I’m no mental health expert, but recent stories across several media outlets have me paying attention to the need for sports health professionals to take notice. At the National Collegiate Athletic Association (NCAA) meetings in January 2016, Chief Medical Officer Dr. Brian Hainline said, “Concussions may be the elephant in the room, but mental health is really, I think, going to be a game changer for the NCAA.” He also said, “My hope is that mental health is going to become as accessible to every student-athlete as an ankle sprain, and the NCAA is going to take a leadership role in telling the rest of the United States of America how to move away from the pathetic way it handles mental health. And it is pathetic.” Subsequently, the NCAA’s Sport Science Institute released a set of guidelines directing member institutions on the management of mental health issues in collegiate student-athletes.

I’ll detail some of the highlights of this document below, but if you’re like me you tend to look the other way when issues of mental health arise. As athletic trainers, perhaps this is one area of our educational preparation that we’re lacking in. This is by no means disrespectful to the organized efforts to educate future athletic trainers, it’s just that when it comes to mental health issues, athletic training educational programs tend to skimp. As we surpass the midpoint of the year 2016, it is about time that athletic trainers, who are frontline sports health care professionals, prepare to take steps to better educate themselves on mental health issues affecting many student-athletes under our care. Perhaps a good start is gaining a better understanding of and becoming familiar with the NCAA Guidelines.

The purpose of the guidelines titled “Inter-Association Consensus Document: Best Practices for Understanding and Supporting Student-Athlete Mental Wellness” is a practical extension of the NCAA publication “Mind, Body and Sport: Understanding and Supporting Student-Athlete Mental Wellness.” These “Best Practices” are designed to provide athletics and sports medicine departments—regardless of size and resources—with recommendations for supporting and promoting student-athlete mental health. The publication outlines four best practices for mental health care in athletes.

With strong connections between mental and physical health, it
is not surprising that NCAA member institutions want to take an active role to keep athletes on the playing fields instead of waiting on the sidelines in recovery mode. This awareness comes from the elevated risk of physical injury from young athletes experiencing mental disorders.4

The inter-association “Best Practices” address the following key components for understanding and supporting student-athlete mental wellness on the college campus:

1. Clinical licensure of practitioners providing mental health care.
2. Procedures for identification and referral of student-athletes to qualified practitioners.
3. Pre-participation mental health screening.
4. Health-promoting environments that support mental well-being and resilience.

With regard to these “Best Practices,” it is important for sports health care professionals who recognize the potential for mental health issues to refer student-athletes to appropriately trained and licensed health care providers. These may include licensed psychologists, psychiatrists, social workers, mental health nurses, health counselors, and primary care physicians with mental health training. The NCAA guidelines highly recommend an interdisciplinary “team” approach to mental health care. It is also important for athletic trainers and other sports health care professionals to gain a thorough understanding of state and federal laws with regard to appropriate reporting policies in cases of mental health issues in athletes or otherwise.

The NCAA recommends that procedures be put into place for the appropriate identification and referral of student-athletes to qualified practitioners. This recommendation calls for the development of a Mental Health Emergency Action and Management Plan (MHEAMP). In doing so there is a strong call for transparency in the process and that all stakeholders be appropriately consulted and communicated with; this should include parents and student-athletes themselves.

Another significant recommendation that directly affects services delivered by athletic trainers is for pre-participation mental health screenings. Just as athletes are screened for physical health, edicts examining mental health are equally important. In fact, the National Athletic Trainers’ Association (NATA) recommends a series of nine questions about mental health well-being for inclusion in the pre-participation physical examination.5 An answer of “yes” to any of these questions leads to follow-up discussions with the student-athlete and sports medicine team members to determine appropriate follow-up interventions. The NATA has also been a leader in providing resources for athletic trainers and health educators with regard to mental health.

I highly encourage our readers to check out some of these resources at the following web site: https://www.nata.org/practice-patient-care/health-issues/mental-health.

The fourth and final area of importance in the NCAA guidelines involves the creation of health-promoting environments that support mental well-being and resilience in the world of collegiate athletics. In creating such a culture, this best practice strongly urges educating many of the constituent groups closely aligned with the student-athletes, including athletics staff, coaches, medical personnel, and the student-athletes themselves. The athletics environment can help support positive psychological well-being among all student-athletes by normalizing care seeking and fostering experiences and interactions that promote personal growth, self-acceptance, autonomy, and positive relationships with others.6

According to the NCAA website’s section on mental health, “Approaching patients with concerns regarding mental well-being can be an uncomfortable experience. As athletic trainers, we may play a unique insider role in the life of the patient. ATs have the ability to identify "red flags" as well as provide the opportunity to be an advocate for the welfare of the individual.”7 Perhaps First Lady Michelle Obama said it best: “At the root of this dilemma is the way we view mental health in this country. Whether an illness affects your heart, your leg or your brain, it’s still an illness, and there should be no distinction.”8

REFERENCES


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