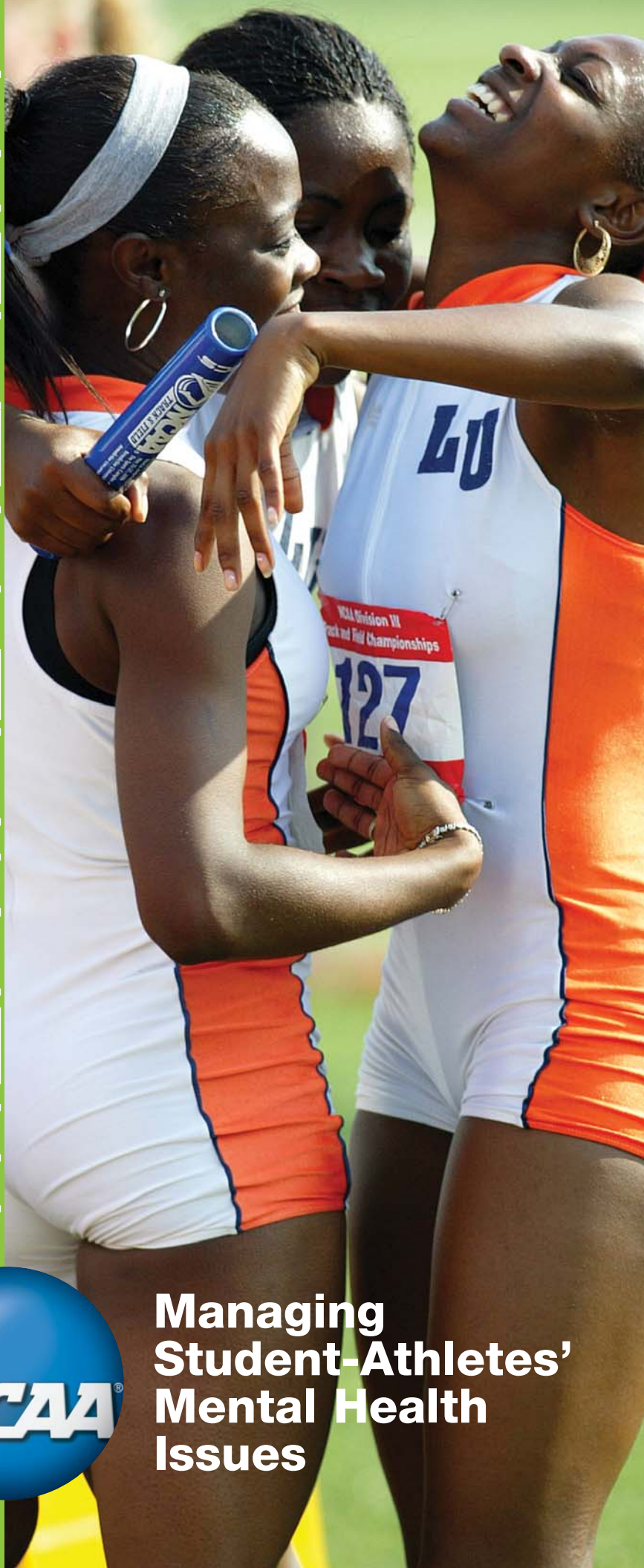
MENTAL HEALTH



NCAA

Managing Student-Athletes' Mental Health Issues

Managing Student-Athletes' Mental Health Issues

Developed by:
Ron A. Thompson, PhD, FAED
Roberta Trattner Sherman, PhD, FAED
Bloomington Center for Counseling
and Human Development
Bloomington, Indiana

NCAA Contact: Mary Wilfert
www.ncaa.org/health-safety

contents

Managing Student-Athletes' Mental Health Issues

Introduction

When you think of a student-athlete's health, you probably are inclined to think primarily of the person's physical/medical condition and what effect the injury will have on athletic performance. A student-athlete's "mental health" might be viewed as secondary to physical health; however, it is every bit as important. It makes little sense to try to separate the "mind" and "body." One affects the other. Medical problems often have psychological or emotional consequences. Psychological problems (e.g., eating disorders, substance-related problems, etc.) typically have medical consequences. Student-athletes who suffer from depression after an injury illustrate the relationship between "physical" and "mental" health. At the same time, some depressed student-athletes are at increased risk of injury. Given the interrelationship between the physical and mental, it might be helpful to think of student-athletes with mental health problems as "injured" — just as you would of a student-athlete who has a physical or medical problem. As with physical injuries, mental health problems may, by their severity, affect athletic performance and limit or even preclude training and competition until successfully managed and treated.

A student-athlete's "mental health" might be viewed as secondary to physical health; however, it is every bit as important for healthy performance.

This handbook's primary purpose is to provide information that you can use to effectively and quickly identify student-athletes who are at risk or are experiencing emotional symptoms. Like most medical problems, early identification of mental health problems usually means less disruption to a student-athlete's life, fewer severe health complications and a less complicated, quicker recovery.

A stronger case for a referral to a mental health professional can be made as the number of signs and symptoms increases.

Coaches should be involved in identifying mental health problems because you:

- Are in an ideal position to identify when your student-athletes are having difficulty because you spend so much quality time with them;
- Have considerable power and influence with your student-athletes that can increase the likelihood your student-athletes will receive timely and effective treatment;
- Can minimize by early detection the effects of the disorder on your student-athletes' health and performance; and
- Can recommend prompt treatment to decrease your student-athletes' time away from training and competition.

Student-athletes may be at risk for mental health problems because:

- Their age increases the risk for certain disorders, such as eating disorders or substance-related disorders;
- College is a time of transition (significant changes), and psychological disorders often develop or worsen during transition periods (i.e., leaving home for college, changing colleges, significant losses through death or the ending of important relationships, etc.); and
- Some mental health problems can be triggered or exacerbated by pressure. These pressures are often unrelated to sport participation, but sport participation may also increase pressure for certain student-athletes.

General Signs and Symptoms that May Indicate a Possible Mental Health Problem

Some signs and symptoms of possible mental health problems in your student-athletes might surprise you. You may notice prob-

lems in your student-athletes' behavior, cognitive/intellectual functioning, physical/medical status, and/or psychological/emotional condition. On this page, there is a list of general signs and symptoms that are present across many, if not most, psychological disorders.

The following chapters contain information related to specific mental health problems and their specific signs and symptoms. The categories of "Behavioral," "Cognitive," "Emotional/Psychological," and "Physical/Medical" are not intended to represent separate and exclusive groups. Because many signs and symptoms are related, considerable overlap exists among the different categories. These signs and symptoms do not necessarily confirm the presence of mental health problems; however, a stronger case for a referral to a mental health professional can be made as the number of such signs and symptoms increases.

Disclaimers

This handbook does not cover all mental health problems. Such an undertaking would be well beyond the scope of the handbook. The disorders included were chosen because of their prevalence in the general population and because they are prevalent in the college-age population.

The purpose of this handbook is to assist coaches in identifying student-athletes who may be having difficulty and to help coaches learn to respond appropriately and effectively with those student-athletes. It should be considered as a very important part of a larger cooperative effort involving other sport and healthcare professionals. The purpose is not to train coaches to be therapists or treatment providers. This handbook is a guide. It is not meant to be a substitute for psychological evaluation and treatment by qualified mental health practitioners.

Behavioral Symptoms

Disruption of daily activities
Social withdrawal
Irresponsibility, lying
Legal issues, fighting, difficulty with authority
Decrement in sport or academic performance
Substance use

Cognitive Symptoms

Suicidal thoughts
Poor concentration
Confusion/difficulty making decisions
Obsessive thoughts
All-or-nothing thinking
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 and/or weight
Shaking, trembling
Fatigue, tiredness, weakness
Gastrointestinal complaints, headaches
Overuse injuries

This is **not** intended to be an exhaustive list of symptoms, but rather a list of more common symptoms. No one sign or symptom is indicative of a mental health problem, but the need for a referral for an evaluation increases with the number of signs and symptoms reported or observed.

Chapter 1

Mood Disorders

• Depression

Mood disorders sometimes are called Affective Disorders, but more frequently are simply called "**depression**." Approximately 10 percent of the American population suffers from a mood disorder during any one-year period, which is the same percentage of depression in college students as reported by the National Mental Health Association. Certainly, most people will feel depressed for short periods from time to time for various reasons. However, when the depression becomes more severe, lasts longer and occurs more frequently, evaluation and treatment are warranted. Although most mood disorders primarily involve low mood or depression, bipolar disorder consists of episodes of abnormally elevated (high) moods, in addition to the characteristic low moods.

Signs and Symptoms/Identification

Typically, mood disorders (or depression) are characterized by:

- Low or sad moods, often with crying episodes.
- Irritability or anger.
- Feeling worthless, helpless and hopeless.
- Eating and sleeping disturbance (reflected in an increase or decrease).
- A decrease in energy and activity levels with feelings of fatigue or tiredness.
- Decreases in concentration, interest and motivation.
- Social withdrawal or avoidance.
- Negative thinking.
- Thoughts of death or suicide.
- In severe cases, intent to commit suicide with a specific plan, followed by one or more suicide attempts.

Case Illustration

Sam, a member of a college swim team, had been missing his morning swim practices. Although his coaches were angry and made him make up the practices and perform additional work as a punishment for missing practices, he still had difficulty getting out of bed in the morning. He could not explain to them why he could not get up and get to practice, other than to say that he was tired because he kept waking up between 3 and 4 a.m. and could not get back to sleep until it was time for him to get up. His academic and athletic performance dropped off, and he appeared less motivated to perform well. Teammates had remarked that Sam was less talkative and was turning down offers to join them socially. One teammate reported that Sam told him that he felt so bad that he would rather be dead than feel the way he was feeling.

Effects on Health and Performance

You can tell from these depressive symptom descriptions that most aspects of a person's life are negatively affected by the disorder. Athletic performance is no exception. In fact, poorer performance would be expected. If a student-athlete is not eating or sleeping well and feels tired or fatigued, you would expect performance to decrease from a physiological perspective. Add in emotional and cognitive components of low mood, decreased motivation, poor concentration, and negative thinking, and you could not expect a student-athlete to perform well. Poor sport performance can increase a student-athlete's depression and the pressure to perform better. Depression may also increase a student-athlete's risk of injury.

Causes of Depression

There are many different types of depression and a variety of causes. A thorough discussion of the causes of depression is beyond the scope of this handbook. However, you should be aware of the three most common causes of depression in the general population and one type that is unique to student-athletes.

- Depression can occur in response to a specific event in a person's life (i.e., death of a family member, break-up of a significant relationship). When these situational factors become intense or an individual feels out of control with his or her life, depression may follow.
- Depression also can occur without any specific precipitant (trigger). Some depressions are believed to be more biological or neurobiological in nature. That is, there appears to be a genetic vulnerability or predisposition to depression that runs in some families. Also, depression

for some people appears to involve an imbalance in brain chemicals called neurotransmitters. These individuals may need or benefit from antidepressant medication. Antidepressant medications can have numerous side effects (i.e., weight changes, sedation, etc.). As a consequence, athletic performance may be affected.

- Another cause of depression involves negative thought patterns that many depressed individuals have. Individuals with this type of depression constantly make negative self-statements that maintain their depressed mood.
- Although most depressions probably occur from the aforementioned causes, **student-athletes may get depressed from their sport participation**. For example, some student-athletes become depressed in response to an **injury**. Their self-esteem and identity may be negatively affected by their inability to do the thing that they do best and enjoy most-play their sport. Other student-athletes may become depressed as a result of **"overtraining syndrome"** or "staleness." This syndrome sometimes follows heavy training and can include physical (i.e., decreased performance, fatigue, muscle soreness, weight loss, sleep disturbance, etc.) and psychological (i.e., depression, anxiety, irritability, decreased concentration, etc.) symptoms. The decrease in performance as a result of this syndrome can further depress a student-athlete.

Depression and Risk of Injury

A student-athlete may become depressed after an injury, but the relationship between depression and injury may also occur in reverse order. Depression can precede an injury and may increase a stu-

Difficulty in Identification of Depression

Although depressive symptoms appear to be fairly straightforward and easy to recognize, identifying depression can be difficult for several reasons:

1. Depressed people often withdraw socially. Thus, you may have less opportunity to notice a problem.
2. Many depressed individuals do not believe they "deserve" your time and attention. In fact, they often do not want to "bother" others with their difficulties.
3. Others may hide their symptoms by smiling and acting as though nothing is wrong.
4. Some depressed individuals may engage in behaviors, such as alcohol or drug use or an eating disorder, that are designed to help manage their depression. These other behaviors may serve to distract themselves, you and others from their underlying depression.

Depression can have many causes, and may have little to do with sport. When depression is related to sport, it is often in response to injury and/or is a result of "overtraining syndrome."

dent-athlete's risk of injury. Depression in many student-athletes occurs for non-sports related reasons. For such student-athletes, their depression — or more specifically their depressive symptoms — may increase the likelihood of injury primarily through distraction (decreased concentration resulting in being less alert, responding more slowly, or making poor decisions or judgments). A depressed batter might be less able to avoid being hit by a fastball. A diver might more easily lose where she is in space before impacting the water. Additional risk to the student-athlete may increase because the body has been medically compromised from the depressive symptoms of eating and sleep disturbance.

Suicidal Risks

Research suggests that suicide is the second leading cause of death among college students. Approximately three suicides occur daily among college students, and seven to 10 percent of college students either attempt or contemplate suicide in a given year. The increased possibility of suicide attempts and suicides makes depression the most critical disorder discussed in this handbook. Although early identification and treatment are important for all mental disorders, they are more important for mood disorders because of the potential for self-harm. Coaches sometime want to assume that student-athletes are healthy simply because they are athletes. Coaches must remember that they are not just student-athletes. They are human beings with the same potential frailties as non-athletes. They are young people attempting to deal with all of the complexities of life, the demands of college life and the pressures that sometimes accompany athletic performance.

Management

Although general recommendations on how to approach and respond to a distressed student-athlete are specified in Chapter 5, a depressed individual who exhibits suicidal risks requires specific recommendations about what to do and not do.

Recommendations Regarding Individuals at Risk for Suicide:

- When dealing with a student-athlete who has expressed, indicated an intent or plan, or attempted suicide, do not try to determine the "lethality" (seriousness) of the thought, gesture or attempt. Such thoughts, behaviors or threats are serious and potentially dangerous.
- Do not assume the person is engaging in suicidal thoughts or actions for "attention."
- **Make an immediate referral.** It is even better to call a mental health professional to treat the student-athlete. Most college campuses have a counseling center staff that can offer guidance or referral. Many counseling centers will offer "walk-in" or "emergency" services. For emergency situations after normal office hours, counseling center staff can recommend other options, such as going to the nearest hospital emergency room.

Reasons for Responding Quickly and Seriously

- Your quick response lets a student-athlete know that you take his or her health, difficulties and life seriously.
- It's better to err on the side of responding too quickly rather than too late.
- Depressed individuals engage in negative thinking. They often feel unworthy, or worse yet, worthless. The lack of a response on your part may be interpreted as confirmation for the student-athlete that he or she is

Suicide Intervention

If a Student-athlete:

- Expresses a suicidal thought
- Indicates an intent or plan
- Or makes a suicide attempt

MAKE AN IMMEDIATE REFERRAL

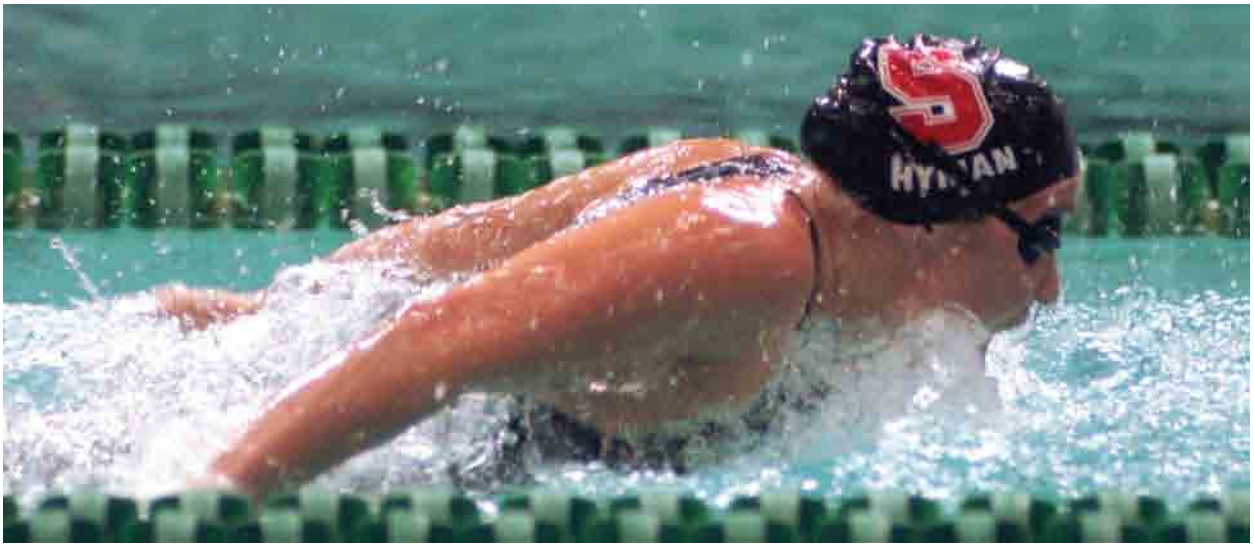
not worth the time or trouble, which could worsen the student-athlete's condition.
- As a coach, you have power and influence with your student-athletes. That power and influence can be positive or negative. You need to be more responsive and careful with a depressed student-athlete, who might interpret your response negatively.

• Do not assume the person is engaging in suicidal thoughts or actions for "attention."

• Student-athletes engaging in suicidal thought need prompt attention and referral.

Sport Participation

An important part of a mood disorder assessment and management plan is whether the student-athlete should continue sport participation. Depending on the cause, nature and severity of the mood disorder, it may or may not be beneficial to the student-athlete to continue with training and competition. Withholding a student-athlete with a mood disorder from participation may increase depression because sports competition can provide a sense of identity, a source of self-esteem or a sense of accomplishment. For others, sport participation that is apt to be negatively affected by depression may increase the student-athlete's symptoms. A healthcare team must make this treatment decision.



SUMMARY

1. Signs and symptoms of depression often include low moods, feelings of hopelessness, disturbance in sleeping and eating, decreases in energy, activity, concentration and motivation, and suicidal thoughts.

2. There are several different types of depression, and the causes can vary. Depression can occur in response to an event (outside of the individual) or because of a biological vulnerability to depression (inside the individual). Depression in student-athletes can be related to aspects of sport participation (i.e., injury).

3. **All thoughts, behaviors and threats of suicide should be taken seriously.**

4. Decisions regarding whether a depressed student-athlete should continue training and competing should be made by the healthcare treatment team.

SUICIDE Prevention Be Prepared: Make a Plan

A 2 a.m. telephone call about a suicidal student-athlete is not the best time to generate a plan. Coaching and sports medicine staffs should work together to have a suicide prevention plan in place. The following steps should be clearly described and available to your coaching and sports medicine staffs.

- Have the names and phone numbers of referral sources available. Include daytime sources such as the student health center, campus counseling centers and other local services. After-hours options also need to be included. Universities in larger communities may have several psychiatric emergency options. In smaller communities, the best option may be the nearest hospital emergency room. Determine your options now before you need them.

- Make sure a suicidal student-athlete is not left alone. This is especially true for a student-athlete who actually has attempted suicide (i.e., overdosing on pills, cutting wrists, etc.). The student-athlete should have someone with him or her until a psychiatric evaluation is completed. In the meantime, follow the recommendations listed above.

An important part of a mood disorder assessment and management plan is whether the student-athlete should continue sport participation.

Chapter 2
Anxiety Disorders

Everyone from time to time experiences symptoms of anxiety. For individuals with an anxiety disorder, however, these symptoms tend to be bothersome daily and worsen when pressure or stress occur. According to the National Institute of Mental Health, anxiety disorders are the most common type of mental illness in the U.S. Approximately 40 million people over the age of 18 are affected each year. The cause of anxiety can vary with the disorder and the individual. Most anxiety disorders are probably due to genetic factors, personality factors or life experiences.

Case Illustration

Allison's softball coach was concerned about her lack of concentration. She had errors in the outfield and was making mental errors. She seemed distracted. In the dugout, at team meetings and traveling to away games, she had difficulty sitting still and was often — as her parents called it — "fidgeting." When her coach asked if she was worried about something, Allison said she had always been a "worrier" and sometimes had difficulty falling asleep because her mind was "racing." Allison also admitted that she specifically worried that she sometimes felt as though something "awful" was going to happen. When that feeling occurred, she worried that she might die from a heart attack because of her racing heart and shortness of breath. Allison admitted that she was worried that this "thing" would happen again, and she felt powerless to stop it. She said that she had mentioned it to her mother, who admitted that she had experienced the same problem.

Signs and Symptoms/Identification

Anxiety symptoms can be general or specific to a particular stressful situation or set of circumstances. They may or may not have an apparent cause. Symptoms can include any of the following:

- Excessive worry, fear or dread;
- Sleep disturbances, especially difficulty falling asleep;
- Changes in appetite, including either an increased need to eat when anxious or difficulty eating due to anxiety;
- Feelings ranging from a general uneasiness to complete immobilization;
- Pounding heart, sweating, shaking or trembling;
- Impaired concentration;
- A feeling of being out of control;
- Fear that one is dying or going crazy; or
- A disruption of everyday life.

Types of Anxiety Disorders

There are several types of anxiety disorders. The most common ones include:

"Generalized" anxiety disorder. This type of anxiety has sometimes been called "free-floating" anxiety because it seems to occur without a particular precipitant. Individuals with a generalized anxiety disorder often find it difficult to sit still, do nothing or relax. They also may be plagued with constant worries that interfere with concentration or daily functioning.

Panic Attacks or Panic Disorder. This type of anxiety can occur without warning, often with a sense of impending doom. These feelings usually are accompanied by consequent or complicating physical symptoms (i.e., racing/pounding heart, shortness of breath, etc.).

Obsessive Compulsive Disorders. Other anxiety symptoms manifest themselves as "obsessions" (recurring, redundant, rumi-

native or irrational thoughts), while others involve "compulsions" (behaviors an individual feels compelled to perform). If the affected individual is unable to practice obsessive thinking or perform compulsive behaviors, anxiety can worsen. Obsessions and compulsions are initially practiced in an effort to reduce anxiety. However, they can take on a life of their own at some point and have to be practiced in order for the individual to avoid the increase in anxiety that will occur if they are not practiced.

Phobias: A phobia involves an exaggerated fear of a specific object or situation. One such phobia is a social phobia (sometimes called social anxiety disorder). In this case, the individual has a significant fear of being judged negatively by others in a social or performance situation.

Although many of the fears or anxieties associated with anxiety disorders are "irrational" (not logical, reasonable, or based on experience), others have developed as a result of an actual experience or trauma (i.e., sexual assault) and are sometimes called "post-traumatic stress disorders."

Effects on Performance

Not all anxiety is necessarily bad. In fact, a little anxious excitement can facilitate performance if managed properly. Some student-athletes without anxiety disorders may experience anxiety or nervousness when under pressure in an important competition. Often these student-athletes can overcome these problems with instruction in mental skills training that can help them focus, concentrate and perform. However, student-athletes with an anxiety disorder are less apt to be able to manage their anxiety properly and positively. Depending on the nature of the anxiety disorder, effects can vary. An anxiety disorder can

Effects on Performance

- Student-athletes with an anxiety disorder are less able to manage their anxiety in sport and non-sport activities properly and positively.
- Anxiety disorders can negatively affect concentration, primarily through distraction by physical and psychological symptoms.
- These student-athletes will often have difficulty focusing. In addition, they will attend to the negative rather than the positive.
- Negative emotion can occur before, during and after competitions.

A student-athlete may be experiencing stress because of the transition of being away from home, living in a dorm, or from academic performance in terms of "making grades" and becoming or staying "eligible."

negatively affect concentration, primarily through the student-athlete being distracted by his or her symptoms, which could include physical and psychological symptoms. These difficulties can affect the student-athlete before, during and after competition. During competition, many of these student-athletes will have difficulty focusing; or they will focus on the negative rather than the positive. Before competition, they are inclined to worry that they will not perform well, perhaps setting up their worst fears. After a competition, especially one in which they perceive that their performance was inadequate, they worry that they are "not good enough" and that significant others (i.e., coaches, teammates, family, friends, etc.) will be disappointed in them.

Stress

Symptoms of stress are similar to anxiety disorder characteristics. Symptoms of anxiety disorders often worsen under stress. Stress refers to the tension, pressure and anxiety that are common to our society. We all feel stress to some degree. Some feel it more than others and are affected more. Its symptoms can be both physiological and psychological. Stress can affect sleep, eating and relationships, and academic and athletic performance. A student-athlete may be experiencing stress because of the transition of being away from home, living in a dorm, or from academic performance in terms of "making grades" and becoming or staying "eligible." They may feel stress related to their own expectations and from those of significant others regarding their sport performance. Their stress also may be related to family problems or issues related to significant people in their lives, either at home or

school or both. Many college campus counseling centers offer “stress management” assistance. Your student-athletes may benefit from such programs.

Sport Participation

Should a student-athlete with an anxiety disorder train and compete? From a physical/medical health standpoint, there is no obvious reason why a student-athlete should not continue sport competition, unless it in some way renders the student-athlete more at risk for injury. From a psychological/emotional health standpoint, pro and con arguments could be made to permit the student-athlete to train and compete. It might be helpful for a student-athlete to have sport as a healthy distraction from his or her symptoms. Not having sport participation might create more “spare” time in which to worry and obsess. Additionally, the physical nature of sport might provide the student-athlete with a physical means to release some of the troublesome anxiety. Less anxiety in turn might create less of a need for symptomatic behavior used to manage the anxiety. On the other hand, sport participation might be perceived as another stressor or worry and increase the need for symptoms. The decisions regarding training and competition should be made by the healthcare professional(s) treating the student-athlete, in consultation with sport personnel and the student-athlete. The decision should be solely based on what is in the student-athlete’s best interest.

*The decisions regarding training and competition should be made by the healthcare professional(s) treating the student-athlete, in consultation with sport personnel and the **student-athlete**. The decision should be solely based on what is in the student-athlete’s best interest.*

Special Management Issues

Student-athletes with an anxiety disorder are likely to welcome an offer of assistance. Individuals with such disorders are often tired or even exhausted by their

An individual may have more than one anxiety disorder as well as other disorders such as depression.

symptoms and are looking for some relief. The discomfort of an anxiety disorder can be quite motivating in this regard. Although they may respond positively to your attempts to help, they might worry about what you might think of them. Such is the nature of these disorders. Given their doubts, worry and obsessiveness (repetitive thinking that is usually unwelcome), they will probably need considerable support and reassurance.

SUMMARY

1. Signs and symptoms of anxiety disorders often include fear, worry, changes in sleep and eating, shaking/trembling, and a feeling of being out of control.
2. Causes of anxiety disorders can include genetic and personality factors, and life experiences.
3. An individual may have more than one anxiety disorder and other disorders such as depression.
4. Anxiety disorders can decrease sport performance because they negatively affect concentration and focus.

Chapter 3

Eating Disorders and Disordered Eating

Good Nutrition Promotes Health, Enhances Performance

Eating disorders are somewhat of a misnomer. They are not only disorders of eating. They are mental disorders that manifest themselves in a variety of eating and weight-related symptoms. Focus should not only be on eating disorders such as anorexia nervosa, bulimia nervosa or an eating disorder not otherwise specified; it also should include "disordered eating."

Prevalence, Risk Factors and Causes

Eating disorders are common among college-age females. They are much less common among males, but it should be remembered that 10 to 25 percent of individuals with eating disorders are male. Eating disorders result from a combination of factors that include genetics, personality, socio-cultural pressures regarding thinness, social learning and family issues. Although sport participation for most individuals is a healthy experience, aspects of the sport environment can increase the individual's risk for an eating disorder.

Eating disorders often begin or worsen during transition periods, such as when an individual leaves home to attend college. Because eating disorders usually are triggered by dietary restraint (dieting) for weight loss, they tend to be more prevalent in sports that emphasize a thin body size or a low weight, such as cross country, diving, gymnastics, lightweight rowing and wrestling. However, eating disorders for many student-athletes are not directly related to their sport. They likely would have the disorder even if they were not student-athletes. For these student-athletes, athletics may simply be another stressor that increases the need for the disorder.

Purposes and Functions

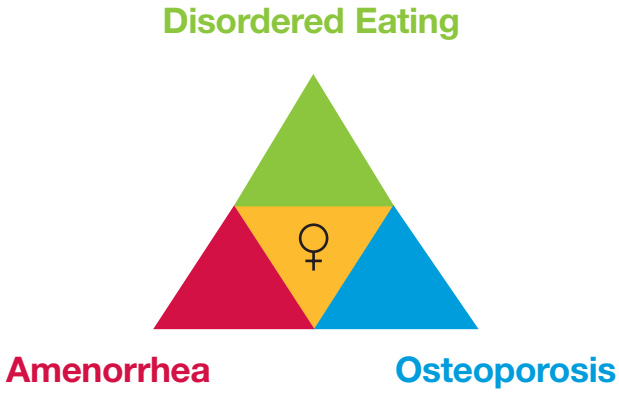
Eating disorders can serve a variety of purposes or functions for the individual. Most eat-

ing disorders begin as an attempt to lose weight. The disorder can generalize to many other aspects of a person's life and may become the primary means of coping with life. Usually the longer a person has the disorder, the more purposes and functions it serves.

Although sport participation for most individuals is a healthy experience, aspects of the sport environment can increase the individual's risk for an eating disorder.

Disordered Eating

All eating disorders are included in disordered eating, but not all disordered eating meets diagnostic criteria for an eating disorder. Disordered eating consists of the spectrum of unhealthy eating from dietary restraint to clinical eating disorders. Dietary restraint or "dieting" is included as disordered eating because dieting is the primary precursor or trigger for the development of an eating disorder. Although some disordered eating does not meet the criteria for an eating disorder, it can create significant problems for a student-athlete, most notably complications related to what has been termed the Female Athlete Triad — disordered eating, amenorrhea (loss of menstruation) and loss of bone mass (osteopenia/osteoporosis). In this case, disordered eating usually begins the triad by causing insufficient energy to fuel the student-athlete's exercise and training and to maintain normal bodily processes related to health, growth and development. When this occurs, the reproductive system is shut down to conserve energy. As a consequence, the body stops producing estrogen. Without estrogen, the body cannot build bone mass, resulting in a loss of bone mineral density. Extensive information about these problems is contained in the **"NCAA Coaches Handbook: Managing the Female Athlete Triad."**



Types of Eating Disorders/Identification

- Anorexia nervosa, often referred to as

simply “anorexia,” can be described as a self-starvation syndrome. Most anorexic individuals also engage in excessive exercise, which increases their risk and can be difficult to determine or identify in student-athletes.

- Bulimia nervosa, usually referred to as “bulimia,” can be described as a binge/purge syndrome in which individuals ingest food and then “purge” it, usually through self-induced vomiting, laxative/diuretic abuse or excessive exercise.
- Eating disorder not otherwise specified (EDNOS) includes eating problems with some of the diagnostic criteria of anorexia or bulimia but not all.
- Binge eating disorder (eating large quantities of food without purging) is included in EDNOS.
- Disordered eating includes the full spectrum of unhealthy eating from simple dieting to clinical eating disorders.

Effects on Performance

Of all the disorders discussed in this handbook, performance is probably most affected by eating disorders and disordered eating. In general, healthier student-athletes perform better, and health is greatly affected by nutrition. Because of inadequate nutrition, student-athletes with eating difficulties tend to be malnourished, dehydrated, depressed, anxious and obsessed (with eating, food and weight). In addition to their negative effects on a student-athlete’s physiology, these problems decrease concentration and the capacity to play with emotion.

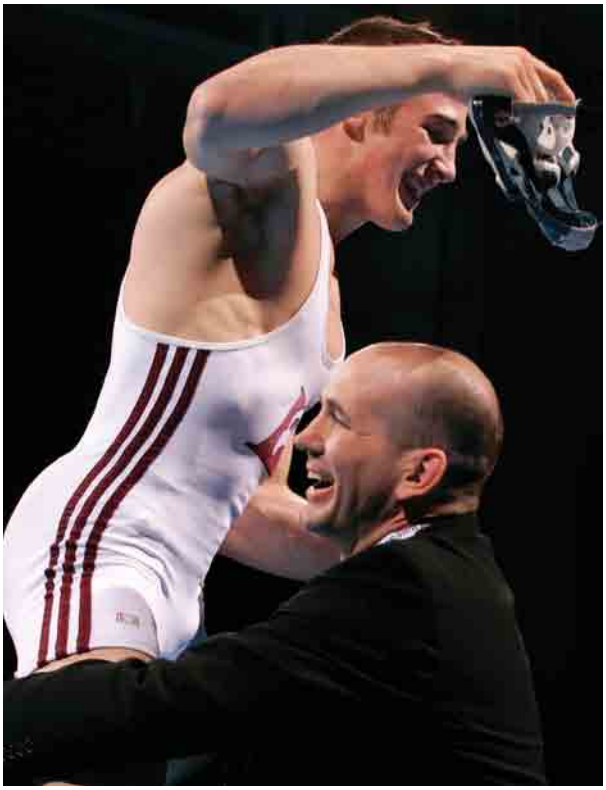
Regarding the physical effects of disordered eating, research suggests that intense dieting can negatively affect VO_2max and running speed for some student-athletes. Because most individuals with eating problems are restricting their caloric intake, they

Case Illustration

Mary's athletic trainer mentioned to her coach that she often gave excuses about why she could not eat while on road trips. She would say that she could not eat before a competition because she would feel ill or too heavy to run well. Mary's teammates noticed that when she did eat, she often went to the restroom shortly afterward. Mary was not overweight, but she often referred to herself as being “fat.” Her performance had decreased during the past year. She maintained that in order to perform well, she needed to be “leaner.” Mary's last medical evaluation indicated that her menstrual cycle was irregular and that she had lost eight pounds in the past year. Her medical history included two stress fractures.

Effects on Performance

- Generally, healthier student-athletes perform better longer, in large part due to good nutrition.
- Eating disorders affect the student-athlete both physically and psychologically.
- Physical effects can include decreased VO_{2max} and running speed, low energy, weakness, dehydration, and increased risk of energy.
- Psychological effects can include decreased concentration due to malnutrition, anxiety, depression and obsessive thinking.



are likely to ingest inadequate amounts of carbohydrate in part because they often view carbohydrates as being "fattening." Restricting carbohydrates — the best energy source — leads to glycogen depletion sooner. Without adequate carbohydrate ingestion, the body tends to convert protein into a less efficient form of energy. The risk of muscle-related injury and weakness increases with inadequate protein. For a variety of reasons (i.e., restriction of carbohydrates, induced vomiting, excessive exercise, etc.), student-athletes with disordered eating are apt to be dehydrated, which negatively affects athletic performance.

Sport Participation

One of the most difficult decisions that arises with a student-athlete with a mental health problem is whether he or she should be training and competing while symptomatic. This decision may be most difficult with a student-athlete with an eating disorder because the disorder affects the student-athlete emotionally and also can significantly compromise the student-athlete's physical health. On the surface, the simple solution would appear to be to prohibit sport participation until recovery from the disorder. Why even consider allowing a student-athlete with an eating disorder to train and compete?

There are actually several rationales for allowing a student-athlete with an eating disorder to train and compete. Reasons for allowing student-athletes to train and compete include:

- It allows the student-athlete to remain part of a team and maintain a sense of attachment.
- It can make it easier to monitor the student-athlete's eating and condition.
- It allows the student-athlete to participate in the primary or only activity through which

he or she receives self-esteem.
- It allows the student-athlete to maintain the important identity of "student-athlete."
- It may facilitate the eating changes that will be necessary.
- Sport participation can be used to motivate the student-athlete in treatment by withdrawing or reinstating participation based on the student-athlete's treatment compliance and progress.
- It is a way to determine if the student-athlete really "wants" to participate in sport.

Despite these rationales for training and competition, there are conditions under which the student-athlete should not be allowed to train and compete. These conditions and others under which training and competing might be permitted are identified in the "NCAA Coaches Handbook: Managing the Female Athlete Triad." The health and safety of the student-athlete are always the primary consideration, and the recommendations listed in the female triad handbook are proposed on that basis.

The health and safety of the student-athlete are always the primary consideration.

Management of Eating Disorders and Disordered Eating

Because this topic is covered in considerable detail in the "NCAA Coaches Handbook: Managing the Female Athlete Triad," refer to the handbook for specific recommendations on how best to manage these student-athletes (see www.ncaa.org/health-safety). Remember that individuals with eating disorders are inclined to deny having a problem. Typically, they are concerned that their disorder will displease significant others (i.e., coaches). For this reason, they may resist your advice and assistance. Being student-athletes, they have another reason to resist — they fear admitting the problem may

Usually it is better to approach them with general concerns for their health rather than directly confronting them with evidence of eating symptoms.

result in being withdrawn from their sport. Usually it is better to approach them with general concerns for their health rather than directly confronting them with evidence of eating symptoms. For more information about this special issue and more general management concerns and questions, refer to the coaches handbook.

SUMMARY

1. Eating disorders usually are triggered by dietary restraint.
2. Eating disorders can serve several purposes and functions for the individual, and they usually increase with the duration of the disorder.
3. Eating disorders can negatively affect health and sport performance from a physical and psychological standpoint.
4. Decisions regarding sport participation of the student-athlete with an eating disorder should be made by the healthcare treatment team and can be a way to motivate the student-athlete in treatment.

Chapter 4
Substance-Related Disorders

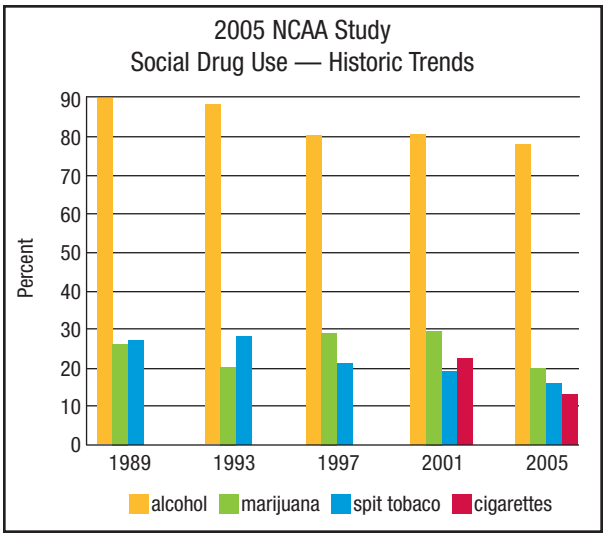
In this handbook, the term "substance" refers to a variety of drugs or chemicals, including those that are legal, illegal, prescribed, over-the-counter (OTC) and performance-enhancing. Primary focus is on substances that appear to be used frequently by college-age individuals, and those that for various reasons may be student-athletes' substance of choice. Although substance use often is associated with terms like "abuse," "dependence" or "addiction" to indicate the severity of use, that part of the identification process is well beyond the scope of this handbook. The focus of this handbook is to help coaches identify a student-athlete with a possible problem, refer the student-athlete to the appropriate professional who can assess the extent of the problem and arrange necessary treatment. Much of the information in this chapter was drawn from the six NCAA studies investigating substance use by student-athletes. Based on the self-reporting of drug use, these data are probably conservative. Actual use is apt to be higher than reported use.

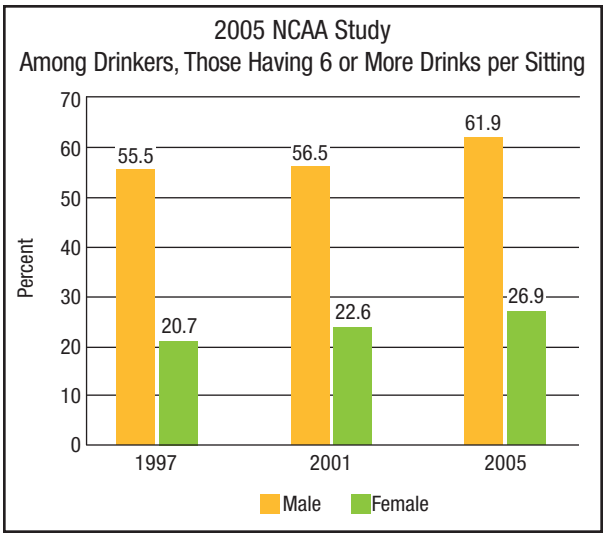
Substances

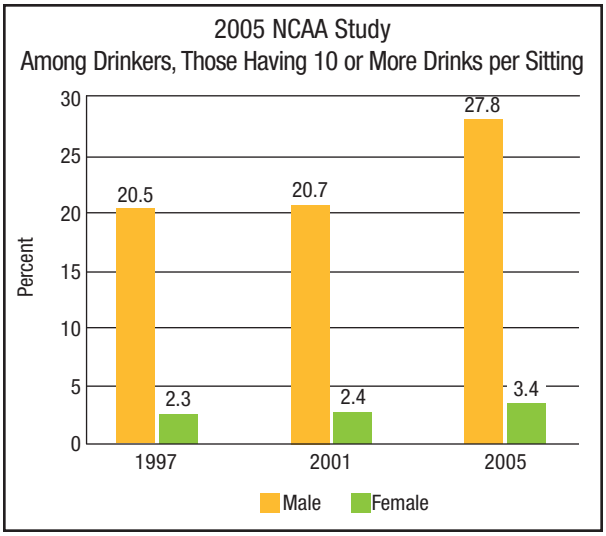
Alcohol

Current Usage. Although alcohol consumption decreased among student-athletes from 1989 to 2005, more than three-fourths of the student-athletes surveyed in a 2005 NCAA study reported using alcohol during the previous 12 months. More disturbing was the increase in the number of student-athletes who reported drinking 6 or more or 10 or more drinks in a sitting.

Effects on Performance. Alcohol is a central nervous system (CNS) depressant. It can decrease concentration, coordination, reaction time, strength, power and endurance. Alcohol also can inhibit the







body's absorption of nutrients. For these reasons, alcohol will negatively affect performance. The extent of the effect depends on the amount and type of alcohol ingested, the weight and health of the individual, and the timing of the alcohol consumption. For "heavy drinkers," the effect can last for days. See "For the Athlete: Alcohol and Athletic Performance" for additional effects on performance (www.ncaa.org/health-safety). Findings in a recent NCAA survey suggested that many student-athletes do not see alcohol consumption as a problem. Almost 60 percent of student-athletes reported that they did not believe that alcohol affected their athletic performance. However, almost 30 percent admitted that they had performed poorly in practice or a competition because of drinking or drug use.

Reasons for Use. Most individuals consume alcohol recreationally to "feel good" or "have a good time." Some, however, use it as a means to calm themselves to avoid or manage anxiety. Some will even suggest that alcohol acts as an "ergogenic" that allows them to perform better by helping them to "relax." Some may use alcohol to help them sleep. Others will use alcohol in response to being depressed; however, because it is a CNS depressant, alcohol only serves to further (biochemically) depress them.

Signs and Symptoms. The signs and symptoms of alcohol (ab)use can vary with the type and amount of alcohol consumed and the individual's personality. In general, student-athletes with this problem might be expected to be more irresponsible regarding commitments or responsibilities to school, sport, and relationships. They might be more likely to drink in situations that could be dangerous to themselves or others. They might show a propensity for

getting into trouble when drinking (i.e., fighting, legal problems, etc.). These examples are observable signs, but it should be remembered that drinking alone often is a sign of an alcohol problem. Thus, a student-athlete who abuses alcohol may do his or her drinking alone and avoid drawing attention to observable signs.

Stimulant-Type Substances-Amphetamines, Cocaine, Ephedrine, and Medications for Attention Deficit and Hyperactivity Disorder (ADHD).

In contrast to a CNS depressant like alcohol, substances in this class are CNS stimulants. Whereas CNS depressants slow the nervous system, CNS stimulants speed up the nervous system. Users sometime refer to these drugs as "speed."

Current Usage. The percentage of student-athletes reporting using amphetamines, cocaine and ephedrine is small (four percent or less). However, amphetamine and cocaine use by student-athletes has been increasing in recent years. Ephedrine use has not increased. This type of drug use often begins before college.

The abuse of medications for ADHD is a relatively new phenomenon, but one that is increasing in prevalence — especially in the college population. These medications, when used by individuals who need them for treatment of their hyperactivity symptoms (i.e., distractibility) have a paradoxical effect. Although ADHD medications are stimulants, they decrease the individual's distractibility and facilitate concentration and focus. Some individuals are illegally or illicitly obtaining the medications for their own use or for sale. These medications usually are amphetamines such as Adderall and Dexedrine.

Case Illustration

Jim was told by his coach to see his academic counselor when he had been placed on academic probation. He explained to the counselor that he had been missing classes, especially morning classes, because he often didn't feel well in the morning. Jim reported that he seldom felt like getting up to go to class because he often woke up with physical symptoms that included nausea and headaches. His counselor asked if he had been examined medically regarding these symptoms. Jim indicated that he had, but that the doctors could not find anything wrong with him. When his counselor asked about his drinking, Jim angrily said that he was not an "alcoholic" and that he knew an alcoholic when he saw one because his father was an alcoholic. The counselor asked about an incident that had occurred the previous year when he had been arrested for fighting outside of a bar. Jim denied that he had had too much to drink at that time and said that the other guy started the fight. When asked by his counselor if he had had any other arrests, Jim reported that he had been arrested as a high school junior for underage drinking, but he dismissed the incident by saying that he wasn't drunk and was just in the wrong place at the wrong time.

The abuse of medications for ADHD is a relatively new phenomenon, but one that is increasing in prevalence — especially in the college population.

Effects on Performance. Because the drug makes a student-athlete feel more energetic and alert, it is assumed that it will positively affect performance. The drug can make many individuals nervous or jittery, which would negatively affect any skill requiring fine motor coordination and concentration. Performance also can be negatively affected because this type of drug increases heart rate and blood pressure. In addition to these potential problems, drugs like ephedrine can increase body heat production and body temperature. Because these drugs can lead the student-athlete to feel overly energetic, they may lead to overexertion, which could result in injury or even death in extreme cases. It is ironic that many student-athletes may be taking these drugs as an "ergogenic" aid to help them perform better, when in fact these drugs may have more of an "ergolytic" (negative performance) effect.

Reasons for Use. This type of drug usually is used for "energy" or to raise mood. It also may be used for weight control/loss. Amphetamines also may be used to improve performance.

Signs and Symptoms. Common signs and symptoms include shakiness, rapid speech or movements, difficulty sitting still, difficulty concentrating, lack of appetite, sleep disturbance, and irritability.

Marijuana:

Current Use. Marijuana is the most widely used illegal drug by the general population. Marijuana appears to be a drug of choice for college students, and it appears to be a popular drug used by student-athletes. Although marijuana use by student-athletes has declined in recent years, a 2005 NCAA study found almost 20 percent of student-athletes reported having used the drug in the past year.

Effects on Performance. The effects of marijuana on sport performance are much like those of alcohol. It can slow reaction time, impair both motor and eye-hand coordination, and affect time perception. Research related to the duration of the effect of this drug is inconclusive, but some researchers believe it can last an entire day or longer.

Reasons for Use. Student-athletes reported that they used marijuana for recreational and social purposes in order to "feel good."

Signs and Symptoms. Signs and symptoms vary depending on the frequency of use. There may be no signs associated with infrequent use. Possible signs could include red eyes, paraphernalia related to marijuana use (i.e., papers, pipes, etc.), and scales for weighing the drug. Physical symptoms could include lethargy and increased appetite, especially immediately after smoking the drug.

Marijuana is the most widely used illegal drug by the general population.

Anabolic Steroids:

Current Usage. Steroid use by student-athletes has been decreasing. Now, less than two percent report using steroids. The majority of users are male. Of those who use steroids, more than half say they use them to enhance performance and that their use began before college.

Effects on Performance. Steroid use typically is associated with an increase in athletic performance. Steroids can increase muscle mass, and as a result may increase strength, power, speed and endurance.

Reasons for Use. The primary reason reported for steroid use is performance enhancement from an increase in size and strength, and to recover more quickly from an injury.

Of those who use steroids, more than half say they use them to enhance performance and that their use began before college.

Signs and Symptoms. Signs and symptoms can include a variety of changes in the student-athlete. Some changes may occur in the size and musculature of the body. There may be personality changes, often with a variety of psychiatric symptoms, including increased anger and aggression, or what has sometimes been referred to as "roid rage." Physical/medical signs can range from acne to reproductive system dysfunction to liver and cardiovascular system problems.

Sport Participation

Usually, the primary issue regarding whether a student-athlete with a mental health problem should be training or competing concerns the physical and psychological risk to the student-athlete. A decision to allow the student-athlete to continue with sport participation is usually made if the healthcare team agrees that training and competition do not increase the risk to the student-athlete. However, the issues for a student-athlete with a substance-related disorder will likely be different. Due to the use of substances that are illegal, substances on the NCAA banned substance list or substances that are prohibited by the coach or athletics department's substance abuse policy, the question of whether the student-athlete should participate in his or her sport may be a moot point because of legal issues or an imposed suspension related to the substance abuse. Most athletics departments will have substance-abuse policies that will provide guidance regarding recommended procedures. Even if the NCAA or the institution's policy does not prohibit the student-athlete from practice and competition, it may be in the best interest of the student-athlete for you to require substance-

abuse treatment as a condition of participation. That is, sport participation can be used as a way to motivate the student-athlete in treatment.

Approaching a Student-Athlete

Approaching a student-athlete with a suspected substance-abuse problem is somewhat different from approaching a student-athlete regarding symptoms of depression or anxiety. Student-athletes with depression and/or anxiety may be more receptive because they feel bad and may be motivated for assistance, hoping to feel better. Student-athletes with substance-related difficulties may be less receptive to assistance for the following reasons.

- They may not actually feel bad because they may be using the substance in order not to feel bad or at least not be aware of feeling bad.
- They may be "dependent" on their substance, whereas the depressed or anxious student-athlete is not apt to be dependent on their symptoms.
- Denial of the problem is common with substance abuse.
- The substance abuser may fear punishment (i.e., suspension) for his of her use because the substance being used may be illegal, on the NCAA banned substance list, or prohibited by the coach or athletics department.
- Although there may still be a stigma attached to problems like depression or anxiety, there is apt to be a more negative attitude associated with substance abuse. As a result, a student-athlete with substance use may more actively resist admitting to the problem.

Sport participation can be used as a way to motivate the student-athlete in treatment.

Denial of the problem is common with substance abuse.

Given these issues, approaching student-athletes with a substance-use problem could prove to be difficult. They will likely deny the problem and resist your efforts to assist them. It is probably best not to argue with them or try to convince them. Simply **tell them that you are concerned and that the only way to know for sure if there is a problem is for them to be evaluated by a professional** with experience and expertise in this area. **Make the referral and follow-up** to make sure the referral was accepted and completed.

SUMMARY

1. Substance abuse by student-athletes includes drugs that can be classified as legal, illegal, prescription, over-the-counter and performance-enhancing.
2. Substance abuse by student-athletes usually begins before coming to college.
3. Many of the drugs classified as CNS stimulants may be viewed by student-athletes as performance-enhancing.
4. Student-athletes who have substance-related disorders may be more difficult to assist because of the denial that is often characteristic of such disorders and because the drug use often carries sanctions or punishments that may have legal or eligibility consequences.

Chapter 5
Management and Treatment Issues
What to Do

This chapter will primarily focus on responding to the student-athlete with a suspected mental health problem. Because approaching the individual is necessary for effective management and is critical in obtaining the student-athlete's compliance, this first step is perhaps the most important part of the process.

An important disclaimer in this chapter involves the limits of responsibilities of the person responding to the student-athlete. Your job is not to evaluate, counsel or treat. Rather, it is to assist the individual in getting to the right treatment professional.

Talking with the Student-Athlete

Who should talk with the student-athlete? The person approaching the student-athlete should be a person of some authority. More important, however, is that this initial step should be taken by someone who has a good relationship with the student-athlete or who is comfortable in discussing important and sensitive issues. This might be a coach, an athletic trainer, a team physician or some other individual involved in the student-athlete's life.

How should the student-athlete be approached? The layperson's biggest fear in responding to an individual with an emotional problem is often the fear of saying the wrong thing and worsening the situation. **Probably the most serious mistake that anyone can make in (mis)managing a student-athlete with a mental health problem is to respond as if the problem is trivial or is a sign of weakness.** For someone who has never been clinically depressed, it may be difficult to imagine that people could be so depressed that they literally cannot get out of bed. In such a case, you might be tempted to accuse a student-athlete of simply being "lazy" or

Your job is to assist the individual in getting to the right treatment professional.

"irresponsible" and recommend that he or she "get the lead out of your butt." Similarly, for someone who has never experienced a panic attack, it may be hard to believe that people could be so anxious that they become immobilized or fear that they are going to die. You might be inclined to see them as being "weak" and recommend that they just "toughen up." A "normal" eater, who eats whatever he or she wants, may think it is silly that a student-athlete is "afraid" to eat and might demand that she "stop being ridiculous" and "just eat." Someone who views substance abuse simply as a "choice" by a student-athlete who is being "stupid" may think that treatment rather than punishment is only "coddling" the student-athlete.

Even if you cannot understand the seriousness or difficulty of the student-athlete's problem, you must accept that it is a serious problem for that individual. **Depressive disorders, anxiety disorders, eating disorders and substance-related disorders are mental health problems in need of treatment. They are illnesses — not choices;** that is why they are called disorders. Individuals with mental health problems are not weak. Their difficulties are not insignificant, and their recovery is not simple or easy. If their problems were simple or insignificant, and getting over them were easy, they would have already found a solution and implemented it. They need assistance. As their coach, you may be the first step in the process. Admitting their difficulties will not be easy for them.

With the disorders we discuss in this handbook, the student-athlete is likely to already feel bad about his or her circumstances. A critical, judgmental or detached response on your part will likely serve to worsen those feelings. A positive, con-

cerned and involved response on your part is a good first step.

How to respond when the student-athlete approaches you. When an individual approaches you, he or she is indicating a need to talk with you. The best way to respond is to listen. Stop what you are doing, look at the student-athlete and listen. This posture communicates that you are ready and willing to listen. Listening is the most important part of communicating. It is hard to listen when you are talking. If you are listening, you will likely know when to talk and what to say. Generally, wait to speak until the student-athlete stops talking or appears to be waiting for you to respond. It is all right to ask questions for clarification, but be careful not to judge or be critical. Accept what you are given. It is okay to repeat back what you have heard to be sure you heard it correctly. Indicate that you are glad the person has chosen to speak with you. Ask if there is anything else that needs to be said. If not, or after he or she finishes what needs to be said, respond by saying that you want to help get the necessary assistance. You then make the referral.

Making a referral. Unfortunately, many referrals are not accepted or used by the student-athlete. There are aspects of making a referral that increase the likelihood of it being successful. Know or at least have some knowledge regarding the referral person or agency. Share that knowledge with the student-athlete. Also, referrals are more often accepted when the referral is made to a specific person. Either you make the call or have the student-athlete make the call at the time to make the necessary arrangements. If you feel the individual needs assistance at the time, take him or her to the referral person or facility.

How to respond when the student-athlete approaches you.

- The student-athlete's approach indicates a need to talk with you.
- Stop what you are doing, look at the person, and **listen**.
- **Listening** is the most important part of communication.
- It is hard to talk and **listen** at the same time.
- If you listen well, you will know when to speak and what to say.
- Accept what you are given. Ask questions for clarification **without judging**.
- When it appears the person has finished talking, ask if there is anything else he/she needs to say.
- Indicate that you are glad he/she came to you and that you want to help.
- Make the necessary referral and encourage/support its acceptance.

It is best to approach the individual privately to decrease the likelihood of embarrassment and to avoid any other activity that might distract you or the student-athlete.

How to respond when the student-athlete is in need and has not approached you. Obviously, it is easier and better if the student-athlete with a mental health problem comes to you. However, it is probably more likely that you will need to initiate the contact, in part because the individual may not feel there is a problem, or because of being embarrassed or uneasy about approaching someone in authority regarding his or her difficulties. It is best to approach the individual privately to decrease the likelihood of embarrassment and to avoid any other activity that might distract you or the student-athlete. Sensitivity is a key in facilitating the discussion. Begin by saying that you are concerned about the individual's welfare and would like to help. Ask how he or she is feeling, and how school, practice and games are going. Hopefully, this approach will allow the student-athlete the opening to talk with you about his or her difficulties. If so, follow the same recommendations discussed above regarding when the individual comes to you. If not, then you should tell the student-athlete that you need to make sure he or she is okay. Relate to the person that in order to determine this, you need to have him or her talk with a healthcare professional and that you would like to help arrange the appointment. If the student-athlete resists, you should say that you simply want to arrange an evaluation to determine if there is a problem. Tell the student-athlete that you hope that the evaluation determines that he or she does not have a problem, and if that is the case, then we can all breathe a sigh of relief and go on with our lives. The student-athlete should be told that if the professional's evaluation indicates that a problem exists, then the professional will discuss treatment options.

Helping the student-athlete who resists treatment. The student-athlete may resist evaluation and treatment. In such a case, the student-athlete should be told that he or she is considered to be "injured," and that it's your responsibility to take care of your injured student-athletes. If the student-athlete asks about being able to train and compete as a result of the difficulty and treatment, reply that the decision will have to be made by the healthcare professionals who manage the treatment.

Knowing Your Limits

Sometimes attempting to assist an individual with an emotional problem can weigh heavily on the person trying to help. To avoid this, you need to know your limits. You need to be aware of what is reasonable to expect from yourself. It is important to remember that you cannot change the person, and that you have limited control with the person. Your responsibility is to recognize and refer. These may not seem like important steps in the individual receiving the necessary assistance; however, these are perhaps the most important steps in the process. If the individual resists your attempts to be helpful, it does not necessarily mean that you have done anything wrong or that you need to do more. An individual often resists because of the fear associated with change or treatment, and usually greater resistance is associated with a more significant problem. Remember that the person has an emotional problem. You should not necessarily expect a reasonable, rational or logical response. When you begin to feel undue stress or worry regarding the situation, it is time to take care of yourself and turn the problem over to someone else.

Knowing Your Limits

- To avoid the student-athlete's difficulties weighing too heavily on you, you need to know your limits.
- Be aware of what is reasonable to expect from yourself.
- You cannot change the person because you have limited control.
- Your responsibility is to recognize and refer.
- When you begin to feel undue stress or worry, it is time to take care of yourself and turn the problem over to someone else.

Sometimes one disorder is so prominent or obvious that it can mask the existence of another. Disorders are often related.

Understanding the Relationship Among and Between Disorders

It is not uncommon for an individual to have more than one mental disorder, and in some cases the disorders may be related to each other. These relationships can take several forms. Some disorders may be genetically linked. One may be an effect or consequence of another. One may worsen the other. One may develop as a means to cope with another. As was mentioned in Chapter 2, depressed people also often have an anxiety disorder as well. Many individuals with an eating disorder are also apt to have a mood disorder (depression) and one or more anxiety disorders and abuse stimulant drugs for the purpose of appetite suppression and weight loss. Anxious and depressed people may use substances to try to feel better. Many individuals with alcohol problems drink in part because they are depressed but will become more depressed by consuming alcohol. The occurrence of more than one disorder in a single individual is often referred to as "comorbidity."

Why is it important to know if an individual has comorbid disorders? Sometimes one disorder is so prominent or obvious that it can mask the existence of another. An illustrative example might be the student-athlete who is frequently "hung over." The consequences of drinking may be so prevalent and obvious that an underlying depression might be overlooked. Sometimes one disorder can complicate or negatively affect the treatment of another. For example, a significant depression could make the treatment of an eating disorder more difficult. Sometimes these disorders can be treated concurrently, while at other times they may need to be treated separately. These are not decisions that you

need to make; they are decisions that have to be made by the healthcare team. Usually, the risk to the individual is the deciding factor. Consider a case of a depressed individual who has an eating disorder to illustrate this point. Depression can complicate the treatment of an eating disorder. If the individual's health is greatly compromised by the eating disorder, the primary focus is likely to be on the eating symptoms rather than the depression. On the other hand, if the individual is so depressed that suicidal thoughts occur, the focus of treatment should be on the depression.

Confidentiality

One of the most important aspects of psychological management and treatment involves the issue of confidentiality. Healthcare practitioners are legally and ethically required to maintain the privacy and confidentiality of their patients. They cannot divulge any information about their patients to anyone (even the patient's parents) without the patient's written consent. Even then, the information is still restricted to what the patient agrees can be released, what is appropriate to be released, the conditions under which the information can be released and to whom.

The only exceptions to the release of such information occur in cases involving imminent risk to the patient or others, child abuse, and a court order requesting the information. Confidentiality assures patients that their information will not be shared with anyone without their consent. The purpose of confidentiality is to promote a therapeutic atmosphere in which patients feel safe and secure enough to talk about anything related to their difficulties, regardless of how serious or personal.

Healthcare practitioners are legally and ethically required to maintain the privacy and confidentiality of their patients. They cannot divulge any information about their patients to anyone (even the patient's parents) without the patient's written consent.

Confidentiality does not have to be a problem, especially if it is handled properly from the beginning by healthcare professionals, both in terms of describing confidentiality to the patient and to those requesting information.

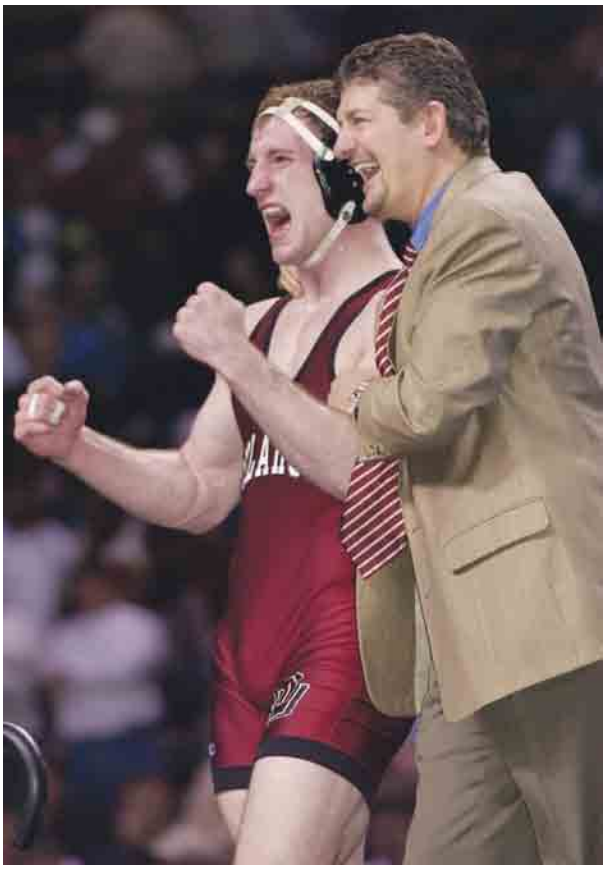
Although confidentiality is viewed as the cornerstone of psychological treatment, it can feel like a stumbling block to people who want to know about the patient's condition, treatment and progress. Most of the time, the people seeking this information are simply concerned for the patient's welfare. Regardless of their motives, however, the information cannot be released by the practitioner without the patient's written consent. Sometimes for a variety of reasons, the patient may not want others to know anything about his or her condition or treatment. Even if the patient consents, the practitioner still makes the decision whether it is appropriate or in the patient's best interests to release the information. Obviously, this can be quite frustrating to someone who wants the information.

Some coaches have the benefit of having a departmental sport psychologist. Those coaches who have such a benefit, or who have an ongoing, working relationship with a psychologist or mental health professional, will likely know what to expect and how to proceed. Those who are working with a mental health professional for the first time are likely to have the most success by contacting the professional, introducing yourself, explaining that you understand and respect confidentiality issues, but would also like to be helpful to the student-athlete. Therefore, **with everyone's consent, you would simply like to know if the student-athlete is okay, if appointments are being kept, how treatment is progressing, whether the student-athlete should be training or competing, and what you might do to be helpful.** This type of dialogue will not only be helpful with the existing case, but can facilitate the management of subsequent cases by laying the groundwork for a good

relationship with the professional or agency.

Confidentiality does not have to be a problem, especially if it is handled properly from the beginning by healthcare professionals, both in terms of describing confidentiality to the patient and to those requesting information. In such circumstances, most patients are usually willing to consent to information release to significant others, especially if it pertains to general statements regarding condition and progress rather than specific information related to specific issues. Regardless, this release of information must always be voluntary by the patient. The patient should never be manipulated or coerced into giving permission.

Sometimes the concerned persons in the patient's life may not be requesting information. Rather, they may want to provide the practitioner with information. Different practitioners handle this situation differently. Some may not want information. Even if they are willing to receive information, it may be difficult to do so because confidentiality precludes them from even acknowledging that they are treating the patient.



Coaches have considerable power and influence with their student-athletes.

The Role of the Coach: Final Thoughts

In this handbook, we have discussed why and how the coach should be involved in managing mental health issues that arise in their student-athletes. We have stressed that the coach's role is not to be a therapist to affected student-athletes, but rather to "identify" and "refer." This is not to say, however, that they should be uninvolved in the student-athlete's treatment. Coaches have considerable power and influence with their student-athletes. That power and influence can be used by coaches to

encourage and support treatment, which can have a positive effect on treatment outcome.

SUMMARY

1. The coach's responsibility is to recognize and refer, not treat psychological problems such as depression, anxiety disorders, eating disorders or substance abuse disorders.
2. Approaching a student-athlete to discuss psychological issues requires good listening skills.
3. Referrals are most successful when made to a specific person.
4. Confidentiality is an essential aspect of psychological treatment.

resources

Depression:

- Depression and bipolar support alliance: www.dbsalliance.org DBSA is a patient-directed non-profit organization whose mission is to provide information and support to anyone needing help with depression. This site aims to provide scientific information about depression and bipolar illness written for the lay public. It also provides numerous resource information and links to further contact information.
- Suicide Prevention Hotline: www.suicidepreventionlifeline.org The national suicide prevention lifeline is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis.
- Ulifeline Mental Health Service Information: www.jedfoundation.org Working to prevent suicide and promote mental health among college students.
- QPR - Question, Persuade, Refer: www.qprinstitute.com/athletics.htm QPR offers suicide prevention training program.

Anxiety:

- www.nimh.nih.gov/healthinformation/anxietymenu.cfm Information on anxiety disorders provided by the national institute of mental health.
- http://mentalhealth.samhsa.gov/publications/allpubs/ken98-0045/default.asp Information about anxiety disorders is provided along with a toll-free information line (1-888-ANXIETY).

Eating Disorders:

- NCAA Coaches Handbook on Managing the Female Athlete Triad. This handbook provides coaches with strategies to identify, manage and prevent the Female Athlete Triad, which involves the interrelated problems of disordered eating, amenorrhea, and osteoporosis. The

Handbook is available from the NCAA or at the following Web site: www1.ncaa.org/membership/ed_outreach/health-safety/index.html

- National Eating Disorders Association (NEDA): www.nationaleatingdisorders.org NEDA provides a toll-free helpline to provide support services, guidance and referrals to healthcare professionals, to individuals with disordered eating, and to their families.
- Academy for Eating Disorders (AED): www.aedweb.org This site provides the most current information on eating disorders. It also provides referral information on healthcare providers who specialize in the treatment of eating disorders. There is a link to the AED's Special Interest Group on Athletes for more information.

Substance Abuse:

- http://ncadi.samhsa.gov This site is SAMHSA's National Clearinghouse for Alcohol and Drug Information. Within this site are quick facts about most drugs, along with prevention information.
- Substance Abuse Hotline: www.hazelden.org One of the largest drug treatment facilities provides a hotline, along with information about drugs and drug treatment.

General Mental Health:

- Mental Health Services Locator: http://mentalhealth.samhsa.gov/databases This site offers help finding mental help professionals throughout the country.
- Mental Health America: www.mentalhealthamerica.net This site provides general mental health information.
- Screening for Mental Health: www.mentalhealthscreening.org College Response offers programs to promote prevention, early detection and treatment.
- www.ncaa.org/health-safety

The NCAA salutes the more than

380,000 student-athletes

participating in **23 sports** at

more than **1,000** member institutions

NCAA 57313-6/07