Recognizing and Referring Student-Athletes With Psychological Concerns

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Reaction to Distress: Resistance, Resilience, Recovery (Severity & Amount)

• Resistance: able to resist or withstand distress.

• Resilience: ability to effectively rebound from distress, returning to original form.

• Recovery: ability to *adaptively function* to address the affect that distress has on a person.
Student-Athletes and Psychological Challenges
The Student-Athlete: More Than Just a Sports Participant
Risk Management: Institution, Athletic Department, Sports Medicine Staff
NATA Consensus Statement: Inter-Association Recommendations for Developing a Plan to Recognize and Refer Student-Athletes With Psychological Concerns at the Collegiate Level

- Executive Summary in Sept/October 2013 Journal of Athletic Training
- Full Statement: www.nata.org/sites/default/files/psychologicalreferral.pdf
Purpose

• The full range of mental health concerns found in the general student population can also be seen in student-athletes.

• The National Athletic Trainers’ Association formed a inter-association work group to make recommendations on developing a plan for the recognition and referral of collegiate student-athletes with psychological concerns.

• The recommendations were made so that any institution can use the information and develop their own plan.
Goals of Consensus Statement

• Educate and address stigma of mental health issues to encourage student-athletes to seek help.
• Emphasize team approach of collaboration with athletic trainers, team physicians, mental health care professionals, university and athletic department administrations.
• Recognize signs and symptoms of potential psychological concerns in student-athletes.
• Assist student-athletes joining teams with a history of psychological concerns.
• Refer all potential psychological concerns into the mental health care system for evaluation and care.
• Assist with mental health ISSUES before they escalate into student code-of-conduct INCIDENTS
Background

• One in every four to five youth in America meets criteria 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%).

• The two most common mental health illnesses are depression and anxiety.

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

• Mental health care professionals are discovering more information on various mental disorders (e.g., intermittent explosive disorder).

• 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 participating in a survey).
Circumstances That May Impact a Student-Athlete’s Mental Health

- Concussions
- Drug or alcohol abuse
- Eating disorders
- ADHD
- Prior history of mental health issues - ask at physical examination and meet with any reporting a history
- 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
- Threat to playing time upon their return
- Season-ending injuries
- Medically disqualifying injuries
Rehabilitation & Fear of Re-Injury

• Time, effort, and persistence needed for recovery

• Experiencing chronic discomfort from past injuries

• Overuse injuries from constant training resulting in continual care & modification of activity or playing time

• Fear of re-injury upon return from injury (48% females, 21% males)

• Survey of injured athletes report they underestimated how hard the emotional recovery was from their injury
Cat

Psychological Concerns
Affect Mental Clarity
and Behaviors
Behaviors to Monitor

• Changes in eating and sleeping habits
• Unexplained weight loss or gain
• Drug or alcohol abuse
• Withdrawing from social contact
• Loss of emotion or sudden change of emotion within a short period of time
• Concentration problems, forgetfulness
• Unexplained wounds or deliberate self-harm
• Becoming irritable or problems managing anger
• Irresponsibility
• Negative or all-or-nothing self-talk
• Anxiety
• Gastrointestinal complaints or constant headaches
• Talking about death or “going away”
Rare; Unexpected; Extreme Impact; and Retrospectively Predictable: **Suicide**

- Suicide is the third leading cause of death among NCAA student-athletes (2004-2008 study of student-athlete deaths).
- The rate of suicide in the USA has been increasing since 2000; every 13.7 minutes, someone in the USA commits suicide.
- 90% of those committing suicide have a treatable mental illness.
- Survivors of loved ones that commit suicide should be observed for behaviors to monitor for assistance.
Mental Health Incidents: Emergencies and Catastrophes

Emergency Action Plan

Catastrophic Incident Guideline
Approaching the Student-Athlete with a Potential Mental Health Issue vs.
Letting a Sleeping Dog Lie

• How are things 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?
• Perhaps you would like to talk to someone about this issue?
• Confidentiality issues must be considered and respected.
• The goal is to encourage an evaluation and de-stigmatize seeking help
Remember

• The athletic trainer’s role is to develop a plan to help identify and refer student-athletes with potential psychological concerns.

• The athletic trainer IS NOT to provide psychological care; leave psychological care to the mental health professionals.
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**
Confidentiality

• Issue that always comes up.

• Respect wishes of student-athlete.

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

• Point out care for mental health is no different than care for physical health.

• If going to outside mental health care provider- remind student-athlete that their parents will receive insurance EOB notification.
Mental Health Care and Catastrophic Incidents

• Campus counseling services- develop a relationship
• Community mental health care professionals
• Athletic trainer is point person for referrals

• Stress reactions following catastrophic incidents are normal, and will resolve in time with most people
• Early psychological first-aid is helpful in normalizing those affected on on-scene of catastrophic incident

• Watch for behaviors to monitor for further referral
Risk Management and Legal Considerations

• Risk management implications relative to developing a policy and procedures document, evaluating insurance policies that may be triggered by an incident, protecting confidentiality.

• Interdisciplinary approach and collaboration with athletics, sports medicine, counseling services, student affairs, risk management, general counsel.
Using the Consensus Statement

Download entire 85 page statement
• Background information for education
• Recommendations on how to build plan
• Considerations for risk managers and general counsel
• 14 tables
• 4 appendices

Collaborate with institution in developing plan

Copies to all sports medicine staff, team physicians, athletics and institutional departments involved, coaches

Educate student-athletes on prevalence and seeking assistance
Considerations for Further Developing the Athletic Trainer to Identify and Refer Student-Athletes with Psychological Concerns

- Psychology courses
- Communication courses
- Counseling courses
Student-Athlete Education: Psychological Health

• Studies demonstrate a prevalence of psychological concerns in young adults in the USA.

• Experiencing a psychological concern is not an abnormal event.

• Seeking assistance for a psychological concern is no different than seeking assistance for a physical injury.

• Resources are available for assistance with a psychological concern.

• Please see a sports medicine staff member for assistance or to learn more on resources available.
Addressing Psychological Concerns in Student-Athletes: The Athletic Trainer’s Role

• Anticipate mental health issues in student-athletes at your institution the same as you would physical injuries.

• Awareness in identifying potential psychological concerns through departmental education and familiarity with behaviors to monitor.

• Develop or be aware of referral mechanism to get the student-athlete to mental health care professionals for an evaluation and/or treatment.

• Professional development to enhance the effectiveness in identifying and referring student-athletes with potential psychological concerns.
Thank You & Questions