

Mental Health Plan for Student Athletes

Connecticut State Department of Education — March 2024



Section 10-212l of the Connecticut General Statutes (C.G.S.) requires that: *the Connecticut State Department of Education), in collaboration with the governing authority for intramural and interscholastic athletics, shall develop a mental health plan for student athletes to raise awareness of mental health resources available to student athletes. Such plan shall be made available to local and regional boards of education and implemented in accordance with the provisions of section 4 of this act. Such plan shall include, but need not be limited to, provisions relating to (1) access to the mental health services team for the school district, (2) screening and recognizing appropriate referrals for student athletes, (3) communication among members of the mental health services team, (4) the management of administration of student athlete medications, (5) crisis intervention services, (6) the mitigation of risk to student athletes, and (7) transition care for those student athletes leaving intramural or interscholastic athletics by means of graduation, dismissal or suspension. The department shall make such plan available on its Internet website and provide technical assistance to local and regional boards of education in the implementation of the plan. Additionally, Sec. 4 of the Act requires that: For the school year commencing July 1, 2023, and each school year thereafter, each local and regional board of education shall implement the mental health plan for student athletes, developed pursuant to section 3 of this act, for the school district.*

The Connecticut State Department of Education (CSDE) believes that a coordinated approach to address athletes' mental health effectively aligns health and education efforts and improves their physical, mental, and developmental outcomes. Research studies over the past decade have consistently concluded that student mental health status and achievement are directly connected. Prominent mental health concerns such as depression and anxiety contribute to the loss of instructional time, inability to participate fully in scheduled practices and sporting events, athletes not playing to their fullest potential and not enjoying their participation in sports. In addition, the Connecticut School Health Survey data indicate many high school students engage in higher-risk behaviors, including eating disorders, sexual activities, drug and alcohol use, and attempted suicide. Student athletes may often be at higher risk due to the pressures of playing sports ([SBE Position Statement on a Coordinated Approach to School Health, 2009](#)).

To address the mental health needs of student athletes, the CSDE, the Connecticut Interscholastic Athletic Conference (CIAC), and the Connecticut Department of Mental Health and Addiction Services (DMHAS), have outlined a student athlete mental health plan that addresses:

1. Creation of and access to the mental health services team for the school district;
2. Communication among members of the mental health services team;
3. Crisis intervention services;
4. Screening and recognizing appropriate referrals for student athletes;
5. Management of the administration of student athlete medications;
6. Mitigation of risk to student athletes; and
7. Transition care for those student athletes leaving intramural or interscholastic athletics due to graduation, dismissal, or discipline.

The CSDE, DMHAS, and CIAC recommend that every school district develop a well-coordinated approach to this plan. A coordinated approach to services for athletes' mental health can provide the framework for families, community-based partners, and schools to work together to improve athletes' overall confidence and healthy performance in sports and school.

Background

Mental health includes emotional, psychological, and social well-being. It affects feeling, thinking, and actions. It also helps determine how we handle stress, relate to others, and make healthy choices. Experiencing mental health problems throughout life can impact mood and behavior ([Centers for Disease Control, 2023](#)). Mental health issues or concerns and mental illness are not the same. A person can experience mental health issues and concerns and not be diagnosed with a mental illness.

Participating in athletics can be a positive experience for students. Student athletes learn self-discipline, teamwork, confidence, time management, resiliency, relationships, and dealing with adversity. Also, athletes develop essential life and social skills, including healthy relationships with coaches, trainers, and teammates. Research shows that playing sports can increase serotonin and dopamine hormones, which are good for the body and mind, and less production of cortisol, which is sometimes called the stress hormone. Research has also shown that the benefits of sports can boost moods and improve overall mental health. Physical activity can increase our level of endorphins, which are naturally produced hormones that make participants feel better ([Athletes for Hope, 2019](#)). However, student athletes can be overwhelmed by the significant pressure to perform well in school while being dedicated to their chosen sport(s). A National Athletic Trainers' Association study found that student athletes report experiencing negative emotional states more often than student-nonathletes ([Neal, T., Diamond, et al., 2015](#)). The high intensity and competition in sports can provoke, increase, or expose specific mental health issues in athletes ([Clinical Journal of Sports Medicine, 2020](#)).

This plan will center on how schools, the athletic care network (coaches, athletic directors, and athletic trainers), school mental health staff, and mental health providers can assist with prevention, mental health promotion, symptoms of struggles, and mental wellness supports. It is imperative for staff that work with athletes to develop an understanding of the signs of mental health concerns that indicate a student athlete may need a referral to a mental health provider.

Access to the mental health services team for the school district

The most effective way to provide access to mental health services is a multidisciplinary approach with collaboration, communication, and team planning among school administrators, coaches, designated team physicians, school nurses, athletic directors, athletic trainers, school medical advisors, school nurse supervisors, and mental health care providers. School districts should have clear districtwide implementation procedures based on this plan that inform all stakeholders about the prevention and promotion of mental health for athletes. Although many schools offer high-quality, meaningful supports for such intermittent crises in an athlete's life, efforts should be made to create proactive supports as well as responsive. Schools will be prepared to respond more effectively and strategically by developing protocols and procedures for addressing such needs. Not all these individuals are mental health experts, but they can serve as trusted adults in the student athlete's life and as entities for referring student athletes to the appropriate professional for evaluation and treatment.

One of the most important signs that your student athlete is struggling is a significant change in how they behave and function. Here are some specific examples.

- Decline in athletic performance
- Reduction in participation
- Increase in absenteeism
- Changes in personal hygiene
- Intense irritability or anger
- Worsening nervousness
- Changes in their socialization
- Decline in academic performance

Implementation strategies

- Ensure that the districts' mental health providers, school nurses, educators, coaches, trainers, and athletic directors receive relevant professional training that increases their skills and capacity to meet the mental health needs of athletes.
- Provide mental health promotion and prevention services related to sports designed to meet all students' needs regardless of whether they are at risk for mental health problems.
- Provide treatment services and supports to address mental health concerns for athletes experiencing significant distress and functional impairment. These services are more intense and may require external assessments, diagnosis, therapy treatment and/or medication.

Screening and recognizing appropriate referrals for student athletes

Recognizing mental health issues in athletes, from awareness of signs of risk, to mild stress and distress to more significant struggles, is critical for engagement. Needs assessments, screenings, referrals, or other school team processes can identify these concerns early to provide intervention services. All school mental health and health professionals in the school and community provide these services. The key is that student athletes and staff can recognize signs and symptoms of potential mental health issues.

- Examples include small group interventions for students identified with similar needs, transition, and brief individualized interventions, such as motivational interviewing and problem-solving. Also, the pre-participation physical examinations are an excellent opportunity for the physician and the school nurse to screen for mental health issues such as depression, anxiety, medication/substance use, and disordered eating.

On the next page is a summary of the various risk factors and significant events that may exacerbate an existing condition or trigger the development of a mental health concern. The table is separated into events and circumstances directly related to sport and life circumstances outside of sport, including signs and symptoms.

SPORT SPECIFIC TRIGGER	SCHOOL AND FAMILY RELATED TRIGGERS	SIGNS AND SYMPTOMS
Poor performance perceived by the student athlete	Struggling academically and falling behind in schoolwork, missing classes	Increased, newly initiated or excessive alcohol or drug use
Cut from a team	Lack of sleep	Talking about wanting to die or suicide
Injury or chronic pain	Family or community conflict, abuse, violence	Uncontrolled anger
Concussion	Family or friend loss	Changes in behavior – reckless, grades drop
No or little playing time	Adverse childhood experience	Changes in sleep patterns
Pressure from the coach	Use of drugs or alcohol	Feeling hopeless, desperate, trapped
Team conflict	Peer pressure	Withdrawal, feeling disconnected
Overtraining	Eating disorders	No sense of purpose
Lack of nutrition	Negative coping strategies	Talking about being a burden to others
Demands of schedule and time	Family history of mental health disorders	Sudden mood changes
High expectations from others	Financial instability	Anxiety or agitation
Never feeling good enough	Food insecurity	Giving away possessions
Burnout	Homelessness/unstable housing	Putting affairs in order
Team bullying	Transportation issues	Accessing lethal means (medications, firearms)

Communication among members of the mental health services team

Develop appropriate protocols with a decision tree that indicates how, when, and by whom services will be delivered, the follow-up plan, and how the family will be included in assisting athletes. This should include internal and external mental health providers, coaches, designated team physicians, school nurses, and trainers. Communication among appropriate team members enhances appropriate follow-up and helps track progress. Additionally, keep in mind confidentiality and HIPAA laws. Establishing relationships and protocols before a need arises is essential when timely referrals are crucial.

Management of the administration of student athlete medication

Connecticut law permits appropriately trained licensed athletic trainers and coaches to provide medication to a specific student with a medically diagnosed condition during intramural and interscholastic events that require prompt treatment in accordance with the student's individual health plan, provided that certain conditions are met in accordance with [C.G.S. Section 10-212a](#).

Crisis intervention services

Always ensure the district's crisis plan is current and discussed with all staff who have contact with students. This will increase preparedness and improve outcomes in emergency situations. Student athletes at high risk should have a safety plan, which the school should develop in consultation with the family. The plan should include contact numbers and whom to contact to access services at any time. For example, call or text 988 or visit [988lifeline.org](https://www.988lifeline.org) to chat. Also, [211](https://www.211.org) is a free, confidential information and referral service. Additionally, information should be included about crisis stabilization units, mobile crisis evaluations, or urgent care facilities.

Mitigation of risk to student athletes

Ensure that the district's mental health providers, school nurses/supervisors, educators, coaches, trainers, and athletic directors receive relevant professional training that increases their skills and capacity to meet the mental health needs of athletes. These activities also include efforts to support staff (including coaches and trainers) well-being, improve school climate, and promote positive behavior. These activities can be implemented schoolwide, at the high school level. The aim is to increase awareness to promote referrals (including self-referrals) and earlier interventions.

Examples include:

- Mental health education presentations and lessons at coaches' meetings. Specific training about mental health signs and symptoms and institutional referral process;
- Online mental health resources on the district webpage and social media platforms, including printable handouts and resource contact information;
- Treatment services and supports to address mental health concerns are provided for students already experiencing significant distress and functional impairment. These services are more intense and may require external assessments, diagnosis, therapy treatment, and/or medication; and
- A systems approach to the referral process and managing of mental health situations for both emergency and nonemergency.

Note that all mental health providers, leadership, school nurses/supervisors, physicians, coaches, trainers, and athletic directors have a reporting obligation to address specific behaviors to appropriate school officials, mental health crisis centers, and/or law enforcement, for example, expressed intent to harm self or suspected sexual involvement with a minor.

Transition care for those student athletes leaving intramural or interscholastic athletics due to graduation, transfer, dismissal, injury, academic standing, or suspension

A final component for establishing mental health services is the transition of care for student athletes leaving the athletics department. As student athletes graduate, i.e., finish the final season of their sport(s), transfer, are dismissed from teams, or are removed from continued participation due to injury, academics or discipline, a plan should be in place for the timely and orderly transition of their care to another provider.

- Assist the family and the student athlete with identifying a primary care physician and mental health care provider to ensure appropriate follow-up and continued care. For example, communicating with mental health providers where the student is transferring to, or the high school coach can communicate with the university coach regarding needs.
- Provide written and online mental health resources available to student athletes in the community.
- Ensure medication coverage until they transition to another provider and ensure all medical documentation is sent to providers ([NCAA- Mind, Body and Sport: Understanding and Supporting Student-Athlete Mental Wellness, 2014](#)).

Connecticut Resources

[211](#) is a free, confidential information and referral service that connects people to essential health and human services 24 hours a day, seven days a week, online and over the phone.

[Care coordination](#) is indispensable to the effective operation of a System of Care/Community Collaborative. It is both a service to children and families and a function of a responsive system.

[Gizmo's Pawesome Guide to Mental Health](#) is an evidence-based resource that introduces mental health and wellness, and how to care for one's mental health in a nonthreatening way that encourages the self-identification of warning signs and when to apply the use of internal and external healthy coping strategies to help reduce risk. It introduces the characteristics of trusted adults, who may be one, how to practice talking with a trusted adult, and promotes proactive communication. It gives youth the opportunity to create a personal mental health plan (of action) that they can use daily, and in a time of need that can help them avert crisis. Various resources are available on the website, including free plans, pledges, social media messages, games, and books.

[Resources for Families and Students](#) is an online resource document created by the CSDE and is annually updated and distributed to local and regional boards of education. The information includes educational, safety, mental health, and food security resources and programs available for students and their families.

NCAA Resources

[Mental Health Best Practices](#): This guide includes information about understanding and supporting student athlete mental wellness.

[Supporting Student-Athlete Mental Wellness for Coaches](#): Coaches play a critical role in creating an environment that supports the mental health and well-being of athletes. The Sport Science Institute developed a web-based educational module to help normalize and destigmatize mental health help-seeking for athletes.

National Resources

If you or someone you know is struggling or in crisis, help is available. Call or text 988 or visit 988lifeline.org to chat.

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