

Mental Health Action Plan for High School Student Athletes: Background information

Introduction

Sport can positively impact an adolescent in many different ways. Participation in sports helps to teach the importance of teamwork, builds character, and develops the resilience to overcome adversity. Sports can also provide a safe space for youth to escape the problems they face in their everyday lives, foster meaningful relationships with coaches and teammates, and positively impact their mental health. However, just as participation in sports does not come without risk to physical health by way of injuries, sports can also negatively impact a young athlete's mental health as well. Research suggests that some mental health disorders are just as common in adolescent student athletes as they are in their non-athlete peers, and there are certain risk factors associated with sports that may play a significant role in the development of or worsening of these disorders. Epidemiologic data suggest 1 in 5 adolescents have had or will have at least one mental health concern before they turn 18, which means of the over 1,750,000 students who participated in Wisconsin high school athletics last year alone, likely at least 35,000 of them had been affected by some mental health concern or disorder. It is almost certain that all coaches, athletic directors, and athletic trainers will come in to contact with a student athlete with a mental health concern. Thus, it is imperative for those who work with athletes on a daily basis to have a basic understanding of common mental disorders and their relationship to athletics, behaviors to monitor in their student athletes, and common signs that suggest a student athlete may need referral to a mental health provider.

Background

Mental health is defined by the World Health Organization as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"¹. Embodied in this definition is an ability to experience joy and happiness, appreciate the positives in life, and the capacity to form and maintain interpersonal relationships. However, this doesn't mean that one isn't allowed to experience grief, sadness, or dissatisfaction with certain life circumstances. Rather, a key distinguishing factor between good mental health and a mental disorder is when an individual is unable to cope with negative emotions that ultimately impair their ability to function in daily life.

The American Psychiatric Association defines mental disorder as a "syndrome characterized by clinically significant disturbance in an individual's cognition, emotional regulation, or behavior that reflects dysfunction in the psychological, biological, or developmental process underlying mental functioning"². The term mental disorder encompasses a wide variety of illnesses, with varying levels of severity and chronicity. When discussing mental health, it is vital to understand just how common mental disorders are. The 2018 Substance Abuse and Mental Health Services Administration report estimates that 1 in 5 adults experienced a diagnosable mental illness at some point during the last year³. While mental health disorders are not this high on an annual basis in the adolescent population, roughly 20% of individuals will have experienced a mental health concern or been diagnosed with a mental disorder by the time they turn 18 years old and one half of all mental disorders first present during adolescence^{4,5}.

Though these numbers may be bleak, adolescents are resilient, and early identification and intervention can significantly reduce the impact mental disorders can have on their lives. However, the World Health Organization estimates that 50% of mental disorders in adolescents go undetected⁶. Thus, it is vital to

educate those who work with youth on a daily basis on the risk factors unique to adolescents, the role athletics play, the basics of common mental disorders, warning signs of which to be cognizant, and actionable steps one can take when they suspect a student athlete's mental health may be suffering as a way to promote mental wellness, provide emotional support, and assist the adolescent in obtaining appropriate care.

Risk Factors

General adolescent risk factors

Adolescence is a period wrought with significant physical, emotional, and cognitive changes and maturation. Second only to infancy, adolescence is when the brain undergoes the most neurological restructuring, which makes it uniquely vulnerable to stress⁷. One specific type of stress that affects how adolescent brains mature is trauma, or more specifically, adverse childhood events. Research has found that the most seriously impairing and chronic mental disorders tend to develop in adolescence and are associated with significant adverse childhood events, such as physical abuse, neglect, parental loss, witnessing violence, economic hardship, and other significant traumas⁸. Nearly 30% of those who develop a mental disorder have experienced at least one adverse childhood event⁹. Thus, when working with high school athletes, one should always be sensitive to the impact past or current trauma has on their athletes' mental health and be aware of any new or changing behaviors that may be explained partially by trauma.

Similar to their non-athlete peers, high school student athletes face many stressors unique to adolescence. Just as the brain is undergoing significant changes during adolescence, the student athlete is also going through innumerable changes in their personal and academic life. High school is a time where students are transitioning to adulthood, learning to take more personal responsibility, and often trying to define who they are and who they want to become. Yet, they also have to balance a busy academic schedule and may feel the pressure to perform well in the classroom. Student athletes are not immune to these stressors of everyday life. Additionally, as detailed in the next section, many other factors specific to athletics have been identified that may further impact their mental health.

Risk factors unique to student athletes

Many student athletes define themselves by their athletic accomplishments and take pride in being an athlete¹⁰. However, student's self-identity that is strongly rooted in being an athlete is associated with greater risk of suffering distress and mental health concerns if this identity is threatened. Examples of this identity being threatened include when an athlete suffers a poor performance, is cut from a team, suffers a season ending injury, or perceives they are not as talented as they once were¹¹.

Coupled with self-identification as an athlete is the goal of earning an athletic scholarship to participate in high-level college athletics. Due to increased competition to earn a scholarship and perceived need to train year around, more student athletes feel the need to specialize in one sport and train year around to be successful. Overtraining has been associated with mood disturbances, decreased self-confidence, and loss of interest in their chosen sport. It also furthers the adolescent's singular identity as an athlete¹². Overtraining and sport specialization can also be isolating, especially when the athlete is training alone, which not only limits social development, but can leave the athlete feeling a lack of social support from their peers¹².

The pressure and demands placed on student athletes can be both intrinsic and extrinsic, as well as both emotional and physical. Intrinsically, some student athletes place pressure on themselves to perform, both to fulfill their internal identity, as well as to obtain outside recognition as a way to validate the time and energy they have put into their sport. Student athletes who participate in sports to obtain approval and recognition from others and associate their self-worth with their athletic achievement have been found to be more likely to suffer from depressive symptoms¹³. Extrinsically, student athletes describe the expectations sometimes placed on them by parents and coaches as unrealistic and negatively impacting their mental health. Athletes are expected to juggle a full academic course load and maintain an acceptable GPA while also spending multiple hours a day at practice, weight training, fulfilling team required community service, watching game film or talking strategy, while also needing adequate time to recover physically from the toll athletics take on the body¹⁴.

The tremendous time and pressure burden student athletes face may also help explain why student athletes report insufficient sleep. A recent study found roughly 40% of college student athletes get less than 7 hours of sleep a night¹⁵. Sleep is critical for the developing brain and an adolescent's mental health. Research has shown that inadequate sleep is associated with anxiety, depressed mood, hopelessness, and suicidal ideation, with worse sleep habits leading to worse mood outcomes¹⁶. Poor sleep also affects the body's ability to recover physically, and many student athletes report cycles of chronic fatigue during their competition season¹⁷.

Overtraining, insufficient sleep, and chronic fatigue all play a role in the development of musculoskeletal injuries^{18,19}. These injuries can also cause significant mental and emotional stress and are often the antecedent for the development of a mental disorder. Many adolescents use athletics as a way to cope and deal with stress in their lives as well as a way to form social bonds with their peers. Thus, when an athlete is sidelined, this can cause significant mental distress. Athletes may be worried about losing their spot on the team, feel they are letting their teammates down, or become socially isolated as a result of missing practices for physical therapy or even feel like an outsider when they are not able to compete. Any of these situations, among others, can be overwhelming for a young athlete and may cause them to experience anxiety or depressive symptoms²⁰. It's therefore extremely important for coaches and athletic trainers to be aware of any behavioral or psychological changes in their injured athletes and check in on them periodically. Similar to musculoskeletal injuries, head injuries have also been associated with the development of mental health concerns. Most notably, there has been an increasing amount of evidence showing a link between sports-related concussions and depression symptoms²¹. Athletes should be monitored closely in the days following a concussion.

Bullying is also a significant concern among adolescents and can negatively impact their mental health. In the most recent Wisconsin Youth Risk Behavior Survey, 24% of high school students state they have been bullied on school grounds at some point in the last 12 months, with 18% stating they have been the subject of online bullying in the same time period²⁷. Though bullying is widespread among all adolescents, student-athletes are at risk for a unique type of bullying called hazing. Hazing is defined as "any humiliating or dangerous activity expected of a student who belongs to a group, regardless of his or her willingness to participate"³⁶. Unfortunately, hazing is something that many view in a positive light. A survey of collegiate athletes found that nearly a third felt that hazing brought a team closer together³⁷. This view is sometimes shared and encouraged by coaches and parents as well. However, hazing can have serious consequences on student athletes' mental health, including being a trigger for anxiety, depression, and the development of an eating disorder. A recent survey reported that 71% of student-

athletes who experienced hazing developed psychological or physical symptoms as a result of hazing³⁸. Coaches should encourage their student athletes to participate in activities that build each other up, and stay away from any activities or exercises that have the potential to isolate or bring down another teammate.

Table 1 summarizes the various risk factors and significant events that may serve to exacerbate an existing condition or trigger the development of a new mental disorder. The table is separated into events and circumstances directly related to sport versus life circumstances outside of sport.

Table 1. Triggering Events

Sport Specific Events	Other Life Events
<ul style="list-style-type: none"> Poor performance perceived by student athlete 	<ul style="list-style-type: none"> Academic difficulties or increased schoolwork
<ul style="list-style-type: none"> Conflicts with coach or teammates 	<ul style="list-style-type: none"> Family and relationship issues
<ul style="list-style-type: none"> Serious musculoskeletal injury 	<ul style="list-style-type: none"> Previous history of mental disorder
<ul style="list-style-type: none"> Concussion 	<ul style="list-style-type: none"> Bullying
<ul style="list-style-type: none"> Lack of or decreased playing time 	<ul style="list-style-type: none"> Lack of sleep
<ul style="list-style-type: none"> Expectations to succeed or be the best by self/parents/others 	<ul style="list-style-type: none"> Violence: victim of or witnessed violence, including domestic violence or at school
<ul style="list-style-type: none"> Overtraining or burnout 	<ul style="list-style-type: none"> Death of a loved one
<ul style="list-style-type: none"> Sudden end to career due to injury or other reason 	<ul style="list-style-type: none"> History of sexual or physical abuse
<ul style="list-style-type: none"> Increased athletic schedule/expectations 	<ul style="list-style-type: none"> Alcohol or other drug abuse
<ul style="list-style-type: none"> Hazing 	<ul style="list-style-type: none"> Witnessed or experienced non-violent trauma

Behaviors to Monitor

Coaches, athletic trainers, and other athletic personnel are all in the unique position to interact with high school student athletes on a daily basis. Often times they are given the opportunity to become more familiar with them and form meaningful relationships which can allow a certain level of trust to be formed between the athlete and the adult. The student athlete may even be inclined to reach out to a coach or another trusted person from the athletic department in a time of turmoil or crisis. Other times, the athlete may be more reluctant to share, afraid to seek help, or unable to express the types of emotions they are feeling. Regardless of the situation, it is important for those who interact with student athletes on a daily basis to be aware of behaviors that might be stemming from a new mental health concern or exacerbation of a previous mental health disorder. Table 2 lists a summary of the more common behaviors to be aware of. It is not the coaches' job to diagnose their athlete with a mental disorder, as this is the job of the licensed mental health professional; however, it is vital that these behaviors be noted and a supportive discussion with the student athlete should take place as soon as possible. If the severity of these behaviors is concerning, or represents a significant change from the athlete's baseline, a referral to a mental health professional should be strongly considered.

Table 2. Behaviors to Monitor

• Changes in eating or sleeping habits
• Unexplained weight loss or gain
• Drug or alcohol use
• Withdrawal from social contact
• Decreased interest in activities that were previously enjoyable
• Increased risk-taking behavior
• Talking about death, dying, or “going away”
• Loss of emotion or sudden change in emotion
• Problems concentrating, focusing, or remembering
• Frequent complaints of fatigue, illness, or injury
• Unexplained wounds or deliberate self-harm (e.g., cut marks on arms)
• Severe drop in academic performance or worsening grades
• Becoming more irritable or having problems with anger
• Negative self-talk
• Feeling out of control or mood swings
• Excessive worry or fear
• Agitation or irritability
• Shaking or trembling
• Gastrointestinal complaints or headaches

Common Mental Disorders

Though those working with the student athlete on a daily basis need not be concerned with diagnosing a mental disorder, it is helpful to know the basics of the most common mental disorders affecting adolescents. Having a basic understanding of these conditions will help coaches, guidance counselors, and athletic trainers understand what their athletes with these conditions go through on a daily basis. Additionally, awareness of an athlete’s experience and symptoms of common disorders can help athletic personnel be more vigilant in monitoring their student athletes’ behavior and better identify any concerns, with the ultimate goal being timely referral to mental health care professionals to ensure they are receiving the care they need. Common mental health concerns include various anxiety and depressive disorders, attention-deficit/hyperactivity disorder, and substance use disorders.

Anxiety

The most common type of mental disorder affecting adolescents is anxiety. In fact, a recent epidemiologic study found nearly 1 in 3 adolescents met criteria for an anxiety disorder²². “Anxiety” can mean different things to different people. The American Psychological Association defines anxiety as an “emotion characterized by feelings of tension, worried thoughts, and physical changes” such as increased sweating, palpitations, or raised blood pressure²³. The most common anxiety disorder is generalized anxiety disorder, affecting one in ten adolescents⁴⁰. Generalized anxiety disorder is a condition characterized by excessive and uncontrollable worry about multiple different things in multiple different social domains. This condition also causes significant physical symptoms such as headaches, muscle tension, and gastrointestinal disturbances. Often times, this causes impairment in sleep due to the intense worry and restlessness that is pervasive in their life.

Two other anxiety disorders common in adolescents are panic disorder and social anxiety disorder. Panic disorder consists not only of having panic attacks, which are short bursts of intense fear and physical

distress, but also emotional distress over the continued anxiety that a panic attack could come back at any time. Those with panic disorder will develop changes in behavior in an attempt to avoid another panic attack because of how disabling and fear-provoking they can be²⁴. Social anxiety disorder involves intense fear or anxiety specific to social situations in which the person may be subjected to scrutiny by others. Some people will avoid social situations as much as possible, while others may attempt to endure them, but will suffer from intense fear and anxiety throughout the event²⁴. Understanding social anxiety disorder may help explain why your student athlete may avoid eye contact, not speak up in team meetings, or seem distracted in a huddle. A more thorough list of signs and symptoms of anxiety disorders is provided in table 3.

Table 3. Anxiety Disorders: Warning Signs and Symptoms⁶¹from paper

• Feeling apprehensive
• Feeling powerless
• Having a sense of impending danger, panic, or doom
• Having an increased heart rate
• Breathing rapidly
• Sweating, shaking, trembling
• Feeling weak or tired
• Having trouble concentrating due to worries
• Having trouble sleeping
• Gastrointestinal issues (e.g., upset stomach, nausea/vomiting)

Depression

Another group of disorders common among adolescents are mood disorders. Up to 15% of adolescents are impacted by some type of mood disturbance²². The most common type of mood disorder is depression. There are different types of depressive disorders, though the common underlying theme is that those affected experience a sad, empty or irritable mood that can affect cognition, sleep, and appetite, and can manifest with other physical symptoms. Depressive disorders impact a person's ability to function as adequately as they are accustomed to²⁴. Understanding depression is extremely important, as it is a major risk factor for suicide, which is one of the most common causes of death among adolescents^{25,26}. Suicide is a public health crisis, and the state of Wisconsin is not immune. A recent Wisconsin Survey of Youth Risk Behavior reported that 16.4% of high school students surveyed had seriously attempted suicide in the last 12 months, with 7.4% reporting they had attempted suicide at least once within the last year²⁷. Tables 4 lists signs and symptoms of depression, and tables 5 lists suicide symptoms and danger signs.

Table 4. Depression Signs and Symptoms

Individuals may feel:
• Sad
• Anxious
• Empty
• Hopeless
• Guilty
• Helpless
• Irritable
• Restless
• Indecisive
• Aches, pains, headaches, cramps, or digestive problems
Individuals may present with:
• Lack of energy, depressed, sad mood
• Lack of interest in activities
• Decreased performance in sport or school
• Change in appetite resulting in change in weight
• Trouble sleeping or sleeping too much
• Trouble concentrating, remembering information, or making decisions
• Unusual crying

Table 5. Suicide Warning Signs

• Talking about wanting to die
• Looking for a way to kill oneself
• Talking about feeling hopeless or having no purpose
• Talking about being a burden to others
• Increasing the use of alcohol or drugs
• Acting anxious or agitated
• Acting recklessly or increased risk taking behavior
• Sleeping too little or too much
• Withdrawing or feeling isolated
• Showing rage or talking about seeking revenge
• Displaying extreme mood swings
• Giving away possessions
• Abruptly appearing happy or relieved after recently being depressed

Attention-deficit/hyperactivity disorder (ADHD)

Behavioral disorders are also common among adolescents, affecting 8.7%²². Behavioral disorders include attention-deficit/hyperactivity disorder (ADHD), a disorder that first appears in early childhood, characterized by significant inattention and disorganization with varying levels of hyperactivity, such as an inability to sit still²⁴. Table 6 includes a more thorough list of signs and symptoms of which to be aware. ADHD is twice as common in males compared to females²⁸. An understanding of this condition by those working with young athletes with ADHD is extremely important as it will help explain why the young athlete may have trouble remembering plays, scouting reports, and strategy. Allowing the athlete more time to process instruction in a distraction free environment is ideal.

Table 6. Attention-Deficit Hyperactivity Disorder Signs and Symptoms

• Distracted easily, miss details, forget things, frequently switch between activities
• Difficulty focusing on one thing
• Become bored with non-enjoyable tasks easily
• Difficulty organizing, completing tasks, and learning new things
• Not appearing to listen when spoken to
• Daydreaming, becoming easily confused, unable to process information as quickly as others
• Struggle to follow instructions
• Fidget constantly
• Talk non-stop
• Difficulty sitting still during dinner, school, or traveling
• Being in constant motion
• Difficulty doing quiet activities or tasks
• Being very impatient
• Blurt out inappropriate comments, show emotions without restraint, act without regard to consequence
• Difficulty waiting their turn or waiting in lines
• Often interrupt conversations

Eating disorders

Eating disorders are another common disorder to be aware of, as it affects close to 3% of adolescents²², affecting both males and females. Compared to the general population, athletes are more likely to have an eating disorder²⁹, a recent study compared the prevalence of eating disorders between female athletes and non-athletes found that 18% of the athletes surveyed had been diagnosed with an eating disorder compared to 5% in non-athletes³⁰. However, differences in disordered eating also exists among athletes. Sports with weight classes as well as aesthetic sports, such as gymnastics, and sports where being lighter may have an advantage, such as cross-country, are all associated with higher rates of eating disorders³⁰. There are different types of eating disorders, including both anorexia nervosa and bulimia nervosa. Anorexia nervosa is defined as a restriction of caloric intake which leads to a dangerously low body weight. Central to this condition is a fear of gaining weight and disturbance in their own body perception²⁴. Both bulimia nervosa and anorexia nervosa have some component of excessive exercise in an attempt to burn calories and lose weight. Bulimia nervosa is also associated with periods of binge eating followed by significant distress and behaviors to avoid weight gain, such as self-induced vomiting or laxative abuse²⁴. Table 7 includes more signs and symptoms to be aware of in eating disorders. Eating disorders are one of the most concerning mental health disorders given the high association between eating disorders and suicide, and the risk of dangerous cardiac arrhythmias^{31,32}.

Table 7. Eating Disorders Signs and Symptoms

Anorexia nervosa
<ul style="list-style-type: none"> • Extreme thinness • Relentless pursuit of thinness and unwillingness to maintain a healthy weight • Intense fear of gaining weight • Distorted body image, self-esteem that is heavily influenced by body perception • Denial of seriousness of low body weight • Lack of menstruation (or lighter menstruation) among females • Extremely restricted eating • Compulsive exercising
Bulimia nervosa
<ul style="list-style-type: none"> • Chronically inflamed and sore throat • Swollen salivary glands in neck and jaw • Worn tooth enamel, decaying teeth, sensitive teeth, as a result of exposure to stomach acid • Intestinal distress and irritation from laxative abuse • Severe dehydration from purging fluids • Electrolyte imbalance, which can lead to heart attack

Alcohol and other substance use

The prevalence of alcohol and other substance use among high school students is not insignificant. According to the most recent Wisconsin Survey of Youth Risk Behavior, 30% of high school students reported they had used alcohol within the last month, while 16% had used marijuana within the last month. Meanwhile, roughly 65% have tried alcohol at least once, and 30% have used marijuana at least once in their lives²⁷. Alcohol and other substance use can be both a trigger for mental health disorders as well as a coping mechanism for already existing mental disorders. In a study of collegiate student athletes with mental health concerns, 21% report high levels of alcohol abuse while in high school³⁹. It is important for those working with student athletes to be aware of alcohol and other substance use as it could be the first sign of an athlete needing mental health treatment for an undiagnosed condition or of simply needing social support or counseling for a specific stressor that has led them to use substances as a means to cope.

Take Action

Approaching a Student-Athlete with a Possible Mental Health Concern

Approaching a student-athlete with a concern related to their mental health may seem like a daunting task. However, supporting the student-athlete who may be in crisis is imperative. Although there is no perfect script from which to read when approaching someone with a possible mental health concern, there are some things to consider that may make the conversation more fruitful and provide the student-athlete with a safe space to share what they have been going through:

- Start with an open-ended question, such as “How have things been going for you?” or “I’ve been concerned about you; how have you been?” (See Table 8 for more suggestions)
- Give them time to share, listen empathetically, and do not interrupt
- Focus on the student-athlete as a person, not as an athlete
- Express your concerns in a non-judgmental way

- Express your support for the student-athlete; simply saying “I care about you” can go a long way
- Ask if they have thought about hurting themselves or ending their life
- Encourage them to seek mental health services

Table 8. Suggested Statements to Make When Approaching the Student-Athlete with a Potential Mental Health Concern

• “How are things going for you?”
• “Tell me what’s been going on.”
• “Tell me more about [concerning incident].”
• “How do you feel about [incident or the facts presented of concerning behavior]?”
• “How did those cuts [or other wounds] get there?”
• “I noticed you haven’t been yourself lately, what do you think?”
• “You’ve seemed distracted lately; what’s been going on?”
• “Tell me how I can help you.”

Though mental health is becoming easier to talk about, there is still a stigma associated with receiving mental health care, especially among athletes³³. In fact, some athletes believe that receiving care for a mental health condition may be a sign of weakness or are of the mindset that they can push through or tough it out, similar to how an athlete may try and play through a sprained ankle³⁴. This attitude towards mental health may partially explain why athletes traditionally are less likely to seek mental health care than non-athletes³⁵. When talking with a student-athlete about mental health care, consider the following:

- Explain that mental health is just as important as physical health
- Stress there is no reason to feel ashamed about seeking mental health care
- Normalize mental health as much as possible. For example, consider sharing stories of professional athletes who have opened up about their mental health
- Express confidence in the mental health care system
- Express that although seeking help takes courage, it is the smart thing to do, just like going to the doctor for a broken bone or a bad cold
- Let them know they will be supported by the athletic department every step of the way
- Ensure them that seeking care will not affect their position on the team, but remind them that their health and safety will still be the number one priority

Referring a Student Athlete

Once it is determined that a student athlete would benefit from a mental health referral, the coach or other athletic personnel should enact their school’s personalized mental health action plan. Schools should have a document filled out in advance that is easily accessible and well known among all coaches. When filling out this document, school districts should consider reaching out to local mental health care organizations and primary care offices to clarify what type of mental health services they offer, when a student-athlete should be referred to them, and how best to contact them. Other things to include in this document:

- Contact information for a “point person”. This could be a school nurse, guidance counselor, principle, or athletic director. The point person would be responsible for triaging the severity of

the concern and have a thorough understanding of the mandated reporter laws of the school district.

- The school district's mental health action plan should include contact information for the principal, athletic director, guidance counselor, school nurse, etc. Each of these individuals' roles and responsibilities in response to a mental health concern should be clearly defined.
- Contact information for local and county mental health services including mental health crisis phone numbers that can be accessed 24/7.
- Contact information for local primary care providers and psychiatrists
- Information about the National Alliance of Mental Health: Wisconsin, as well as the services they provide for the specific county the school district is in.
- Pre-prepared mental health packet to give to the student athlete that could include contact information for these mental health services with instructions to call 911 or the National Suicide Prevention Lifeline: 800-273-8255 or to present to the emergency department if they start to have thoughts of hurting themselves or ending their life

The decision to contact the student athlete's parents can be a difficult one. Sometimes, a parent may be part of the problem, especially in cases of abuse at home. This would be a time to rely on the school district's designated point person, and if there is significant concern for the student athlete's safety, parents or others may need to be notified per state mandated reporting laws. It is important not to break a student athlete's trust; therefore, inform them beforehand that their privacy will be respected, but that there may be a need to talk with their parents if there is significant concern for their safety. Expressing sincere concern for the student athlete and stressing the ultimate goal is to keep them safe may help them accept that it may be necessary to share some of the details of their conversation with their parents; however, ensure the student athlete that only the details specific to their safety will be shared.

Because most high school student athletes are minors, they will need a parent to consent to mental health treatment. Therefore, most cases will require some form of communication with a parent or guardian. Coaches and other athletic personnel have an opportunity to be tremendous allies and advocates for their student athletes. They can give the student athlete the choice to have someone from the athletic department's mental health response team talk with the parents before the student athlete or even arrange a meeting between the coach, parents, and student athlete if the athlete feels they would benefit from having that additional social support while talking with their parents.

If a student athlete shares thoughts of ending their life, the coach or athletic personnel should follow the outlined steps:

- Respond with empathy and support. Things to consider saying include, "I'm so sorry you're going through this, but I'm so thankful you told me"
- Contact the school district's point person or crisis response team
- Follow mandated reporter laws as outlined by the school district and state law
- Stay with the student-athlete; don't leave them alone
- If possible, safely remove any firearms, alcohol, drugs, or sharp objects that are immediately accessible and could be used for self-harm or in a suicide attempt

- Call the US National Suicide Prevention Lifeline at 800-273-8255 or 911 if the student-athlete has already taken steps to end their life, has a plan, or if you have any question whatsoever that they may act on suicidal thoughts
- Take the student athlete (or stay with them until someone else comes) to the emergency room or seek help from a medical or mental health care professional

Conclusion

As professional athletes have become increasingly more open about their own struggles with mental health disorders, the stigma that often accompanies mental health disorders has lessened in recent years. However, there still remains a significant amount of discomfort among the general public in discussing mental health issues. Furthermore, the limited awareness of the role high school sports play in a student athlete's mental health may partially explain why athletes with mental health disorders are often underdiagnosed. Simply becoming more aware of the relationship between sports and mental health can go a long way as it would allow those who work with student athletes to be more in tune with their athletes' mental well-being. This in turn would make for a greater likelihood of noticing a student athlete who may be struggling.

The information provided in this document is intended to educate those who work with student athletes on a regular basis with the goal of instilling confidence in them to address concerns they may have about the mental health of their student athletes. The recommendations on how to communicate with the adolescents about whom they are concerned and next steps to take are meant to provide a framework that individual coaches, athletic departments, and school districts can tailor to fit the needs of their athletes and to reflect the resources available to a particular school district. It is recommended that each school district fill out and customize the attached mental health action plan and revisit it annually to ensure it is up to date. All athletic personnel who will be involved with student athletes on a routine basis should familiarize themselves with the action plan so they will be able to act accordingly in a time of crisis. Having a well-defined and easily accessible plan with pre-determined roles will help to limit any confusion or discomfort when addressing a mental health concern and will result in greater support for the student athlete in need.