



MENTAL HEALTH AND DISORDERS IN ELITE SPORTS COACHES: A SCOPING REVIEW

SAÚDE MENTAL E TRANSTORNOS EM TREINADORES DE ESPORTES DE ELITE: REVISÃO DE LITERATURA

SALUD MENTAL Y TRASTORNOS EN ENTRENADORES DEPORTIVOS DE ÉLITE: UNA REVISIÓN DE ALCANCE

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Abstract

The mental health of elite sports coaches is increasingly recognized as a critical, yet underexplored, dimension of high-performance sport. This scoping review examined existing literature to map how personal, organizational, and performance-related demands shape coaches' well-being and vulnerability to mental health disorders. Searches across PsycINFO, Scopus, PubMed, and SPORTDiscus yielded 354 studies, of which only seven met inclusion criteria. The evidence, predominantly published in the last five years and based in Europe and Oceania, points to a consistent pattern: female coaches report higher levels of psychological strain than their male peers, largely due to organizational pressures and performance-related responsibilities. These findings reveal significant research gaps while underscoring the pressing need for organizational reforms and tailored mental health support programs to sustain coaches' well-being. Addressing these issues is essential not only for coaches' personal health but also for the long-term sustainability of elite sport environments.

Keywords: Sports Psychology; Well-Being; Elite Coaches.

Resumo

A saúde mental de treinadores esportivos de elite tem sido cada vez mais reconhecida como uma dimensão crítica, embora ainda pouco explorada, do esporte de alto rendimento. Esta revisão de escopo teve como objetivo fornecer uma visão geral dos estudos publicados sobre a saúde mental de treinadores de esportes de elite, mapeando evidências sobre o impacto de fatores pessoais, organizacionais e relacionados ao desempenho nos sintomas de transtornos mentais e no bem-estar geral. Foram realizadas buscas nas bases PsycINFO, Scopus, PubMed e SPORTDiscus, resultando em 354 estudos, dos quais apenas sete atenderam aos critérios de inclusão. As evidências, predominantemente publicadas nos últimos cinco anos e concentradas em países da Europa e da Oceania, apontam para um padrão consistente: treinadoras relatam níveis mais elevados de desgaste psicológico em comparação aos treinadores, em grande parte devido a pressões organizacionais e responsabilidades relacionadas ao desempenho esportivo. Esses achados revelam lacunas significativas na pesquisa e ressaltam a necessidade urgente de reformas



organizacionais e de programas específicos de apoio à saúde mental para sustentar o bem-estar dos treinadores. Enfrentar essas questões é fundamental não apenas para a saúde individual dos profissionais, mas também para a sustentabilidade a longo prazo dos ambientes esportivos de elite.

Palavras-chave: Psicologia do Esporte; Bem-Estar; Treinadores de Elite.

Resumen

La salud mental de los entrenadores deportivos de élite es reconocida cada vez más como una dimensión crítica, aunque aún poco explorada, del deporte de alto rendimiento. Esta revisión de alcance examinó la literatura existente con el fin de mapear cómo las demandas personales, organizacionales y relacionadas con el rendimiento influyen en el bienestar de los entrenadores y en su vulnerabilidad a los trastornos mentales. Se realizaron búsquedas en las bases de datos PsycINFO, Scopus, PubMed y SPORTDiscus, identificando 354 estudios, de los cuales solo siete cumplieron con los criterios de inclusión. La evidencia, publicada en su mayoría en los últimos cinco años y procedente principalmente de Europa y Oceanía, revela un patrón consistente: las entrenadoras reportan mayores niveles de desgaste psicológico en comparación con sus colegas varones, debido principalmente a presiones organizacionales y responsabilidades asociadas al rendimiento deportivo. Estos hallazgos ponen de manifiesto importantes vacíos en la investigación y subrayan la necesidad urgente de reformas organizacionales y de programas específicos de apoyo a la salud mental que garanticen el bienestar de los entrenadores. Abordar estas cuestiones resulta esencial no solo para la salud individual de los profesionales, sino también para la sostenibilidad a largo plazo de los entornos deportivos de élite.

Palabras clave: Psicología del Deporte; Bienestar; Entrenadores de Élite.

INTRODUCTION

Elite Olympic head coaches play a central role in athlete development, assuming technical, strategic, and psychosocial responsibilities. Despite their importance, the mental health of coaches has received far less attention than that of athletes (Kim *et al.*, 2020; Reardon *et al.*, 2019). The high-performance environment, characterized by intense performance demands, organizational pressures, and public visibility, creates a context of heightened psychological vulnerability (Fletcher, Scott, 2010; Norris, Didymus, Kaisler, 2017).

According to the World Health Organization (WHO, 2017), mental health encompasses well-being, stress management, productivity, and community contribution. Mental health is further examined using a dual-continuum model, acknowledging distinct dimensions of mental health and mental disorder, permitting coexistence of mental health with mental disorder symptoms (Keyes, 2002, 2005; Iasiello *et al.*, 2020; Colagrain *et al.*, 2022). This approach provides a nuanced understanding of coaches' mental health, beyond clinical symptomatology.

In recent years, systematic reviews have advanced knowledge on mental health in elite sport, particularly among athletes (Kuettel, Larsen, 2020; Colagrain *et al.*, 2022; Gouttebarger *et al.*, 2021). However, reviews focusing on coaches remain scarce. Previous work has included heterogeneous samples, retired coaches, collegiate coaches, or Paralympic coaches, which may dilute the specificities of active Olympic head coaches (Pankow *et al.*, 2022).



The present study addresses this gap by conducting a critical scoping review focusing exclusively on active head coaches in Olympic sports. This choice is justified because: head coaches concentrate decision-making responsibilities and media exposure, making them the most pressured role; unlike the U.S. collegiate system, coaches affiliated with clubs, federations, and confederations often lack extensive institutional support; and Olympic sports operate under unique global visibility and cyclical performance pressures.

Thus, this review maps and critically analyzes the existing evidence on mental health in Olympic head coaches, identifying both risk factors (e.g., organizational stress, performance demands) and protective factors (e.g., coping, social support), to inform research, policy, and organizational practices. We included studies directly assessing mental health, excluding research on indirect symptoms, such as burnout, and applied a targeted search strategy focused solely on elite coaches.

MATERIALS AND METHODS

Study Design

This study followed a scoping review design, appropriate for mapping emerging fields and identifying knowledge gaps (Aromataris *et al.*, 2024; Aromataris, Munn, 2020; Armstrong, 2011; Clark *et al.*, 2015; Mattos, Cestari, Moreira, 2023). The methodology, originally proposed by Arksey and O'Malley (2005) and refined by Levac, Colquhoun and O'Brien (2010), involves five primary stages: 1. Defining the research question, 2. Identifying relevant studies, 3. Selecting studies based on eligibility criteria, 4. Extracting data, and 5. Summarizing and comparing results.

To classify findings, we applied Keyes' dual-continuum model of mental health, which captures emotional, psychological, and social dimensions of well-being (Purcell *et al.*, 2022; Kuettel *et al.*, 2020, 2021). We also included studies adopting DSM-5 criteria, encompassing symptoms such as anxiety, depression, post-traumatic stress, and substance use disorders (APA, 2013). This dual framework is consistent with previous research advocating simultaneous consideration of protective factors and mental disorder symptoms in elite sport (Colagrai *et al.*, 2022; Iasiello *et al.*, 2020). The scoping review was conducted in accordance with the PRISMA-ScR guidelines, ensuring transparency and methodological rigor (Moher *et*



al., 2009, 2015; Tricco *et al.*, 2016, 2018; Peters *et al.*, 2015, 2022). The research question was: "Which risk and protective factors for mental health have been investigated in active Olympic head coaches?".

Eligibility Criteria

Peer-reviewed studies published in English, Spanish, or Portuguese were eligible. Exclusions comprised gray literature (e.g., theses, reports, books, policies). Criteria were defined using the SPIDER framework (Cooke *et al.*, 2012), consistent with scoping review methodology, and encompassed studies on both mental disorder symptoms and protective factors such as resilience and social support (Colagrai *et al.*, 2022; Iasiello *et al.*, 2020). Eligibility details are provided in Table 1.

Table 1 – Eligibility criteria for selecting studies on mental health and disorders of sport coaches

	Inclusion	Exclusion
Sample	Elite coaches (male and female) working with national or international athletes from individual or team sports in Olympic sport.	Elite coaches of Paralympic sports, because they work with a reality with specific aspects of disabilities, in addition to the aspects of sport, and elite coaches of university sports due to the difficulty of assessing the level of this sport in different countries.
Phenomenon of Interest	Studies that investigated resilience, coping, self-esteem, social support) which can be considered protective factors for mental health (Keyes, 2002, 2005) or symptoms of mental disorders (depression, anxiety, alcohol abuse, sleep disorders, etc.). Studies that investigated one or more of these primary outcomes either together or separately.	Studies that investigated performance states (e.g. pre-competitive performance anxiety).
Design	Studies using primary source of data: case study, cross-sectional, longitudinal, and intervention designs.	Studies using secondary source of data
Evaluation	Studies focusing on the presence or prevalence of mental health or disorders outcome(s), comparisons with other populations, assessment of determinants for MH outcomes or MH interventions.	Studies focusing on instrument development or validation. Studies focused on the coach-athlete relationship. Studies that evaluated the psychological aspect of sport coaches by collecting data only with athletes.
Research type	Quantitative, qualitative, and mixed methods research	Theoretical and review papers

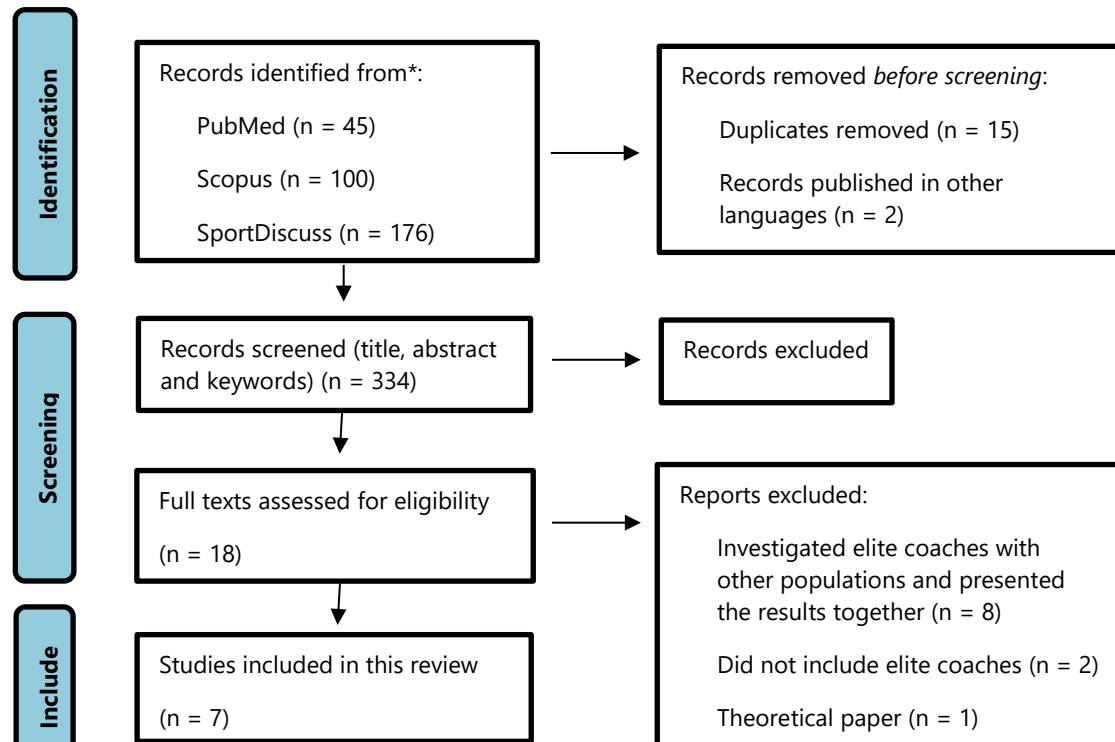
Source: developed by the authors.



For the purposes of this review, we adopted Swan, Moran, and Piggot's (2015) definition of *elite*, restricted to head coaches of athletes competing at the highest international levels. In alignment with the IOC's conceptualization of elite sport (IOC, 2021) and the framework of Reardon *et al.* (2019), the following were excluded: 1. studies on university coaches, given inconsistent classification of collegiate sport across countries (Pankow *et al.*, 2022); 2. studies pooling elite with non-elite coaches or support staff (e.g., assistant coaches, physiotherapists), unless data were disaggregated; and 3. studies on Paralympic coaches, due to distinct structural and psychosocial demands. Examples of excluded studies include Carson *et al.* (2019), Gorczynski *et al.* (2020), Smith *et al.* (2020), McNeill *et al.* (2018), Stebbings *et al.* (2012), Hill *et al.* (2021), Esteves *et al.* (2020), and Hinojosa-Alcalde *et al.* (2020).

Search Strategy

We searched PubMed, Scopus, PsycInfo, and SPORTDiscus, selected for their extensive coverage of sport psychology and coaching research (Norris *et al.*, 2017; Olusoga *et al.*, 2019). The strategy employed the terms "*mental health*" OR "*mental disorders*" AND "*sports*" AND "*coach*", with variations in English, Spanish, and Portuguese, and included MeSH descriptors to maximize sensitivity. The initial search identified 354 records. All results were imported into Rayyan® (QCRI), where duplicates were removed and two reviewers independently screened titles and abstracts, with conflicts resolved by a third reviewer. In total, 335 records were screened, and eligible studies proceeded to full-text review. Reference lists of included studies were also hand-searched to identify additional publications.

**Figure 1** – PRISMA flowchart of the study selection process

Source: developed by the authors.

Data Extraction

Data extraction followed established scoping review frameworks (Tricco *et al.*, 2016, 2018; Peters *et al.*, 2015, 2022) and was performed independently by two reviewers. Extracted variables included bibliographic information (authors, year, country), sample descriptors (size, sex, age, sport type, geographic region, performance level), methodological details (study design, data collection methods), and results (prevalence of mental health outcomes, associated factors). Data were compiled in Microsoft Excel®, checked independently, and subsequently reviewed by a third author. Any inconsistencies were discussed until consensus was reached.

RESULTS

Seven studies were included, published between 2018–2022, all in Europe or Oceania. Information regarding the study population, instruments used, and the main conclusions of the articles were extracted and are presented in Table 2.

**Table 2** – Information regarding the aim, methods and key finding of the studies on mental health or disorders of sport coaches

Study	Population	Instruments or MH outcome(s)	Main findings
Pilkington <i>et al.</i> (2022)	78 coaches (mean age=46.4 years, 23.8% female)	<ul style="list-style-type: none">General Health Questionnaire (GHQ-28) for mental health symptomsKessler-10 for psychological distressAlcohol Use Disorder Identification Tool-Concise for alcohol consumptionAthlete Sleep Screening Questionnaire	<ul style="list-style-type: none">13.9% reported high to very high psychological distress41.8% reported potential risky alcohol consumption17.7% reported moderate to severe sleep disturbance
Kim <i>et al.</i> (2020)	71 coaches (71% aged under 50 years, 23% female)	<ul style="list-style-type: none">Center for Epidemiological Studies Depression Scale-Revised for depressive symptomsDaily Hassles Scale for daily life hassle	<ul style="list-style-type: none">14% reported at least moderate depressive symptomsThose contemplating retirement were more likely to show depressive symptomsFemale coaches and those contemplating retirement reported higher life stress
Bentzen <i>et al.</i> (2020)	299 coaches (mean age=40.7 years, 8% female)	<ul style="list-style-type: none">Areas of worklife Scale for coaches perceived job valueJob insecurity (measured with a single item)Items from the Satisfaction with Life Scale, Subjective Vitality Scale, Maslach Burnout Inventory-General Scale were used for psychological well-being and ill-being	<ul style="list-style-type: none">Experiencing higher levels of job insecurity during the middle of the season significantly predicted an increase in coaches' psychological ill-being, and a decrease in their psychological well-being at the end of the season
Roberts <i>et al.</i> (2019)	One male coach in his mid-40s	<ul style="list-style-type: none">Qualitative method based on interviews	<ul style="list-style-type: none">The coach reported depression and alcohol-related problems that negatively impacted his mental health
Kegelaers <i>et al.</i> (2021)	119 coaches (mean age=43.0 years, 18% female)	<ul style="list-style-type: none">A new inventory was developed to assess coach stressors and mental healthGeneral Health Questionnaire for depression and anxietyDistress Screener for distressPatient-Reported Outcomes Measurement System for sleep disturbanceAlcohol Use Disorders Identification Test for adverse alcohol useConnor-Davidson Resilience Scale 10 for resilience	<ul style="list-style-type: none">Athlete injury was the most common stressorPerformance stressors were experienced most frequently, followed by organizational stressors and personal stressors.No stressors were perceived to have a strong to very strong impact on mental health,Symptoms of common mental disorders were prevalent among coaches, ranging from 39%, for depression/anxiety, to 19%, for distress and adverse alcohol use.
Åkesdotter <i>et al.</i> (2022)	34 coaches (mean age=42.4 years, 32% female)	<ul style="list-style-type: none">Diagnostic assessments were performed by a licensed psychiatrist according to ICD-10 criteria	<ul style="list-style-type: none">Anxiety disorders were the most prevalent (91%)Stress-related disorders were found in 72% of the coachesAffective disorders were found in 52% of the coachesSubstance use disorders were found in 17% of the coaches



Kenttä <i>et al.</i> (2020)	37 coaches (mean age=42.3, 100% female)	· A questionnaire was developed by researchers with open-ended questions	· The challenges related to well- being included coping with the stereotypical male culture and balancing the work-life interface · Sustainability and mental health are challenged to another level during and after motherhood
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Source: developed by the authors.

The scientific journals that published the most on the topic are BMJ Open Sport & Exercise Medicine and International Sport Coaching Journal (28% each), followed by International Journal of Environmental Research and Public Health, Sport Medicine, and Qualitative Research in Sport, Exercise and Health (14% each). The year of greatest publication was 2020 (43%) followed by 2022 (28%). Quantitative studies were prevalent (57%) and qualitative (43%), with the Cross-sectional design accounting for 86% of the research. The countries that researched the most on the topic were Sweden (43%), and the others were the United Kingdom, Australia, New Zealand, and the Netherlands (14%).

Journals, Years and Geographic Location

Studies on elite coaches' mental health have been published in various journals, with BMJ Open Sport & Exercise Medicine and the International Sport Coaching Journal each contributing two publications (28% of the studies). The earliest relevant study, a single-case qualitative study by Roberts *et al.* (2019), highlighting the recent academic interest in this topic. All studies were conducted in Europe and Oceania, meaning that findings primarily reflect Western cultural and socioeconomic contexts.

Research Design

Most studies employed cross-sectional designs (Table 3). The sole longitudinal study by Bentzen *et al.* (2020) examined elite coaches' job insecurity and its impact on psychological well-being and distress over one competitive season. However, none of the studies assessed the effects of longitudinal interventions on elite coaches' mental health or disorder symptoms.

A quantitative approach was dominant, with four studies (57%) utilizing multiple validated psychometric instruments to assess various mental health aspects, such as general health, distress, sleep disturbances, alcohol use, resilience, depression, and anxiety. In total, 14





unique measures were applied across studies, with the General Health Questionnaire (GHQ-28) and the Alcohol Use Disorder Identification Test (n=2 each) being the most frequently used. These instruments, however, were validated for the general population rather than specifically for sports coaching contexts. Kegelaers *et al.* (2021) advanced this approach by creating a specific tool for elite coaches, while Kenttä *et al.* (2020) examined mental health factors in female elite coaches through an author-developed, open-ended questionnaire.

Qualitative studies varied in their data collection methods. Roberts *et al.* (2019) conducted a semi-structured interview to explore an elite coach's career trajectory, while Åkesdotter *et al.* (2022) used psychiatric diagnostic evaluations based on ICD-10 criteria, though without a standardized diagnostic interview, to assess mental health.

Participants

The studies included a total of 638 participants, with sample sizes ranging from 1 in Roberts *et al.* (2019) to 299 in Bentzen *et al.* (2020). Participant ages spanned from 30 to 50 years, with female representation being notably low (n=128, or 20% of the total sample). Among other social markers, Pilkington *et al.* (2022) reported that 95.1% of participants identified as heterosexual. Gender differences were observed in several studies; for example, Kim *et al.* (2020) found that female coaches experienced an average of 14 daily concerns, frequently tied to depressive symptoms and stress, exceeding those of their male counterparts. These concerns were often related to future uncertainties, numerous responsibilities, high expectations, excessive workload, and lack of family time. Similarly, Kegelaers *et al.* (2021) reported lower depression and anxiety levels among male coaches compared to female coaches. Åkesdotter *et al.* (2022) noted that female coaches had higher rates of psychiatric treatment (100% among female coaches versus 90% for male coaches) and a greater prevalence of affective disorders (78% vs. 40 for male coaches). However, Pilkington *et al.* (2022) did not find significant gender-based differences in psychological disorder prevalence. Kenttä *et al.* (2020) focused exclusively on female coaches to explore factors affecting their mental health.

While different sports were represented, not all studies specified the types. Only Pilkington *et al.* (2022), Kegelaers *et al.* (2021), and Bentzen *et al.* (2020) differentiated between team and individual sports coaches. Among these, only two studies examined mental health differences between team and individual sports coaches. Kegelaers *et al.* (2021) found a





statistically significant difference ($p=0.004$, moderate effect size of 0.55) in adverse alcohol use between the two groups, although no significant differences emerged in other variables, such as resilience, sleep disturbance, distress, or depression/anxiety. Pilkington *et al.* (2022) similarly found no significant differences in mental health symptoms, distress, risky alcohol use, or sleep quality when comparing coaches of individual and team sports.

Mental Disorder Prevalence

The prevalence of mental disorder symptoms among elite coaches varies across studies. In New Zealand, Kim *et al.* (2020) found that depressive symptoms and stress were common, with 10 coaches exhibiting depressive symptoms, 14.1% at a moderate level, and 4.2% at a severe level. In the Netherlands, Kegelaers *et al.* (2021) reported a high prevalence of common mental disorders among elite coaches, with symptoms including depression/anxiety (39%) and distress/adverse alcohol use (19%). Over half (55.5%) of the coaches experienced at least one mental disorder, with 32.7% presenting comorbidity of two or more disorders.

In Australia, Pilkington *et al.* (2022) found that 40% of coaches met the threshold for at least one mental disorder, while 41.8% reported risky alcohol consumption, and 13.9% experienced high to very high levels of psychological distress. Åkesdotter *et al.* (2022) examined elite Swedish coaches who sought treatment at psychiatric clinics, identifying that all had at least one disorder from four categories: substance use, affective disorders (e.g., depression), anxiety disorders, and eating disorders. Anxiety disorders were notably prevalent, affecting 93% of coaches (100% of female and 90% of male coaches), with stress-related conditions being most common (72%) followed by other anxiety disorders (28%). Affective disorders such as depression affected 52% of coaches (78% female, 40% male). Substance use disorders were observed in 17%, with isolated anxiety disorders as the most frequent (30%), followed by concurrent anxiety and affective disorders (23%) and isolated affective disorders (14%). The comorbidity between anxiety and affective disorders was also substantial.

Factors Related to Mental Health

Studies show several factors with both negative and positive influence on the quality of mental health, and mental and psychological well-being. Bentzen *et al.* (2020) show that elite coaches experience higher levels of job insecurity in the middle of the season, which significantly predicts an increase in psychological distress, and a decrease in well-being at the





end of the season. Kim *et al.* (2020) showed that contemplating retirement and having a family history of mental disorder were associated with a score of depressive symptoms 5.7 times higher than those who did not consider retirement. A strong association was observed between the number and severity of daily concerns of coaches and the onset of depressive symptoms, such as: a) thoughts about the future; b) many responsibilities to be fulfilled; c) having to meet high performance standards; d) having too many things to do; and e) not having time for the family. The authors also reported an average increase of 7% in the chances of having symptoms of moderate or severe depression for each reported concern as they increase.

Kegelaers *et al.* (2021) observed that performance stressors were highly experienced by coaches (93.1%), with athlete's injury presenting the highest incidence, followed by organizational stressors (88.7%) and personal stressors (74.6%). The authors identified moderate overall impact of stressors on the mental health of coaches. Only nine stressors were perceived as responsible for moderate to strong impact on mental health, as follows: a) lack of athlete commitment; b) poor performance of the athlete or team; c) poor preparation for the competition; d) poor organizational communication; e) lack of athlete coachability; f) athlete's injury; g) unclear roles; h) conflict with athletes; i) challenges in the psychological management of athletes. Also, organizational stressors were a positive predictor of depression/anxiety symptoms. A small significant correlation was found between personal stressors and depression/anxiety.

Pilkington *et al.* (2022), in studies with coaches with 10 years or more of experience in the profession, identified that around 1 out of 3 coaches sought treatment for a psychological or mental health problem at some point (34.6%) due to any adverse factors throughout life, and the most reported were: a) death of a close person (54.3%); b) a relative or close friend with a serious illness, injury, or aggression (51.9%); c) feeling depreciated or underpaid (54.3%). These data were consistent with adverse events also reported by elite athletes.

In the study by Kenttä *et al.* (2020) about the challenges of being a female coach in elite sport, working at this level of sport covers practically two main areas for female coaches: a) stereotyped male culture/coach; b) emotional well-being. Regarding the stereotyped male coach/culture, some factors are impactful, such as: a) lack of female role models; b) there is no gender equality; c) men choose men as work partners; d) prejudice against female coaches; e) culture dominated by a larger number of men; f) culture with specific sexist vocabulary; g)



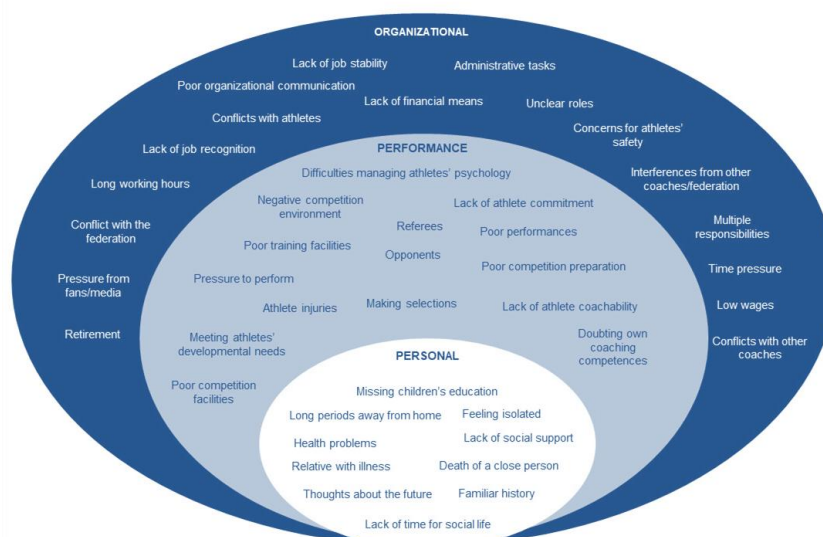


culture that encourages people not to show vulnerability if they are not feeling well; h) lack of self-confidence and competence when compared to men.

It is an environment characterized by sexist and inappropriate language that makes female coaches uncomfortable. Regarding emotional well-being, influence was observed from: a) work-home interference; b) travel demand; c) time demand; d) high workload. Several female coaches described that work-home interference has negative consequences, and they questioned whether this type of work can be matched with family life. Work-home interference was perceived as a particularly difficult challenge for female coaches.

Several different adaptive coping strategies are performed by female coaches to manage their emotional well-being at this level of sport, such as: a) exercise; b) time with family; c) recovery strategies for psychological detachment; d) strategies to balance the workload; d) family support; e) work-home balance; f) monitor the workload. Spending time with family and perceiving family support were seen as two important themes (2020). Figure 2 shows a summary of the factors that negatively influence the mental health of elite coaches categorized into organizational, performance, and personal aspects.

Figure 2 – Factors that negatively influence the mental health of elite coaches



Source: developed by the authors.

Social support is a protective factor for mental health, and almost all participants in the study by Pilkington *et al.* (2022) reported having it and being satisfied with it. Most coaches (85%) reported that their main source of social support was someone outside the sport



context, mostly a spouse/partner, followed by a friend and parents, while no coach reported receiving support from a mental health professional. Satisfaction with life balance was reported by less than half of the sample of coaches (43.6%), with most participants rating their quality of life as “good” or “very good” while a small number said it was “bad” or “very bad.” In this population, the most common strategies to manage stress included: a) talking to a friend/partner (71.4%); b) exercising for pleasure (67.5%); c) performing pleasant routine activities, such as walking the dog or listening to music (59.7%); d) sleeping (61.0%).

Among elite coaches, satisfaction with life balance, satisfaction with social support, and being older were associated with lower psychological distress scores. Pilkington *et al.* (2022) identified that satisfaction with life balance was associated with lower alcohol consumption among coaches.

DISCUSSION

This review highlights that elite Olympic head coaches face substantial mental health challenges, shaped by gender disparities, high prevalence of anxiety and depression, organizational and performance-related stressors, and limited use of professional mental health services. Together, these findings reinforce the need to conceptualize coaches’ mental health as a continuum shaped by both risk and protective factors.

Gender disparities. Female coaches remain markedly underrepresented ($\approx 20\%$) and face disproportionate burdens, reporting higher levels of stress, depression, and anxiety compared to their male counterparts (Kim *et al.*, 2020; Åkesdotter *et al.*, 2022). These findings are consistent with literature linking gender inequalities in sport to challenges of balancing professional and personal roles and to the persistence of male-dominated coaching cultures (Reade, Rodgers & Norman, 2009; Kenttä *et al.*, 2020). Conversely, men appear more prone to maladaptive coping through alcohol misuse (Pilkington *et al.*, 2022), underscoring the gendered pathways through which stress manifests in elite coaching.

Prevalence of mental health outcomes. Reported rates among coaches are concerning up to 39% for depression/anxiety, 19% for alcohol misuse, and 32.7% with comorbid disorders (Kegelaers *et al.*, 2021). Anxiety disorders were the most frequent, especially among women, while alcohol misuse predominated in men. Comparisons with athletes are hampered by methodological inconsistencies, as prevalence among athletes



ranges widely (4-68% for depression; 6–14% for anxiety) depending on measures employed (Reardon *et al.*, 2019). This highlights the urgent need for standardized tools to allow cross-group comparisons.

Comparison with the general population. Some prevalence estimates (e.g., 14% depression among New Zealand coaches) align with national averages (Kim *et al.*, 2020). However, alcohol misuse appears disproportionately higher in elite coaches compared to both athletes and the general population (Åkesdotter *et al.*, 2022; Pilkington *et al.*, 2022), suggesting occupation-specific vulnerabilities related to stress, job instability, and social norms around substance use.

Determinants of mental health. Consistent with stress-burnout models (Norris, Didymus, Kaiseler, 2017), organizational stressors (job insecurity, lack of institutional support), performance-related demands (athlete injuries, pressure for results), and personal/familial conflicts were prominent risks. Conversely, protective factors included social support, particularly from outside the sports context, family time, and adaptive coping strategies (Pilkington *et al.*, 2022; Kenttä *et al.*, 2020). However, stigma remains a significant barrier, especially for men, who are less likely to seek formal support (Roberts *et al.*, 2019).

Implications for assessment. Current approaches to assessing coaches' mental health rely heavily on instruments developed for athletes or general populations. Although recent IOC initiatives have advanced guidelines for athletes (Reardon *et al.*, 2019), they emphasize pathology while neglecting protective dimensions such as resilience or flourishing. This reinforces the need for comprehensive, coach-specific tools grounded in the dual-continuum framework (Keyes, 2005), capable of simultaneously capturing well-being and disorder-related symptoms.

Limitations of the evidence base. Existing studies are limited by small samples, cross-sectional designs, geographic concentration in Europe/Oceania, and the absence of intersectional data (e.g., race/ethnicity, socioeconomic status). Moreover, the exclusion of grey literature, while improving methodological rigor, may have restricted the scope of available knowledge.

Overall synthesis. Elite Olympic head coaches face mental health challenges shaped by systemic, professional, and personal demands, with limited institutional support and persistent stigma. Advancing this field requires longitudinal, culturally diverse research and the development of instruments tailored to the realities of elite coaching. Such efforts are essential



not only for protecting coaches' well-being but also for fostering sustainable, ethical high-performance sport environments.

CONCLUSIONS

This scoping review highlights that research on elite Olympic head coaches' mental health is still emergent, with most studies published within the past five years. Anxiety and depression are the most prevalent concerns, influenced by personal, performance-related, and organizational stressors. However, the evidence base remains geographically narrow - largely from Europe and Oceania - and dominated by cross-sectional studies, underscoring the need for longitudinal, cross-cultural research to examine intervention effects and the evolution of stressors across time.

Gender disparities are notable, with female coaches reporting greater vulnerability to anxiety and affective disorders than male coaches, reinforcing the importance of intersectional research that considers race, sexuality, and social class. Further comparisons across sport types, performance levels, and competitive phases are also needed to refine tailored support strategies.

Most available instruments were designed for general populations, highlighting the need for tools specifically adapted to elite coaching contexts. Such tools should align with the dual-continuum model of mental health, which conceptualizes well-being and mental disorder as distinct but interrelated domains. This framework underscores that the presence of disorder does not necessarily imply low well-being, offering a more nuanced understanding critical for the accurate assessment and effective support of coaches in high-performance environments.

In this sense, advancing research on elite coaches' mental health is not only a matter of individual well-being but also a cornerstone for the consolidation of Sport Psychology as a discipline committed to sustaining human development and excellence in high-performance sport.

REFERENCES

ÅKESDOTTER, Cecília *et al.* Prevalence and comorbidity of psychiatric disorders among treatment-seeking elite athletes and high-performance coaches. **BMJ open sport & exercise medicine**, v. 8, n. 1, p. 1-8, 2022.





AMERICAN PSYCHIATRIC ASSOCIATION. **Diagnostic and statistical manual of mental disorders**: DSM-5. Arlington, USA: American Psychiatric Association, 2013.

ARKSEY, Hilary; O'MALLEY, Lisa. Scoping studies: towards a methodological framework. **International journal of social research methodology**, v. 8, n. 1, p. 19-32, 2005.

ARMSTRONG, Rebecca *et al.* Scoping the scope' of a cochrane review. **Journal of public health**, v. 33, p. 147-150, 2011.

AROMATARIS, Edna; MUNN, Zoe (Eds.). **Manual for evidence synthesis**. Adelaide, Australia: JBI, 2020.

AROMATARIS, Edna *et al.* JBI **Manual for evidence synthesis**. Adelaide, Australia: JBI, 2024.

BENTZEN, Marte *et al.* Impact of job insecurity on psychological well- and ill-being among high performance coaches. **International journal of environmental research and public health**, v. 17, n. 19, p. 6939-6954, 2020.

BENTZEN, Marte; LEMYRE, Pierre N.; KENTTÄ, Goran. Development of exhaustion for high-performance coaches in association with workload and motivation: a person-centered approach. **Psychology of sport and exercise**, v. 22, p. 10-19, 2016.

CARSON, Frazer *et al.* Examining the mental well-being of Australian sport coaches. **International journal of environmental research and public health**, v. 16, p. 4601-4612, 2019.

CLARK, Heather J. *et al.* Sport participation and its association with social and psychological factors known to predict substance use and abuse among youth: a scoping review of the literature. **International review of sport and exercise psychology**, v. 8, p. 224-250, 2015.

COLAGRAI, Alexandre C. *et al.* The paradox of mental health versus mental disease in elite athletes: a scoping review. **Motriz**, v. 28, p. 1-8, 2022.

COOKE, Alisson; SMITH, Debbie; BOOTH, Andrew. Beyond pico: the spider tool for qualitative evidence synthesis. **Qualitative health research**, v. 22, p. 1435-43, 2012.

DIDYMUS, Faye F. Olympic and international level sports coaches' experiences of stressors, appraisals, and coping. **Qualitative research in sport, exercise and health**, v. 9, p. 214-232, 2017.

ESTEVEZ, Natã *et al.* Effects of the covid-19 pandemic on the mental health of professional soccer teams: epidemiological factors associated with state and trait anxiety. **Journal of physical education and sport**, v. 20, p. 3038-3045, 2020.

FLETCHER, David; SCOTT, Michael. Psychological stress in sports coaches: a review of concepts, research, and practice. **Journal of sports sciences**, v. 28, p. 127-137, 2010.





GORCZYNSKI, Paul *et al.* Examining mental health literacy, help-seeking behaviours, distress, and wellbeing in UK coaches. **European physical education review**, v. 26, p. 713-726, 2020.

GOUTTEBARGE, Vicent *et al.* International Olympic Committee (IOC) Sports Mental Health Assessment Tool 1 (SMHAT-1) and Sport Mental Health Recognition Tool 1 (SMHRT-1): towards better support of athletes' mental health. **British journal of sports medicine**, v. 55, p. 30-37, 2021.

HILL, Denise *et al.* Factors perceived to affect the wellbeing and mental health of coaches and practitioners working within elite sport. **Sport, exercise, and performance psychology**, v. 10, p. 504-518, 2021.

HINOJOSA-ALCALDE, Ingrid *et al.* Assessing psychosocial work environments of coaches in Spain and their relationships with mental health, behavioral stress symptoms, and burnout. **The sport psychologist**, v. 34, p. 1-10, 2020.

IASIELLO, Matthew; VAN AGTEREN, Joep; MUIR-COCHRANE, Eiemear. Mental health and/or mental illness: a scoping review of the evidence and implications of the dual-continua model of mental health. **Evidence base**, v. 1, p. 1-45, 2020.

IOC. **IOC mental health in elite athlete's toolkit 2021**. Disponível em: <<https://stillmed.olympics.com/media/Document%20Library/IOC/Athletes/Safe-Sport-Initiatives/IOC-Mental-Health-in-Elite-Athletes-Toolkit-2021.pdf>>. Acesso: oct. 30, 2024.

KEGELAERS, Jolan *et al.* Mental health in elite-level coaches: prevalence rates and associated impact of coach stressors and psychological resilience. **International sport coach journal**, v. 8, p. 338-347, 2021.

KENTTÄ, Goran *et al.* Challenges experienced by women high-performance coaches: sustainability in the profession. **International sport coach journal**, v. 7, p. 200-208, 2020.

KEYES, Corey L. Mental illness and/or mental health? Investigating axioms of the complete state model of health. **Journal of consulting and clinical psychology**, v. 73, p. 539-548, 2005.

KEYES, Corey. L. The mental health continuum: from languishing to flourishing in life. **Journal of health and social behavior**, v. 43, p. 207-222, 2002.

KIM, Simon S. Y. *et al.* Elite coaches have a similar prevalence of depressive symptoms to the general population and lower rates than elite athletes. **BMJ open sport & exercise medicine**, v. 6, p. 1-6, 2020.

KUETTEL, Andreas; LARSEN, Carsten H. Risk and protective factors for mental health in elite athletes: a scoping review. **International review of sport and exercise psychology**, v. 13, n. 1, p. 231-265, 2020.



KUETTEL, Andreas; PEDERSEN, Andreas K.; LARSEN, Carsten H. To flourish or languish, that is the question: exploring the mental health profiles of danish elite athletes. **Psychology of sport and exercise**, v. 52, p. 1-32, 2021.

LEVAC, Danielle; COLQUHOUN, Heather; O'BRIEN, Kelly K. Scoping studies: advancing the methodology. **Implement science**, v. 5, p. 69-78, 2010.

MATTOS, Samuel M.; CESTARI, Virna S. M.; MOREIRA, Thereza M. Scoping protocol review: PRISMA-ScR guide refinement. **Revista de enfermagem da UFPI**, v. 12, p. 1-12, 2023.

MCNEILL, Kylie; DURAND-BUSH, Natalie; LEMYRE, Pierre. Thriving, depleted, and at-risk canadian coaches: profiles of psychological functioning linked to self-regulation and stress. **Int International sport coaching journal**, v. 5, p. 145-155, 2018.

MOHER, David *et al.* PRISMA Group. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. **Plos medicine**, v. 6, p. 1-6, 2009.

MOHER, David *et al.* PRISMA-P Group. Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. **Systematic review**, v. 4, p. 1-9, 2015.

NORRIS, Luke A.; DIDYMUS, Faye F.; KAISLER, Mariana. Stressors, coping, and well-being among sports coaches: a systematic review. **Psychology of sport and exercise**, v. 33, p. 93-112, 2017.

OLUSOGA, Peter; BENTZEN, Marte; KENTTÄ, Goran. Coach burnout: a scoping review. **International sport coaching journal**, v. 6, p. 42-62, 2019.

PANKOW, Kurtis *et al.* The role of mental health protection and promotion among flourishing canadian university sport coaches. **Sport, exercise, and performance psychology**, v. 11, p. 28-43, 2022.

PETERS, Micah D. *et al.* Guidance for conducting systematic scoping reviews. **International journal of evidence-based healthcare**, v. 13, p. 141-146, 2015.

PETERS, Micah D. *et al.* Best practice guidance and reporting items for the development of scoping review protocols. **JBI evidence synthesis**, v. 20, p. 953-968, 2022.

PILKINGTON, Vita *et al.* Prevalence and correlates of mental health symptoms and well-being among elite sport coaches and high-performance support staff. **Sports medicine-open**, v. 8, p. 89-103, 2022.

PURCELL, Rosemary *et al.* An evidence-informed framework to promote mental wellbeing in elite sport. **Frontiers in psychology**, v. 13, p. 1-15, 2022.

READE, Ian; RODGERS, Wendy; NORMAN, Leanne. The under-representation of women in coaching: a comparison of male and female canadian coaches at low and high levels of coaching. **International journal of sports science & coaching**, v. 4, p. 505-520, 2009.



REARDON, Claudia L. *et al.* Mental health in elite athletes: International Olympic Committee consensus statement (2019). **British journal of sports medicine**, v. 53, p. 667-699, 2019.

ROBERTS, Simon J. *et al.* Lifting the veil of depression and alcoholism in sport coaching: how do we care for carers? **Qualitative research in sport, exercise and health**, v. 1, p. 510-526, 2019.

SMITH, Andy *et al.* Exploring mental health and illness in the UK sports coaching workforce. **International journal of environmental research and public health**, v. 17, p. 9332-9346, 2020.

STEBBINGS, Juliette *et al.* Antecedents of perceived coach interpersonal behaviors: the coaching environment and coach psychological well- and ill-being. **Journal of sport & exercise psychology**, v. 34, p. 481-502, 2012.

SWANN, Christian; MORAN, Aidan; PIGGOTT, David. Defining elite athletes: Issues in the study of expert performance in sport psychology. **Psychology of sport and exercise**, v. 16, p. 3-14, 2015.

TRICCO, Andrea C. *et al.* A scoping review on the conduct and reporting of scoping reviews. **BMC medical research methodology**, v. 9, p. 1-10, 2016.

TRICCO, Andrea C.; *et al.* PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. **Annals internal medicine**, v. 169, p. 467-473, 2018.

WHO (World Health Organization). **Other common mental disorders**: global health estimates. Geneva, Switzerland, 2017.

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