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The NCAA and Mental Health

Presenter Conflict

No Conflict

- Participants must use discretion when using the information contained in this presentation



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Objectives

1. Identify mental health as a strategic priority for the NCAA.
2. Review data that inform NCAA mental health initiatives.
3. Explain several NCAA mental health initiatives.





SSI MISSION

To promote and develop safety, excellence, and wellness in college student-athletes, and to foster life-long physical and mental development.

SSI VISION

To be the pre-eminent sport science voice for all student-athletes and NCAA member institutions, and to be the steward of best practices for youth and intercollegiate sports.





STRATEGIC PRIORITIES

1. Cardiac health
2. Concussion
3. Doping and substance abuse
4. Mental health
5. Nutrition, sleep and performance
6. Overuse injuries and periodization
7. Sexual assault and interpersonal violence
8. Athletics health care administration
9. Data-driven decisions



MENTAL HEALTH OCCURS ON A CONTINUUM





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Academic experience & the collegiate environment

.

How do you feel about your ability to keep up with your classes in-season?

(% Responding Positive or Very Positive)


| Baseball | Men's Basketball | Football FBS FCS | Men's Other | Women's Basketball | Women's Other |
|--------------|------------------|------------------|-------------|--------------------|---------------|
| Division I | | | | | |
| 56% | 62% | 60% | 55% | 60% | 61% |
| Division II | | | | | |
| 63% | 58% | 63% | 67% | 62% | 63% |
| Division III | | | | | |
| 64% | 74% | 68% | 71% | 67% | 74% |

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



Has athletics participation prevented you from majoring in what you really want?

| | Baseball | MBB | Football FBS FCS | | M Other | WBB | W Other |
|---|----------|-----|---------------------|-----|---------|-----|---------|
| Division I | | | | | | | |
| Yes, but I <u>do not</u> have regrets | 24% | 22% | 25% | 21% | 18% | 25% | 21% |
| Yes, and I have regrets about my major choice | 8% | 7% | 11% | 7% | 5% | 7% | 4% |
| Division II | | | | | | | |
| Yes, but I <u>do not</u> have regrets | 17% | 20% | 14% | 11% | 11% | 20% | 13% |
| Yes, and I have regrets about my major choice | 4% | 6% | 4% | 2% | 2% | 4% | 3% |
| Division III | | | | | | | |
| Yes, but I <u>do not</u> have regrets | 8% | 9% | 9% | 6% | 6% | 9% | 7% |
| Yes, and I have regrets about my major choice | 1% | 2% | 2% | 1% | 1% | 1% | 1% |

 Up 5% or more from 2010

My coaches and teammates...

(% Responding Agree or Strongly Agree – By race/ethnicity)

| | Men | | Women | |
|---|-------|-------|-------|-------|
| | White | Other | White | Other |
| Division I | | | | |
| Have created an inclusive environment for all members of the team | 66% | 66% | 64% | 59% |
| Are accepting of people of other racial or ethnic backgrounds | 80% | 76% | 88% | 78% |
| Division II | | | | |
| Have created an inclusive environment for all members of the team | 69% | 68% | 66% | 63% |
| Are accepting of people of other racial or ethnic backgrounds | 79% | 75% | 86% | 81% |
| Division III | | | | |
| Have created an inclusive environment for all members of the team | 74% | 74% | 70% | 62% |
| Are accepting of people of other racial or ethnic backgrounds | 85% | 82% | 88% | 80% |

Note: Endorsement of top 2 scale points on a 6-point scale.

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.

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 |

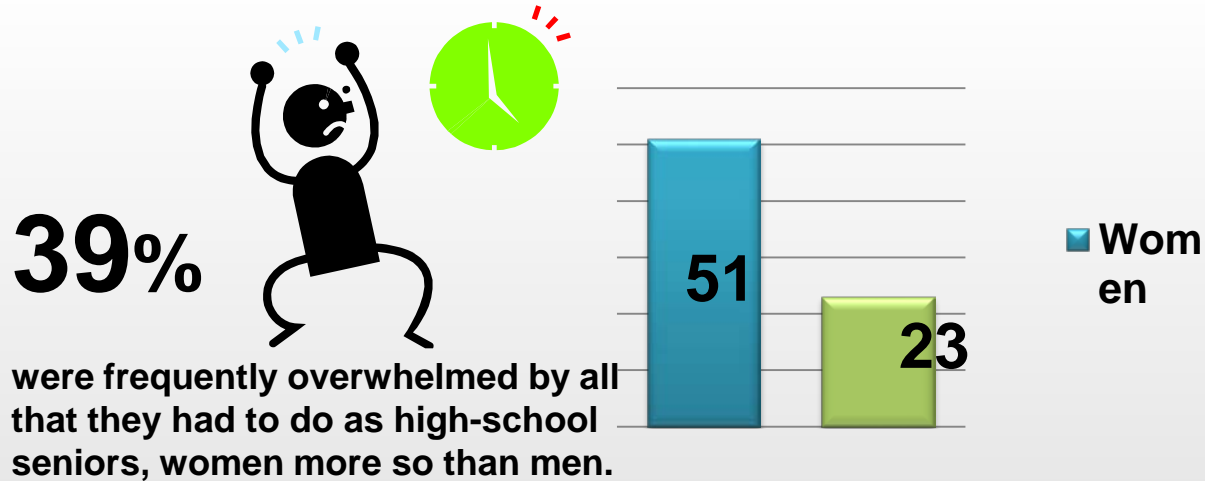
Notes: Yellow indicates median up 2 hours/week or more vs. 2010 study. Green indicates median down by 2 hours/week or more vs. 2010.

Percentage of Student-Athletes Reporting as Much or More Time on Athletic Activities in Off-Season than 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 |
| % same or more | 75% | 71% | 76% | 71% | 70% | 59% | 59% |
| Division II | | | | | | | |
| % same or more | 81% | 71% | 76% | | 67% | 54% | 60% |
| Division III | | | | | | | |
| % same or more | 64% | 70% | 65% | | 53% | 44% | 38% |

Notes: Yellow indicates up 5% or more vs. 2010 study. Green indicates down by 5% or more vs. 2010.

Many students are entering college already feeling overwhelmed



Data source: CIRP Freshman Survey 2017
(Higher Education Research Institute) www.heri.ucla.edu

How likely do you think it is that you will become a professional and/or Olympic athlete in your sport?

(% responding at least 'somewhat likely' – 2015 GOALS draft)

| Division I | | | | | | |
|--------------|------------------|----------|-----|------------------------|--------------------|--------------------------|
| Baseball | Men's Basketball | Football | | All Other Men's Sports | Women's Basketball | All Other Women's Sports |
| 49% | 73% | 64% | 50% | 38% | 47% | 16% |
| Division II | | | | | | |
| 35% | 54% | 44% | | 26% | 24% | 9% |
| Division III | | | | | | |
| 15% | 27% | 14% | | 15% | 7% | 3% |

Note: Endorsement of top three scale points on 6-point scale. Green = down by 5% or more. Yellow = up by 5% or more.



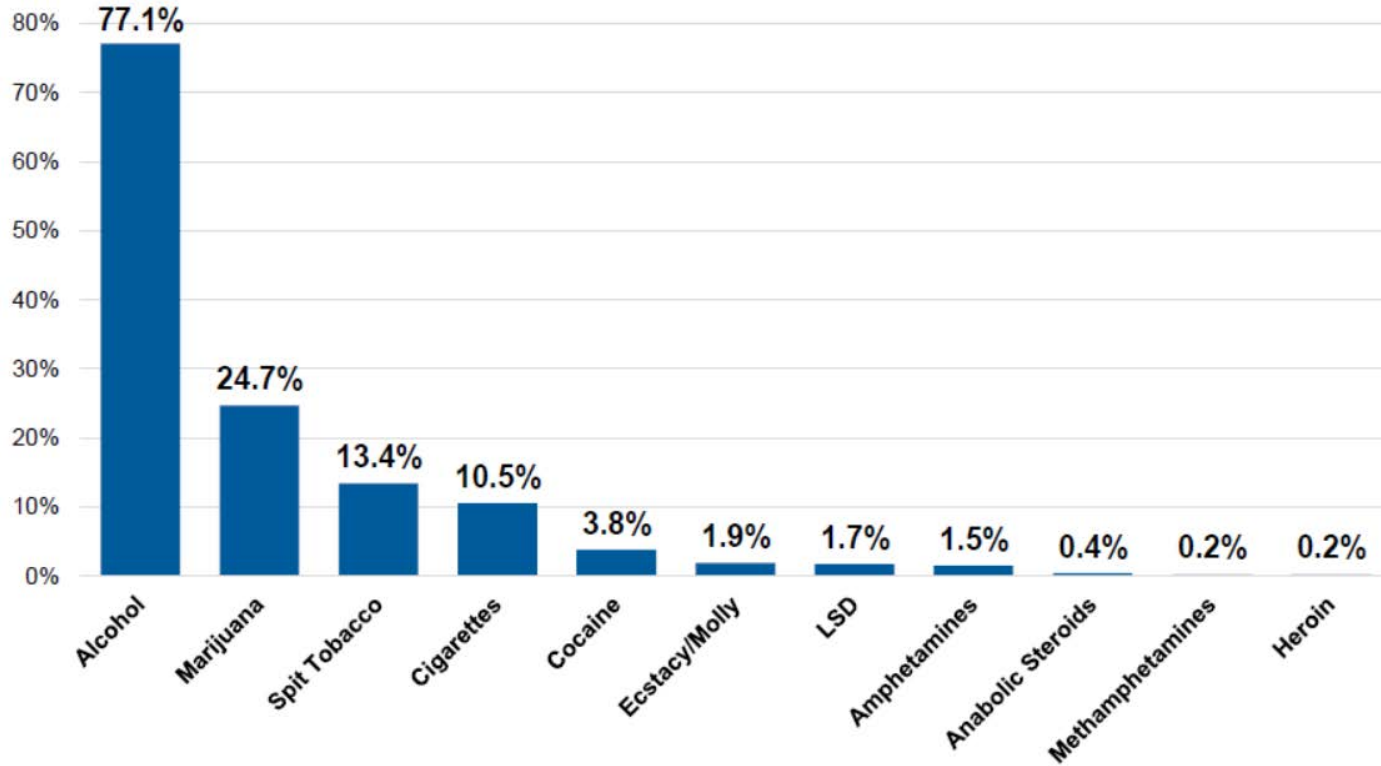


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Substance Use

Substance Use

Within the Last Year



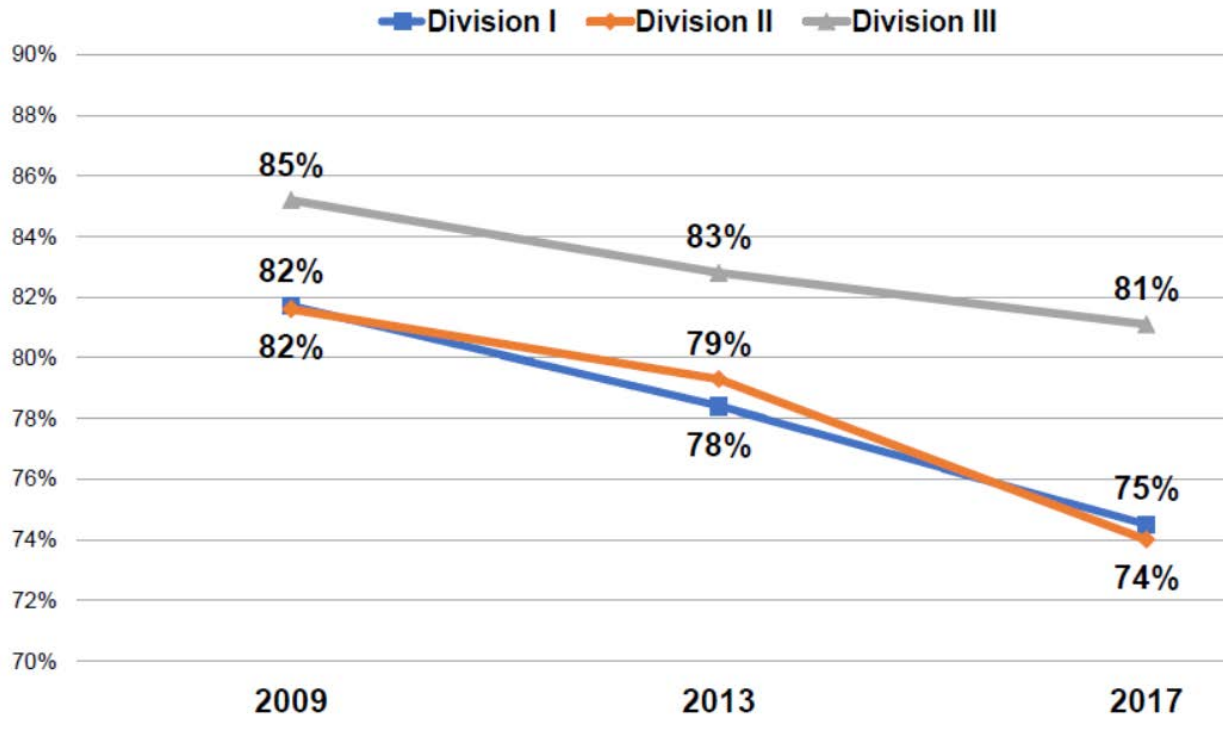
Student-Athlete Use Within the Last Year Compared to National Data (Similar Age)

| | NCAA [2017] | CORE [2013] | MTF [2016] |
|--------------------|----------------|----------------|---------------|
| Alcohol | 77.1% | 81.3% | 78.9% |
| Cigarettes | 10.5% | - | 18.7% |
| Marijuana* | 24.7% | 32.5% | 39.3% |
| Amphetamines* | 1.5% | 5.4% | 9.8% |
| Anabolic Steroids* | 0.4% | 0.6% | - |
| Cocaine* | 3.8% | 4.1% | 4.0% |
| Ecstasy* | 1.9% | - | 4.7% |
| Heroin* | 0.2% | - | 0.2% |
| LSD | 1.7% | - | 3.1% |

*Substance banned for use by the NCAA.

Alcohol Use by Division

Within the Last Year



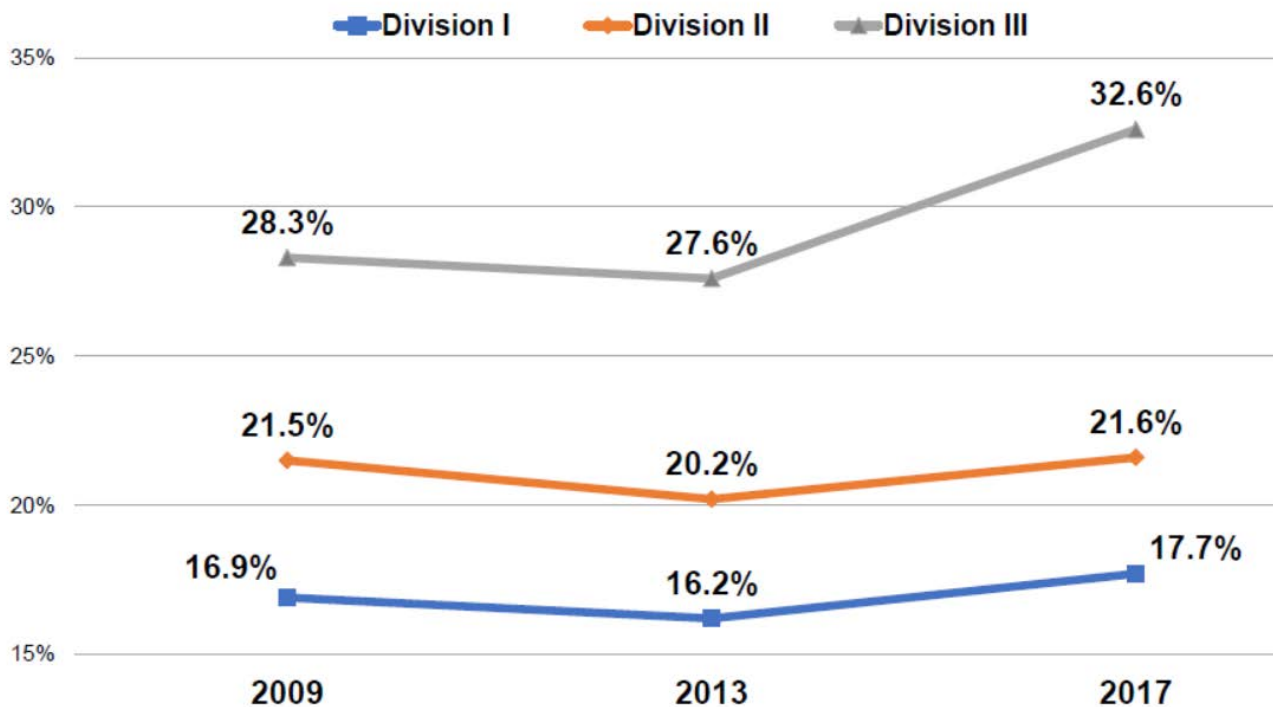
Rates of Past-Year Marijuana Use as a Function of Laws in the State Where College Is Located

| Method | Marijuana was legal for recreational and/or medical use | Marijuana was not legal in this state | I don't know |
|---|---|---------------------------------------|--------------|
| Marijuana use (combined inhaling and ingesting) | 38.7% | 26.1% | 14.2% |
| Inhale | 37.2% | 25.4% | 13.5% |
| Ingest | 20.5% | 11.2% | 5.6% |
| Skin application | 2.4% | 0.9% | 0.7% |

Notes: This table indicates, for example, 38.7% usage in the past year for student-athletes in states where marijuana was legal for recreational or medical use (versus 26.1% in states where it is not legal). Category Ns – legal for recreational and/or medical = 3,478; not legal = 12,198; don't know = 6,183.

Marijuana Use by Division

Within the Last Year



Frequency of Marijuana Use

| Method | Never used | Daily | Weekly | Monthly | In the last year* | Used, but not in the last year |
|-----------------------|------------|-------|--------|---------|-------------------|--------------------------------|
| Inhale | 65.7% | 2.5% | 2.9% | 3.9% | 14.5% | 10.5% |
| Ingest | 82.2% | 0.3% | 0.5% | 1.9% | 8.4% | 6.8% |
| Skin application | 97.9% | 0.2% | 0.1% | 0.1% | 0.7% | 1.0% |
| Synthetic "marijuana" | 97.5% | 0.1% | 0.0% | 0.1% | 0.5% | 1.8% |

*Not cumulative, indicates frequency less than a monthly basis.

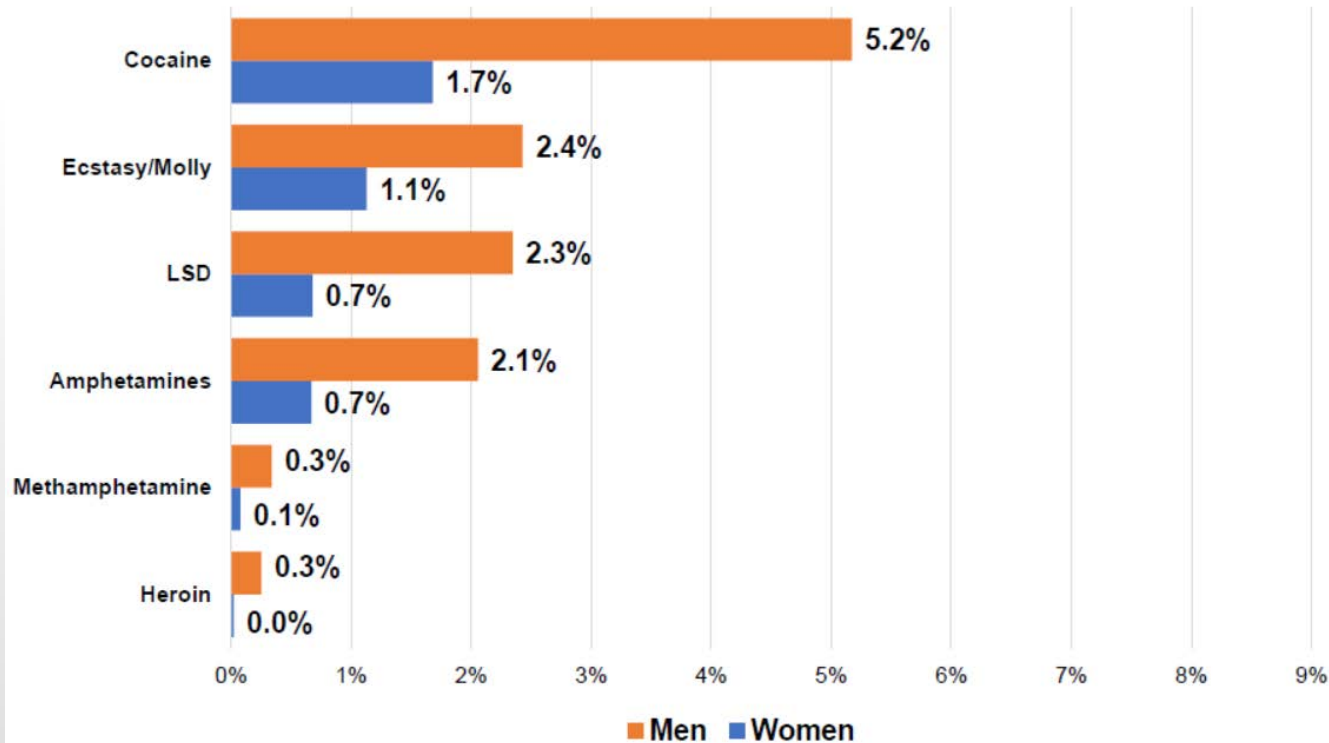
REASONS FOR MARIJUANA USE IN THE LAST YEAR

| Reasons for Use* | % |
|-----------------------|-----|
| Social use | 77% |
| To aid sleep | 26% |
| Anxiety or depression | 22% |
| Pain management | 19% |
| Other | 16% |

*Among those who reported using marijuana at least once in the last 12 months.
Note: Respondents were able to select multiple reasons.

Other Illicit Drug Use

Within the Last Year





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Behavioral Health

Feeling Rested Upon Waking

On how many of the past 7 days did you get enough sleep that you felt rested when you woke up in the morning?

| | MALES | | FEMALES | |
|------------|------------------|---------------|------------------|---------------|
| | STUDENT-ATHLETES | NON-ATHLETES* | STUDENT-ATHLETES | NON-ATHLETES* |
| 0-3 | 52% | 56% | 60% | 64% |
| 4-5 | 34% | 31% | 31% | 27% |
| 6-7 | 14% | 13% | 9% | 9% |

*Non-athletes are full-time undergraduate students between the ages of 18-24 attending NCAA-member institutions who do not identify as varsity athletes.

American College Health Association. American College Health Association-National College Health Assessment, Fall 2015, Spring 2016, Fall 2016, Spring 2017, Fall 2017 [data file]. Hanover, MD: American College Health Association [producer and distributor]; (2018-11-15).

What is related to sleep?

Dual Diagnoses

- 5% (N=9,931) of respondents (student-athletes and non-athletes) reported they had been diagnosed with and/or treated for either insomnia or another sleep disorder.
- Of those diagnosed with a sleep disorder...

| % with other diagnosis | Substance Abuse / Addiction | Depression | Anxiety | Eating Disorder (Anorexia or Bulimia) |
|---------------------------------|-----------------------------|------------|------------|---------------------------------------|
| All respondents (SA and non-SA) | 8% | 61% | 64% | 12% |
| Student-Athletes (N=668) | 11% | 57% | 60% | 16% |
| Non-Athletes (N=9,123) | 7% | 62% | 65% | 12% |

ACHA-NCHA Data Disclaimer

- ▶ *The opinions, findings, and conclusions presented/reported in this article/presentation are those of the author(s), and are in no way meant to represent the corporate opinions, views, or policies of the American College Health Association (ACHA). ACHA does not warrant nor assume any liability or responsibility for the accuracy, completeness, or usefulness of any information presented in this article/presentation.*

Depression-ACHA Data

Have you ever felt so depressed that it was difficult to function?
(Yes, in the last 30 days)

| | STUDENT-ATHLETES | NON-ATHLETES* | ATHLETE NON-ATHLETE GAP |
|------------------|------------------|---------------|-------------------------|
| Male | 12% | 18% | +6% |
| Female | 18% | 24% | +6% |
| <hr/> | | | |
| White Male | 10% | 17% | +7% |
| Non-White Male | 16% | 19% | +3% |
| White Female | 16% | 23% | +7% |
| Non-White Female | 23% | 26% | +3% |

*Non-athletes are full-time undergraduate students between the ages of 18-24 attending NCAA-member institutions who do not identify as varsity athletes.



Anxiety-ACHA Data

Have you ever felt overwhelming anxiety?
(Yes, in the last 30 days)

| | STUDENT-ATHLETES | NON-ATHLETES* | ATHLETE NON-ATHLETE GAP |
|------------------|------------------|---------------|-------------------------|
| Male | 22% | 29% | +7% |
| Female | 38% | 46% | +8% |
| <hr/> | | | |
| White Male | 21% | 30% | +9% |
| Non-White Male | 23% | 28% | +5% |
| White Female | 38% | 48% | +10% |
| Non-White Female | 39% | 44% | +5% |

*Non-athletes are full-time undergraduate students between the ages of 18-24 attending NCAA-member institutions who do not identify as varsity athletes.



American College Health Association. American College Health Association-National College Health Assessment, Fall 2015, Spring 2016, Fall 2016, Spring 2017, Fall 2017 [data file]. Hanover, MD: American College Health Association [producer and distributor]; (2018-11-15).

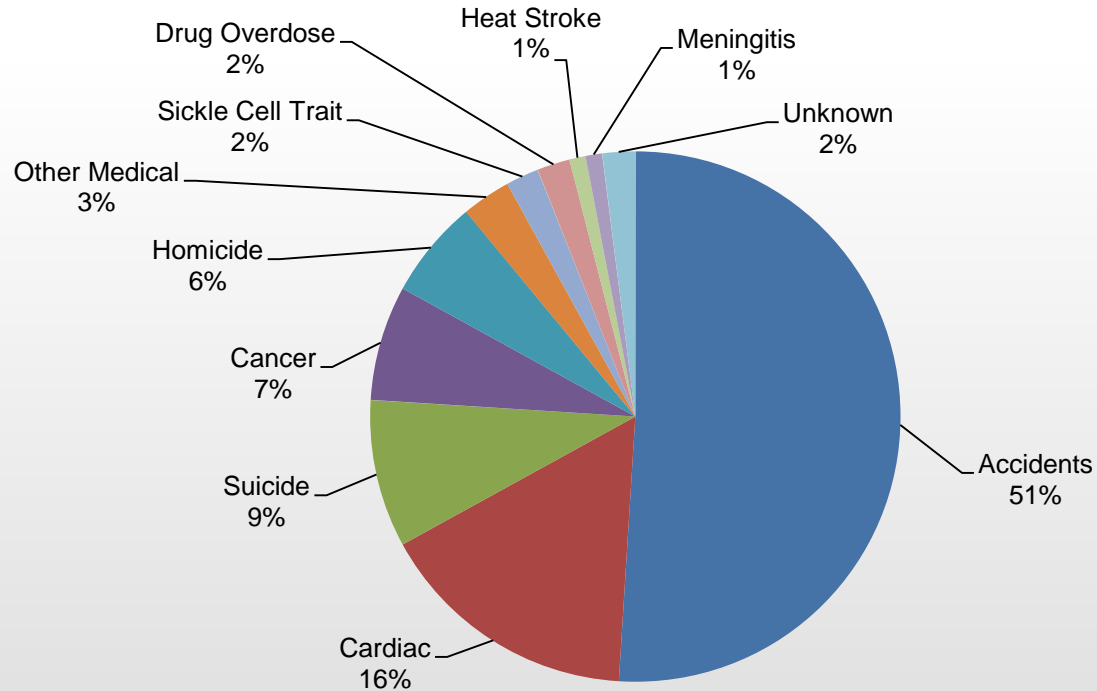
Mental Well-Being, Comparison Data

| | FEMALES | | MALES | |
|--|------------------|--------------|------------------|--------------|
| | STUDENT-ATHLETES | NON-ATHLETES | STUDENT-ATHLETES | NON-ATHLETES |
| Within the last 12 months | | | | |
| <i>Considered suicide</i> | 8.5%* | 11.6% | 6.5%* | 10.0% |
| <i>Attempted suicide</i> | 1.6% | 1.7% | 1.5% | 1.5% |
| Within the last 30 days | | | | |
| <i>Considered suicide</i> | 2.7%* | 4.1% | 2.5%* | 3.8% |
| <i>Attempted suicide</i> | 0.4% | 0.4% | 0.9%* | 0.5% |
| *Significant within-sex difference, $p < .001$. | | | | |

American College Health Association. American College Health Association-National College Health Assessment, Fall 2015, Spring 2016, Fall 2016, Spring 2017, Fall 2017 [data file]. Hanover, MD: American College Health Association [producer and distributor]; (2018-11-15).

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FATALITIES IN NCAA STUDENT-ATHLETE FROM 2004-2009



Conditions to Increase Mental Health Care Access

(Percent responding “Strongly Agree”)

| | Men | Women |
|---------------------------------------|-----|-------|
| Free services | 32% | 48% |
| Practitioner who understands athletes | 29% | 44% |
| Online appointment scheduling | 28% | 41% |
| Anonymity | 27% | 39% |
| 24-hour hotline | 28% | 39% |
| Flexible hours | 31% | 39% |
| Same day appointments | 28% | 38% |
| Services within athletics department | 25% | 36% |
| Services in less visible area | 25% | 35% |
| Online resources | 24% | 33% |



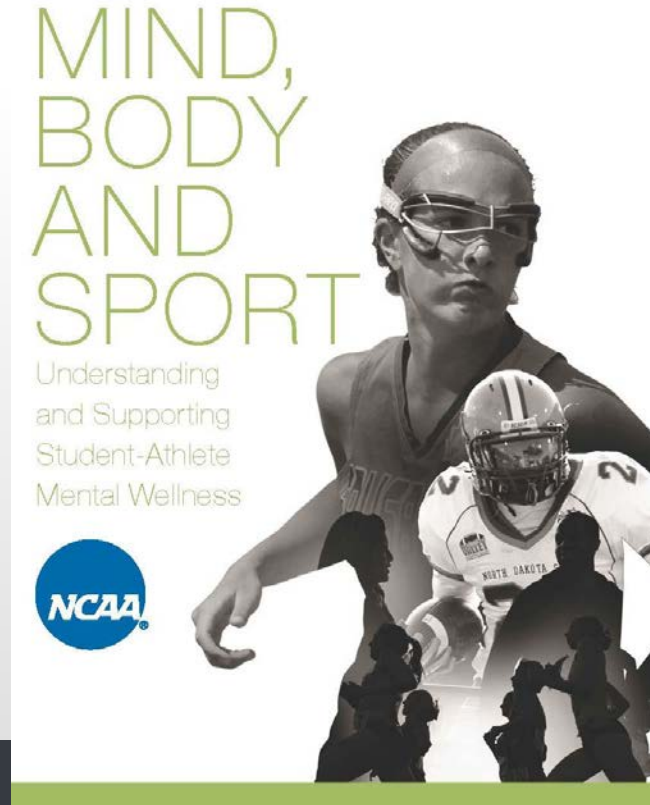
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Policy

NCAA MENTAL HEALTH TASK FORCE NOVEMBER 2013

- Multi-disciplinary participants
- 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.

Reference Document



3/14/2019





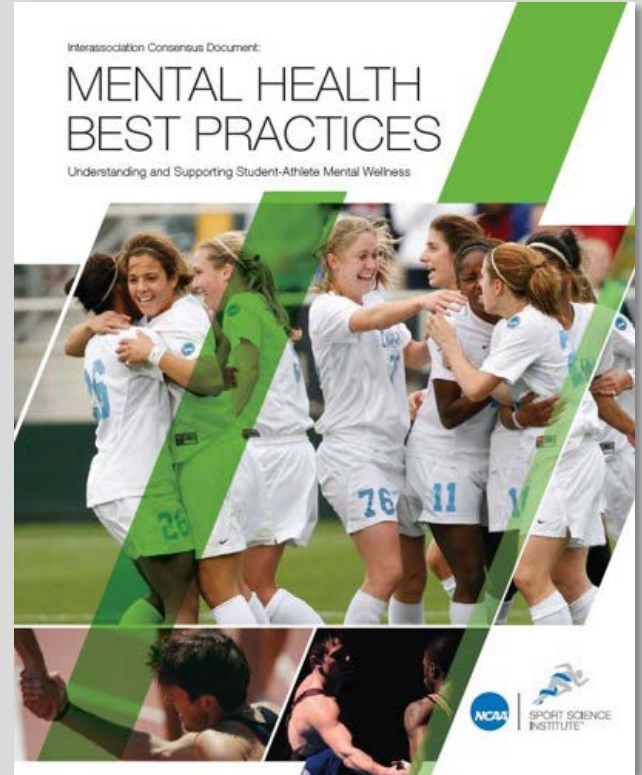
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A photograph of a soccer field. In the foreground, there is a green grassy area. In the middle ground, there is a blue and white patterned area, possibly a goal or a specific field marking. A yellow ball is visible on the blue and white area. The background shows more of the green field.

MENTAL HEALTH BEST PRACTICES

Mental Health Best Practices

- To assure availability and accessibility of appropriate mental health care for all student-athletes, independent of institutional resources.
- To create and maintain an environment within the athletics department that de-stigmatizes and promotes help seeking.
- Developed with input from a range of stakeholder groups.



Summary of Best Practices

1. Ensure that mental health care is provided by licensed practitioners qualified to provide mental health services.
2. Clarify and disseminate protocols for both emergency and routine referrals.
3. Consider mental health screening in pre-participation evaluation.
4. Create and maintain a health-promoting environment that supports mental well-being and resilience.





Best Practice #1:

*Clinical Licensure of Practitioners
Providing Mental Health Care*

Best Practices #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 a registered dietitian in the multidisciplinary team for eating disorders.
- Individuals providing care should have cultural competency that addresses both societal diversity and the culture of sports.



What is a Sports Psychology Professional?

Licensed Mental Health Providers

Licensed Mental Health Providers are individuals who are trained in and licensed to provide mental health counseling.

- Clinical or counseling psychologists.
- Psychiatrists.
- Licensed clinical social workers.
- Psychiatric mental health nurses.
- Licensed mental health counselors.

Certified Sports Performance Consultants

Certified Sports Performance Consultants are individuals trained and certified in sports performance enhancement.

- Biomechanics.
- Physiology.
- Kinesiology.
- Psychology (may or may not be licensed).





Best Practice #2:

Procedures for Identification and Referral of Student-Athletes to Qualified Practitioners

Best Practice #2

- Athletic departments should have clear, written and communicated referral procedures for:
 - Management of emergency mental health situations.
 - Routine mental health referrals.



Best Practice #2-Emergency Action Plan

- Emergency action management plans should address emergency mental health-related situations including managing:
 - Suicidal and/or homicidal ideation.
 - Victims of sexual assault.
 - Highly agitated or threatening behavior, acute psychosis or paranoia.
 - Acute delirium/confusional state.
 - Acute intoxication or drug overdose.



Best Practice #2-Routine Referrals

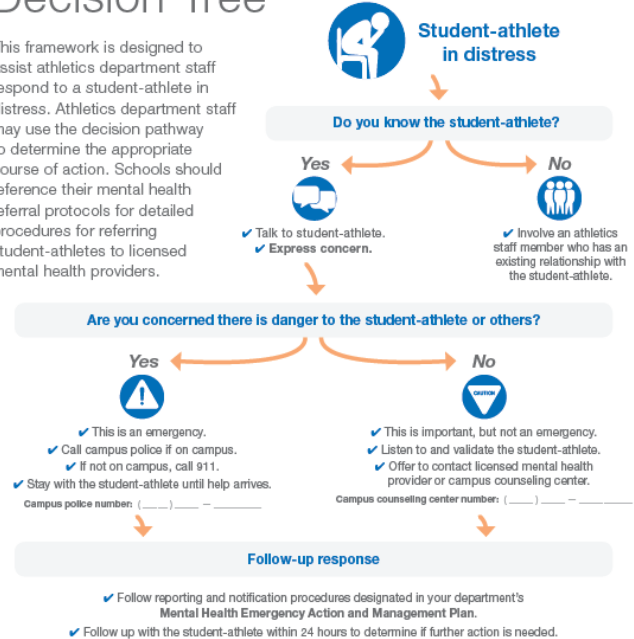
- Routine mental health referrals:
 - Provide written institutional procedures to all stakeholders within the athletics department regarding student-athlete mental health referrals.
 - Identify a point person responsible for facilitating such referrals. (e.g. athletic trainer, team physician).



Best Practice #2- Routine Referrals

Mental Health Referral Decision Tree

This framework is designed to assist athletics department staff respond to a student-athlete in distress. Athletics department staff may use the decision pathway to determine the appropriate course of action. Schools should reference their mental health referral protocols for detailed procedures for referring student-athletes to licensed mental health providers.



For potential suicide emergencies, contact the National Suicide Prevention Lifeline at 1-800-273-8255.





Best Practice #3:

*Pre-Participation Mental
Health Screening*

Best Practice #3

- Consider implementing mental health screening as part of annual pre-participation exams:
 - In consultation with licensed mental health professionals.
 - In conjunction with referral procedures.

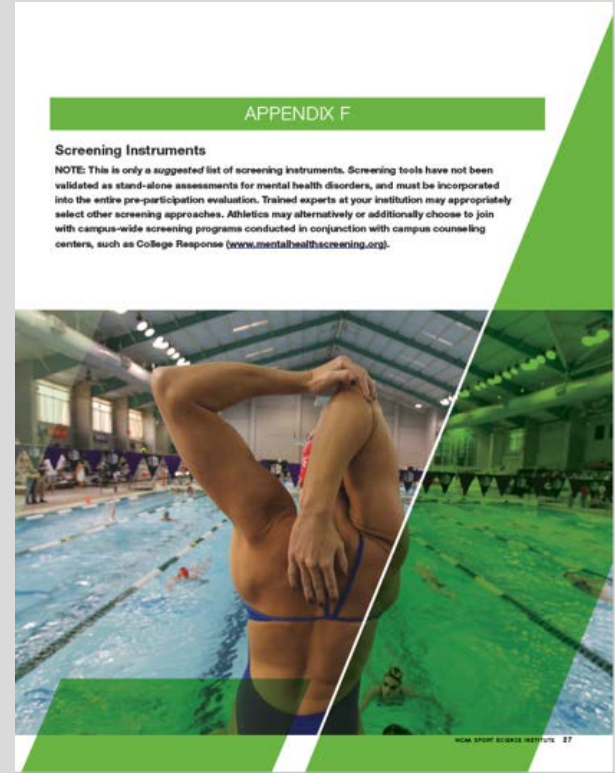
Note: Screening tools are not validated as stand-alone assessments for mental health disorders.



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Strategies for Implementing Best Practice #3

Sample screening tools are located in Mental Health Best Practices [Appendix F](#).





Best Practice #4:

*Health Promoting Environments
that Support Mental Well-Being
and Resilience*

Best Practice #4

- Create a health promoting environment that supports mental well-being and resilience, and help-seeking behaviors.
- Educate student-athletes, faculty athletic representatives, coaches, and athletics personnel about the importance of mental wellness, including how to manage health concerns.



Best Practice #4

- Coaches play a central role and should be:
 - Educated on signs and symptoms of mental health disorders.
 - Trained in empathic response.
 - Encouraged to create a positive team culture.
 - Advised of department referral protocols.



Strategies for Implementing Best Practice #4

Utilize interactive [education modules](https://www.ncaa.org/mentalhealth) for student-athletes, coaches, faculty athletics representatives and administrators located at www.ncaa.org/mentalhealth



Resources

Your Words Matter – End the Stigma

Everyone can play a role:

- Use respectful language to talk about mental health conditions.
- Challenge misconceptions when you see or hear them.
- See the person, not the condition.
- Offer support if you think someone is having trouble.

Avoid labels such as:

- Challenged
- Crazy
- Demented
- Lunatic
- Normal/not normal
- Psycho/psychopath
- Schizo
- Special
- Sufferer/victim
- Wacko

Say this ...

Promote the use of stigma-free language

"She has bipolar disorder/She's living with bipolar disorder."

AVOID: "She's bipolar."

"Person with schizophrenia."

AVOID: "Schizophrenic."

"Person with bipolar disorder."

AVOID: "Manic depressive."

"People with a mental illness/mental health condition."

AVOID: "The mentally ill."

"Died by suicide."

AVOID: Committed suicide.



Content courtesy of NAAM



AN INFORMATIONAL RESOURCE FOR STUDENT-ATHLETES, COACHES AND ATHLETICS PERSONNEL

Eating Disorders

Some individuals become so preoccupied with food and weight issues that they find it difficult to focus on other aspects of their life. It is important for student-athletes to seek balance in their relationship with food, as this impacts all aspects of physical and mental health.



Signs and symptoms:

- Obsession with food and exercise.
- Denying self of food to the point of starvation.
- Binge eating and purging behaviors.
- Compulsive exercise beyond what is good for sport performance and health.
- Social withdrawal.
- Fear of eating in public.



What student-athletes can do:

- Accept yourself. It is important to understand that the "ideal" body weight of each individual differs because of variations in genetic traits and cultural norms.
- Find support with others recovering from an eating disorder.



What athletics department staff can do:

- Recognize the signs and symptoms of eating disorders.
- Partner with campus health care providers such as sports dietitians, eating disorder specialists and licensed mental health providers to support healthy eating and the prevention and treatment of eating disorders.



What everyone can do:

- Learn more about eating disorders at the National Eating Disorder Association, nationaleatingdisorders.org, and at the National Association for Males with Eating Disorders, namedinc.org.

Content courtesy of NAAM.



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RESILIENCE | HELP SEEKING | STIGMA FREE

AN INFORMATIONAL RESOURCE FOR STUDENT-ATHLETES, COACHES AND ATHLETICS PERSONNEL

Suicide

Suicide is the second-leading cause of death among people age 10-24. By eliminating the misunderstanding and stigma that prevent individuals from speaking up and getting support, the incidence of suicide can be reduced.



Warning signs – any of the behaviors below indicate an increased risk of suicide:

- Talking, writing or thinking about death.
- Impulsive, aggressive or reckless behavior.
- Increased alcohol and drug use.
- Social withdrawal from friends, family and the community.
- Dramatic mood swings.



Signs of imminent danger – any of the behaviors below should prompt immediate interventions:

- Putting affairs in order and giving away possessions.
- Saying goodbye to friends and family.
- Mood shifts from despair to calm.
- Unexplained interest in obtaining firearms or controlled substances.
- Talking about death.
- Self-harming behaviors.



What student-athletes can do:

- Call the National Suicide Prevention Lifeline at 800-273-8255.
- Reach out to a trusted friend, coach or athletics administrator.



What athletics department staff can do:

- Follow your athletics department's mental health emergency action and management plan.
- Learn more about postvention guidance by reading *A Guide to Response on College Campuses* at hemh.org/postvention_guide.pdf

Content courtesy of NAAM.

Say this ...

Promote the use of stigma-free language

"Suicide attempt/attempted suicide."

AVOID: "Failed suicide" or "unsuccessful attempt"

"Died by suicide/suicide death."

AVOID: "Became suicidal" or "completed suicide"

"Took their own life."

AVOID: "Committed suicide"

"Died as a result of self-inflicted injury."

AVOID: Choose to kill him/herself

"Disclosed."

AVOID: Threatened





Mental Health Workshop Planning Kit

A resource to assist NCAA conference offices in planning and implementing a mental health workshop for member schools.



Next Steps



Mental Health Interdisciplinary Team Planner

This planning tool is designed as a general guide for athletics department staff to support student-athlete mental health in collaboration with their campus partners. The grid provided identifies tasks associated with a comprehensive approach to supporting student-athlete mental health and can assist schools in implementing the **Mental Health Best Practices**.



Mental Health Workshop Planning Kit

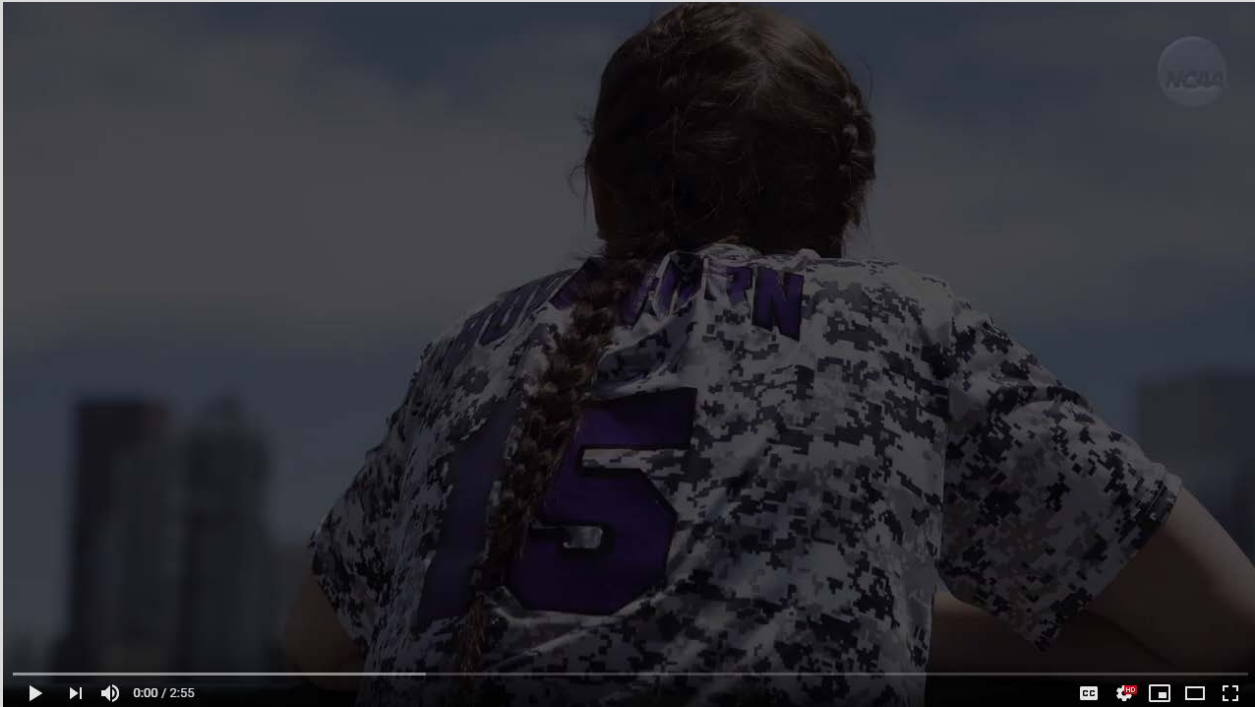
- ▶ For NCAA conferences to support member schools in their implementation of the Mental Health Best Practices.
 - ▶ Prepares campus interdisciplinary teams to implement at their institution.
- ▶ Includes tools such as:
 - ▶ Fully scripted agenda
 - ▶ Accompanying slides
 - ▶ Worksheets
 - ▶ Videos

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 recommendations** is an important step towards ensuring a **model of care** for student-athlete mental health.



Mental Health Awareness - Video





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Thank you.