

The Other Side of Sport Psychology: Mental Health, Stigma, and Changing the Culture

L. Kenneth Chew, Jr., Psy.D., HSPP
Director, ISU Student Counseling



1

Objectives:

- ▶ Develop a better understanding of how mental health can impact performance.
- ▶ Increase awareness of stressors student-athletes may be dealing with and the issues most likely to be seen on college campuses.
 - ▶ Differential concerns for Males and Student Athletes of Color
- ▶ Briefly discuss how to develop collaborative relationships with available mental health services.
- ▶ Highlight the benefits of increased access to mental health services.



2

UP TO THIS POINT-

- ⦿ PAIN MANAGEMENT
- ⦿ NUTRITION FOR RECOVERY AND RETURN TO PLAY
- ⦿ GUILLAIN-BARRE
- ⦿ HANDLING OF TITLE-IX

3



4

Let's Get This Out Of The Way!!! Why MH Is Important

- ▶ Student athlete health, well-being, and quality of life
- ▶ Increased retention and graduation rates
 - Improved grades
- ▶ Reduces risk and liability as it relates to mental health crises
- ▶ Lowers risk of injury or sickness in and out of sport
- ▶ Reduces disruptions and behavioral concerns
 - Fewer distractions
- ▶ Improves academic, athletic, and social performance
- ▶ Return on Investment

5

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"

6

Why Collaboration With MH Is Important

Athletics and Sport Medicine:

- Athletic Trainers and Sport Med serve as the primary gatekeepers for student-athlete referral
- Are first to notice changes in functioning or other red flags that suggest referral
- Help establish the norm that it's okay to get help
- Are in stronger position to get student-athletes help than others at the university
- Without buy-in, mental health services will not be used.

7

Things to think about...

How aware am I of how I come off to others?

How do I manage microaggressions or unintentional biases when they arise?

How well versed am I on the differential risk factors for various ethnic or "minority" groups?

Do my prejudices or stereotypes impact approach to treatment?

How consistent is my standard of care?

Do I feel more offended when questioned by patients who are diverse (African American, Latino, Asian)?

How relevant is the non-medical history of my patients to how they accept and progress through treatment?

Is my privilege overshadowing my ability to connect with this patient?

8

Flipping the Paradigm of Mental Illness

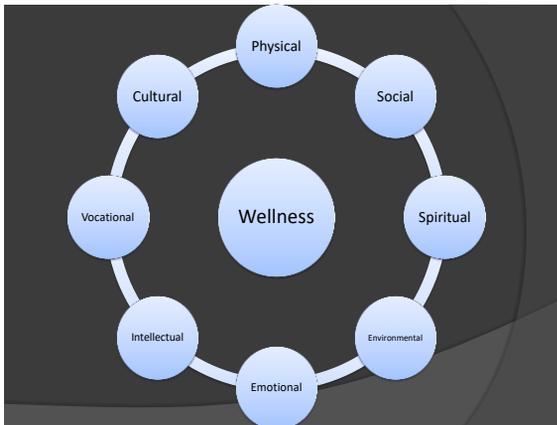
»» Time to shift to a wellness model

9

In their own words...

- ❑ *"I'd rather quit and finish my degree online versus play and be this stressed."*
- ❑ *"Because I was dodging class, now I have to go home and dodge bullets."*
- ❑ *"I don't feel like myself anymore and it's definitely the scariest thing ever."*
- ❑ *"It seems like his ego overpowers his coaching."*
- ❑ *"Now that I'm at a bad place with soccer, I don't feel like I have anything to keep me together."*
- ❑ *"I wouldn't say he plays favorites but he gives up on people easily."*

10



11

Quick quotes:

- ❑ *"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."*

12

"There is no health without mental health; mental health is too important to be left to the professionals alone, and mental health is everyone's business."

Vikram Patel

QUICK REVIEW OF PRIOR MENTAL HEALTH TOPICS

13

Questions to Keep in Mind

- What mental health and wellness resources are available on campus?
 - For a student-athlete?
 - For a coach/administrator?
- How does mental health impact performance?
 - Academic
 - Athletic
 - Job/Career
 - Social
- Who is responsible for addressing mental health concerns within Athletics?
- Why are mental health services important?

14

Top Reasons Students Leave Colleges and Universities

- › Financial
- › Poor academic preparation
- › Personal concerns/Outside demands
- › Lack of connectedness
- › The challenge of being "the first" or the "only"
- › Adjustment to college
 - Homesickness
 - Emotional readiness
 - Balancing work and school
- › Health/Mental Health concerns

15

Quick review - NCAA Guidelines



16

Summary of NCAA Best Practice Guidelines

1. Identify appropriate people to provide care on campus
 2. Identify procedure to refer students to appropriate MH professionals
 3. Provide holistic pre-screening of athletes
 4. Establish an environment that fosters health and wellness
- ▶ Encouraging sport medicine to identify ways to support student athletes beyond standard role of managing sports injury and rehabilitation.

17

Sport Psych versus Mental Health Counseling?

Sport Psychology

▶ Study of psychological and mental factors that influence and are influenced by participation and performance in sport.

▶ Also referred to as performance psychology

Mental Health Counseling

▶ Provides guidance or psychotherapy to individuals, groups, or families that addresses personal and/or psychological concerns that may impact the client's functioning in one or more areas.

▶ Usually provided by a person licensed in a mental health field

18

In their own words...

- ❑ "I'm not one to bitch, cry, and complain; but sometimes, I like to bitch, cry, and complain."
- ❑ "I don't think running is the problem; it's the one that gets hit."
- ❑ "It terrifies me being back in a helmet right now."
- ❑ "She's not mentally blah, blah, blah; she's physically broken."
- ❑ "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."
- ❑ "I feel useless when I can't work out."

19

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

20

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

21

In their own words...

- ❑ "I need to pull out my birth certificate because I'm really starting to think my name is bitch."
- ❑ "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."
- ❑ "As much as I want my legs to be okay, I just want myself to be okay."
- ❑ "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."
- ❑ "In class the other day, I learned that some people are anal retentive but I'm anal explosive."

22

How Messaging Can Undermine Treatment

23

Messed Up Messages

110%

I In TEAM.

SHAKE IT OFF!

NO PAIN NO GAIN

PRACTICE MAKES PERFECT

Mental Toughness

24

Say What???

- ▶ “Don’t worry about the grade, just pass the class.”
- ▶ “We’re like a family.”
- ▶ “You just have to get through it.”
- ▶ “He’s just an athlete.”
- ▶ “We’ll see if we can get that rescheduled.”
- ▶ “This should be your #1 priority.”
- ▶ “Let Athletics take care of it.”
- ▶ “Just make sure he’s eligible!”
- ▶ “It’s just one class.”

25

In their own words...

- *“He was like ‘there’s something wrong if you’re feeling like this; so I need you to stop feeling like this.’”*
- *“Since he just wants it to go away, I just won’t tell him.”*
- *“I just don’t know how people translate being competitive with being a dick.”*
- *“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!”*
- *“If you’re not building a team and you’re not building a program, are you just building bad habits?”*

26

“I found that with depression, one of the most important things you could realize is that you’re not alone.”

Dwayne Johnson

**A LOOK AT YOUNG ADULT
MENTAL HEALTH**

27

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
- Students are coming to college with increased pathology and symptom severity
 - Estimated that 13% of clients coming in with extensive treatment histories

28

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 2018, approximately two-thirds of students with mental health conditions were not getting help.
- 80-90% of students who committed suicide did not seek help from their college mental health services.

29

ACHA/NCHA 2018 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.

30

ACHA/NCHA 2018 survey - cont.

- 9.8 percent of students seriously considered suicide within the prior year.
- 6.7 percent reported intentional self-harm.
- Approximately 53% of students reported feeling as if things were hopeless.
- 36% of students reported experiencing overwhelming anger within the past year.
- 82% felt exhausted (not from physical activity)

31

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

32

Most Common Concerns Of Student-Athletes

- Depression
- Anxiety
 - Academic
 - Performance
 - Generalized
- Substance abuse referral
- Relationship concerns
 - Family/friends
 - Coaches
 - Team
 - Dating
- Suicidal thoughts or ideation
- Stress
- Performance concerns
- Disordered Eating and Eating disorders
- Issues related to injury
- Transitions
 - Adjustment to college
 - New demands of collegiate athletics
 - End of career
- Sexuality/coming out
- Managing expectations

33

Mental Health Among Athletes²

	Male		Female	
	Athletes	Non-athletes	Athletes	Non-athletes
Felt depressed*	21%	27%	27%	34%
Felt anxiety*	32%	41%	49%	57%

*In the last 12 months

Review of National College Health Assessment surveys the ACHA administered from 2008 through 2014*

34

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

35

Time Demands of Student Athletes

	Athletic hours per week	Academic hours per week
Division I	34	38.5
Division II	32	38.5
Division III	28.5	40.5

Average approximately 6 hours of sleep per night
Average about 17 hours of socializing and relaxing per week

36

In their own words...

- ❑ *"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?"*
- ❑ *"You don't even know me, so how you gonna motivate me?"*
- ❑ *"They're trying to put a due date on a healing process."*
- ❑ *"She says my anxiety makes me a selfish player."*
- ❑ *"He's not a coach! He's a bully with a whistle."*

37

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?

38

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

39

Coaches, Administrators, and Sport Med are Vulnerable Too!

- ▶ Different kinds of stressors with different potential consequences
 - Will vary by role
 - Time of season/year
 - Expectations
 - Performance of your “product” impacts future opportunities’
 - What is your return on investment?
- ▶ Fewer resources available
- ▶ The trickle down effect



40

The Coaching Coping Strategy Toolkit?

- ▶ **Control!**
 - More time and less self-care.
 - ▶ **Control!**
 - Put additional pressure on other coaches and players; or
 - Question their level of commitment
 - ▶ **Control!**
 - Micromanagement.
 - ▶ **Control!**
 - Punish or take away privileges.
 - ▶ **Control!**
 - Target, isolate, or dismiss certain “problems.”
 - ▶ **Control!**
 - Be more critical . . .
 - ▶ **Control!**
 - Overly focus on what or who’s in front of you.
- Etc.....!



41

The Differential Experience of Diverse Athletes

»» More or less stressful?



42



43



44

Raising the bar



- Word of mouth is key
- One bad situation can undermine you for years
- Avoid situational ethics
- It's okay to see me as Black or African American
- Don't assume that ...
- Prior personal history is relevant
 - Especially as it relates to trauma
- The myth of the "White Savior" is not real
- Code switching is a thing
- For some there is a natural mistrust
- Become more aware of differential risk factors.
- Keep your privilege in check

45

Moving The Culture Of Treatment

- ▶ Diverse individuals are not homogeneous.
- ▶ Expressing things passionately is not equal being an “angry Black . . .”
- ▶ It’s okay to be angry or upset. Would you make the same assumptions if a White student presented the same way?
- ▶ If a diverse student has gotten to this level, why would you question their work ethic or dedication?
- ▶ Black people do NOT have a higher tolerance for pain. It’s a myth!
- ▶ Having a “voice” is not a threat.
- ▶ Would you be offended if a White student asked the same questions about their care?
- ▶ Make sure you are not perpetrating the perception that they are disposable or expendable.
- ▶ Differential treatment or punishment is **NOT** okay.
- ▶ Beware of microaggressions and unintentional biases.

46



Symptoms are often masked!

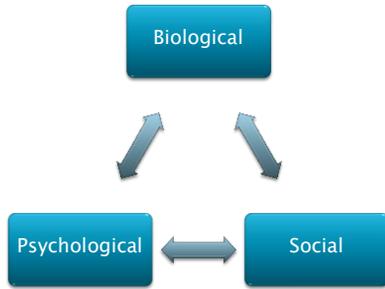
47

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

48

Bio-Psycho-Social



49

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

50

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

51

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

52

Think about it...

- 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

53

In their own words...

- *"You look up my name and my boobs are all over the internet."*
- *"When you grow up and a boy treats you like shit, they say oh, he just likes you; and then you grow up and they wonder why you're with a guy who treats you like shit and it's because that's what they told you when you were young instead of to stand up for yourself."*
- *"With all these pressures, I began smoking a lot of weed. High all day, high all night."*
- *"You are supposed to tell me to suck it the fuck up and move on."*
- *"No, I haven't been going off and I haven't been able to get off either."*
- *"It wasn't a mistake! I felt like a Black girl in a White situation."*

54

"It was a long, long, long road and I just never wanted to deal with it. And for me, that sent me down a spiral staircase real quick and like I said, I found myself in a spot where I didn't want to be alive anymore."

Michael Phelps.

How MH Services Can Improve your programs

55

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.

56

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
 - 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
 - Reducing risk and liability

- Takes pressure off of administrators, coaches, and Sport Medicine staff to address issues they are not trained in and may be uncomfortable with.

57

Establishing or Connecting to 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?

58

Final Considerations . . .

- Why are you here?
- What is your role in addressing mental health?
- What is more important, personal wellness or performance?
- How aware of 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?

59

Again, Why MH is Important...

- Well-being and quality of life
- Reduces risk and liability
- Lowers risk of injury or sickness
- Reduces disruptions and behavioral concerns
- Improves performance
- Increased retention and graduation rates
 - Improved grades
- Return on Investment

60

Quick quotes:

- ❑ *"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."*
- ❑ *"You know you just saved my life because you changed my way of thinking for 2 minutes."*
- ❑ *"That's a new level of genius. I never heard anything so profound in my life."*
- ❑ *"Short term people don't require long term energy."*
- ❑ *"I've gotten better. I'm not punching trees anymore."*

61



Takeaways or drops in the bucket? >>

"Whatever good things we build end up building us." - Jim Rohn

62