



THE MENTAL HEALTH LANDSCAPE IN SPORT

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Faculty Disclosure

Neither Brian Hainline, nor any of his family members, have any relevant financial relationships to be discussed, directly or indirectly, referred to or illustrated with or without recognition within the presentation.



Strategic Priorities

Cardiac health

Concussion

Doping & substance abuse

Mental health

Nutrition, sleep & performance

Overuse injuries & periodization

Sexual assault & interpersonal violence

Athletic healthcare administration

Data-driven decisions

Mental health occurs on a continuum



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NCAA believes that . . .

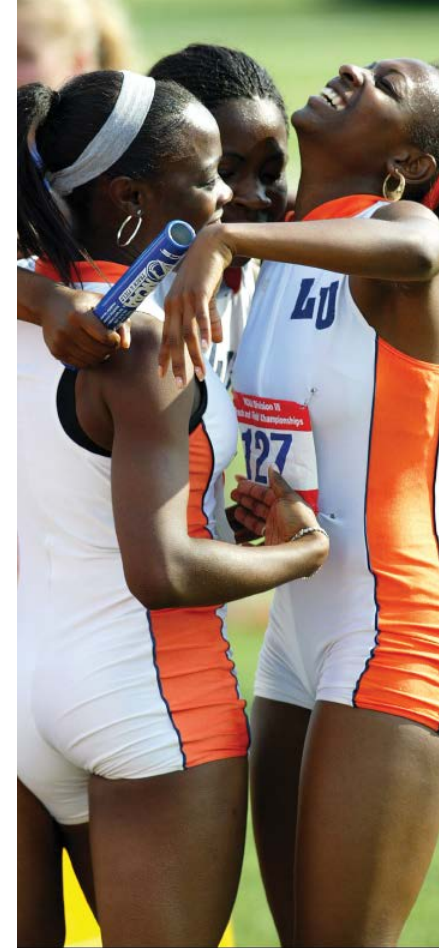
- Mental Health is not apart from, but rather a part of athlete health.
- To promote health is to enhance performance.
- It is important to understand sport specific issues related to athlete health and safety, and engage a wide range of experts.



NCAA Mental Health Initiatives

- A call from the mother of a WKU men's basketball student-athlete who committed suicide in 2002 in his dorm room after experiencing a career ending injury.
- Led to a meeting in 2005 of 20 sports psychologists in their effort to create a new professional community.
- And resulted in the publication and dissemination of the Coaches Handbook:

**Managing Student-Athletes'
Mental Health Issues**



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Athlete-Specific Concerns

- Culture of “toughness” can limit help seeking
- Perception that “looking fit” or performing well means that the athlete is healthy
- Pressure to perform
- High Visibility
- Practice/travel = missed class = academic stress
- Injury
- Time demands (and compromised sleep)
- Other concerns . . .



NCAA Mental Health Task Force

November 2013

- Clinicians, researchers, advocates, educators, athletics administrators, coaches and student-athletes.
- Comprehensive assessment of stressors and mental health disorders in college student-athletes.
- Goal: To develop best practices and to recommend research that support member institutions in meeting their membership obligations to provide a healthy and safe environment for student-athletes.

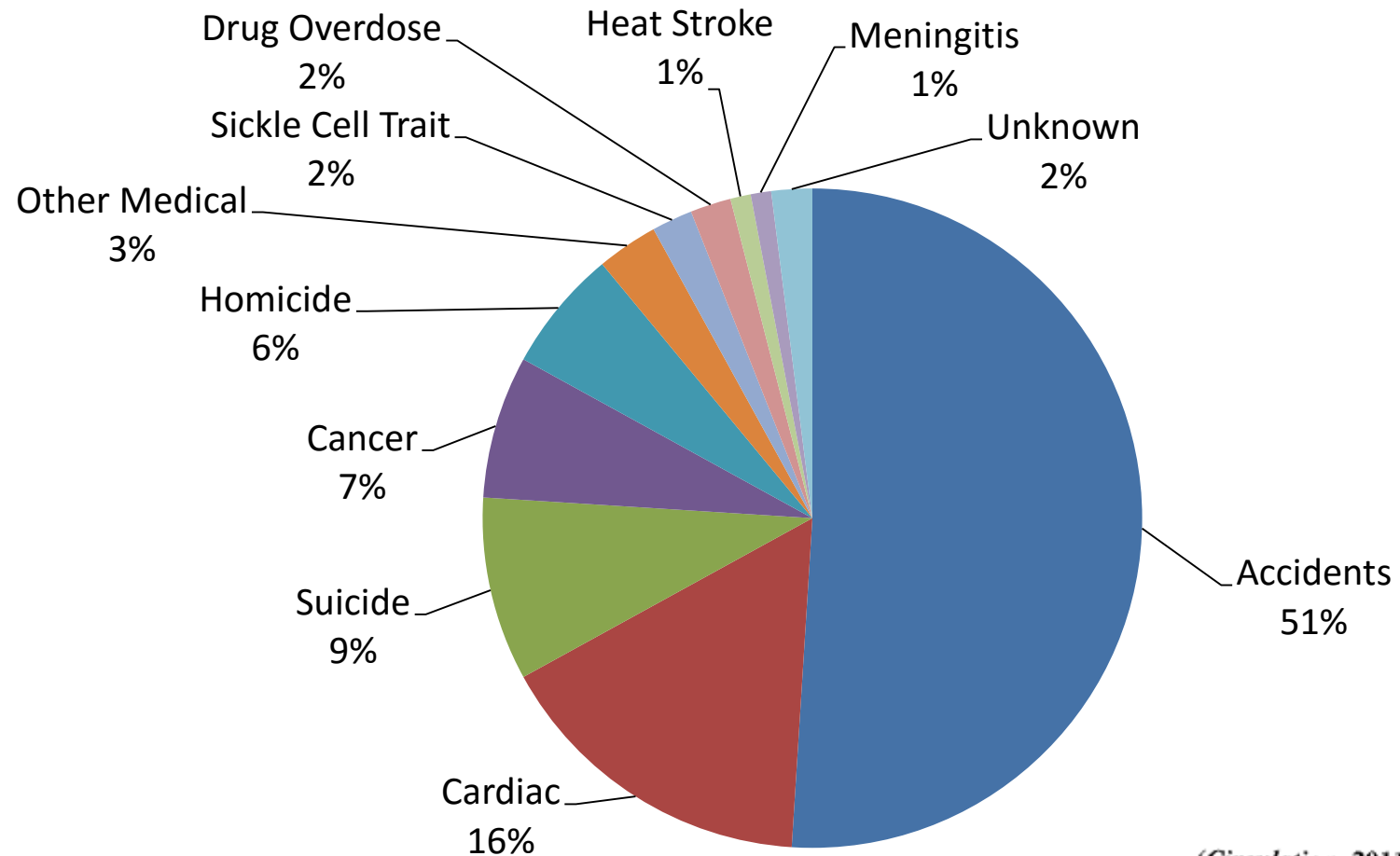


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Fatalities in NCAA Student-Athletes from 2004-2009



(Circulation, 2011;123:1594-1600.)



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American College Health Association - National College Health Assessment

- A semi-annual survey of college students. Current data span eight administrations from fall 2008 thru fall 2012.
- Survey covers several mental and physical health topics, including:
 - Alcohol, tobacco, and other drug use;
 - Sexual health;
 - Weight, nutrition, and exercise;
 - Mental health;
 - Personal safety and violence.
- Institutions have authority over sampling, survey method and time of administration.

NCHA-Sample

- Athletes: Played varsity athletics within the last 12 months.

	Men	Women
Student-Athlete	12% (n=7,863)	9% (n=12,006)
Non-Athlete	88% (n=57,163)	91% (n=116,710)
TOTAL	65,026	128,716

- 90 institutions are represented in the data:
 - All four-year.
 - 52% private.
 - 8 HBCUs.



Overview

- Women (student-athletes and non-athletes) were more likely to report feelings of depression and anxiety than men.
- Student-athletes were significantly less likely to report feelings of depression and anxiety than non-athletes.
- Black students (student-athletes and non-athletes) were less likely to report anxiety; depression rates were similar across race.
- It is important to keep in mind that even low percentage rates translate to many students affected. For example, 4,926 student-athletes in the sample reported feeling so depressed it was difficult to function, and 8,186 felt overwhelming anxiety.
- About 1,300 student-athletes in the sample reported being diagnosed or treated for depression or anxiety in the last year.



Overview

- After statistically controlling for demographics and other variables related to depression and anxiety, student-athletes were significantly less likely to report problems with depression and anxiety.
- Stress, problems with interpersonal relationships and sleep difficulty were most strongly related to depression.
- All three of these variables, as well as problems with academics were most strongly related to anxiety.



Depression-NCHA

- Have you ever.....Felt so depressed that it was difficult to function (Yes, in last 12 months)

	STUDENT-ATHLETES	NON-ATHLETES
Male	21% (1,623)	27%
Female	28% (3,303)	33%
White	24%	30%
Black	26%	30%
Other	29%	34%



Anxiety- NCHA

- Have you ever.....Felt overwhelming anxiety (Yes, in last 12 months)

	STUDENT-ATHLETES	NON-ATHLETES
Male	31% (2,439)	40%
Female	48% (5,747)	56%
White	42%	52%
Black	29%	41%
Other	43%	50%



Aggressive Behavior *in the last 12 months* – Comparison by Athlete Status

	Males		Females		Overall	
	SA	Non-Ath	SA	Non-Ath	SA	Non-Ath
Been in a physical fight	24%	12%	6%	5%	14%	7%
Been physically assaulted (excluding sexual assault)	9%	6%	4%	4%	6%	4%
Been verbally threatened	38%	27%	19%	17%	27%	21%
In an emotionally abusive relationship	8%	7%	10%	11%	9%	10%
In a physically abusive relationship	3%	2%	3%	2%	3%	2%

*highlighted items indicate a statistically significant difference, chi-square, $p < .01$



Rates of Sexual Assault and Abuse

- Male student-athletes experienced some form of sexual assault at rates significantly higher than their non-athlete peers. This significance was not found between female student-athletes and non-athletes.
- The percent of male and female student-athletes and non-athletes in self-reported sexually abusive relationships was not significantly different.

	Males		Females	
	Athlete	Non-athlete	Athlete	Non-athlete
Within the past 12 months...				
Were you sexually touched without your consent?	4.6%*	3.5%	9.1%	8.5%
Sexual penetration attempted without consent	1.2%*	0.9%	4.0%	3.6%
Sexually penetrated without consent	.9%*	0.6%	2.1%	2.1%
Sexually abusive relationship	1.0%	0.9%	2.0%	2.1%



Median Hours Spent Per Week on Athletic Activities In-Season (2015 SA Self-Report)

Division I							
	Baseball	Men's Basketball	Football (FBS/FCS)		All Other Men's Sports	Women's Basketball	All Other Women's Sports
Athletic Hours	40	34	42	41	32	35	32
Division II							
Athletic Hours	37	32	36	30	32	31	
Division III							
Athletic Hours	34	29	31	27	29	27	

Notes: Yellow indicates median up 2 hours/week or more vs. 2010 study. Green indicates median down by 2 hours/week or more vs. 2010.

Percentage of Student-Athletes Reporting They Would Prefer to Spend More/Less Time on Athletics (2015 SA Self-Report)

		Men	Women
Division I	Prefer More	42%	24%
	Prefer Less	16%	25%
Division II	Prefer More	52%	33%
	Prefer Less	11%	20%
Division III	Prefer More	50%	35%
	Prefer Less	10%	15%

Outliers:

- Two-thirds of DI and DII men's golfers want to spend more time on athletics.
- DI softball, DI women's lacrosse, DI field hockey and DI women's rowing- more than 30% of SAs would prefer less time on athletics (only 15% in those sports want more).

Median Hours Spent Per Week on Academic Activities In-Season (2015 SA Self-Report)

Division I							
	Baseball	Men's Basketball	Football (FBS/FCS)		All Other Men's Sports	Women's Basketball	All Other Women's Sports
Academic Hours	34	34	37	37	36	37	41
Division II							
Academic Hours	34	34	37		36	42	42
Division III							
Academic Hours	36	37	38		41	44	44

Notes: Yellow indicates median up 2 hours/week or more vs. 2010 study. Green indicates median down by 2 hours/week or more vs. 2010.

Percentage of Student-Athletes Reporting They Would Prefer to Spend More/Less Time on Academics (2015 SA Self-Report)

		Men	Women
Division I	Prefer More	59%	66%
	Prefer Less	9%	6%
Division II	Prefer More	56%	64%
	Prefer Less	9%	6%
Division III	Prefer More	55%	62%
	Prefer Less	9%	6%

Outliers:


- DI women's rowing: 83% would prefer more time on academics.
- Men's golf across division most likely (>15%) to express wanting less time on academics.

In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

(% Responding Very Often or Fairly Often)

Baseball	Men's Basketball	Football FBS FCS		Men's Other	Women's Basketball	Women's Other
Division I						
29%	35%	36%	34%	25%	30%	30%
Division II						
31%	27%	35%	28%	27%	34%	34%
Division III						
25%	20%	32%	25%	30%	28%	28%

Note: Endorsement of top two scale points on a 6-point scale.

 Up 5% or more from 2010

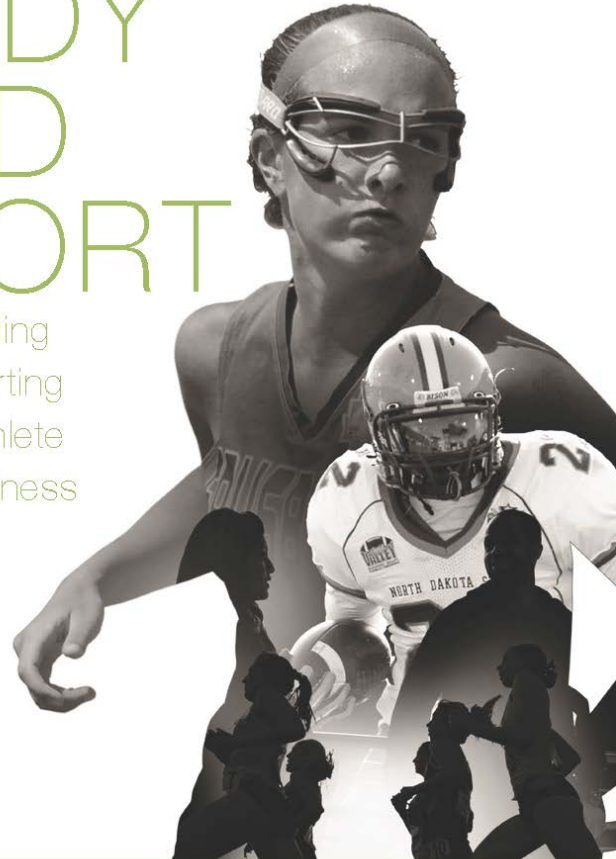
Summary of Findings

Mental Health

- College campuses have generally seen an increase in the number of students experiencing mental health issues such as anxiety and depression. The 2015 GOALS data highlights similar concerns among student-athletes, with about 30% self-reporting that they have been intractably overwhelmed during the past month (increases noted across each division versus the 2010 GOALS study).
- Approximately one-third of student-athletes (higher in Division I and in certain sports like football; lower in Division III) noted struggling to find energy for other tasks because of the physical demands of their sport. Nearly one-quarter (same divisional and sport pattern as noted above) reported being exhausted from the mental demands of their sport.
- 73% of student-athletes believe that their coach cares about their mental well-being. This figure is slightly higher in Division III and lower in some sports (e.g., 55% in Division I women's basketball). Although many student-athletes say they would feel comfortable talking to coaches about mental health issues, such comfort is much lower among women.
- About 40% of student-athletes who sought help for a mental health issue reported high levels of satisfaction with the care they received from team or college personnel.

MIND, BODY AND SPORT

Understanding
and Supporting
Student-Athlete
Mental Wellness



- Personal narratives
- Experts on student-athlete depression, anxiety, eating disorders, substance abuse, gambling
- Stressors on student-athlete mental health: transitions, performance, injury, academic stress, coach relations
- Sexual assault, hazing bullying
- Cultural pressures: African-American student-athletes; Lesbian, Gay, Bisexual and Transgender student-athletes
- Roles & responsibilities of sports medicine staff
- Coaches' needs and roles
- Models of service
- NCAA resources and policies – www.ncaa.org/mentalhealth



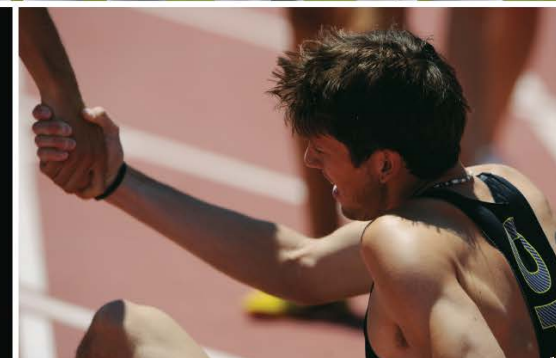
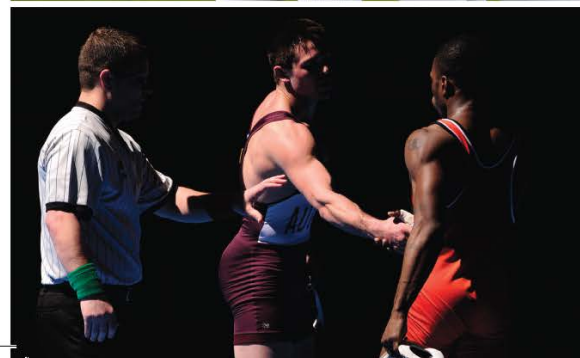
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MENTAL HEALTH BEST PRACTICES



INTER-ASSOCIATION CONSENSUS DOCUMENT: BEST PRACTICES FOR
UNDERSTANDING AND SUPPORTING STUDENT-ATHLETE MENTAL WELLNESS



APPENDIX C

Best Practices Endorsing Organizations

The following organizations have provided endorsements for this document:

- American Academy of Child & Adolescent Psychiatry
- American Academy of Sleep Medicine
- American College Counseling Association
- American College Health Association
- American College Personnel Association
- American College of Sports Medicine
- American Medical Society for Sports Medicine
- American Orthopaedic Society for Sports Medicine
- American Osteopathic Academy of Sports Medicine
- American Psychiatric Association
- American Psychological Association
- Association for Applied Sport Psychology
- Association of Black Psychologists
- Association for University and College Counseling Directors
- College Athletic Trainers' Society
- Collegiate Clinical/Counseling Sport Psychology Association
- Faculty Athletics Representatives Association
- Higher Education Mental Health Alliance
- International Society for Sport Psychiatry
- The Jed Foundation
- NASPA – Student Affairs Administrators in Higher Education
- National Alliance on Mental Illness
- National Athletic Trainers' Association
- Society for Sport, Exercise & Performance Psychology

Guideline Summary

1. Ensure that mental health care is provided by licensed practitioners qualified to provide mental health services.
2. Clarify and disseminate referral protocol.
3. Consider mental health screening in PPEs.
4. Create and maintain a health-promoting environment that supports mental well-being and resilience.



Guideline #1

- Care should be provided by*:
 - Clinical or counseling psychologists.
 - Psychiatrists.
 - Licensed clinical social workers.
 - Psychiatric mental health nurses.
 - Licensed mental health counselors.
 - Primary care physicians with core competencies to treat mental health disorders.
- *Include registered dietician in multidisciplinary team for eating disorders.
- Individual providing care should have cultural competency that addresses both societal diversity and the culture of sports.



Guide #1

A young woman with blonde hair, wearing a white cheerleader outfit with a dark sequined top, is shown from the chest up. She has her arms raised in a 'stop' gesture, with her palms facing forward. She is looking directly at the camera with a serious expression. The background is a blurred crowd of people.

“It is important to note that issues that may initially and appropriately be viewed as related to performance may upon further engagement reveal underlying mental health concerns.”



Coach

Strength & Conditioning

Athlete

Sports
Nutrition

Athlete Development

Sports
Medicine

Applied Sport & Exercise
Psychology

**Licensed Clinical
Psychology**

**Performance
Enhancement Consulting**

Guideline #1

- Additional considerations:
 - Financial support for dedicated service.
 - Physical location.
 - Autonomous authority, consistent with his or her professional licensure, to determine mental health management for student-athletes.
 - Care should be subject to relevant laws governing patient confidentiality, including possible exemption from mandated reporting.



Guideline #2

- Ensure that athletic departments have clarified their procedures for referring athletes with potential mental health concerns to appropriate personnel.



Guideline #2

- Emergency action management plan:
 - Should address emergency mental health-related situations including:
 - Managing suicidal and/or homicidal ideation.
 - Managing victims of sexual assault.
 - Managing highly agitated or threatening behavior, acute psychosis or paranoia.
 - Managing acute delirium/confusional state.
 - Managing acute intoxication or drug overdose.



Guideline #2

- Routine Mental Health Referrals
 - Provide written institutional procedures regarding appropriate referral of student-athletes to all stakeholders within the athletics department.
 - Identify a point person responsible for facilitating such referrals (e.g., AT, team physician).



Guideline #3

- Consider implementing mental health screening as part of annual pre-participation exams.
- Determine screening approach in consultation with licensed mental health professional providing mental health care to student-athletes.
- Establish procedure specifying when and to whom symptomatic or at-risk student-athletes identified through this screening process will be referred.
- *Screening tools are not validated as stand-alone assessments for mental health disorders.*



Guideline #4

- Create a health promoting environment that supports mental well-being and resilience.
- Student-athletes, FARs and coaches should be educated about the importance of mental health, including how to manage mental health concerns.

Guideline #4

- Coaches play a central role and should be:
 - educated on on signs and symptoms of mental health disorders;
 - trained in empathic response;
 - encouraged to create a positive team culture;
 - advised of department referral protocols.

Additional Considerations

Medication Management Plan

- Ensure that student-athletes with medication are being appropriately monitored.
- Require student-athletes to list all medications and supplements they are taking.
- Maintain on file documentation from personal physicians to demonstrate appropriate diagnostic evaluation and treatment protocols for medication use.



Additional Considerations

Financial Support

- Clarify institutional policies related to athletic financial awards and team engagement for student-athletes who are unable to continue sport participation, either temporarily or permanently, due to mental health considerations.
- Clarify institutional policies for financial support of student-athletes in need of extended outpatient treatment or inpatient care.



Additional Considerations

Transitional Care

- Establish a clear transition of care plan for athletes who are leaving the college sport environment.
- Identify
 - Who is responsible for initiating transition of care?
 - Who is responsible for providing athletes with information about community mental health resources?
 - Who is responsible for ensuring athletes have adequate medication, as necessary, until continuing care is established?
- Establish a transition plan for returning student-athletes who have been away from campus seeking care for mental health issues.

In Summary

- Mental Health is not apart from, but rather **a part of athlete health.**
- Athletic environments can support **help seeking** and facilitate early identification, appropriate referral and care.
- Establishing protocols for care means more **equitable care across sports** and within institutions.
- Implementation of **Best Practice** is an important step towards ensuring a **model of care** for student-athlete mental health.





Thank you.