

# Mental Health for Athletes 101

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MN Vikings, Wild, United, Lynx, Twins

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(No conflicts)

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## Objectives

- Delineate various roles within the mental health field
- Consider how various symptoms of mental illness may/may not present among athletes
- Consider difficulties athletes face in obtaining mental health services, with special focus on bias and stigma
- Review symptoms/diagnostic criteria for a few of the most prevalent mental disorders, so they can be more easily recognized
- Describe optimal care delivery, with special focus on privacy and confidentiality

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“Getting Open” series, Lindsey Young, Vikings:

"You never know when you're going to have a time where you're at your low, and it's going to happen to everybody. But just having the people that you can connect to when times are bad, and you know you can talk through things and kind of devise a plan with somebody, I think it's important," Vikings linebacker Eric Kendrick said. "We don't have the answers to all the questions. We don't have the answers to all the problems. But we can learn, and we can discuss them, to have a better understanding."

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## Signs of Mental Illness

- Changes in behavior (e.g., tardiness, sharp decline in performance)
- Changes in appearance (e.g., looking tired, unkempt, weight gain/loss)
- Thoughts of suicide
- Confused thinking or problems concentrating and learning
- Worry that can't be controlled
- Avoidance of people, places, and situations
- Bouts of irritability and anger
- Extreme fluctuations in mood
- Abuse of alcohol and other substances
- Multiple physical ailments without obvious causes (e.g., headaches, stomachaches)

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## Barriers to Obtaining Care

- Stigma (universal)
- Biases experienced: How can a famous person with so much money be depressed?
- Confidentiality/privacy
- Contract worries
- Future career
- Judgment from teammates and staff
- Often little prior education on mental health
- Fear of treatment and how it might affect their game/personal life
- The correct resource not available (psychiatrist, psychologist, sports psychologist)

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## Quick Looks: Depression

### Over a 2-week period, five or more of:

- Depressed **or irritable** mood\*
- Diminished interest or pleasure (anhedonia)\*
- ↑ or ↓ in appetite/weight
- ↑ or ↓ in sleep
- Psychomotor agitation or retardation nearly every day
- Fatigue/loss of energy
- Feelings of worthlessness/excessive guilt
- ↓ concentration (overlap with ADHD—time course)
- Recurrent thoughts of death / SI / SA

Other criteria: No previous manic episodes, **significant distress/impairment**, not due to substance or medical condition

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## Bipolar Disorder

### **Manic symptoms:**

- Abnormally upbeat, jumpy or wired
- Increased activity, energy or agitation
- Exaggerated sense of well-being and self-confidence (euphoria)
- Decreased need for sleep
- Unusual talkativeness
- Racing thoughts
- Distractibility
- Poor decision-making — for example, going on buying sprees, taking sexual risks or making foolish investments

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## Anxiety Disorders

- Panic Disorder
- Generalized Anxiety Disorder
- Social Anxiety Disorder
- Obsessive-Compulsive Disorder (OCD)
- Posttraumatic Stress Disorder

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## Panic Disorder

- Palpitations, pounding heart, or accelerated heart rate
- Sweating
- Trembling or shaking
- Sensations of shortness of breath or smothering
- A feeling of choking
- Chest pain or discomfort
- Nausea or abdominal distress
- Feeling dizzy, unsteady, lightheaded, or faint
- Feelings of unreality (derealization) or being detached from oneself (depersonalization)
- Fear of losing control or going crazy
- Fear of dying
- Numbness or tingling sensations (paresthesias)
- Chills or hot flashes

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## Generalized Anxiety Disorder

1. The presence of excessive anxiety and worry about a variety of topics, events, or activities. Worry occurs more often than not for at least six months and is clearly excessive.
2. The worry is experienced as very challenging to control. The worry in both adults and children may easily shift from one topic to another.
3. The anxiety and worry are accompanied by at least three of the following physical or cognitive symptoms (In children, only one of these symptoms is necessary for a diagnosis of GAD):
  - Edginess or restlessness
  - Tiring easily; more fatigued than usual
  - Impaired concentration or feeling as though the mind goes blank
  - Irritability (which may or may not be observable to others)
  - Increased muscle aches or soreness
  - Difficulty sleeping (due to trouble falling asleep or staying asleep, restlessness at night, or unsatisfying sleep)

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## Social Anxiety Disorder

- Persistent, intense fear or anxiety about specific social situations because you believe you may be judged, embarrassed or humiliated
- Avoidance of anxiety-producing social situations or enduring them with intense fear or anxiety
- Excessive anxiety that's out of proportion to the situation
- ***Anxiety or distress that interferes with your daily living***

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## OCD

**A.** Presence of obsessions, compulsions, or both:

**Obsessions** are defined by **(1)** and **(2)**:

- Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress.
- The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e., by performing a compulsion).

**Compulsions** are defined by **(1)** and **(2)**:

- Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly.
- The behaviors or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviors or mental acts are not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive.

**Note:** Young children may not be able to articulate the aims of these behaviors or mental acts.

**B. The obsessions or compulsions are time-consuming (e.g., take more than 1 hour per day) or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.**

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## Posttraumatic Stress Disorder (PTSD)

- A. Stressor
- B. Intrusion Symptoms
- C. Avoidance
- D. Negative Alterations in Mood
- E. Alterations in Arousal/Reactivity
- F. Duration—1 month
- G. *Functional Significance***

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## Attention-Deficit/Hyperactivity Disorder

### **INATTENTION:**

- Often fails to give close attention to details or makes careless mistakes.
- Often has difficulty sustaining attention in tasks or play activities.
- Often does not seem to listen when spoken to directly.
- Often does not follow through on instructions and fails to finish schoolwork, chores, etc.
- Often has difficulty organizing tasks and activities.
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort.
- Often loses things necessary for tasks or activities.
- Is often easily distracted by extraneous stimuli or unrelated thoughts.
- Is often forgetful in daily activities.

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## Attention-Deficit/Hyperactivity Disorder

### **HYPERACTIVITY AND IMPULSIVITY:**

- Often fidgets with or taps hands and feet or squirms in seat.
- Often leaves seat in situations when remaining seated is expected.
- Often runs about or climbs in situations where it is inappropriate.
- Often unable to play or engage in leisure activities quietly.
- Is often "on the go," acting as if "driven by a motor."
- Often talks excessively.
- Often blurts out answers.
- Often has difficulty waiting his or her turn.
- Often interrupts or intrudes on others.

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## Substance Abuse

“The essential feature of a substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems.” (DSM-5)

- Often an attempt to mask other symptoms
- Often hidden from view
- Can cause any number of the above presentations
- Should be asked about in confidential setting
- League/Institutional protocol/services?

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Thank You!

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