IMPLEMENTATION OF PSYCHIATRIC/Psychotherapeutic Support within a Longitudinal Health Monitoring in Competitive Para Athletes

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Conclusion Good start; high uptake in MHEP led to increasing their time; education programme built upon with MH Champions programme; possible correlation between increased awareness and earlier intervention, and increasing number of claims for mental health support with decreasing average cost; levels of psychological distress and wellbeing similar to levels observed in wider society.

Background Longitudinal monitoring of mental health symptoms in para athletes is rare, so are strategies to prevent and detect mental illness in this group. Ideas to lower barriers for seeking for mental help are needed.

Objective Implementation of a mental health surveillance system, using the PHQ (Patient Health Questionnaire)-4 in high-level Paralympic athletes in combination with a psychiatric/psychotherapeutic support which provided help either if athletes demanded or if PHQ-4 score exceeded 4 two weeks or longer.

Design Longitudinal weekly monitoring of depression and anxiety within the German National Paralympic Team accompanied by psychiatric/psychotherapeutic intervention.

Setting In preparation of the Paralympic Games in Tokyo, German athletes were invited to take part in a weekly, questionnaire-based monitoring program which included the PHQ-4 and level of stress.

Patients (or Participants) Data of 78 athletes was collected for one year (05/19–04/20). Within this group 21 athletes were contacted (8 male, 13 female, 8 individual sport, 13 team sport), 4 of them more than on one occasion.

Interventions (or Assessment of Risk Factors) Athletes were contacted via email and offered support regarding mental health problems in case they requested help or if their PHQ-4 scores overreached the cut-off value of 4 in at least 2 consecutive weeks.

Main Outcome Measurements Number of athletes contacted because of PHQ-4, number of athletes demanding support and number of contacts which resulted in consultation during one year.

Results Twenty-one of 78 athletes were contacted, 11 times on demand, 13 times because of PHQ-4 scores. After the first contact psychiatric/psychotherapeutic support was requested 8 times, by 7 different athletes. This resulted in 7 phone calls and 1 email conversation. Seven of the 8 requests were on demand, whereas only one resulted from elevated PHQ-4 scores. Recommendations for sport psychology (n=2), psychiatrist/psychotherapy (n=4) were given six times. Help to find a local sport psychiatry/psychotherapy specialist was provided in 4 cases, questions concerning medication were answered in 1 case and support in an acute stress situation in 1 case.

Conclusions The demand for psychiatric/psychotherapeutic support was high (9% of all athletes within one year). Offering an easy access to psychiatric/psychotherapeutic help seems to be an effective way to support athletes concerning mental health issues.