ABSTRACT

Introduction

'… because I'm not doing as much training and my days aren't as packed (after retirement), like I don't just fall asleep straight away, and then that's when the like thinking starts to happen' – participant.

Stigma, inaccessible support, and limited resources prevent help-seeking within sport. While there is a growing interest in mental health within sport, sleep is given much less attention. Currently, there is a dearth of knowledge on how retirement from sport affects former athletes. This project extends understanding of sleep and mental health in current and former athletes and provides an original contribution to knowledge to address this gap. This mixed methodological approach provides estimates of the prevalence and risk factors of sleep and mental health problems, insight into help-seeking, comparisons of sleep behaviours, and avenues for improved support.

Methods

This research comprises three discrete yet interrelated studies. An open, anonymous international online survey (N = 946) was distributed to current and former athletes of all sports and competition levels. Two weeks of at-home sleep monitoring among current and retired athletes (N = 49) was achieved using a combination of wearable, nearable, and subjective measurement techniques. Retired athletes (N = 33) were interviewed about their challenges pertaining to sleep and mental health and methods to optimise support.

Results

Current and retired athletes self-reported comparable lifetime prevalence of sleep (25.4% vs. 30.9%, p = .298) and mental health disorders (39.3% vs. 42.0%, p = .337). Similarly, comparable screened risk prevalences for depression (OR = 1.11, p = .546), anxiety (OR = 1.44, p = .083), and sleep difficulty (OR = 1.37, p = .051) were observed. However, retired athletes presented greater risk for sleep disordered breathing (OR = 2.30, p < .001) and compromised wellbeing (OR = 1.54, p = .010). Age, gender, body mass, and priority placed on sport predicted risk for sleep and mental health disorder symptomology following retirement. Variability in help-seeking behaviours was also identified. Sleep monitoring data suggested that current athletes obtain less sleep than former athletes (p < .005) but mixed results regarding sleep quality were yielded. Qualitative enquiry indicated that the deregulation of health behaviours impacts health following retirement and existing support practices require improvement in their delivery and accessibility.

Implications

Despite the removal of sport-specific demands, findings suggest that retired athletes are not exempt from sleep and mental health issues owing to an interplay of biological, psychological, and sociological factors. Competing athletes may sleep less than retired athletes but may not necessarily experience poorer quality sleep. Deregulation of health behaviours, lack of structure, and identity reformation following retirement contribute to sleep problems. When inadequately supported, challenges navigating athletic retirement appear more pronounced and reinforce the cyclical nature of sleep and mental health. Research extends current theoretical knowledge, highlighting the importance of the early identification of issues before they manifest into clinical disorders. Findings inform how support practices can be improved from a personal, organisational, and social standpoint. Future directions identified are imperative for optimising health and wellbeing beyond sport.