Mental Health Concerns and Strategies for Student Athlete Wellness

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Chair, NATA Consensus Statements:
Recognition and Referral of Athletes with Psychological Concerns at the College Level (2013), Secondary School Level (2015)
“Getting comfortable with the uncomfortable”
Awareness

- Prevalence & Stigma
- Stressors on Athletes
- Circumstances that May Impact the Athlete’s Mental Health
Prevalence of Mental Health Issues in Adolescents

- One in every four to five adolescents in America meets criteria for a diagnosable mental health disorder.
  - 31% meets criteria for anxiety disorder
  - 19% for behavior disorders
  - 11% for substance abuse disorders
  - 9% for ADHD
  - 3% for eating disorders

- The two most common mental health illnesses are depression and anxiety, with comorbidity of illnesses compounding conditions and challenging care. (40% of those with disorders)

- Major depression symptoms develop at age 11-14.
The Secondary School Athlete is a Secondary School STUDENT

*Being an athlete provides no immunity from secondary school stressors

• Bullying
• Hazing
• Drug and alcohol abuse
• Dating abuse, teen pregnancy
• Childhood adversities of parental loss, parental maltreatment, economic adversity
Mental Illness Stigma Inhibits Seeking Care
Stressors on Athletes
Circumstances That May Impact an Athlete’s Mental Health

- Concussions
- History of mental health conditions
- Alcohol and substance abuse
- ADHD
- Eating Disorders
- Overtraining
- Psychological challenge of injury
The Psychological Challenge of Injury

- Feelings of frustration, anger, depression, uncertainty
- Disruption of routine; separation from team
- Threat to their identity as an athlete
- Fear of re-injury (48% for females, 21% for males)
- Season ending or career ending injuries

Surveys of injured athletes reveal that they underestimated the emotional challenge of rehabilitation.
“The rising death rates for white adults, age 25-34 years old, makes them the first generation since the Vietnam War era of the 1960s to experience higher death rates in early adulthood than the generation that preceded it” – NYT, January 16, 2016
Contributing Factor: Overdose Deaths Illegal and Prescription Drugs

“In 2014, the overdose death rate for whites 25-34 years old was five times the rate of 1999, and overdose death rates for 35-44 year old whites tripled during that same period.” –NYT, January 16, 2016.
Recognition and Planning for the Worst

Behaviors to Monitor

Suicide Ideation

Planning for the Worst
Cat

Mental Health Disorders Affect Mental Clarity and Behaviors
The Question:

NOT, “Why did he/she do that?”

INSTEAD, “What happened to him/her to make them do that?”
Rare; Unexpected; Extreme Impact; and Retrospectively Predictable: **Suicide**

- Suicide is the third leading cause of death among NCAA student-athletes (NCAA study of student-athlete deaths, 2004-2008).
- The rate of suicide in the USA has been increasing since 2000; every 13.7 minutes, someone in the USA commits suicide.
- 1 in every 6 high school students SERIOUSLY consider attempting suicide annually in the U.S.
- 1 in every 13 high school students attempt suicide one or more times annually in the U.S.
- Survivors of loved ones that commit suicide should be observed for behaviors to monitor for assistance.
T.I.P.A.: Thoughts, Intention, Plan, Access

• Are you having **Thoughts** of harming yourself?
• Do you **Intend** to harm yourself?
• What is your **Plan** to harm yourself?
• Do you have **Access** to things to harm yourself?
Planning for the Worst: Emergencies and Catastrophes

Emergency Action Plan

Catastrophic Incident Guideline
Approaching the Athlete with a Potential Mental Health Issue

- Decision to Approach the Athlete
- Approaching Questions
- Confidentiality
- Mental Health Education
Approaching the Athlete with a Potential Mental Health Issue

Letting a Sleeping Dog Lie vs. Fear of Waking it Up
Approaching Questions

“Getting comfortable with the uncomfortable”

- How are things going for you? How is life going for you?

- Tell me what is going on.

- Your behavior (mention the incident or incidents) has me concerned for you. Can you tell me what is going on, or is there something I need to know why you behaved this way?

- Tell me more (about the incident).

- Perhaps you would like to talk to someone about this issue?

Active listening and paraphrasing are CRITICAL

“45 Degrees Approach”
What Can I Say to Help?

“Stockdale Paradox”

“Maintain unwavering faith that you can and will prevail in the end, regardless of the difficulties, AND at the same time have the discipline to confront the most brutal facts of your current reality, whatever they might be.” Good to Great by Jim Collins

“Right now you are going through a difficult time. There is no telling how long it may last. In time, whatever time that is, you will get past this. Take care of yourself and focus on each day. I believe in you, and I am here for you, even if it is only to listen.”

Follow up with calls, texts, and visits
Confidentiality

• The secondary school athlete is a MINOR; be sure to know school district and state laws are in confidentiality and mandated reporting protocols. Be sure the proper forms are utilized. Seek assistance if unsure of procedure.

• Use care if asked about a student; error on side of confidentiality.
Mental Health Education

Proactively discuss the importance of mental health to students:
Prevalence; reducing stigma and encouraging empathy; behaviors to monitor

**Point of Emphasis:**
Don’t push away support unit
Feelings are normal- manage behavior

Counseling:
• Education on the psychological concern.

• Help identify “triggers” that may bring on or worsen the psychological condition.

• Provide information and encourage coping skills to address condition and “triggers” to help the patient become functional and enjoy life in spite of psychological concern.
Referral and Developing a School Plan

- Referral for Evaluation and Care
- Developing a School Plan
Referral for Evaluation & Care

• Know the school nurse, guidance counselor, school psychologist, athletic trainer.

• Know school mental health referral plan.

• **EMERGENT REFERRAL:** follow school district protocol.