Beyond the Game Face: Addressing mental health concerns among student-athletes

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Outline

- Introduction
- Why is discussing mental health important?
- Commons concerns
- Why student-athletes don’t seek treatment
- How to seek help
- Treatment options
Dr. Kristin Frevert

- Present: Truman State University

- Previous counseling center/university athletics experience:
  - Illinois State University
  - University of Missouri
  - University of Denver
  - California State University-Fullerton

- Education:
  - University of Denver (Psy.D.)
  - California State University-Fullerton (M.S.)
  - Missouri State University (B.S.)
The APPLE Model

Counseling & Referral
Why is this important?

- Mental health concerns among college students are on the rise
- 75% of lifetime cases of mental health conditions begin by age 24
- 1 in 4 college-age adults have a diagnosable mental illness
- More than 25% of college students have been diagnosed or treated by a professional for a mental health condition within the past year
Why is this important?

- Can be a matter of life or death
- 7% of college students have “seriously considered suicide” during the past year
- Suicide is the 3rd leading cause of death on college campuses
Keep Swimming

- Kally at UM
Common Mental Health Concerns Among S-As

- ADHD
- Anxiety Disorders
- Depression
- Bipolar Disorder
- Eating Disorders
ADHD

- Characterized by symptoms of inattention and/or hyperactivity
- Inattention symptoms (must display 6 or more during the last 6 months)
  - Fails to pay attention to details/makes careless mistakes on homework
  - Difficulty sustaining attention
  - Doesn’t seem to listen when spoken to directly
  - Doesn’t follow through on instruction or fails to finish assignments or tasks
  - Difficulty staying organized
  - Avoids/dislikes tasks that require sustained mental effort (class, meetings)
  - Easily distracted
  - Loses things easily
  - Forgetful
ADHD

- Hyperactivity-impulsivity symptoms (must display 6 or more during the last 6 months)
  - Fidgets or squirms
  - Leaves seat in classroom or other settings where staying seated is expected
  - Feeling “restless”
  - Difficulty engaging in leisure activities quietly
  - Is always “on the go”
  - Talks excessively
  - Blurts out answers
  - Difficulty waiting for turn
  - Interrupts or intrudes on others
*NCAA MANDATE-“Therapeutic Use Exemption”

- Required documentation includes:
  - Comprehensive clinical evaluation
  - Observations and results from ADHD rating scales
  - Specific diagnosis
  - Recommended treatment

Can’t just say “My dr. back home prescribed it” anymore

Examples: Adderall, Concerta, Ritalin, Vyvanse
Anxiety Disorders

- Excessive, worry, fear or denial
- Decreased sleep, difficulty falling asleep
- Changes in appetite (anxiously needs to eat or too anxious to eat)
- Decreased concentration (difficult to focus in class, while studying, or performing)
- Feelings ranging from uneasy to complete immobilization
- Pounding heart, sweating, or shaking
- A feeling of being “out of control”
- Fear that one is dying or “going crazy”
- Disruption to everyday life
Anxiety Disorders

- Generalized Anxiety Disorder
  - Typically free of precipitating event
  - Difficult to sit still or relax
  - Worried or anxious about a variety of things-not just one problem
  - Plagued by constant worry to the point where starts to affect daily functioning

- Panic Attacks or Panic Disorder
  - Can occur without warning
  - Sense of impending doom
  - Physical symptoms include: racing heart, shortness of breath, sweaty palms, dizziness, etc.
Anxiety Disorders

- Obsessive Compulsive Disorder
  - “Obsessions” - recurrent, redundant, or irrational thoughts
  - “Compulsions” - behaviors an individual is compelled to perform (i.e., counting, tapping, lock checking)

- Social Anxiety Disorder
  - “performance only” specifier
Anxiety Disorders

- Not all anxiety is bad
  - Optimal level of arousal can increase academic and athletic performance

- Clinical level of anxiety can cause disturbances to performance via decreased concentration or focusing on the negative
Depression

Causes of Depression

- In response to a life event such as death of a family member, break-up, parent job loss, etc.
  - Feeling that the event is out of the student-athlete’s control may lead to depression

- Genetic predisposition/biological factors
  - May benefit from anti-depressant medication (but medication could affect athletic performance)

- Athletic-specific depression
  - In response to an injury, a change in playing status (out of the starting line-up or career termination) or due to “overtraining syndrome”
Depression

- Low or sad mood, crying
- Irritability or anger
- Feeling worthless, helpless, or hopeless (no confidence where previously had)
- Eating and sleep disturbances (increase or decrease)
- Decrease in concentration, motivation, and interest (hard to keep appointments, attend practice or class)
- Decrease in energy, feeling fatigue (looking sluggish on field/court, unable to study)
- Social withdraw (not hanging out with teammates or friends, others may express concern)
- Negative thinking (I’m not good enough, This will never get better)
Depression

- Thoughts of death or suicide—don’t assume they are just seeking “attention”
- If a student-athlete:
  - Expresses a suicidal thought;
  - Indicates an intent or plan;
  - Or makes a suicide attempt
- Take action immediately—know your resources!
- Have a plan in place for how to handle a suicidal student-athlete (i.e., be prepared!)
Depression's Effects on Health and Performance

- Low mood, decreased motivation and concentration, and negative thinking = decreased academic performance
- Decreased sleeping and eating = fatigue = decreased athletic performance
- Poor athletic performance = increased depression and pressure to do better in school
- May increase risk for injury due to easily being distracted, slow response time, and poor judgment
Eating Disorders

Causes of Eating Disorders

- Difficult transitions (i.e., high school to college)
- Everyday stressors
- Family issues (divorce, job loss)
- Lack of self-esteem
- Trauma (physical or sexual abuse, natural disaster)
- Biological/family history

* Becomes primary way of coping with and controlling emotions
Eating Disorders

- **Anorexia Nervosa**
  - failure to maintain normal body weight for height/weight
  - “self-starvation”
  - can include over-exercise which make it difficult to identify in student-athlete

- **Bulimia Nervosa**
  - a cycle of bingeing (feeling “out of control” while consuming large quantities of food)
  - and purging (via vomiting, excessive exercise, laxative abuse)

- **Binge Eating Disorder**
  - binge eating without purging

- **Eating Disorder Not Otherwise Specified (NOS)**
  - some criteria from anorexia and bulimia
Eating Disorders

Eating Disorder’s Effects on Performance

- Can lead to malnutrition, dehydration, depression, anxiety, and obsessions (about food)
- Can negatively affect VO2 max and running speed
- Carb restriction can lead to energy depletion
- Muscle weakness = increased chance of injury
Other concerns

- Self-injury
- Bipolar Disorder
- Borderline Personality Disorder
- PTSD/Trauma
- Substance Abuse
- Loss
- Concussions
Why not seek treatment?

- 40% of students with diagnosable mental health conditions did not seek help.
- Fear of:
  - Unknown
  - Impacting playing time
  - Impacting scholarship and/or other financial opportunities
  - Being perceived differently
stigma

- “a set of negative and often unfair beliefs that a society or group of people have about something”

- Concern of stigma is the number one reason students do not seek help
How to Help

- Student-Athletes
  - Know basic symptoms of common concerns
  - Listen
  - Don’t blame or look for simple solutions
    - “Why can’t you just be happy?”
  - Know when you’re in over your head
  - Know where to get help in your department and on campus
  - Better safe than sorry
How to Help

- Coaches and other staff
  - Know your student-athletes
  - Be someone they can trust
  - Know basic symptoms of common concerns
  - Know what you don’t know
  - Involve parents and other support people when needed
  - Know your campus and community resources
  - Better safe than sorry
Treatment

- Counseling
  - Individual
  - Couples
  - Group

- Psychotropic Medication
  - Be mindful of side effects

- Hospitalization
  - Partial
  - Inpatient

- Team effort
  - Counseling is just one piece of the apple!
  - Involve the right people on the team
University Counseling

- Confidential mental health services
  - Limits of confidentiality
  - Releases of Information

- Know how it works at your institution
  - Fee? Insurance?
  - Session limits?
  - Different rules for student-athletes?
  - Sport psychologist/liaison?
Sources

- National Alliance on Mental Health
- American Psychiatric Association (APA) DSM-5
- NCAA on Managing Student-Athletes’ Mental Health Issues (2014)
- [http://athletesconnected.umich.edu](http://athletesconnected.umich.edu)
Questions?? Comments??

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Thank you for attending! Enjoy the conference!