Managing Mental Health

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The Facts

Approximately 1 in every 4 to 5 youths in America meets the criteria for a mental health disorder and experiences severe impairment across a lifetime.

The Facts

The rate of mental illness was more than twice as high for those in the 18 to 25 year old age range (29.9%) than in those aged 20 years and older (14.3%)


The 2013 American College Health Association Survey

- 84.3 percent felt overwhelmed by all they had to do
- 79.1 percent felt exhausted (not from physical activity)
- 60.5 percent felt very sad
- 57.0 percent felt very lonely
- 51.3 percent felt overwhelming anxiety
- 46.5 percent felt things were hopeless
- 38.3 percent felt so depressed that it was difficult to function
- 8.0 percent seriously considered suicide
- 6.5 percent intentionally cut or otherwise injured themselves
2013 Survey of College Counseling Directors

- 95% said the number of students with significant psychological problems is a growing concern on campus
- 70% said that the number of students on their campus with severe psychological problems has increased in the past year
- 24.5% of their student clients were taking psychotropic drugs.

Overparenting

- 2010 Keene State College in New Hampshire surveyed 300 college freshman nationwide and found those with helicopter parents were less open to new ideas and actions and more vulnerable, anxious and self conscious.
- 2011 University of Tennessee at Chattanooga – students with hovering or helicopter parents were more likely to be medicated for anxiety and/or depression.

Why is this happening?

Parents: Helpful or harmful?

Excerpt from How to Raise an Adult by Julie Lythcott-Haims

“Do you think parents at your school would rather see their kids depressed at Yale or happy at the University of Arizona?” The quick reply by a colleague “My guess is 75% of the parents would rather see their kids depressed at Yale. They figure that the kid can straighten the emotional stuff our in his/her 20s, but no one can go back and get the Yale undergrad degree”
Everyone Gets A Trophy

• This generation of young adults has not been taught how to handle disappointment.
• Lacking resilience.

Athletes – Double Edge Sword

• Comradery of Team
• Academic support
• Medical Services
• Exercise
• Coach overseeing
• Scheduled

• Relationship issues
• Not enough time to study
• Increased injuries
• Tired
• Coach pressures
• Stressed

The Unfit

• PTSD – Car Crash
• Family Dynamic
• Substance Abuse
• Relationship issues of a pregnant

Disqualification – what stressor can be removed?

I have permanently medical red shirted at least 6 athletes this year for mental health issues.
Three needed admitted this spring to a psychiatric hospital.
Poll Question - 1

NCAA – Best Practices

Poll Question - 2

Clinical Licensure of Practitioners Providing Mental Health Care.

- Clinical or counseling psychologists.
- Psychiatrists.
- Licensed clinical social workers.
- Psychiatric mental health nurses.
- Licensed mental health counselors.
- Primary care physicians with core competencies to treat mental health disorders.
Procedures for Identification and Referral of Student-Athletes to Qualified Practitioners

Pre-Participation Mental Health Screen

PHQ-9

Multiple Choices – none validated as a stand alone assessment
- GAC
- CAGE
- EAT 10
- Two Question Depression Screen

Health-Promoting Environments That Support Mental Well-Being and Resilience

What can we do?

- At Pitt we struggled with how to best care for this population of students.
- Our campus services were overwhelmed and unable to emergently or even urgently help.
- Kids were all over the place which meant difficulty with communication, continuity and $$$.
- Struggled with how to hire one individual in the department to handle all the issues – needs were social worker, psychologist (male and female), psychiatrist.
- Was there any way to partner with existing resources or did we have the ability/motivation to make something out of nothing?
Remember that sometimes, not getting what you want is a wonderful stroke of luck. — Dalai Lama

JPMC/WPIC and Pitt Partnership

- Designed by people involved in sports medicine – “in the trenches” to provide the services needed in the time frame they can be accessed.
- Subcontract for Mental Health Partnership
- Onsite weekly counseling sessions
- Onsite psychiatric services
- Access to social work and specialty services in expedited manner
- Drug and Etoh Counseling
- Staff education
- Access to inpatient facility when needed with regular communication making the ATC and Team physician part of team.

Capture of Services

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Benefits

- Athletes getting superior care in timely manner
- COMMUNICATION
- Reduced liability to school and team physician
- In the end saving money by consolidating service line.
Ability to bring this to your campus – we have an interest in trying.

- Can we bring to other schools with technologic tools?
- Can we export this idea to other psychiatric facilities that are near your campus?
- Please let us know if you are interested in exploring the possibilities.

Future Direction

- We are going to need to think outside the box
  - Meditation
  - Group Therapy
  - Campus Ministry
  - Retreats
- Much needed research
- Education of student, coaches and parents

Everyone should read this

Thank you – Questions?

One in four people has a mental illness. You can be the one that helps.