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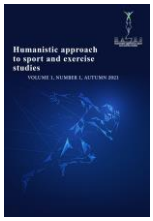

Original Article

Mental health in Iranian elite athletes: a 14 year retrospective study

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Abstract: Little research has been carried out on the common symptoms and mental disorders in Iranian elite athletes. The purpose of this study was to identify the mental health problems in Iranian elite athletes as a retrospective study at the National Olympic Academy (NOA) of Iran. The present study is a cross-sectional and retrospective descriptive study which was conducted by evaluating the athletes' psychological documents. A total of 143 athletes (male, n= 83, female, n= 60) were analyzed from the population of elite athletes (n=240) who referred to the mental training and consulting center in the NOA during the years 2007-2021. The results showed that most athletes referred to the center to improve their performance (37.8%). Anxiety (27.3%), depression (16.8%), interpersonal problems (11.2%), impulsiveness (2.8%) post-traumatic stress (PTSD) (2.8%), sleep disturbance (1.4%) were the most common mental disorders reported by athletes. In addition, surveying the relationship between demographic characteristics and mental health issues revealed a relationship between gender and mental health problems; there was no relationship between other demographic variables with mental health problems. The results of this study illuminate the spread of common mental health problems in Iranian elite athletes over the last fourteen years. Screening and diagnosing psychological problems provide a better understanding of the application of appropriate psychological interventions and improving the mental health of elite athletes. Accordingly, future research may focus on better understanding of mental health problems reported in this study and studies them in a larger population.

Keywords: Mental Disorders; Sports; Athletic Performance;

1. Introduction

There has been a long-lasting belief indicating psychological disorders are not spread among athletes as much as they are among non-athletes. Recent findings point to a contradictory fact which indicates the prevalence of psychological disorders among athletes is high (Foskett & Longstaff, 2018; V. Gouttebarge, Kerkhoffs, & Lambert, 2016). Even though physical activity has been introduced as a factor in improving mental health and reducing psychological disorders (Rosenbaum, Tiedemann, Sherrington, Curtis, & Ward, 2014). Current findings indicate that this may not be true for elite athletes (Vincent Gouttebarge, Backx, Aoki, & Kerkhoffs, 2015; Nixdorf, Frank, Hautzinger, & Beckmann, 2013). Many elite athletes face stressful situations which in the long run, represent as psychological disorders; this is true even after retirement (V. Gouttebarge et al., 2016; Mannes et al., 2019). Elite athletes meet more than 600 stress-inducing factors like sustaining injuries, keeping diet, answering media, expectations management, and so on. These factors induce sensitivity and vulnerability to mental disorders (Kilic, Johnson, Kerkhoffs, Rosier, & Gouttebarge, 2018; Rice et al., 2018).

In recent years, the number of research related to the prevalence of psychological disorders in elite athletes has increased (Mannes et al., 2019). In a study reporting psychological disorders in elite football players in Finland, Sweden, Spain, Norway, and France, the incidence of anxiety and depression disorders were reported 25% to 43%; sleep disorders was reported 18% to 32%, and other psychological disorders were reported 11% to 18% (Vincent Gouttebarge et al., 2015). One study reported 15% of German athletes to suffer from depression (Nixdorf et al., 2013); 8.6% of French athletes suffer from anxiety and 3.6% of them suffer from depression (Schaal et al., 2011); 44.7% of Dutch Olympians (N=203) suffer from anxiety or depression (Vincent Gouttebarge et al., 2017); and 16.7% of Danish athletes suffer from depression (Jensen, Ivarsson, Fallby, Dankers, & Elbe, 2018). Another study reported that the prevalence of depression is equal to 27.2% among Australian athletes. The prevalence of other disorders among Australian athletes is as follows: eating disorders, 22.8%; psychological distress, 16.5%; social anxiety 16.5%, general anxiety 14.7%; and panic, 4.5% (Gulliver, Griffiths, Mackinnon, Batterham, & Stanimirovic, 2015). The prevalence of depression and anxiety symptoms were reported 47.8%, and psychological distress was reported 26.8% in elite British athletes (Foskett & Longstaff, 2018). Most studies indicate that the generality of psychological disorders among athletes function as a cause of performance reduction in training and competitions (Mannes et al., 2019).

Causes of psychological disorders in athletes varies due to the gender, the level of experience, the nature of the sport, and the level of competitions (Schaal et al., 2011). There is evidence indicating that eating disorder is more spread among athletes compared to non- athletes (Sundgot-Borgen & Torstveit, 2004). The nature of sport is also a matter of consideration; individual sports athletes show signs of depression more frequently than group sports athletes (Nixdorf et al., 2013). As research indicates, apprehension about body weight in some sports may increase the risk of eating disorder; this is why the eating disorder is more likely to be seen in gymnastics, wrestling, and boxing (Sundgot-Borgen, 1994). Failure is one other significant factor in increasing mental health problems; depression and negative emotions are most likely to be noticed in athletes who lost a game (Jones & Sheffield, 2007). It is stated that 80% of athletes who lost in Olympic Games experience a two-week period of depression after the event (Baillie, Davis IV, & Ogilvie, 2014). Therefore, information about the prevalence of mental disorders among athletes may well help to prevent them or help to choose the best possible therapy.

Recently, review articles suggest directing the future path of investigations to identify the athletes' psychological health risks and to recognize the proper support systems for athletes' mental health (Kilic et al., 2018). Although several studies followed this suggestion in different parts of the world, and rather sufficient information is now available about the occurrence of mental disorder in athletes (Foskett & Longstaff, 2018; Vincent Gouttebarge et al., 2017; Gulliver et al., 2015; Schaal et al., 2011), the prevalence of mental disorders among Iranian elite athletes is still unknown. Since their first participation in 1948 Olympic, Iranian athletes have won 72 Olympic medals in wrestling, weight lifting, athletics, Karate, Pistol Shooting, and taekwondo. The huge public attention and budget devoted to training Iranian elite athletes increase the necessity for studying the psychological prerequisites of success in sport. Therefore, it was decided to review the etiology of elite athletes' referral to "mental training and consulting center" in NOA, from the year it was founded (2007) to date (2021). Therefore the purpose of the present study was to investigate the Common Mental Disorders (CMDs) of elite athletes during the last 14 years and also its relation to the athletes' demographic characteristics.

2. Materials and Methods

Participants of the study consisted of all elite athletes who referred to "*mental training and consulting center*" in NOA. Based on regulations only athletes who stay in National camps and train for Summer Olympic, Winter Olympic, Youth Olympic, or Asian Games were free to use psychological support from NOA; this eliminates the number of athletes who refer to NOA and also determines the level of participants in this study. A number of 240 files were reviewed from which 47 files were rejected because of insufficient information. Eventually, 143 files were chosen for analysis. These files belonged to 83 males and 60 females (mean age= 23.42; SD= 4.56). The mean professional sports experience for these participants was 8.43 years (SD= 4.46). Eighty eight percent of athletes participated in individual sports (N= 125, men= 70, women= 55); and other 12.5% participated in group sports (N= 18, men= 12, women= 6). Table 1 provides information on demographic characteristics data collected included age, sports experience, educational levels, History of psychological consultations, Trauma, sport types.

Table 1. Summary of participants' demographic information

Characteristics	Males (n=83)	Females (n=60)	Average
Age (years)	23.36 (4/46)	23.50 (4.72)	23.42 (4.56)
Sport Background (years)	8.97 (4.44)	7.64 (4.41)	8.42 (4.46)
Education			Sum
High school Diploma	36 (43.4%)	22 (36.7%)	58 (40.55%)
Bachelor degree	37(44.4%)	33 (55.0%)	70 (48.95%)
Master Degree	10 (12.0%)	5 (8.3%)	15 (10.48%)
History of psychological consultations	5 (6.0%)	9 (15.0%)	14 (9.79%)
Trauma	6 (7.2%)	8 (13.3%)	14 (9.79%)
Sport Type			
individual	70 (84.3%)	55 (90.16%)	125 (87.41%)
Team	12 (14.5%)	6 (9.8%)	18 (12.58%)
Sport			
Tennis	18 (21.7%)	9 (15.0%)	27 (18.88%)
Archery	6 (7.2%)	6 (10.0%)	12 (8.39%)
Swimming	5 (6.00%)	0	5 (3.49%)
wrestling	13 (15.7%)	0	13 (9.09%)
Boating	0	2 (3.3%)	2 (1.39%)
Boxing	2 (2.4%)	0	2 (1.39%)
Karate	6 (7.2%)	5 (8.3%)	11 (7.69%)
Badminton	1 (1.2%)	2 (3.3%)	3 (2.09%)
Gymnastics	0	2 (3.3%)	2 (1.39%)
Shooting	1 (1.2%)	4 (6.7%)	5 (3.49%)
Cycling	1 (1.2%)	1 (1.7%)	2 (1.39%)
Judo	2 (2.4%)	0	2 (1.39%)
Fencing	2 (2.4%)	2 (3.3%)	4 (2.79%)
Squash	1 (1.2%)	4 (6.7%)	5 (3.49%)
Athletics	6 (2.7%)	3 (5.0%)	9 (6.29%)
Mountaineering	4 (4.8%)	5 (8.3%)	9 (6.29%)
Skate	0	2 (3.3%)	2 (1.39%)
Equestrian	0	2 (3.3%)	2 (1.39%)
Golf	0	1 (1.7%)	1 (0.69%)
Football	4 (4.8%)	1 (1.7%)	5 (3.49%)
Handball	0	1 (1.7%)	1 (0.69%)
Volleyball	1 (1.2%)	0	1 (0.69%)
Kabaddi	5 (6.0%)	0	5 (3.49%)
Basketball	5 (6.0%)	3 (5.0%)	8 (6.29%)

Demographic information of athletes was reduced from the information forms that "*mental training and consulting center*" had provided. This was a standard form usually used by sport psychologists and included the age, gender, type of sport, sport experience, education, and history of psychological consultations, the main complaint of the athletes, the diagnosis, and the approach psychologist used to intervene. The results of the intervention were other parts of the form. These forms had been filled in by sport psychologists at the time. (See in Appendix A). Considering the Common Mental Disorders (CMDs) patterns, complains were divided to seven categories (Performance enhancement, depression, anxiety,

interpersonal problem, sleep disturbance, impulsiveness, and post-traumatic stress disorder (PTSD), so that no participants left out of these categories. The categories were defined as follows:

1. Performance enhancement. Athletes who needed to learn mental skills to improve their performance.
2. Depression. Included emotional, cognitive, motivational, and physical symptoms related to mood, exhibiting as mood reduction and lack of enjoyment. It may be caused by overtraining or negative emotion as a result of failure.[17]
3. Anxiety. High level of arousal accompanied by excessive apprehension and physical and/or cognitive syndromes.[17]
4. Interpersonal disturbances. Included disorders in a relationship with teammates, coach, friends, or family members which may cause disruptions in sports performance and life.[17]
5. Sleep disturbances. Problems in dropping off to sleep, sleep duration, sleep quality, and sleep/wake timing; observed in the forms of lack of sleep at the event's night, sleep disturbance at training camps, or sleep disturbance caused by jet lag (Hanrahan & Andersen, 2010).
6. Impulsiveness. Impulse states and anger explosion which may cause hurting oneself or others. In the files reviewed in the present study, this was exhibited by impulsive actions to hurt opponents or teammates.
7. PTSD. The Condition observed after a traumatic event accompanied with a high level of stress, disturbing thoughts, evading reminding stimuli, cognitive problems, and low mood. In the present study, PTSD was caused by severe injuries, car accidents, a death of a teammate, or death of a family member.

This study was carried out using double-blind technique; authors did not do the interview, rather the interviews were carried out during the last 14 years by several consultants. In compliant with secrecy law, the participant's file was delivered to the authors without letterhead, therefore the names of the participants were unknown to authors the whole time. This was approved by Sport Science Research Center ethical committee (IR.SSRI.REC.1397.380). To study the distribution of psychological disorders in elite athletes, mean and percentage were used. To determine the relative distribution of data, the chi-square test was used. To determine the correlation between psychological disorders and age, gender, sport history, and the type of sport, Cramer's V correlation coefficient was used. The level of significance was set at $p<0.05$. SPSS version 18 was used to analyze data.

3. Results

Table 2 presents the reasons Iranian athletes to refer to the mental training and consulting center. The results showed that performance enhancement (37.8%), anxiety (27.3%), depression (16.8%), interpersonal problems (11.2%), impulsiveness (2.8%) PTSD (2.8%), and sleep disturbance (1.4%) were the most common mental disorders reported by the athletes. Data indicates that athletes in individual sports seek more consultation comparing to athletes in group sports. About half of the athletes with a mental disorder were between the ages of 16-24. Similarly, almost half of the athletes with a mental disorder had 5-10 years of sport experience.

Table 2. Classification of the Iranian athletes' reasons to refer to the mental training and consulting center from 2007-2018.

Characteristic	Performance Enhancement	Depression	Anxiety	Interpersonal Problems	Sleep Disturbance	Impulsiveness	PTSD
Total	(37.8%) 54	(16.8%) 24	(27.3%) 39	16 (11.2%)	(1.4%) 2	4 (2.8%)	4 (2.8%)
gender							
male	(74.1%) 40	(41.7%) 10	(41.0%) 16	(50.0%) 8	2 (100%)	4 (100%)	3 (75.0%)
Female	(25.9%) 14	(58.3%) 14	(59.0%) 23	(50.0%) 8	0	0	(25.0%) 1
age							
16-24	(68.5%) 37	(33.3%) 8	23 (59.0%)	(75.5%) 12	1 (50.0%)	(100%) 4	1 (25.0)
25-35	(31.5%) 17	(58.3%) 14	(58.3%) 14	(18.8%) 3	50.0%) (1	0	(75.5%) 3
+36	0	(8.3%) 2	(5.1%) 2	(6.3%) 1	0	0	0
Sport experience (years)							
1-4	17 (31.5%)	5 (28.8%)	10 (25.6%)	4 (25.5%)	1(50.0%)	1 (25.0%)	0

5-10	27 (50.0%)	11 (45.8%)	20 (51.3%)	6 (37.5%)	1 (50.0%)	2 (50.0%)	3 (75.0%)
+11	10 (18.5%)	8 (33.3%)	9 (23.1%)	6 (37.5%)	0	1 (25.0%)	1 (25.0%)
Sport type							
individual	47 (87.0%)	18 (75.0%)	37 (94.9%)	15 (93.8%)	1 (50.0%)	3 (75.0%)	4 (100%)
Team	6 (11.1%)	6 (25.0%)	2 (5.1%)	1 (6.3%)	1 (50.0%)	1 (25.0%)	0
Education							
High school Diploma	19 (35.1%)	10 (41.6%)	17 (43.5%)	5 (31.3%)	2 (100%)	2 (75.0%)	1 (25.0%)
Bachelor's degree	26 (48.1%)	12 (50.0%)	18 (46.1%)	11 (68.8%)	0	1 (25.0%)	3 (75.0%)
Master of Degree	9 (16.6%)	2 (8.3%)	4 (10.2%)	0	0	0	0

Figure 1 presents the psychological problems of athletes in males and females. As shown in Fig. 1, in male athletes, the most frequent reason to seek psychological consultation was performance enhancement (48.19%), then anxiety (19.28%), and other disorders were of low prevalence. In women, the most frequent cause was anxiety (38.33%), then depression, and performance enhancement (23.33%) was at the third place.

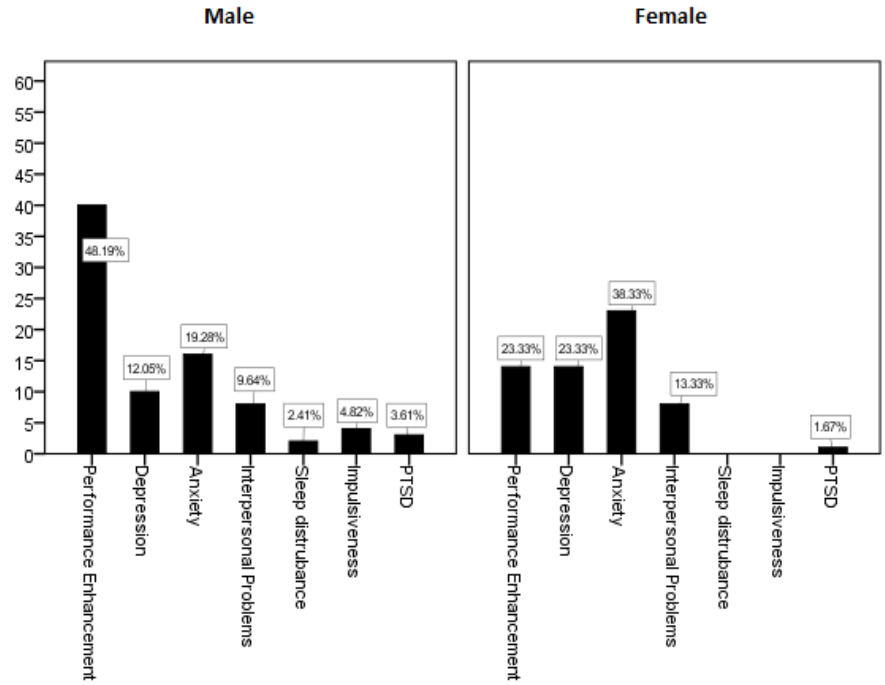

Figure1. The frequency of mental health problems by gender (Males: 58.04%, Females: 41.95%)

Chi-square results showed that the relative distribution of samples differed between the type of problems about mental health (X^2-116.68; *p*=.001, DF =6). Mental health problems have a significant relationship with athletes 'gender, which indicates a gender role in the formation of athletes' mental disorders (Cramer's V=.357; *p*=.006); but no relationship with educational levels (*p*=.210), type of sport (*p*=.123), age (*p*=.255), and sport experience (*p*=.88).

4. Discussion

The purpose of the present study was to investigate the issues related to mental health in Iranian elite athletes who referred to the counseling center in Iran NOA in the last 14 years. Studying the files contents showed that most athletes sought counseling for performance enhancement, anxiety, depression, interpersonal problems, and impulsiveness, PTSD, and sleep disorders. Improving performance is the main concern for elite athletes, and it is so important that may occupy the athletes' thoughts. At the professional level, the difference between winners and others is determined by the quality of using

mental skills (Birrer & Morgan, 2010; Hanrahan & Andersen, 2010). Athletes who experienced a sudden drop in their performance believe that learning and using mental skills is necessary for keeping the current level of performance or enhances it (Thelwell & Greenlees, 2003). The prevalence of depression among elite athletes in the present study is so similar to one found in Danish and Swedish athletes (16.7%) (Jensen et al., 2018) and close to German athletes (15%), but more than French athletes (11.3%) (Nixdorf et al., 2013; Schaal et al., 2011). Kilic, Johnson, Kerkhoffs, Rosier, and Gouttebarge (Kilic et al., 2018) reported the prevalence rate of depression and anxiety syndromes in professional football players in eight European countries equal to 11.8%, which is less than what was found in this study. In comparing the results of the present study, one should act cautiously, since possible differences in epidemiological measures and interview techniques, May somewhat vary the diagnoses and therefore may produce various outcomes. In investigating athletes' mental health in Britain, Australia, and Netherland, researchers used questionnaires in large samples (Foskett & Longstaff, 2018; Gulliver et al., 2015; Jensen et al., 2018). The present study on the other hand, used a retrospective approach by studying the psychological files of athletes who sought consultations. Filling in questionnaires in anonymity prevents athletes from fear of getting a social label which prevents athletes to refer to clinique and letting them reveal more problems in mental health.

Disturbance in interpersonal relationships is one other issue relating to athletes' mental health. Coach-athlete relationship is named the "heart of coaching" (Jowett & Shanmugam, 2016) and is so significant that several studies clearly indicated that this relationship along with relationship with teammates improve performance in training and competitions and improve self-confidence, motivation, and mental health (Davis & Jowett, 2014; Philippe & Seiler, 2006). In this study, interpersonal problem were similar in female and male athletes; it seems that this phenomenon similarly affects both genders.

Several previous studies indicated the predictor role of interpersonal problems in decreasing motivation, increasing burnout, and producing depression in athletes (Westfall, Martin, & Gould, 2018); however, its prevalence rate was not mentioned. This may be due to the fact that this phenomenon was investigated under the cover of global label of psychological distress. The prevalence of PTSD and impulsivity were the same in the present study. PTSD is common in combat sports due to severe injuries (Foskett & Longstaff, 2018). Although it is mentioned that males are more susceptible to impulsivity comparing to females (Vincent Gouttebarge et al., 2015), but its prevalence is not again clear. Various instruments and procedure to collect data make it difficult to compare the prevalence of impulsiveness and PTSD among athletes in various parts of the world.

In this study the relationship between gender and mental health disorders was significant. It was found that the prevalence of anxiety and depression are more in females comparing to males (anxiety: females 59%, males 41%; depression: females 58.3%, males 41.7%). The prevalence of impulsiveness and problems in performance enhancement was more in males (impulsiveness: males, 100%; females, 0/00; performance enhancement: males, 74.1%, females, 25.9%). Differences related to gender are important in the epidemiology of psychological problems. It is indicated that anxiety and depression are more frequent in female athletes (Brassil & Salvatore, 2018) and impulsiveness is more frequent in male athletes (Vincent Gouttebarge et al., 2015); in that sense, the result of the present study in line with previous studies. Schaal, et al (Schaal et al., 2011). Indicated that 17% of athletes experience at least one psychological problem and this is more frequent in female athletes (Wolanin, Hong, Marks, Panchoo, & Gross, 2016); therefore female are more sensitive to get trapped in mood disorder, comparing to males. One reason for this is the fact that hormonal conditions make females vulnerable to mood disturbances similar to anxiety and depression disturbances; Testosterone secretion in male makes them sensitive to impulsiveness (Bangasser et al., 2010). It is also shown that females tend to express their psychological problems and seek help more often that what males do (Abram, Paskar, Washburn, & Teplin, 2008). Comparing to females, in male athletes, expressing psychological disorders and seeking help may be considered as a sign of weakness (Gulliver, Griffiths, & Christensen, 2012). Several investigators consider cultural stigma as an important factor in a paucity of males referring to psychologists. For example, Van Raalte, Brewer, Brewer, and Linder (Gulliver et al., 2012) suggested that athlete students show a negative evaluation toward male athletes who are under psychotherapy; however, they don't show the same attitude toward

who refer to sport psychologists, since the subject matter won't be mental health, but the performance enhancement. This is why many male athletes refer to the sport psychologist under the cover of performance enhancement; on the other hand, females do not show any negative attitude toward referring to the psychologist for the mental health reasons. These facts may be significant when considering the difference between genders in their reason to refer to the sport psychologist.

In line with this literature, findings of the present study show that performance enhancement was the most frequent reason for males to refer to the sport psychologist (males, 74.1%; females, 25.9%). It was also found that mental health issues do not relate to the level of education, type of sport, age, or the years' athlete spent in the sport. These findings are in line with Foskett, & Longstaff (Foskett & Longstaff, 2018), however, contradicts with Nixdorfet et al (Nixdorf et al., 2013). and Nicholls, Polman, Levy, Taylor, and Cobley (Nicholls, Polman, Levy, Taylor, & Cobley, 2007; Van Raalte, Brewer, Brewer, & Linder, 1992) who found the type of sport (individual vs. team sports) relates to athletes mental health. One reason for this contradiction may be the fact that the present study was carried out on elite athletes who achieved a high level of skill and experience which protect them from getting easily affected by mental health problems.

The present study has its own limitations. First, this study was carried out on elite athletes who referred to counseling center of Iran NOA; therefore, does not give us a complete psychological profile of all Iranian athletes. Second, due to the retrospective nature of the study, developing an exact timetable for the diagnosis of the disorders was not possible. Third, due to the multiplicity of the counselors, there may be some inconsistencies in what has been recorded in athletes' files. Therefore, authors suggest that future studies, using quantitative instruments, study larger samples of Iranian athletes. To gather solid knowledge about all Iranian athlete, it is also suggested that psychological disorders be studied on all athletic level (beginners, elite), considering genders and the type of sports.

5. Conclusions

This is the first study to investigate mental health problems in elite Iranian athletes. This was cross-sectional and retrospective study that carried out by investigating the file of athletes who referred to sport psychology and counseling center in Iran NOA. Results showed that the most frequent reasons to seek help were performance enhancement (37/8%), anxiety (27/3%), depression (16/8%), interpersonal problems (11/2%), impulsiveness (2/8%), PTSD (2/8%), and sleep disturbance (1/4%). This study suggests that there is no relationship between mental health problem with age, sport history, and the level of education; but the relationship between gender and mental health problem is significant. The value of preventative measures plus the results of this study suggest special considerations on the expansion of resources committed to studies investigating athletes' mental health.

Author Contributions: The authors participated in Conception of the work, Acquisition of data, Analysis and interpretation of data for the work, Writing, and revising the work, Final approval of the version to be published and agreement to be accountable for all aspects of the work.

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Data Availability Statement: The measured data used to support the findings of this study are available from the corresponding author upon request.

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Conflicts of Interest: The authors declare no conflict of interest.

Appendix A

Clinical Interview Form of mental training and consulting center

The information gathering form for this research can be found below.

Individual profile	
First Name:	Last name:
Age:	Education:
Sport type:	Phone-number:
Email:	Date:
Address:	Psychologist:
• How much is your sport experience in this sport?	
• How many days do you practice a week?	
• List your championship records.	
• Have you ever had a visit to the Sports Psychology Center or psychologist? (If your answer is yes, please write the date and reason for your referral.).	

interview
• Chief complaint (cc):
• History of the current problem:
• History of previous illnesses (medical and psychological):
• Personal history

interview
• Family History:
• Developmental and social history:
• History of drug abuse and high risk substances:
• Formulation of patient's problem:

MSE	
	Appearance
	Mood
	Affect
	Thinking
	Psychomotor
	Attention
	Memory
	judgment
	Insight
	Motivation

interview
• Diagnosis:
• Design of psychotherapy:
• Assessment during treatment:
• Follow up:

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چکیده: پژوهش‌های مختصری در مورد علایم و اختلالات روانی شایع در ورزشکاران نخبه ایرانی صورت گرفته است. هدف از این مطالعه شناسایی مشکلات مرتبط با سلامت روان ورزشکاران نخبه ایرانی در آکادمی ملی المپیک (NOA) بود. پژوهش حاضر یک مطالعهٔ توصیفی - مقطعی از نوع گذشته‌نگر بود. تعداد ۱٤۳ ورزشکار (مرد، ۸۳؛ زن، ٦۰) از جامعه ورزشکاران نخبه (n=۲۰۰) مراجعه کننده به مرکز مشاوره و مهارت‌های ذهنی در بین سال‌های ۱۳۸۵ الی ۱۳۹۷ به عنوان نمونه انتخاب شدند. نتایج پژوهش حاضر نشان داد که اغلب ورزشکاران نخبه به منظور ارتقای عملکرد خود به مرکز مراجعه کرده بودند (۳۷/۸ درصد). هم‌چنین اختلالات اضطرابی (۲۷/۳٪)، افسردگی (۱٦،۸٪)، مشکلات بین فردی (۲/۱۱٪)، تکانشگری (۲٪/۸) استرس پس از سانحه (PTSD) (۲/۸٪)، اختلال خواب (۱/٤٪) شایع‌ترین اختلالات روانی گزارش شده توسط ورزشکاران بود. در ادامه بررسی ویژگی های جمعیت شناختی و سلامت روان نشان داد که میان جنسیت و مشکلات سلامت روان ارتباط وجود دارد اما میان سایر متغیرهای جمعیت شناختی با مشکلات سلامت روان رابطه‌ای وجود نداشت. نتایج پژوهش حاضر شیوع مشکلات مرتبط با سلامت روان را در ورزشکاران نخبه طی یازده سال اخیر روشن می‌کند. بنابراین غربالگری و شناخت مشکلات روانشناختی درک بهتری از کاربرد مداخلات روانشناختی مناسب و پیشگیری اختلالات روانی در میان ورزشکاران نخبه فراهم می کند.

واژه‌های کلیدی: سلامت روان، ارتقای عملکرد، ورزشکاران، نخبه؛