

Screening Methods for Common Mental Health Disorders in Athletes

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Central Connecticut State University
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Disclosures

Chantelle Bowden, MD, MBA, FRCPC

Presenting March 3, 2026

Relationships with Commercial Interests

- Grants/Research Support – None
- Speakers Bureau/Honoraria – UBC Clinical Instructor Honoraria
- Consulting Fees – None
- Other – Investment Portfolio that includes some pharmaceutical companies that develop medications for ADHD, OCD, Alzheimer's and Parkinson's Disease that will not be referenced in this talk.

Financial/In-kind support provided by (and in the form of):

- Lunches with Pharmaceutical Reps, Samples for patients provided

Potential for Conflict of Interest:

- None.

Managing potential bias:

- Review of UBC's outline of professional and ethical teaching practices for clinical instructors that align with CPSBC Standards
- Follow the published literature regarding mental health screening.

OBJECTIVES

- Explain the importance of early identification and referral
- Recognize common signs and symptoms of mental health issues
- Describe commonly used screening tools and methods for assessment

World Health Organization⁶

“Mental health is a state of mental well-being that enables us to cope with stressors, realize our abilities, learn and work well, and contribute to our community.”

Why Screen for Mental Health?^{1,5}

Similar rates in student-athletes as the general population

Depression

- 12-mo prevalence is approximately 7%
- Can be 3x higher in 18-29 y.o.
- For adolescents+, up to 3:1 in F:M

Anxiety

- 12-mo prevalence is 0.9% in teens and 2.9% in adults
- 2:1 in F:M
- peaks in middle-age, more likely in developed countries

Eating Disorders

- A.N. 12-mo prevalence is 0.4%
- 10:1 in F:M peaks in teens
- B.N. 12-mo prevalence 1.5%
- 10:1 in F:M peaks in young adults

Insomnia

- 12-mo prevalence up to 10%
- 1.44:1 in F:M
- 40-50% with insomnia have a comorbidity

Substance Use Disorders

- EtOH 12-mo prevalence 4.6% in teens and 8.5% in 18+y.o.
- THC 12-mo prevalence 3.4% in teens and 1.5% in 18+y.o.
- Opioids 12-mo prevalence 1% in teens and 0.37% in 18+y.o.*

Why Screen for Mental Health?^{2,3,5}

- Improved Academics
- Improved Sport Performance
- Culturally Destigmatizing Mental Health Care
- Reduced rates of suicidal ideation, self-harm, and attempted or completed suicide
- Improved Mental Health

Biopsychosocial Model^{1,2,5}

Biological	Psychological	Social
Genetic History	Thought Processes	Relationships
Nutrition	Locus of Control	Socioeconomic Status
Hormones/Brain Chemistry	Emotional Intensity	Culture
Injury, Pain, and/or Recovery	Behaviors/Impulsivity/ Sleep	Adverse Childhood Experiences (ACEs)
Medical History	Identity	Academic Standards
Medications	Personality Construct	Competitive Level
Substances	Trauma & Stress	

Signs & Symptoms^{1,4,5}

Mood changes – sadness, irritability, reactivity

Fatigue and low motivation

Weight changes/Appetite changes

Poor concentration/focus

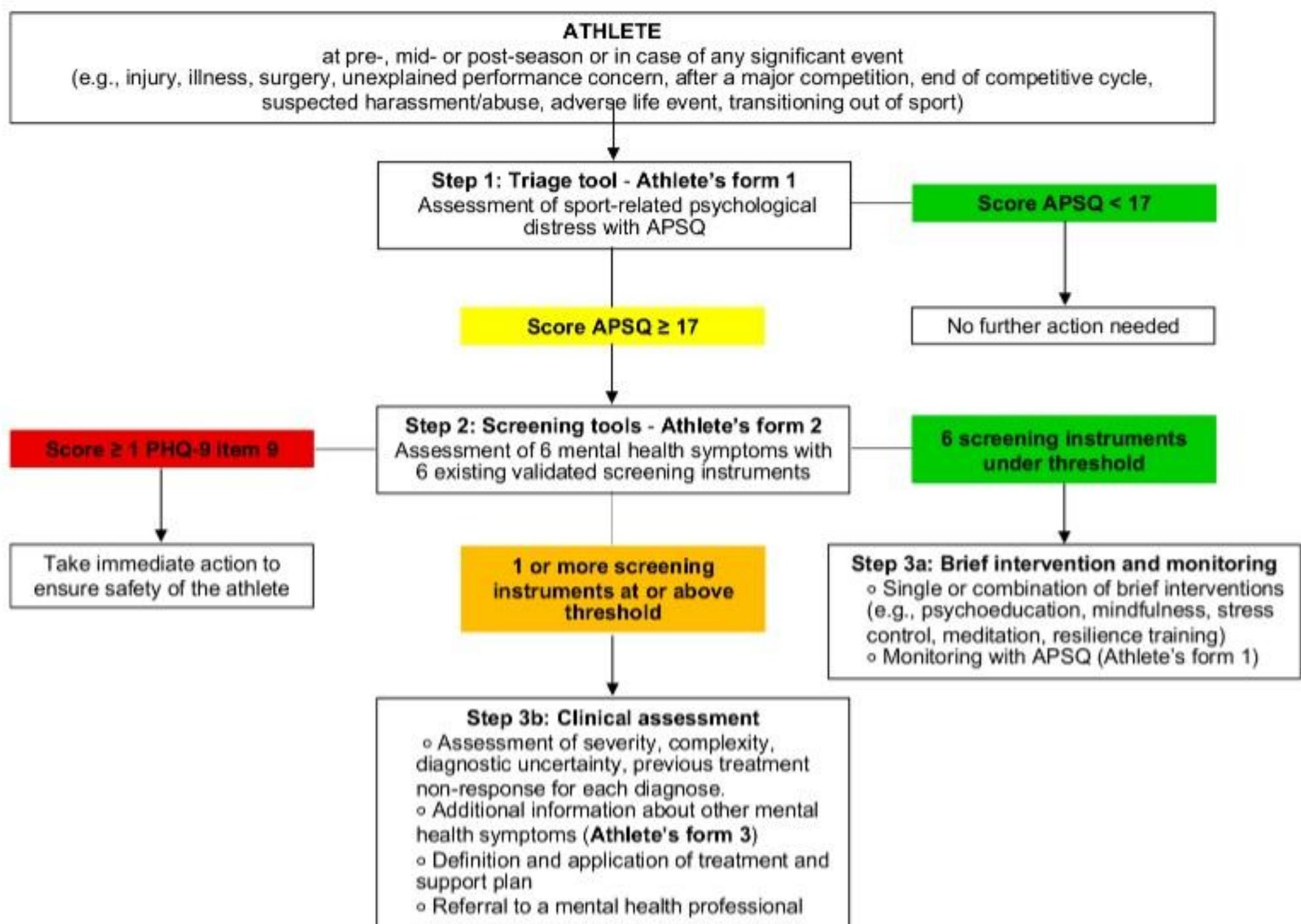
Lack of enjoyment of activities

Decreased socializing/social withdrawal

Underperformance in academics/sport

Persistent musculoskeletal injury

Screening Process¹



Athlete Psychological Strain Questionnaire

Instructions for completion: Please think back over the last four weeks and respond to each item considering how often it applied to you. Please respond where 1 = *none of the time*; 5 = *all of the time*.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. It was difficult to be around teammates	1	2	3	4	5
2. I found it difficult to do what I needed to do	1	2	3	4	5
3. I was less motivated	1	2	3	4	5
4. I was irritable, angry or aggressive	1	2	3	4	5
5. I could not stop worrying about injury or my performance	1	2	3	4	5
6. I found training more stressful	1	2	3	4	5
7. I found it hard to cope with selection pressures	1	2	3	4	5
8. I worried about life after sport	1	2	3	4	5
9. I needed alcohol or other substances to relax	1	2	3	4	5
10. I took unusual risks off-field	1	2	3	4	5

Scoring: The APSQ provides a Total Score (sum of all 10 items) and three subscale scores, that assess the following domains:

Subscale	Items
Self-regulation difficulties	1-4
Performance concerns	5-8
Externalised coping	9-10

APSQ Range*	APSQ Cutoff Scores (total score)
<i>Moderate</i>	15-16
<i>High</i>	17-19
<i>Very high</i>	20+



Screening Tools

- Athlete Psychological Strain Questionnaire (APSQ)
- Depression - Patient Health Questionnaire-9 (PHQ-9)
- Anxiety - Generalized Anxiety Disorder-7 (GAD-7)
- Sleep – Insomnia Severity Index (ISI)
- Eating – Eating Disorder Examination Questionnaire (EDE-Q)
- Substances – Alcohol Screening Questionnaire (AUDIT) and Drug Abuse Screening Test (DAST-10)
- Function – Weiss Functional Impairment Rating Scale Self-Report

Citations

1. Goutteborge V, et al. *International Olympic Committee (IOC) Sport Mental Health Assessment Tool 1 (SMHAT-1) and Sport Mental Health Recognition Tool 1 (SMHRT-1): towards better support of athletes' mental health*. Br J Sports Med 2021;55:30–37. doi:10.1136/bjsports-2020-102411
2. Jiang S, and Shen L. *Beyond sports performance: Understanding the psychological well-being of student-athletes through social capital, psychological need and identity*. J of Am College Health 2025, VOL. 73, NO. 10, 3882–3891
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5. American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders (5th ed.)*
6. World Health Organization. *Mental Health*. (2026). <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

Questions?

