MIND, BODY, AND SPORT: 
THE STATE OF MENTAL HEALTH 
IN YOUNG ATHLETES

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Program Director Lake Erie College of Osteopathic Sports Medicine
Spectrum of Concern

- MENTAL HEALTH
- Concussion
- PPE
- ACL Prevention
- Sudden Death
- Female triad
- ACL Rehab
- Shoulder Instability
- Medical Illness
- Nutrition/Supplements
- Regenerative Injections
- Exercise Prescription
- Overuse/Burnout
- Athletic Pubalgia
- Stress Fractures
- Facial Injuries
- Event Coverage
- Return to Play
- Ultrasound
- OMM

Patrick F. Leary DO
LECOM HEALTH
Sports Medicine Fellowship Program Director

- Ultrasound Guided Injections of Steroid, Visco, Prolotherapy, PRP, Stem Cells
- AAOM MSK Ultrasound Injection Instructor
- Fellow of ACOFP, AOASM, ACSM, AAFP
- Primary Care Sports Medicine Program Director
- Trained 19 Fellows LECOM, 16 Fellows Notre Dame
- Author/Editor 5th PPE Monograph
- 35 years experience
- Board Certified Family Medicine
  - CAQ Sports Medicine & Geriatrics
  - IPCEA Training Project
  - Masters of Science Education
  - Recent President AOASM
  - PIAA Sports Advisory Committee
  - ACSM Team Physician Consensus Panel
  - NCAA Cardiac Task Force
“Wellness 5”

- Exercise
- Sleep
- Nutrition
- Mental Health
- Substance Abuse
- Mental Health

Objectives

- Discuss the current trends of mental health in adolescents.
- Identify those student athletes at risk for mental health dysfunction.
- Demonstrate a Mental Health Emergency Action and Management Plan (MHEAMP) for student athletes who have exhibited signs of deterioration.
- Assemble a campus mental health team.
- Review instruments for screening during PPE.
- Discuss Treatment Strategies
Participation in Sports in the past was for those with physical ability, talent, desire and grit who were interested in extracurricular diversion and competition.

Athletic Programs have become a source of advertisement and an enticement for increased enrollment and tuition.

Increasingly, it is becoming a manifestation of social desire to participate in organized physical activity with or without physical ability, talent or grit. Social Connectedness/Support

Past: Change the individual to accommodate the team; Present: Change the team to accommodate the individual.
Americans with Disabilities Act

- Mental Health
- Equal Access
- Documentation
- Danger to athlete or teammates
- Under Reporting
- Team Physician Responsibilities
- Institutional Liability
- Sharing Information
- FERPA (Family Educational Rights and Privacy Act) of 1974
Mental Health

- WHAT
  - Age 13-19 Large demographic transition, nuclear family, social media, Internet
  - Increase # of suicides 47,000/2017
  - opioid addiction
  - School Performance
  - 2% Gender Dysphoria
- SO WHAT
- NOW WHAT
  - ASK, Identify, PHQ9, Refer

U.S. suicide rate has risen sharply in the 21st century: one of six adults takes psychiatric meds
Dave Duerson Suicide Note

Please,

Sue that my brain is given to the NFL’s Brain Bank.
Rise in teen suicide, social media coincide; is there link?
A recent study examined 9 years of NCAA data on athlete deaths and found that suicide accounted for 35 of the 477 deaths between 2003 and 2012 (7.3%).

Suicide was the 4th most common cause of death:
- Accidents
- Cardiovascular fatalities
- Homicide

29 of 35 suicides were male athletes (82.9%)

Sport Specific
- Football- 13 cases
- Soccer- 5 cases
- Track- 5 cases
- Baseball- 4 cases
- Swimming- 3 cases

Current trends of Mental Health in College Students

- 1 out of 2 have been in counseling
- 1 out of 3 have taken a psychiatric medication
- 1 out of 4 have self-injured
- 1 out of 3 have seriously considered suicide
- 1 in 10 have been hospitalized for psychiatric reasons
- Nearly 1 in 10 have made a suicide attempt
- 1 out of 5 have experienced sexual assault
- 1 out of 3 have experienced harassment or abuse
- 1 out of 3 have experienced a traumatic event

*Center for Collegiate Mental Health (CCMH), founded by and housed at Penn State’s Counseling and Psychological Services

Current trends of Mental Health in Young Athletes

- Approximately one third of student athletes noted struggling to find energy for other tasks because of the physical demands of their sport.
- One-quarter reported being exhausted from the mental demands of their sport*
- About 40% of student athletes who sought help for a mental health issue reported high levels of satisfaction with the care they received from team or college personnel.
- That means 60% of athletes felt unsatisfied with the care they received for their mental health problems.

*Taken from the NCAA 2015 GOALS Study of the Student Athlete Experience
Who’s Turf?

- American College Health Association
- American Psychological Association
- American Medical Society for Sports Medicine
- American College of Sports Medicine
- Association for Applied Sport Psychology

Mental Health or Public Health

- Economics/Financial
- Internet
- Bullying
- Child abuse
- Drug abuse
- Family Unit
- Television Advertising
- Social Media
Issues

- State of Mind
- Confidence
- Depression
- Anxiety/Stress
- Injury Recovery
- Return to Learn/Perform
- Time Urgency
- Social Support
- Finances
- Privacy
- Sleep
- Romance and reversals
- Academic Challenge
- Medications
- Substance Abuse
- Obligations
- Family History/Support
- Success
- Failure
- “Saving Face”
- Concussion
- TBI
- ADHD/PTSD
- Resources for Counselling
- Discretion
- Discretion
- FERPA
- Personal Appearance
- Secondary Gain
13% took meds in last month, Age 12 and over
17% Female
¼ have been using for ten years
Third leading class of medication

National Health and Nutrition Survey, 2017
Walgreens To Expand Mental Health Services

Mental Health or Public Health

- Economy
- Internet
- Bullying
- Child abuse
- Drug abuse
- Family Unit
Mental Health Problems

- Adjustment disorders
- Anxiety Disorders
- Cognitive disorders
- Dissociative disorders
- Eating Disorders
- Factitious Disorders
- Mood Disorders
- Schizophrenia
- Sexual and Gender Identity Disorders
- Sleep Disorders
- Somatoform Disorders
- Substance-Related Disorders
More than 460,000 NCAA student-athletes compete in 24 sports every year.
1 in every 4 to 5 youths in America meets the criteria for a mental health disorder.
45.9 million American adults aged 18 years or older experience a mental illness.

Direct psychological care to the student athlete is outside of the scope of practice for ATC, however they play a vital role in recognizing and developing a plan to assist the team physician in addressing psychological concerns in student athletes.

Currently no formalized mental health evaluation within the PPE.

Several screening tools:
- PHQ-9
- PHQ-2
- GAD-7
- CAGE
- C-SSRS
- AUDIT C
- Beck Depression
- MADRS Sleep
- Hamilton Anxiety
Pre Participation Evaluation

- PPE is an optimal time to ask about a history of mental health problems.
- ATC should help the student athlete make initial appointments if there is a psychological concern.
- Referral is confidential.
- Imminent threats require emergent mental health evaluation.
Screening Tools

**GENERAL INDEX**

**Messes:** NASA suggestion for mental health-related survey.


**Adapted from:** Comul LX Jr, McGinley J. A screening item for identifying mental health problems in alcohol and other drug dependent persons. Alcohol Treat Quarterly 2001;19:30-47.

1. I often have trouble sleeping.
2. I wish I had more energy most days of the week.
3. I think about things over and over.
4. I feel anxious and nervous much of the time.
5. I often feel sad or depressed.
6. I am always feeling anxious.
7. I don’t feel hopeful about the future.
8. I have a hard time managing my emotions (frustration, anger, impatience).
9. I have feelings of hurting myself or others.

**Scoring:** Responses of “Yes” or “No.”

**Interpretation:** Any response of “Yes” should lead to follow-up discussion between the student-athlete and a member of the primary healthcare provider team and the point person for determination about whether the student-athlete should be referred to a licensed mental health professional for further evaluation.

Review instruments for screening during PPE.

**MENTAL HEALTH** (Insert all questions, not necessarily in this order.)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (circle response)

**Patient Health Questionnaire 2 (PHQ 2)**

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little interest or pleasure in doing things</td>
<td>Not at all, several days, more than half the days, nearly every day</td>
<td>Not at all, several days, more than half the days, nearly every day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling down, depressed, or hopeless</td>
<td>Not at all, several days, more than half the days, nearly every day</td>
<td>Not at all, several days, more than half the days, nearly every day</td>
<td></td>
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</tr>
</tbody>
</table>

**Generalized Anxiety Disorder 7 (GAD-7)**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Feeling nervous, anxious, or on edge</td>
<td>Not at all, several days, over half the days, nearly every day</td>
<td>Not at all, several days, over half the days, nearly every day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not being able to stop or control worrying</td>
<td>Not at all, several days, over half the days, nearly every day</td>
<td>Not at all, several days, over half the days, nearly every day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worrying too much about different things</td>
<td>Not at all, several days, over half the days, nearly every day</td>
<td>Not at all, several days, over half the days, nearly every day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble relaxing</td>
<td>Not at all, several days, over half the days, nearly every day</td>
<td>Not at all, several days, over half the days, nearly every day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being so restless that it’s hard to sit still</td>
<td>Not at all, several days, over half the days, nearly every day</td>
<td>Not at all, several days, over half the days, nearly every day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Becoming easily annoyed or irritable</td>
<td>Not at all, several days, over half the days, nearly every day</td>
<td>Not at all, several days, over half the days, nearly every day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling afraid something awful might happen</td>
<td>Not at all, several days, over half the days, nearly every day</td>
<td>Not at all, several days, over half the days, nearly every day</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Screening Tools**

### Screening Topic: Depression

**Measure:** Harvard Department of Psychiatry/National Depression Screening Day Scale


Over the past two weeks, how often have you:
1. Been feeling low in energy, slowed down?
2. Blamed yourself for things?
3. Had poor appetite?
4. Had difficulty falling asleep, staying asleep?
5. Been feeling hopeless about the future?
6. Been feeling tearful?
7. Been feeling no interest in things?
8. Had feelings of worthlessness?
9. Thought about or wanted to commit suicide?
10. Had difficulty concentrating or making decisions?

**Scoring:** None or a little of the time=0; Some of the time=1; Most of the time=2; All of the time=3. Sum total scores.

**Interpretation:** Score of 0-8: symptoms are not consistent with a major depressive episode. A complete evaluation is not recommended, except in the case of a positive response to the suicide question (item 9). Score of 9-15: Symptoms are consistent with a major depressive episode. Presence of a major depressive disorder is likely. A complete evaluation is recommended. Severity level is typically mild or moderate, depending upon the degree of impairment. Score of 16-20: Symptoms are strongly consistent with criteria for a major depressive episode. Presence of major depressive disorder is very likely. A complete evaluation is strongly recommended. In this higher range, the severity level may be more severe and requires immediate attention. Note: Further evaluation is recommended for any individual who scores one point or more on the suicide question [item 9], regardless of the total score.

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### PHQ9

**Nine Questions**

**27 points**

**Patient Health Questionnaire (PHQ-9)**

Over the last 2 weeks, how often have you been bothered by any of the following problems?

<table>
<thead>
<tr>
<th>Item</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>2.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total Score:**

- Not at all
- Somewhat difficult
- Very difficult
- Extremely difficult

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2/27/19
### GAD 7

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling nervous, anxious or on edge</td>
<td>0</td>
<td>1</td>
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<td>Not being able to stop or control worrying</td>
<td>0</td>
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<td>2</td>
<td>3</td>
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</table>

*(For office coding: Total Score T = ___ + ___ + ___ + ___)*

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### Screening Tools

**ANXIETY**

**Measure:** Beck Anxiety Inventory


Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by indicating the number of the painless option using 0 for not at all, 1 for mildly but I didn’t bother me too much, 2 for moderately — I wasn’t present at times; 3 for severely — it bothered me a lot.

1. Numbness or tingling
2. Feeling hot
3. Worrying in high
4. Trouble to relax
5. Fear of event happening
6. Dizzy or light-headed
7. Heart pounding/racing
8. Unsteady
9. Tired or all-out
10. Nervous
11. Feeling of choking
12. Hands trembling
13. Shaky/unsteady
14. Fear of losing control
15. Difficulty in breathing
16. Fear of dying
17. Scared
18. Indisposed
19. Pain/light-headed
20. Pale flushed
21. Restricted sweat

**Strategy:** Sum item scores.

**Interpretation:** 0-21 indicates low anxiety, 21-63 indicates moderate anxiety, and 63+ indicates high anxiety. Individuals scoring in the moderate anxiety range or higher should have a follow-up discussion with the student athlete and a member of the primary athletics health care provider team, and/or part of the athletic department, to determine whether the student-athlete should be referred to a licensed mental health professional for further evaluation.
DISORDERED EATING

Measure: SCOFF questionnaire


1. Do you make yourself sick because you feel uncomfortably full?
2. Do you worry that you have lost control over how much you eat?
3. Have you recently lost more than 10 pounds in a three-month period?
4. Do you believe yourself to be fat when others say you are thin?
5. Would you say food dominates your life?

Scoring: Responses of "Yes" or "No.

Interpretation: Any response of "Yes" should lead to follow-up discussion between the student-athlete and a member of the primary athletics health care provider team and/or point person for determination about whether the student-athlete should be referred to a licensed mental health professional for further evaluation.

SCREENING TOPIC:

ADHD

Measure: Adult ADHD Self-Report Scale (ASRS-v1.1) Screener


NOTE: As with all mental health screenings, it is important to facilitate a specialty referral to establish an ADHD diagnosis; by doing so, the clinician with expertise in assessment of these issues can effectively rule out other explanations for attention difficulties, including, but not limited to, disordered sleep, overtraining, anxiety, depression, stress and poor time management. It is important to note that although ADHD can develop in emerging adults, it is primarily a developmental disorder with childhood onset.

Select the response option that best describes how you have felt and conducted yourself over the past six months:

1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?
3. How often do you have problems remembering appointments or obligations?
4. When you have a task that requires a lot of thought, how often do you avoid or delay starting?
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?

Scoring: Response options are never, rarely, sometimes, often and very often. For each of questions 1, 2 and 3, assign one point to a response of sometimes, often or very often. For each of questions 4, 5 and 6, assign one point to a response of often or very often. Sum all scores.

Interpretation: A score of four or more indicates that symptoms may be consistent with Adult ADHD, and a follow-up consultation with a health care provider can determine whether a further evaluation is appropriate.
SCREENING TOPIC
ALCOHOL USE

Measure: Alcohol Use Disorders Identification Test (AUDIT-C).


1. How often do you have a drink containing alcohol? [score 0 for never, 1 for monthly or less, 2 for two to four times a month, 3 for two-three times a week, 4 for four or more times a week]
2. How many drinks containing alcohol do you have on a typical day when you are drinking? [score 0 for one or two drinks, 1 for three or four drinks, 2 for five or six drinks, 3 for seven to nine drinks, and 4 for 10 or more drinks]
3. How often do you have six or more drinks on one occasion? [score 0 for never, 1 for less than monthly, 2 for monthly, 3 for weekly, 4 for daily or almost daily]

Scoring: Each question is scored on a 0-4 scale. Points are summed to give total score.

Interpretation: Maximum score is 12. A score of 3 or more identifies 80 percent of men who report drinking above recommended levels that meet the criteria for alcohol use disorders. A score of 3 or more identifies 84 percent of women who report hazardous drinking or alcohol use disorders. Individuals meeting or exceeding these thresholds should be advised for further evaluation from a mental health professional.

CAGE

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever felt you needed to Cut down on your drinking?</td>
<td></td>
<td>+1</td>
</tr>
<tr>
<td>Have people Annoyed you by criticizing your drinking?</td>
<td></td>
<td>+1</td>
</tr>
<tr>
<td>Have you ever felt Guilty about drinking?</td>
<td></td>
<td>+1</td>
</tr>
<tr>
<td>Have you ever felt you needed a drink first thing in the morning (Eye-opener) to steady your nerves or to get rid of a hangover?</td>
<td></td>
<td>+1</td>
</tr>
</tbody>
</table>
Identify those student athletes at risk for mental health dysfunction.

STATE OF MIND

LIFE EVENTS SURVEY FOR COLLEGIATE ATHLETES (LESCA)

1-56 Questions

Personal Factors

- Injury
  - History
  - Severity
  - Type
  - Perceived cause
  - Recovery Status
- Individual Differences
  - Psychological
    - Personality
    - Self-perception
    - Self-motivation
    - Motivational orientation
    - Pain tolerance
    - Athletic Identity
  - Coping skills
    - Psychological skills
  - History of stressors
  - Mood states
  - No Plan B
- Demographic
  - Gender
  - Age
  - Ethnicity
  - Socioeconomic status
  - Prior sport experience
- Physical
  - Use of ergogenic aids
  - Physical health status
  - Disordered eating
JOINT ABOVE  State of Mind, Psych, Spirit, Soul

JOINT BELOW  Brain (Concussion, Bipolar Disorder)
              CNS, Cranial Nerves, Parasympathetics

**Does Depression Contribute to Injury or Does Injury Contribute to Depression**

- ACL Rupture
- ACL Surgical Repair
- Acute and Chronic Pain
- Opioids
- Marginalization/Devaluation
- Boredome
- Lack of Connection
- Self Esteem
- Loss of Control
- Finances, Scholarship, Medical Expenses
Behaviors to Monitor That May Reflect Psychological Concerns

- Changes in eating and sleeping habits
- Unexplained weight loss or gain
- Drug or alcohol abuse
- Gambling issues
- Withdrawing
- Decreased interest in activities
- Talking about death or dying
- Loss of emotion
- Problems concentrating or focusing
- Frequent complaints
- Unexplained wounds or deliberate self harm.
- Irritable / angry
- Irresponsibility/ lying
- Legal problems
- Negative self talk
- Mood swings
- Excessive worry
- Shaking/ trembling
- GI complaints
- Headaches
- Overuse injuries

ODDS OF MAKING IT IN THE NFL

- H.S. Football Players: 1,086,627
- H.S. Football Seniors: 310,465
- NCAA Football Players: 70,147
- NCAA FB Playing FB: 20,042
- % of HS players to NCAA: 6.5%
- NCAA FBs playing FB: 15,588
- Players scouted by NFL: 6,500
- Invited to Combine: 350
- Players drafted by NFL: 256
- Rookies making a Team: 300
- % of players NCAA to NFL: 1.6%
- NFL players reaching YR 4: 150
- 2014 NFL Min Salary: $420,000
- Income after Taxes (est.): $252,000

If you're lucky enough to be one of the 6.5% to become a NCAA football player, and one of the 1.5% of that group to make it to the NFL, you'll be lucky to get THREE years out of it. At a minimum salary, you won't make enough to live on for the rest of your life.

WHAT'S GOING TO PROVIDE FOR YOU AND YOUR FAMILY AFTER FOOTBALL IS OVER?

YOUR COLLEGE EDUCATION!
TRUE GRIT

- Sacrifice through short term setbacks for long term goals.

Mental Health Red Flags

- Prolonged recovery
- Purposeful underreporting/over-reporting
- Missed Appointments
- Poor Performance classroom
- Poor Performance on field
- Anger Mismanagement
- Irritability
- Sleep Disturbance
Social Support and Injury

- Listening support
- Emotional support
- Emotional challenge
- Task appreciation
- Task challenge
- Reality confirmation
- Material assistance
- Personal assistance

*Richman et al.

Mental Health Red Flags

- Prolonged recovery
- Purposeful underreporting/over-reporting
- Missed Appointments
- Poor Performance classroom
- Poor Performance on field
- Anger Mismanagement
- Irritability
- Sleep Disturbance
Mental Health Emergencies

- Suicidal or Homicidal Ideations
- Sexual Assault
- Assault
- Acute Psychosis or Paranoia
- Highly Agitated or Threatening Behavior
- Acute Delirium/Confusion
- Acute Intoxication
- Drug Overdose
Complex Concussion

- Cognitive/Fatigue
- Vestibular/Balance
- Oculomotor/Visual
- Affective/Mental Health
- Migrainous/ 35-95%
- Cervicalgia

Mental Health Overlap

- Vocal Cord Dysfunction
- Irritable Bowel Syndrome
- Inflammatory Bowel Disease
- Anorexia Athletica
- Acid Peptic Disease
- Female Athletic Triad
- ADHD
- Concussion
- Migraines
- Sleep Apnea/Disturbance
- Obesity
- Stress/PTSD
- Anxiety
- Bullying
- Allergies
DEMONSTRATE A MENTAL HEALTH EMERGENCY ACTION AND MANAGEMENT PLAN (MHEAMP) FOR STUDENT ATHLETES WHO HAVE EXHIBITED SIGNS OF DETERIORATION.

Assemble a campus mental health team.

- Team Physician
- ATC
- Campus Counseling Service
- Campus Security
- Local police
- Community based mental health care professionals
- Administrators and Coaches
**Situational factors correlate with rehab adherence**

- Perceived exertion during rehab
- Perceived injury severity
- Perceived susceptibility to further complications
- Plans for next level play
- Rehab practitioner expectations
- Social support for rehab
- *** Athletes who are given specific goals have greater understanding and better adherence than those athletes not given specific goals.
Treatments

- Stress Reduction
- Talk Therapy
- Cognitive Behavioral Therapy
- Exercise
- Sleep
- Nutrition
- Group Therapy
- Supplements
- Medication
- Psychiatric Care
- Hospital Based Care

- OMM
- Meditation
- Mindfulness
- 4-7-8 Breathing
- Yoga
- Tai Chi
- Parasympathetic Balance
- Therapy Animals
- Humor
- Companionship

Depression and Osteopathy

The symptoms above that relate to anxiety can also be part of depression.

By relieving tightness and decreasing pain in the body osteopathy can help resolve depression.

Cranial osteopathy is especially useful for symptoms like migraines, and sleeping issue. Other approaches in osteopathy will contribute to relieve muscle pain and digestive problems.

Whiplash and concussion commonly cause anxiety, depression and gastrointestinal complaints. In this case, osteopathy can address the underlying trauma as well as the symptoms.
“Wellness 5” 预防

- Exercise 锻炼
- Sleep 睡眠
- Nutrition 营养
- Mental Health
- 心理健康
- Substance Abuse
- 物质滥用

List commonly used medications and their affects on athletic performance

- SSRI
- Hypnotics
- Psychotropic
- Opioids
- NSAIDS
- ETOH
- Antibiotics
- Stimulants
- Caffeine
- Ergogenic
- Supplements
Medication

Table 3. Common ADHD Stimulant Medications

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Generic Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adderall</td>
<td>Amphetamine</td>
</tr>
<tr>
<td>Adderall XR</td>
<td>Amphetamine (extended release)</td>
</tr>
<tr>
<td>Concerta</td>
<td>Methylphenidate (long action)</td>
</tr>
<tr>
<td>Dexedrine</td>
<td>Dextroamphetamine</td>
</tr>
<tr>
<td>Focalin XR</td>
<td>Desmethylphenidate (extended release)</td>
</tr>
<tr>
<td>Ritalin SR</td>
<td>Methylphenidate (extended release)</td>
</tr>
<tr>
<td>Vyvanse</td>
<td>Lisdexamfetamine Dimeylate</td>
</tr>
</tbody>
</table>

Supplements

- Omega -3
- Probiotics
- Turmeric
- Vitamin D
- B 12
- Magnesium
- Calcium
- Melatonin
- Sam-e
- Vitamin C
- GABA
- Amino Acids
Only 2% 8 hours of sleep

Depression
Obesity
Academic Performance

Objective Sleep Characteristics and Cardiometabolic Health in Young Adolescents

Elizabeth M. Cespedes-Feliciano, Mirja Quante, Sheryl L. Rifas-Shiman, Susan Redline, Emily Oken, Taveras
LOSE SOME WEIGHT
STAND UP STRAIGHT
SPEED UP GAIT
DON’T FILL PLATE
SLEEP FOR EIGHT
TALK TO MATE
IMPROVE MENTAL STATE
"DO WHAT YOU CAN, WITH WHAT YOU'VE GOT, WHERE YOU ARE.”
— THEODORE ROOSEVELT

References

- Baron D. Clinical Sports Psychiatry.
- NCAA, The. "Mental Health." NCAA.org. NCAA.