

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

**Timothy Neal, MS, ATC**

**Chair, NATA Consensus Statements:**

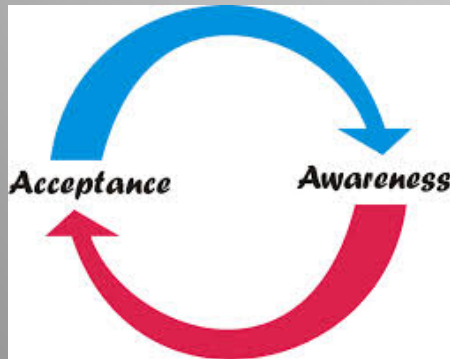
**Recognition and Referral of Athletes with Psychological Concerns at the  
College Level (2013) Secondary School Level (2015)**

# Athlete's "Worst Moments" are not Always Physical Injury



# Goals:

## Awareness, Recognize, Refer



**REFERRAL**  
PROGRAM

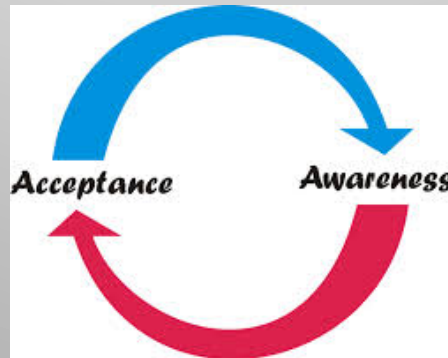
# The Athlete: More Than Just a Sports Participant



# Awareness

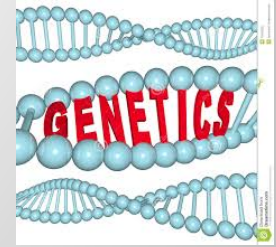
Stigma, Prevalence, Stressors

Situations that Challenge Mental Health

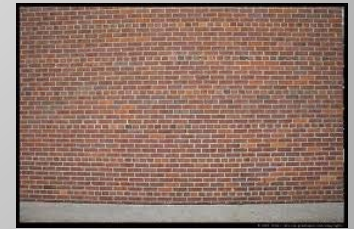




# Reaction to Distress: Resistance, Resilience, Recovery (Severity & Amount)



- Resistance: able to resist or withstand distress.



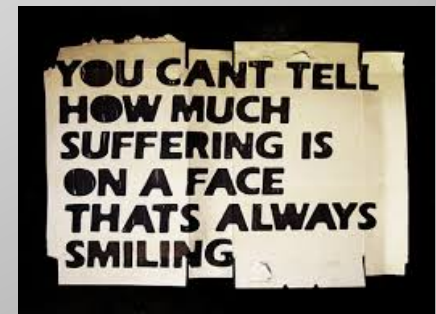
- Resilience: ability to effectively rebound from distress, returning to original form.



- 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.

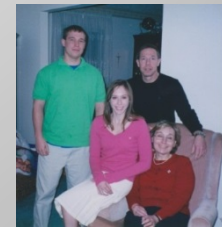
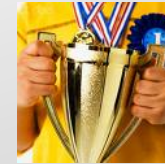


# The Secondary School Athlete is First a Secondary School STUDENT

\*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)**

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



# 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



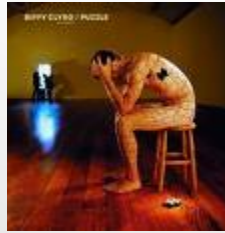
# Recognition Behaviors to Monitor Suicide Ideation



# Cat



Psychological Concerns  
Affect Mental Clarity  
and Behaviors





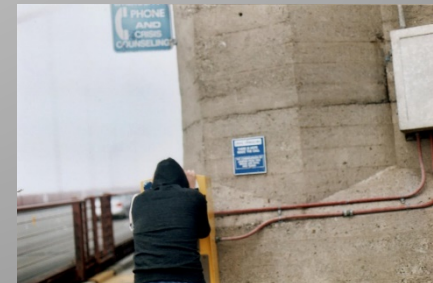
# Rare; Unexpected; Extreme Impact; and Retrospectively Predictable: Suicide



- 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

Journal of Athletic Training, 2002, 37(1), 10-11  
© 2002 National Athletic Trainers' Association, Inc.

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

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OBJECTIVE: To review the literature and current status of the field of emergency planning in athletics.

BACKGROUND: The field of emergency planning in athletics is a relatively new area of study. The field is currently in its infancy, with many areas needing further research. The field is currently in its infancy, with many areas needing further research. The field is currently in its infancy, with many areas needing further research.

CONCLUSIONS: The field of emergency planning in athletics is a relatively new area of study. The field is currently in its infancy, with many areas needing further research. The field is currently in its infancy, with many areas needing further research.

Although most types of emergencies are relatively infrequent, the potential for a catastrophic incident is always present. The potential for a catastrophic incident is always present. The potential for a catastrophic incident is always present.

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#### POSITION STATEMENT

Based on an extensive survey of the literature and expert opinion, 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 adapt to any emergency situation.
2. Emergency plans must be written documents and should be distributed to all relevant athletic teams, staff, and administrators.

### NCAA GUIDELINE 10 Catastrophic Incident in Athletics

July 2004 • Revised July 2008

The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports acknowledges the significant impact of Timothy Neal, ATC, Syracuse University, who originally authored this guideline.

Catastrophes such as death or permanent disability occurring in intercollegiate athletics are rare. However, the aftermath of a catastrophic incident to a student-athlete, coach or staff member can be a time of uncertainty and confusion for an institution. It is recommended that NCAA member institutions develop their own catastrophic incident guideline to provide information and the support necessary to family members, teammates, coaches and staff after a catastrophe.

Controlling and disseminating information is best served by developing a catastrophic incident guideline. This guideline should be distributed to administrative, sports medicine and coaching staffs within the athletics department. The guideline should be updated and reviewed annually with the entire staff to ensure information is accurate and that new staff

members are aware of the guideline.

Components of a catastrophic incident guideline should include:

1. **Definition of a catastrophic incident:** The sudden death of a student-athlete, coach or staff member from any cause, or disabling injury or quality of life altering injuries.
2. **A management team:** A select group of administrators who receive all facts pertaining to the catastrophe. This team works collaboratively to officially communicate information to family members, teammates, coaches, staff, the institution and media. This team may consist of one or more of the following: director of athletics, head athletic trainer, university spokesperson, director of athletic communications and university risk manager. This team may select others to help facilitate fact finding specific to the incident.
3. **Immediate action plan:** At the moment of the catastrophe, a checklist of whom to call and immediate steps to secure facts and offer support are items to be included.
4. **Chain of command/role delineation:** This area outlines each individual's responsibility during the aftermath of the catastrophe. Athletics administrators, university administrators and support services personnel should be involved in this area.
5. **Criminal circumstances:** Outline the collaboration of the athletics department with university, local and state law enforcement officials in the event of accidental death, homicide or suicide.
6. **Any contact responsibilities:** Catastrophes may occur at any campus. Indicate who should stay behind with the individual to coordinate communication and act as a university representative until relieved by the institution.
7. **Phone list and flow chart:** Phone numbers of all key individuals (office, home, cell)



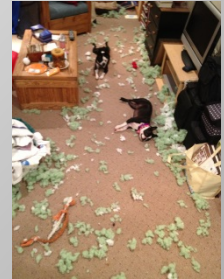
# Referral

Approaching the Athlete  
Confidentiality  
Counseling  
Collaboration

**REFERRAL**  
PROGRAM

# 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

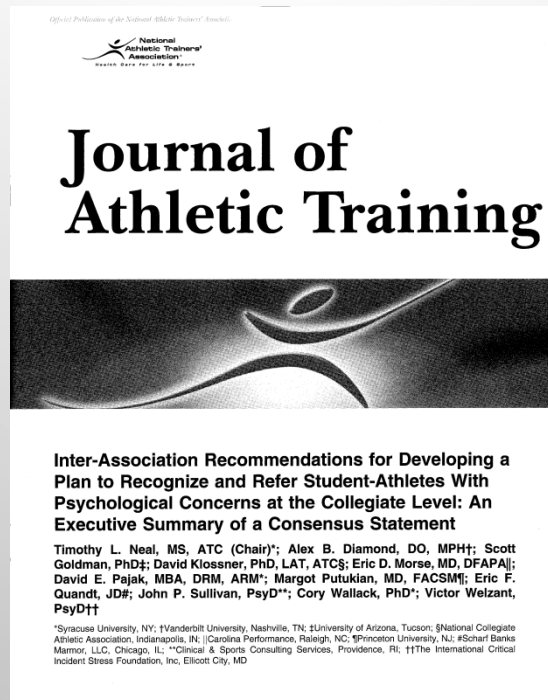


# Counseling

- 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