SUPPORTING STUDENT ATHLETES WITH MENTAL HEALTH CONCERNS

Presenters: Jessica Szymczyk, LMHC, QS; Rachel Boldman, LMHC

THE FACTS

Increasing number of students with severe psychological problems

- 95% of Counseling Center directors at 4-year colleges, 100% at 2-year colleges (Gallagher, 2013)

- 15% of Stetson students participate in intercollegiate athletics (Stetson University, 2013)

- Primary presenting concerns among Stetson students (2013-2014):
  - Depression
  - Anxiety
  - Relationship problems
COMMON MENTAL HEALTH CONCERNS OF STUDENT-ATHLETES

- Anxiety disorders
- Depression and mood disorders
- Sleeping disorders
- Eating disorders

DISCLAIMER!

- Emotions are not disorders
  - Quantitative spectrum (low to high intensity)
  - Qualitative spectrum (healthy to unhealthy)
PREVALENCE OF ANXIETY AND DEPRESSION IN THE U.S.

- In 2011, more than 41 million U.S. adults (over age 18) had a mental health disorder.
- More than 9 million had a mental illness that greatly affected their day-to-day functioning
- First onset before age 24.

ANXIETY DISORDERS

**Signs and Symptoms**
- Feeling apprehensive
- Feeling powerless
- Having a sense of impending danger, panic or doom
- Increased heart rate
- Breathing rapidly
- Gastrointestinal issues
- Sweating
- Feeling weak or tired

**Risk Factors for Student-Athletes**
- Stress!!
  - Sports
  - Academic
  - Developmental/adjustment

(Goldman, 2014)
### Depression and Mood Disorders

<table>
<thead>
<tr>
<th>Signs and Symptoms</th>
<th>Risk Factors in Student-Athletes</th>
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</thead>
<tbody>
<tr>
<td>Low/sad moods</td>
<td>Response to injury</td>
</tr>
<tr>
<td>Irritability or anger</td>
<td>Overtraining</td>
</tr>
<tr>
<td>Feeling worthless, helpless, and hopeless</td>
<td>Expectations vs. reality</td>
</tr>
<tr>
<td>Eating and sleeping disturbance</td>
<td>Pressure</td>
</tr>
<tr>
<td>Decrease in energy/activity levels with feelings of fatigue and tiredness</td>
<td>End of athletics career</td>
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<tr>
<td>Decrease in concentration, interest, and motivation</td>
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<td>Social withdrawal</td>
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<tr>
<td>Negative thinking</td>
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<tr>
<td>Thoughts of death or suicide</td>
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(Bader, 2014)

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### Suicide

<table>
<thead>
<tr>
<th>Myths</th>
<th>Facts</th>
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<tbody>
<tr>
<td>People who talk about suicide don’t commit suicide</td>
<td>People who die by suicide often give clues about their intentions, although this is not always the case</td>
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<tr>
<td>Mentioning the word suicide may give a person the idea</td>
<td>80% express their intentions to one or more people</td>
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<tr>
<td>All suicidal people are mentally ill</td>
<td>Asking about suicide can help the person know it’s okay to talk about their feelings</td>
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<tr>
<td>A suicide threat is just a cry for attention and should not be taken seriously</td>
<td>A cry for help is a cry for help—so help!</td>
</tr>
<tr>
<td>Once a person is suicidal, they are suicidal forever</td>
<td>Treatment is effective!</td>
</tr>
</tbody>
</table>

(Lester, 2014) (American Foundation for Suicide Prevention)
SLEEPING DISORDERS

Facts About Sleep
- Adults need 7-8 hrs. per night
- 40% get six hours of sleep or less.
- Two nights of insufficient sleep per week
- Among the top 10 negative health impacts on Stetson students (NCHA)—24%, national reference is 19%
- Sleep = memory consolidation, emotional regulation, growth and cell repair

Risk Factors for Student-Athletes
- Timing of practices, travel, games
- Athletics and academic time demands
- Can lead to slowed reaction times and poor concentration/focus.

(Grandner, 2014)

EATING DISORDERS
- Anorexia Nervosa
- Bulimia Nervosa
- Bing-Eating Disorder
- Body Dysmorphic Disorder/Muscle Dysmorphia
### EATING DISORDERS

<table>
<thead>
<tr>
<th>Physical/Medical Signs and Symptoms</th>
<th>Psychological/Behavioral Signs and Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amenorrhea</td>
<td>Anxiety and/or depression</td>
</tr>
<tr>
<td>Dehydration</td>
<td>Saying they “feel fat” despite being thin</td>
</tr>
<tr>
<td>Gastrointestinal problems</td>
<td>Excessive exercise</td>
</tr>
<tr>
<td>Cold intolerance</td>
<td>Excessive use of restroom</td>
</tr>
<tr>
<td>Stress fractures/other overuse injuries</td>
<td>Difficulty concentrating</td>
</tr>
<tr>
<td>Significant weight loss</td>
<td>Preoccupation with weight and eating</td>
</tr>
<tr>
<td>Muscle cramps, weakness, or fatigue</td>
<td>Avoidance of eating and eating situations</td>
</tr>
<tr>
<td>Dental and gum problems</td>
<td>Use of laxatives and diet pills</td>
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</tbody>
</table>

### INJURIES

- Emotional responses:
  - Sadness
  - Isolation
  - Irritation
  - Lack of motivation
  - Anger
  - Frustration
  - Changes in appetite
  - Sleep disturbance
  - Disengagement

- Problematic Emotional Reactions:
  - Persistent
  - Worsening
  - Excessive
    - Can trigger depression and suicidal ideation

(Putikian, 2014)
BARRIERS TO MENTAL HEALTH TREATMENT

- What are some barriers you have encountered?

- STIGMA around mental health

CONVERSATIONS ABOUT MENTAL HEALTH

- Is the culture friendly toward open dialogue about mental health?

- Know your student-athletes
CONVERSATIONS ABOUT MENTAL HEALTH

- Active listening
  - Open-ended questions
    - (What was that like for you?)
  - Affirmations
    - (I’m so glad you talked to me about this today)
  - Reflections
    - (You’re saying that you feel really anxious when you’re close to the goal.)
  - Summaries
    - (It seems like you’re overwhelmed right now.)

CONVERSATIONS ABOUT MENTAL HEALTH

- Ideas on how to “frame” the conversation:
  - Science, brain chemistry
  - Affect on performance in their sport
    - Mindfulness
  - Make observations, not judgments
    - Talk about what you notice, not your personal “diagnosis”
  - Personal stories
  - Communicate your concern
  - Offer to walk over with them
THE STETSON UNIVERSITY COUNSELING CENTER

Help is right around the corner

REFERRALS

- Student must make their own appointment
- Walk them over
- CONFIDENTIALITY:
  - We cannot release any information to anyone without the student's prior written consent
  - Exceptions:
    - Under 18
    - Intent to harm self or others
    - Child/elderly/vulnerable adult abuse
COUNSELING CENTER LOCATION

601 N. Bert Fish Dr., DeLand

COUNSELING CENTER STAFF

Rachel Boldman  
Director and Counselor

Jessica Szymczyk  
Clinical Supervisor and Counselor

Jody Magras  
Outreach Coordinator and Counselor

Nicole Currie  
Administrative Specialist

Becky Stone  
Counselor

Aura Tello  
Graduate Intern

Nicole Pizza  
Graduate Intern
RANGE OF SERVICES

- Consultation
- Individual Counseling
- Couples Counseling
- Group Counseling
- Crisis Intervention
- Referrals (on- and off-campus)
- Educational Presentations & Training Sessions

CONTACT US

(386) 822-8900

Office Hours
Monday - Friday
8 a.m. - 4:30 p.m.
Closed 12-1 daily

After Hours
On-call counselor
Call Public Safety (386-822-7300) and ask to speak with the on-call counselor
ONLINE RESOURCES

- www.stetson.edu/counseling-center
  - Mental Health Screening; Helpful Resources; Apps
- www.ULifeline.org
- www.halfofus.com
- www.jedfoundation.com
References


