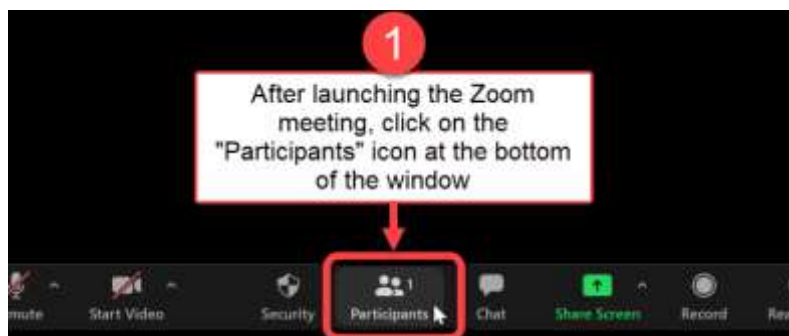


ECHO Session Reminder





Growing Healthy Minds Project ECHO®

Student Athlete Mental Health

January 18, 2024 | 5:30-6:30pm



Acknowledgements & Disclosures

This Project ECHO® is made possible through a grant from the New Jersey Department of Children and Families.

Today's speakers have NO disclosures or conflicts of interest in relation to this presentation.





Continuing Education Credits

Requirements:

1. Participation in each complete Growing Healthy Minds ECHO session
 - **For social work credits:** Your camera must be turned on for the full duration of the session
2. Completion of each ECHO session evaluation, which will be sent to the email you used to register following each session

No one with the ability to control content of this activity has a relevant financial relationship with an ineligible company.

This continuing education activity was approved by the Ohio Nurses Association, an Ohio Board of Nursing approver. (OBN-001-91)

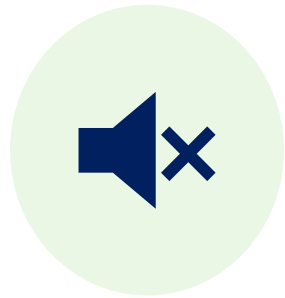
Expiration date: 11/16/2025 for all recorded sessions



Housekeeping



We encourage you to attend the sessions with video capability.



Kindly mute your microphone when not speaking.



By participating in these ECHO sessions, you are consenting to being recorded.



To protect privacy, please do not provide any identifiable information.



Use the chat function to engage in discussion with our hub team and fellow participants.



Growing Healthy Minds:

An ECHO on Strategies to Support Student Mental Health

Bert Mandelbaum, MD

School Physician for Montgomery, Hillsborough, North Brunswick, Chapin
Chair, Department of Pediatrics, Penn Medicine Princeton Health
Chair, NJAAP Task Force on Adolescent Health and School Start Times



Jennifer Chuang, MD

Section Chief, Adolescent Medicine
Pediatrics Residency Program Director
St. Joseph's University Medical Center, Paterson, NJ



Laura Williams, MA

School Counselor, Oak Valley School, Deptford
BIPOC Committee Chair, NJ School Counselor Association



Kristina Donovan, PhD

Administrative Supervisor of Student Services
Office of Guidance & Operations
Freehold Regional High School District



David Nash, Esq

Director of Legal Education and National Outreach for
the Foundation for Educational Administration



Kathy McCutcheon MSN, RN, NCSN

Executive Board, New Jersey State School Nurse Association



A background image showing three soccer players on a grassy field under a blue sky with clouds. A player in a red jersey is in the foreground, kicking a ball. Another player in an orange jersey is in the middle ground, and a third player in a red jersey is in the background. A soccer ball is on the ground in the foreground.

Growing Healthy Minds ECHO Session on

Student Athlete Mental Health

Bert Mandelbaum, MD
J. Christopher Mendler, MD
Tony Maselli, COO, NJSIAA



Goals for Today's Talk



Discuss prevalence of mental health related issues in student athletes



Identify some of the potential causes of the rise in mental health issues



Identify opportunities for coaches, trainers and other educators for intervention



18 y/o Female Soccer Player

- Initially seen by neurology for presumed flare of baseline migraine headaches.
- Referred by neurology to sports medicine for concussion evaluation



18 y/o Female Soccer Player

- Denied “index” injury
- Described progressive headaches throughout the season
- Reported was playing for a new coach:
 - New style of play
 - Much higher volume of “headers”



18 y/o Female Soccer Player

- Athlete was kept from contact / collision level activities
- Was permitted to do aerobic activity progressions, as tolerated
- Was permitted to do basic skill and drill progressions, as tolerated
- Was given basic academic accommodations



18 y/o Female Soccer Player

- Did fair as the semester concluded
- SCAT Symptom Screen:
- Persistent concerns of:
 - Headache
 - Feeling more emotional
 - Irritability
 - Sadness
 - Nervous / Anxious

Symptom	Rating						
Headaches	0	1	2	3	4	5	6
Pressure in head	0	1	2	3	4	5	6
Neck pain	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or anxious	0	1	2	3	4	5	6
Trouble falling asleep (if applicable)	0	1	2	3	4	5	6

18 y/o Female Soccer Player

- Took Finals on Modified Schedule
- Completed the Semester
- Symptoms Notably improved over the Winter Break
- *To Be Continued...*



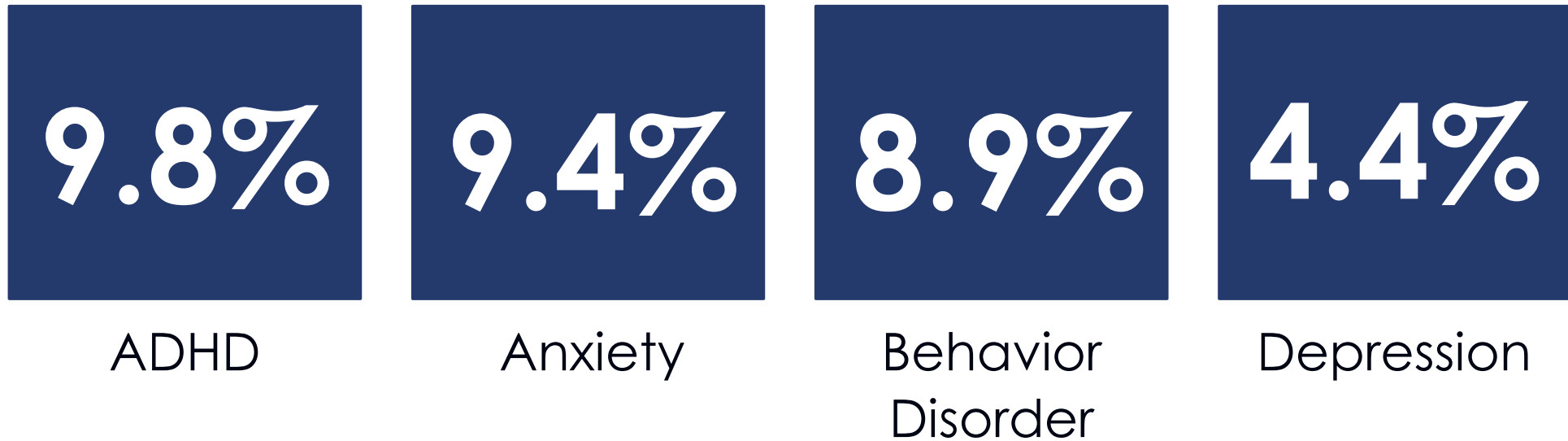
Understanding Current Trends in Adolescent Mental Health Issues



Mental Health Overview

Children and Adolescents

CDC data from 2016-2019, ages 3-17



**Can have more than one at the same time*

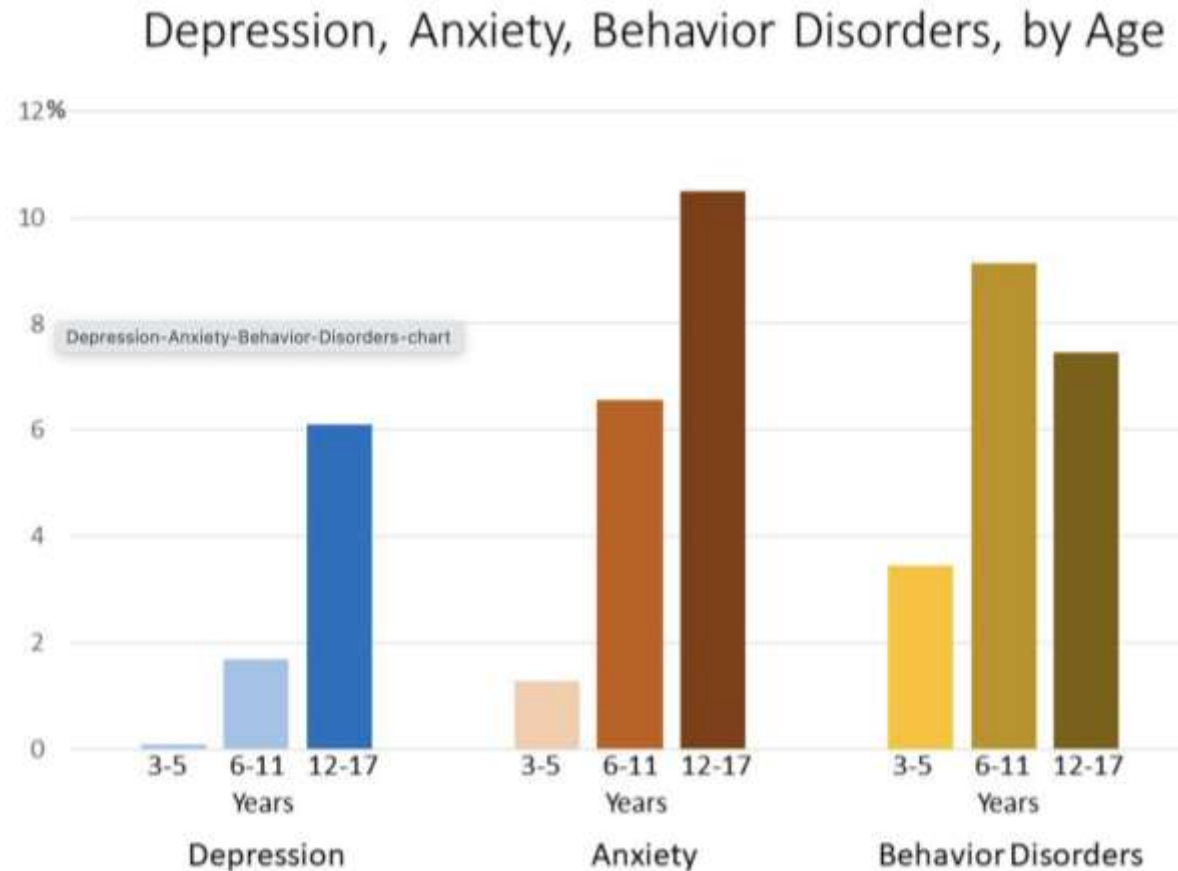


CDC: Data and Statistics on Youth Mental Health

- **For adolescents, depression, substance use and suicide are important concerns.**
- Among adolescents aged 12-17 years in 2018-2019 reporting on the past year:
 - 15.1% had a major depressive episode.²
 - 36.7% had persistent feelings of sadness or hopelessness.²
 - 4.1% had a substance use disorder.²
 - 1.6% had an alcohol use disorder.²
 - 3.2% had an illicit drug use disorder.²
 - 18.8% seriously considered attempting suicide.²
 - 15.7% made a suicide plan.²
 - 8.9% attempted suicide.²
 - 2.5% made a suicide attempt requiring medical treatment.²



CDC: Data and Statistics on Youth Mental Health

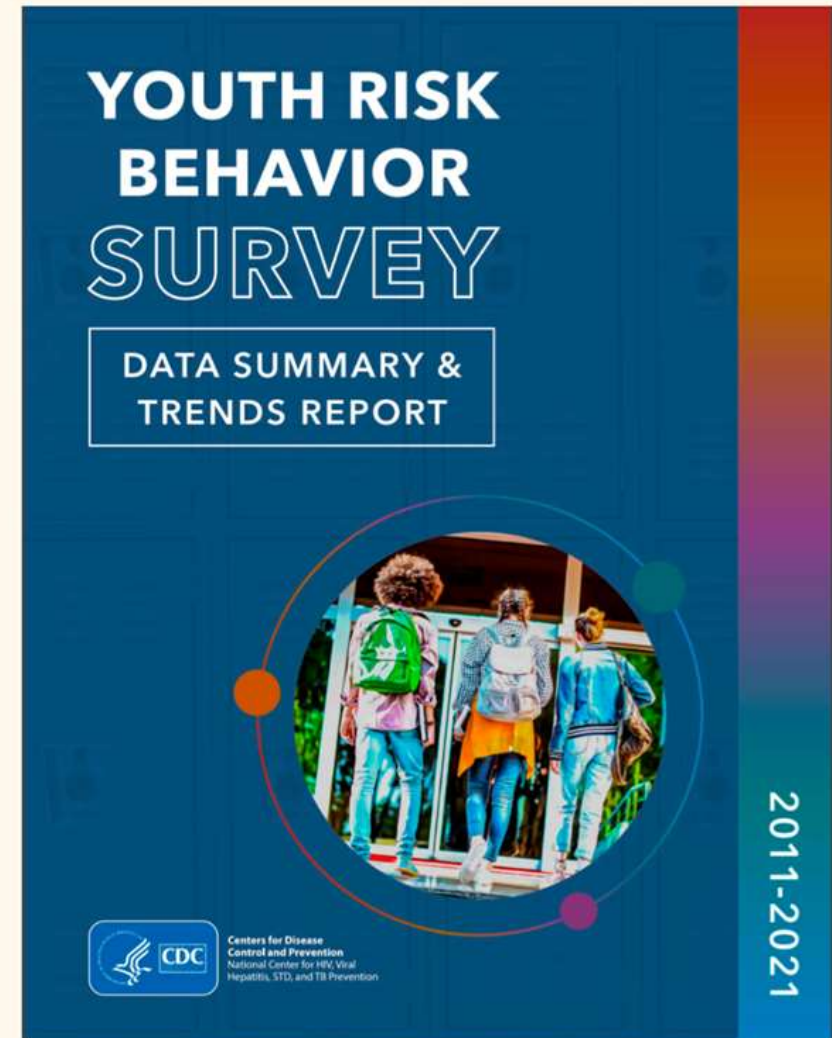


There is a real & sustained crisis in adolescent MH

57% of teen girls say they experience persistent sadness or hopelessness (36% in 2011).

30% of teen girls now say that they have seriously considered suicide (up from 19% in 2011).

Fort



Source: [CDC 2021](#)





CBS EVENING NEWS >

"You're not alone": Suicide attempts among teen girls increased 50% during pandemic, CDC finds



BY MEG OLIVER, NIC CUTRONA

SEPTEMBER 23, 2022 / 6:58 PM / CBS NEWS



Sept 2022 - CDC data

Suicide is the third leading cause of death among people aged 15 to 24 in the U.S., according to the Centers for Disease Control and Prevention. Since 2019, the number of teenage girls who have been suicidal has increased 50%, according to the CDC.



AAP calls for renewed action on youth mental health

October 14, 2022

Devin Mazziotti, Washington Correspondent

 [Download PDF](#)

Article type: [Washington Report](#)

Topics: [Advocacy](#), [Psychiatry/Psychology](#), [Psychosocial Issues](#)

The Academy and its partners are calling for renewed action from the nation's leaders to address the pervasive mental health crisis facing young people.

Last October, the AAP, along with the American Academy of Child and Adolescent Psychiatry and the Children's Hospital Association, declared a national emergency in child and adolescent mental health. While progress has been made to address the crisis, the state of youth mental health continues to deteriorate and requires immediate attention from policymakers.

On the heels of the declaration's one-year anniversary, the AAP is leading advocacy efforts to build on the momentum to support the well-being of young people.

As part of this work, the [AAP led a letter to President Joe Biden](#) Thursday with more than 130 state and national organizations urging the administration to declare the crisis a federal national emergency.

"There is much more work to do by the Administration and in Congress," the groups stated. "We urge you to join us in naming the youth mental health crisis exactly what it is — a National Emergency that requires all sectors to come together and take action."



TOP STORY

Most believe there is a mental health crisis in the US

Ninety percent of Americans believe there is a mental health crisis in the US, with more than half identifying severe mental illness in adults and mental health issues among children and teenagers as crises and more than two-thirds saying the opioid epidemic is a crisis, according to a survey conducted by CNN and the Kaiser Family Foundation. Out of 2,000 respondents, more than 20% described their mental health as poor or fair, over 20% said they often or always felt lonely or depressed over the past year, and about 50% said a family member had experienced a severe mental health crisis. **Full Story:** [CNN](#) (10/5)



Covid Is a factor but not the main culprit

The Percentage of High School Students Who:*	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Experienced persistent feelings of sadness or hopelessness	28	30	30	31	37	42	
Experienced poor mental health†	–	–	–	–	–	29	–
Seriously considered attempting suicide	16	17	18	17	19	22	
Made a suicide plan	13	14	15	14	16	18	
Attempted suicide	8	8	9	7	9	10	
Were injured in a suicide attempt that had to be treated by a doctor or nurse	2	3	3	2	3	3	

Fort

Source: [CDC 2021](#)



There is mounting evidence that social media use contributes to emotional distress in many adolescents

- Evidence for specific vulnerabilities
 - girls
 - “passive” rather than “active” use
 - pre-existing MH challenges
- Rise in rates of depression, anxiety, and loneliness track closely with rise in social media use in young people
- Algorithms designed to promote repetitive, “sticky” use of platforms
- Public policy responses are emerging

Fort



Source: [NY Times](#)



Empirical evidence is catching up to clinical judgment and parental intuition

Daily Avg Time with Friends (minutes)

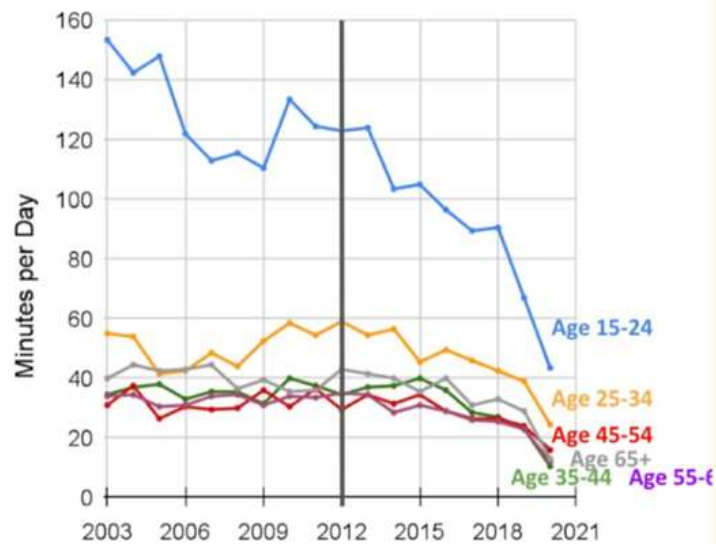


Figure 4. Daily average time spent with friends. Graphed by Zach Rausch from data in Kannan & Veazie (2023), analyzing the American Time Use Study.²

% US Teens with Major Depression

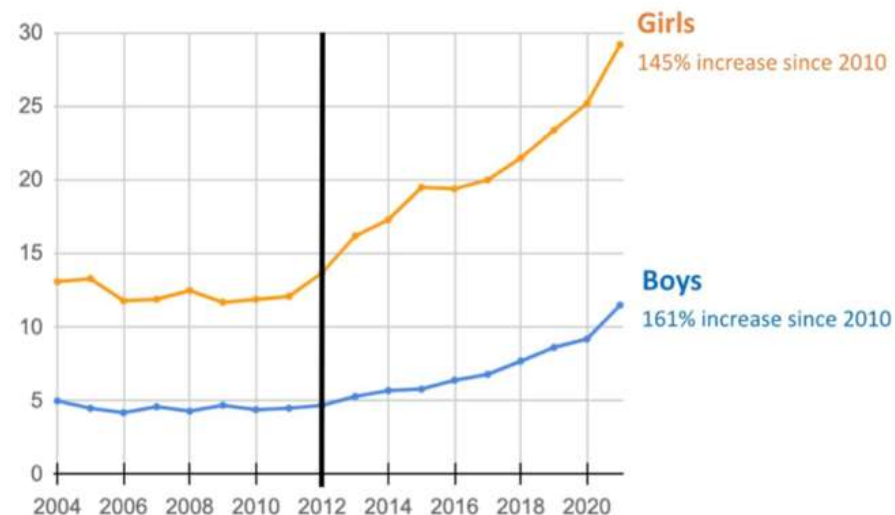


Figure 2. NSDUH data, graphed in 1.1.2 Twenge, Cooper, Joiner, Duffy, & Binau (2019), and re-graphed with more recent data by Haidt. Currently on p. 12 of the Collaborative Review doc.

Sources: [March 2023. Financial Times](#) Jon Haidt and Jean Twenge

Fort



Are Teen Athletes Struggling With Mental Health Issues?



Prevalence of Mental Health Issues in Athletes

Similar to non-athletes



5-35% of athletes have endorsed negative mental health symptoms

Anxiety

Depression

Alcohol Misuse

Sleep
deprivation
disorders

Eating disorders

ADHD

Sexuality/
Gender



Athlete-Specific Mental Health Issues



Concussion



Injuries



Performance
Failure



Academic struggles
if stretched too thin



Sleep related
disorders



Athletes Are Often Less Willing To Seek Care For Mental Health Concerns

Sign of Weakness

Stigma

Perception of lack of support from coaches

Lack of role models

Time Constraints



Time Constraints



- Classes
- Multiple practices daily (20hrs max)
- Study hall hours
- Treatments w ATCs
- Community service requirements
- Socialization
- Eat/ Sleep/ Grocery shop

- Inhibit academic achievement
- Contributes to poor quality sleep
- Interferes w work experience/ career engagement



Many HS Athletes Develop an Athletic Identity

- “An identity that is defined by ones athletic ability”
- Most HS athletes do not go on to play sports in college
 - 2% will play sports at a D1 school
 - 7% will play varsity sports in college
- Many HS athletes have dreams of playing professionally



Odds of a US High School Male Athlete playing College:

	 Baseball	 Basketball	 Football	 Soccer	 Tennis
Boys playing High School:					
Odds of making any College roster:	8:1	17:1	11:1	12:1	25:1
Odds of making an NCAA I Roster:	43:1	110:1	33:1	108:1	155:1

Odds of a US High School Female Athlete playing College:

	 Softball	 Basketball	 Volleyball	 Soccer	 Tennis
Girls playing High School:					
Odds of making any College roster:	10:1	14:1	16:1	10:1	28:1
Odds of making an NCAA I Roster:	51:1	81:1	83:1	41:1	182:1

	NCAA Participants	Approximate # Draft Eligible	# Draft Picks	# NCAA Drafted	% NCAA to Major Pro	% NCAA to Total Pro
Baseball	36,011	8,002	1,217	791	9.9%	--
M Basketball	18,816	4,181	60	52	1.2%	21%
W Basketball	16,509	3,669	36	31	0.8%	6.9%
Football	73,712	16,380	254	254	1.6%	--
M Ice Hockey	4,323	961	217	71	7.4%	--



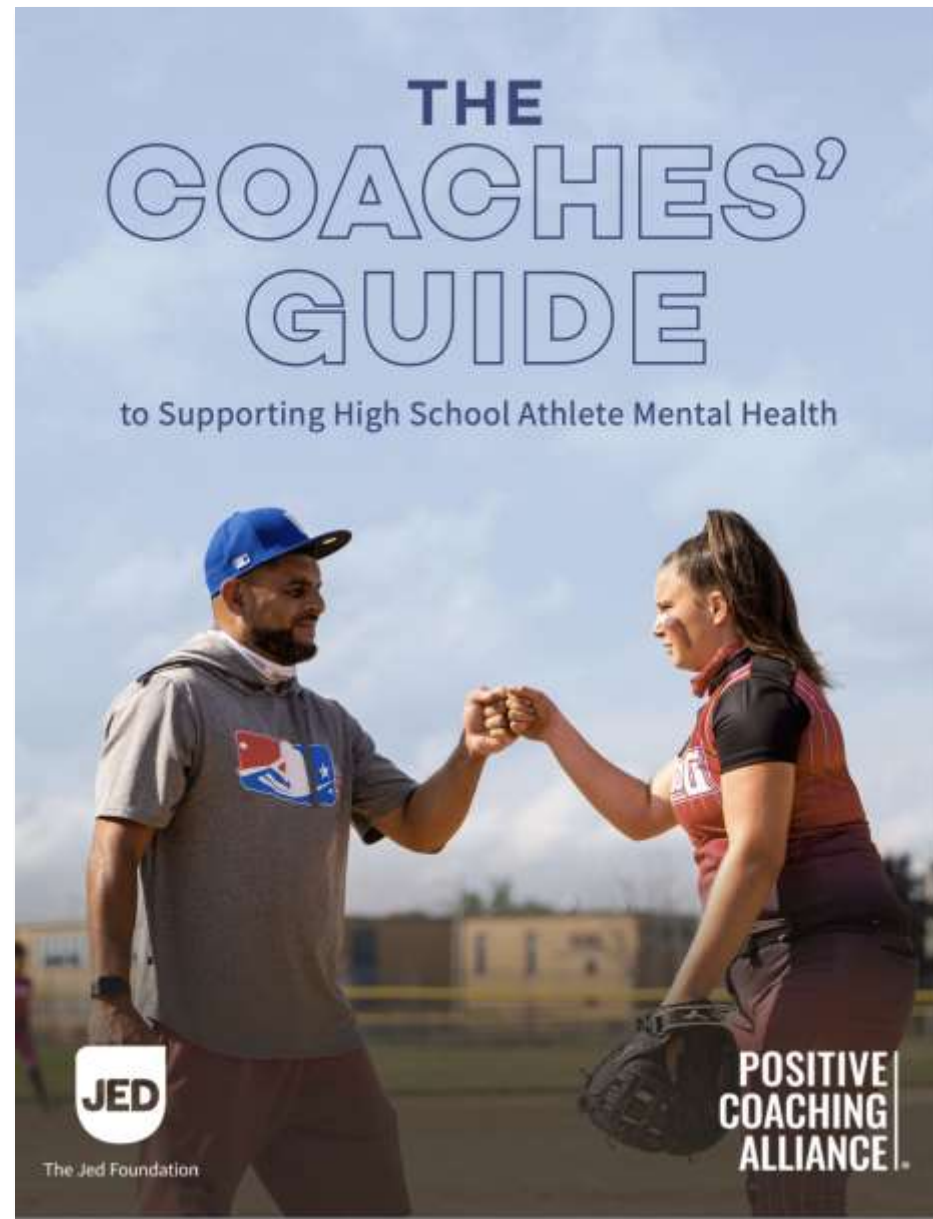
Good News: Sports Often Have a Positive Impact on HS Athletes

- ☒ Status within the HS community
- ☒ Teaches teamwork
- ☒ Helps build self confidence
- ☒ Teaches lessons about defeat and sportsmanship
- ☒ Teaches time management skills



How Can Coaches, Trainers and Others Help?





How to Recognize an Athlete Who Is Struggling

You know your players. If something concerns you, trust your gut and err on the side of checking in. It may turn out that nothing substantial is going on, but showing athletes you care is part of supporting mental health. Athletes—like all of us—fare better when they feel seen, cared for, and part of a community.

The most important sign that something is going on for an athlete—or anyone—is a significant change in how they behave or function.

Here are some specific examples:

- Repeated absences
- Decline in performance
- Reduced participation
- Excessive fatigue
- Changes in personal hygiene
- Confused thinking or problems concentrating
- Inappropriate or exaggerated actions
- Intense irritability or anger
- Worsening nervousness
- Changes in socializing
- Facing stressful life situations at home or personally
- Concern from a friend or peer
- Involvement in bullying



How to Reach Out to a Struggling Athlete



DO

- Invite the athlete to talk in a comfortable space.
- Use a calm, positive tone of voice and relaxed body language.
- Tell them what you observed that concerns you.
- Use "I" statements, such as "I have noticed" or "I am concerned about," rather than "you should."
- Ask open-ended questions about how they are doing.
- Let athletes guide the conversation: "Tell me more about that."
- Focus on listening to their concerns rather than sharing your own feelings or experiences or rushing to fix things.
- Let them know you have heard them and you care.
- Refer athletes to community- or school-based supports as needed. Ask if they would like an introduction or would prefer you reach out on their behalf.
- Follow your school or program's crisis and mandated reporting protocols if you feel the athlete is in danger or is an immediate threat to themselves or someone else.



DON'T

- Underestimate or minimize their struggles. It is far better to check in unnecessarily than to dismiss a potentially harmful situation.
- Promise confidentiality. Honor the athlete's privacy without committing to confidentiality. Program or school guidelines may require you to report an athlete at immediate risk of harming themselves (see next page).
- Leave the athlete alone if you feel they are at immediate risk.
- Feel pressured to be a therapist. If you notice an athlete is having a problem, you simply need to connect them with someone who has the training to help them.



How to Know When an Athlete Needs Immediate Help

An athlete may be at immediate risk and should be connected to professional mental health services right away if they:

- **Express despair.** *"Sometimes it feels like I'd be better off dead."*
- **Express hopelessness.** *"No matter what I do, nothing gets better. Sometimes I wonder if it's even worth being here at all."*
- **Talk about leaving their family or friends.** *"I feel like I'm such a burden to them. They'd be better off without me."*
- **Mention self-harm.** *"It seems like the only thing that makes me feel better is cutting myself."*
- **Show signs of self-injury,** including visible cuts, burns, or scars, or wearing long sleeves in warm weather to hide injuries.

What to do:

- **Stay calm.** This will help you think clearly about how to respond, and it can help reduce the student's anxiety.
- **Let them know you hear them and want to help.** (See wording examples on next page.)
- **Ask the athlete if they are thinking about suicide.** Research suggests that acknowledging and talking about suicide may reduce rather than increase suicidal thoughts.
- **Follow your school** or program's crisis support and emergency guidelines.
- **Walk the athlete to the mental health support staff** or appropriate administrator.
- **Stay with the athlete** until they are connected with someone who knows the next steps to take.
- **Call 988,** the Suicide and Crisis Lifeline, if you are unable to connect with a trained staff member.
- **Call 911** in the case of an immediate medical emergency. Explain that it is a mental health crisis, so first responders arrive prepared to respond appropriately.



How to Start the Conversation

Ways to Approach a Struggling Athlete

"I noticed you've seemed a little down lately, so I wanted to check in with you. Could you tell me what's been going on?"

"I noticed you missed practice a few times. Could you share how things have been going for you?"

"You seem really tired at practice lately. How are you doing these days?"

Ways to Respond When an Athlete Shares Their Struggle With You

"I am so glad you told me about this. Let's brainstorm how we can get you some support."

"Thank you for telling me. I am here for you, and I want to help. I am going to introduce you to [name of mental health staff member], who can offer strategies to help you through this."

"Wow, that sounds really hard. It makes sense you are struggling. I know some organizations that can really help in situations like this and are confidential and safe."

Ways to Talk With an Athlete Who Needs Immediate Help

"I understand you are hurting right now. You are not alone. I am here to help you and make sure you stay safe."

"I can tell you're very upset, and I'm concerned about you. I'm going to connect you with someone who can help you stay safe."

If an athlete declines support and they are at immediate risk, call 911 and explain that you need help for a mental health crisis.



If an athlete does not want to share with you and you are *not* worried they're at immediate risk:

- Ask them if there is someone else they would feel comfortable talking to.
- Let them know you're always here to listen.
- Share your concerns with a school or program administrator and consult about the next steps.

Remember you are never alone when you help athletes. You can enlist school or community professionals and connect athletes to on- or off-site mental health services. Each day, you play positive roles in the lives of your players. You can have a huge impact when an athlete is dealing with challenges in their life. Just showing you care can create a beneficial ripple effect that changes an athlete's trajectory, athletic experience, and sense of connection.

Your help can change—and even save—lives.



Photos courtesy of Positive Coaching Alliance and contracted photographers.



FERPA — Permissible Release of Education Records Without Consent

Education records may be released **without consent** in the K-12 context:

- **To school officials with legitimate educational interests.**
 - *Note:* A contractor, consultant, volunteer or other party to who the school has outsourced institutional services may be considered a school official *if* the person performs an institutional function or service for which the school would otherwise use employees; is under the direct control of the school with respect to use and re-disclosure of records; and is subject to FERPA's requirements governing use and re-disclosure of personally identifiable information
- To schools in which a student seeks to enroll.
- To certain government agencies for specific purposes, and other purposes specified in federal regulations.
- 20 U.S.C. §1232g; 34 C.F.R. §99.31.
- **Coaches, even if they are not otherwise district employees, may have a legitimate educational interest in receiving information about student athlete mental health needs.**



Permissible Disclosure to Protect Health and Safety

FERPA permits disclosure of personally identifiable information in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals.

What constitutes an “emergency”?

- Based on the “totality of the circumstances” is there “an articulable and significant threat to the health or safety of a student or other individuals”?

School officials are given the benefit of the doubt!

- “If, based on the information available at the time of the determination, there is a rational basis for the determination, the Department will not substitute its judgment for that of the educational agency or institution in evaluating the circumstances and making its determination.” See 34 CFR 99.36.



18 y/o Female Soccer Player

- Notable Flare of Symptoms Upon Return to School
- Relevant History:
 - International Student
 - Athletic Scholarship for Soccer
 - PMH + Migraine Headaches
 - PMH + Depression / Anxiety
 - (not previously disclosed)



18 y/o Female Soccer Player

- Student disclosed background history of behavioral health concerns;
- Acknowledged she was feeling stress related to being away from home, family and friends;
- Admitted was feeling anxious regarding her status on the team / athletic scholarship;



18 y/o Female Soccer Player

- Given flare of symptoms and disclosure of prior history of anxiety and depression, and current concerns:
- Student was offered and accepted referral to behavioral health team.



18 y/o Female Soccer Player

- Student was encouraged and supported to have an open conversation with coaching staff regarding her situation.



18 y/o Female Soccer Player

- Ongoing treatment program has been a coordinated effort between:
 - Athletic Training staff,
 - Sports Medicine,
 - Neurology,
 - Neuropsychology,
 - Coaching staff,
 - Counselor from home via telehealth;



Is There Easy Training That Can Be Done?



be nice.



be nice. team

a game plan for addressing mental health on your team



what does it mean to be upstream?



be nice. is proactive. We know that if everyone has awareness and education with this simple action plan, we can help individuals before they experience a serious mental health condition. By focusing on community engagement, establishing protective factors and positive coping skills, and increasing awareness of resources, we can get individuals help.

Although **be nice.** takes a preventative approach, the action plan also works mid and downstream when addressing mental health. When used at these points, the action plan helps direct individuals to the appropriate professional help in their school, business or community.



why **be nice.** Team?

know the facts:

- Half of all mental disorders begin by age 14, and three-quarters by age 24.
- Suicide represents 7.3% of deaths among NCAA student-athletes, which is the 3rd leading cause of death within this population.
- Males ages 15-24 are 3.5 times as likely as females to die by suicide. Females are 2 times as likely to attempt suicide.





notice

notice what is right and good about someone so you can notice when something is different about the way that person is thinking, acting, or feeling - their mental health!



invite

invite yourself to reach out and have a conversation about the changes you've noticed.



challenge

challenge stigma and access resources.



empower

empower yourself and others with protective factors for resilience.
feel empowered knowing YOU can have an effect on a person's mental health!



Ridgewood Girls Lacrosse 'Takes A Shot' At Mental Health

Ridgewood High School's girls lacrosse team is raising support for a cause to end the stigma around student-athlete mental health.



Logan Williamson, Patch Staff

Posted Wed, Apr 19, 2023 at 3:28 pm ET | Updated Wed, Apr 19, 2023 at 3:29 pm ET



Community Gallery | Jets DL Solomon Thomas Speaks with NJ High School About Mental Health Awareness

Solomon Thomas, New York Jets defensive lineman, speaks with Morristown High School students about the importance of mental health awareness.

PHOTOS SCHEDULE TEAM COMMUNITY

TICKETS MY JETS

rough the Lens Game Galleries Practice Galleries All Galleries



Delran senior Riley Ahrens using her voice to spread mental health awareness

Riley Ahrens' mental health advocacy efforts started after the tragic suicide of a classmate last January.

By Renee Washington

Monday, March 27, 2023



SHORE CONFERENCE HELPING NJ HIGH SCHOOL STUDENT-ATHLETES ADDRESS MENTAL HEALTH CHALLENGES

We Dineen | Published March 5, 2023

Tom Smith | support@nj.com

SHARE ON FACEBOOK

SHARE ON TWITTER

- Shore Conference Athletics helping student-athletes address their biggest mental health concerns
- A student ambassadors program allows team captains to speak with school administrators
- How a parents or fans behavior is impacting the play and mental health of student-



Delran High School senior Riley Ahrens has been named a finalist for Jersey Mike's National Basketball Courage Award for her mental health advocacy efforts.

WHO



Key Takeaways

- Everyone can help:
 - Coaches, trainers, students, parents, referees, officials
- Information sharing is essential
- Need to continue to destigmatize mental health issues
- Athletics offers many benefits and can be a powerful force for intervention in student athletes' lives



Evaluation

Reminder:

If you are seeking educational credit for your participation in this webinar,
you must complete a webinar evaluation at:

<https://www.surveymonkey.com/r/HCSDXLC>



Join us again in February

Speakers:



Jennifer Chuang, MD
Adolescent Medicine Physician
Program Director, Pediatrics Residency Program
Section Chief, Adolescent Medicine
St. Joseph's University Medical Center



Michele Calderoni, DO
Attending Physician, Division of General Pediatrics
Children's Hospital of Philadelphia
Associate Professor of Clinical Pediatrics, Perelman School
of Medicine at the University of Pennsylvania

Topic: Body Image and Social Media

When: Thursday, February 15 from 5:30-6:30pm

Where: All sessions are hosted virtually via Zoom.

Cost: FREE! There is no cost to participate in this series.

For more information, please contact Tizana Hoggs, MPA at thoggs@njaap.org.



Share a Case for Discussion

The submission of cases for presentation and discussion is a key component of the Project ECHO model and critically important for knowledge building and sharing.

We are seeking cases for discussion related to upcoming ECHO session topics noted below. Please complete our Case Presentation Form if you would like to submit a case for consideration:



February 15: Body image and social media

March 14: Chronic absenteeism

April 18: Support for school staff

Please note that to maintain anonymity of districts, staff, and students, our hub faculty will present cases to the group for discussion. No identifiable information will be shared.

