

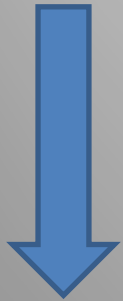
Mental Health Concerns and Strategies for Student Athlete Wellness

Timothy Neal, MS, ATC

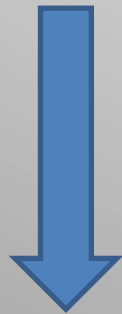
Chair, NATA Consensus Statements:

Recognition and Referral of Athletes with Psychological Concerns at the College Level (2013), Secondary School Level (2015)

“Getting comfortable with the uncomfortable”



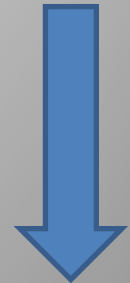
Awareness



Recognition and
Planning for
the Worst



Approaching
the Athlete



Referral &
Developing
a School
Plan

Awareness

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graph TD; A([Awareness]) --> B[Prevalence & Stigma]; A --> C[Stressors on Athletes]; A --> D[Circumstances that May Impact the Athlete's Mental Health];
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Prevalence &
Stigma

Stressors on
Athletes

Circumstances
that May
Impact the
Athlete's
Mental Health

Prevalence of Mental Health Issues in Adolescents

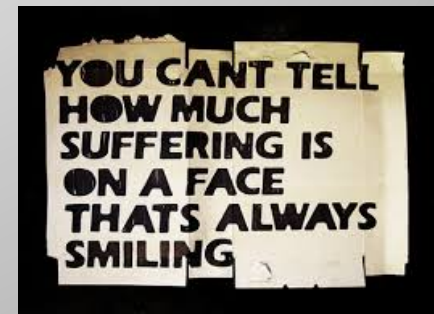
- One in every four to five adolescents in America meets criteria for a diagnosable mental health disorder.
- 31% meets criteria for anxiety disorder
- 19% for behavior disorders
- 11% for substance abuse disorders
- 9% for ADHD
- 3% for eating disorders
- The two most common mental health illnesses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



2016

JANUARY	FEBRUARY	MARCH	APRIL
MAY	JUNE	JULY	AUGUST
SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER



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



Emerging Concern

“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



1967- 11,363



1968- 16,899



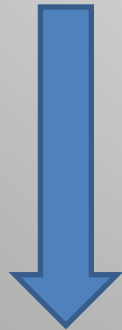
1969- 11,780

Contributing Factor: Overdose Deaths Illegal and Prescription Drugs

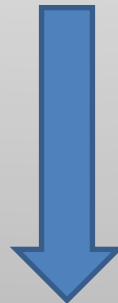
“In 2014, the overdose death rate for whites 25-34 years old was five times the rate of 1999, and overdose death rates for 35-44 year old whites tripled during that same period.” –NYT, January 16, 2016.



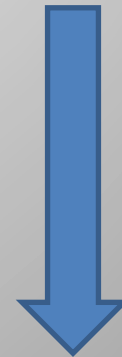
Recognition and Planning for the Worst



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 Response Guideline

Journal of Athletic Training, 2002, 37(4), 325-326
 © 2002 National Athletic Trainers' Association, Inc.

National Athletic Trainers' Association Position Statement: Emergency Planning in Athletics

J. C. Andersen¹; Ronald W. Courson²; Douglas M. Klainer³;
 Todd A. McLodig⁴

¹University of North Carolina, ²University of Georgia, ³Alabama, ⁴University of North Carolina

Objective: To review athletic trainers and others about the need for emergency planning, to provide guidelines for the development of emergency plans, and to discuss documentation of emergency plans.

Background: This document is intended for use by athletic trainers, coaches, and other personnel who are responsible for the safety of athletes. Proper management of these situations is critical and should be conducted by trained individuals prepared to act quickly in the event of an emergency. The organization or institution must be prepared to be placed at the top of an emergency plan, which may be the foundation of a legal claim.

Recommendation: The National Athletic Trainers' Association recommends that every organization or institution that sponsors athletic activities or events develop and implement a written emergency plan. Emergency plans should be developed by representatives of all relevant personnel in consultation with the local emergency medical services. Components of the emergency plan include identification of the personnel involved, notification of the emergency services to be called, and the identification of a communication system to maintain contact with emergency services. The development and implementation of an emergency plan should be a regular and ongoing process. Emergency plans should be reviewed and revised annually, with other stakeholders of any organization. The plan should be clearly marked in a prominent area of action taken during the emergency, evaluation of the emergency response, and the periodic testing and equipment maintenance. Further, testing of the plan and personnel should include a realistic, unannounced, and controlled simulation. Further, testing of the plan and personnel should include a realistic, unannounced, and controlled simulation.

Key Words: policies and procedures, all-hazards planning, catastrophe

Although most injuries that occur in athletics are relatively minor, the incidence of life-threatening injuries has increased and now shows no signs of decreasing. Injuries that are potentially life-threatening are a significant concern for athletic trainers, coaches, and other personnel who are responsible for the safety of athletes. Proper management of these situations is critical and should be conducted by trained individuals prepared to act quickly in the event of an emergency. The organization or institution must be prepared to be placed at the top of an emergency plan, which may be the foundation of a legal claim.

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POSITION STATEMENT

Based on an extensive survey of the literature and expert review, the following is the position of the National Athletic Trainers' Association (NATA):

1. Each institution or organization that sponsors athletic activities must have a written emergency plan. The emergency plan should be comprehensive and practical, yet flexible enough to cope with ever-changing threats.
2. Emergency plans must be written documents and should be distributed to selected athletic leaders, team staff members, and other personnel who are responsible for the safety of athletes.

NCAA GUIDELINE 10 Catastrophic Incident in Athletics

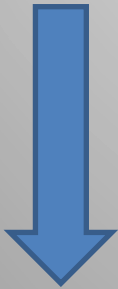
July 2004 • Revised July 2005

The NCAA is committed to the safety and well-being of its student-athletes. This guideline provides a framework for the development of emergency plans for catastrophic incidents in athletics. The purpose of this guideline is to provide a framework for the development of emergency plans for catastrophic incidents in athletics. The purpose of this guideline is to provide a framework for the development of emergency plans for catastrophic incidents in athletics.

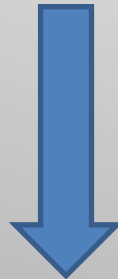
1. **Definition of catastrophic incident:** The purpose of this guideline is to provide a framework for the development of emergency plans for catastrophic incidents in athletics. The purpose of this guideline is to provide a framework for the development of emergency plans for catastrophic incidents in athletics.
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4. **Emergency plan implementation:** The purpose of this guideline is to provide a framework for the development of emergency plans for catastrophic incidents in athletics. The purpose of this guideline is to provide a framework for the development of emergency plans for catastrophic incidents in athletics.
5. **Emergency plan evaluation:** The purpose of this guideline is to provide a framework for the development of emergency plans for catastrophic incidents in athletics. The purpose of this guideline is to provide a framework for the development of emergency plans for catastrophic incidents in athletics.



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

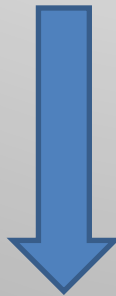
Point of Emphasis:

Don't push away support unit
Feelings are normal- manage behavior

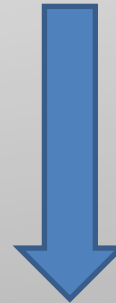
Counseling:

- 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.

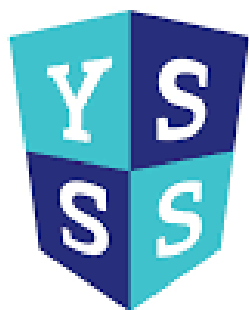


NATA Consensus Statement

Inter-Association Recommendations for Developing a Plan to
Recognize and Refer Student-Athletes With Psychological
Concerns at the Secondary School Level

www.nata.org/sites/default/files/psychologicalreferral.pdf





YOUTH SPORTS SAFETY SUMMIT

Preventing Catastrophic
Injury in Youth Sports

March 14-15, 2016 Hilton Alexandria Mark Center, Alexandria, VA