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|  | **Authors** | **Study aims** | **Country** | **Study design** | **Population** | **Sample size and characteristics** | **Measures of psychological health** | **Methods of data analysis** | **Findings** | **Time when data collected** | **Measures of psychopathological health or symptoms of psychopathology included** | **Disability-specific issues mentioned** |
| 1 | **Vita, La Foresta, Russo, Vita, Messina, Lunetta, Mazzeo.** [3] | *Investigate physical, emotional, and psychosocial changes induced by participation in Parasport* | Italy | Case study (longitudinal) | Paralympic swimmer with Charcot-Marie-Tooth (CMT) type 4A | 1 female swimmer with CMT | 36-item short-form; questionnaire (SF-36) [5,6] assessed QoL by 8 items, which yielded two scores: physical composite score (PCS) and mental composite score (MCS).  Anxiety was evaluated by State-Trait Anxiety Inventory (STAI) [9]. Depression symptoms were evaluated by Beck Depression Inventory II (BDI-II [10].  Rosenberg Self-Esteem Scale measured global self-worth by evaluating both positive and negative feelings about self. | Not specified | Improvement in all measures. | Over 5 years (participant was 31 to 36 yearsold) | No | Yes, but in a limited way |
| 2 | **Pack, Kelly, Arvinen-Barrow.** [4] | *Explore the role of swimming on Paralympic athletes' perceptions of self and identity development* | England | Qualitative study employing a hermeneutic phenomenologic approach | Paralympic swimmers | 5 (ages 20–24 years) | – | Interpretative phenomenologic analysis of semi-structured interviews | Athletes’ feelings and perceptions about the role of swimming in their lives:  (a) "One of the crowd"; no participants viewed themselves as disabled, nor as Supercrips; these perceptions stemmed from family-, school-, and swimming-related experiences;  (b) "Becoming me"; participation in swimming facilitated self- and social-acceptance, and identity development;  c) "A badge of honor"; swimming as a way to present and reinforce a positive identity | Not specified; Paralympic Games | No | Yes |
| 3 | **Martin, Malone, Hilyer.** [5] | *Examine differences between the top 12 athletes on the gold medal- winning 2004 United States women’s Paralympic basketball team, and 13 athletes at the selection camp not chosen for the team* | USA | Case control | 2004 USA women’s Paralympic basketball team and 13 athletes at  the selection camp not chosen for the team | 25 women; Caucasian (n = 20) and African American (n = 5); ages 17–37 years (M = 25.8, SD = 5.24); 8 athletes were paralysed due to spinal cord injury, traumatic events (e.g., car accidents), or birth complications; 2 had serious knee dysfunction; 1 was a bilateral amputee;1 had spina bifida | Sixteen Personality Factor Questionnaire (Cattell, Cattell, Cattell, 1993)  Profile of Mood States (Droppleman, Lorr, McNair, 1992) | Multivariate ANOVA with follow-up tests | Athletes chosen for the Paralympic team scored higher on tough-mindedness (M = 5.7 vs. 4.3) and lower in anxiety (M = 5.6 vs. 7.8). Paralympians scored higher in vigour (M = 19.5 vs. 14.8) and lower in depressed mood (M = 3.9 vs. 6.7) and confusion (M = 5.5 vs. 7.5).  Effect sizes were large (e.g., Cohen’s d = 0.91–1.69) for all 5 results. | Early 2000s | Examines anxiety and depressed mood but at the personality level, not considered as mental health disorders | No |
| 4 | **Boozhmehrany, Jafari, Tayebi** [6] | *Assess the quality of working life and levels of depression in athletes and non-athlete staff in National Olympic and Paralympics Academy of Iran.* | Iran | Questionnaire (cross-sectional) | Employees of the National Olympic and Paralympic Academy (athletes and non-athletes) | No further description of sample | 46 questionnaires were used, including quality of work life questionnaire (Walton 1974) and Beck Depression Inventory (BDI) | Pearson correlation coefficient and Independent t-test to compare means of 2 groups | In work life quality, both groups scored lower than average. On average, both athletes and non-athletes were not depressed according to BDI cut-offs, and did not differ in depression scores.  There was no relationship between quality of work life and depression in Academy employees. | Unclear | Yes | No |
| 5 | **Silva Queiroz, Winckler, Vital, Sousa, Fagundes, Tufi, de Mello** [7] | *Evaluate the sleep quality, sleepiness, chronotype, and anxiety  of Brazilian Paralympic athletes before the 2008 Beijing Paralympic Games* | Brazil | Cross-sectional | Paralympic athletes from Brazilian national team in preparation for Beijing Olympics | 27 Paralympic athletes (16 men and 11 women) with an average age of 28 years ±6 years who were track and field athletes | Sleep quality was evaluated using the Pittsburgh Scale  Sleepiness was evaluated using the Epworth Sleepiness Scale  Chronotype was determined by the Horne and Östberg questionnaire  Anxiety Inventory | Descriptive statistics and independent t-tests | 72% of athletes with a medium level of anxiety presented with poor sleep quality.  71.4% were classified into the morning type.  72% of those athletes with a medium anxiety level also had poor sleep quality.  Athletes with poor sleep quality showed significantly lower sleep effi ciency (p=0.0119) and greater sleep latency (p=0.0068) than athletes with good sleep quality.  Athletes with excessive daytime sleepiness had lower sleep efficiency than nonsleepy athletes (p=0.0241). | 10 days before Olympics | Yes | No |
| 6 | **MacDougall. O’Halloran,Shields, Sherry** [8] | *Investigate the well-being needs and strengths of Paralympic athletes in a global and sport-specific context across subjective psychological, social, and physical health and well-being dimensions* | Australia | Semi-structured interviews and a focus group | Semi-structured interviews with Australian Paralympic athletes; a focus group with members of the Australian Paralympic Committee; and a confirmatory Paralympic athlete focus group | 9 Australian Paralympic Committee members and 23 Paralympic athletes. The Paralympic athletes included 10 female and 13 male athletes (median age = 28.5 years, range = 16–53 years) | Interviews based on Lundqvist’s (2011) model of well-being were developed for semistructured interviews and Committee focus group to cover demographic questions (i.e., sporting background; participant’s understanding of well-being; and exploration of perceived well-being needs and strengths across subjective psychological and social well-being) | Thematic analysis using Nvivo software | Well-being needs and strengths of Paralympic athletes differed across gender, sport, level of competition, and nature of impairment. The authors concluded that well-being needs represented an interaction between physical pain, emotional regulation, lacking purpose outside of sport, and lack of self-acceptance, especially for athletes with acquired impairments.  The authors also held that well-being strengths were perceived, by the athletes, to increase in association with their level of competition.  These strengths included personal growth, optimism, strong social support networks, and contributing to multiple communities. | Unclear | No | Yes |
| 7 | **Campbell, Jones** [9] | *Examine the sources of stress in an international squad of elite male wheelchair basketball players* | Great Britain | Cross-sectional qualitative interviews | 10 Paralympic male basketball players | Players had a mean age of 32.2 years (SD = 3.39) and a mean international playing experience of 11.5 years (SD = 4.48). They had a range of conditions (spinal cord injury, n = 6; lower limb amputation, n = 2; spina bifida, n = 1; and  polio, n = 1), and a range of wheelchair basketball classification points (1 point, n = 2; 2 points, n = 1; 2.5 points, n = 3; 3 points, n = 1; 4 points, n = 2; 4.5 points, n = 1) | Semi-structured interview schedule focused on eliciting sources of stress | Inductive content analysis as recommended by Patton (1990) | Athletes experienced sources of stress relating to competition, organisational aspects of competing at a major event, communicating or relating to important others, and 2 dimensions not specific to competition (demands or costs of wheelchair basketball and lack of disability awareness). | not specified | No | Yes |

ANOVA = analysis of variance; SPSS = Statistical Package for the Social Sciences.