The Importance of Mental Health and Wellness to Successful Academic and Athletic Programs

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Let’s Get This Out of the Way!!!
Why MH is Important

- Student athlete health, well-being, and quality of life
- Reduces risk and liability as it relates to mental health crises
- Lowers risk of injury or sickness
- Reduces disruptions and behavioral concerns
- Improves academic, athletic, and social performance
- Increased retention and graduation rates
  - Improved grades
- Return on Investment
Objectives:

- Quick Review
- Develop a better understanding of how mental health can impact performance.
  - Academic
  - Athletic
  - Social
- Gain understanding of unique mental health needs and challenges faced by college athletes and benefits of a collaborative care model
- Highlight the benefits of increased access to mental health services.
- Brief update of MH Best Practices
Questions to Keep in Mind

- What mental health and wellness resources are available on my campus?
  - For a student-athlete?
  - For a coach/administrator?
- How does mental health impact performance?
  - Academic
  - Athletic
  - Job/Career
  - Social
- Who is responsible for addressing mental health concerns within Athletics?
- Why are mental health services important?
The Hermann Grid
QUICK REVIEW OF PRIOR MENTAL HEALTH TOPICS
Top Reasons Students Leave Colleges and Universities

- Financial
- Poor academic preparation
- Personal concerns/Outside demands
- Lack of connectedness
- The challenge of being first
- Adjustment to college
  - Homesickness
  - Emotional readiness
  - Balancing work and school
- Health/Mental Health concerns
NCAA Guidelines
Summary of NCAA Best Practice Guidelines

1. Identify appropriate people to provide care on campus
2. Identify procedure to refer students to appropriate MH professionals
3. Provide holistic pre-screening of athletes
4. Establish an environment that fosters health and wellness

- Encouraging sports medicine to identify ways to support student athletes beyond standard role of managing sports injury and rehabilitation.
Concerns About NCAA Guidelines

- Privacy and confidentiality
- Where are we supposed to find additional time and resources for this?
- What business do they have.....?
- Who is responsible for this?
- Who is the client?
- Athletes are already "privileged" on many campuses, why create more special access for them?
Sport Psych versus Mental Health Counseling?

Sport Psychology

- Study of psychological and mental factors that influence and are influenced by participation and performance in sport.
- Also referred to as performance psychology

Mental Health Counseling

- Provides guidance or psychotherapy to individuals, groups, or families that addresses personal and/or psychological concerns that may impact the client’s functioning in one or more areas.
- Usually provided by a person licensed in a mental health field
Mental Side Of Performance

- Stress management
- Motivation
- Focus/concentration
- Goal setting
- Belief in self
- Commitment
- Emotional regulation
- Confidence
- Coach–Athlete relationships
- Anxiety (Fear and panic)
- Expectation management
- Sense of control
- Transition
- Mental preparation and readiness
- Leadership and cohesion
- Relaxation and intensity
- Distraction control
- Trust
- Team dynamics
- Burnout
- Aggression
- Meaning/Purpose
- Implicit and explicit demands to be successful
Some Factors That Contribute To Excellence

- Commitment
- Practice (physical and mental)
- Confidence
- A sense of control
- Focus and concentration skills
- Mental readiness
- Distraction control
- Trust in self, teammates, and coaches
- Ongoing learning
- Willingness to take risks
- Positive self-talk and affirmation
- Realistic expectations and goal setting
- Resilience
Messed Up Messages

110% in TEAM.

SHAKE IT OFF!

Mental Toughness

NO PAIN NO GAIN

PRACTICE MAKES PERFECT
Say What???

- “Don’t worry about the grade, just pass the class.”
- “You just have to get through it.”
- “He’s just an athlete.”
- “We’ll see if we can get that rescheduled.”
- “Let Athletics take care of it.”
- “Just make sure he’s eligible!”
- “It’s just one class.”
Different kinds of stressors with different potential consequences
  ◦ Will vary by role
  ◦ Time of season
  ◦ Expectations
  ◦ Performance of your “product” impacts future opportunities’
  ◦ What is your return on investment?
The Coaching Coping Strategy Toolkit?

- **Control!**
  - Spend more time.
- **Control!**
  - Put additional pressure on other coaches and players.
- **Control!**
  - Micromanagement of others.
- **Control!**
  - Take away privileges.
- **Control!**
  - Yell or isolate certain “problems.”
- **Control!**
  - Be more critical . . .
- **Control!**
  - Only focus on what or who’s in front of you.

Etc......!
Wellness

Physical

Social

Spiritual

Environmental

Emotional

Intellectual

Vocational

Cultural
A LOOK AT YOUNG ADULT MENTAL HEALTH
Statistics

- Approximately 1 in 4 young adults between 18 and 24 has a diagnosable mental health condition
- Only 1 in 5 of these individuals get professional help.
- 1 in 10 individuals over the age of 12 is on antidepressants
- 25%-30% of students at Counseling Centers are on psychotropic medications
- Students are coming to college with increased pathology and symptom severity
- Estimated that 13% of clients coming in with extensive treatment histories
Additional Statistics – the Healthy Minds Survey

- 35% of students surveyed met the criteria for at least one mental disorder in the prior 12 months.
- In 2016, 61% of students with mental health conditions were not getting help.
- In 2014, 86% of students who committed suicide did not seek help from their college mental health services.
ACHA/NCHA 2016 survey

- 85 out of 100 students reported feeling overwhelmed by all they had to do.
- About 37% reported feeling so depressed at least once in the past year that it was hard to function.
  - 13 out of a 100 reported being formally diagnosed with having a depressive disorder in the past year.
  - 65% reported feeling very sad
- About 58% of students report overwhelming anxiety during the past year.
  - 17 out of 100 had been formally diagnosed with anxiety disorder during the past year.
9.8 percent of students seriously considered suicide within the past year.
6.7 percent reported intentional self-harm.
Approximately 50% of students reported feeling as if things were hopeless.
39.6% of students reported experiencing overwhelming anger within the past year.
81.7 felt exhausted (not from physical activity)
Most Common Concerns Of Traditional Students

- Depression
- Anxiety/panic
  - The new king on campuses
- Relationship issues
- Thoughts of harming self or others
- Drug/alcohol concerns
- Adjustment to college/Homesickness
- Eating Disorders
- Stress management
- Death or loss

- Referral for behavioral concerns
- Roommate issues
- Bipolar Disorder
- Anger issues
- Test anxiety
- Family concerns
- Sexual/physical assault
- PTSD
- Developmental concerns of early adulthood
Most Common Concerns Of Student-Athletes

- Depression
- Anxiety
  - Academic
  - Performance
  - Generalized
- Substance abuse referral
- Relationship concerns
  - Family/friends
  - Coaches
  - Team
  - Dating
- Suicidal thoughts or ideation
- Stress
- Performance concerns
- Disordered Eating and Eating disorders
- Issues related to injury
- Transitions
  - Adjustment to college
  - New demands of collegiate athletics
  - End of career
- Sexuality/coming out
- Managing expectations
## Mental Health Among Athletes

<table>
<thead>
<tr>
<th></th>
<th>Male Athletes</th>
<th>Male Non-athletes</th>
<th>Female Athletes</th>
<th>Female Non-athletes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt depressed*</td>
<td>21%</td>
<td>27%</td>
<td>27%</td>
<td>34%</td>
</tr>
<tr>
<td>Felt anxiety*</td>
<td>32%</td>
<td>41%</td>
<td>49%</td>
<td>57%</td>
</tr>
</tbody>
</table>

*In the last 12 months

Review of National College Health Assessment surveys the ACHA administered from 2008 through 2014*
Stressors Student– Athletes May Be Dealing With

- Time commitments – 10,080
  - Work, practice, experiential learning opportunities
- Academic progress and class requirements
- Eligibility
- First-generation college student confusion and pressure
- Illness, disability, or Injury
- Balancing a “healthy” social life
- Forgoing breaks and traditional time off
- Perceived expectations and pressures to be successful
- Reputation
- Having fun in college
Time Demands of Student Athletes

<table>
<thead>
<tr>
<th>Division</th>
<th>Athletic hours per week</th>
<th>Academic hours per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division I</td>
<td>34</td>
<td>38.5</td>
</tr>
<tr>
<td>Division II</td>
<td>32</td>
<td>38.5</td>
</tr>
<tr>
<td>Division III</td>
<td>28.5</td>
<td>40.5</td>
</tr>
</tbody>
</table>

Average approximately 6 hours of sleep per night
Average about 17 hours of socializing and relaxing per week
Student Athlete Mental Wellness

- Paradox: athletes experience as much or more psychological distress as non-athletes, athletes use professional services less often than non-athletes (Pinkerton, Hinz & Barrow, 1989; Etzel, 2006)
- Prior to high school, participation in sport is a significant predictor of good health and prosocial behaviors
- In college settings, status as a student-athlete increases risk for:
  - Use of alcohol and other substances
  - Vandalism
  - DUI
  - Arguments and Fighting
  - Injury (Lichliter, J.S. et al., 1998)

What Happened?
Population at risk

- Under-prepared (Gurney & Weber, 2010)
- Under-recovery – occurs when there is an imbalance between training and recovery

- Student-Athletes forego:
  - sleep
  - social interaction
  - holiday vacations
  - “down time”
  - visits with parents or friends
Symptoms are often masked!
Recognizing distress

General signs and symptoms
- Physical and health
- Cognitive/emotional
- Relationships and interactions with others
- Other behaviors
  - Changes in performance
  - Behavioral concerns
  - Increased used of substances

Especially important to assess problems with student-athletes using a “Bio-Psycho-Social” model.
Bio–Psycho–Social

- Biological
- Psychological
- Social
Bio

- Increased accidents or injury
- Fatigue
- Drop in normal physical activity or skill
- Sleep disturbance
- Skeletal pain
- Gastrointestinal disturbances/Nausea

- Cardiovascular problems
- Dizziness
- Extreme weakness
- Frequent muscle tension
- Frequent illness or accidental injury
- Changes in appetite
- Headaches
Increased anxiety or worry.
Difficulty concentrating or focusing.
Irritability or anger
Increased sadness or depression.
Forgetfulness
Preoccupation
Sense of hopelessness

A sense of feeling overwhelmed.
Emotional overreaction
Bizarre or strange behaviors
General impulsivity
Antisocial behaviors or acts
Excessive risk-taking
References to suicide
Social

- Withdrawal or isolation
- Lack of communication
- More frequent conflicts
- Inappropriate interactions
- Increased tension in relationships

- Antisocial behaviors or acts
- Decreased emotional involvement with others
- Violent behavior toward others
- May become more clingy or needy
- Pattern of negatively impacting team or group dynamics
Brief Discussion

How do bio-psycho-social symptoms impact:

- Academic performance
- Athletic or physical performance
- Behavior
- Team dynamics
  - Among teammates
  - Relationships between players and coaches
  - Ability to work together
How MH Services Can Improve your programs
Establishing or Connecting to Mental Health Services

5 things to consider:

1. What do you want to provide?
2. Are there similar institutions that already provide what you want to do?
3. What resources do you already have available?
4. Do you have buy-in from the top and essential offices?
5. What are the potential barriers?
Mental Health Task Force Working Group (Nov 2017)

• Brief Overview of the meeting
  – Goals
    • Develop tools and strategies to assist member schools with the implementation of the MHBP
    • Identify emerging mental health issues
    • Engage additional constituents and stakeholders
Mental Health Task Force Working Group (Nov 2017)

• Proposed Strategies
  – Broken down into 3 broad categories
    • Infrastructure Strategies and Tools
    • Educational Strategies and Tools
    • Policy Considerations
Benefits of Access to MH Services

- Improves overall student wellness
- Reduces substance abuse and high risk behaviors.
- Increases graduation rates and reduces negative impacts on grades due to mental health.
  - Students who use counseling services often are retained longer, have higher GPAs, and graduate at higher rates.
  - If intervention is received early, students are less likely to have significant drops in performance (academic and athletic).
  - Proper assessment may assist getting proper academic accommodations if needed.
  - Takes pressure off of administrators, coaches, and Sport Medicine staff to address issues they are not trained in and may be uncomfortable with.
Benefits of Access to MH Services – cont.

- Strengthens academic and athletic programs by:
  - Preventing behavioral concerns that may impact classroom behaviors and team dynamics
  - Helping prevent or moderate significant drops in performance
  - Reducing risk and liability
  - Serving as an additional support for students in need
  - Providing additional resources that don’t have to necessarily be taken out of departmental budgets
  - Improved student wellness
  - Takes pressure off of administrators, coaches, and Sport Medicine staff to address issues they are not trained in and may be uncomfortable with.
Why is Collaboration Important?

Athletics and Sport Medicine:

- Sport Medicine, Athletic Trainers, and coaches serve as gatekeepers for student-athlete referral
- Are first to notice changes in functioning or other red flags that suggest referral
- Help establish the norm that it’s okay to get help
- Are in stronger position to get student-athletes help than others at the university
- Without buy-in, mental health services will not be used.
Most Common Historical and Cultural Barriers to Service

- Stigma
- Uncertainty about what counseling does
- Prior history
- Control of and exchange of information
- Availability of services/qualified professionals
- Egos and control
- General misperceptions of scope of practice
- Appropriateness of referral
- Who is making the referral
- Reluctance to refer – keeping issues in house
- Speed of access
- Ethics/Legality
- Diversity
- “Professional contamination”
Final Considerations . . .

- Why are you here?
- What is your role in addressing mental health?
- What is more important, personal wellness or performance?
- How aware of your own personal concerns are you?
- How could the availability of access to mental health/sport psychology services impact athletics’ culture at your institution?
- Are you aware of what services are available?
  - What do you have in place?
Again, Why MH is Important...

- Well-being and quality of life
- Reduces risk and liability
- Lowers risk of injury or sickness
- Reduces disruptions and behavioral concerns
- Improves performance
- Increased retention and graduation rates
  - Improved grades
- Return on Investment
References


Takeaways or drops in the bucket?

“Whatever good things we build end up building us.” – Jim Rohn