



RESIDENT PHYSICIAN RESILIENCY AND MENTAL WELLNESS: ARE THERE PARALLEL LESSONS WITH THE NCAA STUDENT-ATHLETE?

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FACULTY DISCLOSURE

Neither Brian Hainline, nor any of his family members, have any relevant financial relationships to be discussed, directly or indirectly, referred to or illustrated with or without recognition within the presentation.



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MISSION

- ▶ To promote and develop safety, excellence, and wellness in college student-athletes, and to foster life-long physical and mental development.

VISION

- ▶ To be the pre-eminent sport science voice for all student-athletes and NCAA member institutions, and to be the steward of best practices for youth and intercollegiate sports.



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STRATEGIC PRIORITIES

- ▶ Cardiac Health
- ▶ Concussion
- ▶ Doping and Substance Abuse
- ▶ Mental Health
- ▶ Nutrition, Sleep and Performance
- ▶ Overuse Injuries and Periodization
- ▶ Sexual Assault and Interpersonal Violence
- ▶ Athletics Healthcare Administration
- ▶ Data-Driven Decisions



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MENTAL HEALTH

MENTAL HEALTH OCCURS ON A CONTINUUM



THE NCAA BELIEVES THAT...

- ▶ Mental Health is not apart from, but rather a part of athlete health.
- ▶ To promote health is to enhance performance.
- ▶ It is important to understand sport specific issues related to athlete health and safety, and engage a wide range of experts.



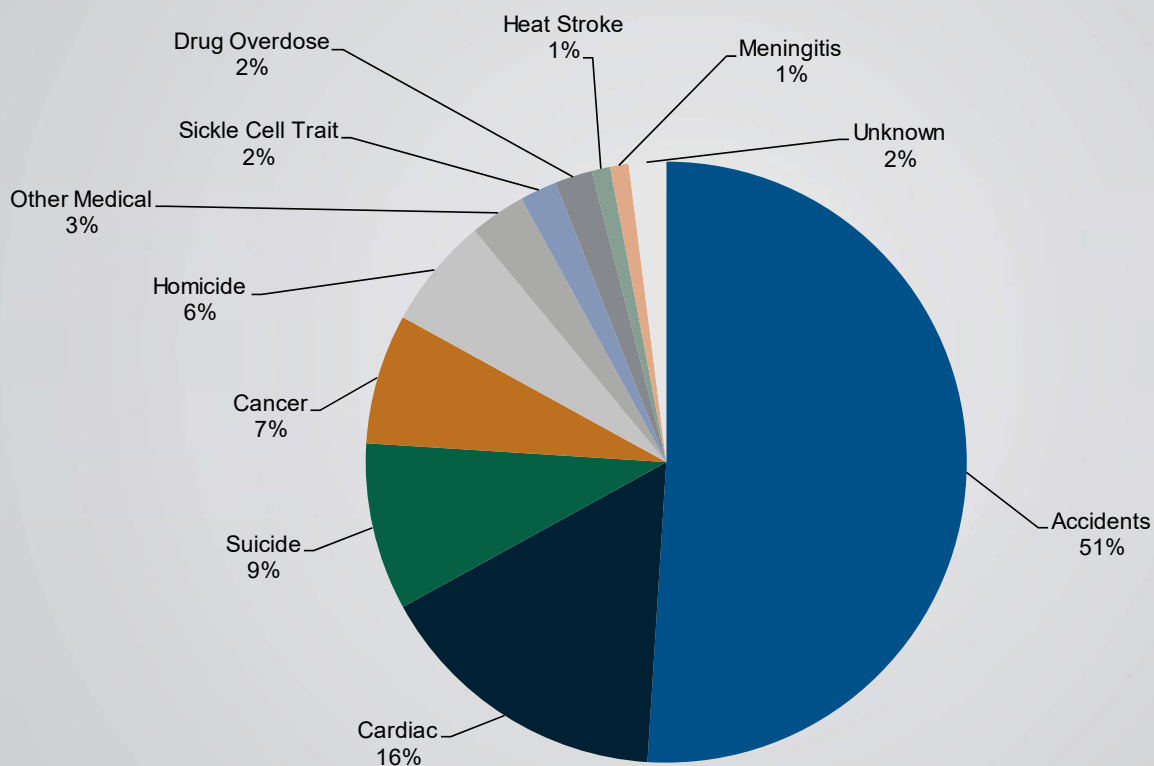
ATHLETE-SPECIFIC CONCERNS

- ▶ Culture of “toughness” can limit help seeking
- ▶ Perception that “looking fit” or performing well means that the athlete is healthy
- ▶ Pressure to perform
- ▶ High Visibility
- ▶ Practice/travel = missed class = academic stress
- ▶ Injury
- ▶ Time demands (and compromised sleep)
- ▶ Other concerns . .

NCAA MENTAL HEALTH TASK FORCE NOVEMBER 2013

- ▶ Clinicians, researchers, advocates, educators, athletics administrators, coaches and student-athletes.
- ▶ Comprehensive assessment of stressors and mental health disorders in college student-athletes.
- ▶ Goal: To develop best practices and to recommend research that support member institutions in meeting their membership obligations to provide a healthy and safe environment for student-athletes.

FATALITIES IN NCAA STUDENT-ATHLETE FROM 2004-2009



American College Health Association- National College Health Assessment

- ▶ A semi-annual survey of college students. Current data span eight administrations from fall 2008 thru fall 2012.
- ▶ Survey covers several mental and physical health topics, including:
 - ▶ Alcohol, tobacco and other drug use.
 - ▶ Sexual health.
 - ▶ Weight, nutrition and exercise.
 - ▶ Mental health.
 - ▶ Personal safety and violence.
- ▶ Institutions have authority over sampling, survey method and time of administration.

NCHA Sample

- ▶ Athletes: Played varsity athletics within the last 12 months.

	Men	Women
Student-Athlete	12% (n=7,863)	9% (n=12,006)
Non-Athlete	88% (57,163)	91% (n=116,710)
Total	65,026	128,716

- ▶ 90 institutions are represented in the data:
 - ▶ All four-year.
 - ▶ 52 percent private.
 - ▶ Eight HBCUs.

OVERVIEW

- ▶ Women (student-athletes and non-athletes) were more likely to report feelings of depression and anxiety than men.
- ▶ Student-athletes were significantly less likely to report feelings of depression and anxiety than non-athletes.
- ▶ Black students (student-athletes and non-athletes) were less likely to report anxiety; depression rates were similar across race.
- ▶ It is important to keep in mind that even low percentage rates translate to many students affected. For example, 4,926 student-athletes in the sample reported feeling so depressed it was difficult to function, and 8,186 felt overwhelming anxiety.
- ▶ About 1,300 student-athletes in the sample reported being diagnosed or treated for depression or anxiety in the last year.

OVERVIEW

- ▶ After statistically controlling for demographics and other variables related to depression and anxiety, student-athletes were significantly less likely to report problems with depression and anxiety.
- ▶ Stress, problems with interpersonal relationships and sleep difficulty were most strongly related to depression.
- ▶ All three of these variables, as well as problems with academics were most strongly related to anxiety.

DEPRESSION NCHA

- ▶ Have you ever.....felt so depressed that it was difficult to functions? (Yes, in the last 12 months)

	STUDENT-ATHLETES	NON-ATHLETES
Male	21% (1,623)	27%
Female	28% (3,303)	33%
White	24%	30%
Black	26%	30%
Other	29%	34%

ANXIETY NCHA

- ▶ Have you ever.....Felt overwhelming anxiety (Yes, in last 12 months)

	STUDENT-ATHLETES	NON-ATHLETES
Male	31% (2,439)	40%
Female	48% (5,747)	56%
White	42%	52%
Black	29%	41%
Other	43%	50%

Within the last 12 months, have you found the following traumatic or difficult to handle?

Comparison by athlete status

	Males		Females		Overall	
	SA	Non-Ath	SA	Non-Ath	SA	Non-Ath
Academic	33%	38%	44%	47%	39%	44%
Career-related issue	15%	21%	15%	24%	15%	23%
Family problems	20%	19%	29%	32%	25%	28%
Intimate relationships	26%	26%	32%	33%	29%	30%
Other social relationships	17%	19%	26%	26%	22%	24%
Finances	24%	30%	29%	38%	27%	35%
Personal appearance	11%	14%	21%	25%	17%	21%
Personal health issue	8%	12%	16%	20%	13%	17%
Sleep difficulties	17%	21%	21%	26%	19%	24%

*highlighted items indicate a statistically significant difference, chi-square, $p < .01$



GROWTH, OPPORTUNITIES, ASPIRATIONS AND LEARNING OF STUDENTS IN COLLEGE (GOALS) STUDY

- ▶ What is GOALS? NCAA study of the experiences and well-being of current student-athletes. This is the third iteration of the study (2006, 2010 and 2015).
- ▶ Faculty Athletics Representatives at each NCAA member college and university asked to survey all members of one, two or three pre-specified teams during spring 2015. Data from several additional teams was collected in fall 2015. The sampling plan was developed by NCAA researchers to ensure a representative national set of student-athlete responses.
- ▶ FARs had the opportunity to administer either online or paper versions of the survey. Both required in-person administration using standardized procedures. All data are confidential at the student and school-levels.
- ▶ This initial release does not cover every GOALS topic area; subsequent reports will follow.

2015 GOALS STUDY RESPONSE

- ▶ 590 FARs assisted us in collecting data on 21,233 current student-athletes.
 - ▶ Division I – n=7,252 (180 schools=52 percent)
 - ▶ Division II – n=6,735 (183 schools=57 percent)
 - ▶ Division III – n=7,246 (227 schools=50 percent)

Division I							
	Baseball	Men's Basketball	Football (FBS/FCS)		All Other Men's Sports	Women's Basketball	All Other Women's Sports
N	424	338	1,092	734	1,774	352	2,538
Division II							
N	616	392	1,637		1,476	403	2,211
Division III							
N	607	333	1,261		1,806	334	2,905

AGGRESSIVE BEHAVIOR IN THE LAST 12 MONTHS – Comparison by Athlete Status

	Males		Females		Overall	
	SA	Non-Ath	SA	Non-Ath	SA	Non-Ath
Been in a physical fight	24%	12%	6%	5%	14%	7%
Been physically assaulted (excluding sexual assault)	9%	6%	4%	4%	6%	4%
Been verbally threatened	38%	27%	19%	17%	27%	21%
In an emotionally abusive relationship	8%	7%	10%	11%	9%	10%
In a physically abusive relationship	3%	2%	3%	2%	3%	2%

*highlighted items indicate a statistically significant difference, chi-square, $p < .01$

NCAA GOALS study– Open-ended question “If you could change one thing about your student-athlete experience, what would it be?”

Division I Males							
	Track / XC	Basketball	Baseball	Soccer	Swimming	Football (FBS/FCS)	
	22%	24%	23%	16%	13%	14%	21%
	3%	4%	3%	3%	6%	5%	7%
	2%	4%	4%	2%	1%	4%	1%
	13%	7%	8%	6%	9%	5%	11%
	4%	5%	7%	10%	18%	5%	3%
	20%	17%	27%	27%	25%	31%	24%
	4%	4%	1%	3%	1%	1%	2%
	2%	3%	3%	2%	4%	1%	2%
	9%	9%	3%	6%	12%	16%	10%
	4%	8%	7%	12%	1%	3%	4%

NCAA GOALS study– Open-ended question “If you could change one thing about your student-athlete experience, what would it be?”

Division I Males							
	Track / XC	Basketball	Baseball	Soccer	Swimming	Football (FBS/FCS)	
Nothing	22%	24%	23%	16%	13%	14%	21%
School Choice	3%	4%	3%	3%	6%	5%	7%
Major/classes	2%	4%	4%	2%	1%	4%	1%
Work Ethic	13%	7%	8%	6%	9%	5%	11%
Coaches	4%	5%	7%	10%	18%	5%	3%
Time Demands	20%	17%	27%	27%	25%	31%	24%
Health	4%	4%	1%	3%	1%	1%	2%
Facilities	2%	3%	3%	2%	4%	1%	2%
Finances	9%	9%	3%	6%	12%	16%	10%
Success	4%	8%	7%	12%	1%	3%	4%

NCAA GOALS study– Open-ended question “If you could change one thing about your student-athlete experience, what would it be?”

Division I Females						
	Track / XC	Basketball	Softball	Soccer	Swimming	Crew
Nothing	12%	13%	10%	12%	12%	15%
School Choice	2%	5%	5%	6%	1%	1%
Major/classes	1%	4%	2%	1%	2%	1%
Work Ethic	7%	5%	5%	8%	5%	4%
Coaches	16%	11%	16%	12%	16%	14%
Time Demands	23%	25%	36%	30%	31%	44%
Health	8%	5%	5%	4%	2%	1%
Facilities	1%	1%	1%	3%	2%	1%
Finances	8%	2%	3%	4%	3%	1%
Success	5%	10%	3%	6%	2%	2%

MEDIAN HOURS PER WEEK SPENT ON ATHLETIC ACTIVITIES PER WEEK (2015 Student-Athlete Self Report)

Division I							
	Baseball	Men's Basketball	Football (FBS/FCS)		All Other Men's Sports	Women's Basketball	All Other Women's Sports
Athletic Hours	40	34	42	41	32	35	32
Division II							
Athletic Hours	37	32	36		30	32	31
Division III							
Athletic Hours	34	29	31		27	29	27

Notes: Yellow indicates median up 2 hours/week or more vs. 2010 study. Green indicates median down by 2 hours/week or more vs 2010.

PERCENTAGE OF STUDENT-ATHLETES REPORTING THEY WOULD PREFER TO SPEND MORE/LESS TIME ON ATHLETICS (2015 Student-Athlete Self Report)

		Men	Women
Division I	Prefer More	42%	24%
	Prefer Less	16%	25%
Division II	Prefer More	52%	33%
	Prefer Less	11%	20%
Division III	Prefer More	50%	35%
	Prefer Less	10%	15%

Outliers:

- Two-thirds of DI and DII men's golfers want to spend more time on athletics
- DI softball, DI women's lacrosse, DI field hockey, and DI women's rowing – more than 30% of SAs would prefer less time on athletics (only 15% in those sports want more)



MEDIAN HOURS PER WEEK SPENT ON ACADEMIC ACTIVITIES PER WEEK (2015 Student-Athlete Self Report)

Division I							
	Baseball	Men's Basketball	Football (FBS/FCS)		All Other Men's Sports	Women's Basketball	All Other Women's Sports
Academic Hours	34	34	37	37	36	37	41
Division II							
Academic Hours	34	34	37		36	42	42
Division III							
Academic Hours	36	37	38		41	44	44

Notes: Yellow indicates median up 2 hours/week or more vs. 2010 study. Green indicates median down by 2 hours/week or more vs 2010.



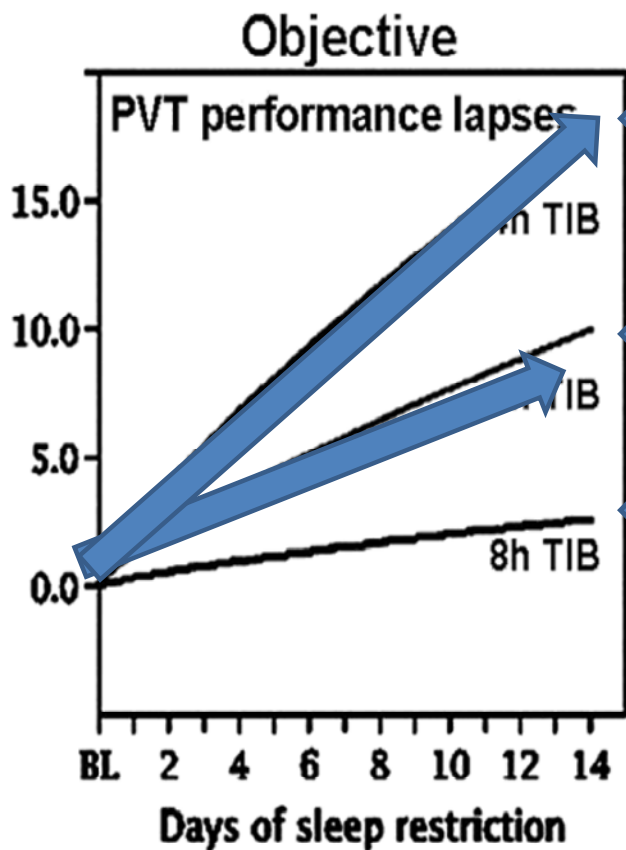
PERCENTAGE OF STUDENT-ATHLETES REPORTING THEY WOULD PREFER TO SPEND MORE/LESS TIME ON ACADEMICS (2015 Student-Athlete Self Report)

		Men	Women
Division I	Prefer More	59%	66%
	Prefer Less	9%	6%
Division II	Prefer More	56%	64%
	Prefer Less	9%	6%
Division III	Prefer More	55%	62%
	Prefer Less	9%	6%

Outliers:

- DI women's rowing: 83% would prefer more time on academics
- Men's golf across divisions most likely (>15%) to express wanting less time on academics

Sleep and performance

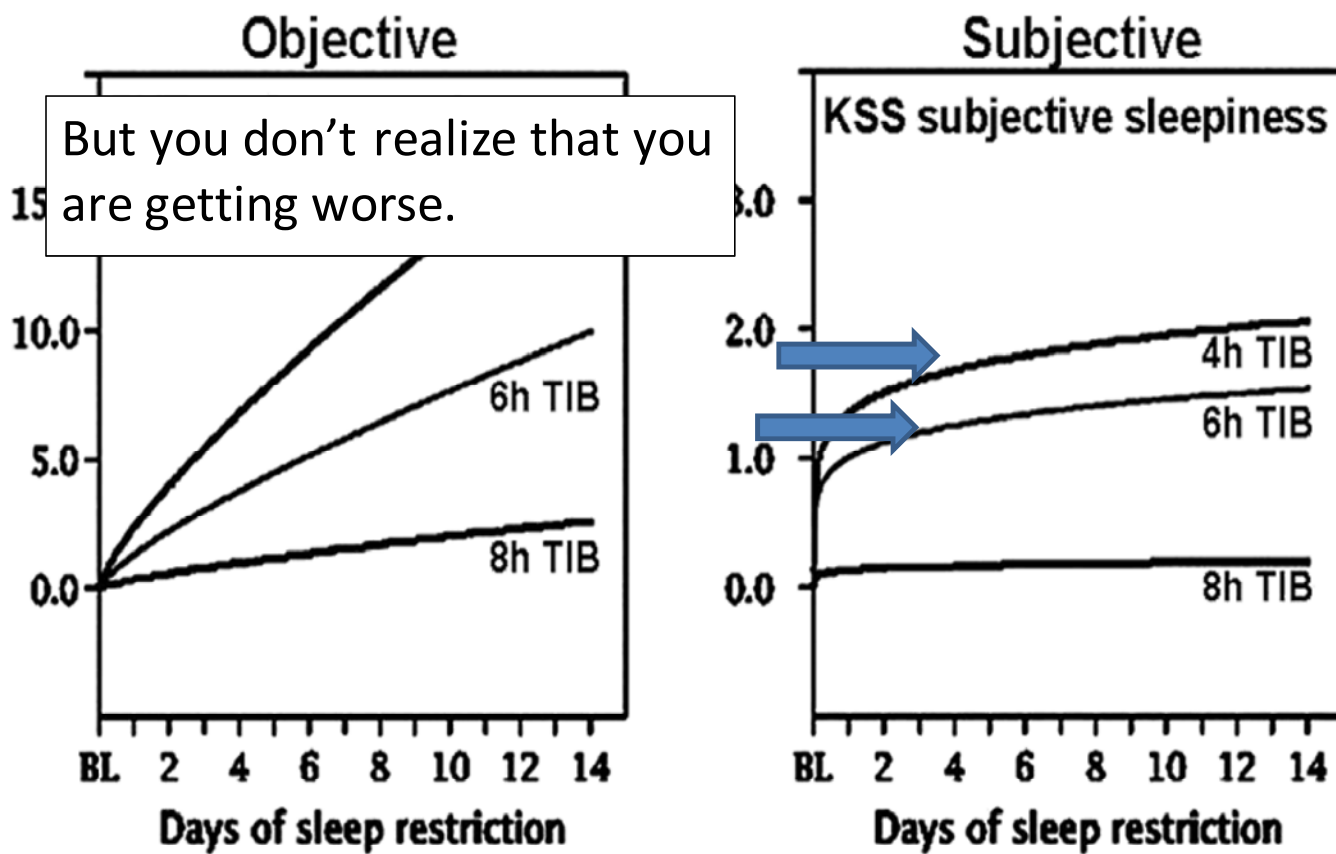


- The less sleep you get, the more impaired you are

- Deficits due to sleep loss are cumulative

- After 2 weeks, you don't adjust -- you get worse

Sleep and performance



NCAA 2013 Substance Use Study

- ▶ Findings based on a spring 2013 NCAA-administered survey of approximately 21,000 student-athletes -- a representative sample from all three divisions.
- ▶ Conducted on a quadrennial basis since 1985; due to changes in the survey methodology, comparisons with current results are limited primarily to data from the 2005 and 2009 studies.
- ▶ One to three teams were invited to participate at each NCAA school; estimated 65% of schools participated.

Emerging / Re-emerging Drug Issues

- ▶ Alcohol Abuse.
- ▶ Marijuana.
- ▶ Prescription drugs.
 - ▶ Narcotics (opiates).
 - ▶ Stimulants.

When you drink alcohol, typically how many drinks do you have in one sitting? (of those who report alcohol use)

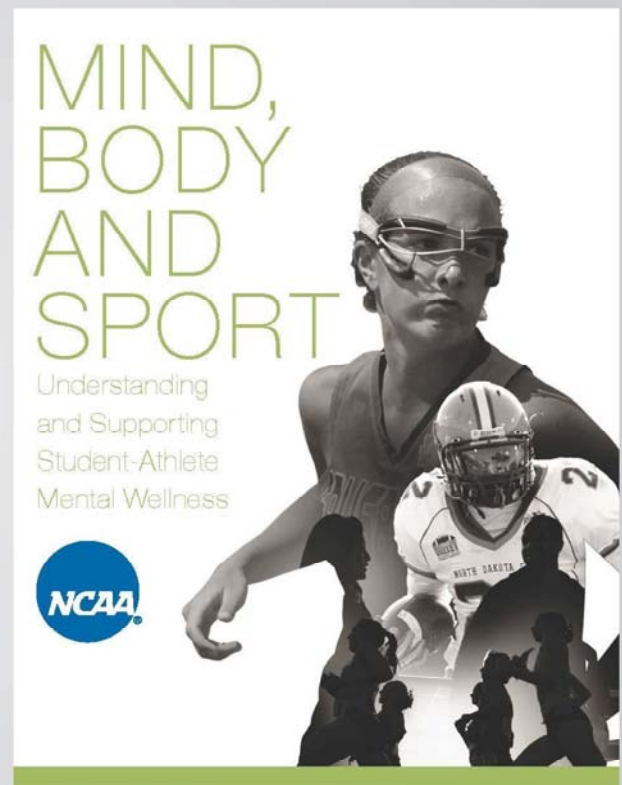
	Female		
	Division I	Division II	Division III
More than 4 drinks	31.9%	32.6%	37.8%
10+ drinks	2.4%	3.2%	3.3%
	Males		
	Division I	Division II	Division III
More than 5 drinks	39.6%	39.6%	50.4%
10+ drinks	15.5%	16.8%	20.4%

Prescription Drug Use 2013

	Year	With Prescription	Without Prescription
ADHD Medication	2009	4.5%	6.7%
	2013	5.8%	8.8%
Pain Medication	2009	13.7%	5.1%
	2013	18.0%	5.8%

MIND, BODY AND SPORT

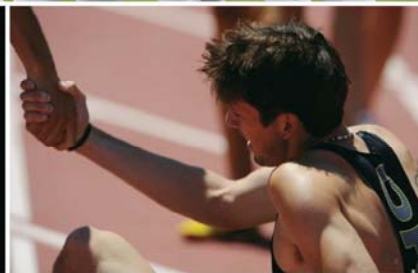
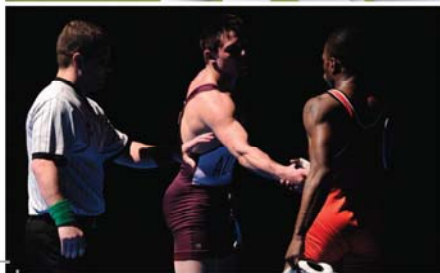
- ▶ Personal narratives.
- ▶ Experts on student-athlete depression, anxiety, eating disorders, substance abuse and gambling.
- ▶ Stressors on student-athlete mental health: transitions, performance, injury, academic stress and coach relations.
- ▶ Sexual assault, hazing and bullying.
- ▶ Cultural pressures: African-American student-athletes; Lesbian, Gay, Bisexual and Transgender student-athletes
- ▶ Roles and responsibilities of sports medicine staff
- ▶ Coaches' needs and roles
- ▶ Models of service
- ▶ NCAA resources and policies – ncaa.org/mentalhealth



MENTAL HEALTH BEST PRACTICES



INTER-ASSOCIATION CONSENSUS DOCUMENT: BEST PRACTICES FOR
UNDERSTANDING AND SUPPORTING STUDENT-ATHLETE MENTAL WELLNESS



Mental Health Best Practices_v3.indd 1

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APPENDIX C

Best Practices Endorsing Organizations

The following organizations have provided endorsements for this document:

- American Academy of Child & Adolescent Psychiatry
- American Academy of Sleep Medicine
- American College Counseling Association
- American College Health Association
- American College Personnel Association
- American College of Sports Medicine
- American Medical Society for Sports Medicine
- American Orthopaedic Society for Sports Medicine
- American Osteopathic Academy of Sports Medicine
- American Psychiatric Association
- American Psychological Association
- Association for Applied Sport Psychology
- Association of Black Psychologists
- Association for University and College Counseling Directors
- College Athletic Trainers' Society
- Collegiate Clinical/Counseling Sport Psychology Association
- Faculty Athletics Representatives Association
- Higher Education Mental Health Alliance
- International Society for Sport Psychiatry
- The Jed Foundation
- NASPA – Student Affairs Administrators in Higher Education
- National Alliance on Mental Illness
- National Athletic Trainers' Association
- Society for Sport, Exercise & Performance Psychology

PURPOSE OF INTER-ASSOCIATION BEST PRACTICES

- ▶ To assure availability and accessibility of appropriate mental health care of all student-athletes.
- ▶ To create and maintain an environment within the athletics department that de-stigmatizes and promotes help seeking.
- ▶ Developed with input from a range of stakeholder groups.
- ▶ Final rounds of additional review and endorsements from medical and higher education associations.

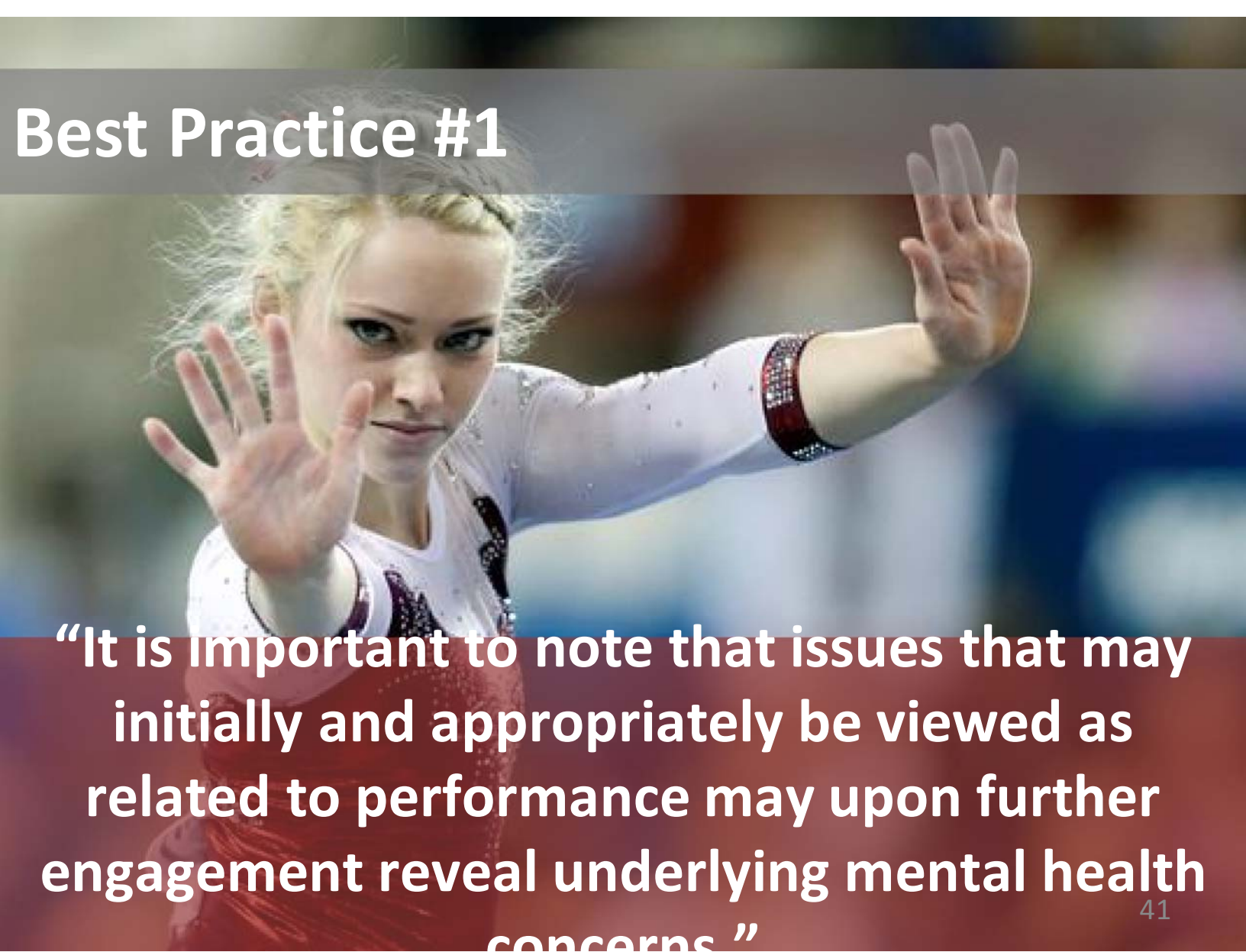
BEST PRACTICE SUMMARY

- ▶ Ensure that mental health care is provided by licensed practitioners qualified to provide mental health services.
- ▶ Clarify and disseminate referral protocol.
- ▶ Consider mental health screening in PPEs.
- ▶ Create and maintain a health-promoting environment that supports mental well-being and resilience.

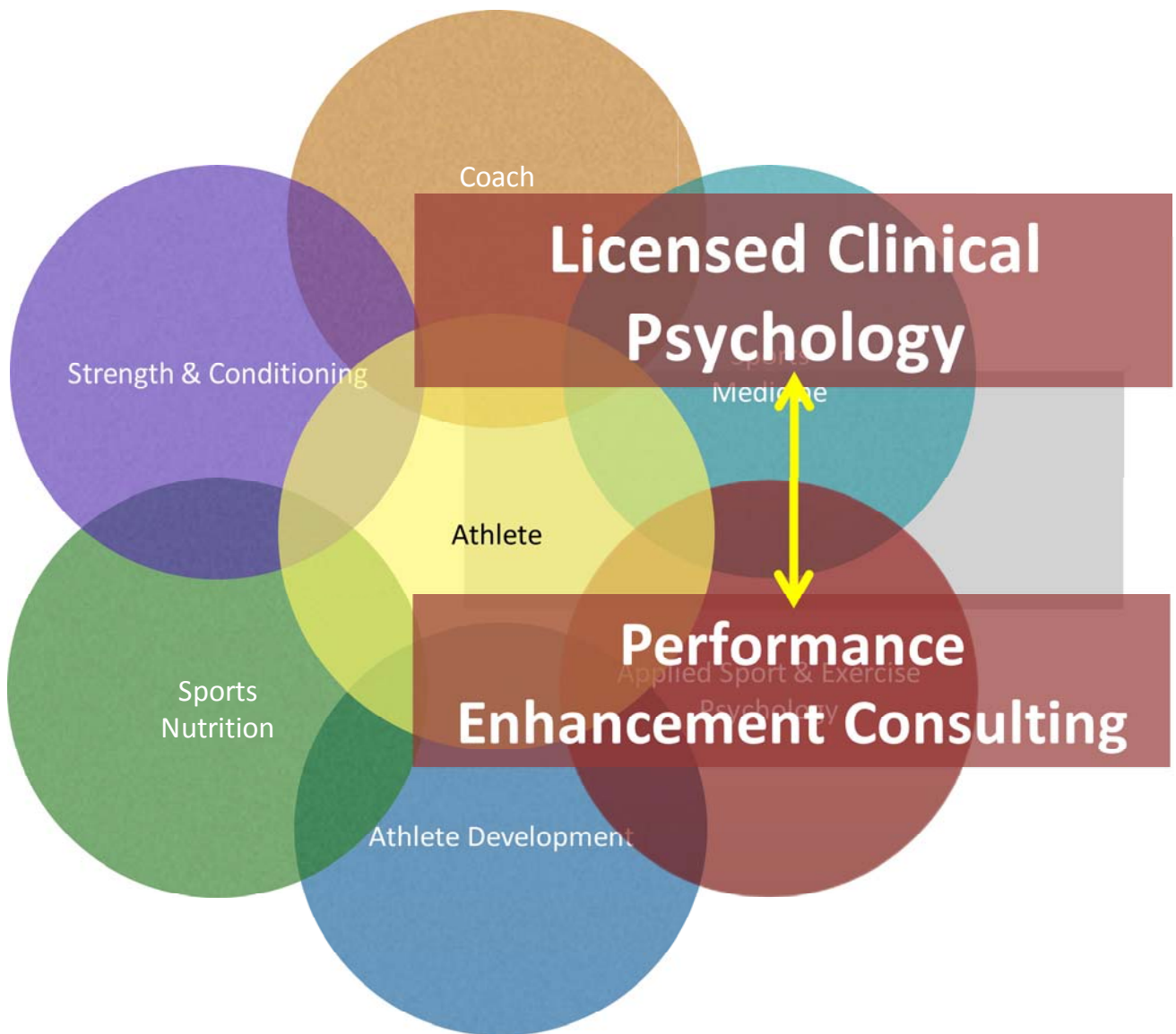
BEST PRACTICE #1

- ▶ Care should be provided by*:
 - ▶ Clinical or counseling psychologists.
 - ▶ Psychiatrists.
 - ▶ Licensed clinical social workers.
 - ▶ Psychiatric mental health nurses.
 - ▶ Licensed mental health counselors.
 - ▶ Primary care physicians with core competencies to treat mental health disorders.
- ▶ *Include registered dietician in multidisciplinary team for eating disorders.
- ▶ Individual providing care should have cultural competency that addresses both societal diversity and the culture of sports.

Best Practice #1

A female figure skater with blonde hair, wearing a white and red costume, is captured in a dynamic pose with her arms extended forward. She is looking directly at the camera with a focused expression. The background is blurred, suggesting an arena setting.

“It is important to note that issues that may initially and appropriately be viewed as related to performance may upon further engagement reveal underlying mental health concerns.”



BEST PRACTICE #1

- ▶ Additional considerations:
 - ▶ Financial support for dedicated service.
 - ▶ Physical location.
 - ▶ Autonomous authority, consistent with his or her professional licensure, to determine mental health management for student-athletes.
 - ▶ Care should be subject to relevant laws governing patient confidentiality, including possible exemption from mandated reporting.

BEST PRACTICE #2

- ▶ Ensure that athletic departments have clarified their procedures for referring athletes with potential mental health concerns to appropriate personnel.

BEST PRACTICE #2

- ▶ Emergency action management plan:
 - ▶ Should address emergency mental health-related situations including:
 - Managing suicidal and/or homicidal ideation.
 - Managing victims of sexual assault.
 - Managing highly agitated or threatening behavior, acute psychosis or paranoia.
 - Managing acute delirium/confusional state.
 - Managing acute intoxication or drug overdose.

BEST PRACTICE #2

- ▶ Routine mental health referrals
 - ▶ Provide written institutional procedures regarding appropriate referral of student-athletes to all stakeholders within the athletics department.
 - ▶ Identify a point person responsible for facilitating such referrals (e.g., AT, team physician).

BEST PRACTICE #3

- ▶ Consider implementing mental health screening as part of annual pre-participation exams.
- ▶ Determine screening approach in consultation with licensed mental health professional providing mental health care to student-athletes.
- ▶ Establish procedure specifying when and to whom symptomatic or at-risk student-athletes identified through this screening process will be referred.
- ▶ *Screening tools are not validated as stand-alone assessments for mental health disorders.*

BEST PRACTICE #4

- ▶ Create a health promoting environment that supports mental well-being and resilience.
- ▶ Student-athletes, FARs and coaches should be educated about the importance of mental health, including how to manage mental health concerns.

BEST PRACTICE #4

- ▶ Coaches play a central role and should be:
 - ▶ educated on signs and symptoms of mental health disorders;
 - ▶ trained in empathic response;
 - ▶ encouraged to create a positive team culture;
 - ▶ advised of department referral protocols.

ADDITIONAL CONSIDERATIONS

- ▶ Medication Management Plan
 - ▶ Ensure that student-athletes with medication are being appropriately monitored.
 - ▶ Require student-athletes to list all medications and supplements they are taking.
 - ▶ Maintain on file documentation from personal physicians to demonstrate appropriate diagnostic evaluation and treatment protocols for medication use.

ADDITIONAL CONSIDERATIONS

▶ Financial Support

- ▶ Clarify institutional policies related to athletic financial awards and team engagement for student-athletes who are unable to continue sport participation, either temporarily or permanently, due to mental health considerations.
- ▶ Clarify institutional policies for financial support of student-athletes in need of extended outpatient treatment or inpatient care.

ADDITIONAL CONSIDERATIONS

▶ Transitional Care

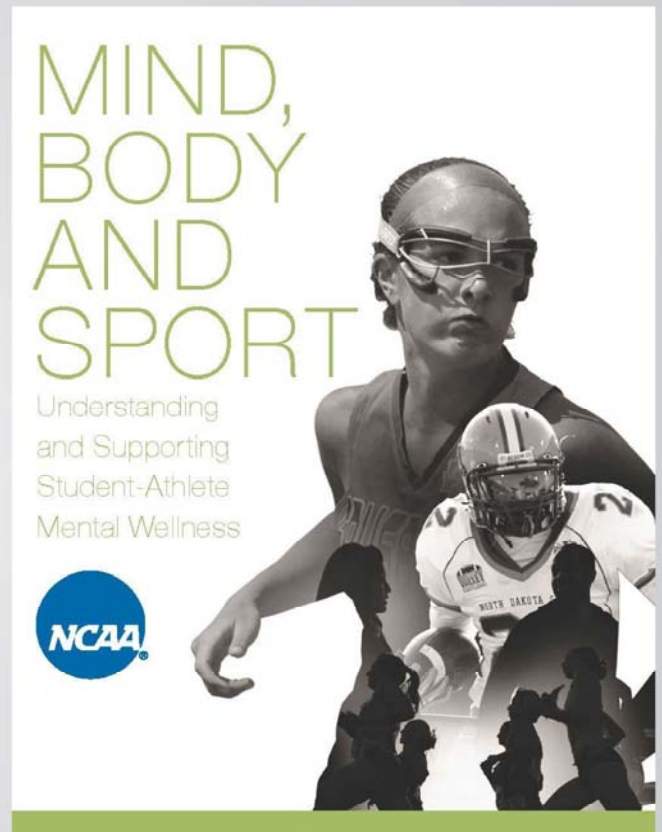
- ▶ Establish a clear transition of care plan for athletes who are leaving the college sport environment.
- ▶ Identify
 - Who is responsible for initiating transition of care?
 - Who is responsible for providing athletes with information about community mental health resources?
 - Who is responsible for ensuring athletes have adequate medication, as necessary, until continuing care is established?
- ▶ Establish a transition plan for returning student-athletes who have been away from campus seeking care for mental health issues.

IN SUMMARY

- ▶ Mental health is not apart from, but rather, **a part of athlete health**.
- ▶ Athletic environments can support **help seeking** and facilitate early identification, appropriate referral and care.
- ▶ Establishing protocols for care means more **equitable care across sports** and within institutions.
- ▶ Implementation of **Best Practice** is an important step towards ensuring a **model of care** for student-athlete mental health.

NCAA WELLNESS RESOURCES

- ▶ APPLE Prevention Conferences
- ▶ CHOICES Alcohol Education Grants
- ▶ Coaches education resources on hazing prevention, mental health
- ▶ myPlaybook online wellness curriculum
- ▶ Nutrition and performance resources
- ▶ Sports Medicine Handbook
- ▶ SSI Newsletter
- ▶ Step UP! Bystander intervention training
- ▶ Violence prevention resources



ncaa.org/mentalhealth | ncaa.org/ssi



THANK YOU

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