

# Tips for Success: Athlete Mental Health

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# Who am I?

- Marriage and Family Therapist, Clinical Health Psychologist
- East Carolina, University of Colorado, JPS
- Beach Lover, Football Enthusiast (Go Pirates!)



# My goals today ...

- Name symptoms and presentation of common mental health concerns in high school athlete populations
- Identify practical conversation tips for sensitive mental health conversations with athletes
- Summarize key strategies for successful team based mental health care of the high school athlete
- I'd like to –
  - Dispel some myths
  - Practical Conversation Tips
  - How to communicate with your team

Biggest questions about  
mental health in your  
teams/athletes?

**Table 1. Triggering Events<sup>3</sup>**

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Events may serve to trigger a new mental or emotional health concern or exacerbate an existing condition in a student-athlete. Some examples of these triggering events are

- Poor performance or perceived poor performance by the student-athlete
- Conflicts with coaches or teammates
- A debilitating injury or illness, resulting in a loss of playing time or surgery
- Concussions
- Class concerns: schedule, grades, amount of work
- Lack of playing time
- Family and relationship issues
- Changes in importance of sport, expectations by self/parents, role of sport in life
- Violence: being assaulted, a victim of domestic violence, automobile accident, or merely witnessing a personal injury or assault on a family member, friend, or teammate
- Bullying or hazing
- Adapting to school schedule
- Lack of sleep
- History of mental disorder
- Burnout from sport or school
- Anticipated end of playing career
- Sudden end of career due to injury or medical condition
- Death of a loved one or close friend
- Alcohol or drug abuse
- Significant dieting or weight loss
- History of physical or sexual abuse
- Gambling problems

Adapted with permission from the National Collegiate Athletic Association.

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**Table 2. Behaviors to Monitor<sup>3,59</sup>**

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- Changes in eating and sleeping habits
- Unexplained weight loss or weight gain
- Drug or alcohol abuse
- Gambling issues
- Withdrawal from social contact
- Decreased interest in activities that have been enjoyable or taking up risky behavior
- Talking about death, dying, or “going away”
- Loss of emotion or sudden changes of emotion within a short period of time
- Problems concentrating, focusing, or remembering
- Frequent complaints of fatigue, illness, or being injured that prevent participation
- Unexplained wounds or deliberate self-harm
- Becoming more irritable or having problems managing anger
- Irresponsible, lying
- Legal concerns, fighting, difficulty with authority
- All-or-nothing thinking
- Negative self-talk
- Feeling out of control
- Mood swings
- Excessive worry or fear
- Agitation or irritability
- Shaking, trembling
- Gastrointestinal complaints, headaches
- Overuse, unresolved, or frequent injuries

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# Depression

- 5 of the following
  - **Depressed mood**
  - **Lack of interest in enjoyed activities**
  - Appetite changes
  - Sleep changes
  - Slowing down of thoughts or movements
  - Fatigue
  - Worthlessness/Guilt
  - Concentration difficulties
  - Thoughts of death/Suicidal ideation
- “not otherwise”

# Depression – Specific to Athletes

- Social withdrawal/Isolation
- Irritability/Anger
- Psychomotor slowing\*
- Concentration\*
  
- Many Causes
  - Neurotransmitters
  - Environmental
  
- Overtraining Syndrome
  - Fatigue, low mood, withdrawal, irritability, concentration
  - Expectation of 100% effort, lack of “off”
  
- Overlap with Substance Abuse
  
- Withholding participation → functional analysis
  - Consultation with healthcare team



# Depression treatment

- Good evidence for:

- Therapy

- CBT especially

- Medications

- Especially with moderate – severe cases



- Some evidence for:

- Exercise

- Social interventions

- Of note, the relationship between these and post injury??

# Suicide

- Approximately 1 in 5 deaths between the ages of 15 and 24 in 2017 (AAS, 2019)
- NCAA – (database of athlete deaths)
  - Risk is lower than general population
  - Male risk much higher than female risk
  - Football → highest risk sport
    - Time lost to injury, increased pressure, nature of sport

# Suicide

- If you suspect someone is a danger to themselves ... speak up!
- Better to err on over-responding (within reason)
- Immediate contact with school guidance and team physician
- *Bring in an adult immediately*
- When in doubt, 911!
- **Myths** to Correct:
  - Asking about suicidal thoughts induces suicidal behavior
  - "Cries for help" should not be taken seriously
  - If they wanted to do something, they wouldn't tell anyone
  - Teens are being overdramatic ...

# Questions you can ask ...

- Are you having any thoughts about wanting to hurt yourself?
- Do you have any kind of plan?
- Have you told anyone?

# Anxiety Disorders

- Up to 1 in 3 of adolescents
- GAD
  - Generalized, free floating anxiety
    - Often accompanied by physical sx (MSK, GI)
    - Concentration difficulties
- Panic disorder
  - Sudden, anxiety attacks – often with sense of doom
    - Many physical sx, and thoughts of death
  - Treatment: CBT, exposure based
- Phobias
  - Fear of a specific object or situation
  - Treatment: CBT, exposure

# Anxiety – Your Athletes

- Concentration difficulties
- Performance anxiety
- Sport participation?
  - More time to worry?
  - Avoidance



WORRIER POSE

Gemma CORRELL

# Eating Disorders

- Anorexia Diagnosis:
  - Thinness, fear of gaining weight, low weight
  - Distorted body image
  - Unwilling to gain weight
  - Compulsive exercise
  - Can involve bingeing/purging
  - Physical signs – menstrual irregularities, lethargy, nail/skin concerns, low BP, fine hair growth all over, feeling cold, anemia
- Bulimia
  - Binge eating with compensatory behaviors (can be laxative use)
  - Physical signs – inflamed sore throat, worn enamel, electrolyte imbalance/dehydration, GI distress
- EDNOS

# Eating Disorders - athletes

- Needs specialized treatment!
  - Early identification
  - Team approach
    - Family involvement
- More often diagnosed in females, but up to 25% seen in males
- At risk athletes → low weight sports
- Effect of disordered eating on performance
- Partner with coaches!
- Participate or not?
  - Diagnostic criteria for AN is met
  - Training is likely to reinforce disordered eating
  - When athlete has been not evaluated by team physician/psychologist



# Substance Abuse

- 86% of teens report that some classmates use drugs or drink during the school day (Neal, et al 2015).
- Most likely – alcohol and marijuana
  - Increased risk for other risky behaviors
- Needs to involve referral to qualified professional
  - Your job → getting to the right team
- May be less likely to disclose than depression, anxiety, etc bc of punishing consequences
- Stimulants → performance enhancing?

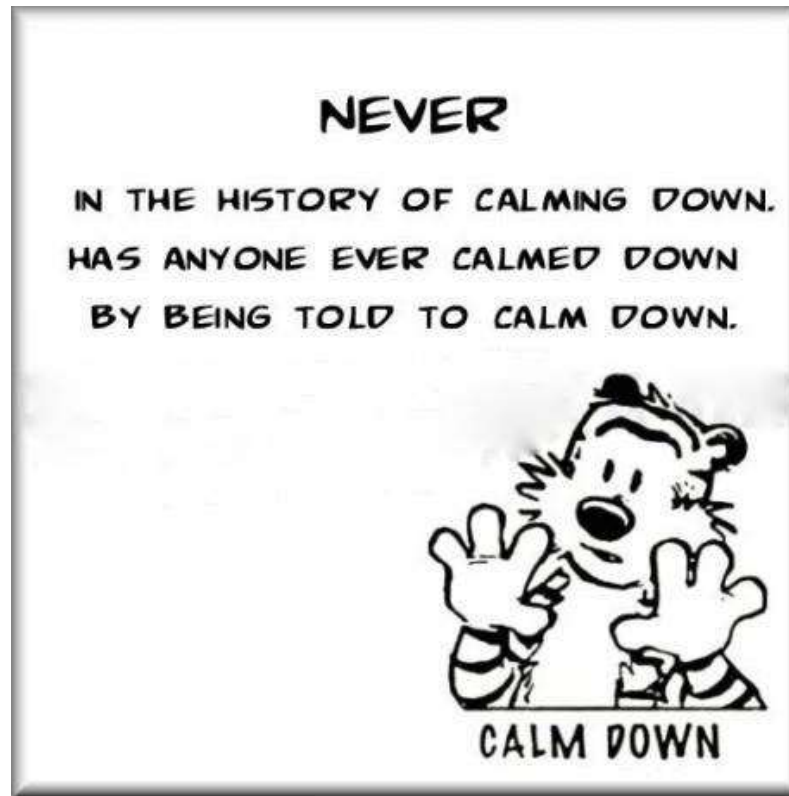
# Interpersonal Violence



# Interpersonal Violence

- Can include:
  - Physical Violence
  - Sexual Violence
  - Stalking
  - Psychological Aggression/Control
- I have a friend who ...
- You can be a role model for your peers!
- Trust is key!
- Encouraging healthy relationships
  - Clear boundaries on unhealthy sexual relationships
    - Jokes, etc
    - “Locker room talk”

# So ... What do you say?



# Tips for Conversations

- **I'm thankful**

- Thank you for telling me
- This means a lot that you trusted me

- **I care**

- About you and your safety

- **I'm here to help**

- Ask how you can help first
- Ideas if they don't have any
  - Bring in team
  - Get treatment
  - When will you see them again

# Feelings First

- Avoid temptation to problem solve
- Tell me more
- Ok to discuss your feelings as well
  - Tie concerns to specific behaviors



# Reflective Listening

- What I hear you saying is X ...
  - Is that correct?
- X, Y, Z is really difficult



**"I'm sorry, I wasn't listening. Can you repeat everything you've said to me since you started working here?"**

# Confidentiality

- Don't make promises you can't keep
- “as much as I can ...”





# Psychological First Aid

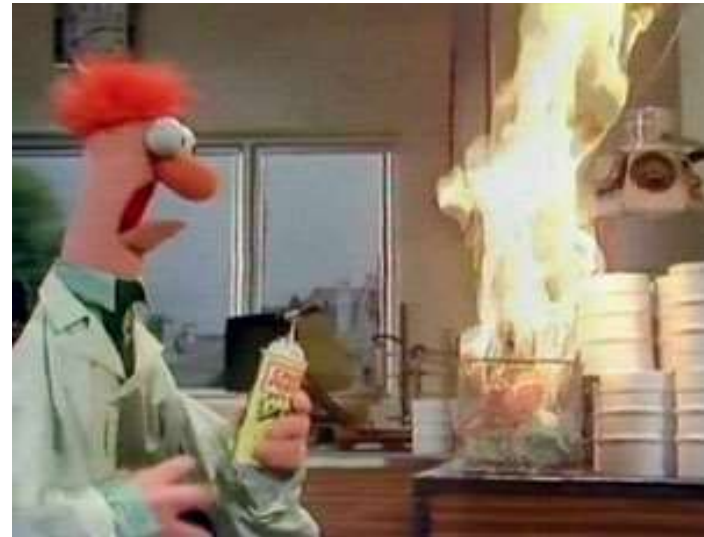
- Promote sense of safety
  - I'm here to help
  - Glad you told me
  - We'll get through this together
- Promote a sense of calm
  - Meeting basic physiological needs
  - Self Soothing activities
- Promote efficacy
  - You are strong, you can do this
- Promote connectedness
  - Activating social circle
- Promote hope
  - I believe there is a good outcome possible
    - \*careful not to minimize



# Mental Health – Self Care

## For everyone!

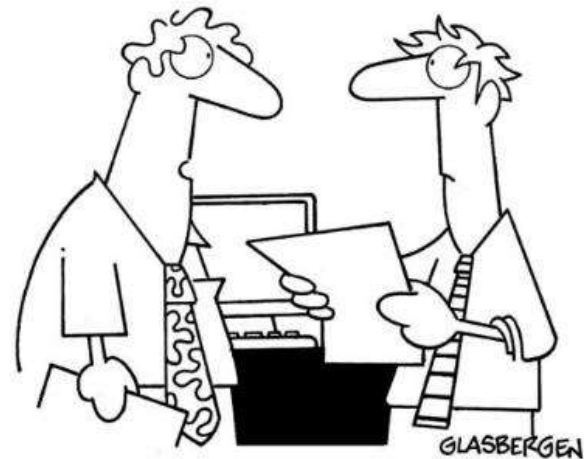
- Burnout Vs Compassion Fatigue
- Gratitude
- Social Connection
- Exercise, enjoyed activities



# Mental Health – Optimizing Your Team

- Plan early, plan often
- School nurse, guidance counselor, school psychologist, team physician (coach)
  - While only team physician or mental health clinician can make diagnosis, you can get them to the door
- Have a clear plan for confidentiality
- Disagreements
  - Can I share?
  - *Direct communication*
  - This has been my experience
  - Face to face (when possible)
- Tell me more – still not wrong!
- Ask for *feedback!*

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**“If at first you don’t succeed, put on a really ugly necktie so people will criticize that instead.”**

# Optimizing Communication With Mental Health Professionals

- May be difficult to get through!
- If athlete wants them to talk to you, have athlete initiate.
  - They (parents) can sign ROI.
- If you initiate –
  - Call and tell them:
    - Who you are, your role
    - You'd like to collaborate
    - They can always receive info
  - Once you've got them –
    - Is athlete safe?
    - How is treatment going?
    - What can you do to help?
    - Anything you should not do?



# Questions?

My Email: [kbuck@jpshealth.org](mailto:kbuck@jpshealth.org)



# References

- American Association of Suicidology. (2017). USA Suicide: 2017 Official Final Data. Retrieved 4.9.19. <https://www.suicidology.org/Portals/14/docs/Resources/FactSheets/2017/2017datapgsv1-FINAL.pdf>
- Centers for Disease Control. (2019). Preventing Teen Violence. Retrieved 4.10.19 [https://www.cdc.gov/violenceprevention/intimatepartnerviolence/teendatingviolence/fastfact.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Fintimatepartnerviolence%2Fteen-dating-violence.html](https://www.cdc.gov/violenceprevention/intimatepartnerviolence/teendatingviolence/fastfact.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Fintimatepartnerviolence%2Fteen-dating-violence.html)
- NCAA. (2007). Managing Student-Athletes' Mental Health Issues. Retrieved 4.9.19 [http://www.ncaa.org/sites/default/files/2007\\_managing\\_mental\\_health\\_0.pdf](http://www.ncaa.org/sites/default/files/2007_managing_mental_health_0.pdf)
- NCAA (2008). Coaches Handbook: Managing the Female Athlete Triad. Retrieved 4.9.19. <http://www.femaleathletetriad.org/wp-content/uploads/2008/10/NCAA-Managing-the-Female-Athlete-Triad.pdf>
- Neal, et al, 2015. Interassociation recommendations for developing a plan to recognize and refer student-athletes with psychological concerns at the secondary school level: A consensus statement. *Journal of Athletic Training*, 50, 231-249.
- Neal, T. (2015). Recommendations in Developing a Plan to Recognize and Refer Athletes with Psychological Concerns at the Secondary School Level. Retrieved 4.9.19, <http://achieves.gmu.edu/assets/docs/achieves/plan-athlete-psychological-concerns.pdf>