Recognizing the Depressed Athlete: Are Student Athletes Less Likely to Ask for Help?

A recent study found that student-athletes experience mental health issues at about the same rate as the general student body—30 percent. However, while 30 percent of those struggling students will get help, only 10 percent of their athlete counterparts will. Several organizations are taking steps to eliminate the stigma including the NCAA, NATA and universities through programs like Athletes Connected.

Listen to Dr. Sullivant (Children's Mercy) discuss the study and the steps the Sports Medicine Department and other departments are taking at Children's Mercy to combat the issue.

Featured Speaker:

Shayla A. Sullivant, MD

Shayla A. Sullivant, MD is a Child and Adolescent Psychiatrist at Children's Mercy Kansas City and Assistant Professor of Pediatrics, University of Kansas City. Dr. Sullivant received her medical degree at University of Kansas School of Medicine in 2005 followed by a residency in Adult Psychiatry and fellowship in Child Psychiatry. Dr. Sullivant is certified in both adult and child psychiatry and specializes in suicide prevention, eating disorders, anxiety, ADHD.

Learn more about Dr. Sullivant (http://www.childrensmercy.org/templated.aspx?id=5903&doc=7342)

Transcription:

Dr. Michael Smith (Host): So, our topic today is "Recognizing the Depressed Athlete: Are Student Athletes Less Likely to Ask for Help?" My guest is Dr. Shayla Sullivant. Dr. Sullivant is a child and adolescent psychiatrist at Children's Mercy Kansas City and she is the Assistant Professor of Pediatrics at the University of Kansas City. Dr. Sullivant, welcome to the show.

Dr. Shayla Sullivant (Guest): Thank you. Great to be here.

Dr. Mike: Let me start off, I got this from Children's Mercy. So, let me just read to you what they wrote about a study. "A recent study found that student athletes experience mental health issues at about the same rate as the general student body, which is 30%. However, while 30% of those struggling students will get help, only 10% of their athlete counterparts will seek help." I found that to be very interesting. Why do you think student athletes are less likely to reach out for help?

Dr. Sullivant: You know, Dr. Mike, I think it's a great question and I think it deserves further research. I can tell you that the literature doesn't really explain it yet for us, but in my patient population, what I see is that athletes are under quite a bit of pressure as student athletes. They're trying to balance both their academics and the sports. I can give you an example. Just last week, I had a patient in my office who was going to cancel her upcoming therapy appointment with a really great psychologist because she was going to miss practice. If you miss practice, then you can't play in the game the following day. So, I do think there are some real time barriers that play a role for the patients that I see, but I also

think stigma plays a big role.

Dr. Mike: Yes.

Dr. Sullivant: I think it's difficult to seek care, but I think when we have Olympians like Anthony Irvin and Michael Phelps coming out and talking about their own recovery and showing that you can really flourish after you get help, I think things are going to be changing.

Dr. Mike: And, I agree and I think that's the best way to go, right? Because I remember when I was a student athlete, we didn't talk about stuff like that. I mean, we talked about the game with our parents.

Dr. Sullivant: Right.

Dr. Mike: And that was it. It wasn't about whether you felt good or you were depressed or anything like that. So, I think stigma does have a lot to do with that. What caused Children's Mercy, specifically, to really start looking into screening for suicide and depression?

Dr. Sullivant: Well, so, it's been several years that we've been working on this issue. For various reasons, the Joint Commission wanted us to look at this. We see, unfortunately, way too many young people after suicide attempts in the hospital. So, that's part of my role here, is evaluating kids after they've had a suicide attempt and it really felt like putting so much effort into after the fact. We really felt like we should be doing more proactively. So, the Sports Medicine Division, actually, lost two patients to suicide in the fall of 2014, and at that time, Dr. Kevin Latz, their director, came to me and said, "You know, we need to be doing more." This is a really psychologically-minded group of people. I mean, they really understand the mind/body connection with their patients, but they understood that we needed to take more steps. So, they welcomed us to implement the suicide screening in their area.

Dr. Mike: So, when does that screening actually take place, then? Is this something that all these athletes are going through before a season starts? Or, is it an ongoing--I mean when does actually happen?

Dr. Sullivant: Sure. Sure. Great question. So, when a patient comes in for a visit in our Sports Medicine Division, they are greeted--they are checked in and they're greeted by an athletic trainer or a nurse and their parent is given a pamphlet that helps explain our suicide screening program to provide more education, but then, the teen is brought back to be seen alone, and this is just for our patients 12 and up. They are asked the suicide screening questions. So, we're not asking our nurses and our trainers to become psychologists or psychiatrists, what we want them to do is to be very sensitive and asking these screening questions. Then, once they identify someone who's at risk, then they connect this individual to a social worker that same day who does a more thorough evaluation. The parents, of course, are always included in that. Whenever we have concerns for a child, we don't keep that a secret. And then, the social worker helps provide recommendations about next steps. We find that most kids are not fully suicidal there in the moment, in the visit, but they do need to be linked to resources and see a therapist, typically. So, that's at the beginning of the visit.

Dr. Mike: So, should this type of screening, then, for suicide and depression… I mean, obviously you guys are focused here at Children's Mercy doing it, but what's the vision for this? I mean, do you see

this becoming more of a routine in pediatric visits? At high schools in general, with counselors there? I mean, what's the scope or vision for this?

Dr. Sullivant: Well, that's a great question. I think that this field is really changing a lot right now and growing a lot. So, our vision at Children's Mercy is universal screening and that's what we're working toward. So, it's not just in sports medicine. We're also screening in our teen clinic and eating disorder center, with our diabetes patients--lots of different parts of the hospital where this is growing, because we understand that suicide is the second leading of death for young people right now. We really feel like early intervention is where it's at. That's really where we've had so many successes in pediatric medicine is when you intervene early, and I think, unfortunately, with suicide, that hasn't happened up to this point. But, it's really impressive to see how many kids will tell you, "Yes, I'm struggling. Yes, I need help," and then, we can do something in advance, which I think is really exciting for the patients and the families.

Dr. Mike: So, then, back to the initial screening, though, so that's done without the parent, at first. And that, you find helpful because then the teen is going to be maybe more honest, more open at that moment. Obviously, the parent comes back into that conversation, or is brought into that conversation, if need be. Tell us a little bit about the screening questions, themselves.

Dr. Sullivant: Yes, so right now, we're using questions from the “Ask Suicide” screener and this was developed at the National Institute for Health and has validated to be used with teenagers in an ER setting, adolescent medicine units. We're actually working on a validation study with them right now in conjunction with Harvard. It's basically four short questions. It takes less than a minute to ask the questions and then, we refer them and get them help. So, it asks about thoughts of wanting to be dead, thoughts about actually killing yourself. It asks about prior suicide attempts because we know that those are some of the biggest risk factors and predictors of someone being at risk for suicide.

Dr. Mike: Now, you kind of hinted on this a little bit, Dr. Sullivant, at the beginning, but maybe we could run through this again. So, once you have identified, through this screening, in this case a student athlete who's at risk, what's the next step?

Dr. Sullivant: Sure. So, we are really lucky at Children's Mercy to have a lot of very experienced and astute social workers. So, they come in to the visit and do a thorough evaluation. They ask a lot more questions to assess for risks and figure out the background of what's going on for this patient and, of course, include the parent in that interview as well, and then, they help make recommendations for what happens next. So, it's extremely rare that a child would need to go into in-patient psychiatry at that point. Typically, they are able to go home with a safety plan. One of the most important interventions we find is where we talk about means restriction. So, the social worker in that interview, talks to the family about making sure that there is not access for this teenager to the ways that young people die by suicides. So, how are firearms stored in the home? How are medications stored in the home? Those are things that we address because we know from research that that can really decrease risk for our patients. Then, the social worker follows up. We feel like follow up is really key and so the following day, they call the family to check in, see how things are going, and to make sure that they're still working with the plan that had been set in place the previous day. We find it's very common--pretty normal, actually--for teenagers to resist help and to say the following day, "You know, I didn't mean it. I'm fine now. Don't make me go to therapy." So, we want to reassure parents that that's normal but

that they need to follow through and a lot of parents really appreciate that support.

Dr. Mike: Listen, speaking of the parents, when they find out that there's this kind of suicide and depression screening going on, how have they responded to this?

Dr. Sullivant: You know, it's been really fascinating because I think there's a lot of fear on the part of medical providers that parents would be upset. You know, here I am bringing my child in for an ankle injury or a knee injury and you're asking about thoughts of suicide. We didn't expect this. And yet, the vast majority of parents have been very positive. We've had parents pull us aside and thank us for this program. People have said "You know, my son had this problem. I wish someone would have asked him." I had a mom actually pull me aside in public and thank us for the screening and she just explained how she didn't know that her daughter was struggling until she was screened in clinic and now she's seeing a therapist and she's talking to the family so much more. So, I think that the vast majority of people really understand this is a problem. We're also collecting some parent satisfaction data in one of our studies and it's been really interesting to see how many parents really understand this notion that perhaps our kids may not talk to the parent, but they may talk to a medical professional and that's okay. The main thing the parent wants is for their child to be safe and so they're open to that. There's a very small percentage, I think, of parents that are hesitant and we find that the theme there is worry about risk, and worry about is this safe to ask these questions. So, that's where we're providing more education because there's quite a bit of evidence in the literature that tells us it's safe to ask these questions. That it doesn't put thoughts into the kids' heads but what it does is, it increases the chance that they'll actually talk to us and we can get them help.

Dr. Mike: Right. Right. And that’s supported, as you said, in lots of different studies, even for adults, as well. It's okay to ask questions. As a matter of fact, it usually diffuses situations, but focusing on the parent still, when a parent finds out that their child may have an issue here, are most of them surprised or have you just confirmed kind of what they've suspected?

Dr. Sullivant: That's a great question. I think that we have a variety of responses. We've had some parents that are really shocked and very surprised. We've had some that had a sense that something was wrong and now feel validated. I think some parents even have told us they feel like they should be asking their child these questions, but they're not sure how and they're scared to, and so, this really opens up the conversation and gives them an avenue to do that. You know, during the evaluation, we reassure parents, "Hey, it's okay to talk to your child about this. It's actually a preferred thing. Kids are often going to feel comfortable with their parents." Sometimes, not parents. Some kids tell me in their safety plan they would rather turn to a coach or a teacher or a neighbor or someone in their clergy and that's okay. I think this is a really important issue where we really need all hands on deck. This is not just a responsibility for parents or for nurses or doctors. I think we need everybody involved but I think parents really have different responses and it is difficult. I mean, this is a very difficult topic to broach, but I think perhaps that's why it is avoided in some settings.

Dr. Mike: Right. Yes.

Dr. Sullivant: And I think many parents appreciate that we're willing to talk about this very sensitive issue.

Dr. Mike: Dr. Sullivant, this is amazing work, obviously, and I want to thank you for your passion when it comes to suicide and depression in adolescents and thanks for coming on this show today. You're listening to Transformational Pediatrics with Children's Mercy Kansas City. For more information you can go to www.childrensmercy.org. That's www.childrensmercy.org. I'm Dr. Mike Smith. Thanks for listening.