

APPROACHING MENTAL HEALTH WITH ATHLETES

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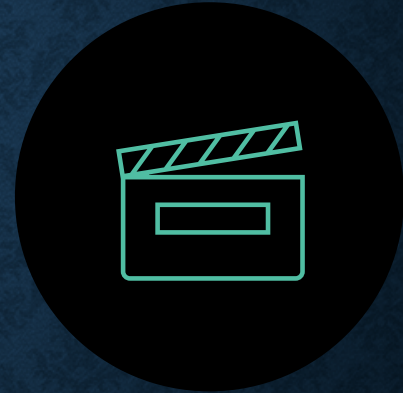
OUTLINE



PLANNING



RECOGNITION



ACTION

PLANNING

SETTING SPECIFIC CONSIDERATIONS

Do you have a
Mental Health
Emergency Action
and Management
Plan (MHEAMP)?

What resources
already exist?

How are the
resources
communicated?

How do your
athletes access
those resources?

Can you screen for
anxiety, depression,
team environment?

What is
communicated to
the coaching staff?

HAVE A REFERRAL PLAN

Mental Health Providers

- Psychiatrist
- Clinical psychologist
- Specialized Providers (eating disorders, etc)

Crisis Hotlines

- National Suicide Prevention Lifeline
 - 1-800-273-8255
- Suicide Hotline-aimed at gay and questioning youth
 - 1-866-488-7386
- National Domestic Violence Hotline
 - 1-800-799-7233

SCREENING OPTIONS

- Individual Screenings

- **BDI Fast Screen**
- **GAD-7 Generalized Anxiety Disorder**
- General Index
- **SCOFF (Eating Disorder)**
- Beck Anxiety Inventory
- Harvard Department of Psychiatry
- Alcohol Use Disorders Identification Test
- Cannabis Use Disorder Identification Test

- Team Surveys

- Assess trust, team cohesion, collective pulse
- Anonymous surveys



RECOGNITION



MENTAL HEALTH CONCERNS

Depression

Anxiety

Obsessive
compulsive
disorder

Disordered
earing

Substance-
related
disorders

Perfectionism

Subclinical
presentations

PERFECTIONISM: ALL OR NOTHING

Depression

Not wanting to disappoint

Negative reaction to imperfection

Anxiety

Outcome focus

Out of control, control what they can i.e., food

SIGNS AND SYMPTOMS



• Behavioral

- Changes in eating and sleeping habits
- Increased risky behaviors
- Withdrawal from social contact
- Decreased interest in activities
- Loss of emotion/sudden changes
- Problems concentrating, focusing, remembering

• Cognitive

- Suicidal thoughts
- Difficulty Focusing
- All or nothing thinking
- Negative self talk
- Feeling out of control

• Physical

- Sudden weight drop, gain
- Unexplained wounds, self harm
- Gastrointestinal complaints
- Headaches
- Overuse, unresolved, frequent injuries

ACTION

TRY NOT TO DO...



Don't	take anything personally
<u>Don't</u>	<u>make assumptions</u>
Don't	be afraid to give voice to their concerns
Don't	promise confidentiality
<u>Don't</u>	<u>tell your full story of Mental Health</u>
Don't	leave them alone if worried

TRY TO DO...

<u>Show</u>	<u>empathy</u>
Arrange	for a private space when talking
Consider	their situation of feeling vulnerable/embarrassed
Encourage	follow through
<u>Acknowledge</u>	<u>therapy is helpful</u>
Consider	cultural factors
Be	professional
<u>Ask</u>	<u>about death, suicide</u>
Refer	up the chain

INTERVENTION STARTS BEFORE THERE IS A PROBLEM

Increase your own comfort level talking about mental health

- Role play with colleagues

Education at beginning of season

- Coaches, players together and separately

Assess/screen frequently

- Beginning, middle, end

Distribution of available resources

- Verbal and Written

Keep the conversation going

- Spontaneous and actively.
- It exists even if we don't talk about it

Stigma

- Gets in the way of seeking help

ASK LISTEN ENCOURAGE



How are things going for you?



I'm concerned, your behavior has changed, can you tell me what is going on?



I want to help you, but this is beyond my scope

I know how to refer you to someone that can help

Have you considered talking to _____?

References

- NCAA SPORT SCIENCE INSTITUTE. (2020, January). *Interassociation Consensus Document: Understanding and Supporting Student-Athlete Mental Wellness MENTAL HEALTH BEST PRACTICES*. Mental Health Best Practices. Retrieved April 2022, from https://ncaaorg.s3.amazonaws.com/ssi/mental/SSI_MentalHealthBestPractices.pdf
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Thank you!

- **Dr. Nick Galli, Ph.D. Associate Professor University of Utah, Mental Skills Coach U.S. Speedskating**
- **Dr. Joanne Perry, Ph.D. Licensed Psychologist, Sport Psychologist, Carolina Panthers**
- **Dr. Summer Rolin, Psy. D. Clinical Neuropsychologist, UTSA Athletics**