

Two Full-Time Jobs...And Growing Up

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Objectives

- To provide a brief summary of the most frequent mental health issues among college students
- To discuss stressors unique to student-athletes
- To consider key symptoms and screenings that can be helpful in gathering information
- To provide strategies for talking to student-athletes you are concerned about, including suicide
- To offer guidance on the referral process
- To promote discussion using a case presentation

Caveat: This is not intended to qualify you to provide treatment but to recognize student-athlete's needs, identify helpful resources, and ensure student-athletes follow-up with appropriate professionals as needed

Mental Health (MH) Concerns among college students- ACHA

- 93,034 college students surveyed in 216 using the National College Health Assessment-II
- Response option of “Anytime within the last 12 months”:
 - 47.7% “felt things were hopeless”
 - 85.6% “felt overwhelmed by all you had to do”
 - 56.9% “felt overwhelming anxiety”
 - 58.8% “felt very lonely”
 - 34.5% “felt so depressed that it was difficult to function”
 - 38.1% “felt overwhelming anger”
 - 8.9% reported that they “seriously considered suicide”

Mental Health (MH) Concerns among college students- ACHA

- Most common MH diagnoses/treatment reported were anxiety (15.8%) and depression (13.1%)
- Since 2009 there has been a 5.8% increase in reported MH diagnoses
- Substance abuse/addiction was 1.0%
- The USE picture looks a bit different

www.acha-ncha.org/docs/NCHA-II_WEB_SPRING_2015_REFERENCE_GROUP_EXECUTIVE_SUMMARY.pdf

Substance Use- ACHA data

- Alcohol far and away most prevalent- 78.7% have used, 64.5% in last 30 days
- Marijuana next at 39.1% have used, 16.9% in last 30 days
 - Even more than cigarettes- 26.2% ever used and 10.6% used in the last 30 days
- All other drugs combined 30.2% ever used, 10.9% used in last 30 days
 - Cigars, smokeless tobacco, cocaine, methamphetamine, other amphetamines, sedatives, hallucinogens, anabolic steroids, opiates, inhalants, MDMA, other club drugs, other illegal drugs

Two full time Jobs... and Growing Up

- Student-athletes balance two full time identities and adjusting to “living on their own”:
 - Class, study time, presentations, quizzes, tests & papers
 - Practice, competition, strength & conditioning, treatment, travel schedule, hosting recruits, community service, **meetings** with academic coordinators, coaches, sports nutrition, sport psychology...
 - Oh yeah- and have a social life??!!
 - Oh yeah- and new and old \$\$\$ issues??!!
- Age of onset for many MH concerns coincides with age of many college athletes (e.g., substance use/abuse)

MH Concerns among Student-Athletes

— NCHA surveys 2008-2011

- Sample of 19,733 student-athletes and 171,601 non-athlete college students in the last 12 months:
 - **21%** of male student-athletes reportedly “felt depressed” versus **27%** of male non-athletes
 - **28%** of female student-athletes reportedly “felt depressed” versus **33%** of female non-athletes
 - **31%** of male student-athletes reportedly “felt anxiety” versus 40% of male non-athletes
 - **48%** of female student-athletes reportedly “felt anxiety” versus **56%** of female non-athletes

<http://www.ncaapublications.com/p-4375-mind-body-and-sport-understanding-and-supporting-student-athlete-mental-wellness.aspx>

Substance Use among Collegiate Student Athletes- 2013 NCAA Survey

- Alcohol and marijuana reported as the most commonly used by student-athletes
- 31.9% of D-I female student-athletes reporting drinking >4 drinks in a sitting
- 39.6% of D-I male student-athletes reporting drinking >5 drinks in a sitting

<http://www.ncaa.org/health-and-safety/sport-science-institute/mind-body-and-sport-substance-use-and-abuse>)

Things that make you go “HUH?”

- “Of college students suffering from a mental illness, 1 in 3 will seek professional help, which is too low. In the student-athlete population, however, **that statistic drops to 1 in 10.**”

<http://athletesconnected.umich.edu/helping-a-student-athlete/>

Why? Barriers seeking support

- Athletes often feel they must live up to stereotypes:
 - “Tough-minded”
 - “Super-human”
 - “Invincible” in the face of life’s challenges
- May fear limits to sport participation if they disclose MH symptoms, particularly suicidal thoughts/self-harm behavior
- Limited access to licensed MH providers experienced with student-athletes and cultural aspects of their sport
- Self-care often deferred (sleep)

Why? Unique Stressors of Collegiate Student-Athletes

- Athletic injury
 - Playing time (injured or not)
 - A lost/reduced role on the team
 - Loss of primary support group
- Big fish/small pond to...
- Restricted access to resources in “normal” business hours
- Heightened visibility and unwanted attention
- Pressures from family members
- Conflicts with coaches and teammates
- Finishing their career- unfinished goals; next?

Why? Unique Stressors continued

- Pressure to win
- Burn Out- Looks like Depression, but...
- Sexuality/Coming Out
- Substance Abuse
- Disordered Eating Behavior, Eating Disorders, Body Image
- Career concerns
- Bullying, hazing
- Sexual assault

Potential signs of distress

- **Withdrawal** from friends, teammates, activity
- Expressions of **hopelessness**
- Significant changes in sleeping or eating behavior
- Violent or rebellious behavior
- Drug/Alcohol use
- Unusual neglect of personal appearance
- Marked personality change
- Agitation, difficulty appearing calm/relaxed
- Critical statements about body shape, size, weight, or level of “fat”
- Substantial weight loss or gain
- Appears distracted during practice, team meetings, etc.
- Verbal clues: “I won’t be a problem for you much longer.” “It doesn’t matter...”

How coaches, teammates, and administrators can help

- Recognize strengths of Student-Athletes
 - Motivated
 - Goal-oriented
 - Disciplined
 - Resilient, adaptable, malleable
 - Committed
 - Courageous
 - Open to feedback

How coaches, teammates, and administrators can help

- Promote an environment that **helps reduce stigma**
 - **Observe language** student-athletes use to talk about MH, challenge expressions of stigma (“crazy, weak”)
 - **Model language** that validates mental illness and shows that you view seeking MH treatment as a positive behavior
 - **Talk** about the importance of self-care
 - **Empower** team leaders to check-in with their peers and consult with coaches, administrators, and/or MH providers
- **Observe** student-athletes for potential signs of distress
- **Approach** student-athletes you are concerned about for a conversation

Before approaching a student-athlete you are concerned about

- Think about who might be closest to the individual as this is often the best person to approach the student-athlete to express concern
- Try to speak to the student-athlete one-on-one in a private location
 - Always prioritize your own safety
- Before initiating this conversation, write down or practice what you might want to say and/or consult with an MH professional about options

Talking to a student-athlete you are concerned about

- Use “I” statements
 - such as “I am concerned about your well-being because...”
- Try to provide **specific examples** about the concerning behaviors you observed
 - “...I have noticed that you have appeared down and have been late to practice recently”
- **Ask them how they are doing and listen first**
 - **Reflect** back what you hear them saying
- Only move to problem-solving after listening
 - Problem-solving is optional as listening is often what helps most
- Tell them that they are a **valued** member of the team and that you want to help support them in focusing on their health and wellness
- **Encourage** them to seek an assessment with a licensed MH provider
 - Courage and strength, not of weakness.
- Ask to **check-in with them again** in one week to see how they are doing and whether they were able to schedule an appointment.

Talking to a student-athlete you are concerned about

- Avoid “you” statements (“You are not taking care of yourself...”) may sound blaming or trigger defensiveness
- Avoid talking about weight or appearance
- Remember that the student-athlete may not be ready to talk about this yet
 - They may respond with anger, fear, defensiveness, or they may be ready to confide in you
 - Your conversation is helpful no matter how they respond. This individual may feel ready to talk with you more about it in the future or may get connected to important resources because of your conversation.

Assessing for Suicide

- Ask a student-athlete you are concerned about if they are having thoughts about suicide or self-harm
 - It is often helpful to build up to this in the conversation by asking them how they are doing overall first
- If a student acknowledges thoughts about suicide or self-harm, assess the risk for acting on the thoughts
 - Ask history- past thoughts, attempts
 - Ask about frequency and recency of thoughts
 - Does the student have a plan and can they verbalize it?
 - Does the student have the means to carry out the plan?
 - Is there a family history of suicide or self-harm?

Lifeline

- Most who have thoughts of suicide are feeling emotionally overwhelmed and cannot see options
- Most do NOT act
- Just asking how they are doing and talking with them often provides an outlet
 - They feel less alone
 - Begin to see options- hopelessness busting
 - Engage them in finding an option

Know your limits

- Pay attention to how you feel about this student-athlete's well-being
 - “Trust your gut”
- If you feel very worried, feel overly responsible for their behavior, or you are overextending yourself to support them, this is an important sign to involve other resources
 - Consult with and/or refer to a qualified MH professional
 - **Who is/are your lifeline(s)?**

Referrals: Emergencies

- In case of an emergency, call 911 or your campus police and/or arrange secure transportation to an emergency room by a professional
 - This results in an assessment process by an MH professional to measure current risk to self and/or others.
 - It does not automatically mean that someone will be hospitalized

Referrals: Non Emergencies

- Refer student-athletes to a licensed MH professional, preferably experienced with student-athletes
- Consult with a licensed MH provider
 - Confidentiality
 - Often it is possible for you to share your concerns and questions with a licensed MH provider on campus and ask for their general feedback on options for next steps
- Follow-up with the student-athlete to ask if they were able to schedule and attend an appointment
 - It is often helpful to let the student-athlete know that you plan to do so when you first refer them

Assessments- In the Public Domain

- Public Health Questionnaire-9 (PHQ-9) for Depression
- Generalized Anxiety Disorder-7 (GAD-7) for Anxiety
 - Research supported
 - Sensitivity, Specificity, Positive Predictive ability
 - Can be self-administered
- **Assist** the decision making process about whether further intervention is appropriate
- Can be used serially to monitor change
- First 2 questions of the PHQ-2 and GAD-2 have good sensitivity and specificity when cutoff scores of 3 are used

PHQ-9

Kroenke K, Spitzer RL, Williams JBW. The PHQ-9: Validity of a brief depression severity measure. *J Gen Intern Med.* 2001;16:606-613.

Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	Over half the days	Nearly everyday		
1. Little interest or pleasure in doing things			0	1	2	3
2. Feeling down, depressed or hopeless		0	1	2	3	
3. Trouble falling asleep, staying asleep, or sleeping too much				0	1	2 3
4. Feeling tired or having little energy			0	1	2	3
5. Poor appetite or overeating		0	1	2	3	
6. Feeling bad about yourself – or that you’re a failure or have let yourself or your family down			0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television			0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite- being so fidgety or restless that you have been moving around a lot more than usual				0	1	2 3
9. Thoughts that you would be better off dead or of hurting yourself in some way				0	1	2 3

Add the score for each column Total Score (add your column scores) = considering monitoring scores between 5-9, consider MH referral >9

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____ Somewhat difficult _____ Very difficult _____ Extremely difficult _____

GAD-7 scale

Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med.* 2006;166:1092-1097

Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	Over half the days	Nearly everyday			
1. Feeling nervous, anxious, or on edge			0	1	2	3	
2. Not being able to stop or control worrying			0	1	2	3	
3. Worrying too much about different things			0	1	2	3	
4. Trouble relaxing		0	1	2	3		
5. Being so restless that it's hard to sit still				0	1	2	3
6. Becoming easily annoyed or irritable			0	1	2	3	
7. Feeling afraid as if something awful might happen				0	1	2	3

Add the score for each column Total Score (add your column scores) =

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all ____ Somewhat difficult ____ Very difficult ____ Extremely difficult ____



Medication Monitoring Sheet

(University of Virginia - Athletics)



Name: _____

Why I am considering taking or taking medication? Create a list of the negative symptoms on the left side of the page (below) that you are experiencing and that you hope *the medications will either decrease or eliminate*. If you decide to take medication(s), we will review these symptoms each week using the 1-10 scale, in order to monitor how well your medication(s) is/are working. We will also monitor any negative side effects that you might notice after you start taking your medication, as prescribed. *The best outcome is reducing or eliminating the negative symptoms with minimal negative side effects.*

What medication(s): _____ dosage (mg) _____ Times/day: _____

Date that you started taking your medications, **as prescribed?** _____

Treating Physician: _____, MD Date I started this sheet: _____

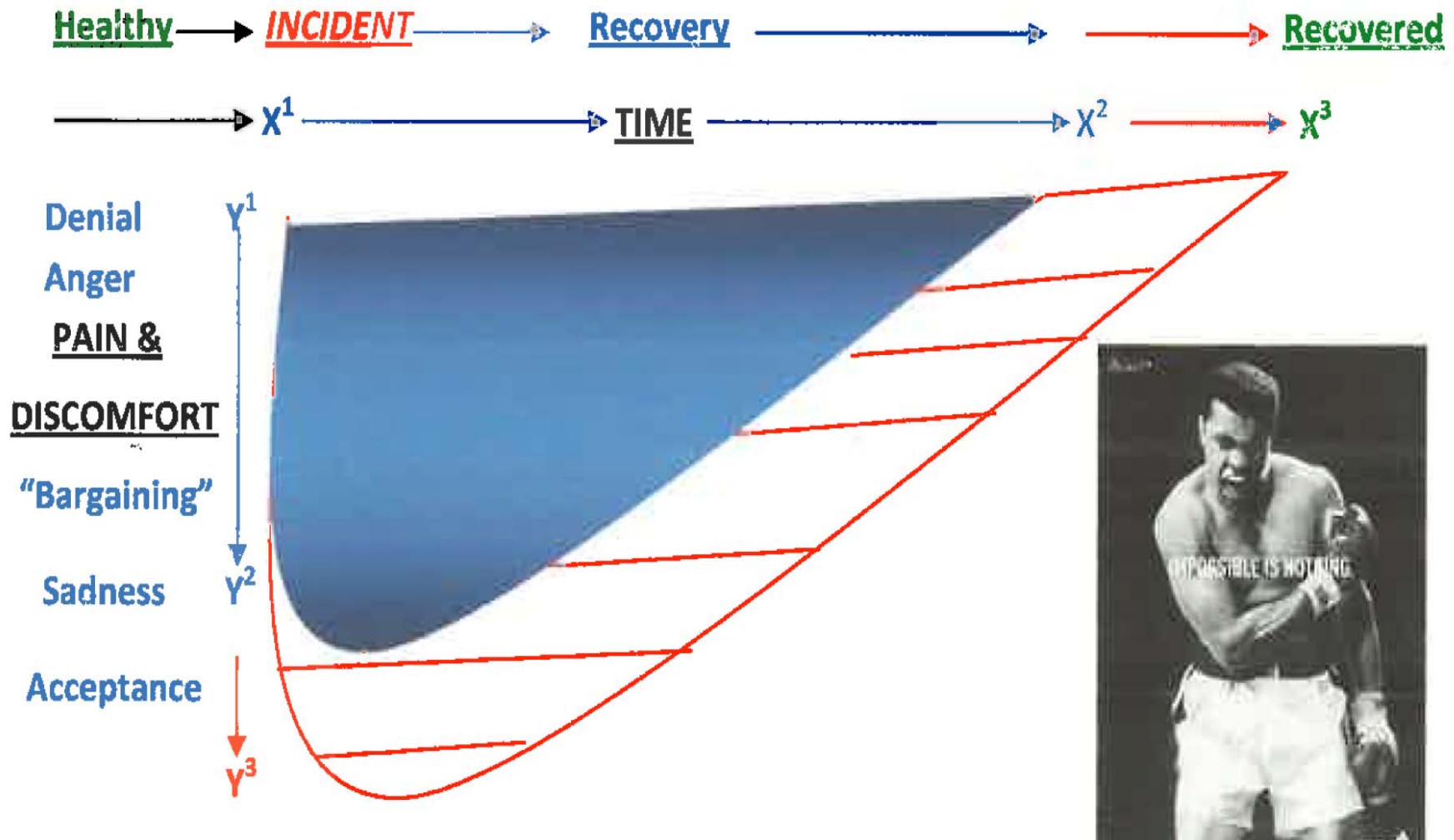
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<u>Previous History of Medication Use Notes:</u>																																																																					

Note: Weighted Scores: (1-10)
 1 = a negative symptom, but "not very bad"
 10 = a negative symptom that is "really bad"

Indicate the date of each symptom assessment at the top of each column. Then, each week, we will review this list and re-assess each negative symptom. We will indicate changes for each symptom by using the weighted scores and indicating the new score next to each symptom. Space is provided on this form for 4 symptom assessments (30 days) and 3 side effect assessments. We will probably use more than one of these sheets, as we monitor your medication and symptom changes over time. **You will be encouraged to share this sheet with your physician when medications are reviewed.**

Recovery: Minimize the Pit

Courtesy Jim Bauman, Ph.D.



Best practices in educating others about mental health

- Talk -promote awareness and reduce stigma- **Courage, not weakness**
- Psychoeducational seminars/workshops
- Share stories of student-athletes and professional athletes who have experienced MH concerns:
 - Will and Kally from the University of Michigan’s Athletes Connected program: <http://athletesconnected.umich.edu/about-athletes-connected/videos/>
 - Michael Phelps spoke in a Sports Illustrated interview about MH treatment: <http://www.si.com/olympics/2015/11/09/michael-phelps-rehabilitation-rio-2016>
- Train team leaders to be able to provide information about MH and/or promote access to available resources- The Caring Confrontation
- Postings in locker rooms, via social media, etc.
 - Collaborate with Student Athlete Mentors (SAMs)

Best practices in reducing barriers to accessing MH treatment

- Identify the resources available for MH services on or near your campus and have a list of available resources
 - Update this list frequently- see CAPS next slide
 - When making off-campus referrals, give “tips” if student-athletes will call the MH providers themselves, such as questions that might be helpful for them to ask before scheduling first appointments
- Promote early access to assessment and treatment
- Partner with licensed MH providers to increase their visibility among student-athletes, coaches, administration, and staff
 - At practice, competition, team meetings, etc.
- Empower team leaders, coaches, administration, and staff about the value of providing confidential services for mental health
 - Directly address any concerns voiced about this

Partnering with Student Health and Student Affairs

- Leverages mutual resources
- Increases visibility of the importance of mental health concerns to the athletics department
- Further reduces stigma and isolation
- Exchange community resources with expertise at handling MH issues in athletes
- Mutual lifelines in times of crisis

Case Presentation

- Split into groups, NOT by team
- If space, groups of 5-10 would be ideal
- Consider the following questions and share your responses with each other
- Designate a spokesperson to share back with the whole group

Case Presentation

- A concerned teammate comes to you
 - I'm really worried about a 1st year teammate
 - I've seen multiple "cuts/scratches" on the wrists and upper thigh
 - I've noticed extended trips to the bathroom after we eat
 - I've heard rumors about using marijuana
 - I see the performances as really good, but I feel like I'm tiptoeing around...

Questions for the group

- How common are these concerns at my institution?
- Frequent or not, what are my initial feelings when considering this scenario?
- What issues come to mind to me?
- What is my specific role in this situation?
- What are my limitations in this situation?
- What are my next steps after hearing this?

Drilling Down

- Who is the client and what are the needs?
- How does the fact that this is a second report affect this?
- Is safety an issue and how do I classify/assess immediate risk?
- What am I qualified to do/not do?
- What are the confidentiality concerns if any?
- What resources would I use, like to use but don't have, am unsure whether I have not not?
- What are the possible needs here beyond immediate safety?
- Whom to refer to do assess and/or intervene?
- What plan do I and/or my institution have in place?

Additional resources

- NCAA Mind Body and Sport publication:
<http://www.ncaapublications.com/p-4375-mind-body-and-sport-understanding-and-supporting-student-athlete-mental-wellness.aspx>
- American College Health Association Data Summary:
[http://www.acha-ncha.org/docs/NCHA-II WEB SPRING 2015 REFERENCE GROUP EXECUTIVE SUMMARY.pdf](http://www.acha-ncha.org/docs/NCHA-II_WEB_SPRING_2015_REFERENCE_GROUP_EXECUTIVE_SUMMARY.pdf)
- Athletes Connected:
<http://athletesconnected.umich.edu/helping-a-student-athlete/>
- Step up program: <http://stepupprogram.org/>