

# The Other Side of Sport Psychology: Mental Health and Student Athlete Well-Being


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# Quick quotes:

- ✓ *“Who would have thought that my family inheritance would be the Bipolar Disorder that would finally disable me?”*
- ✓ *“My mom said, “Why don’t you try basketball; it’s a new type of dance.”*
- ✓ *“Your body is your business.”*
- ✓ *“All these kids back home who looked up to you because they thought you were going to make it, but the only thing you made was a blunt that you smoked.”*
- ✓ *“I don’t think there’s anything worse than being around people who treat you like shit; everyday, all day.”*
- ✓ *“It wasn’t a good time to get hit by a car.”*
- ✓ *“Well thanks God. Fuck you too!”*
- ✓ *“You think I’m going to talk about it when I’ve hidden it? Umm... NO!”*

# Objectives:

- ▶ Develop a better understanding of how mental health can impact performance.
    - ▶ Student-athlete mental health
    - ▶ Coach/administrator mental health
  - ▶ Review of the messages we send to athletes.
  - ▶ Increase awareness of stressors student-athletes may be dealing with and the issues most likely to be seen on college campuses.
  - ▶ Highlight the benefits of increased access to mental health services.
  - ▶ Briefly discuss how to develop collaborative relationships with available mental health services.
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# Questions To Keep In Mind

- ❑ What does good performance look like?
    - ❑ For a student-athlete?
    - ❑ For a coach/administrator?
  - ❑ How does mental health impact performance?
    - ❑ Academic
    - ❑ Athletic
    - ❑ Job/Career
  - ❑ Can the mental health of a coach or administrator impact a team or individual student-athlete's performance?
  - ❑ Who is responsible for addressing mental health concerns within Athletics?
  - ❑ Why are mental health services important?
- 

# Quick quotes:

- ✓ *“Because I was dodging class, now I have to go home and dodge bullets.”*
- ✓ *“Most of it was my fault because I was misusing my blessings.”*
- ✓ *“I’d rather quit and finish my degree online versus play and be this stressed.”*
- ✓ *“When you tell a student ‘don’t mess up,’ most of them don’t even know what that means.”*
- ✓ *“If you stop getting tattoos, it’s okay to be gay.”*
- ✓ *“Plenty of time for you is not plenty of time for me.”*
- ✓ *“The things I’m most confident in are not the things I’m trying to control. It’s the things I’m trying to control that cause all the big messes and bad stuff.”*

# Mental Side Of Performance

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

# Some Factors That Contribute To Excellence

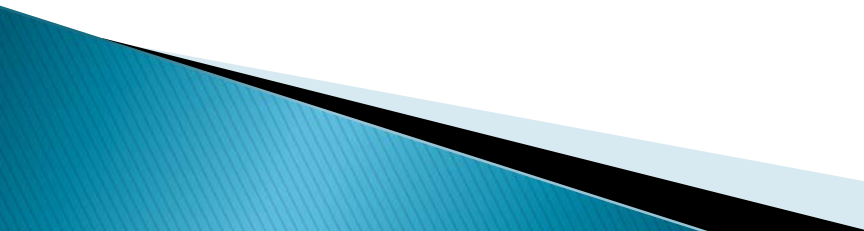
- Commitment
- Practice (physical and mental)
- Confidence
- A sense of control
- Focus and concentration skills
- Mental readiness
- Distraction control
- Trust in self, teammates, and coaches
- Ongoing learning
- Willingness to take risks
- Positive self-talk and affirmation
- Realistic expectations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

# Quick quotes:

- ✓ *“At home I have a purpose. Here, I live my days trying to make up a purpose.”*
- ✓ *“I don’t really do a whole lot because I have so much to do.”*
- ✓ *“It’s not that I don’t like authority but it’s like authority insults my intelligence because they telling me shit I already know.”*
- ✓ *“I didn’t know what dismissal was until I got dismissed.”*  
I was fine from the beginning. I had low expectations.
- ✓ *“Sure you weren’t taught nothing, but you didn’t want to learn nothing either.”*
- ✓ *“The things that were given to me were the things that took the longest to learn because I spent too much time having to focus on the unexpected.”*
- ✓ *“When I’m done, I’m stuck being a NARP; a non-athletic regular person.”*
- ✓ *“My parents got me makeup and I was offended by it. It told me you don’t appreciate my face. That’s what it told me.”*



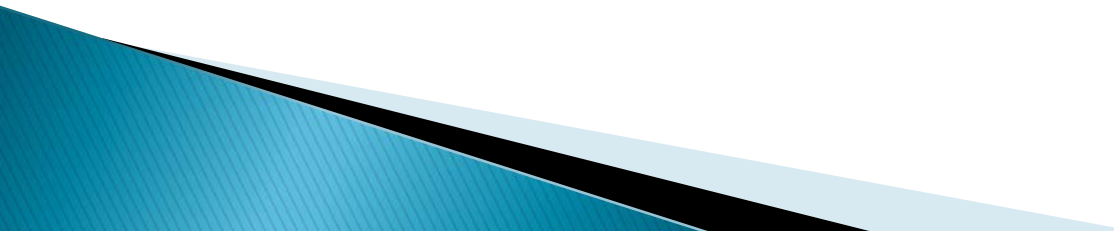
# Quick Review

- ▶ Common Characteristics of today's students
    - How those characteristics conflict with traditional Athletics culture
  - ▶ Stressors student-athletes may be dealing with
  - ▶ Top reasons students leave school
  - ▶ Some of the messed up messages we give to student-athletes
    - Messages about performance and toughness
    - Messages about school and academics
    - Messages about mental health
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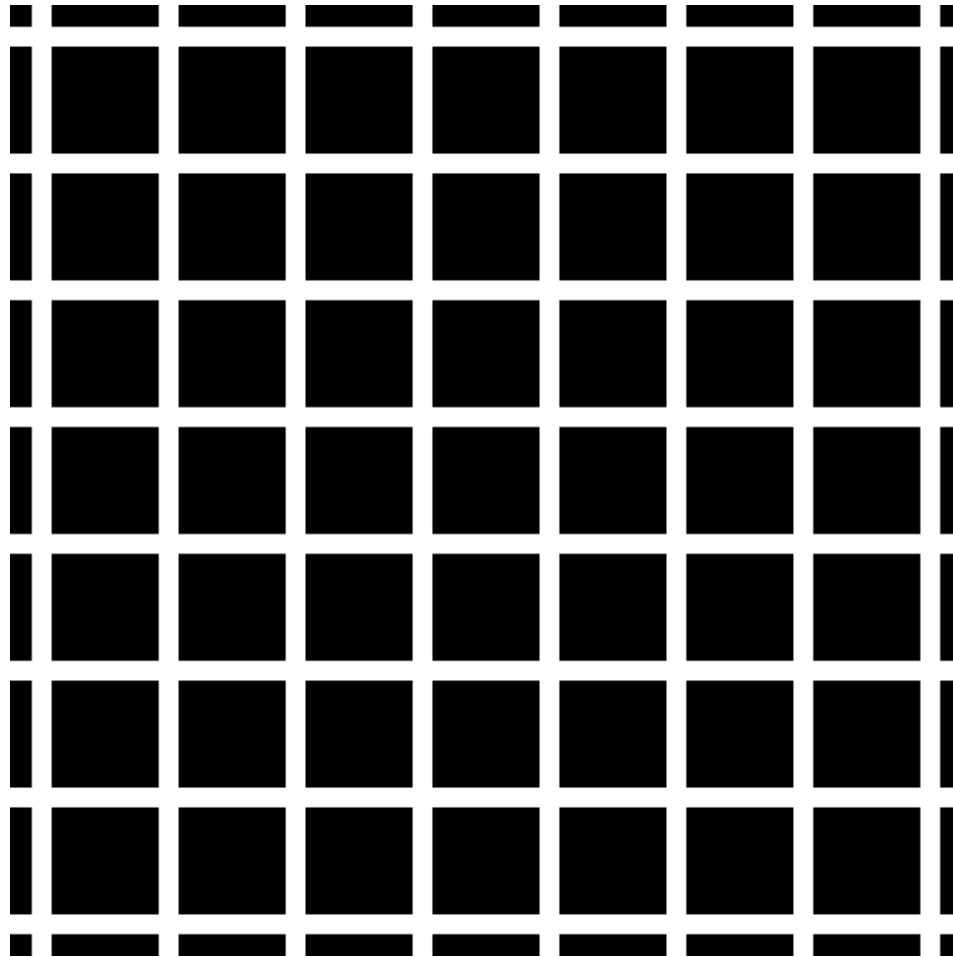
# Stressors Student– Athletes May Be Dealing With

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

# Top Reasons Students Leave College

- ▶ Financial
  - ▶ Poor preparation
  - ▶ Personal concerns / Outside demands
  - ▶ Lack of connectedness
  - ▶ Adjustment to college
  - ▶ Health / Mental Health concerns
- 

# The Hermann Grid



# Quick quotes:

- ✓ *“If I see an escape, I escape. The only thing I haven’t escaped from is swimming.”*
- ✓ *“If we lose and I have this many errors; it’s going to be tragic.”*
- ✓ *“I don’t think running is the problem; it’s the one that gets hit.”*
- ✓ *“I didn’t know bread could go bad until I got here. I had a lot of moldy bread to throw out. Bread just magically showed up at my house.”*
- ✓ *“As much as I want my legs to be okay, I just want myself to be okay.”*
- ✓ *“It’s going to all come together and I hope people hate me in the process.”*
- ✓ *“You look up my name and my boobs are all over the internet.”*
- ✓ *“I feel useless when I can’t work out.”*
- ✓ *“I stay awake better when I understand what’s going on.”*

# Quick Overview Of Student Mental Health

# Most Common Concerns Of Traditional Students

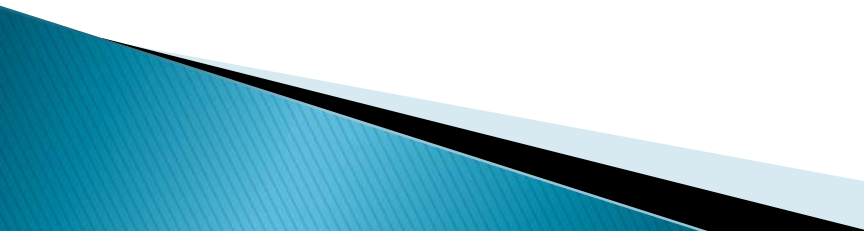
- ▶ **Depression**
- ▶ **Anxiety/panic**
  - ▶ The new king on campuses
- ▶ **Relationship issues**
- ▶ Thoughts of harming self or others
- ▶ Drug/alcohol concerns
- ▶ **Adjustment to college/Homesickness**
- ▶ Eating Disorders
- ▶ Stress management
- ▶ Death or loss
- ▶ Referral for behavioral concerns
- ▶ Roommate issues
- ▶ Bipolar Disorder
- ▶ Anger issues
- ▶ Test anxiety
- ▶ Family concerns
- ▶ Sexual/physical assault
- ▶ PTSD
- ▶ Developmental concerns of early adulthood

# ACHA/NCHA 2016 survey

- ▶ **85 out of 100** students reported feeling overwhelmed by all they had to do.
- ▶ **About 37%** reported feeling so depressed at least once in the past year that it was hard to function.
  - 13 out of a 100 reported being formally diagnosed with having a depressive disorder in the past year.
  - 65% reported feeling very sad
- ▶ **About 58%** of students report overwhelming anxiety during the past year.
  - 17 out of 100 had been formally diagnosed with anxiety disorder during the past year.



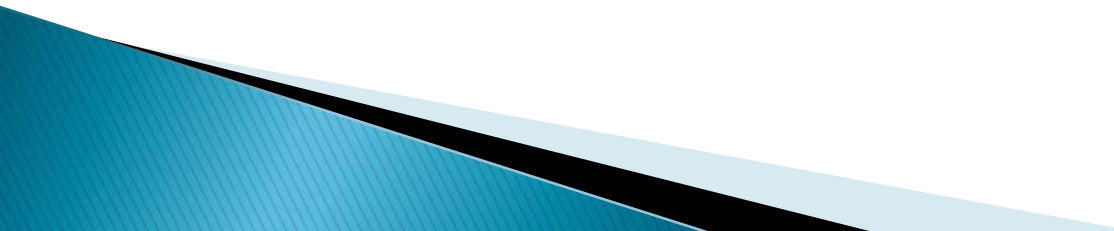
# ACHA/NCHA 2016 survey – cont.

- ▶ 9.8 percent of students seriously considered suicide within the past year.
  - ▶ 6.7 percent reported intentional self-harm.
  - ▶ Approximately 50% of students reported feeling as if things were hopeless.
  - ▶ 39.6% of students reported experiencing overwhelming anger within the past year.
  - ▶ 81.7 felt exhausted (not from physical activity)
- 

# Additional Statistics

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

# Additional Statistics – the Healthy Minds Survey

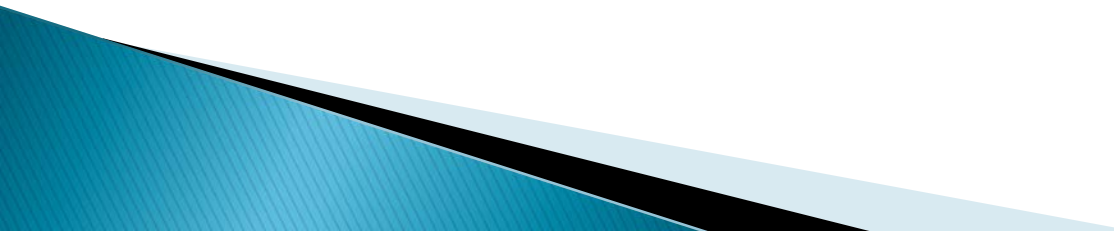
- 35% of students surveyed met the criteria for at least one mental disorder in the prior 12 months.
  - In 2016, 61% of students with mental health conditions were not getting help.
  - In 2014, 86% of students who committed suicide did not seek help from their college mental health services.
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#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

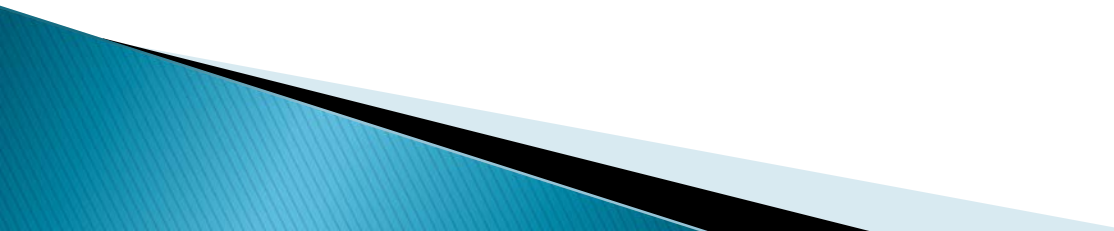
- Paradox: athletes experience as much or more psychological distress as non-athletes, athletes use professional services less often than non-athletes (Pinkerton, Hinz & Barrow, 1989; Etzel, 2006)
- Prior to high school, participation in sport is a significant predictor of good health and prosocial behaviors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

What Happened?

# Population at risk

- Under-prepared (Gurney & Weber, 2010)
  - Under-recovery – occurs when there is an imbalance between training and recovery
  - Student-Athletes forego:
    - sleep
    - social interaction
    - holiday vacations
    - “down time”
    - visits with parents or friends
- 

# Myths and Lies

- ▶ Being injured means more time to improve academics.
  - ▶ There is a quick fix for mental health concerns.
  - ▶ “We are like a family.”
  - ▶ Athletes are given special privilege, so they should be less stressed.
- 

# Quick quotes:

- ✓ *“I was looking on this site and there were these girls who were drunk and looked like shit and I don’t want to look like that.”*
- ✓ *“Dude! Old men are horny as fuck.”*
- ✓ *“I can’t focus; I can’t meet deadlines; I can’t muster the give a shit to do it.”*
- ✓ *“She’s not mentally blah, blah, blah; she’s physically broken.”*
- ✓ *“Short-term people are not worth long-term time.”*
- ✓ *“My time has expired. I’m over it.”*
- ✓ *“I don’t like risk. I don’t like loss. I don’t want to make a decision I can’t come back from.”*
- ✓ *“I think I need to take my chip out, wipe off the cobwebs, dust it off, and put it back on my shoulder.”*
- ✓ *“If my boobs are out, they won’t be looking at my stomach or thighs.”*
- ✓ *“I went from a family that didn’t want me to a family that didn’t love me.”*

# Overview of Coach and Athletics Admin Mental Health



# Stressors

- ▶ Career factors
- ▶ Managing student-athletes
  - Grades
  - Retention and graduation rates
  - Behavior
  - Mental health
- ▶ Implicit and explicit demands to succeed
- ▶ Community and university pressures
- ▶ Recruitment
- ▶ Family and relationships
- ▶ A need for control
- ▶ Long work hours
- ▶ Wins and losses

# Coaches are vulnerable too!

- ▶ Different kinds of stressors with different potential consequences
  - Will vary by role
  - Time of season
  - Expectations
  - Performance of your “product” impacts future opportunities’
  - What is your return on investment?

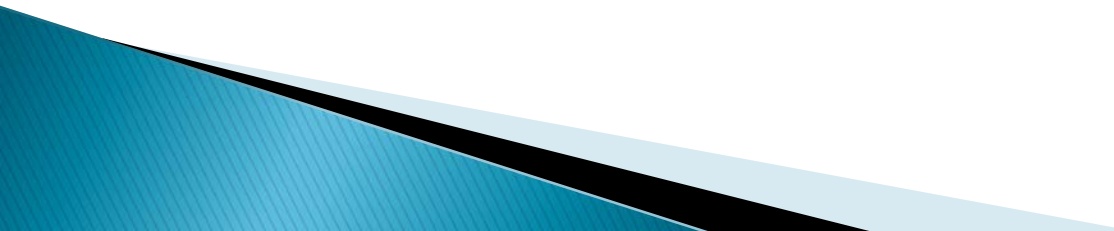
# The Coaching Coping Strategy Toolkit?

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

Etc.....!



# Other negative coping outcomes

- ▶ Increased substance use
  - ▶ More frequent bad decisions
  - ▶ Increased risky behaviors
  - ▶ More conflicts at home and within the team
  - ▶ Increased frequency of health concerns
  - ▶ Poor relationships and higher chance of divorce
- 

# Quick quotes:

- ✓ *“In his mind that shit’s so right but it’s not right. How can it be right you not checking up on your players?”*
- ✓ *“He doesn’t realize he’s coaching humans; he thinks he’s coaching robots.”*
- ✓ *“How many times do you have to walk by me and smell weed before you say something?”*
- ✓ *“It seems like his ego overpowers his coaching.”*
- ✓ *“They talk about change but nothing has changed, so why am I wasting my time?”*
- ✓ *“I wouldn’t say he plays favorites but he gives up on people easily.”*
- ✓ *“You don’t even know me, so how you gonna motivate me?”*
- ✓ *“For your coaches, your worth depended on what you did that day.”*
- ✓ *“They’re trying to put a due date on a healing process.”*

# Quick quotes:

- ✓ *“I can’t lose again like that next year. I won’t lose again like that next year. I just want to see some change.”*
- ✓ *“It really hurt me for him to say ‘I didn’t need to check on you.’”*
- ✓ *“He don’t understand that Black kids are different; we look for family first.”*
- ✓ *“In high school, I was expected to be good. If I didn’t win, my coach would cuss me out.”*
- ✓ *“He’s not a coach! He’s a bully with a whistle.”*
- ✓ *“Yeah, you commend them for their grades, but we’re not on a good-grade team; we’re on a volleyball team.”*
- ✓ *“That bitch was trying to kill us!”*
- ✓ *“You keep saying attitude. It’s not attitude! It’s not my attitude, it’s my personality. You don’t like who I am as a person.”*
- ✓ *“If you’re not building a team and you’re not building a program, are you just building bad habits?”*

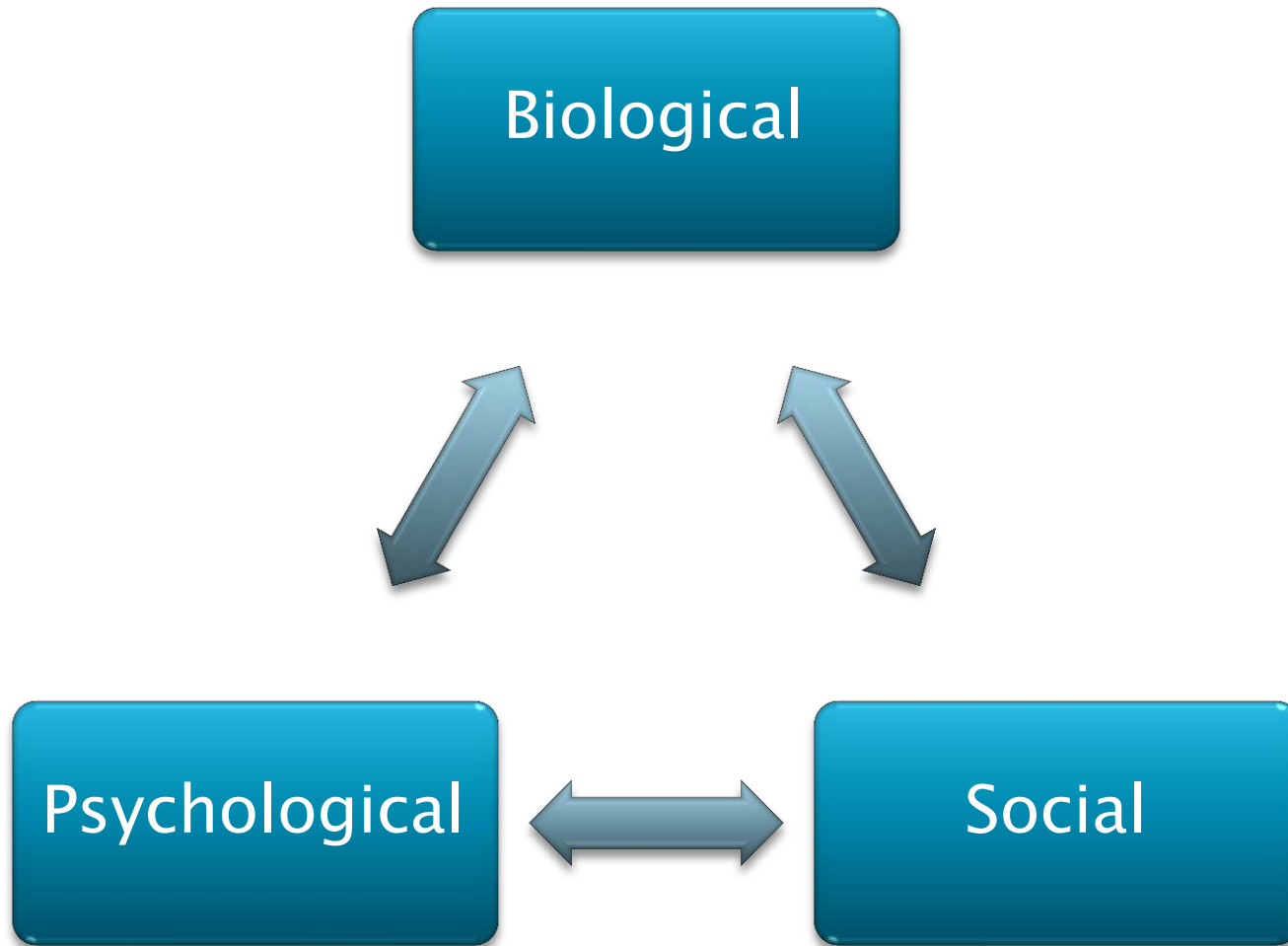
# Mental Health, Wellness, and Performance!

# Signs of Mental Health Concerns

- Recognizing distress
  - General signs and symptoms
    - ❑ Physical and health
    - ❑ Cognitive/emotional
    - ❑ Relationships and interactions with others
    - ❑ Other behaviors
      - Changes in performance
      - Behavioral concerns
      - Increased used of substances
- Especially important to assess problems with student-athletes using a “Bio-Psycho-Social” model



# Bio-Psycho-Social



# Bio

- ⦿ Increased accidents or injury
- ⦿ Fatigue
- ⦿ Drop in normal physical activity or skill
- ⦿ Sleep disturbance
- ⦿ Skeletal pain
- ⦿ Gastrointestinal disturbances/Nausea
- ⦿ Cardiovascular problems
- ⦿ Dizziness
- ⦿ Extreme weakness
- ⦿ Frequent muscle tension
- ⦿ Frequent illness or accidental injury
- ⦿ Changes in appetite
- ⦿ Headaches

# Psycho

- ⦿ Increased anxiety or worry.
- ⦿ Difficulty concentrating or focusing.
- ⦿ Irritability or anger
- ⦿ Increased sadness or depression.
- ⦿ Forgetfulness
- ⦿ Preoccupation
- ⦿ Sense of hopelessness
- ⦿ A sense of feeling overwhelmed.
- ⦿ Emotional overreaction
- ⦿ Bizarre or strange behaviors
- ⦿ General impulsivity
- ⦿ Antisocial behaviors or acts
- ⦿ Excessive risk-taking
- ⦿ References to suicide

# Social

- ◉ Withdrawal or isolation
- ◉ Lack of communication
- ◉ More frequent conflicts
- ◉ Inappropriate interactions
- ◉ Increased tension in relationships
- ◉ Antisocial behaviors or acts
- ◉ Decreased emotional involvement with others
- ◉ Violent behavior toward others
- ◉ May become more clingy or needy
- ◉ Pattern of negatively impacting team or group dynamics




# Quick quotes:

- ✓ *“There’s something embarrassing about dying. I couldn’t look anyone in the eye.”*
- ✓ *“I have traumatic brain energy.”*
- ✓ *“Perfection always stops at perfection.”*
- ✓ *“It terrifies me being back in a helmet right now.”*
- ✓ *“Each time I can feel a piece of myself is left with the concussion.”*
- ✓ *“I never had any endurance stuff and you can fake it for a mile.”*
- ✓ *“And that’s why my plan is so gruesome because it will keep me from doing it.”*
- ✓ *“I can’t imagine not playing again, but right now, I can’t imagine playing again.”*
- ✓ *“I was fine from the beginning. I had low expectations.”*

# Brief Discussion

- ① How do bio-psycho-social symptoms impact:
  - Academic performance
  - Athletic or physical performance
  - Behavior
  - Team dynamics
    - Among teammates
    - Relationships between players and coaches
    - Ability to work together

# Benefits of Access to MH Services

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



# Benefits of Access to MH Services – cont.

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

# Most Common Historical and Cultural Barriers to Service

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

# Mental Health vs. Mental Performance

|                 | Counseling $\Psi$ /Mental Health   | Sport $\Psi$ /Mental Performance   |
|-----------------|--|--|
| <b>Aim</b>      | Help people who are struggling obtain a normal, consistent degree of functioning   | Help relatively well-adjusted people strive toward optimal performance   |
| <b>Issues</b>   | <ul style="list-style-type: none"> <li>•Depression</li> <li>•Anxiety</li> <li>•Drugs/Alcohol</li> <li>•Stress</li> <li>•Grief</li> <li>•Relationships</li> <li>•Eating Problems</li> </ul>   | <ul style="list-style-type: none"> <li>•Anger</li> <li>•Adjustment</li> <li>•Academic Problems</li> <li>•Body Image</li> <li>•Trauma Response</li> <li>•Self-Mutilation</li> <li>•Career Concerns</li> </ul> |
| <b>Clients</b>  | <ul style="list-style-type: none"> <li>•More general population</li> </ul>   | <ul style="list-style-type: none"> <li>•Athletes, Coaches, Parents, Sport Admin.</li> </ul>  |
| <b>Training</b> | <ul style="list-style-type: none"> <li>•Ph.D. or Psy.D.</li> <li>•Supervised Study</li> <li>•Closely regulated / State Laws</li> </ul>   | <ul style="list-style-type: none"> <li>•Sport Sciences, Coaching, some Psychology</li> <li>•Doctoral (Ed.D. or Ph.D.) &amp; Master's practitioners</li> <li>•Loosely regulated</li> </ul>                    |
| <b>Methods</b>  | <ul style="list-style-type: none"> <li>•Traditional methods &amp; systematic training</li> <li>•Traditional environments</li> <li>•Strong research evidence of treatment efficacy</li> </ul> | <ul style="list-style-type: none"> <li>•Slightly less structured methods &amp; training</li> <li>•Non-traditional environments</li> <li>•Younger field, growing research</li> </ul>                          |


# Establishing Mental Health Services



## 5 things to consider:

1. What do you want to provide?
2. Are there similar institutions that already provide what you want to do?
3. What resources do you already have available?
4. Do you have buy-in from the top and essential offices?
5. What are the potential barriers?

# Final Considerations . . .

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

# Quick quotes:

- ✓ *“I’m not going to lie. I looked like a fucking goddess.”*
- ✓ *“I’m like the underdog who never gets appreciated for doing shit, who deserves the award but never gets it because I make things look easy when it isn’t.”*
- ✓ *“Before we get in the water, we kiss the waves.”*
- ✓ *“Fuck! It hurts so much when you’re not aiming to do it on purpose.”*
- ✓ *“You know what? Today is Bitch Day. It’s been one year since the last time somebody called me a bitch.”*
- ✓ *“One thing I learned this summer is that I don’t have to be perfect to swim really really really well.”*
- ✓ *“I was just thinking about how good my relationship with myself is going. It’s going strong!”*
- ✓ *“You know you just saved my life because you changed my way of thinking for 2 minutes.”*
- ✓ *“This person showed up today thinking he’s going to beat me.”*



Takeaways or drops in the bucket? >>

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