



Psykisk ohälsa och psykiatriska diagnoser hos svenska elitidrottare

Cecilia Åkesdotter

Vårmötet SvIMF 5/5 2023

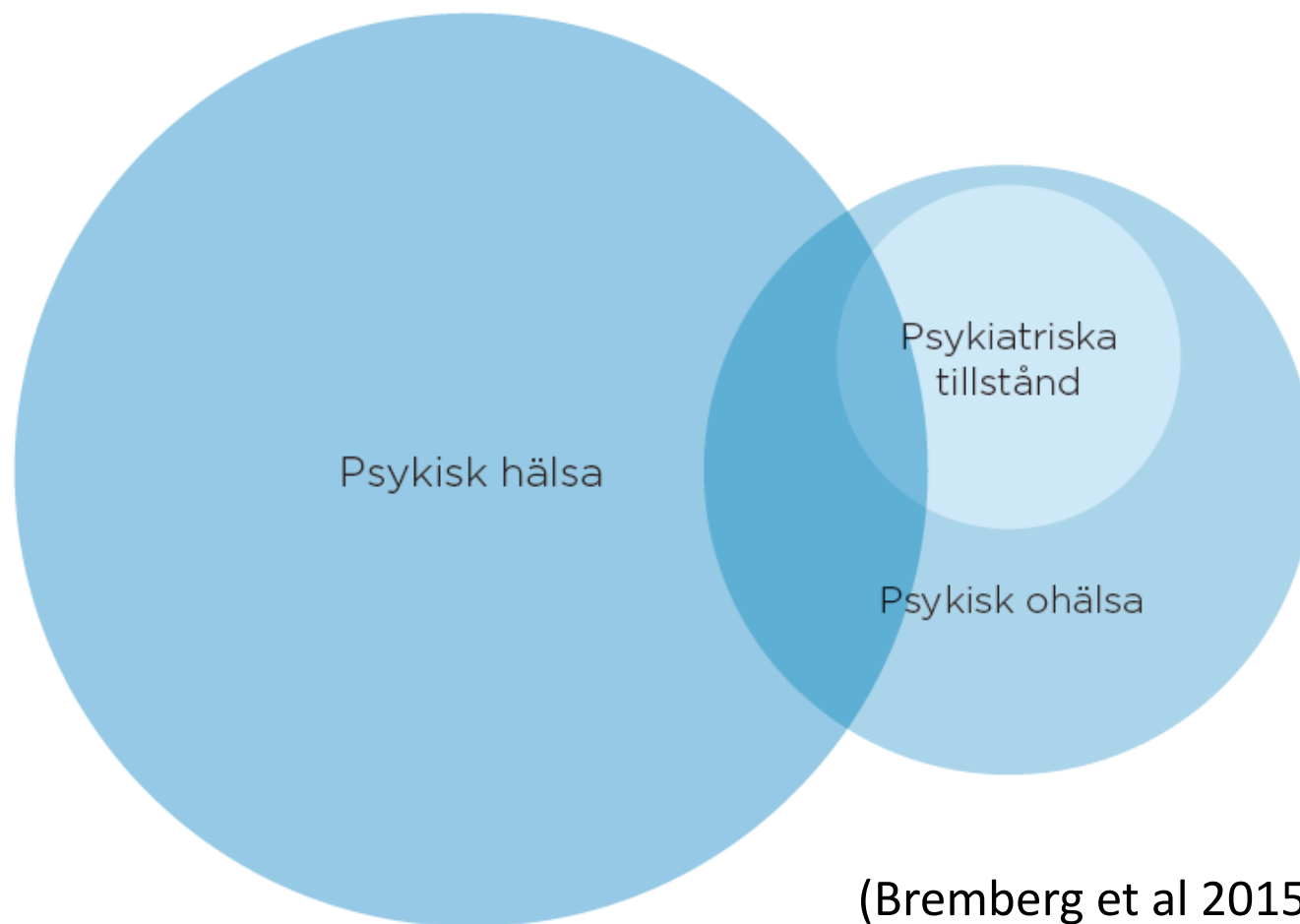


Cecilia Åkesdotter

- Doktor Idrottsvetenskap
- Grundutbildad psykoterapeut (KBT)
- Idrottslärare
- Tränarprogrammet GIH
- Idrottspsykologisk rådgivare
- Psykologisk coach damkronorna
- Världsmästare i Taekwondo



Psykisk hälsa, psykisk ohälsa och psykiatriska tillstånd



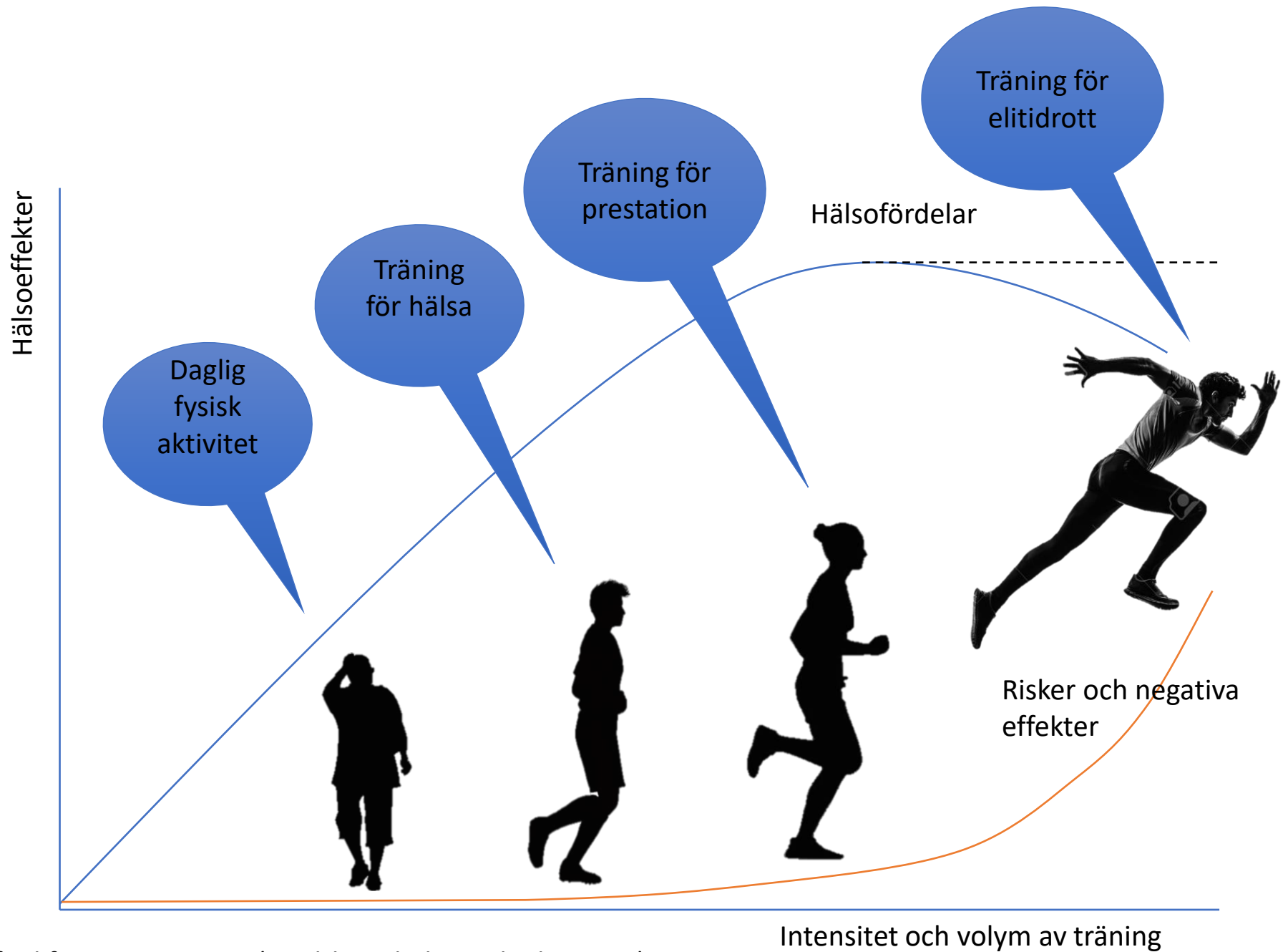
(Bremberg et al 2015)

Psykisk ohälsa och psykiatriska diagnoser hos svenska elitidrottare

Prevalens, samsjuklighet och
livsberättelser

Population: svenska
elitidrottare på landslagsnivå
(studie I, II, III och IV)



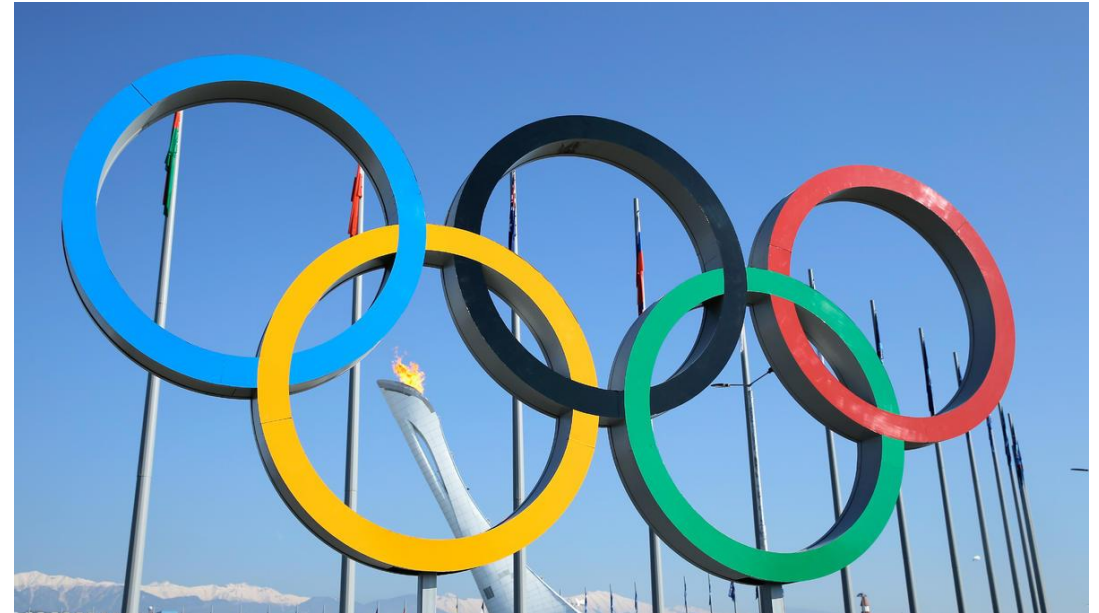


Modified from Vuori 1995 (Health and physical education)

Klinisk problematik under OS

Enlig idrottspsykologer som jobbat med USAs olympiska idrottare på plats under OS:

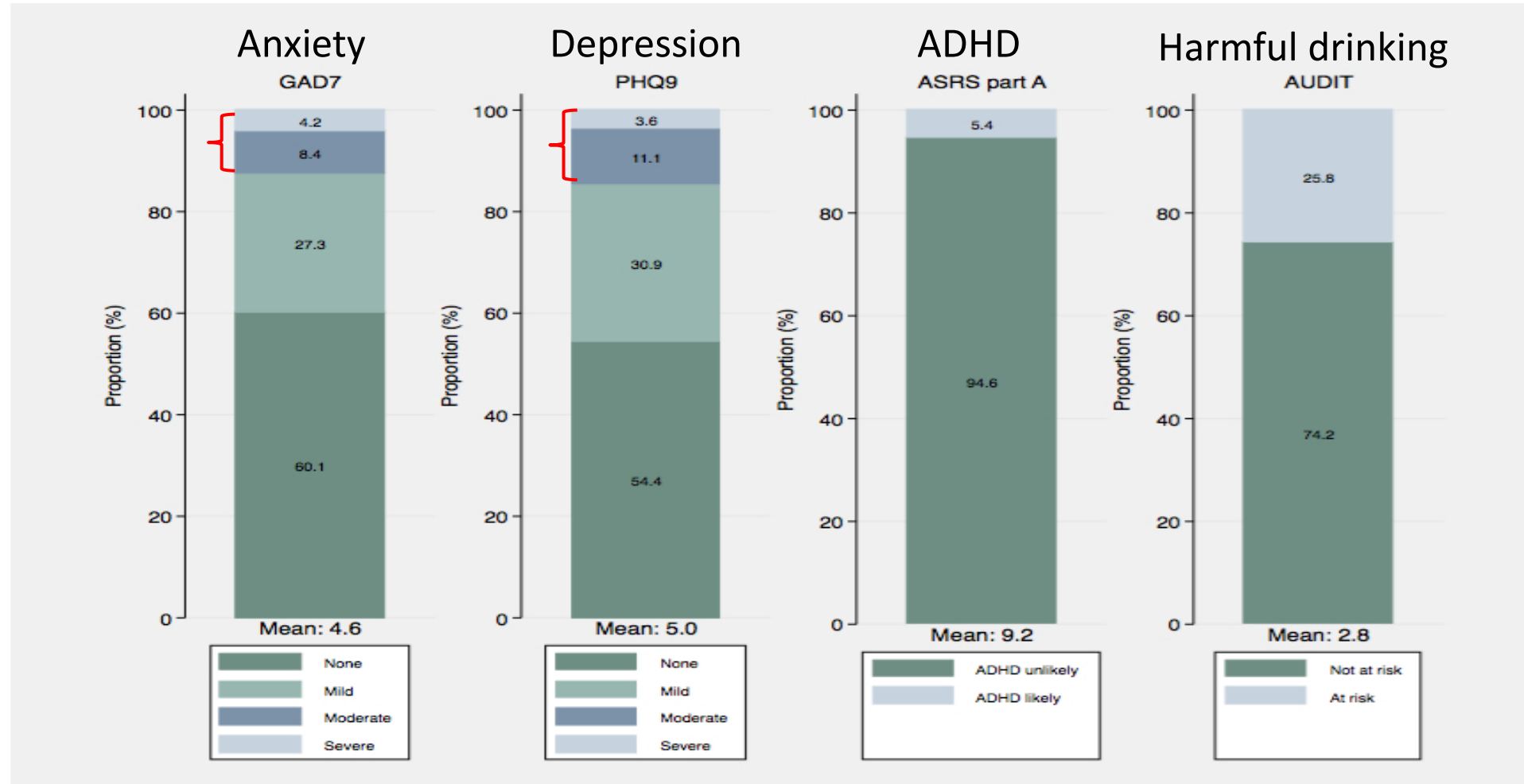
- Självmordstankar
- Depression
- Mani
- Tvångshandlingar
- Tvångstankar
- Beroende av sömnmedel
- Alkoholberoende
- Ätstörningar (Anorexia/Bulimia)
- Sömnsvårigheter



Study I



Symptoms of psychiatric disorders (overall)



Anxiety 12.6 %

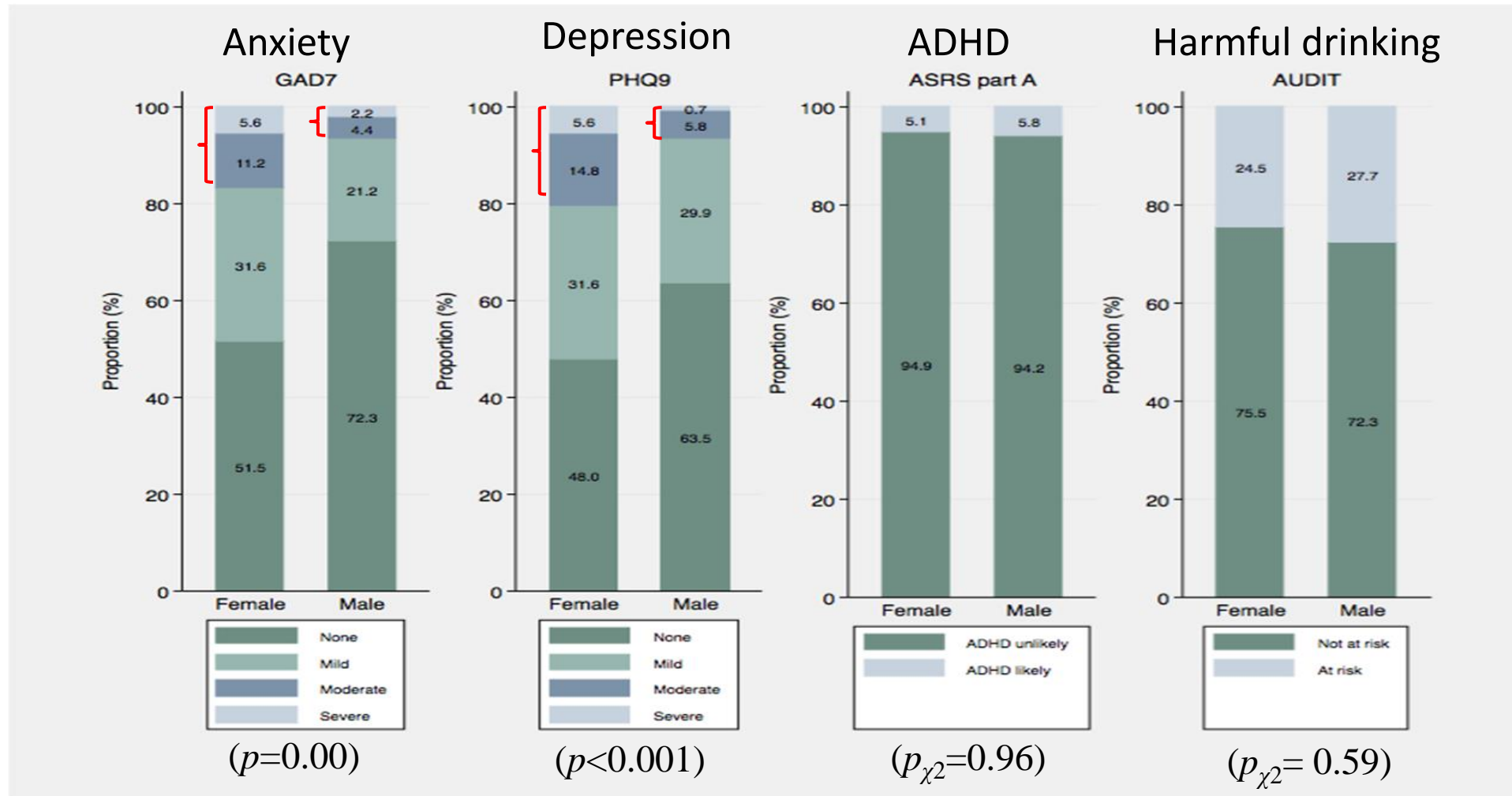
Depression 14.7 %

ADHD 5.4%

H. Drinking 25.8%

19.5% reached the moderate clinical cut-offs for symptoms of anxiety and/or depression.

Symptoms of psychiatric disorders (by sex)



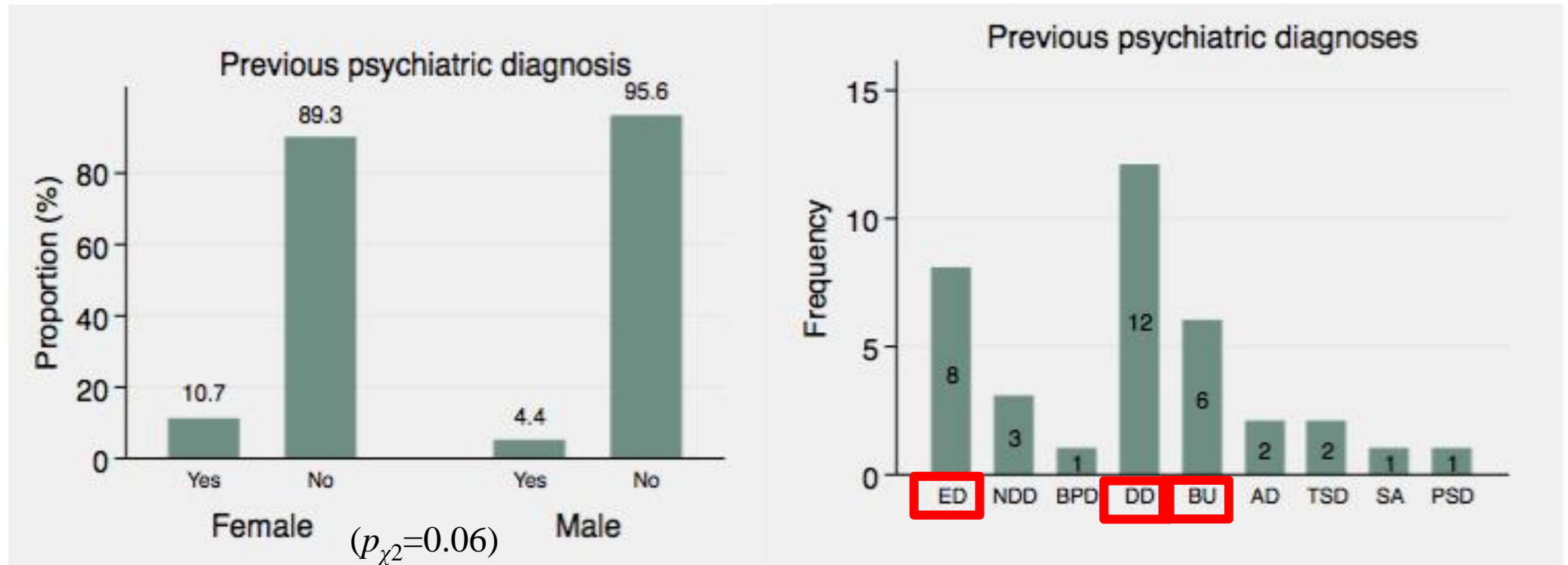
Females 16.8 %
Males 6.6 %

Females 20.4 %
Males 6.6 %

Females 5.1%
Males 5.8%

Females 24.5%
Males 27.7%
(n=333)

Previous psychiatric diagnosis



- Overall, 8.1% reported a current or previous psychiatric diagnosis given by a licensed caregiver.

Type of prior diagnosis; ED: Eating disorders, NDD: Neurodevelopmental disorders, BPD: Bipolar and related disorders, DD: Depressive disorders, BU: Burnout, AD: Anxiety disorders, TSD: Trauma and stress related disorders, SA: Substance related and addictive disorders, PSD: Psychosomatic diagnoses.

Mental Health problems

Are you experiencing psychological **suffering** right now (daily for at least the last **two weeks**) so severe that you have obvious difficulties to **function** as usual in everyday life and/or in sports?

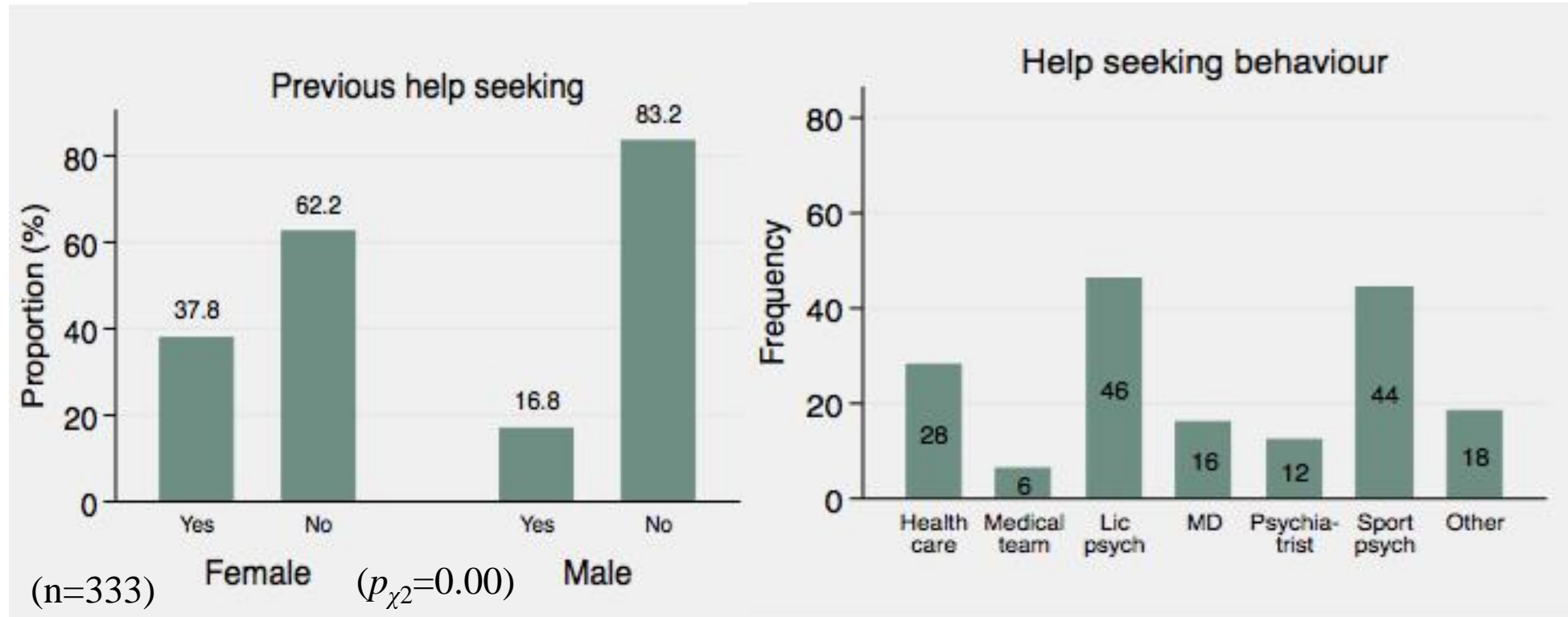
Point prevalence 11.7% (females 13.8%, males 8.8%)

Lifetime prevalence 51.7% (females 58.2%, males 42.3%)

Age of onset IQR: 17-21 (50% onset between age 17-21)

Recurrent episodes were common

Help-seeking behavior



- Overall, 29.1% reported seeking help for a mental health problem.
- Athletes stating “other” mostly went to a school counselor or friends/family.

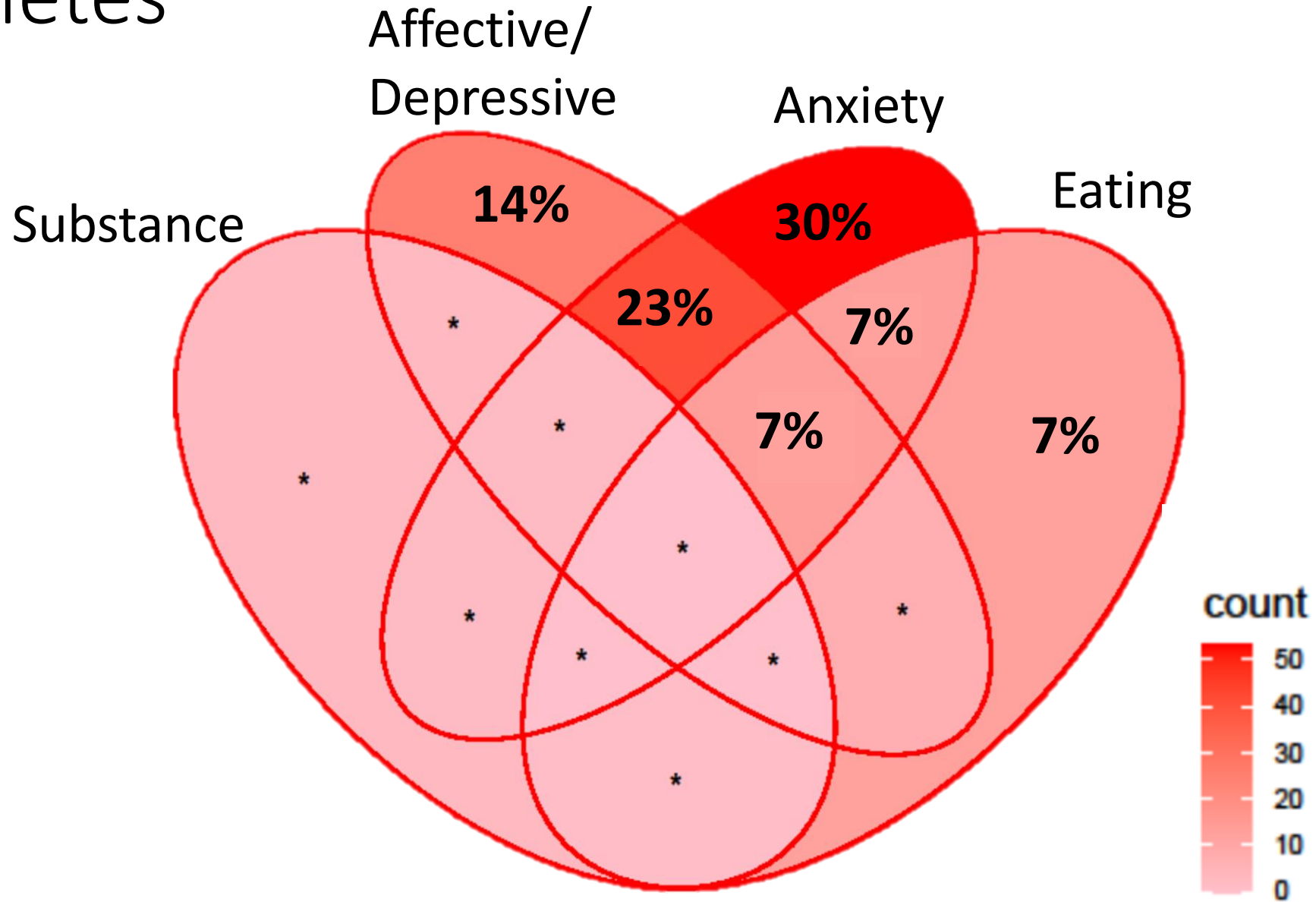
Study II



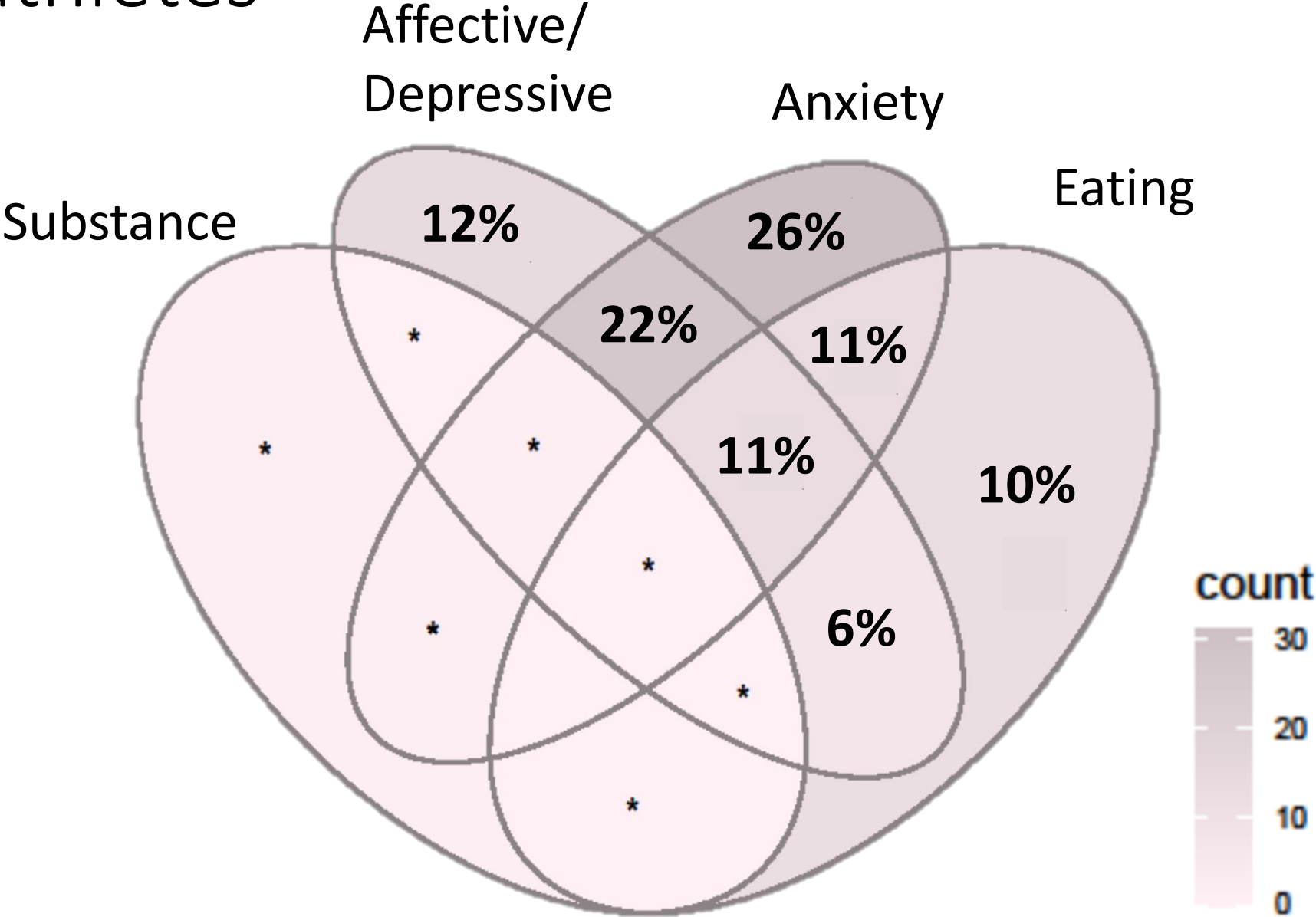
Clinical cohort elite athletes

		EA		
		Total (n=180)	Females (n=122)	Males (n=58)
Anxiety disorders	Any anxiety disorder	69%	70%	67%
	Phobic anxiety disorders (F40)	31%	33%	26%
	Other anxiety disorders (F41)	29%	27%	33%
	Obsessive-compulsive disorder (F42)	8%	7%	9%
	Reaction to severe stress and adjustment disorders (F43)	25%	28%	19%
Affective disorders	Any affective disorder	51%	50%	52%
	Major depressive disorder, single episode or recurrent (F32, F33)	37%	37%	36%
	Bipolar disorder (F31)	n<5	n<5	n<5
Eating disorders	Any eating disorder (F50)	26%	37%	n<5
	Anorexia nervosa (F50.0)	7%	11%	n<5
	Bulimia nervosa (F50.2)	3%	5%	n<5
	Eating disorder, unspecified (F50.9)	20%	29%	n<5
Mental and behavioural disorders due to psychoactive substance use	Any disorders due to psychoactive substance use	6%	n<5	14%
	Alcohol-related disorders (F10, Z721)	6%	n<5	14%
	Other substance-related disorders	n<5	n<5	n<5
Other disorders	Any other disorder	7%	6%	10%

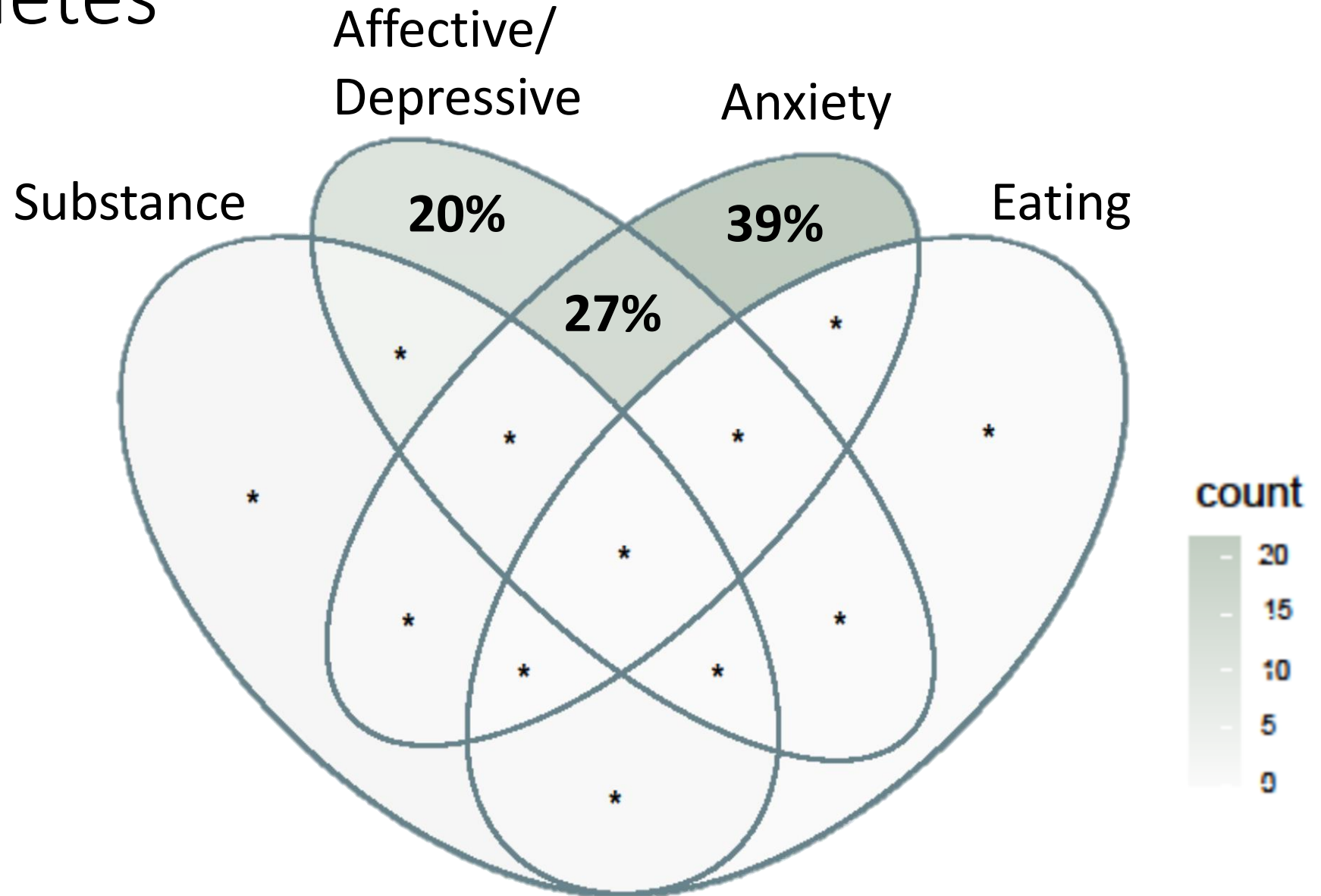
Elite athletes



Female athletes



Male athletes

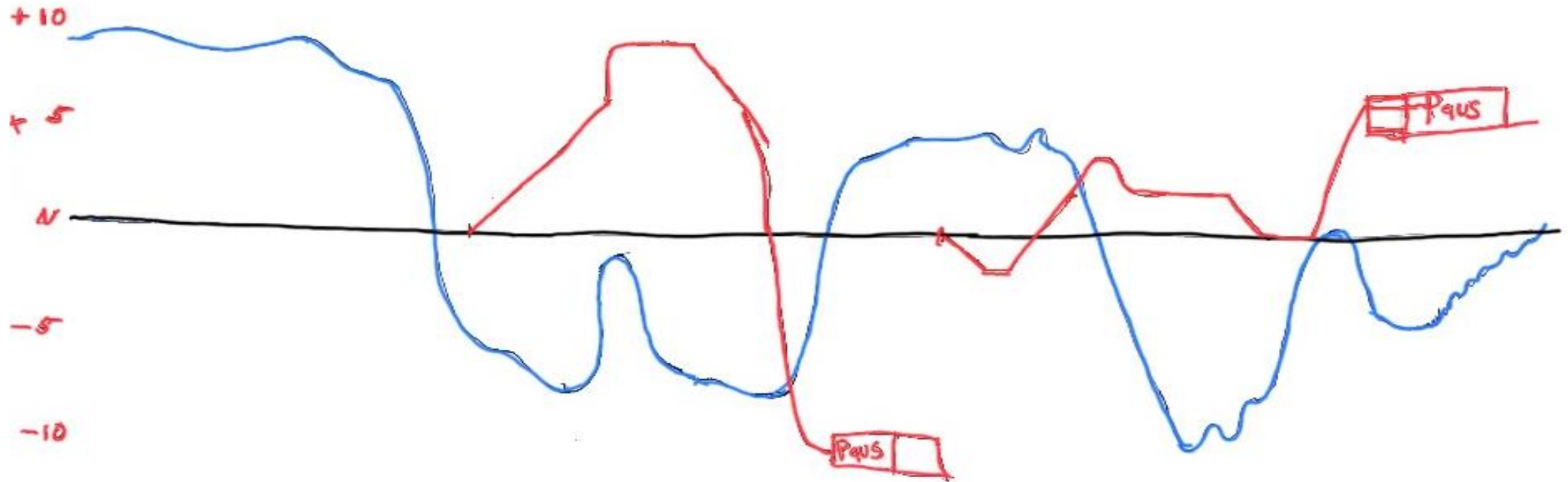


Study III



Biographical mapping method

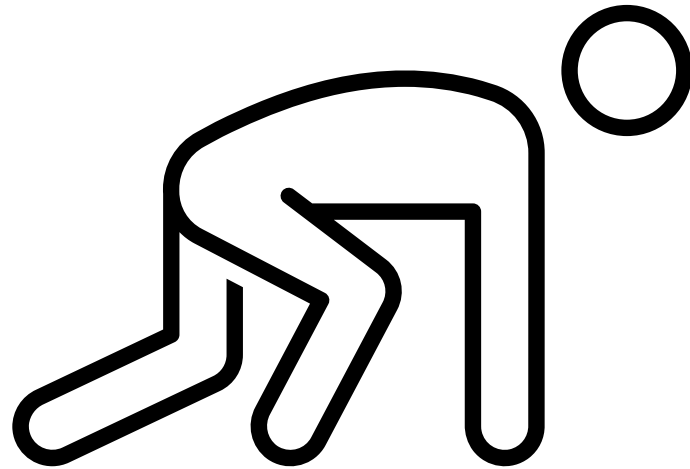
Figure 1: Example of an participant's biographical map (Red = Sporting career; Blue = Mental health ; N = time-lines and neutral baseline)



(Schubring, Mayer et al. 2019)

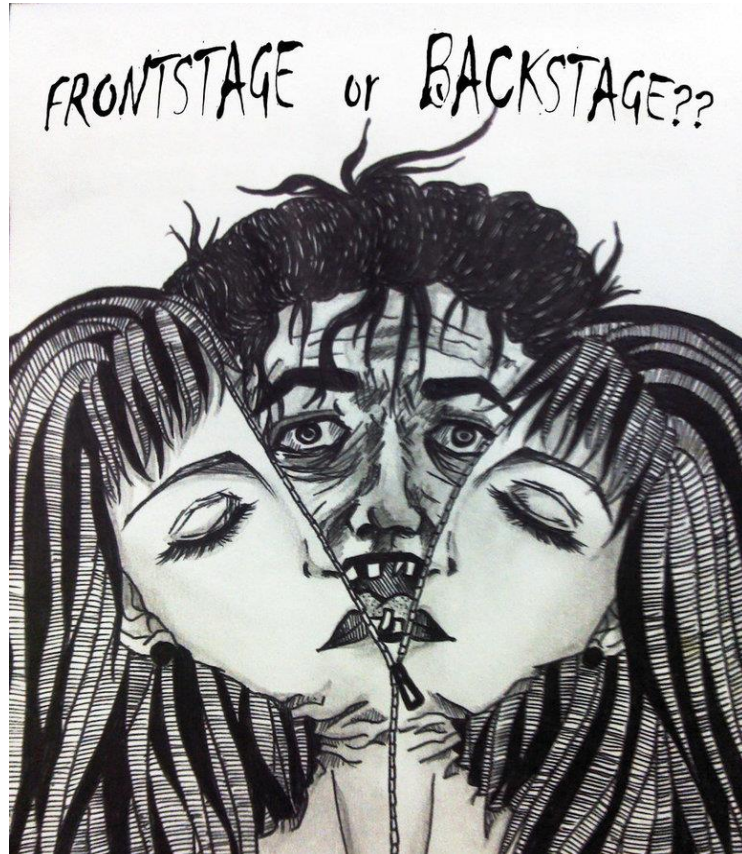
Performance narrative

The performance narrative, characterized by a single-minded focus on performance that demands the exclusion of any form of psychological weakness, stigmatizes elite athletes with psychiatric disorders, making their stories untellable within elite sport.



Wearing a mask

“It was more, here [i.e., backstage] I have suffering. Here [i.e., frontstage] I have sport. Different things ... But it’s a hard world. It’s hard to show weakness in that world [i.e., frontstage]. “



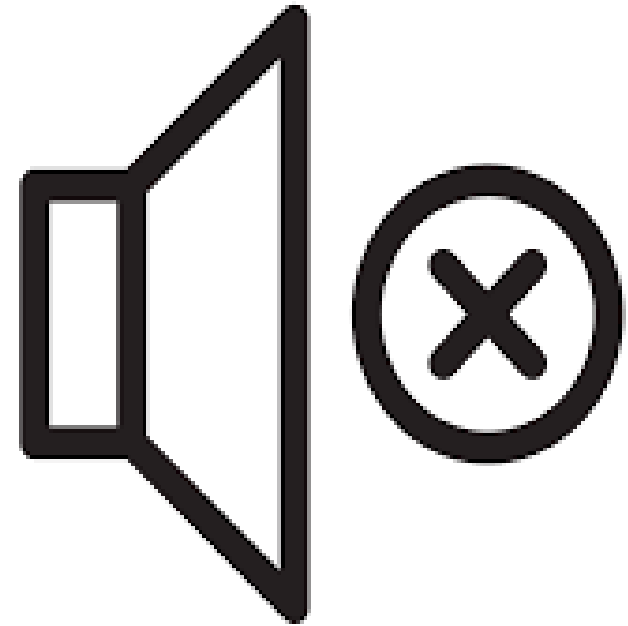
Text i sidhuvud/sidfot

(Goffman 1959)

Vow of silence

“And often in this culture, the way I understand it, you don’t talk so much about it if you are going through a hard time. You just go for it. You think about other stuff. That might be their way of telling me ‘This is how we deal with it, it might work for you too.’”
(Elin)

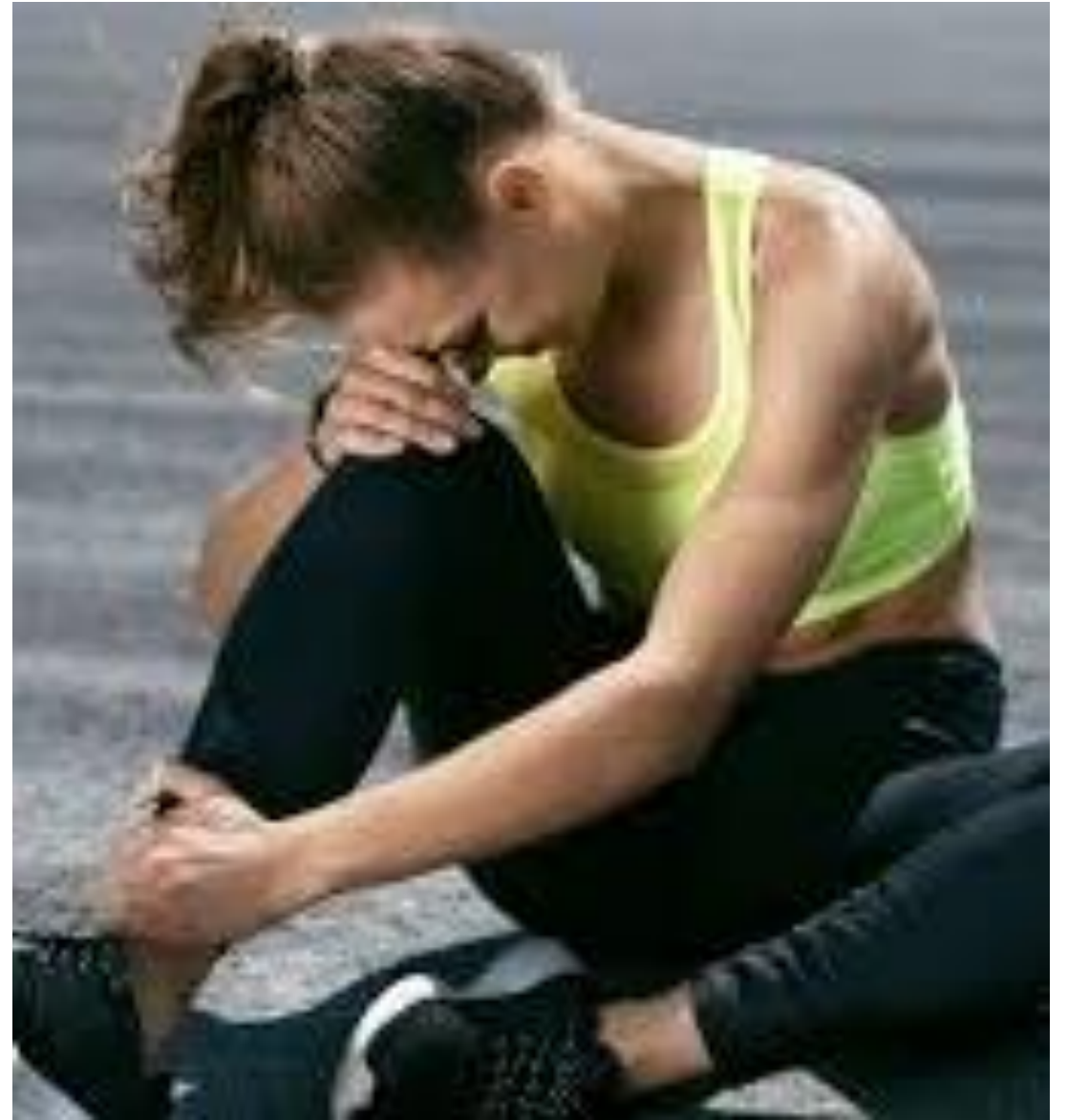
“But it is a little bit like if you have fallen off a bike, and hurt yourself, and instead of getting a band-aid and a hug, you get yelled at for getting hurt in the first place. The consequence of this is that, in the end, you don’t tell anyone that you have fallen off the bike. And therein lies an incredible loneliness.”
(Jonas)



Finding an alibi

“At that stage it was suddenly accepted from the outside – ‘Of course, now he should go to a psychologist when he is hurt like that and cannot compete.’ But for me it was partly that, but also things like why do I not even want to compete?” (Martin)

“Because I was suffering so much at that time I thought it was amazing to get cancer. So I could take a small break, kind of, from all this negativity in sport and that kind of thing. And it was a fairly ‘nice’ cancer if you can speak about it that way. It sounds a little strange. But I thought it was amazing.”
(Emma)



Sammanfattning

Nästan en av fem (19%) svenska elitidrottare hade kliniska nivåer av ångest och/eller depression vid en given tidpunkt. En tidigare psykiatrisk diagnos återfanns hos 8.1%. Över hälften (51.7%) hade någon gång i livet drabbats av psykisk ohälsa. Vanligast var att drabbas första gången i åldern 17–21 år. Idrottsspecifika skalor kunde över lag fånga upp kliniska symtom men saknade tillräcklig sensitivitet och specificitet för praktisk användning i idrotten.

I en klinisk kohort med elitidrottare som hade sökt psykiatrisk öppenvård var ångestrelaterade diagnoser vanligast (69%), följt av depressiva diagnoser (51%) och ätstörningar (26%). Samsjuklighet var vanligt.

(Åkesdotter et al 2020, 2022)

Sammanfattning

De kvalitativa studierna visade att bilden av hur en elitidrottare ska vara bidrog till en stigmatisering av psykisk ohälsa.

Elitidrottare upplevde därför att de inte kunde prata om sitt psykiska lidande då det sågs som en svaghet inom idrotten och använde olika strategier för att dölja hur de egentligen mådde.

(Åkesdotter et al 2023)

Tack!