

## Introduction

- College athletes face unique pressures which reflect the potential for increased risk for mental health illness<sup>4, 9</sup>
- Most available data are from NCAA Division I athlete populations despite Division III having the largest participation
- Existing data suggests at least 20% of NCAA Division III athletes endorsed significant distress, low energy, and exhaustion<sup>9</sup>
- Mental health was made a priority issue by the NCAA in 2017 and included recommendations for athletic departments<sup>4</sup> such as:
  - increased education,
  - identification of campus resources,
  - use of a pre-participation mental health screening, and/or
  - development of an emergency action plan

## Objective

To describe an integrated care plan to evaluate mental health symptoms in Division III student-athletes and behaviors in those who screen positive. The framework was based on the NCAA Sport Science Institute (SSI) best practice manual. The present project offers a low-cost and feasible method for small size campuses to implement mental health promotion.

## Theory

Social cognitive theory (SCT) is an interpersonal level theory that assumes individual attitude and behaviors are shaped by social and environmental influences<sup>3, 6, 8</sup>. Athletes assume their own identity, but as a member of a team there are sport and program influences on attitude and behavior. An athletic department can facilitate positive expectancies related to mental health through the emotional environment, policy, and staff attitudes. Application of SCT to mental health promotion originated from expert recommendations and relevant publications to date.

## Framework

### 1 Planning

- Interdisciplinary team**
  - Consisted of an athletic department administrator, head athletic trainer, director of counseling, and a faculty member
- Policy writing**
  - Guided by NCAA recommendations
  - Determined the procedures would be highly recommended but optional for athletes
- Administration approval**
  - Presented to athletic administration and student life administration
  - Then, coaches and support staff were informed of the new policy



### 2 Implementation

- Pre-season meeting**
  - Led by the athletic trainer
  - Mental health screening introduced and disseminated
- Confidential process**
  - Each individual screening had a unique code rather than their name to encourage honest responses.
  - The pre-participation introduction, screen, and collection took approximately 15 minutes per team.
  - Each screening took approximately 1 minute per athlete to score.
- Screening tools**
  - 9 question General Index<sup>5</sup>
  - 10-question Harvard Department of Psychiatry National Depression Day Screening (HANDS)<sup>1</sup>
  - 5-question SCOFF eating disorder questionnaire<sup>7</sup>
  - 21-question Beck Anxiety Inventory<sup>2</sup>



### 3 Referral

- Initial contact**
  - Athletic trainer contacted individuals with positive screen to meet
  - Discussed symptoms endorsed on the survey
- Referral options**
  - On-campus counseling
  - Online mental health module
  - Continued check-ins by athletic trainers
- Intervention measures**
  - Number of positive screenings
  - Referral data (number of referrals and actual scheduled appointments)

### 4 Evaluation

- Feasible process**
  - Able to offer confidential assessment of student-athlete mental health with limited institutional resources.
  - Identification of trends and patterns to college athlete mental health risk.
- Athletic trainer involvement**
  - Allowed for continued monitoring throughout the academic year.
  - Professionals have an established rapport and trust with athletes.
- Improvement of measures**
  - Specifically, measurement of help-seeking behaviors
  - Examples: clarification of referral source, timing of behavior after referral, or satisfaction of care

## Notable outcomes

- 94.6% athlete compliance with process
- Women team sport athletes and men individual sport athletes endorsed more clinically relevant symptoms than their counterparts
- 2.8% of the sample indicated suicidal ideation through the screening
- Nearly 20% of those who screened positive scheduled an appointment with the counseling center after conversation with the athletic trainer. Comparison to pre-intervention was not available.

## Practical implication

- Plan to implementation took approximately one year.
- Essential to obtain administrative support.
- Time was the costliest resource required of the involved clinicians (i.e., athletic trainers and counselors).
  - Use of an online tool was considered as an alternative to the necessary time demands; however, the paper forms ensure the individual completes the form (not a parent or peer) and promotes timely participation.
- Implementation initiated an overall positive conversation about mental health, available resources, and helped identify trends within the athletic department.

## Resources

<sup>1</sup>Baer, L., Jacobs, D. G., Messler-Reitzes, J., Blais, M., Fava, M., Kessler, R., Magruder, K., Murphy, J., Kopans, B., Cukor, P., Leahy, L., & O'Laughlen, J. (2000). Development of a brief screening instrument: The HANDS. *Psychotherapy and Psychosomatics*, 69, 35-41. <https://doi.org/10.1159/000012364>

<sup>2</sup>Beck, A. T., & Steer, R. A. (1993). *Beck Anxiety Inventory Manual*. Harcourt Brace and Company.

<sup>3</sup>Benight, C. C., & Cieslak, R. (2010). Cognitive factors and resilience: How self-efficacy contributes to coping with adversities. In S. M. Southwick, B. T. Litz, D. Charney, & M. J. Friedman (Eds.), *Resilience and Mental Health Challenges Across the Lifespan* (pp. 45-55). Cambridge University Press.

<sup>4</sup>Brown, G. T., Hainline, B., Kroshus, E., & Wilfert, M. (Eds.). (2014). *Mind, body, and sport: Understanding and supporting student-athlete mental wellness*. NCAA Publications. <http://www.ncaa.org/sport-science-institute/introduction-mind-body-and-sport>

<sup>5</sup>Carroll, J. F., & McGinley, J. J. (2001). A screening form for identifying mental health problems in alcohol/other drug dependent persons. *Alcoholism Treatment Quarterly*, 19(4), 33-47.

<sup>6</sup>Comrie, M. (2010). Cognitive determinants of health behavior. In Steptoe, A. (Ed.), *Handbook of Behavioral Medicine* (pp.19-30). Springer.

<sup>7</sup>Hill, L. S., Reid, F., Morgan, J. F., & Lacey, J. H. (2010). SCOFF, the development of an eating disorder screening questionnaire. *International Journal of Eating Disorders*, 43, 344-351.

<sup>8</sup>McKenzie, J. F., Neiger, B. L., & Thackeray, R. (2017). *Planning Implementing and Evaluating Health Promotion Programs*. (7th ed.). Pearson Ed.

<sup>9</sup>Paskus, T., & Bell, L. (2016). Results from the 2015 GOALS Study of the Student-Athlete Experience. In NCAA Convention. San Antonio, TX.