

# Sport Psychology Overview: Mental Health in the Athletic Environment



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# Disclosure

I have no financial relationships to disclose.



# Learning Objectives

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- The Mental Health Landscape and Impacts of Covid-19
- Diagnostic Criteria and Best Practices for Depression and Suicidal Behaviors
- Diagnostic Criteria and Symptoms of Anxiety (including Performance Anxiety)
- Eating Disorders and Disordered Eating Behaviors in Athletes
- Burnout Prevention
- Mental Health Factors Surrounding Injury
- Criteria for Competency/Proficiency in Sport Psychology Providers
- Sport Psychology/Mental Health Guidelines to Consider

# Mental Health



# The Mental Health Landscape

| December 7, 2021

- The Surgeon General Issues **Advisory on Youth Mental Health Crisis**

October 2021

- American Academy of Pediatrics (AAP-AACAP-CHA) Declares **Emergency in Child and Adolescent Mental Health**

August 2021

- American College of Sports Medicine report finds that, even with significant increases in mental health symptoms across all populations, “**approximately only 10% of all college athletes with known mental health conditions seek a mental health professional.**”

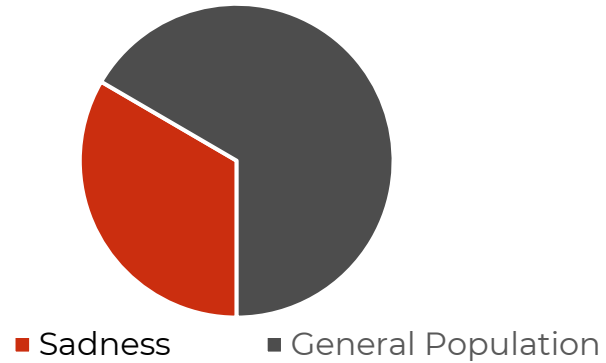


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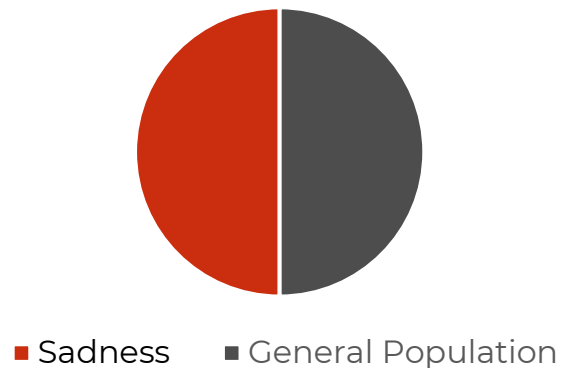
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## All High School Students



## Female High School Students



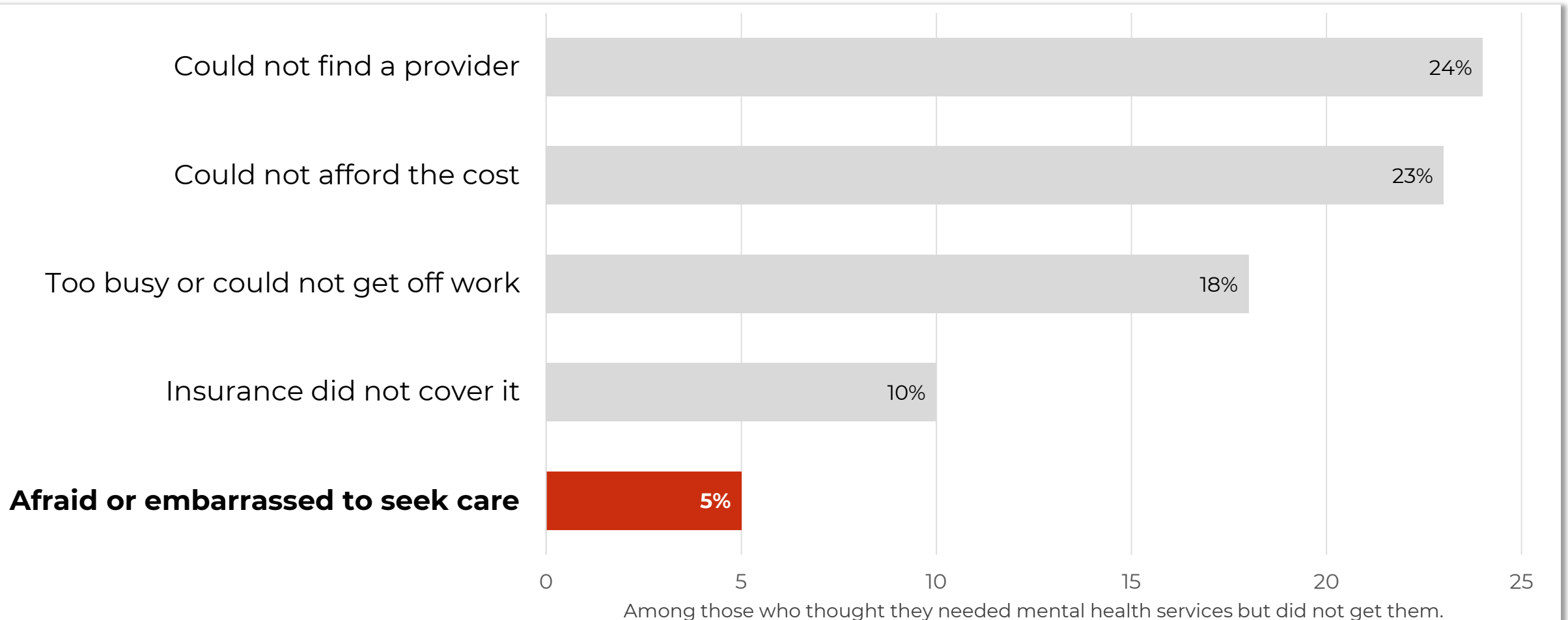
# US Surgeon General's Report

“One in three high school students and half of female students reported persistent feelings of sadness or hopelessness, **an overall increase of 40% from 2009.**”



# Obstacles that Impact Mental Health Access

When asked, “What is the **main** reason you didn't get mental health services?”



# Few Treatment Options

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Residential treatment facilities for people under the age of 18 **fell from 848 in 2012 to 592 in 2020** (a 30% decline).

The CDC estimates 107,000+ overdose deaths in 2021, a 15% increase from 2020



Source(s) Cited:

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- Centers for Disease Control and Prevention, Provisional Death Overdose Death Counts (2021): <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>





# Mental Health Prevalence Continues to Increase

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- Consistent with general populations, mental health disorders and symptoms with athletes continue to increase
- Studies show that **athletes have a comparable risk to the general population of experiencing mental health** (specifically depression and anxiety)
- Some studies suggest that increases in the prevalence of mental health issues can be attributed (at least in part) to technology, social media, and a lack of resilience in athletes
- The NCAA has led standards for mental health guidelines and best practices for athletes – other governing bodies (i.e., NBA, NFL, etc.) are beginning to adopt



# The Spotlight on Student Athletes

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According to the ACSM 2021 report, student athletes are facing...

- Pressures from academics
- Pressure from competition
- Being away from home
- Traveling for competition (which includes less time for socializing, homework, family, and sleep)
- Feeling isolated from campus and other students
- Adaptation to being in the public spotlight



# Covid's Toll on Elite Athletes' Mental Health

2021 prevalence of mental health for elite athletes indicates...

- 34% experienced anxiety and depressive symptoms over the past year
- 26% of **former elite athletes** experienced anxiety/depression



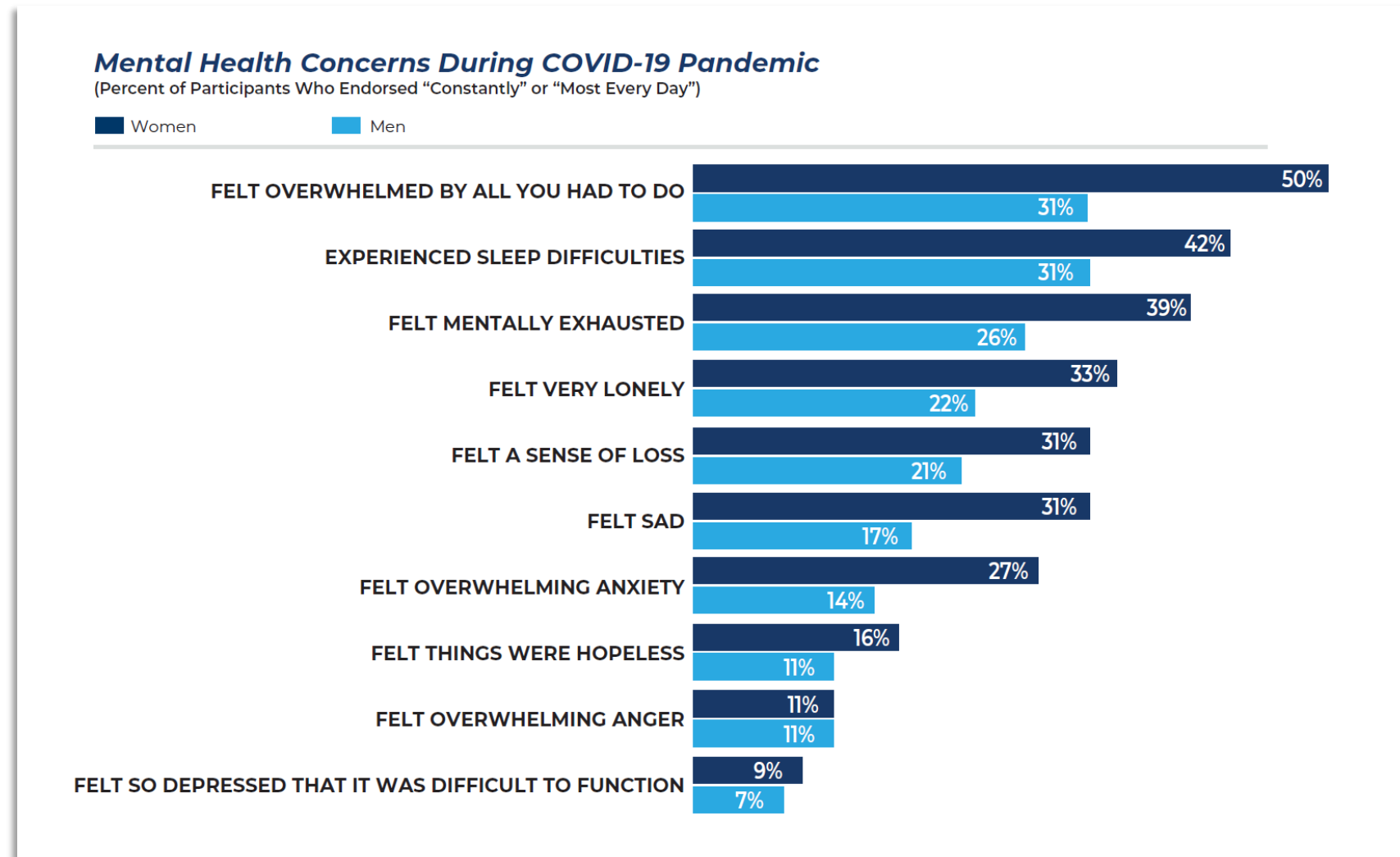
Elite athletes indicate that the following **generic and sport-specific stressors** increase the risk of mental health symptoms and disorders:

- Adverse life events
- Severe musculoskeletal injuries and related surgeries with long recovery periods
- Transitioning out of elite sport is also difficult for many former athletes.



# NCAA Student Athlete Covid Well-Being 2020 Study

- Significant increase in mental distress, with only 55-60% of athletes knowing how to access mental health support
- Emotional barriers to training included fear of exposure (43%), lack of motivation (40%), feelings of stress or anxiety (21%), and sadness or depression (13%)



# NCAA: Triggering Events for Mental Health in Athletes

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High athletic identity (combined with poorer performances)

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Conflicts with coaches/teammates

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Injury, illness resulting in loss of playing time

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Concussions

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Academic Concerns

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Lack of playing time

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Family/relationship issues

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Violence/assault

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Bullying/hazing

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Transition to school/out of school or retirement from sport

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Lack of sleep

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History of mental health disorders

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Burnout

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Death/grief

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Substance abuse

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Gambling

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# Depression, Suicide & Anxiety



# Major Depressive Disorder Signs & Symptoms

## Athletes may feel or experience...

- Sad
- Anxious
- Empty
- Hopeless
- Guilty
- Worthless
- Helpless
- Irritable
- Restless
- Indecisive
- Aches, pains, headaches, cramps, or digestive problems

## Athletes may present with...

- Lack of energy, depressed, sad mood
- Loss of interest in activities previously enjoyed
- Decreased performance in school or sport
- Loss of appetite, or eating more than normal, resulting in weight gain or weight loss
- Problems falling asleep, staying asleep, or sleeping too much
- Recurring thoughts of death, suicide, or suicide attempts
- Problems concentrating, remembering information, or making decisions
- Unusual crying



# Major Depressive Disorder (MDD)

- During the same two-week period, five or more of the symptoms has been present, with at least one being depressed mood or loss of interest/pleasure
- Symptoms cause clinically significant distress or impairment
- Note: Do not include symptoms that are clearly attributed to another medical condition

- Depressed mood most of day, nearly every day (sad, empty, hopeless)
- Markedly diminished interest or pleasure in all (or almost all) activities most of the day, nearly every day
- Significant weight loss or gain (decrease or increase in appetite)
- Insomnia or hypersomnia nearly every day
- Psychomotor agitation or retardation nearly every day
- Fatigue or loss of energy every day
- Feelings of worthlessness or excessive guilt nearly every day
- Diminished ability to think, concentrate or indecisiveness nearly every day.
- Recurrent thoughts of death, suicidal ideation w/o a specific plan or a with a plan, or an attempt to commit suicide.



# Depression & Suicide Statistics

Suicide is the 10th leading cause of death in the United States and the **2nd leading cause of death for people ages 10-34**

## Depression (2020)

- ✓ According to the Translational Behavioral Medicine journal- During the pandemic, reports of probable **anxiety and depression rose significantly, to prevalence rates of 50% and 44%, respectively, by November 2020, rates six times higher than early 2019 U.S. norms**
- ✓ **Between 2009-2019**, high school students who reported **persistent sadness and hopelessness rose 40%** to 1 in 3
- ✓ **21% of adults** aged 18 or older (52.9 million people) **had any mental illness (AMI)**

## Suicidal Thoughts and Behavior Among Adolescents aged 12 to 17

- ✓ 12.0% (3.0 million people) had serious thoughts of suicide
- ✓ 5.3% (1.3 million people) made a suicide plan
- ✓ 2.5% (629,000 people) attempted suicide in the past year
- ✓ Between **2009-2019 suicide behaviors increased 36%**
- ✓ In 2021, suspected **suicide attempts were 51% higher for adolescent girls and 4% higher for adolescent boys**, compared to 2019

## Suicidal Thoughts and Behavior Among Adults 18+

- ✓ 4.9% (12.2 million people) had serious thoughts of suicide
- ✓ 1.3% (3.2 million people) made a suicide plan
- ✓ 0.5% (1.2 million people) attempted suicide in the past year.



# At-Risk Populations

Race / ethnicity, age and identities that are at the highest risk for suicide



- The highest rates of suicide are among American/Alaskan Native and Non-Hispanic white populations
- Other Americans with higher-than-average rates of suicide are veterans, people who live in rural areas, and workers in certain industries and occupations (such as mining and construction)
- Young people who identify as lesbian, gay, bisexual, transgender, queer or + have a higher rate of suicidal ideation and behavior compared to their peers who identify as straight

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# Best Practices to Manage Suicidal Patients

Suicide represents a preventable cause of death

- Do not try to determine the seriousness – all suicidal thoughts/behaviors should be treated as serious and potentially dangerous
- Do not assume the athlete is trying to “get attention”
- Make an immediate referral to a mental health professional to evaluate – error on the side of caution
- Make sure the athlete is not left alone until they are evaluated
- In an emergency/after-hours situation, get the athlete to the ER
- Be supportive and responsive to show you’re taking the athlete seriously
- Have referral sources available or a **Mental Health Crisis Response Plan** in place

# USOPC Mental Health Emergency Health Plan

- Comprehensive and thorough
- Recommend using as a template

<b>USOPC Mental Health Emergency Health Plan</b>	
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# Generalized Anxiety Disorder (GAD)

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## Symptoms

- Restlessness/feeling on edge
- Easily fatigued
- Difficulty concentrating/mind going blank
- Irritability
- Muscle tension
- Sleep disturbance

**Excessive anxiety and worry, occurring more days than not for 6+ months and associated with 3 or more symptoms;** related to specific, anxiety-inducing events or activities. Intensity, duration and frequency is out of proportion to actual likelihood or impact of anticipated event.

- Symptoms cause clinically significant distress or impairment in important areas of functioning
- Disturbance not attributable to the physiological effects of a substance/medical condition
- Disturbance not better explained by another mental disorder

# Performance Anxiety



- Prevalence estimate (US) is approximately 7%
- In general, higher rates are found in females than in males. Note: gender difference is more pronounced in adolescents and young adults.

# Performance Anxiety Specifiers

## Listed under *Social Anxiety* in DSM-5-TR

Often comorbid with other anxiety disorders, major depressive disorder, and **substance use disorders**

Individuals with the performance only type anxiety disorder have performance fears that are:

- Most impairing in their professional lives (e.g., musicians, dancers, performers, athletes) or in roles that require regular public speaking
- Individuals with performance only anxiety do not fear or avoid non-performance social situations

# Eating Disorders





# Understanding & Treating Eating Disorders (EDs)

- Often characterized by disturbance in thoughts, emotions and behaviors which may be associated with body image, weight, food, eating, exercise, and/or appearance.
- Significantly different from more common eating and body related concerns or frustrations.
- Often have **obsessive and compulsive features that differ from** Obsessive Compulsive Disorders, Body Dysmorphic Disorders and/or other addictions.
- Eating disorders are powerful illnesses that **can be difficult to detect, are commonly under reported** and whose patients are highly resistant toward change - thus making them very difficult to treat.
- Eating disorders are best treated by professionals having specific training and expertise.
- **Best practices typically include longer term, comprehensive and multidisciplinary professional care.**

# Eating Disorder Prevalence in Sport



- National Institute of Health study show that **EDs were more prevalent in athletes 7.0% than non-athletes 2.3%.**
- **Higher for female than male athletes** (14.0% vs 3.2%,  $P < 0.001$ ) and female and male controls (5.1% vs 0%,  $P < 0.001$ )
- Appears to be more common among women in aerial and racing sports and among men in sports having weight classes.

# Contributing Factors of Eating Disorder Onsets

- Personality characteristics may play a role in the development of EDs: e.g., **perfectionism**
- History of anxiety or depression; **family history of EDs**; family genetic history of addictions, and/or **family genetic history of Obsessive-Compulsive Disorders**
- **Cultural exposure** to dieting/weight loss focus, pressures to be thin, traumatic life experiences, food scarcity or insecurity
- Chronic stress
- Some studies show that lean body sports may increase risk of Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder

# Disordered Eating & Common Eating Disorders

## Disordered Eating Behaviors

- May include features such as binge eating, purging, eating in secret or hiding food, shame/guilt or feelings of low self-worth around food/body, laxative abuse, excessive exercise and fasting for weight loss or weight fluctuations.
- Note: DEBs are not sufficiently severe or frequent to meet full ED diagnostic criteria.

## 6 Common Types of Eating Disorders

- Anorexia Nervosa (AN)
- Bulimia Nervosa (BN)
- Binge Eating Disorder (BED)
- Avoidant/Restrictive Food Intake Disorder (ARFED)
- Other Specified Feeding & Eating Disorder (OSFED)
- Unspecified Feeding & Eating Disorder (UFED)

# Burnout & Injury Recovery



# Comparing Depression & Burnout

## Depression

Depression involves role dysfunction of social, cognitive, and work settings

For athletes, role dysfunction may occur in all domains

Duration: Minimum of 2 weeks and not resolved with rest

## Burnout

Burnout involves role dysfunction in athletic performance

Duration: Anywhere from 1 week onward but is typically resolved with rest

# Burnout Prevention

Early findings of Cognitive Behavioral Therapy (CBT), Acceptance Commitment Therapy (ACT) interventions appear helpful in stress reduction and prevention of burnout, such as:

- Perspective-Taking
- Monitoring Perfectionism
- Improving Quality of Motivation
- Rest/Recovery Interventions
- Self-Determination Theory
- Mindfulness
- Acceptance



# Psychological Consequences of Injury

A high incidence of the psychological impact of injury is widely recognized, with many injured athletes experiencing clinical levels of mental health due to mood and neurologic changes.

Many report a loss of coping strategies/stress management (resilience), loss of confidence, concerns of recovery/ability, fear of reinjury, loss of identity, and loss of community (social isolation).

- Depression symptoms of injured athletes are elevated a week after the incident, and may remain for a month (or longer, depending on treatment and recovery)
- **Up to 51% of injured athletes endorse mild-to-severe depression symptoms**
- Athletes injured in the previous year report significantly higher depressive symptoms than their non-injured peers
- Athletes with ACL injuries may have a higher level of emotional disturbance than those with a concussion
- Brain degeneration (CTE); short and long-term changes in emotional state due to concussions
- **Risk of depression diagnoses increases with the number of self-reported concussions**
- Athletes who report 3 or more concussions may be up to 3 times more likely to be diagnosed with depression



# Factors to Aid Recovery & Improve Coping



- ~~Set proper expectations~~ with education about injury recovery process for athletes (and parents) while providing emotional support/empathy, as their identity is often tied to being an athlete
- Identify misinformation about the injury; encourage them to tell you what they think or heard
- Identify the athlete's social support network and encourage the use of specific stress coping skills
- Encourage and facilitate referral to the mental health network

# When to Make the Referral to Sport Psych

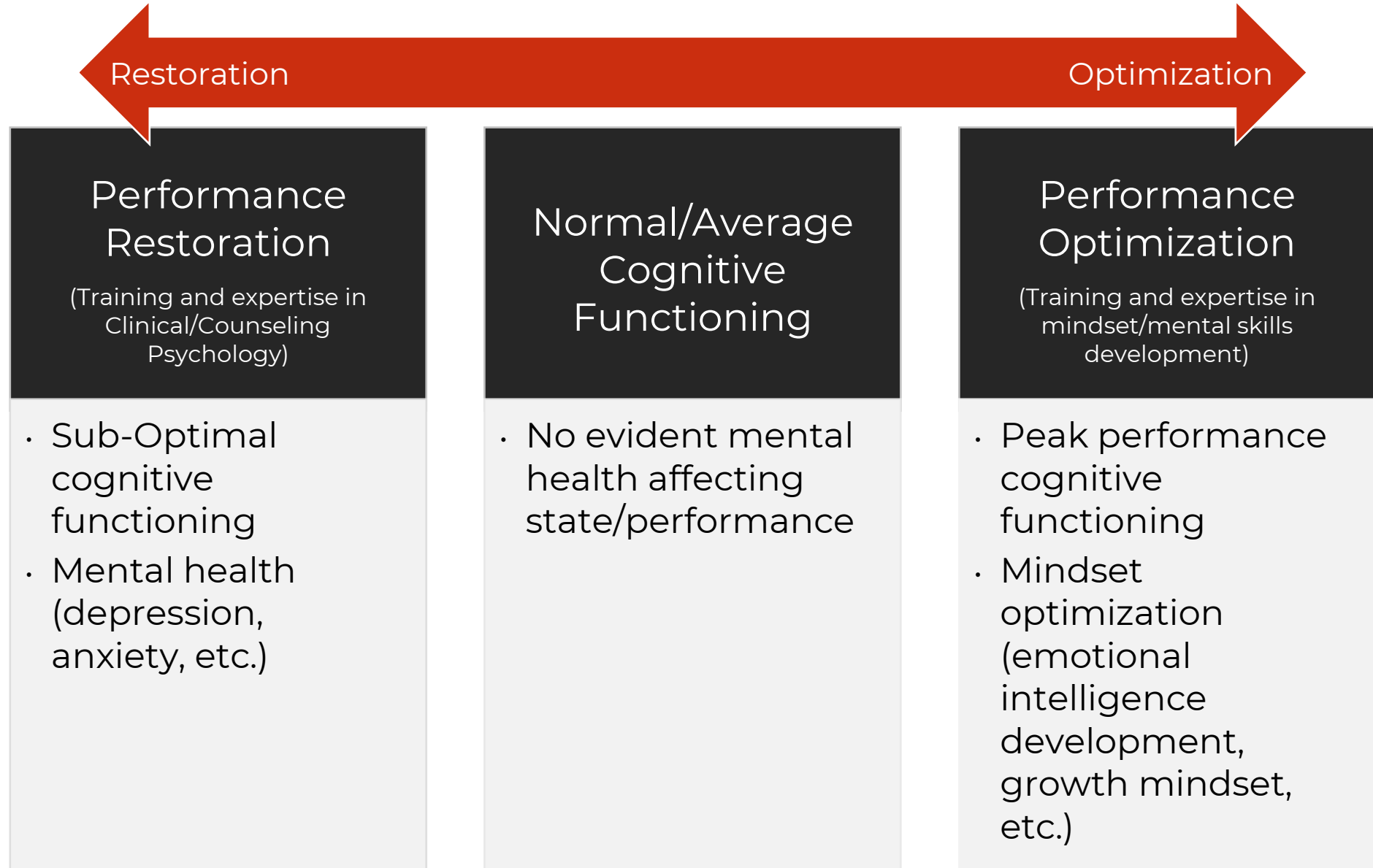
- Elevation on Pre-Participation Evaluation/Screenener
- Significant change in behavior or performance, not related to injury
- Clinical mental health symptoms recurring for a period of time that isn't just a "bad day"
- Difficulty in adhering to a rehab program



# Sport Psychology Proficiencies & Professionals



# Sport Psychology Continuum



# Sport Psychology Proficiencies

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In addition to the foundation of competencies required for [mental health] licensure, the following proficiencies are recommended for Sport Psychology

- Knowledge of theory and research in social, historical, cultural and developmental foundations of sport psychology
- Principles and practices of applied sport psychology, including issues and techniques of sport-specific psychological assessment and mental skills training for performance enhancement and satisfaction with participation
- Clinical and counseling issues with athletes
- Organizational and systemic aspects of sport consulting
- Understanding of the developmental and social issues related to sport participation
- Knowledge of the biobehavioral bases of sport and exercise (e.g., exercise physiology, motor learning, sports medicine)



# Minimizing Risk by Checking Credentials

- As the field grows, more non-qualified people are entering the Sport Psychology space, suggesting they can help
- Look for a Psy.D. / Ph.D. / LPC / LPCC or similar designations/licensures
- Look for CMPC (Certified Mental Performance Consultant) as an indicator for proper credentials/experiences for performance coaching.
- Be mindful that “performance coaching/mental skills coach” designations do not necessarily include clinical mental health training; and clinical mental health providers may not be trained/experienced in performance coaching.

# The Changing Landscape

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## NCAA Mental Health Guidelines

- Website (NCAA.org)
- AASP.org
- Power 5 conferences are now mandating mental health

## Professional Sports

- NFL newer mandates 8-12/hours week of mental health professional on site
- NBA/NBPA MindHealth Task force to develop mental health guidelines for teams/players

# NCAA Mental Health Best Practices Guidelines

- **Clinical licensure** of practitioners providing mental health care
- **Procedures for identification and referral** of student-athletes to qualified professionals
  - Mental health **emergency action management plan**
- **Pre-participation mental health screening**
  - Disordered eating, depression, anxiety, substance abuse, sleep disorders, ADHD, etc.
- Health-promoting environments that support mental well-being and resilience



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Owner of Premier Sport Psychology, PLLC

**Premier Sport Psychology is a proud service provider to athletes in all competitive levels (youth – professional), currently serving:**

*Minnesota Twins (MLB)*

*Minnesota Timberwolves (NBA)*

*Las Vegas Raiders (NFL)*

*Minnesota Lynx (WNBA)*

*Minnesota United (MLS)*

*United States Curling Olympic / National Teams*

*University of Minnesota Athletic Department (BIG10)*

*University of St. Thomas Athletic Department (DI) and multiple other DI, DII and DIII collegiate athletic departments across the country*



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