

# THE IMPACT of RACE, ETHNICITY and CULTURE on MENTAL WELLNESS

What athletic trainers need to know and what they can do to support patients

By Beth Sitzler

The role race, ethnicity and culture play in mental health, as well as access to care and support, will be discussed during the 2021 NATA Virtual Clinical Symposia & AT Expo session “Mental Wellness and Disparities in Ethnically Diverse Populations” presented by the NATA Ethnic Diversity Advisory Committee.

During the session, University of Oklahoma staff psychologist Chantelle Green, PsyD, LAT, ATC, and social epidemiologist and diversity, equity and inclusion strategist Kevin Ahmaad Jenkins, PhD, will discuss what athletic trainers need to know about the mental health of their ethnically diverse patients. Green and Jenkins will cover the barriers these patients may face in access to care and services, and how athletic trainers can address mental wellness and advocate for patients of color.

While differences exist across all populations, many people of color face similar mental health care disparities, often centered around lack of access, trust and representation, to name a few.

“[Disparities are] rooted in systems that weren’t created for us to receive certain levels of health care, whether that’s mental or physical health, with both systems having a lot that needs to be done [related to access to quality services,]” said Green, adding that according to the American Psychological Association, only 4 percent of U.S. psychologists identify as Black/African American, making it harder for Black patients to find a mental health provider who looks like them.

“There are also negative stigmas [rooted in past negative experiences with health care providers] that exist and are pervasive in each of these communities. . . . Distrust from the past is playing a role in distrust in the present.”

When creating equity to access, Jenkins said there are five A’s to consider: availability, which is the diversity of services available; affordability, the cost of these services; accessibility, where these services are located and the effort required to reach them; accommodation, which includes hours available; and acceptability, which is one’s satisfaction with the services they’ve received.

“We don’t really know what success looks like when you go to a therapist,” he said. “There are so many people who are willing and wanting [therapy] and know that they need it and know how expensive it is and then they’re waiting [for results].”

“Because, when it comes to our physical health, when you get a bruise or cut, you can see when it’s healed. When it comes to mental health, it’s hard to really know when you’re healed.”

For athletes, in particular, along with these barriers are additional pressures that affect mental well-being. Jenkins said research has shown that 40 percent of athletes have experienced depression while playing or after their sports career, which can feel like a contradiction to the image of strength and resiliency they’re expected to portray.

“The hard part is that when it comes to the world of mental health, people think that having mental health problems doesn’t exist within this population,” Green said. “Mental health doesn’t have a face, it doesn’t have a gender – mental illness impacts everyone. . . . No one is

exempt from those challenges, whether it’s a high school athlete or collegiate athlete.”

Athletic trainers are in a unique position because of their close relationship with athletes. As the “gatekeepers,” Jenkins said ATs are privy to more insight, interacting with athletes through their highs and lows. Because of this, it’s important to find time to check in with athletes and simply ask how they’re doing.

“We’ve got to learn how to check in with these young men and women and know what they got going on,” he said. “Just set aside two minutes and check in.”

“I like to ask, ‘How have you been using your strength today?’ or ‘How have you used your strength since the last time I worked with you?’ . . . They’re never going to confess the thing that makes them vulnerable, so really, what we have to do is try to understand their strength because once you understand your strength, you can actually expose the weakness which really isn’t a weakness but an opportunity. Now I can tell when something is a little off and I can ask what happened.”

Being able to identify differences in mood, mannerisms and disposition is the first step to supporting a patient or athlete’s mental wellness.

“What that will help to establish for the athletic trainer is, ‘Who is this person at baseline? How are they presenting to me?’” Green said. “If I can understand and establish baseline for this individual, when things are not going well in the world of mental health and we’re starting to notice a lot of those warning signs, I first need to know if this is a deviation from baseline.”

“A lot of people are quick to ask, ‘What are the warning signs I need to look for?’ but it’s one thing to look for them; it’s another to know if that’s a difference from that person’s day-to-day disposition.”

Genuinely getting to know the individual and not treating each ethnic group as a monolith will lead to a trusting relationship that allows the AT to understand the athlete as a whole person and make the athlete feel seen.

“For example, I’ll speak specifically for the Black community, I’ve had a lot of athletes of

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Visit the NATA Now blog more information from Chantelle Green, PsyD, LAT, ATC, and Kevin Ahmaad Jenkins, PhD, about the impact the COVID-19 pandemic has had on ethnically diverse athletes. Read the blog at [www.nata.org/blog](http://www.nata.org/blog).



Kevin Ahmaad Jenkins, PhD



Chantelle Green,  
PsyD, LAT, ATC

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color say, “They just think I have an attitude all the time. They just think I’m always angry,” Green said. “Well where is that coming from? A lot of the time, I’ll talk to an athlete and the root of their anger or frustrations is that they feel misunderstood, they don’t feel seen, they don’t feel respected and they don’t feel heard. Any individual would present in a way of being withdrawn, not really wanting to communicate, feeling like they’re constantly being ridiculed or looked at as doing things wrong.

“You have to understand that certain mental difficulties, such as anger and aggression, certain emotions that we see in certain populations show up and present differently for others, and there can be a multitude of reasons why that’s the case. I think one issue, especially within the Black community, is a history of trauma. If I’m coming from a place of trauma, my reactions to certain things would look very different than other demographic groups.”

Discussing trauma, such as personal experiences with racism or cases of racial injustice in the news, is important to support athletes of color and connect them to resources, if needed.

“Eighty percent of African American adults have experienced racism in their lives; 81 percent of African American youth between the age of 13 and 16 have experienced racism,” Jenkins said. “That has a physiological and psychological consequence to it.”

As health care providers, ATs should practice self-reflection and recognizing their own biases and blind spots, especially before entering into these conversations to ensure their patient truly feels seen, understood and supported.

“A lot of my athletes have said that they really appreciate providers who have highlighted their differences, like, ‘Hey, I know that

I’m a white male asking you about how you feel about the current racial unrest that exists in the world,’” Green said. “Being able to say very explicitly, ‘I am a white male trying to help you work through this’ or ‘I want to be able to support you in this,’ it takes a lot to acknowledge that. That’s a level of transparency that I think many [athletes] appreciate.”

While recognizing that something is off is step one, Jenkins and Green said step two is discussing it with the athlete and connecting them to needed resources.

“Everyone has mental health,” Green said. “We’re either mentally well or mentally unwell. That can mean, ‘I didn’t get a good night’s sleep, I’m in a really bad mood. I’m more irritable than I normally am. I can’t concentrate.’ That doesn’t necessarily mean I have a mental illness; it just means right now, in my day to day, I’m not functioning the way I would like them to.

“Everyone is entitled to a bad day. ... It’s when we start to notice that bad day has turned into a bad week, into a bad month, that we’re progressively not getting better, we’re not getting back to that baseline that we know for ourselves, that’s when we need to be proactive and start to talk about what the resources are that can help them.”

It’s important to have a network of resources and mental health providers to connect athletes and patients to. Jenkins also suggests incorporating the on-site services and providers, such as a university’s psychology department or a high school’s counselor, before an issue occurs.

“We have to normalize mental health care assets and normalize it as a team,” said Jenkins, adding that this can be as simple as bring in the on-site mental health provider to

meet with athletes once a month. “Even if it’s for five minutes and it’s just them saying, ‘Hey, I’m here if you need me.’

“Now that’s the pivot point, so when the AT recognizes there’s an issue, how they respond should be very well-known. I’m going to refer you to this mental health provider you’ve been seeing. You remember so and so, they’ve been in practice a couple of times. I think you should go just talk to them.”

When referring an athlete to a mental health provider, Green said the AT should encourage the athlete and assure them that this isn’t a replacement of the care they provide, but rather a supplement to prioritize their mental health.

“The conversations I often have with my athletes is recognizing and understanding that if you were to tear an ACL, you wouldn’t say, ‘I’m strong, it will heal on its own,’” she said. “You’re going to see your doctor, have the necessary surgery, go through rehab and get yourself back to where you want to be.

“Working in the world of mental health is no different. There’s a difficulty that’s happening, we recognize that there is problem and there are solutions that exist. We’re going to work through those solutions and get you back to functioning in a way that you feel is optimal for you.”

VNATA 2021 attendees can learn more from Jenkins and Green during the virtual convention. During their session, they will discuss cultural understanding, mental wellness disparities as well as ways to minimize these disparities in ethnically diverse populations. Resources will also be provided to assist ATs in their conversations with all patients about mental wellness.

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