Recommendations in Developing a Plan to Recognize and Refer Athletes with Psychological Concerns at the Secondary School Level

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Chair, NATA Consensus Statements:
Athlete’s “Worst Moments” are not Always Physical Injury
Goals:
Awareness, Recognize, Refer
The Athlete: More Than Just a Sports Participant
Awareness
Stigma, Prevalence, Stressors
Situations that Challenge Mental Health
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.
Stigma Prevents Seeking Care
Data on 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 First 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
Athlete Expectations and Stressors
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>
</tr>
</thead>
<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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<tr>
<td>Has difficulty sustaining attention</td>
<td>Has difficulty remaining seated</td>
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<tr>
<td>Does not appear to listen</td>
<td>Runs about or climbs excessively in children; extreme restlessness in adults</td>
<td></td>
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<tr>
<td>Struggles to follow through on instructions</td>
<td>Difficulty engaging in activities quietly</td>
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<tr>
<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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<tr>
<td>AVOIDS or dislikes tasks requiring a lot of thinking</td>
<td>Talks excessively</td>
<td></td>
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<tr>
<td>Loses things</td>
<td>Blurs out answers before questions have been completed</td>
<td></td>
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<tr>
<td>Is easily distracted</td>
<td>Difficulty waiting or taking turns</td>
<td></td>
</tr>
<tr>
<td>Is forgetful in daily activities</td>
<td>Interrupts or intrudes upon others</td>
<td></td>
</tr>
</tbody>
</table>

* DSM-5: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.
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 scholarship

- 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
Cat

Psychological Concerns Affect Mental Clarity and Behaviors
Rare; Unexpected; Extreme Impact; and Retrospectively Predictable: Suicide

- 4,700 young people age 14-24 take their lives annually in U.S.
- 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.
T.I.P.A.

• 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?

• How is life going for you?
• What is your one safe place?
Mental Health Incidents: Emergencies and Catastrophes

Emergency Action Plan

Catastrophic Incident Guideline
Referral
Approaching the Athlete
Confidentiality
Counseling
Collaboration
Approaching the 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?

• Tell me more (about the incident).

• How did those cuts get there?

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

• 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

• Express confidence in mental health profession. Mental health is part of over-all health.

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

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

• Education on condition; ID triggers; learn coping skills*
Collaboration

• Develop plan: school and community
• Know the school nurse, guidance counselor, school psychologist, athletic trainer.
• 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.
Early 2015

NATA Consensus Statement: Recommendations for Developing a Plan to Recognize and Refer Student-Athletes With Psychological Concerns at the Secondary School Level