



MENTAL HEALTH TOOLBOX

The physical, social and emotional benefits of activity participation are numerous. We also know students who participate in your school's activity programs can encounter mental health challenges just like any other student, and at times may be even more susceptible due to the stresses associated with activity participation. Coaches, teachers and administrators are in unique positions to observe and interact with students daily and may often be one of the first people to recognize when a student may be struggling with a mental health crisis. School leaders are not expected to serve in the role of mental health professionals but understanding some simple strategies to recognize and communicate with students facing a mental health challenge are beneficial. The following information is provided by the KSHSAA Sports Medicine Advisory Committee to support member schools in supporting their students who may be facing a mental health challenge.

Facts

- Suicide is the second leading cause of death for ages of 10 – 24.
- Almost 40% of children and teenagers experience an anxiety disorder.
- 35% of elite athletes deal with a mental health crisis.
- 20% of adults experience some form of mental illness.
- The teenage brain is not fully matured. It takes until around age 22 for females and 26 for males.
 - The last part of the brain to mature is the prefrontal cortex, which is responsible for planning, impulse control, decision making, managing social interactions, working memory and attention. *This means that the teenager is incapable of interpreting their reality with a broader perspective. They live in a more moment-to-moment perspective and often don't or can't realize the long-term effects.*

Coaches/Sponsors Should Know

- No one is above anxiety, depression, or suicide. Athletes often attempt to mask their mental health struggles due to stigma, but they still exist.
- Each person may experience symptoms differently. This means that symptoms *look* different from person to person.
- You don't have to solve your students' problems. Being a compassionate listener is more important than giving advice.
- **Your job is not to provide treatment. Know when and how to refer a student** (see Examples of Risk, p. 6).
- Be direct when communicating with your students. Asking about suicide will not push someone into doing something self-destructive.



Mental Illness Protective vs. Risk Factors

There are numerous benefits/protective factors associated with school sports/activity participation.

* Indicate protective and risk factors that are unique to student-athletes.

Protective

Support system*
Part of a team*
Physical activity/exercise*
Larger purpose/shared goals*
Positive adult relationships (coach/sponsor)*
Connectedness
Self-esteem and purpose
Resilience
Cultural/spiritual association
Access to mental health care

Risk

Pressure*
Time demands*
Team demotion*
Physical injury/concussion/potential brain damage*
Stress
Prior attempt at physical harm
Access to lethal means
Knowing someone who has completed suicide
Life trauma (parents' divorce, death in family, relocation, financial change in family)
Discrimination

Warning Signs Coaches/Sponsors May Observe

- Drug or alcohol use
- Social isolation
- Major changes in mood, energy level, sleep, appetite, hygiene, weight, performance, participation and/or behavior
- Talking about death/dying; being a burden to loved ones
- Giving away possessions
- **Lethal Triad: Intoxication, access to firearms, suicidal ideation**

Student-athletes are experts at masking pain and distress, making recognition of mental health challenges difficult for coaches. They must attend practices/school and often appear to be well-functioning, even when struggling on the inside. There is also the culture of masculinity in which toughness is valued above seeking help. This leads to mental health concerns at times being unseen or invisible to the outside world. *As a coach or supportive member in the student's life, you have a unique perspective into their world and well-being. If something seems off, it might be!*



Depression/Suicide

- Warning signs may present differently in adolescent boys and girls than in older adults.
- Students involved in sports and activities may appear more high functioning than they feel internally.
- Coaches/sponsors may witness:
 - Drastic reduction in performance/uncharacteristic mistakes
 - Decreased attention and focus
 - Decreased motivation and energy
 - Uncharacteristic outbursts, fighting, arguments
 - Visible self-harm, scars, burns, bruises

Starting the conversation with a student exhibiting depression warning signs

Think about the setting of the conversation, who else is around, your body language, any other distractions, etc. Do what you can to eliminate distractions and facilitate privacy.

- “Recently, I have noticed some differences in you and wondered how you are doing.”
- “I have been feeling concerned about you lately...”

Direct Questions

- “When you say everyone would be better off without you, are you thinking about suicide?”
- “Do you ever think about hurting yourself?”
- “Do you have a plan for how you would kill yourself?”

Referring to Professionals

Notify the appropriate school personnel of your concern. Be sure the parent/guardian is notified at the appropriate time.

- “I know it may seem uncomfortable, but a mental health professional can get you the help you need.”
- “Why don’t we go visit with (School Counselor or other Mental Health Professional)? I can go with you if you want.”
- “I know you are strong, but you don’t have to go through this alone. Letting someone else help will take a lot of pressure off you.”

When You Don’t Know What to Say

Reflection & Paraphrasing	“So you already felt isolated, and it sounds like today’s incident added to what you have already been feeling?”
Validation	“It sounds like things have been really tough for you lately, no wonder you have felt so stressed.”
Open Ended Questions	“Can you tell me more about the frustrating thoughts you have been having?”
Strength ID	“I’m proud of you for reaching out for help. You don’t have to go through this alone.”



Anxiety Symptoms

- Palpitations, pounding heart, accelerated heart rate
- Sweating
- Trembling/shaking
- Sensation of shortness of breath or smothering
- Feeling of choking
- Chest pain or discomfort
- Nausea or abdominal distress
- Feeling dizzy, unsteady, lightheaded/faint
- Derealization (feelings of unreality)
- Depersonalization (feeling detached from oneself)
- Fear of losing control or going crazy
- Fear of dying
- Paresthesia (numbness or tingling)
- Chills or hot flashes

Panic Attack

Intense period of fear or discomfort where at least four of the above symptoms develop abruptly and reach a peak within 10 minutes.

Any four of these signs/symptoms can present as much more intense or less intense. This difference in intensity can be confusing and result in unintentionally invalidating a student's experience.

Some key words you may hear from students experiencing a panic attack:

- "I'm dying"
- "It's like I'm looking down at myself"
- "I'm going crazy"
- "I'm out of control"
- "I don't feel good"
- "I can't breathe"
- The student may also have a hard time explaining what is happening to them

Despite your natural instinct, **DO NOT RESPOND** with statements such as "Just calm down", "This isn't a big deal", or "There's nothing to worry about".



Strategies for Coaches/Sponsors in responding to a student suffering a panic attack:

- Talk in a smooth and calming voice.
- “Let’s walk outside/to the hall/inside” (remove the student from the area but don’t leave them alone. If you have a school nurse available, take the student there).
- “This looks like a panic attack. We will stay here as long as we need to until you can get your breathing under control.” It’s okay to model deep breathing yourself and as the student calms down they will work on matching your breathing rate (slow steady breaths in, slow and steady breaths out).
- “You are probably scared right now but your body will eventually calm down. We need to slow down your breathing and let your body relax.”
- Ask if it’s okay to touch their shoulder as you guide them to a safe area that is quite and private. This sometimes helps to stabilize the student. If the panic attack is a PTSD response, they might not want to be touched.
- If you have an ice-cold washcloth or rag, and the student gives permission to do so, place the washcloth over the face, on the forehead, or on the neck to “shock” the system (this activates the vagus nerve, interrupting the sympathetic “fight or flight” activity and increases the parasympathetic activity).
- Once the athlete’s breathing has stabilized and they feel more in control, ask if they feel well enough to resume practice. Their system might need additional time to respond from the sympathetic activity. They might need to be observed until they feel more ready, or they can resume the next day.
- Inform the student that you will be talking to their parent/caregiver about the incident. It might be reassuring to have the conversation with the student present.
- If there is any concern that the cause might be medical, take appropriate action in that direction. If you are uncertain, err on the side of caution and seek help from a medical provider.



EXAMPLES OF RISK

Below are examples of different mental health risk levels and considerations for activity participation.

Emergency

- In these situations, the student is in imminent risk of harming themselves or someone else.
- Examples: Student has injected medication or other substance in an attempt at self-harm or suicide. Student is making threats of harming someone else. Student is experiencing hallucinations/delusions that are putting them at risk of harm. Student is actively engaging in self-harm behavior that could potentially be life-threatening (cutting wrists deeply).
- It is most important to get the student to safety (emergency room or hospital) immediately. Then, you can inform necessary others (parents).
- Call 911 or go to the nearest emergency department or crisis stabilization center.
- It is likely not safe for the student to engage in activities before receiving further evaluation and treatment.

Urgent

- In these situations, the student is clearly in distress but not in immediate danger.
- Examples: The student is crying over a recent break-up, feeling panicked over a failed test, family troubles, etc., student has made vague comments about their worth, the student is in the midst of a panic attack.
- It is important to make sure the student is safe.
 - If you are unsure of the student's level of safety, the student needs to be assessed by a mental health or medical professional. The student can go to the school counselor or take additional measures to make sure the student is safe.
- Once the student has reduced physiological arousal, it is likely safe for the student to return to activities with close monitoring.

Low Risk

- The student is in need of counseling to address issues in their life but the need is not immediate.
- If the student is being seen already, encourage them to make contact with their therapist with any new important information.
- If the student is not seeking care from a counselor, encourage them to do so.
- Express concerns to the school counselor and parents if appropriate.
- Example: You learn of ongoing depression or anxiety the student is facing. The student is struggling with overwhelming stress. The student is having a difficult time with family or significant other relationships.
- It is likely that the student is safe to continue to participate in athletic activities.



RESOURCES

For Emergencies, Call 911

National Suicide Prevention Lifeline

<https://suicidepreventionlifeline.org/>

1-800-273-8255 (TALK)

Crisis Text Line

<https://www.crisistextline.org/>

Text START to 741741

NFHSLearn.com

Student Mental Health and Suicide Prevention online course

Work2BeWell

<https://work2bewell.org/>

Improving well-being and mental health of teens

The JED Foundation

<https://jedfoundation.org/>

NCAA Mental Health Resources

<http://www.ncaa.org/sport-science-institute/mental-health>

Contact your local physician, he/she can help find mental health resources near you.

Call your insurance provider for assistance on locating a mental health professional.



PEOPLE RESOURCES

Remind students about the people in their lives that care about them and are also a resource for help:

- Friends/Teammates
- Parents
- School Counselors
- Coaches/Sponsors
- Teachers
- School Administrators
- School Nurse
- Athletic Trainer
- Local Pastors

APPS/INTERNET RESOURCES

- Headspace
- Calm.com
- Breathe2Relax
- iBreathe
- Mood Balance
- Relax Melodies (to help with sleep)
- MyLife
- <https://www.k-state.edu/counseling/student/biofeedback/bfsample.html> - Relaxation exercises
- <http://athletesconnected.umich.edu> – Testimonials and strategies for athletes and their mental health
- <https://www.tarabrach.com/guided-meditations/> - Free mindfulness meditations
- <https://self-compassion.org/category/exercises/> - Guided Meditations