



## How To Spot Mental Health Struggles in The High School Student-Athlete:

We tend to forget that middle/high school student-athletes are much more than student-athletes. These humans are also teenagers. They have the additional stress of being students, teenagers, and on top of that, athletes. Often, student-athletes only focus on a single sport such as football, lacrosse, or hockey that they play throughout the school year and sometimes during the summer to gain athletic mastery of that one sport. Suppose the student athlete's identity becomes wrapped up in the sport they play. In that case, their self-worth becomes linked to how they perform in their sport, or they may feel pressure to continue even if they aren't enjoying the sport anymore because of the time, sacrifices, and investments they have already made in the sport. If and when they ultimately quit, they sometimes feel guilt or feel like a failure to let others down, leading to self-destructive behavior and other student-athlete mental health concerns. These factors, including relationships with teammates, relationships with family and friends, workouts, academics, sleeping, other activities, and interests, can be very overwhelming. Parents and coaches can either help the issues or add pressure because of what parents and coaches expect from the student-athlete. All these factors of being a student-athlete and mental health are important topics to bring to light to remove that stigma that comes from talking about mental health issues, especially when it comes to school athletes not wanting to appear weak. A quote puts it into perspective: Athletes' "Worst Moments" are not Always Physical Injuries. The following information will describe how coaches or teachers can help recognize when student-athletes are currently struggling with their mental health.





### **Why should coaches be involved in identifying mental health?**

- Coaches are ideal for identifying when student-athletes are having difficulty because of the amount of quality time they spend with the student-athlete.
- Coaches have a considerable amount of power and influence that can help increase the likelihood of the student-athlete receiving timely and effective treatment.
- Coaches can reduce this by detecting earlier the effects of the mental health struggle on their student athletes' health and performance.
- Coaches can vouch for quick treatment to decrease the student-athlete's time away from training and competition.

### **Student-athletes may be at risk for mental health issues for the following reasons:**

- Student-athletes increase the risk for certain mental health issues, including eating disorders, anxiety disorders, depression, substance-related disorders, etc.
- The student-athletes may be experiencing significant changes such as family issues, graduating soon, leaving for college, etc. If they struggle with mental health issues, these significant changes can cause more issues.
- The student-athletes are under significant pressure that can trigger or exacerbate mental health issues. Often, these pressures aren't about the sport they are participating in, but they could increase pressure on certain student-athletes.

### **Signs and Symptoms that may suggest possible Mental Health Issues:**

The following information discussed doesn't cover all the mental health issues, and it would be beyond the scope of the purpose of this information. The issues included in this information are considered the most prevalent in the middle/high school population.

Some signs and symptoms of potential mental health issues in student-athletes may perhaps shock you. Coaches and others might spot issues in student-athletes' behavior, cognitive/intellectual functioning, physical/medical status, and/or psychological/emotional condition. These signs and symptoms are listed in the tables below.



| <b>Cognitive Symptoms*</b>               |                                       | <b>Behavioral Symptoms*</b>                 |                           |
|--|---------------------------------------|---|---------------------------|
| Suicidal thoughts                        | Confusion/difficulty making decisions | Disruption of daily activities              | Legal issues              |
| Poor concentration                       | Obsessive thoughts                    | Social withdrawal                           | Fighting                  |
| All-or-nothing thinking                  | Negative self-talk                    | Irresponsibility                            | Difficulty with authority |
|  |                                       | Decrement in sports or academic performance | Substance Use             |
| <b>Emotional/Psychological Symptoms*</b> |                                       | <b>Physical/Medical Symptoms*</b>           |                           |
| Feeling out of control                   | Mood Swings                           | Sleep difficulty                            | Shaking                   |
| Excessive worry/fear                     | Agitation/irritability                | Change in appetite and/or weight            | trembling                 |
| Low self-esteem                          | Lack of motivation                    | Fatigue                                     | Overuse injuries          |
|  |                                       | Headaches                                   | Weakness                  |
|  |                                       | Gastrointestinal complaints                 | Tiredness                 |

\*This is not intended to be an exhaustive list of symptoms but rather a list of more common symptoms. No one sign or symptom is indicative of a mental health problem. Still, the need for a referral for an evaluation increases with the number of signs and symptoms reported or observed.



## **Mood Disorders – typically, depression**

- **Signs and Symptoms/Identification** - Typically, mood disorders (or depression) are characterized by:
  - Low or sad moods, often with crying episodes.
  - Irritability or anger.
  - Feeling worthless, helpless, and hopeless.
  - Eating and sleeping disturbance (reflected in an increase or decrease).
  - A decrease in energy and activity levels with feelings of fatigue or tiredness.
  - Decreases in concentration, interest, and motivation.
  - Social withdrawal or avoidance.
  - Negative thinking.
  - Thoughts of death or suicide.
  - In severe cases, intent to commit suicide with a specific plan, followed by one or more suicide attempts.
- **Causes of Depression**

There are many different types of depression and a variety of causes. A thorough discussion of the causes of depression is beyond the scope of this information. However, coaches should be aware of the three most common causes of depression in the general population and one unique type for student-athletes.

- Depression can occur in response to a specific event in a person's life (i.e., the death of a family member, bullying, academics, sexual pressures, social media, or a break-up of a significant relationship). When these situational factors become intense, or individuals feel out of control with their lives, depression may follow.
- Depression can occur without any specific triggers. Some depressions are believed to be more biological or neurobiological. There appears to be a genetic vulnerability or predisposition to depression that runs in some families.



- o Depression appears to involve an imbalance in brain chemicals called neurotransmitters for some people. These individuals may need or benefit from antidepressant medication. Antidepressant medications can have numerous side effects (i.e., weight changes, sedation, etc.). As a result, athletic performance may be affected.
- o Another cause of depression involves negative thought patterns that many depressed individuals have. Individuals with this type of depression constantly make negative self-statements that maintain their depressed mood.
- o Although most depressions probably occur from the causes mentioned above, student-athletes may get depressed from their sports participation. For example, some student-athletes become depressed in response to an injury. Their self-esteem and identity may be negatively affected by their inability to do what they do best and enjoy most playing their sport. Other student-athletes may become depressed due to "overtraining syndrome" or "staleness." This syndrome sometimes follows heavy training and can include physical (i.e., decreased performance, fatigue, muscle soreness, weight loss, sleep disturbance, etc.) and psychological (i.e., depression, anxiety, irritability, decreased concentration, etc.) symptoms. The decrease in performance resulting from this syndrome can further depress a student-athlete. All of these causes can lead to injury.

- **Difficulty in identifying depression**

Although depressive symptoms appear to be pretty straightforward to recognize, identifying depression can be difficult for several reasons:

1. Depressed people often withdraw socially. Thus, you may have less opportunity to notice a problem.
2. Many depressed individuals do not believe they "deserve" your time and attention. They often do not want to "bother" others with their difficulties.
3. Others may hide their symptoms by smiling and acting as though nothing is wrong.



4. Some depressed individuals may engage in behaviors, such as alcohol or drug use or an eating disorder, designed to help manage their depression. These other behaviors may serve to distract themselves, coaches, and others from their underlying depression.

**Depression can lead to suicide, and below we will be discussing what to do when you suspect a student-athlete may be at risk:**

● **Suicide Intervention:**

- o If a student-athlete expresses a suicidal thought, indicates an intent or plan, or makes a suicide attempt. **MAKE AN IMMEDIATE REFERRAL. All thoughts, behaviors, and threats of suicide should be taken seriously.**

● **Recommendations:**

- o When dealing with a student-athlete who has expressed, indicated an intent or plan, or attempted suicide, do not try to determine the seriousness of the thought, gesture, or attempt. Such thoughts, behaviors, or threats are severe and potentially dangerous.
- o Do not assume the person is engaging in suicidal thoughts or actions for attention.
- o Make an immediate referral. It is even better to call a mental health professional to treat the student-athlete.
- o For emergencies, other options are recommended, such as going to the nearest hospital emergency room.

● **Reasons for Responding Quickly and Seriously**

- o Your quick response lets a student-athlete know that you take their health, difficulties, and life seriously.
- o It's better to err on the side of responding too quickly rather than too late.



- o Depressed individuals engage in negative thinking. They often feel unworthy or, worse yet, worthless. The lack of response may be interpreted as confirmation for the student-athlete that they are not worth the time or trouble, which could worsen their condition.
- o As a coach, you have power and influence with your student-athletes. That power and influence can be positive or negative. It would be best if you were more responsive and careful with a depressed student-athlete, who might interpret your response negatively

### **Anxiety Disorders**

- **Signs and Symptoms/Identification:**

- o Anxiety symptoms can be general or specific to a particularly stressful situation or set of circumstances. They may or may not have an apparent cause. Symptoms can include any of the following:
  - o Excessive worry, fear, or dread.
  - o Sleep disturbances, especially difficulty falling asleep.
  - o Changes in appetite, including either an increased need to eat when anxious or difficulty eating due to anxiety.
  - o Feelings ranging from a general uneasiness to complete immobilization.
  - o Pounding heart, sweating, shaking or trembling.
  - o Impaired concentration.
  - o A feeling of being out of control.
  - o Fear that one is dying or going crazy or disrupting everyday life.
- **Types of Anxiety Disorders -** there are several types of anxiety disorders. The most common ones include:
  - **"Generalized" anxiety disorder** is a type of anxiety that has sometimes been called "free-floating" anxiety because it seems to occur without a particular precipitant. Individuals with a generalized anxiety disorder often find it challenging to sit still, do



nothing or relax. They also may be plagued with constant worries that interfere with concentration or daily functioning.

- **Panic Attacks or Panic Disorder** is a type of anxiety that can occur without warning, often with a sense of impending doom. These feelings usually are accompanied by consequent or complicating physical symptoms (i.e., racing/pounding heart, shortness of breath, etc.).
- **Obsessive-Compulsive Disorders:** Other anxiety symptoms manifest themselves as "obsessions" (recurring, redundant, ruminative, or irrational thoughts), while others involve "compulsions" (behaviors an individual feels compelled to perform). If the affected individual cannot practice obsessive thinking or perform compulsive behaviors, anxiety can worsen. Obsessions and compulsions are initially practiced to reduce anxiety. However, they can take on a life of their own at some point and have to be practiced for the individual to avoid the increase in anxiety that will occur if they are not practiced.
- **Phobias:** A phobia involves an exaggerated fear of a specific object or situation. One such phobia is a social phobia (sometimes called social anxiety disorder). In this case, the individual has a significant fear of being judged negatively by others in a social or performance situation. Although many of the fears or anxieties associated with anxiety disorders are "irrational" (not logical, reasonable, or based on experience), others have developed as a result of an experience or trauma (i.e., sexual assault) and are sometimes called "post-traumatic stress disorders."
- **Symptoms of stress** are similar to anxiety disorder characteristics. Symptoms of anxiety disorders often worsen under stress. Stress refers to the tension, pressure, and anxiety common to our society. We all feel stress to some degree. Some feel it more than others and are affected more. Its symptoms can be both physiological and psychological. Stress can affect sleep, eating and relationships, and academic and athletic performance. A student-athlete may be experiencing stress. They may feel stress about their expectations and those of significant others regarding their sports performance. Their stress also may be related to family problems or issues related to important people in their lives at home.



- Stress management assistance may benefit your student-athletes from such programs.
- An individual may have more than one anxiety disorder and other disorders such as depression.
- Anxiety disorders can decrease sports performance because they negatively affect concentration and focus.

### **Eating Disorders and Disordered Eating**

- Eating disorders are somewhat of a misnomer. They are not only disorders of eating. They are mental disorders that manifest themselves in various eating and weight-related symptoms. The focus should be on eating disorders such as anorexia nervosa, bulimia nervosa or an eating disorder not otherwise specified; it should also include "disordered eating."
- Eating disorders result from genetics, personality, sociocultural pressures regarding thinness, social learning, and family issues. Although sports participation for most individuals is a healthy experience, aspects of the sports environment can increase the individual's risk for an eating disorder
- Eating disorders often begin or worsen during transition periods. Eating disorders usually are triggered by dietary restraint (dieting) for weight loss. They tend to be more prevalent in sports that emphasize a thin body size or a low weight, such as cross country, diving, gymnastics, lightweight rowing, and wrestling. However, eating disorders for many student-athletes are not directly related to their sport. They likely would have the disorder even if they were not student-athletes. For these student-athletes, athletics may be another stressor that increases the need for the disorder.

### **Purposes and Functions**

Eating disorders can serve a variety of purposes or functions for the individual. Most eating disorders begin as an attempt to lose weight. The disorder can generalize to many other aspects of a person's life and may become the primary means of coping with life. Usually, the longer a person has the disorder, the more purposes, and functions it serves.



## **Disordered Eating**

All eating disorders are included in disordered eating, but not all disordered eating meets the diagnostic criteria for an eating disorder. Disordered eating consists of the spectrum of unhealthy eating, from dietary restraint to clinical eating disorders. Dietary restriction or "dieting" is included as disordered eating because dieting is the primary precursor or trigger for developing an eating disorder. Although some disordered eating does not meet the criteria for an eating disorder, it can create significant problems for a student-athlete, most notably complications related to what has been termed the Female Athlete Triad. In this case, disordered eating usually begins the triad by causing insufficient energy to fuel the student athlete's exercise and training and maintain normal bodily processes related to health, growth, and development. Extensive information about these problems is contained in the "NCAA Coaches Handbook: Managing the Female Athlete Triad."

### **Types of Eating Disorders/Identification**

- **Anorexia nervosa** often referred to as simply "anorexia," can be described as a self-starvation syndrome. Most anorexic individuals also engage in excessive exercise, which increases their risk and can be challenging to determine or identify in student-athletes.
- **Bulimia nervosa**, usually referred to as "bulimia," can be described as a binge/purge syndrome in which individuals ingest food and then "purge" it, usually through self-induced vomiting or laxative/diuretic abuse, or excessive exercise.
- Eating disorder not otherwise specified (EDNOS) includes eating problems with some of the diagnostic criteria of anorexia or bulimia but not all.
  - **Binge eating disorder** (eating large quantities of food without purging) is included in EDNOS.
  - Disordered eating includes the full spectrum of unhealthy eating, from simple dieting to clinical eating disorders.



- **Management of Eating Disorders and Disordered Eating**

Because this topic is covered in considerable detail in the "NCAA Coaches Handbook: Managing the Female Athlete Triad," refer to the handbook for specific recommendations on how best to manage these student-athletes (see [www.ncaa.org/health-safety](http://www.ncaa.org/health-safety)). Remember that individuals with eating disorders are inclined to deny having a problem. Typically, they are concerned that their disorder will displease significant others (i.e., coaches). For this reason, they may resist your advice and assistance. Student-athletes have another reason to fight — they fear admitting the problem may result in being withdrawn from their sport. Usually, it is better to approach them with general concerns for their health rather than directly confronting them with evidence of eating symptoms. Refer to the coach's handbook for more information about this special issue and more general management concerns and questions.

**The healthcare treatment team should decide the student-athlete's sports participation with an eating disorder. They can be a way to motivate the student-athlete in treatment.**

**Substance-Related Disorders:**

In this information, the term "substance" refers to various drugs or chemicals, including legal, illegal, prescribed, over-the-counter (OTC), and performance-enhancing. Although substance use often is associated with terms like "abuse," "dependence," or "addiction" to indicate the severity of use, that part of the identification process is well beyond the scope of this information. The focus of this information is to help coaches identify a student-athlete with a possible problem, refer the student-athlete to the appropriate professional who can assess the extent of the problem, and arrange necessary treatment. Much of this information was drawn from the six NCAA studies investigating substance use by student-athletes.

**Reasons for Use:** Most individuals consume alcohol recreationally to "feel good" or "have a good time." Some, however, use it as a means to calm themselves to avoid or manage anxiety. Some will even suggest that alcohol acts as an "ergogenic" that allows them to perform better by helping them to "relax." Some may use alcohol to help them sleep. Others will use alcohol in response to being depressed; however, because it is a CNS depressant, alcohol only serves to further (biochemically) depress them.



**Signs and Symptoms:** The signs and symptoms of alcohol (ab)use can vary with the type and amount of alcohol consumed and the individual's personality. In general, student-athletes with this problem might be expected to be more irresponsible regarding commitments or responsibilities to school, sport, and relationships. They might be more likely to drink in situations that could be dangerous to themselves or others. They might tend to get into trouble when drinking (i.e., fighting, legal problems, etc.). These examples are observable signs, but it should be remembered that drinking alone often is a sign of an alcohol problem. Thus, a student-athlete who abuses alcohol may do their drinking alone and avoid drawing attention to observable signs.

**Stimulant-Type Substances: Amphetamines, Cocaine, Ephedrine, and Medications for Attention Deficit and Hyperactivity Disorder (ADHD):**

- Substances in this class are CNS stimulants. CNS stimulants speed up the nervous system. Users sometimes refer to these drugs as "speed."
- When used by individuals who need them for treatment of their hyperactivity symptoms (i.e., distractibility), these medications have a paradoxical effect. Although ADHD medications are stimulants, they decrease the individual's distractibility and facilitate concentration and focus. Some individuals illegally or illicitly obtain the medications for their use or sale. These medications usually are amphetamines such as Adderall and Dexedrine.
- Many student-athletes may be taking these drugs as an "ergogenic" aid to help them perform better, when in fact, these drugs may have more of an "ergolytic" (negative performance) effect.
- **Reasons for Use:** This type of drug usually is used for "energy" or to raise the mood. It also may be used for weight control/loss. Amphetamines also may be used to improve performance.
- **Signs and Symptoms - Common signs and symptoms include:**
  - shakiness, rapid speech or movements, difficulty sitting still, difficulty concentrating, lack of appetite, sleep disturbance, and irritability.



## **Marijuana:**

- Marijuana appears to be a drug of choice for middle/high school students, and it seems to be a popular drug used by student-athletes.
- The effects of marijuana on sports performance are much like those of alcohol. It can slow reaction time, impair motor and eye-hand coordination, and affect time perception. Research related to the duration of the effect of this drug is inconclusive, but some researchers believe it can last an entire day or longer.
- **Reasons for Use:** Student-athletes reported using marijuana for recreational and social purposes to "feel good" and "relax".
- **Signs and Symptoms:** Signs and symptoms vary depending on the frequency of use. There may be no signs associated with infrequent use. Possible signs could include red eyes, and paraphernalia related to marijuana use (i.e., papers, pipes, etc.). Physical symptoms could consist of lethargy and increased appetite, especially immediately after smoking the drug.

## **Anabolic Steroids:**

- Steroid use by student-athletes has been decreasing.
- The majority of users are male. Of those who use steroids, more than half say they use them to enhance performance and that their use began before college.
- Steroid use is typically associated with an increase in athletic performance. Steroids can increase muscle mass and may increase strength, power, speed, and endurance.
- **Reasons for Use:** The primary reason reported for steroid use is performance enhancement from increased size and strength and recovering more quickly from an injury.
- **Signs and Symptoms:** Signs and symptoms can include various changes in the student-athlete. Some changes may occur in the size and musculature of the body. There may be personality changes, often with various psychiatric symptoms, including increased anger and aggression, or what has sometimes been referred to



as "roid rage." Physical/medical signs can range from acne to reproductive system dysfunction to liver and cardiovascular system problems.

- The primary issue regarding whether a student-athlete with a mental health problem should be training or competing concerns the physical and psychological risk to the student-athlete. A decision to allow the student-athlete to continue with sports participation is usually made if the healthcare team agrees that training and competition do not increase the risk to the student-athlete.
- However, the issues for a student-athlete with a substance-related disorder will likely be different.
- Substances on the NCAA banned substance list or substances prohibited by the coach or athletics department's substance abuse policy, whether the student-athlete should participate in their sport may be an arguable point because of legal issues or an imposed suspension related to the substance abuse. Even if the NCAA or the institution's policy does not prohibit the student-athlete from practice and competition, it may be in the student-athlete's best interest for you to require substance abuse treatment as a condition of participation. That is, sports participation can be used to motivate the student-athlete in treatment.
- Approaching a Student-Athlete with a suspected substance-abuse problem is somewhat different from approaching a student-athlete regarding symptoms of depression or anxiety. Student-athletes with depression and/or anxiety may be more receptive because they feel bad and may be motivated for assistance, hoping to feel better. Student-athletes with substance-related difficulties may be less receptive to assistance for the following reasons.
  - They may not feel bad because they may be using the substance in order not to feel bad or at least not be aware of feeling bad.
  - They may be "dependent" on their substance, whereas the depressed or anxious student-athlete is not apt to be dependent on their symptoms.
  - Denial of the problem is familiar with substance abuse.



- o The substance abuser may fear punishment (i.e., suspension) for their use because the substance being used may be illegal, on the NCAA banned substance list, or prohibited by the coach or athletics department.
- o Although there may still be a stigma attached to problems like depression or anxiety, a more negative attitude is associated with substance abuse. As a result, a student-athlete with substance use may more actively resist admitting to the problem.
- o Student-athletes who have substance-related disorders may be more challenging to assist because of the denial that is often characteristic of such disorders and because the drug use often carries sanctions or punishments that may have legal or eligibility consequences.
- o Given these issues, approaching student-athletes with substance-use problems could be difficult. They will likely deny the problem and resist your efforts to assist them. It is probably best not to argue with them or try to convince them. Simply tell them that you are concerned and that the only way to know for sure if there is a problem is for them to be evaluated by a professional with experience and expertise in this area. Make the referral and follow up to ensure the referral was accepted and completed.

### **WHAT NEXT?**

- The most serious mistake that anyone can make in (mis)managing a student-athlete with a mental health problem is to respond as if the problem is trivial or a sign of weakness.**
- Depressive disorders, anxiety disorders, eating disorders, and substance-related disorders are mental health problems that need treatment. They are illnesses — not choices.**



- **How to respond when the student-athlete approaches you?**

- The student-athletes approach indicates a need to talk with you.
  - Stop what you are doing, look at the person, and listen.
  - Listening is an essential part of communication.
  - It is hard to talk and listen at the same time.
  - You will know when to speak and what to say if you listen well.
  - Accept what you are given. Ask questions for clarification without judging.
  - When it appears the person has finished talking, ask if there is anything else they need to say.
  - Please indicate that you are glad they came to you and want to help.
  - Make the necessary referral and encourage/support its acceptance.
- **How to respond when the student-athlete is in need and has not approached you?**
  - It is easier and better if the student-athlete with a mental health problem comes to you. However, it is probably more likely that you will need to initiate the contact, partly because the individual may not feel there is a problem or because of being embarrassed or uneasy about approaching someone in authority regarding their difficulties. It is best to approach the individual privately to decrease the likelihood of embarrassment and to avoid any other activity that might distract you or the student-athlete. Sensitivity is key in facilitating the discussion.
  - Begin by saying that you are concerned about the individual's welfare and would like to help.
  - Ask how they are feeling and how school, practice, and games are going. Hopefully, this approach will allow the student-athlete the opening to talk with you about their difficulties. If so, follow the same recommendations discussed above regarding when the individual comes to you.
  - If not, you should tell the student-athlete that you need to make sure they are okay. Relate to the person that to determine this, you need to have them talk with a healthcare professional and that you would like to help arrange the referral along with contacting



their parents. If the student-athlete resists, you should say that you want to arrange an evaluation to determine if there is a problem. Tell the student-athlete that you hope that the evaluation determines that they do not have a problem, and if that is the case, we can all breathe a sigh of relief and go on with our lives. The student-athlete should be told that if the professional's evaluation indicates a problem exists, the professional will discuss treatment options.

- There are a few ways to help the student-athlete who resists treatment that may fight the evaluation and treatment. In such a case, the student-athlete should be told that they are considered "injured" and that it's your responsibility to take care of your injured student-athletes. If the student-athlete asks about being able to train and compete due to the difficulty and treatment, reply that the decision will have to be made by the healthcare professionals who manage the treatment.
- **A reminder of confidentiality:** One of the most critical aspects of psychological management and treatment involves the issue of privacy. Healthcare practitioners are legally and ethically required to maintain the privacy and confidentiality of their patients. They cannot divulge any information about their patients to anyone without the patient's written consent. Keep in mind that parents or guardians gain access to medical records if the student is younger than 18. Even then, the information is still restricted to what the patient agrees can be released, what is appropriate, and the conditions under which the information can be released and to whom. The only exceptions to the release of such information are cases involving imminent risk to the patient or others, child abuse, and a court order requesting the information. Confidentiality assures patients that their information will not be shared with anyone without consent. The purpose of confidentiality is to promote a therapeutic atmosphere in which patients feel safe and secure enough to talk about anything related to their difficulties, regardless of how serious or personal.



- **Knowing Your Limits As a Coach - to avoid the student-athlete's difficulties**

- **weighing too heavily on you, you need to know your limits.**

- Be aware of what is reasonable to expect from yourself.
- You cannot change the person because you have limited control.
- Your responsibility is to recognize and refer.
- When you begin to feel undue stress or worry, it is time to take care of yourself and turn the problem over to someone else.

- **FINAL THOUGHTS**

- The coach's responsibility is to recognize and refer, not treat, psychological problems such as depression, anxiety disorders, eating disorders, or substance abuse disorders. Approaching a student-athlete to discuss psychological issues requires good listening skills.
- Referrals are most successful when made to a specific person.