
Demographics						
Gender	Men	40				
	Women	20				
Age	18-24	20				
	25-34	27				
	35-44	12				
	45-49	1				
Educational	High school Diploma	31				
status	Bachelor	24				
	Master	5				
Marital status	Single	24				
	Married	27				
	Engaged	5				
	Divorced	4				
Sport	Individual sport	36				
	Team sport	24				
Nature of	Acquired	45				
impairment	Congenital	15				
Type of	Limb loss or deficiency (e.g., amputee)	15				
impairment	Muscle weakness (e.g., spinal cord injury,					
	spina bifida, muscular dystrophies)	16				
	Hypertonia, or dystonia (e.g., cerebral palsy)	3				
	visually impaired 27	26				

#### Instrument

A quasi-structured interview method was used in this study.

Stage 1. questions on family history and the history of participation in professional sport; containing questions aimed to make rapport with the athlete.

Stage 2, included in-depth interview, pursuing athletes' attitudes towards themselves and their sport experiences.



- A number of 280 preliminary codes were obtained; following consolidation of analogous ones, 23 codes were confirmed, categorized in four categories:
- 1. Needs for Consultations,
- 2. Athletic Identity,
- 3. Mental Skills, and
- 4. Relationships.

#### 1. Need for consultation

- Communication problems,
- Family complications,
- Performance stress,
- Concentration vulnerability
- Sleep disturbance,
- Depression,
- ADHD,
- And PTSD.



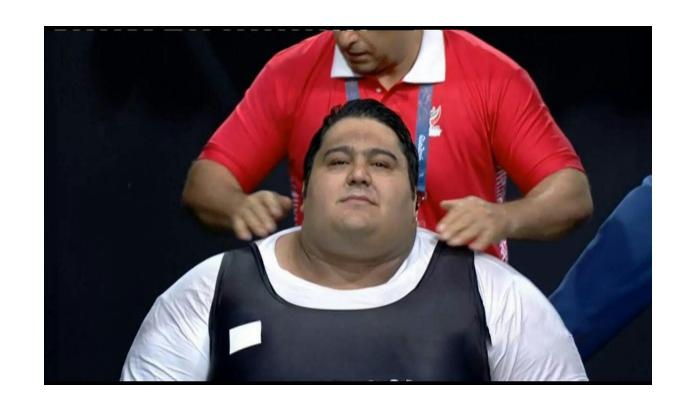
#### 2. Athletic Identity

- Passion,
- Determination,
- Self-esteem,
- Maturity, and
- Mental toughness



#### 3. Mental skills

- Proper goal setting,
- Good self-confidence,
- Skill awareness,
- Good concentration,
- Managing stress,
- Imagery ability,
- Positive self-talk





#### What would be the use of this information?



- Provide better understanding of the coping styles athletes choose;
- Could be used in training young sport psychologists;
- Help newly employed psychologists to put emphasis on the most important issues;
- Help to signify brief contact consultations;
- Signify after competition consultation.

#### Of course, there are more efficient ways to do it!



## Suggestions!

- If the common sense implicates that psychological management of para athletes is beneficiary, then there would be ways to do it globally.
  - Replicating what IOC did
  - Upgrading IPC's medical code, adding some goals concerning mental health of para athletes and also adding psychologists in it.

## Thank you

Your comments are most welcome!