



Cycling Canada

Mental Illness Detection & Response

Dr. Carla Edwards, MD

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Introduction

- NOTE: the term “athlete” can be interchangeable with any Cycling Canada staff
- It is important to recognize the athlete first as a person- not just a performance machine
- Engaging the athlete on a personal level and learning how to best motivate them to achieve their peak performance (which will vary between athletes) will lead to better performance, sport satisfaction, and overall wellbeing
- Athletes are very resilient individuals who can manage a remarkable amount of stress.
- Mental illness can occur in athletes at the same rates as the general population
- Athlete performance and behavior can change throughout the season, and may present as:
 - Tardiness
 - Missed training
 - Declining performance
 - Increased errors
 - Underperformance
 - Irritability, anger, fatigue, impaired concentration, social isolation, impaired stress management
 - Anxiety attacks, tearfulness
 - Significant weight loss or gain

Contributing factors

- The factors underlying these changes are multifactorial, and may include:
 - Lengthy travelling

- Over training
 - Challenges created by housing situation
 - Conflict with teammate(s) or coach(es)
 - Academic stress
 - Financial difficulty
 - Physical illness or injury
 - Family stress
 - Lifestyle management issues (sleep, nutrition, balancing schedule)
 - Loss (grief)
 - Trauma (physical/sexual/psychological)- potentially from a sport context
 - Transitions (planning for life after major games, not being selected for teams, awaiting “promotion” to the elite squads, retirement)
 - Mental illness
- The bottom line is- you need to see the person (not just the athlete), and see the big picture (not just the sport)
 - Athletes often hide injuries and illnesses from their coach(es). Some of this is rooted in stigma (which is still a reality within some teams) as well as the fear that they will be viewed as “weak” and penalized from a performance opportunity perspective
 - Athletes will be more likely to disclose personal struggles to coaches if there is a culture of support and safety within the team and the athletic department. **Intimidation, ridicule, bullying, and lack of support will prevent athletes from seeking support and may contribute to their struggles**

Topic 2: Identify the signs, understand what they mean

- If you see signs of psychological and emotional struggles or hear athletes talking about their difficulties, you are not expected to be their counselors or therapists
- You need to be aware of resources that are available to them and danger signs to watch for
- Signs of emotional and psychological struggle can include:
 - Evidence of self-harm (obvious scars or recent cuts, inappropriate use of long sleeves and evasive behaviour)
 - Increased drinking or drug use
 - Change in behaviour around training- late for training, missed training or competitions; avoidance of, or frequent requests for, anthropometric measures (particularly in leanness or endurance sports)
 - Excessive distraction or emotional reactivity that is out of character (sadness, irritability, anger)

- Rapid changes in sleep and eating routines, which impact energy, attendance, and performance
 - Sudden changes in socialization with the team; increased isolation
 - Tearfulness
 - Panic attacks
 - Changes in personal hygiene and appearance
 - Talking a lot about problems and feelings
 - Others express concern about the athlete
- Some athletes may be just dealing with mild challenges that can be managed with a review of needs directly with them and some enhanced supports
 - Some athletes may require more intensive intervention and support. It is important to identify them early, and then get help in determining where they go from there.

Topic 3: Specific Challenges

- Performance-based struggles: athletes may sometimes experience discontent with role and the team. Direct feedback and conversation about expectations can be extremely helpful.
- Anxiety disorders: more impairing than performance-related “nervousness”, anxiety disorders can cause panic attacks, avoidance of social situations, or excessive worry that can result in physical symptoms such as upset stomach, muscle tension or headaches. **Everyone manages anxiety differently**-some need space, others need comfort, while others benefit from direct intervention. It is important to understand your athletes’ preferences and needs
- Mood disorders: clinical mood disorders may include depression or bipolar disorder. They cause impairment to mood, daily function, and areas such as attention, concentration, sleep, energy, appetite, judgement, interest, enjoyment, motivation, pleasure, and sometimes suicidal thoughts. These can be very serious, so it would be important to dialogue with the athlete’s parents if you have noticed mood changes in association with the other symptoms. The presence of bipolar disorder would require special considerations for travel schedules and room assignments (to ensure adequate sleep)
- Substance Abuse:
 - The most common substances used by athletes include alcohol, nicotine, cannabis, and stimulants; but may also include cocaine, MDMA, crystal meth, mushrooms, LSD, benzodiazepines
 - It is important to recognize the signs of intoxication and chronic use, and not permit athletes who are actively under the influence of substances to train or compete.

- It would be helpful to open a dialogue with athletes about substance use and provide information about available supports that are available.
- Eating Disorders:
 - More prevalent in leanness, acrobatic, endurance, and aerial sports (swimming, track, cross country, gymnastics, figure skating, volleyball, basketball, cheerleading, cycling)
 - Energy deficiency resultant from an imbalance between nutritional intake and energy expenditure can lead to amenorrhea (in females), osteoporosis, and stress fractures (all genders)
 - Management of athletes with eating disorders requires an extensive multidisciplinary team (including sport medicine physician, psychiatrist, nutritionist, exercise physiologist (if available), strength and conditioning coach, and coaching staff). Training should be adjusted based on medical status and adherence to conditions established by the team.
- ADHD:
 - Most commonly diagnosed in early childhood; however can be detected later for some late for individuals who struggle with due to the loss of structure, organization, and academic support that they had in their earlier school years
 - In sport the athlete may seem inattentive during practice and forget instructions, or frequently forget to bring kit or personal items
 - Identification and treatment can make a big difference in personal interactions, quality of life, ability to execute training instructions and strategies, and manage lifestyle elements such as meals and sleep
 - Treatment can also reduce irritability and mood reactivity
- Posttraumatic stress disorder
 - After the experience of direct or indirect exposure to threatened trauma, serious injury, or sexual violence- the athlete can experience recurrent distressing memories or dreams of the event, intense psychological distress and physiological reactions to exposure to triggers and reminders.
 - They may also engage in avoidance of stimuli or locations associated with the traumatic event(s). Changes in mood, thoughts, and beliefs associated with the event(s) may also occur, and can be associated with changes in behaviour
 - Changes in behaviour may include
 - Irritability and angry outbursts
 - Reckless or self-destructive behaviour
 - Hypervigilance, being “on edge” and “jumpy”
 - Problems with concentration
 - Sleep disturbance
 - It is important to recognize that many athletes experience trauma in the sport setting- related to severe or catastrophic injuries (experienced or witnessed),

- intimidation, bullying, harassment and abuse in a team setting (involving coaching staff, interdisciplinary support staff, teammates, opponents, or fans)
- Athletes who have experienced trauma should be connected to mental health professionals for support and treatment.
- Post-concussion mental illness
 - this is a very complex issue
 - mental illness can arise as a result of the lifestyle change that occurs during concussion recovery, or as a result of the injury itself
 - can include anxiety disorders, depression, cognitive changes, and psychosis (potentially including hallucinations, delusions, paranoia)
 - the athlete should be connected with a mental health professional if they experience psychological changes after concussion
- Self-harm behaviour
 - Consider starting a discussion with the athlete about your observations, asking if they have support or would like support.

Conclusion

- Athletes often hide injuries and illnesses from their coach(es). Some of this is rooted in stigma (which is still a reality within some teams) as well as the fear that they will be viewed as “weak” and penalized from a performance opportunity perspective
- Athletes will be more likely to disclose personal struggles to coaches if there is a culture of support and safety within the team and the athletic department. Intimidation, ridicule, bullying, and lack of support will prevent athletes from seeking support and may contribute to their struggles
- Psychological challenges can arise BECAUSE of sport, or can be a separate entity and AFFECT sport (and the athlete as a person)
- It is important to have an understanding of the common stressors that can lead to changes in behaviour which may signal something serious is going on
- Coaches can play a pivotal role in recognition, support, and management of treatment. This can be facilitated through open dialogue with the athletes, checking in with the athletes at appropriate times, and incorporating management of their needs into the team approach (ie travel times and arrangements, and an open, accepting culture for mental wellness).

- It is important to be aware of the support network that is available for athletes- including sport psychiatrists, mental performance consultants, psychologists, sport medicine physicians, family doctors, and crisis services.
 - While it is important to recognize the signs of struggle, it is equally important to recognize your roles as supporter, advocate, and linkage to supports. Your roles do NOT include therapist, counselor, or doctor.
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Knowing the Risks

Low: No risk of harm to self or others; distress is limited to one area of athlete's life

IST role: Express concern and provide personal support by listening carefully; suggest that athlete reaches out to support (or you can reach out to supports)- this can include Carla (cedwards@synergysportmentalhealth.ca; 905-570-5629) and Fiona (Fiona.meikle@cyclingcanada.ca; 289-228-7616) (response will be 12-24 h later)

Medium: Unclear if there is a risk of harm to self or others; no immediate risk but athlete is currently in distress and it may escalate

IST role: Express concern and provide personal support by listening carefully. Reach out to Carla and Fiona, also connect with local resource (Dr. Rod Corban- 642-194-1765; rod.corban@gmail.com)

High: Threat of violence or harm to self or others (safety risk for the athlete or for others). Direct or indirect reference to suicide; acute distress affecting the athlete's ability to function.

IST role: express your concern for the athlete. Contact local resources; call 111 (emergency services in NZ) for acute risk
