Before Stage 4 Planning: Recognizing and Referring Athletes with Mental Health Conditions

Timothy Neal, MS, ATC
Chair, NATA Consensus Statements:
Recognition and Referral of Athletes with Psychological Concerns at the College Level (2013), Secondary School Level (2015)
An Athlete’s “Worst Moment” May Not Always be a Physical Injury
The Student-Athlete: More Than Just a Sports Participant
Goals:
Awareness, Recognize, Referral
Awareness
Stigma
Prevalence
Stressors on Athletes
Situations that Challenge Mental Health
Stigma Prevents Seeking Care
Prevalence

- One in every four to five adolescents and adults in America in the past year met criteria for a diagnosis for a mental health disorder.

- The rate of mental illness is more than twice as high in those in the 18-25 year old range (30%), than those aged 50 years and older (14%).

- Comorbidity of illnesses are found in 40% of those experiencing a mental disorder, compounding conditions and challenging care.

- Childhood adversities of parental loss, parental maltreatment, economic adversity raises prevalence to mental health disorders.

- Studies demonstrate that the majority of individuals with a mental health disorder never receive mental health care (less than 25%- Columbia University study).

- Surveys report athletes hesitant to utilize counseling services (less than 7% of injured athletes surveyed).
Student-Athlete Expectations and Pressures
Circumstances That May Impact an Athlete’s Mental Health

• Concussions

• History of mental health issues

• ADHD

• Eating Disorders

• Overtraining

• Psychological challenge of injury
Concussions

- Chemical change in brain
- Severity and length of recovery
- Return to learn, then return to play
- Monitor behaviors
History of Mental Health Issues

- Depression
- Anxiety
- Eating disorders
- Intermittent Explosive Disorder
- Substance or alcohol abuse
- 6-17 year olds: 7.5% using medication for emotional or behavioral issues in U.S.
### Criteria for Presentations of Attention Deficit Hyperactivity Disorder (ADHD)*
(modified from DSM-5)

<table>
<thead>
<tr>
<th>Inattentive</th>
<th>Hyperactive-Impulsive</th>
<th>Combined Inattentive and Hyperactive-Impulsive</th>
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<tbody>
<tr>
<td>Fails to give close attention to details or makes careless mistakes</td>
<td>Fidgets with hands or feet or squirms in chair</td>
<td>Has symptoms of both inattentive and hyperactive-impulsive presentations</td>
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<td>Has difficulty sustaining attention</td>
<td>Has difficulty remaining seated</td>
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<td>Does not appear to listen</td>
<td>Runs about or climbs excessively in children; extreme restlessness in adults</td>
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<td>Struggles to follow through on instructions</td>
<td>Difficulty engaging in activities quietly</td>
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<td>Has difficulty with organization</td>
<td>Acts as if driven by a motor; adults will often feel inside like they were driven by a motor</td>
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<td>Avoids or dislikes tasks requiring a lot of thinking</td>
<td>Talks excessively</td>
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<td>Loses things</td>
<td>Blurs out answers before questions have been completed</td>
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<td>Is easily distracted</td>
<td>Difficulty waiting or taking turns</td>
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<td>Is forgetful in daily activities</td>
<td>Interrupts or intrudes upon others</td>
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Eating Disorders

• Focus on weight or appearance
• Over-exercise
• Drastic loss or gain of weight from past season
• Focus on caloric values of food
• Dehydrated
• Poor performance
• Suspect “anemia”
Overtraining and the Athlete:
1. Culture of sport/coach
2. Pressure from family
3. Quest for success

- 100% effort expectation
- Year-round activity
- Lack of recovery physically and mentally
- Sleep disturbances
- Anxiety
- Depression
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
Recognition
Behaviors to Monitor
Suicide Ideation
Planning for the Worst
Cat

Mental Health Disorders Affect Mental Clarity and Behaviors
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?
Mental Health Incidents: Emergencies and Catastrophes

Emergency Action Plan

Catastrophic Incident Guideline
Referral
Approaching the Athlete with a Concern
Confidentiality
Counseling
Collaboration
Approaching the Athlete with a Potential Mental Health Issue

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

• 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).

• How did those cuts get there?

• Perhaps you would like to talk to someone about this issue?
Confidentiality

• Respect the confidentiality wishes of an adult age athlete. Code of Conduct Violations permit contact of family and school authorities.

• Use of insurance for outside mental health care-alert EOB.

• 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.

• Point out that coaches and parents care about the student-athlete and it is helpful for them to understand.

• Use care if asked about a student- error on side of confidentiality
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 Situations

- **ROUTINE**: help student-athlete make initial appointment
- **SELF REFERRAL**: encourage participation in counseling
- **EMERGENT REFERRAL**: follow institutional protocol
  1. do not leave student-athlete alone
  2. accompany the student-athlete to facility directed to for assistance
  3. communicate with administration, coaches
  4. check with Student Affairs or institutional protocol on calling parents

- Goal is to identify and help a ISSUE, not react to an INCIDENT
Collaboration

• Develop plan: school and community.

• Approval of risk management and general counsel.

• Talk about the importance of psychological health to students.

• “Stay in your lane”: only credentialed mental health care professionals are to diagnose and treat mental health disorders.
Inter-Association Recommendations for Developing a Plan to Recognize and Refer Student-Athletes with Psychological Concerns at the Secondary School Level: A Consensus Statement

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www.nata.org/sites/default/files/psychologicalreferral.pdf
MIND, BODY AND SPORT
Understanding and Supporting Student-Athlete Mental Wellness