



Psychological Concerns at the Secondary School Level

Review of mental health concerns in the student-athlete and consideration when developing a plan.

Adapted from:

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 2015;50(3):231-249

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What is a Mental Disorder?

- Syndrome characterized by clinically significant disturbance in an individual's cognition, emotional regulation, or behavior that reflects a dysfunction in the physiological, biological, or developmental process underlying mental functioning.
 - The American Psychiatric Association

Who Suffers from Mental Disorders

- 1 in 3 (31.9%) adolescents met criteria for anxiety disorder
- 19.1% behavioral disorders
- 14.3% mood disorders
- 11.4% substance-use disorders
 - Merikangas, HE, Burstein, et al. (2010)



BIG PICTURE

Where do Athletic Trainer's fit in?



Table 1. Triggering Events³

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.

Table 2. Behaviors to Monitor^{3,59}

- 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

Adapted with permission from the National Collegiate Athletic Association.

What can lead to a psychological concern?

- Sudden loss of playing career or season
- Previous conditions:
 - ADHD
 - Substance Abuse
 - Depression
 - Anxiety
 - Bullying/Hazing
 - Disordered Eating
 - Concussions*

Concussions

- What do we typically do following a concussion for treatment?
- Athletes participate in sport for MANY reasons
 - Social
 - Physical
 - Mental
 - Emotional
- How do we expect athletes to respond if they are removed from their activity for an undetermined amount of time?
- Anxiety is a significant problem after TBI
 - Mallya et al, 2015
- Strongest predictor for persistent PCS symptoms three months post-injury was pre-injury physical or psychiatric condition, not TBI (trauma controls)
 - Ponsford et al, 2012

**BORED OF BEING
BORED BECAUSE
BEING BORED IS
BORING**

Concussions Cont.

- 2017 Berlin SRC Consensus Statement states that little research shows prescribed rest (after 24-48hrs PI) actually achieves symptom relief.
- The American Journal of sports medicine also states that postconcussive symptom duration are not associated with physical activity level.
- Persistent postconcussive injury exposed to supervised, low-level physical activity is safe and effective

-(Schneider, 2013)

- In saying that, prevention of further head trauma is **ALWAYS** recommended during concussion recovery.



Anxiety Vs. Depression

Increased heart rate

Breathing rapidly

Sweating

Trembling

Weakness/fatigue

Typically stressful situations vs. anxiety
Is it effecting their day to day life?

Bullying and Hazing

- The Centers for Disease Control and Prevention defines bullying as: Any unwanted aggressive behavior(s) by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated.
- Hazing is defined as: Any humiliating or dangerous activity expected of a student who wants to belong to a group, regardless of his or her willingness to participate.

-Lesyk JJ, Kornspan AS (2000)

Lets Compare & Contrast

Bullying

- On campus 20%
- Anywhere 13-75%
- Cyber bullying 16%
- Daily/weekly basis 23%
- Frequent headaches
- Stomach discomfort
- Faking illness or injuries

Robers S, et al.; 2013
Gladden RM, et al.; 2014

Hazing

- Subjected to hazing 48%
- Humiliating activities 43%
- Potentially illegal acts 30%
- Substance abuse 23%
- Dangerous 22%
- 36% wont report because they had no one to tell
- 27% because adults would not handle it correctly

Hoover, NC.; 2014
NFHS Hazing Report; 2014

So. What can we do?

- Prevention/Preparedness
 - Pre-participation physicals
 - Education
 - Create an environment for open discussion
 - Have a team in place
- Develop a clear protocol and plan for intervention*/referral and in case of an emergency situation.

*Always remember, AT's are **NOT** mental health professionals, therapeutic intervention is not in our scope. Recognition and discussion is.

Pre-Participation Physicals

Table 8. Student-Athlete Preparticipation Medical History: Mental Health-Related Item¹⁰²

Statement	Yes/No
I often have trouble sleeping	
I wish I had more energy most days of the week	
I think about things over and over	
I feel anxious and nervous much of the time	
I often feel sad or depressed	
I struggle with being confident	
I don't feel hopeful about the future	
I have a hard time managing my emotions (frustration, anger, impatience)	
I have feelings of hurting myself or others	
Adapted with permission from <i>Alcoholism Treatment Quarterly</i> .	

- Be aware of potential for psychological concerns
- Know your at-risk student-athletes
- Be aware of medications
- Mind symptom checklists with Baseline neuro-cognitive testing
- Having open-ended questions can initiate discussion
- Keep in mind privacy statutes, school policy/code of conduct, parents and physician communication.

Education

- Education about the “whole-athlete”
 - Physical
 - Emotional
 - Mental
 - Spiritual
- Maintaining health of all aspects is essential for student-athlete to thrive.
- Creating a welcoming and opening environment can facilitate discussion about mental health and destigmatize the topic.
- An environment where athletes see you as a confidant can assist in recognizing physiological concerns as they may be more likely to make you aware.
- Important to remember; you are a healthcare provider not their friend.
 - It's ok to be friendly; but not their friend.

END THE
STIGMA



Bell
Let's Talk

#END THE
STIGMA.

TALKING
ABOUT
MENTAL

attn:

Honestly, your attitude sucks.



You've Determined there is a psychological concern... Now what?

- Respond with empathy and support
- Enact the school crisis response plan
- Notify the student crisis team
- Identify the level of intervention or referral needed (emergent, urgent, less urgent, or nonurgent) and remember that not all mental health concerns require referral
- Ensure safety and err on the side of safety
- Collaborate with colleagues
- Mobilize the student's support system (including family)
- Connect immediately with the appropriate resources
- Follow up on the referral

Illinois Requirements

- 1. the victim must be under the age of 18
 - 2. the alleged perpetrator (the person alleged to have committed the abuse/neglect) must be a parent, step-parent, paramour of the natural parent, guardian, foster parent, immediate family member (siblings and grandparents), any person living in the home of the child, a person who came to know the child through an official capacity or position of trust (such as a teacher, health care professional, or volunteer in a youth program), or a person who is responsible for the welfare of the child (such as a babysitter, day care facility, or residential facility)
 - 3. there must be a specific incident of abuse or neglect or a specific set of circumstances involving suspected abuse or neglect
 - 4. there must be either demonstrated harm or a substantial risk of physical or sexual injury to the child.
- **Illinois Child Abuse Hotline**
1-800-25-ABUSE
(1-800-252-2873)
 - Information the reporter should have ready to give to the Hotline
 - Names, birth dates (or approximate ages), races, genders, etc. for all adult and child subjects.
 - Addresses for all victims and perpetrators, including current location.
 - Information about the siblings or other family members, if available.
 - Specific information about the abusive incident or the circumstances contributing to risk of harm—for example, when the incident occurred, the extent of the injuries, how the child says it happened, and any other pertinent information.

How to Approach

- It can certainly be difficult to approach a student-athlete
- Make them aware that conversations are private, but you are mandated to report certain things by law and/or school policy.
 - Be upfront and open about this
- Open-ended questions facilitate discussion
- Focus on the person NOT the athlete
- Express faith in the mental health care community
- Explain discussing psychological health is just like physical health
 - End the Stigma
- Encourage but do not insist on discussion with parents
- If athlete expresses desire for further help; DO NOT wait and refer ASAP.

Table 9. Approaching the Student-Athlete With a Potential Mental Health Concern: Questions to Ask⁵⁹

- “How are things going for you?”
- “Tell me what is going on.”
- “Your behavior [mention the incident or incidents] has me concerned for you. Can you tell me what is going on, or is there something I need to know to understand why this incident happened?”
- “Tell me more [about the incident].”
- “How do you feel about this [the incident or the facts presented]?”
- “Tell me how those cuts [or other wounds] got there.”
- “Perhaps you would like to talk to someone about this issue?”
- “I want to help you, but this type of issue is beyond my scope as [coach, athletic trainer, administrator]. I know how to refer you to someone who can help.”

Adapted with permission from the National Collegiate Athletic Association.

Table 13. How to Talk to Someone Who May Be Struggling With Depression or Anxiety

Don't assume someone will reach out. Only 1 in 5 seeks help. You can encourage them to make that critical first step.

1. Ask if you can talk in private.
2. Ask questions to open up the conversation.
 - How are you doing?
 - You haven't seemed yourself lately. Is everything okay?
 - Is anything bothering you?
3. Listen to their story, and express concern and caring.
4. Ask if they have thought about hurting themselves or ending their life.
5. Encourage them to seek mental health services. Tell them seeking help can take courage, but it's the smart thing to do.

Avoid:

- Minimizing feelings.
- Advice to fix it.
- Debating on the value of life.
- Offering clichés.

Do:

- Listen.
- Express concern and caring.
- Ask open-ended questions.
- Talk about suicide openly and directly.

If they are considering suicide:

- Take the person seriously.
- Tell them to call the National Suicide Prevention Lifeline: 800-273-TALK (8255).
- Help them remove lethal means.
- Escort them to an emergency room, counseling service, or psychiatrist.

Adapted with permission from the American Foundation for Suicide Prevention.

Suicide Warning Signs

Table 12. Suicide Warning Signs

Warning signs of suicide:

- Talking about wanting to die.
- Looking for a way to kill oneself.
- Talking about feeling hopeless or having no purpose.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.
- Increasing the use of alcohol or drugs.
- Acting anxious, agitated, or recklessly.
- Sleeping too little or too much.
- Withdrawing or feeling isolated.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.

The more of these signs a person shows, the greater the risk.

Warning signs are associated with suicide but may not be what cause a suicide.

Suicide

Figures

- 1 in 6 high school students seriously consider attempting suicide
- 1 in 13 high school student attempt suicide 1 or more times.

-Kann L, Kinchen S, Shanklin SL, et al. (2013)

What to do

- Take the person **seriously**
- Tell them to call the National Suicide Prevention Lifeline
 - 800-273-TALK (8255)
- Help them remove lethal means
- Escort them to an emergency room, counseling service, or psychiatrist.

Create a Team

- Interdisciplinary team
 - AT, Nurse, School Counselors, Team Physicians, Community-Based Mental Health Care Professionals (psychiatrist, psychologist)
- Important to familiarize yourself with your school district's policy for psychological concerns.
- Have numbers for local crisis contact centers.
- Consider your employment status with the school
 - District hired vs. outreach may have to follow a specific set of policies individual to each employer.
- Nurses, Counselors, School Psychologists, and Administrators are a resource!

PLAN:

1. Establish the need for a plan to recognize and refer student-athletes with psychological concerns.
 2. Draft the plan.
 - Be sure to take all previous points into consideration
 3. Once draft is finished present it to your school's care team (as previously discussed. Have all involved parties amend and approve as necessary.)
 4. Once approved, distribute plan to everyone and make it easily accessible.
 5. Review and update the plan annually or as necessary*
- *No plan can take EVERY situation into account

Emergency Action Plan Guidelines: Mental Health Emergency in Secondary School Athletes.

NATA Secondary School Committee (2016)

Potential Violence

- Recognition-any 'yes' answer should be considered an emergency.
 - Am I concerned the student-athlete may harm himself/herself?
 - "Harm other?
 - "being harmed by someone else?
 - Did they make verbal or physical threats?
 - Are they exhibiting unusual ideation or thought disturbance that may/may not be due to substance abuse?
 - Do they have access to a weapon?
 - Is there potential danger or harm in the future?

Management

- Remain calm
- Listen to the student-athlete
- Avoid judging; provide positive support
- Keep yourself safe; do not attempt to intervene if there is eminent threat of harm
- Keep other safe; keep distance from SA and others in the area
- Alert designated school officials or colleagues available. Have them contact parents or emergency contact
- If SA seems volatile or disruptive get assistance, but do not leave SA alone. Do not put yourself in harms way if they want to leave
- If 911 is called provide information including:
 - Name and contact info
 - Physical description
 - Describe the situation and assistance needed
 - Exact location
 - If SA leaves, note the direction in which they left.

Emergency Action Plan Guidelines: Mental Health Emergency in Secondary School Athletes.

NATA Secondary School Committee (2016)

Non-Violent Situation

- Offer a quiet and secure place to talk
- Show your genuine concern
- Avoid judging the student-athlete(SA); provide positive support
- Provide support and a positive tone. Again, do not attempt to 'solve' the problem that is NOT in an AT's scope.
- Help the SA understand that they are not alone, others have been through this too.
- Listen to the SA; allow them to express their thoughts. It is OK to have a moment of silence between you and them.
- Ask questions that encourage conversation. Asking these questions will NOT put the idea in their head.
 - Can you tell me what is troubling you?
 - Are you thinking of hurting yourself?
 - Is someone hurting you?
 - Have you thought about suicide?

Emergency Action Plan Guidelines: Mental Health Emergency in Secondary School Athletes.

NATA Secondary School Committee (2016)

Non-Violent Situation Continued

- If they express suicidal ideation:
 - Determine if a plan has been formulated
 - Emphasize ensuring the athlete's safety; while being aware of your own
 - Do NOT leave the person alone.
- Alert designated school officials and/or colleagues available at the time of day. Have the school call the student-athlete's parents or emergency contact
- You may offer positive reinforcement
- Document and communicate your concerns and refer to the school counselor. It is entirely possible the school may be aware of past circumstances that school or some state policies do not allow you to have access to.

YOUR Plan

- Many factors must be taken into consideration
 - # of AT's
 - Size of student-athlete population
 - Practice Vs. Game responses
 - Mandatory reporting laws in your state and/or your school district policy
 - What do you do if the parents are the source of the concern?
 - Availability of school nurses and counselors
 - Know YOUR limits
 - Lack of mental health education in our field and many others

Example of Communication with a Team

Referral of Student for Review by the Teachers' Advisory Team (TAT)

Date: [Click here to enter a date.](#)

Date of Request:

Office Use ONLY: TAT Date:

Student Name:

Student ID#:

Adviser:

Student Resides with Both Parents ☐ Mother ☐ Father ☐ Other (Specify)

Person completing referral form: Is this a referral requested by the parents? Yes ☐ or No ☐.

If yes, was an outside assessment provided? Yes ☐ or No ☐ (If yes, please bring or email to the Office of Student Services)

Please provide a brief statement about the family composition:

Please explain any physical, environmental, cultural, or ethnic factors that may impact student learning:

Please state the specific reasons for referral. Specify behavior and/or performance concerns.

1.
2.
3.

Were concerns brought to RtI? Yes ☐ or No ☐ RtI date(s):

Please check all attempts to resolve concerns. For each intervention checked, include the duration (dates of intervention) and result (if applicable) below.

- | | | |
|---|--|---|
| <input type="checkbox"/> Bridges | <input type="checkbox"/> Health Services Support | <input type="checkbox"/> Classroom Observations |
| <input type="checkbox"/> GAP | <input type="checkbox"/> Co-taught class(s) | <input type="checkbox"/> Transitional and vocational assistance |
| <input type="checkbox"/> Guided Study | <input type="checkbox"/> Technology resources | <input type="checkbox"/> Special Education support classes |
| <input type="checkbox"/> Jump Start | <input type="checkbox"/> Personal and Social Responsibility | <input type="checkbox"/> Program changes (levels, schedules) |
| <input type="checkbox"/> Social Work-Name: <input type="text"/> | <input type="checkbox"/> Behavioral assessment and intervention plan | <input type="checkbox"/> Behavioral management plan |
| <input type="checkbox"/> Student Assistance Program | | |

1.
2.
3.

Who else should be invited to the TAT meeting?

Any other information.

How can I continue to help?

Psychological First Aid:

1. Promote a sense of safety
2. Promote calming
3. Promote self-efficacy and collective-efficacy
4. Promote Connectedness
5. Promote HOPE

Listen Actively; Have Knowledge of Resources

-Hobfoll SE, Watson P, Bell C, et al. (2007)

Thank You!

Resources:

Illinois mandated reporter manual

https://www.illinois.gov/dcfs/safekids/reporting/documents/cfs_1050-21_mandated_reporter_manual.pdf

NATA Consensus statement

https://www.nata.org/sites/default/files/developing_a_plan_to_recognize_and_refer_student_athletes_with_psychological_concerns_at_the_college_level.pdf

Illinois mental health 5-Year plan

<http://www.dhs.state.il.us/OneNetLibrary/27897/documents/Mental%20Health/marysmith/StrategicPlan/MentalHealthServicesFiveYearStrategicPlan2013.pdf>

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