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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 paralyseddue to spinal cord injury, traumatic events (e.g., car accidents), or birth complications; 2 had serious knee dysfunction; 1 was a bilateral amputee;1had 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] | *Evaluatethe sleep quality, sleepiness, chronotype, and anxiety of Brazilian Paralympic athletes before the 2008Beijing 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 ageof 28 years ±6 years who were track and fieldathletes | Sleep quality wasevaluated using the Pittsburgh Scale Sleepiness was evaluated using the EpworthSleepiness ScaleChronotypewas determined by the Horne and Östberg questionnaireAnxiety 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 mediumanxiety 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 subjectivepsychological, social, and physical health and well-being dimensions* | Australia | Semi-structured interviews and a focus group  | Semi-structuredinterviews with Australian Paralympic athletes; a focus group with members of the Australian Paralympic Committee; anda confirmatory Paralympic athlete focus group | 9 Australian Paralympic Committee members and 23 Paralympic athletes. The Paralympic athletes included 10 female and13 male athletes (median age = 28.5 years, range = 16–53years) | Interviews based on Lundqvist’s (2011) modelof well-being were developed for semistructuredinterviews and Committee focus group to cover demographic questions (i.e., sportingbackground; participant’s understandingof well-being; and exploration of perceivedwell-being needs and strengths across subjective psychologicaland 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 acquiredimpairments. 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 internationalsquad of elite male wheelchair basketball players*  | Great Britain | Cross-sectional qualitative interviews | 10 Paralympic male basketball players | Players had a mean age of32.2 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 sourcesof stress relating to competition, organisational aspects ofcompeting at a major event, communicating or relating to important others,and 2 dimensions not specific to competition (demands or costs ofwheelchair basketball and lack of disability awareness). | not specified | No | Yes |

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