

HELPING SUPPORT STUDENT-ATHLETE MENTAL HEALTH:

A primer for campus
stakeholders outside of athletics



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Student-athletes are a key constituent group for student affairs and student health services. On many campuses, student-athletes make up a substantial percentage of students, and their behaviors and their success as students can have a powerful impact on the reputation of your college or university. Athletics, student affairs and student health services can be effective partners in changing the culture of our college campuses and in keeping student-athletes healthy and performing at their best on and off the playing field. Successful partnerships require an understanding of the unique risk factors experienced by student-athletes. They also requires establishing a strong and trusting relationship between campus health and counseling services, the athletic department, and the sports medicine department.

In the sections that follow, educational approaches for working with athletics staff and student-athletes are outlined, and athlete-specific information is provided for a series of mental health and safety issues. If you are interested in learning more about mental health issues as they pertain to student-athletes, including first person accounts by current and former student-athletes about their experience dealing with mental health issues, refer to the NCAA publication "Mind, Body and Sport" available at www.ncaa.org/mentalhealth



Suggestions for establishing a relationship with athletics

- **Find a “champion”** or interested party in athletics who will help support your initiative. All athletics departments have an administrator with designated responsibility for student-athlete well-being. Many athletics departments also have a designated life-skills coordinator. These individuals may be natural collaborators for your efforts.
- **Identify common ground**, for example promotion of positive behaviors, compliance with institutional policies or legal considerations.
- If possible, attend games and **demonstrate a genuine interest** in student-athlete success on and off the field of play.
- **Engage athletic trainers**, who are most often the point person for providing health related information and health care of student-athletes. Most athletic trainers work with one or two teams per season and most sports medicine departments have a head athletic trainer. If possible, contacting athletic trainers during the summer before fall sports teams return to practice may be helpful if you wish to arrange a time to meet.
- Learn how to **tailor your messaging for the unique priorities** and stressors, such as time demands of practice, travel and competition, and health-related risk factors, that student-athletes experience.
- **Emphasize the benefits of health promotion** initiatives for helping student-athletes perform at their best on and off the field of play.
- **Emphasize the role that student-athletes can play as leaders** in the campus community, and how they can create a culture of health and safety for all students.

General considerations when communicating with student-athletes

- Just because student-athletes are generally a healthy population does not mean that they are immune to mental health issues. In fact, because of this perception of health and resilience, student-athletes who have mental health concerns may be even more reluctant than a non-athlete student to seek help.
- Key people influencing student-athlete decision-making are coaches, teammates, and parents.
- Educational programming for student-athletes must consider timing issues, such as differences in alcohol use in the off-season compared to the competitive season (see www.ncaa.org/research for the NCAA Substance Use Study).
- It is important not to stigmatize student-athletes based on stereotypes that are often inaccurate in how they describe student-athletes as a high-risk population for behaviors such as substance use or sexual violence.
- Emphasize the role that student-athletes can play as leaders in the campus community, how they can help create a culture of health and safety on campus, and how they can serve as pro-social bystanders.
- Before speaking with athletes or coaches make sure you are aware of your institution's and athletics department's code of student conduct and make sure you have contact information for where student-athletes with health concerns can seek support (e.g. counseling, health services). There may be specific resources available to student-athletes, or a point person in the sports medicine department a student-athlete with health concerns should

be contact. Make sure you have spoken with appropriate personnel within the sports medicine department to clarify these resources and identify the appropriate help seeking protocol for student-athletes.

Educational approaches

- **Communicate about athlete-specific considerations.** Communicate to student-athletes the athletic consequences of not seeking help for mental health concerns and risk behaviors, and the benefits of early help seeking. For each of the mental health issues and risk behaviors covered in this guide, athlete-specific considerations are listed to help facilitate this conversation and connect with behavior change motivations that may be salient to student-athletes.
- **Address team norms.** In groups with high cohesion norms tend to have a very strong influence on behavior. Teams tend to have very high cohesion, making understanding and addressing team norms about health and safety behavior an important educational strategy. Helping teams clarify and communicate with each other about the behaviors that they value as a team—for example, looking after their health so they can perform their best—can help shift norms in a healthy direction.
- **Implement evidence-based bystander programming.** Bystander messaging is particularly important in team settings. Team members are used to looking out for each other. If your campus does not already sponsor the NCAA supported Step UP! bystander intervention resource (www.stepupprogram.org), consider working with the athletic department to bring this programming to student-athletes. This program is fully scripted and provides resource materials to train student-athletes in peer intervention.
- **Work with coaches.** Coaches can play an important role in promoting help-seeking for mental health issues, and in mitigating risk factors in the sport environment. Health educators can play an important role in providing coaches with knowledge and tools to help them communicate effectively with their team members about health-related topics. Communicating to coaches about the athletic consequences of specific mental health concerns and risk behaviors, and illuminating the role they can play in risk and prevention, can be important strategies to help get coaches on board. For each of the mental health disorders and risk behaviors covered in this booklet, specific “strategies for coaches” are listed that can provide concrete suggestions to help facilitate a conversation with coaches.
- **Implement screening.** Work in concert with the athletic department to institute screening activities to help facilitate early detection of student-athletes with mental health concerns. There are many evidence-based screening resources available, some of which may already be used by health services on your campus. A good opportunity for student-athlete mental health screening may be in concert with the annual pre-participation physical examination.
- **Train peer health educators** to be better able to meet the needs of student-athletes who seek help. Reach out to student-athletes to make them aware of the existing peer health education services. Train student-athletes to serve as peer educators, whether as part of existing campus health peer education groups, or as a separate group that focuses specifically on student-athlete health and safety issues.

SUBSTANCE USE

Risk factors in the sport environment

- **Team norms.** Heavy drinking may be normative on some teams. When a group is highly cohesive—something that is very often the case on college sports teams—team norms are strongly predictive of behavior.
- **Attempted performance enhancement.** Athletes are always looking for a way to get an edge in their performance. There are many healthy, safe, and legal ways to increase performance. However, some athletes may believe that certain drugs, such as stimulants, can help their performance. Not only is illicit use of many of these substances considered cheating but these substances may also be harmful to health, particularly in the case of non-medically monitored stimulant use.
- **Fear of punishments.** Some student-athletes may be resistant to seek help for fear of punishment for NCAA violations. Student-athletes are subject to NCAA regulations that relate to the use of some substances. Student-athletes may fear a loss of athletic eligibility if they seek help for illicit drug use. (see www.ncaa.org/drugtesting for NCAA drug-testing policies.)

Athletic performance consequences of substance use

Alcohol

- Alcohol use diminishes protein synthesis, resulting in decreased muscle growth.
- Alcohol causes dehydration and slows down the body's ability to heal.
- Alcohol negatively impacts sleep, which can result in decreasing the body's natural production of human growth hormone (HGH) and may compromise muscle repair and growth. Decreased sleep also hampers memory and information retention.
- Alcohol produces a substance in your liver that is directly toxic to testosterone. Testosterone is essential for the development and recovery of muscles.
- Alcohol use depletes energy sources. Alcohol use can disrupt water balance in cells and alter their ability to produce adenosine triphosphate (ATP), which is what provides the fuel for muscles to contract. Alcohol also reduces energy sources by inhibiting gluconeogenesis, in which glucose is formed from substances other than glucose.
- Alcohol use inhibits the ability to learn new information. When there is alcohol in the body, the brain's ability to learn and store new information is inhibited due to compromised function of the hippocampus, a structure deep in the brain that is vital to the formation of memories.
- Consuming five or more alcoholic beverages in one night can affect brain and body activities for up to three days.
- Alcohol use inhibits absorption of nutrients.
- Two consecutive nights of drinking five or more alcoholic beverages can affect brain and body activities for up to five days.
- For more information visit, see the brochure "Alcohol and Athletic Performance" at www.ncaa.org/drugtesting.

Marijuana

- The effects of marijuana on sport performance are much like those of alcohol. It can slow reaction time, distort sensory perception, impair both motor and eye-hand coordination, increase heart rate, impair learning and memory, increase anxiety and in some cases cause panic attacks and psychoses, and lead to frequent respiratory infections.

Stimulants

- Abuse of stimulant-type substances such as amphetamines, cocaine, ephedrine, and medication for ADHD can also have negative athletic performance consequences. The individual may become nervous or jittery, which can negatively affect any skill requiring fine motor coordination and concentration. Performance can also be negatively affected by increased heart rate, blood pressure, heat production, and body temperature.

Strategies for Coaches:

- Be aware of the symptoms of substance abuse.
- Understand reporting protocol for student-athletes who are violating substance use policies, and for referrals of student-athletes seeking assistance with substance use issues.
- Encourage help seeking for all mental health concerns, including substance abuse.
- Communicate with team members about the athletic consequences of substance abuse.
- Establish clear expectations about the role that all team members play in keeping teammates healthy and in preventing substance abuse.
- Be aware of how their own substance use behaviors and attitudes are modeled for student-athletes.

Learn more

- Refer to “Substance Use” chapter in Mind, Body, Sport
- Refer to “Alcohol, Tobacco and Other Drug Education Guidelines” section in NCAA Sports Medicine Handbook

DISORDERED EATING

Risk factors in the sport environment

- Misperceptions about weight and performance. Different sports have different body demands, and body composition is in some cases one element of optimal sport performance. Consequently, there are often stereotypes about what successful bodies look like, and many athletes equate losing weight with improving sport performance. However these stereotypes do not adequately account for variability between individuals, and the relationship between weight and performance is rarely that simple. Athletes who lose too much weight, or engage in unhealthy behaviors to lose weight, will often not experience the desired performance benefit and may also suffer with other health consequences that impact their overall wellbeing.
- Pressure (real or perceived) from coaches and others to lose weight.
- Observed eating and exercise behaviors of teammates and competitors.
- Revealing uniforms.
- Similarity between “good athlete” traits and symptoms of disordered eating. Behaviors such as going the “extra mile” or being an extra disciplined eater may in fact reflect an unhealthy relationship with exercise or food rather than behaviors of a healthy but dedicated athlete.
- Presumption of health based on good athletic performance.
- Demands for increasing weight in some sports. At the other end of the weight spectrum, athletes who participate in sports that reward having a large body, such as certain positions in football, may face difficulties in managing their weight and moderating their eating when transitioning out of sport.

Athletic performance consequences of disordered eating

- Restricting carbohydrates can lead to glycogen depletion, forcing the body to compensate by converting protein into a less efficient form of energy and increasing the risk of muscle injury and weakness.
- Intense dieting can negatively affect VO_2 max and running speed for some student-athletes.
- Student-athletes with eating disorders are often anxious and obsessed with eating, food, and weight. These problems decrease concentration and the capacity to manage emotions.
- Behaviors such as vomiting, excessive exercise, and restricting carbohydrates often leads to dehydration, which can compromise performance.
- Male and female athletes who are inadequately fueling their bodies may experience hormonal disruptions that lead to compromised bone density and increased risk of bone injuries, including stress fractures.

For more information, visit: <http://bjsm.bmj.com/content/48/7/491.full>

Strategies for Coaches:

- Be aware of the symptoms of disordered eating.

- Seek out the services of a certified sports dietitian to prescribe appropriate nutrition for optimal sport performance. Some sports medicine departments or athletic departments engage the services of a certified sports dietitian on a full-time or part-time basis. Coaches can communicate with sports medicine and athletic department administrators to advocate for the hiring or contracting of such personnel.
- Understand the referral protocol for student-athletes who are in need of assistance with nutrition or disordered eating issues
- Encourage help seeking for all mental health concerns, including disordered eating.
- De-emphasize weight: Be aware of how they are communicating to athletes about weight and performance. Focus on ways for athletes to enhance their performance that don't involve weight (e.g., strength training and mental/emotional skills).
- Keep an open dialogue with athletes about the importance of nutrition and staying injury-free for optimal athletic performance.
- Recognize that the body composition and training required for optimal health and performance are not identical for all athletes.
- Ensure that all stakeholders (coaches, athletic trainers, athletes) are educated about the factors that put athletes at risk for disordered eating.
- Develop a plan with other stakeholders (e.g., university counseling services, sport dietician) for how to identify and treat student-athlete with eating disorders. This might include using a validated screening instrument to screen all student-athletes before the start of the season.

Learn more

- Refer to “Disordered Eating” chapter in *Mind, Body, Sport*
- Refer to “Menstrual Cycle Dysfunction” section in *NCAA Sports Medicine Handbook*
- Refer to “Nutrition and Athletic Performance” section in *NCAA Sports Medicine Handbook*
- Refer to “Weight Loss Dehydration” section in *NCAA Sports Medicine Handbook*
- Link to “Dietary Supplement” section in *NCAA Sports Medicine Handbook*

MOOD DISORDERS AND DEPRESSION

Risk factors in the sport environment

Although most depression occurs for reasons unrelated to sport-participation, for some student-athletes there can be risk related to their participation in sport. These can include:

- Psychological response to injury.
- Psychological response to the end of an athletic career.
- Overtraining.
- Psychological response to performance deficits and criticism.

Athletic performance consequences of mood disorders and depression

For some athletes, symptoms of depression will include a constant sense of fatigue, loss of interest in activities that were previously enjoyed, and loss of confidence. It is possible that for some athletes these changes could negatively impact athletic performance, although this is not necessarily the case.

Strategies for Coaches:

- Be aware of the symptoms of depression and mood disorders.
- Understand the referral protocol for student-athletes who are in need of assistance with depression or mood disorders.
- Encourage help seeking for all mental health concerns, including depression and other mood disorders.
- Create a supportive team environment where team members are encouraged to seek help for mood disturbances or other mental health concerns.
- Coaches need to be particularly responsive and careful with depressed student-athletes as they may interpret interactions and communication more negatively than intended.
- Depending on the cause, nature, and severity of the mood disorder, it may or may not be beneficial to withhold a student-athlete from participation. For some, sports can provide a sense of identity, a source of self-esteem, and a sense of accomplishment. For others, it may increase the student-athlete's symptoms. This is a decision that should be made with the student-athlete's healthcare team.
- Establish a practice of following up with student-athletes who suffer career-ending injury or otherwise are disconnected from the team/their sport.
- Take all thoughts, behaviors and threats of suicide very seriously.

Learn more

- Refer to "Depression" section in Mind, Body, Sport
- Refer to "How being injured affects mental health" in Mind, Body, Sport

ANXIETY DISORDERS

Risk factors in the sport environment

- **Elevated stress.** Symptoms of anxiety disorders often worsen under stress. A student-athlete may be experiencing stress because of the transition of being away from home and adjusting to a new living situation, the worry of achieving academically, of meeting athletic expectations in his or her sport.
- **Athletic pressures.** Some athletes who do not meet criteria for a generalized anxiety disorder may experience athletic performance-related anxiety.
- **Coaching style.** When a coach uses punishment excessively (for example, yelling), some student-athletes may experience problematic increases in anxiety and fear.

Athletic performance consequences of anxiety disorders

- For some people with an anxiety disorder, when they experience a situation that they consider a threat they may have symptoms that can include having an increased heart rate, breathing rapidly, sweating, trembling, and feeling weak or tired when experiencing a situation that is considered a threat. Athletes experiencing these symptoms may have diminished ability to execute on the athletic field.
- Student-athletes who experience athletic performance-related anxiety may find that it compromises their ability to perform at their best.

Strategies for Coaches:

- Be aware of the symptoms of anxiety disorders or unhealthy performance anxiety. Be aware that some athletes may “self-medicate” for anxiety by abusing substances such as marijuana. This can have negative athletic performance consequences as detailed in the prior section on substance use.
- Understand the referral protocol for student-athletes who are in need of assistance with anxiety concerns.
- If coaches are concerned about a team member’s anxiety, one of the best things they can do is speak this individual about their concerns, demonstrating genuine compassion. Coaches are encouraged to speak to a licensed health care provider or mental health specialist before speaking with the team member so as to help set a “game plan.”
- Coaches can contribute to student-athlete anxiety by their coaching style and how they respond to mistakes or losses. Using “punishment” (e.g., yelling) too frequently, too intensely, or for too prolonged a time period may result in some athletes experiencing high levels of anxiety that make them fearful of making mistakes and fearful of approaching the team coach with their mistakes. This type of anxious avoidance means that athletes may be less likely to learn from their mistakes and improve, and may result in them focusing more on avoiding mistakes rather than taking chances and playing their best on the court, ice, or field.

Learn more

- Refer to “Anxiety” section in Mind, Body, Sport

SLEEP

Risk factors in the sport environment

- **Athletic scheduling.** Timing of practices, travel, and competition can interfere with regular sleep patterns.
- **Evening exercise.** Intense exercise in the evening can interfere with sleep.
- **Time demands.** Athletic and academic time demands can decrease sleep opportunity.
- **Post-game socializing.** Sleep *after* a practice or game is critical for consolidating benefits from the effort and repairing the body. A “work hard, play hard” mentality may see some student-athletes following large efforts with social events that compromise sleep.

Athletic consequences of inadequate sleep

- Diminished reaction time.
- Diminished cognitive function, which can result in greater difficulty learning and remembering plays or instructions.
- Compromised hormonal profile, including diminished testosterone.
- Changes to the athlete’s metabolism, which can make it challenging to stay at an optimal body composition for sport performance. This is made even more difficult as individuals who are sleep deprived are more likely to overeat.
- Decreased ability to regulate emotions, which can result in greater irritability and impulsivity.
- Decreased ability to perform with aggression in their sport.

Strategies for Coaches:

- Provide student-athletes with a “prescription” for healthy sleep habits. This includes being aware of how alcohol use and caffeine consumption later in the day can compromise sleep, not lying awake in bed for long periods of time if unable to fall asleep, and not taking long naps during the day or evening.
- Pay close attention to how athletic time demands, including travel, influence sleep patterns and sleep opportunity, and consider revising team schedules as appropriate.
- Screen student-athletes for insufficient sleep.
- Communicate to student-athletes about the importance of adequate sleep for optimal athletic performance.

Learn more

- Refer to “Sleep” chapter in Mind, Body, Sport
- Study about Stanford basketball team and sleep: <http://med.stanford.edu/news/all-news/2011/07/snooze-you-win-its-true-for-achieving-hoop-dreams-says-study.html>

