

WHAT ARE MENTAL HEALTH ISSUES/DISORDERS?

In order to be considered a mental disorder, an individual must have several symptoms at once, which are severe enough to disrupt normal daily functioning and must occur for a certain length of time. The American Psychiatric Association's DSM-5 defines a mental health disorder as a "syndrome characterized by clinically significant disturbance in an individual's cognition, emotional regulator, or behavior that reflects dysfunction in psychological, biological, or developmental processes underlying mental functioning. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder..." Needless to say there are plenty of stressors that occur that can cause or put an individual at risk for developing mental health disorders or mental health concerns. Mental health issues are a serious concern and important to recognize in ourselves or others so we can provide the most timely and effective treatment.

Athletes are just as likely to suffer from mental health issues as non-athletes. The very nature of sport can bring about psychological issues in athletes, even though participation in athletics has many benefits. It is important to understand the signs of mental health disorders and how to address them to limit impact on participation in sport and daily life.

COMMON MENTAL HEALTH DISORDERS IN ATHLETES

- » SLEEP DISORDERS AND SLEEP CONCERNS
- » MAJOR DEPRESSIVE DISORDER AND DEPRESSION SYMPTOMS
- » SUICIDE
- » ANXIETY AND RELATED DISORDERS
- » POST-TRAUMATIC STRESS DISORDER AND OTHER TRAUMA-RELATED DISORDERS
- » EATING DISORDERS
- » ATTENTION-DEFICIT/HYPERACTIVITY DISORDER
- » BIPOLAR AND PSYCHOTIC DISORDERS
- » SPORT-RELATED CONCUSSION
- » SUBSTANCE USE AND SUBSTANCE USE DISORDERS
- » GAMBLING DISORDER AND OTHER BEHAVIORAL ADDICTIONS

UNIQUE STRESSORS OF ATHLETES

Demanding training schedule

Balancing demands of sport w/ school/social/family responsibilities

Developing social relationships

Frequent travel

Competitive stress

Injuries

Coach-Athlete relationship

Competition with teammates

Internal and socially encouraged pattern of toughing it out alone

Managing transition out of sport (e.g. out of club/collegiate athletics, retirement)

Media pressure

Overtraining, staleness and burnout

UNIQUE BENEFITS OF BEING AN ATHLETE

Learned time management skills and

Strategies for prioritizing goals and important life experiences

Social support of teammates, coaches and staff members

Seeing and experiencing the world; new cultures or other perspectives from interactions with a variety of people

Stress relief and mood boosting benefits of physical activity

Overcoming obstacles

Positive relationships with coaches and peers centered on growth mindset

Working with teammates to better each other

Self-reliant, able to courageously face challenges and overcome obstacles

Applying mental and physical lessons to non-sport related issues

Focusing and striving to achieve a common goal/success



EVENTS THAT CAN TRIGGER MENTAL HEALTH CONCERNS:

Any event that requires adaptation and coping can produce stress, which can lead to emotional problems. These "triggers" are generally thought to be negative life experiences, but positive life experiences can also cause stress and an emotional reaction. Examples can be getting married, or buying a house. For an athlete positive experiences like becoming a starter or getting more playing time are positive but can cause an increase in stress. There are also many negative experiences that can trigger psychological concerns.

The following are triggering events that athletes may experience and could lead to mental health concerns:

- Poor performance or perceived "poor" performance by athlete
- Conflicts with coaches or teammates
- A debilitating injury or illness resulting in loss of playing time, future opportunities or surgery
- Concussions
- Issues with non-athletic related life
 - » Class/school issues-schedule, grades, workload
 - » Family/relationship issues
- Changes in importance of sport
 - » Expectations by self/parents
 - » Role of sport in life
- Violence
 - » Being assaulted
 - » Domestic violence
 - » Automobile accident
 - » Witnessing personal injury or assault of family member, friend or teammate
- · Death of a loved one or close friend
- · Social media
- · Alcohol or drug use
- Significant dieting or weight loss
- History of physical or sexual abuse
- · Gambling issues
- Post-Traumatic Stress Disorder (PTSD)

Behaviors to Monitor:

Any changes in mood, appearance or behavior could be an indication of a psychological concern. These behaviors can be seen in how an athlete acts, what they say or in how they relate to others.

The following are behaviors to be aware of and monitor so that they can be addressed quickly and effectively:

- Changes in sleeping/eating habits
- · Unexplained weight loss
- Drug or alcohol abuse
- Gambling issues
- · Withdrawing from social contact
- Decreased interest in activities that have been enjoyable
- Taking up risky behaviors
- Talking about death, dying or "going away"
- Loss of emotion, or sudden change in emotion with-in a short period of time
- Becoming more irritable or problems managing anger
- Problems concentrating, focusing or remembering
- Frequent complaints of fatigue, illness or being injured that prevent participation
- Unexplained wounds (e.g. burns, cuts, bite marks) or efforts to conceal them

The following are behaviors that are concerning and affect the academic and athletic life of an athlete:

- Drop in academic activity
 - » Grades/class attendance
- Poor attendance to sport trainings, team meetings, team functions
- Great decrease in athletic performance
- Increased or persistent physical complaints without clear medical cause



ANXIETY

Anxiety disorders are the most common mental health disorder in the United States. Symptoms of anxiety worsen with added stress. Performance expectation in sport can be a large factor among many for athletes dealing with anxiety.

EMOTIONAL SYMPTOMS	PHYSICAL SYMPTOMS
Excessive feelings of worry, fear or dread that are difficult to control Preoccupation of what could go on in the future Feelings ranging from general uneasiness to complete immobilization Feeling jumpy or easily startled Feeling of being out of control	Feeling physically tense, uptight, on-edge or fatigued Difficulty falling asleep or staying asleep Changes in appetite (increased eating or difficulty eating) Pounding heart, sweating, shaking or trembling Inability to concentrate, difficulties focusing

How to help yourself or others:

- Reach out to a close friend, teammate, family member or trusted authority figure (coach, teacher)
- Talk to your primary care physician, team physician, athletic trainer or sports medicine professional
- Find a mental health provider in your community
 - » MentalHealth.gov
 - » National Alliance on Mental Health Illness
- Use resources at school or university (counselors, mental health care providers, student health/wellness)
 - » http://www.ncaa.org/sport-science-institute/mental-health-educational-resources
- Use online resources
- Take an active approach to your treatment to develop a plan that works for you
- Be mindful of triggers or stressors
- Practice self-care (quality sleep, eat well, and use stress management techniques)



Risk factors that can predispose you to developing anxiety:

- Family history
- Environmental factors (poor relationships, lack of social support)
- Injury or illness-especially if it is long term, career or season ending
- · Competitive failure
- Retirement from sport
- Pain
- Concussion



DEPRESSION

Depression is a common mental health condition that affects all populations across the United States. Many times depression is related to other issues outside of sport participation, however, athletes may experience depression following an injury, or in response to the end of their athletic career.

EMOTIONAL SYMPTOMS	PHYSICAL SYMPTOMS
Sad, anxious or "empty" mood Feelings of hopelessness or pessimism Feelings of guilt, worthlessness and helplessness Thoughts or talk about death, suicide or of "not being around anymore" Restlessness or irritability	Loss of interest or pleasure in hobbies/activities that were enjoyable in the past Difficulty sleeping or sleeping too much Appetite and or weight changes Decreased energy or fatigue/feeling lethargic Difficulty concentrating, paying attention, remembering things or making decisions Persistent physical symptoms that do not respond to treatment (headaches, digestive disorders or chronic pain) Suicide attempts

How to help yourself or others:

- Reach out to a close friend, teammate, family member or trusted authority figure (coach, teacher)
- Talk to your primary care physician, team physician, athletic trainer or sports medicine professional
- Find a mental health provider in your community
 - » MentalHealth.gov
 - » National Alliance on Mental Health Illness
 - » National Suicide Prevention Lifeline: 800-273-8255 (TALK)
- Use resources at school or university (counselors, mental health care providers, student health/wellness)
- Use online resources
- Develop a trust and open communication with your mental health provider
- Practice self-care (quality sleep, eat well, stress management techniques)



Risk factors that can predispose you to developing depression:

- Family history
- Environmental factors (poor relationships, lack of social support)
- Injury or illness-especially if it is long term, career or season ending
- · Competitive failure
- · Retirement from sport
- Pain
- Concussion



SUICIDE

For individuals age 10-24, suicide is the second leading cause of death. Identifying those at risk, and helping to reduce the stigma around seeking help, we can reduce the numbers of suicides.

WARNING SIGNS	SIGNS OF SERIOUS DANGER: IMMEDIATE NEED FOR INTERVENTION
Talking about suicide or talking/writing about death Hopelessness Self-loathing or self-hatred Social withdrawal from friends or family Loss of interest or pleasure in hobbies/activities that were enjoyable Restlessness, irritability, anxiety Aggression or agitation Reckless or self-destructive behavior Increased alcohol or drug use Dramatic mood swings	Getting affairs in order, giving away possessions Saying goodbye to friends/family Mood swings shifting from despair to calm Interest in obtaining firearms or controlled substances Talking about death, dying or "going away" Self-harm behaviors

How to help yourself or others:

- Get professional help immediately
- Resources are available by phone
 - » Call police if you or a loved one are in immediate danger
 - » National Suicide Prevention Lifeline 1-800-273-8255
 - » Many mental health clinics have "walk-in" or emergency services
 - » MentalHealth.gov
 - » National Alliance on Mental Health Illness
- Don't leave the individual alone.
- Prevention is key:
 - » Education
 - » Seeking help early
 - » Support Resources Specific to your area/community/ school environment
 - » Suicide prevention programs

Risk factors that may predispose you to suicidal thoughts or tendencies:

- History of childhood trauma
- Interpersonal conflict
- · Physical illness/injury
- · Drug and alcohol use
- Prior suicide attempts
- Lack of social support; isolation from others
- History of long-term physical illness
- Family history of mental illness or substance abuse problems
- Death of close friend or relative
- Parents who are separated or divorced
- · History of being bullied
- History of physical or sexual abuse
- Early exposure to violence
- Growing up in poverty or being homeless
- Experiencing discrimination
- Acting as a caregiver for others, taking on adult responsibilities as a child

Myths about suicide:

- People who are open or talk about suicide do not commit suicide
- · Mentioning the word "suicide" or having a conversation about it may give a person the idea
- All suicidal people have mental illnesses
- A suicide threat is just a call for attention and should not be taken seriously
- · Suicide happens without warning
- If a person attempts suicide and survives they will never attempt suicide again
- Once someone is suicidal they are that way forever
- **All of these myths are damaging assumptions to individuals who are in the greatest need for help. Taking this issues seriously, recognizing the signs and helping/encouraging people to access the appropriate resources will help decrease the incidence of suicides.





HOW TO HAVE CONVERSATIONS ABOUT MENTAL HEALTH ISSUES

Talking about mental health issues can be difficult. As athlete's it is difficult for us to admit we are struggling. Mental toughness is a big topic that is discussed and encouraged as a part of sport culture. With mental health issues, one cannot simply, "tough it out", we must rely on resources or others to help us.

The biggest part of helping athletes seek treatment for mental health issues is counteracting the stigma. It is important to generate a culture that encourages asking for help when needed. Where being vulnerable or sensitive is a strength. Where because you have a mental health issue, you are not rejected by teammates or coaches, but instead supported and encouraged to seek help.

Providing the individual with information and helping de-bunk several misconceptions or concerns about the process can help decrease the stigma and increase their change of following through with seeking the help they need from qualified providers. The following concerns can be helpful to address, even if the individual is not outwardly concerned about seeking counseling:

CONCERN

"COUNSELING IS FOR CRAZY PEOPLE"

Going to counseling doesn't mean you are "crazy". In fact, many people seek counseling to get help with very normal responses to difficult situations.

CONCERN

"COUNSELING IS A SIGN OF WEAKNESS"

Getting counseling isn't a sign of weakness. To the contrary, it often takes a good deal of mental toughness to directly confront your problems, and take the action required to make a change in your life.

CONCERN

"EVERYONE WILL KNOW MY BUSINESS"

Everything you say in counseling is confidential, except in rare emergency situations, like where your own or somebody else's safety is in imminent danger. Otherwise, no one can know what you say to a counselor, or even know that you are going to counseling, unless you give your counselor permission.

CONCERN

"COUNSELING DOESN'T WORK"

Learning to make changes through counseling is a lot like learning a new skill in your sport, you get what you put in. Just like in sports, making changes in counseling will take some time and require your active participation.



POTENTIAL PEOPLE INVOLVED IN IDENTIFYING MENTAL HEALTH ISSUES IN ATHLETES

- » ATHLETIC TRAINER
- » TEAM PHYSICIAN
- » COACHES
- » TEAMMATES

- » TEACHER
- » PARENTS
- » FRIENDS
- » THE ATHLETE THEMSELVES

THE ROLE OF INDIVIDUALS INVOLVED IN IDENTIFYING MENTAL HEALTH ISSUES IN ATHLETES

Athletic Trainers, Coaches, Teachers, Teammates, Parents and Friends are not responsible for diagnosing specific mental health conditions, but play a key role in recognizing when there are concerns and taking action to help the athlete gain access to the necessary resources for evaluation and treatment.

SIGNS TO LOOK FOR



BEHAVIORAL SYMPTOMS

Social withdrawal, disruption of activities of daily living, irresponsibility, decrease in sport or academic performance, substance abuse.



COGNITIVE SYMPTOMS

Suicidal thoughts, confusion/difficulty making decisions, obsessive thoughts, poor concentration, all-or-nothing thoughts, negative self-talk.



EMOTIONAL/PSYCHOLOGICAL SYMPTOMS

Feeling out of control, mood swings, excessive worry/fear, agitation/irritability, low self-esteem, lack of motivation.



PHYSICAL/MEDICAL SYMPTOMS

Sleep difficulty, change in appetite or weight gain/loss, shaking, trembling, fatigue, weakness, GI complaints, headaches, overuse injuries

If you suspect someone of having any mental health related issue or if someone has brought the issue to your attention, the following guidelines can be helpful in addressing the individual and acting to get them the help they need:

- Pull the athlete aside to speak to them in a private, non-confrontational setting
- Do NOT accuse the individual of having a mental health disorder or issues you've noticed they are exhibiting
- The first and most important step when helping someone seek the necessary resources is to assess for risk of suicidal thoughts or behaviors, non-suicidal self-injury or other harm. These warning signs are listed in the suicide section.
- ALWAYS SEEK EMERGENCY MEDICAL HELP if the person's life is in immediate danger. If you have reason to believe someone may be actively suicidal call the National Suicide Prevention Lifeline 1-800-273-TALK (8255) or call 911
- · Express why it is important to address these for the individual's overall health and wellbeing
- Be sensitive and empathetic
- · Listen opening and non-judgmentally-allow the individual to feel respected, accepted and understood
- Give reassurance and information-mental health issues are treatable, which people can recover from with the right help.
- Encourage appropriate help. There are many professionals who are well equipped to offer help to an individual suffering from mental health signs and symptoms.

Types of Professionals:

- Doctors (Primary care physicians or psychiatrists)
- Social workers, counselors, and other mental health professionals
- Certified peer specialists

Types of Professional Help:

- "Talk" therapies
- Medication
- · Other professional supports

**It is not your responsibility to diagnose or treat an individual with mental health issues. It is you responsibility to support them and help guide them in accessing the care they need.

The first and most important step when helping someone seek the necessary resources is to assess for risk of suicidal thoughts or behaviors, non-suicidal self-injury or other harm. These warning signs are listed in the suicide section.

- ALWAYS SEEK EMERGENCY MEDICAL HELP if the person's life is in immediate danger. If you have reason to believe someone may be actively suicidal call the National Suicide Prevention Lifeline 1-800-273-TALK (8255) or call 911
- Instead express your concern for the person and give examples of specific symptoms Some examples of how to begin a discussion are listed below:
- You've looked or seemed (sad, angry, nervous) recently. How are things going for you?
- I'm concerned about (mention specific situation or incident of concern), and I'd like to be helpful if I can.
- I get the idea you've been pretty stressed out lately. Can you tell me what's going on?
- I imagine that you could have a lot of feelings about (the incident or situation presented). How is it affecting you?
- How have you been feeling lately?
- I understand that that you've been going through a tough time. How are you doing?
- When I hear you say things like (repeat the statement of concern), makes me think that you must be feeling pretty bad. Can you tell me more about it?
- What we are talking about is really important, but beyond the scope of my training. I'd like to help you find someone who is more qualified to help.
- I think it would be helpful to talk to someone about these problems. What would you think about that?

FINDING RESOURCES TO HELP YOURSELF OR OTHERS WITH MENTAL HEALTH RELATED ISSUES

Resources for Athletes:

- <u>MentalHealth.gov</u>
- NCAA Sports Science Institute
- National Alliance on Mental Health Illness
- Mental Health First Aid

Resources for Coaches, Parents, Staff Members:

- MentalHealth.gov
- NCAA Sports Science Institute
- National Alliance on Mental Health Illness
- Mental Health First Aid



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