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Inter-Association Recommendations for Developing a Plan to Recognize and Refer Student-Athletes With Psychological Concerns at the Collegiate Level: An Executive Summary of a Consensus Statement

Timothy L. Neal, MS, ATC (Chair)*; Alex B. Diamond, DO, MPH†; Scott Goldman, PhD‡; David Klossner, PhD, LAT, ATC§; Eric D. Morse, MD, DFAPA‖; David E. Pajak, MBA, DRM, ARM*; Margot Putukian, MD, FACSM¶; Eric F. Quandt, JD#; John P. Sullivan, PsyD; Cory Wallack, PhD*; Victor Welzant, PsyD††**

*Syracuse University, NY; †Vanderbilt University, Nashville, TN; ‡University of Arizona, Tucson; §National Collegiate Athletic Association, Indianapolis, IN; ||Carolina Performance, Raleigh, NC; ¶Princeton University, NJ; #Scharf Banks Marmor, LLC, Chicago, IL; **Clinical & Sports Consulting Services, Providence, RI; ††The International Critical Incident Stress Foundation, Inc, Ellicott City, MD

PURPOSE

The full range of mental health concerns found in the general student population can also be seen in student-athletes attending a university or college. The National Athletic Trainers' Association formed a work group for the purpose of establishing recommendations on developing a plan for the recognition and referral of collegiate student-athletes with psychological concerns.

INTRODUCTION

The growing prevalence in the types, severity, and percentage of mental illnesses in young adults ages 18 to 25 years, the age group of college students and student-athletes, is being recognized.[1] Given the National Collegiate Athletic Association student-athlete participation rates[2] of more than 450 000 in 2011–2012, the probability of encountering 1 or more student-athletes with psychological concerns within an athletic department is a certainty. Because providing direct psychological care to the student-athlete is outside the scope of practice for the certified athletic trainer (AT), we offer recommendations to assist the AT, in collaboration with the athletic department and institutional administration, in developing a plan to address psychological concerns in student-athletes.

BACKGROUND

Approximately 1 in every 4 to 5 youths in America meets the criteria for a mental health disorder and experiences severe impairment across a lifetime.[3] In 2012, the U.S. Substance Abuse & Mental Health Services Administration[1] reported that 45.9 million American adults aged 18 years or older (20% of the survey population) experienced a mental illness in 2010. The rate of mental illness was more than twice as high for those in the 18- to 25-year-old range (29.9%) than in those aged 50 years and older (14.3%).

Behaviors to Monitor

The AT and team physician are in positions to observe and interact with student-athletes on a daily basis. In most cases, athletic department personnel have the trust of the student-athlete and are people the student-athlete turns to for advice or assistance during times of crisis. Some student-athletes, however, are unaware of how a stressor is affecting them; even if they are aware of potential psychological concerns, some will not inform anyone but will instead "act out" nonverbally as a way of alerting others that something is bothering them.[4–6] Thus, subclinical concerns can also develop and produce a level of dysfunction, moving the student-athlete away from his or her baseline of well-being. Subclinical changes in mood and mental state can affect student-athletes and require further attention by sports medicine personnel. The behaviors to monitor in the Table are not an all-inclusive list but rather symptoms that may reflect a psychological concern in a student-athlete.

Circumstances that May Affect a Student-Athlete's Mental Health

When a student-athlete is injured, the AT and team physician should consider the patient's possible psycho-

The full consensus statement on which this executive summary is based can be found at http://www.nata.org/sites/default/files/psychologicalreferral.pdf.

Table. Behaviors to Monitor That May Reflect Psychological Concerns[4,17]

- Changes in eating and sleeping habits
- Unexplained weight loss or gain
- Drug or alcohol abuse
- Gambling issues
- Withdrawing from social contact
- Decreased interest in activities that have been enjoyable or taking up risky behavior
- Talking about death, dying, or "going away"
- Loss of emotion or sudden changes of emotion within a short period of time
- Problems concentrating, focusing, or remembering
- Frequent complaints of fatigue, illness, or being injured that prevent participation
- Unexplained wounds or deliberate self-harm
- Becoming more irritable or having problems managing anger
- Irresponsibility, lying
- Legal problems, fighting, difficulty with authority
- All-or-nothing thinking
- Negative self-talk
- Feeling out of control
- Mood swings
- Excessive worry or fear
- Agitation or irritability
- Shaking, trembling
- Gastrointestinal complaints, headaches
- Overuse injuries, unresolved injuries, or continually being injured

logical response to the injury. An injury, particularly one that is time limiting or season or career ending, may be a significant source of stress to the student-athlete. A student-athlete returning from an injury may also experience fear of reinjury.

Our evolving awareness of the aftereffects of concussions includes the cognitive and psychological consequences on student-athletes.[7,8] After a concussion, a student-athlete should be monitored for any changes in behavior or self-reported psychological difficulties, both while symptomatic and following the return to activity.

Despite the risk of negative results, including diminished performance and loss of scholarships, collegiate athletes seem to use most substances and alcohol at higher rates than do age-matched nonathletes in the college population. Student-athletes were more likely to report binge drinking than the general student population because they viewed alcohol use as normal.[9]

The prevalence of behavior disorders includes attention-deficit hyperactivity disorder (ADHD) at 8.7%. Chronic and impaired behavior patterns result in abnormal levels of inattention, hyperactivity, or both.[3,10] Some legitimate medications contain substances banned by the NCAA; certain student-athletes may need to use these medicines to support their academic performance and their general health. One of the banned classes is stimulant medications that are often used in the treatment of ADHD. The NCAA has specific requirements for student-athletes with ADHD who want to compete while taking a banned stimulant.

Eating disorders affect females twice as often as males and increase in prevalence with age. Those youths who do not meet criteria for eating disorders of anorexia nervosa or bulimia nervosa fall into a classification of eating disorder not otherwise specified (EDNOS).

Referral of the Student-Athlete for Psychological Evaluation and Care

Having a team in place to address the psychological concerns of student-athletes is important. This team should include the team physician(s), ATs, campus counseling service, and community-based mental health care professionals (eg, clinical psychologists and psychiatrists).

Preparticipation Physical Examination: Mental Health Concerns

The preparticipation physical examination is an optimal time to ask about a history of mental health problems. Any affirmative answers in the mental health section of the preparticipation physical examination should be brought to the attention of the team physician, so that he or she may discuss them with the student-athlete and ascertain if any follow-up evaluation, care, or medication is required.

Approaching the Student-Athlete with a Potential Psychological Concern

Approaching a student-athlete with a concern about his or her mental well-being can be an uncomfortable experience. It is important to have the facts correct, with context, relative to the behavior of concern, before arranging a private meeting with the student-athlete. The conversation should focus on the student-athlete as a person, not as an athlete. Empathetic listening and encouraging the student-athlete to talk about what is happening are essential. Persuading the student-athlete to consider a mental health evaluation can be challenging, given the stigma that is still stubbornly attached to receiving mental health care.[11]

Routine Referral for Mental Health Evaluation

Once the student-athlete agrees to undergo psychological evaluation or reports wanting to be evaluated for a psychological concern, he or she should be referred as soon as possible to a mental health care professional. If possible, the AT should help the student-athlete make the initial appointment. This is 1 example of why having a preexisting relationship with campus or community mental health care professionals is important: to help facilitate the referral.

Confidentiality

The question of informing the student-athlete's coach or parents invariably arises. For a routine referral, the student-athlete should be informed that, although the referral is confidential, it may be helpful to notify the coach and parents of the appointments. The student-athlete is not compelled to do so, but the AT should emphasize that the coach and parents are concerned about the welfare of the student-athlete, and keeping them informed about his or her mental health care is no different than keeping them informed about his or her physical health care. The student-athlete should be encouraged but not required to notify the coach and parents.

When the student-athlete is referred to community-based mental health care professionals and may use medical insurance, he or she should be informed that parents or guardians will receive notification of the mental health care

treatment from the insurance company in the form of an explanation-of-benefits notification.

Emergent Mental Health Referral

If student-athletes demonstrate or voice an imminent threat to themselves, others, or property (which in many cases rises to a code-of-conduct violation); report feeling out of control or unable to make sound decisions; or are incoherent or confused or express delusional thoughts, emergent mental health referral is recommended. This list is not all inclusive: other troubling symptoms and the severity or number of symptoms affecting the student-athlete should also be taken into account when determining if a routine or emergent mental health referral is in order. When an emergent mental health referral protocol is developed, the following steps should be considered:

- Obtain and have available in the plan the institutional protocol for emergent mental health evaluations for students. Follow the protocol.
- If the student-athlete appears violent or acts violently, call campus or local law enforcement (or both), seek immediate assistance, and act to protect bystanders from harm.
- If the student-athlete is potentially suicidal and not violent, do not leave him or her alone. Call for assistance per the institutional protocol. Wait for instructions on how and where the student-athlete will be taken for an assessment. Offer to accompany the student-athlete to the place of evaluation, which may help to reassure the student-athlete during the process.
- Seek advice or assistance from the athletic administration, office of student affairs, or general counsel on contacting the student-athlete's family and informing them of the incident.

Suicide in Student-Athletes

More than 30% of all undergraduate students reported feeling so depressed that it was difficult to function,[12] and few youth or young adults receive adequate mental health care.[3] Therefore, the specter of suicide in young adults, and in student-athletes in particular, is ever-present. Information on suicide prevention is included in the online version of this consensus statement.

Campus Counseling Services and Catastrophic Incident Considerations

Many student-athletes are concerned that their status on the team, including playing time, may be negatively affected if their coaches become aware of the nature of their mental health problems.[13] Student-athletes are more likely to favorably view therapists they believe understand the world of athletics and the problems associated with the life of a student-athlete.[14] It is important that the campus counseling center have a relationship with the athletic department and that its mental health professionals understand the unique cultural variables of student-athletes. The guiding philosophy behind legal and ethical safeguards for confidentiality is that clients have the right to determine who will have access to information about them and their treatment.[15]

It is helpful to identify an individual within the athletic department who is the primary point of contact. The process of referring students is not always a simple or straightforward one. If athletic departments have a primary point person who is a liaison to the counseling services, the referral process can be facilitated. Because health and wellness falls under the purview of the AT, we recommend that the AT be the point person for referrals.

Stress reactions after a catastrophic incident are typical human reactions to the event. Many, if not most, of these reactions are self-limiting and will resolve with support, time, and natural resilience. However, when a reaction persists, referral for mental health support is indicated. Early intervention is more effective in resolving traumatic stress than a prolonged period of waiting before mental health care is implemented.[16] The relationship the AT has with the student-athlete allows the former to provide support and recognition of the need for formal mental health support.

Risk Management and Legal Counsel Considerations in Developing a Plan to Address Psychological Concerns in Student-Athletes

University administrators face the challenges of managing the risks associated with mental health in their student-athlete populations. To prepare and respond to mental health incidents, administrators should be aware of the following risk management implications and consider taking these actions:

1. Develop a plan to include a policy statement and related procedures for identifying and referring student-athletes with potential mental health concerns to appropriate qualified university administrators and counselors.
2. Carefully evaluate the institution's various insurance policies that may be triggered in the event of a mental health incident.
3. Protect confidentiality.

Legal considerations promote the idea that an interdisciplinary approach, including individuals in various departments within the institution of higher education, should be a goal in confronting the complex problems of mental health in student-athletes. Two good resources are "Managing the Student-Athlete's Mental Health Issues"[17] from the NCAA and "Student Mental Health and the Law: A Resource for Institutions of Higher Education" from the Jed Foundation.[18]

CONCLUSIONS

The important factors in helping a student-athlete with a psychological concern are education, early recognition of a potential psychological problem, and effective referral into the mental health care system, as well as addressing risk to the athletic department and institution.

We recommend that this consensus statement be shared with coaches, athletic administrators, counseling services, the office of student affairs, risk managers, and general counsel to better educate and create an interest in developing an institutional plan for recognizing and referring student-athletes with psychological concerns.

We urge readers to download and review the entire "Consensus Statement on Developing a Plan for Recognition and Referral of Student-Athletes with Psychological Concerns at the Collegiate Level" (http://www.nata.org/sites/default/files/psychologicalreferral.pdf) to gain in-depth information on the highlighted topics. The statement

includes 14 tables, 120 references, and 4 appendices for further use when developing a plan based on the individual dynamics of the institution and athletic department.

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Address correspondence to Timothy L. Neal, MS, ATC, Manley Field House, Syracuse University, NY 13244-5020. Address e-mail to tlneal@syr.edu.

Inter-Association Writing Group
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Participating National Organizations and Endorsing National Societies

Chair Timothy L. Neal, MS, ATC Assistant Director of Athletics for Sports Medicine Syracuse University, NY	National Athletic Trainers' Association
Alex B. Diamond, DO, MPH Assistant Professor of Orthopedics and Rehabilitation Assistant Professor of Pediatrics Vanderbilt University, Nashville, TN	American Academy of Pediatrics
Scott Goldman, PhD Director of Clinical and Sports Psychology University of Arizona, Tucson	Association of Applied Sports Psychology
David Klossner, PhD, LAT Director of Health & Safety National Collegiate Athletic Association, Indianapolis, IN	National Collegiate Athletic Association
Eric D. Morse, MD, DFAPA Carolina Performance, Raleigh, NC	International Society of Sports Psychiatry
David E. Pajak, MBA, DRM, ARM Director of Risk Management Chief Emergency Management Officer Syracuse University, NY	University Risk Management and Insurance Association
Margot Putukian, MD, FACSM Director of Athletic Medicine Princeton University, NJ	American Medical Society for Sports Medicine
Eric F. Quandt, JD Scharf Banks Marmor, LLC, Chicago, IL	None
John P. Sullivan, PsyD Founder/CEO Clinical & Sports Consulting Services, Providence, RI	American Psychological Association
Cory Wallack, PhD Director of Counseling Center Syracuse University, NY	Association for University and College Counseling Center Directors
Victor Welzant, PsyD Director of Education and Training The International Critical Incident Stress Foundation, Inc, Ellicott City, MD	The International Critical Incident Stress Foundation