MENTAL HEALTH RESOURCES

In the following pages you will find more information on signs and symptoms related to several different types of mental health disorders.

Anxiety and Depression

Individuals may experience anxiety and depression for many reasons including genetic predisposition, challenges of transitions, academic stress, financial pressures, family problems, interpersonal difficulties and grief/loss. Participation in athletics does not provide student-athletes immunity to these stresses, and it has the potential to pose additional demands. Student-athletes may experience significant anxiety that interferes with their athletic and/or academic performance. For student-athletes with strong athletic identities, injuries can be devastating and increase their risk for depression.

Anxiety Disorders

Everyone may experience occasional worry or panic. Anxiety disorders involve distressing, persistent anxiety or maladaptive behaviors to reduce anxiety. The most common anxiety disorders are Generalized Anxiety Disorder and Panic Disorder.

Generalized Anxiety Disorder is excessive, chronic worry that causes distress and impairment in functioning. The worry is associated with restlessness, fatigue, difficulty concentrating, irritability, muscle tension, and/or sleep disturbance.

Panic Disorder involves recurrent and unexpected panic attacks. A panic attack is a surge of intense fear and discomfort associated with pounding heart, sweating, trembling, shortness of breath, chest pain, nausea, dizziness, chills, numbness, feelings of unreality or detachment, fear of losing control, and/or fear of dying.

Anxiety Signs and Symptoms

- Increased heart rate
- Muscular tension
- Breathing rapidly
- Tightness in chest
- Having a sense of impending danger or doom
- Sweating

Depression and Mood Disorders

Everyone feels sad from time to time, but depression is a syndrome that causes significant distress and impairment in functioning (school, sport, sleep, eating, and work). Types of mood disorders include Major Depression, Persistent Depressive Disorder, and Bipolar Disorder. For any one individual, the number, severity, and duration of symptoms may vary.

Major Depression, or "clinical depression," is a combination of symptoms that interfere with functioning. Student-athletes experiencing five or more symptoms for two weeks or longer should be referred to the athletic trainer and mental health professional.

Depression Signs and Symptoms

- Depressed, sad, or "empty" mood for most of the day and nearly every
- Lack of or loss of interest or pleasure in activities that were once enjoyable (hanging out with friends, practice, school, hobbies)
- Irritability
- Decreased performance in school or sport
- Change in sleep habits
- Change in appetite (including weight loss or gain)
- Indecisiveness
- Feeling sad or unusually crying
- Difficulty concentrating
- Recurrent thoughts of death or thoughts about suicide
- Frequent feelings of worthlessness, hopelessness, or excessive guilt

Persistent Depressive Disorder involves depressive symptoms for at least two years.

Bipolar Disorder, or "manic-depression," involves cycling mood swings from major depressive episodes to mania. Depressive episodes may last as little as two weeks, while manic episodes may last as little as 4 days.

Mania Signs and Symptoms

- Abnormal or excessive elation
- Unusual irritability
- Markedly increased energy
- Poor judgment
- Inappropriate social behavior
- Increased talking
- Racing thoughts
- Increased sexual desire
- Decreased need for sleep
- Grandiose notions

Eating Disorders

Disordered eating and eating disorders are related but not always the same. All eating disorders involve disordered eating, but not all disordered eating meets diagnostic criteria for an eating disorder. Eating disorders are conditions characterized by a constant disturbance of eating or an eating-related behavior that significantly impairs health or psychosocial functioning.

The effects of disordered eating can range from mild to severe depending on the extent of the disorder and the length of time the individual has engaged in such behaviors.

- Medically, disordered eating can have short-term and long-term health consequences ranging from an increased risk of sport-related injury to death. There is a potential for serious consequences in every system of the body.
- Psychologically, individuals with disordered eating have an increased risk of depression and suicide. Disordered eating is often associated with low self-esteem, obsessive thinking and feelings of isolation.

Recovery from disordered eating can be a difficult process that takes time. In general, the greater the duration and frequency of disordered eating, the longer it will take for recovery to occur.
Each student-athlete has a unique body type that is largely influenced by genetics. This department emphasizes healthy personal improvement in nutrition, body composition, and fitness level, while recognizing individual differences in student-athletes.

Approaching a Student-Athlete about Disordered Eating

- In a calm and respectful manner, tell the student-athlete the specific observations that caused you concern. Give the student-athlete time to respond.
    - Use "I" statements. (*I'm concerned about you because you didn't eat breakfast or lunch. It worries me to hear you vomiting*.)
    - Avoid "You" statements and discussions about weight or appearance. (*You're out of control. You're too thin and you have to eat!*)
    - Avoid giving simple solutions. (*If you'd just eat more, everything would be fine!*)
    - Affirm that acknowledging the problem will not jeopardize the student-athlete's role on the team.
- The student-athlete's reaction may be fear, denial, or perhaps anger. Encourage the student-athlete to meet with a professional for an assessment, acknowledging that outside help is often necessary for eating problems and is not a sign of weakness. Offer to accompany the student-athlete to the appointment.

Definitions of Eating Disorders

The following definitions are based on the criteria in the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-5):

Anorexia Nervosa

- Restriction of energy intake relative to requirement, leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical health. *Significantly low weight* is defined as a weight that is less than minimally normal or, for children and adolescents, less than that minimally expected.
- Intense fear of gaining weight, becoming fat or persistent behavior that interferes with weight gain, even though at a significantly low weight.
- Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.

Bulimia Nervosa

- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
    - Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
    - A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).
- Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise.
- The binge eating and inappropriate compensatory behaviors both occur, on average, at least once a week for three months.
- Self-evaluation is unduly influenced by body shape and weight.
- The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

***Binge Eating Disorder*:**

- Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
    - Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
    - A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).
- The binge eating episodes are associated with three (or more) of the following:
    - Eating much more rapidly than normal
    - Eating until feeling uncomfortably full.
    - Eating large amounts of food when not feeling physically hungry.
    - Eating alone because of feeling embarrassed by how much one is eating.
    - Feeling disgusted with oneself, depressed, or very guilty afterward.
- Marked distress regarding binge eating is present.
- The binge eating occurs, on average, at least once a week for three months.
- The binge eating is not associated with the recurrent use of inappropriate compensatory behavior as in bulimia nervosa and does not occur exclusively during the course of bulimia nervosa or anorexia nervosa.

Other Specified Feeding or Eating Disorder:

- This category applies to presentations in which symptoms characteristic of a feeding and eating disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the feeding and eating disorders diagnostic class.
- Examples:
    - **Atypical anorexia nervosa**: All of the criteria for anorexia nervosa are met, except that despite significant weight loss, the individual's weight is within or above the normal range.
    - **Bulimia nervosa (of low frequency and/or limited duration)**: All of the criteria for bulimia nervosa are met, except that the binge eating and inappropriate compensatory behaviors occur, on average, less than once a week and/or for less than three months.
    - **Binge-eating disorder (of low frequency and/or limited duration)**: All the criteria for binge-eating disorder are met, except that the binge eating occurs, on average, less than once a week and/or less than three months.
    - **Purging disorder**: Recurrent purging behavior to influence weight or shape (e.g., self-induced vomiting; misuse of laxatives, diuretics, or other medications) in the absence of binge eating.
    - **Night eating syndrome**: Recurrent episodes of night eating, as manifested by eating after awakening from sleep or by excessive food consumption after the evening meal. There is awareness and recall of the eating.

Substance Use and Abuse

Research shows that student-athletes are more likely to engage in high-risk behaviors when it comes to substance use. This includes behaviors such as binge drinking, drinking to get drunk and driving while under the influence. Many factors play into why college athletes are at higher risk of substance abuse. Some of those include the added pressure of being an elite athlete and balancing the school, social pressure, career concerns and athletic performance. Substance use can span from frequent alcohol consumption, stimulant substances (cocaine, ephedrine, amphetamines and medications for ADHD), marijuana, and anabolic steroid use (or performance enhancing substances). All of these substances have a particular effect on an athlete and can be detrimental to his performance and health.

Signs and Symptoms of Substance Use

- *Impairment of behavior or mood*
  - o Concentration (marijuana, stimulant).
  - o Depressed mood (alcohol, marijuana).
  - o Imbalance or impeded speech (alcohol, marijuana).
  - o Lack of commitment to sport, practice or missing multiple practices (alcohol, marijuana, stimulant, PES).
  - o Shakiness, rapid speech or movements (stimulant).
  - o Isolation (alcohol, marijuana, stimulant).
- *Impairment of relationships*
  - o Irresponsible regarding commitments or responsibilities (alcohol, marijuana, stimulant).
  - o Detachment from social relationships (alcohol, marijuana, stimulant).
  - o Changes in social group-removing him/herself from teammates (alcohol, marijuana, and stimulant).

Alcohol & Athletic Performance *Adapted from AAI American Athletic Institute & NCAA*

<u>How Alcohol Affects Muscle Development and Recovery</u>

Alcohol use cancels out gains from your workout

- Consuming alcohol after a workout, practice, or competition can cancel out any physiological gains you may have received from such activities. Not only does long-term alcohol use diminish protein synthesis resulting in a decrease in muscle build-up, but even short term alcohol use can impede muscle growth.

Alcohol causes dehydration and slows down the body's ability to heal

- Speeding the recovery of sore muscles and injuries is integral to optimal performance. Alcohol is a toxin that travels through your bloodstream to every organ and tissue in your body, causing dehydration and slowing your body's ability to heal itself.

Alcohol use prevents muscle recovery

- In order to build bigger and stronger muscles, your body needs sleep to repair itself after a workout. Because of alcohol's effect on sleep, however, your body is robbed of a precious chemical called "human growth hormone" (HGH). HGH is part of the normal muscle-building and repair process and the body's way of telling itself your muscles need to grow bigger and stronger. Alcohol, however, can decrease the secretion of HGH by as much as 70 percent!

Alcohol use depletes your source of energy

- Once alcohol is absorbed through your stomach and small intestines and finally into your cells, it can disrupt the water balance in muscle cells, thus altering their ability to produce adenosine triphosphate (ATP), which is your muscles' source of energy. ATP provides the fuel necessary for your muscles to contract. A loss of ATP results in a lack of energy and loss of endurance.

Consider This

Consuming 5 or more alcoholic beverages in 1 night can affect your brain and body for up to 3 days.

How Alcohol Affects Your Ability to Learn New Plays and Strategies

Alcohol use inhibits your ability to learn new information

- Any athlete knows that preparation, such as learning new plays and sound strategies, is essential to peak performance. However, alcohol can have a devastating effect on this process. When there is alcohol in your system, your brain's ability to learn and store new information is inhibited due to compromising of the hippocampus, a structure deep in the brain vital to the formation of memories. If you cannot form new memories, you cannot learn.

Alcohol use hampers memory and retention

- Much of your memory formation occurs while you sleep. Alcohol affects your sleep cycle by disrupting the sequence and duration of normal sleep, reducing your brain's ability to learn and retain information. Even drinking up to six hours before you go to sleep will negatively affect your sleep cycle. For example, if you drink after a day of classes, studying, or learning new plays, you are not getting 100 percent out of your efforts because of the effects of the alcohol you drank.

How Alcohol Affects Nutrition and Recovery

Alcohol uses and constricts metabolism and endurance

- Being physically fit and well-conditioned is the hallmark of a champion. However, no matter how many wind sprints you do, drinking alcohol constricts your aerobic metabolism and endurance.

Alcohol use inhibits absorption of nutrients

- Not only is alcohol devoid of proteins, minerals, and vitamins, it actually inhibits the absorption and usage of vital nutrients such as thiamin (vitamin B1), vitamin B12, folic acid, and zinc:
    - o **Thiamin** (vitamin b1) is involved in the metabolism of proteins and fat and the formation of hemoglobin. it is also essential to optimal performance for its role in metabolizing carbohydrates.
    - o **Vitamin b12** is essential to good health. it helps maintain healthy red blood and nerve cells.
    - o **Folic acid** is an integral part of a coenzyme involved in the formation of new cells; a lack of it can cause a blood disorder called "megloblastic anemia," which causes a lowering of oxygen carrying capacity and thus negatively affects endurance activities.
    - o **Zinc** is also essential to your energy metabolic processes. since alcohol depletes your zinc resources, the effect is an even greater reduction of your endurance.

Marijuana and Athletic Performance *(NCAA Sport Science Institute)*

Impact on respiratory systems:

- Decreased oxygen
- Muscles deprived of optimal energy level
- More quickly fatigued
- At risk for additional respiratory problems, like chronic cough

Impact on cardiovascular system:

- Increased heart rate
- Less stamina
- Less endurance
- Can inhibit sweating and ability to regulate body temperature

Impact on cognitive and psychomotor performance:

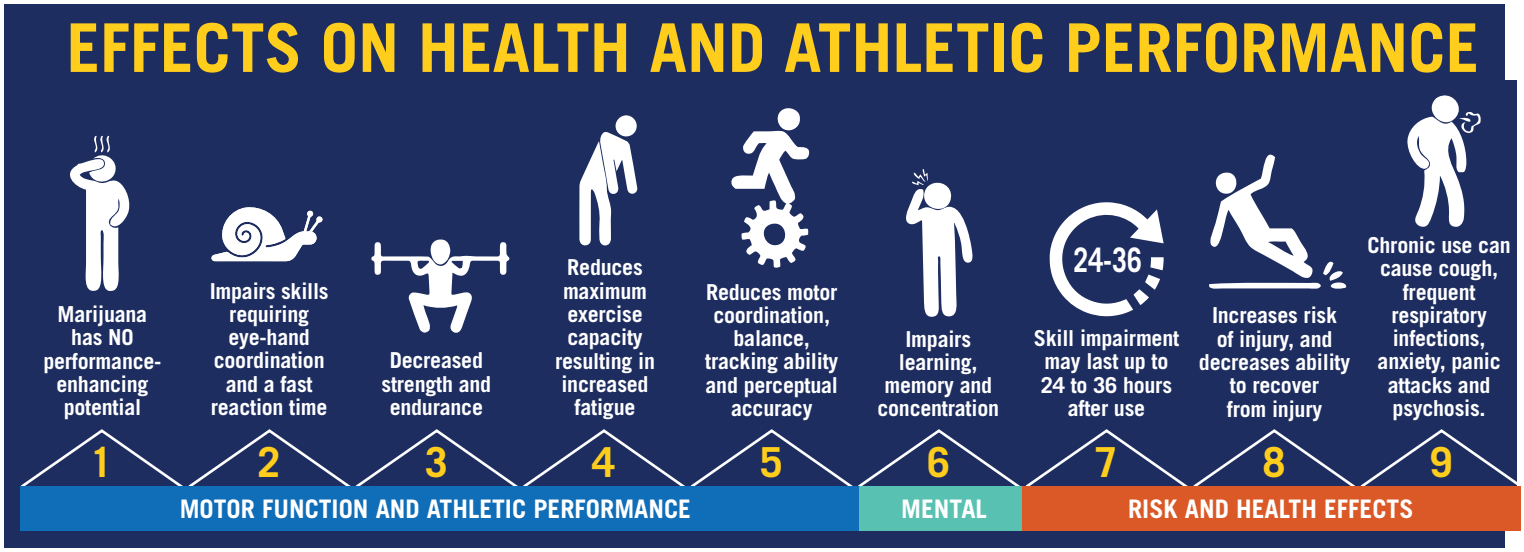
- Decreased coordination and reaction time
- Short & long-term memory loss
- Reduced ability to problem solve
- Disrupted balance and posture leading to higher injury risk
- Skill impairment may last up to 36 hours after using

Impact on mental health:

- Most student-athletes believe using marijuana will decrease anxiety or tension. However, daily marijuana use can increase the likelihood of developing depression and anxiety. REgular use is aslo associated with psychotic disorders and addiction.

Impact on sleep:

- Marijuana decreases the amount of time it takes to fall asleep at night, but it also suppresses REM sleep throughout the night (the most restful, restorative stage of sleep).



This resource was developed in partnership with The Institute to Promote Athlete Health and Wellness at The University of North Carolina at Greensboro. For more information visit athletewellness.uncg.edu

Post-Concussion Syndrome

Student-athletes who suffer from post-concussion syndrome will likely miss practices and competitions over a lengthy period of time. Those who return to play while symptomatic and sustain an additional injury are at risk of severe neurological side effects. To reduce the amount of time that a student-athlete is held out of practice or competition, early recognition and removal from play, and ensuring that the student-athlete does not return to play before medical clearance, are critical risk-reducing behaviors.

Situations, symptoms or behaviors that may indicate a possible post-concussion syndrome:

- Decline in attention, concentration, and memory
- Easily fatigued
- Disordered sleeping
- Headache
- Vertigo
- Irritability or aggression on little or no provocation
- Anxiety or depression
- Changes in personality

*the symptoms result in a significant impairment in functioning, which can include impairment in social and occupational functioning

Mental Health Resources

Campus Resources

ICA Sport Psychologist
Jen Farrell Email: jfarrell@uncg.edu Phone: 336-256-0374

Student Counseling Center
https://shs.uncg.edu/cc
Offers crisis, individual and group counseling
Phone: 336-334-5874

Spartan Recovery Program
https://shs.uncg.edu/srp
Free support program for all UNCG students in any phase of recovery from addictions to alcohol and/or other drugs

Campus Violence Response Center
https://cvrc.uncg.edu/
Phone: 336-334-9839
A safe, single point of access for any UNCG community member impacted by sexual assault, intimate partner violence, stalking, sexual or gender-based harassment, and all other forms of campus violence.

Nicholas A. Vacc Counseling and Consulting Clinic – Counseling and Education Department
https://soe.uncg.edu/academics/departments/ced/vacc-clinic/
Phone: 336-334-5112

Mental Health and Suicide Prevention Resources

National Resources

NCAA Health and Safety
http://www.ncaa.org/health-and-safety/medical-conditions/mental-health
National Alliance on Mental Illness (NAMI)
https://www.nami.org/
National Institute of Mental Health
www.nimh.nih.gov/index.shtml
Anxiety and Depression Association of America
www.adaa.org
Trevor Lifeline (LGBTQI)
http://www.thetrevorproject.org/
Half of Us
http://www.halfofus.com/
National Domestic Hotline
http://www.thehotline.org/ 1-800-799-7233
National Sexual Violence Resource Center
https://www.nsvrc.org/
National Eating Disorders Association
https://www.nationaleatingdisorders.org
National Suicide Prevention Lifeline and Chat services
www.suicidepreventionlifeline.org
Suicide Prevention Resource Center
www.sprc.org
You Matter
www.youmatter.suicidepreventionlifeline.org
American Foundation for Suicide Prevention
www.afsp.org
HelpGuide
www.helpguide.org/home-pages/suicide-prevention

Athlete-Specific Resources

NCAA: Supporting Student-Athlete Mental Wellness
http://www.ncaa.org/sport-science-institute/supporting-student-athlete-mental-wellness
American Psychiatric Association: Athletes and Mental Health
www.psychiatry.org/athletes
National Eating Disorder Association (NEDA) Coaches and Trainers Tool Kit
https://www.nationaleatingdisorders.org/sites/default/files/Toolkits/CoachandTrainerToolkit.pdf
NEDA for Athletes
https://www.nationaleatingdisorders.org/tags/athletes
TED Talk: Victoria Garrick, Athletes and Mental Health: The Hidden Opponent
https://www.youtube.com/watch?v=Sdk7pLpbIls

Support for Sport
http://www.supportforsport.org/index.html For student-athletes to help identify when teammates and friends are struggling with mental health issues and how to make the necessary referrals.

Athletes Connected
http://athletesconnected.umich.edu/

NCAA Sexual Assault and Interpersonal Violence Resources
http://www.ncaa.org/sport-science-institute/sexual-assault-and-interpersonal-violence

References

NCAA Mind, Body and Sport - *Understanding and Supporting Student-Athlete Mental Wellness*. Retrieved from http://www.ncaa.org/sport-science-institute/introduction-mind-body-and-sport

Thompson, R.A. & Sherman, R.T. (2007). *Managing student-athletes' mental health issues*. Retrieved from https://www.ncaa.org/sites/default/files/2007_managing_mental_health_0.pdf