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Book of Abstracts

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Practical aspects of working with pro sports; What I wish somebody had told me

As a result of the enhanced understanding of the importance of mental health care as a critical

component to overall health and functioning, more and more professional sport teams have taken to hiring full time mental health professionals. Every NFL club is now required to have a licensed and experienced mental health clinician on-site who is fully integrated into the team environment. The NBA has also mandated that each team have, as part of their roster, access to a licensed psychiatrist. We anticipate that eventually, all leagues have a similar mandate. Because these positions are relatively new, there will undoubtedly be a period of adjustment.

In this brief 10 minute presentation, we will explore practical components of integrating into a professional sports team. From experience, we wish to equip psychiatrists with practical tips of how to best integrate into a professional sports team. We will explore reporting structure, approach to education on the team, suggested collaborations, liability, contracts, and medicolegal issues.

Eduard Cesari

Prevalence of disordered eating (DE) and eating disorders (ED) in the last decade in elite sports

The aim of this study is to collect data on the prevalence of disordered eating (DE) and eating disorders (ED) in the last decade in elite sports, in males and females of different ages, identifying differences between types of sport and risk factors. A systematic review (PRISMA) has been performed by searching in PubMed and PsycINFO. Observational studies have been included if they used clinically validated questionnaires: EDE, EAT, EDI. 19 studies have met the inclusion criteria. The results have been interpreted based on the classification in "lean sports" (aesthetics, endurance, weight-dependent) and "nonlean sports" (ball, power, technique), differences by sex and ages have also been determined. The prevalence of DE/ED in elite sports is higher than in the general population. Practising "lean sports" during adolescence and being a female present higher rates of ED/DE. Body dissatisfaction and the desire to lose weight to improve performance/aesthetics are relevant risk factors.

Shane Creado

An online training program on sleep for the athlete

METHODS: A vast trove of data was compiled, looking into sleep medicine, sports medicine, sports psychiatry data.

In looking at different sports in different countries and at various levels, it has been noted that there is insufficient training, education when it comes to understanding the role of sleep in the health and performance of athletes. There is no consistency when it comes to sleep recommendations, strategies and screening for sleep disorders in athletes.

Material was then organized, in terms of looking at the prevalence of sleep disorders in athletes, screening them appropriately, nutritional and physical and mental aspects of an athlete's life, that are tied to sleep.

CONCLUSIONS: The sleep training program is for any health professionals who work with athletes. It equips the trainee with the information necessary to educate, screen and treat athletes sleep concerns with evidence-based strategies. It also trains these allied health professionals about when to be concerned about serious medical conditions, that warrant referral to a physician.

Paul Gorczynski, PhD, CPsychol, AFBPsS

Cindy Miller Aron. LCSW, CGP, FAGPA

Loneliness in elite athletes and non-athletes: A comparative meta-analysis

Objective: To examine loneliness between elite athletes and non-athletes.

Design: A comparative meta-analysis.

Data sources: We searched four electronic databases from inception to March 2021:

PubMed (MEDLINE), PSycINFO via ProQuest, CINAHL, and SportDiscus.

Eligibility: Studies that were published in English, compared elite athletes and non-athletes, measured loneliness, and presented quantitative data were included.

Results: Five articles reporting data from 779 elite athletes and 480 non-athletes were examined. Results showed there was no significant difference in ratings of loneliness between the two groups ($d = .372, p = .135$).

Summary/conclusions: Interventions are needed at the individual and societal level to decrease the loneliness experienced by all individuals. Findings reinforce the need for a holistic lifespan perspective toward addressing and treating mental health symptoms and disorders within athletes.

Virginia Iannone, Ph.D;

David R. McDuff, M.D.;

Emily Bishoff,

Garston Banks

We Are Not OK: The Impact of COVID-19 on the Mental Health of Collegiate Athletes

This study was designed to assess the impact of the COVID-19 pandemic on the mental health and wellness of collegiate athletes, both in terms of their distress and how they are faring compared to their non-athlete peers.

Participants were 245 college students aged 18-25 ($M=19.95, SD=1.46$). The sample included 145 athletes and 100 non-athletes from colleges and universities in 17 different states. The athletes were primarily from NCAA Division III schools and represented 20 different sports. The sample was somewhat diverse in terms of gender (30% male) and race (75% White).

This study included the use of 5 validated measures to assess mental health and wellness.

Four of the measures are part of the IOC Sport Mental Health Assessment Tool-1, and a fifth measure was added to assess overall well-being.

Results indicate moderate to high levels of distress on measures of depression (PHQ-9) and anxiety (GAD-7) with athletes scoring significantly lower than non-athletes on both

measures ($p < .001$ for both). Sleep disturbances were reported by 72% of athletes and 84% of non-athletes with no significant differences in the severity of disturbance as measured by the ASSQ ($p > .05$). Concerns about disordered eating and body image were reported by 54% of athletes and 78% of non-athletes with non-athletes reporting more problematic concerns as measured by the BEDA-Q ($p < .05$). In terms of mental well-being, athletes scored significantly higher on the SWEMWS, placing their score in the average range, while their non-athlete counterparts were below average ($p < .01$)

These results are consistent with prior research citing athletic participation as a protective factor against emotional distress. Implications of these findings will be discussed along with an overview of how the results are informing the development of support services for collegiate athletes at a Division-III university. Understanding these data are useful for any practitioner working with collegiate athletes.

Virginia Iannone Ph.D.

David R. McDuff, M.D.

Emily Bishoff

Returning to Play After COVID-19: Concerns of Collegiate Athletes

The purpose of this study was to better understand the impact that the COVID-19 pandemic has had on collegiate athletes' training and preparation as well as the specific concerns of athletes as they prepare to return to play.

Participants were 145 collegiate athletes aged 18-25 ($M=19.78, SD=1.45$). There was diversity in gender (53% male) but less so in race (82% white). They represented 20 different sports, primarily from NCAA Division III. Almost half of the participants were in season when the pandemic began and 70% of the sample lost $\frac{3}{4}$ of their season or more.

Participants completed the Athlete Psychological Strain Questionnaire, a series of questions about their training experiences during the cancellation, and items about their specific concerns surrounding their return to play.

Results indicated a high level of psychological strain on the APSQ ($M=22.51$), with 72% of athletes meeting the cutoff score for psychological distress (≥ 17) that would be worthy of further screening with the IOC Sport Mental Health Assessment Tool-1. Only 33% of athletes reported continuing to work with a coach or trainer once their season was cancelled. Many athletes said the pandemic resulted in lower levels of motivation to play (42%), and less opportunity to practice sport-specific skills (47%) and connect with teammates (55%) and coaches (37%). 85% of athletes acknowledged a general concern about the impact that the pandemic will have on their upcoming season as well as concerns that they will be less competitive due to the loss of fitness and skills.

These data provide a better understanding of the training losses experienced during the cancellation as well as the specific concerns of college athletes as they return to play. These findings have important implications for how coaches, trainers and we, as sport psychology professionals, help athletes prepare for their return to play.

Danielle Kamis, MD

Ira Glick, MD

Neil Eisenberg, JD

Sports and Cultural Integration

African Americans, Asian Americans and Jewish American among other groups have used athletics and sports not just to compete, but also as a means for personal growth and cultural integration.

By way of example, we trace the history of the latter group exploring attitudes relating to reasons underlying why the Jewish people have had an anemic, almost negative attitude toward sports since the time of the Maccabees in 167 B.C. We note especially what they have missed from a psychiatric, social and cultural perspective. Looking at the history of sports and what this group have brought to sports once they got in, it is clear that the absence of encouragement to participate had a negative impact on Jewish communities throughout history.

In the last century, this group (like others, e.g. black athletes) have caught up -with resulting cultural benefit, as well as personal growth and achievement. Implications of these individual and group changes of importance to the field of Sports Psychiatry will be discussed

Amit D Mistry

Prevalence of mental health symptoms and disorders within elite athletes in the UK.

The prevalence of mental health symptoms and disorders within elite athletes is an increasing concern, as indicated by a growing scientific literature and high-profile media reports. A cross-sectional study between October 2018-June 2019 was performed on 394 athletes from 29 British Olympic & Paralympic, summer and winter sports to explore the prevalence and predictors of psychological distress and wellbeing. This included the use of the Kessler Psychological Distress Scale (K10) and World Health Organisation Well-Being Index (WHO-5).

23.7% of athletes reported at least high levels of psychological distress and 18.8% reported poor subjective well-being. Psychological distress was associated with female gender, being injured or ill, retirement planning, being a Para-athlete or competing in winter sports. Psychological distress scores were higher than comparable population norms although well-being scores were similar. Our findings reiterate the need for sport programmes to ensure athletes have access to robust mental health support plans if needed.

K Musgrave BMBS, BSc (HONS), MRCPsych

The Mental Health of Elite Rugby Players (A Literature Review)

Aims: Players are Rugby's key asset, what recent research has been conducted into the mental health of elite rugby players and former players?

Results: A significantly higher prevalence of anxiety and depressive symptoms in Professional rugby players (compared to the general population) is something that several authors agree on. This review considers some of the rugby specific variables not limited to injuries (including concussion), retirement from the sport and finally alcohol abuse.

Conclusion: As alcohol misuse has already been researched, there would seem to be an opportunity for future research into the extent of illicit drug use by elite rugby players and potentially the effect of illicit drug use on depressive symptoms and anxiety. Finally, given the limited recent published literature on suicide in elite rugby players and former elite rugby players, a significant research gap exists in this particular field.

Caz Nahman MbChB, MRCPsych, PhD

Josephine Holland MRCPsych, BmBch, MA (Oxon)

Incorporating interventions for dysfunctional exercise into eating disorder treatment – a qualitative survey of attitudes in the UK.

Objective: Maladaptive exercise is linked to poorer outcomes in patients with eating disorders. There is a limited evidence base but existing studies suggest incorporating exercise into treatment can show positive results (physically and psychologically). There is often a discrepancy between research evidence and clinical practice, we wished to investigate current attitudes.

Method: An online survey of attitudes towards incorporating interventions for dysfunctional exercise into eating disorder treatment was distributed through social media by the RCPsych Faculty of Eating Disorders. Free text responses were analysed using a Braun and Clarke thematic analysis.

Results: 146 participants responded, 81 of whom self-identified as having “lived experience” of an eating disorder and 17 participants who identified as “athletes”. Themes identified show potential benefits and risks of exercise during treatment but significant risks of not addressing maladaptive exercise.

Discussion: There are compelling reasons to incorporate exercise as treatment for maladaptive exercise, further research is needed.