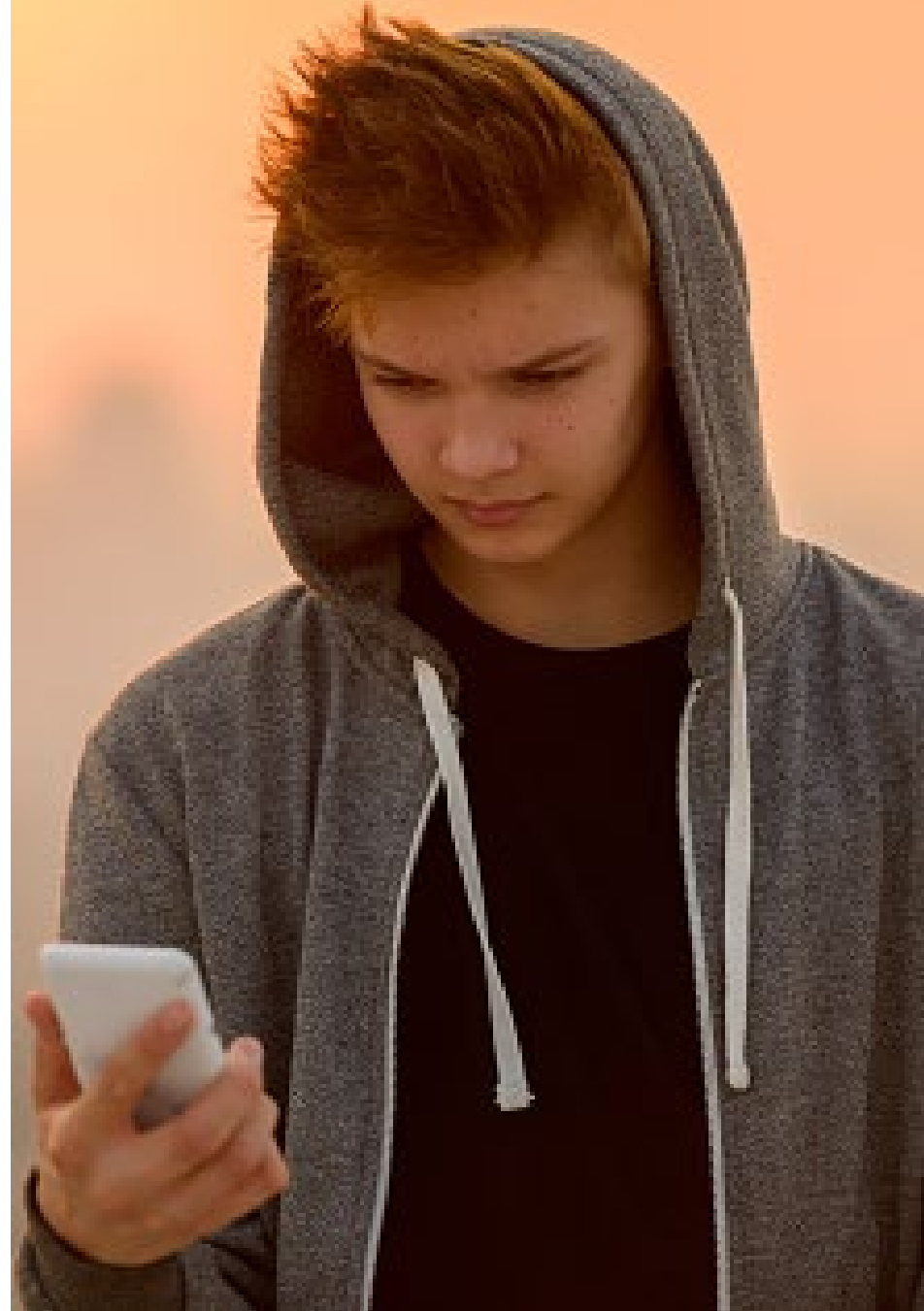




#TakeDownTheStigma

Overview

- Mental Health Awareness
- Critical Role of the Coach
- Education – How to engage
- Webinar Content
 - Brief, provocative and impactful
- Next Steps



Eric Monday Foundation

Our Mission: Engage, educate and evolve coaches and key influencers by bringing an awareness of the stigma associated with mental health challenges that can be experienced by young athletes and competitors.

Our Goal: #TakeDownTheStigma of mental health

We strive to educate and build a culture for inclusion for all those that are knocked down by life's challenges

Our KEY INITIATIVES

- Support events and programs that help to raise awareness and education for Mental Health
- Instruct Coaches that work with youth athletes.
- Charitable support of youth and high school wrestling

Mental Health Demands Engagement

Unique challenges

- Problem is not obvious
- People not willing to share personal information
- Stigma - Don't want to be viewed as weird or weak
- Friends unwilling to come forward

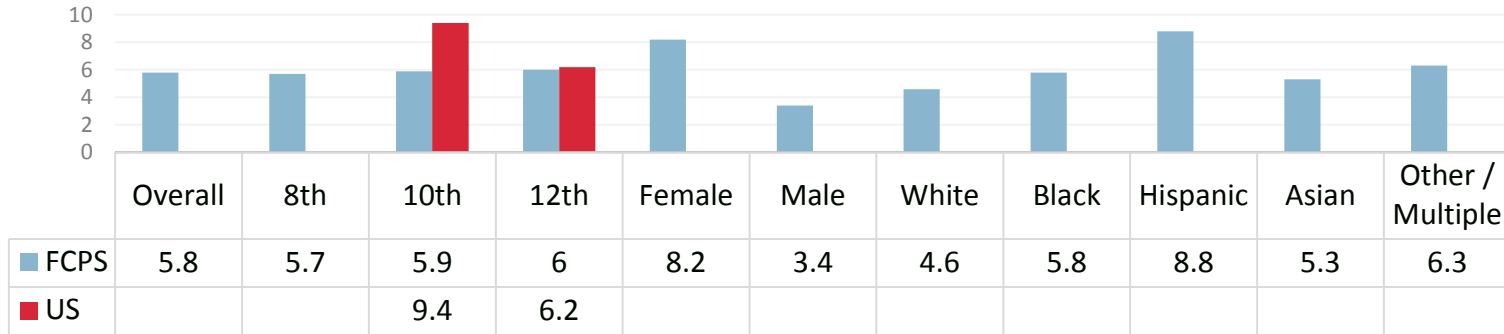
SUICIDE is the SECOND LEADING CAUSE OF DEATH for ages 10-24

- **18% of teens have considered**
- **7% have attempted**
- Avg. of 5,400 attempts by young Americans each day
- 4 out of 5 teens have given clear warning signs

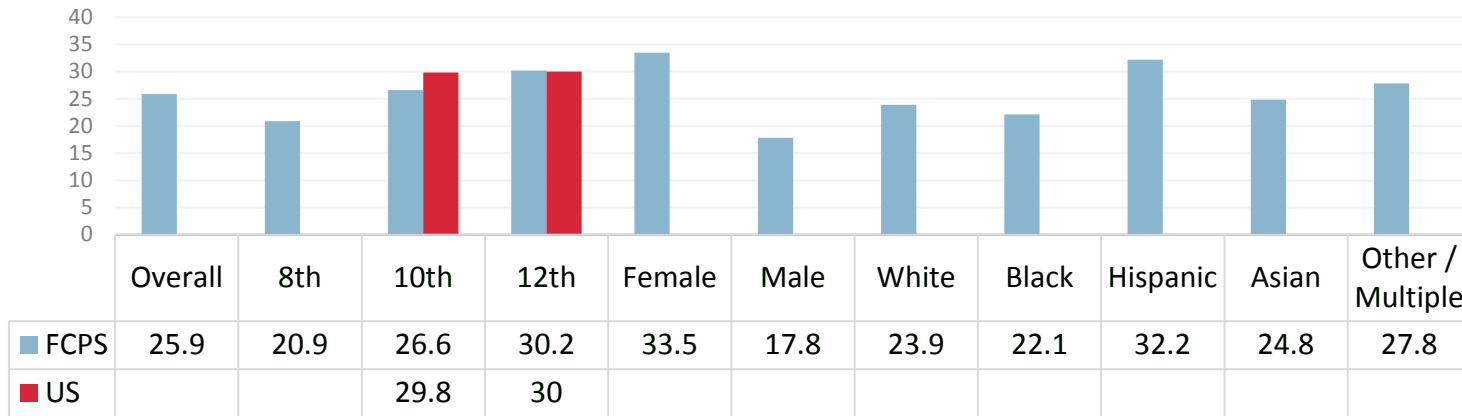
Fairfax County Youth Survey



Percent who **attempted suicide** during the past year



Percent who **showed depressive symptoms** during the past year – reported feeling sad and hopeless for 2 weeks or more in the past year



Note: 6th Grade Prevalence = 20.3%

Source: Fairfax County 2015 Youth Survey

Adolescence

- **40% of adolescents display some level of mental health challenges or illness at some time**
- **40%** Co-morbidity rate
- **22%** Severe impairment
- Typical onset of intermittent explosive disorder is 14



Athlete Focus



Athletes experience unique stress and intensity and are least likely to ask for help.

Statistically there are a significant number of your players that have mental health challenges (40%)

Coaches have a unique and impactful relationship with athletes.



Outside of parents,
coaches may be
the most
important adult in
a child's life

“Leave No Doubt.....”

Coach Lenny Schultz

**ATHLETES EXPERIENCE UNIQUE STRESS AND
INTENSITY AND ARE LEAST LIKELY TO ASK FOR HELP.**



Our Program Inspiration

Deborah Wilson, Ph.D.
SPORT PSYCHOLOGIST

- Clinical Psychologist, University of Virginia
- Former Associate Athletic Director, GMU
- Chair, NCAA Sexual Assault Task Force
- NCAA Mental Health Task Force
- Head Coach, Women's Basketball, The Ohio State U
- James Madison HS Student-Athlete

Remember a coach that had a major impact
Positively or Negatively

The Culture of Athletics



- Many student-athletes see primary identification as an athlete
 - Place high expectations on themselves
- Teammates have a tremendous influence
- Coaches are powerful
- The team is a closed environment
- Parental involvement can be an issue
- Spectators can be harsh critics
- Under constant observation and evaluation

Stressors in Athletics

- Losing role on team or being cut
- Not allowed to leave with dignity
- Conflicts - teammates or coach
- Concussions / Injuries
- Overtraining / burnout
- Multiple competitions, multiple teams
- Fear of failure
- Fear of success

Hazing and bullying (based on power and dominance)

- 22% of HS students - dangerous hazing: 43% - humiliating activities
- **71% of time lead to negative consequences** - Mistrust, anxiety, depression, quitting, fighting, suicidal ideation
- Use of alcohol and other drugs by H.S. student-athletes:
- More frequently / consume more than their non-athlete peers

How to Support



**“FIRST RESPONDERS” (COACHES)
CAN HAVE A HUGE IMPACT!
Give them a chance...**

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L ISTEN

- Pay full attention
- Let them tell **their** story
- Use minimal encouragers

A CCEPT

- Suspend judgment
- Believe **their** account of **their** experience
- Don't investigate or adjudicate
- Ask about suicide, homicide and/or violence

S UPPORT

- Offer hope without trying to “cheer up”
- Lend ego strength without directing or dominating
- Create a “holding environment”

R EFER

- Ensure safety and never leave them alone.
- Use your relationship to help the referral
- **Know before needed to whom you will refer**
- Facilitate the process

R EPORT

- Responsibility and protocols must be clear
- Must know the limits of confidentiality and student privacy

Problem Signs

COGNITIVE

- Rumination
- Incoherent thinking
- Difficulty staying in reality



EMOTIONAL

- Mood swings / Frequent irritability
- Bursts of anger
- High sensitivity to criticism



SOCIAL

- Withdrawal/isolation/
- Discounting praise
- Rebellious



BEHAVIORAL

- Excessive exercising or Chronic tiredness
- Frequent absences
- Neglecting hygiene



RISKY BEHAVIORS

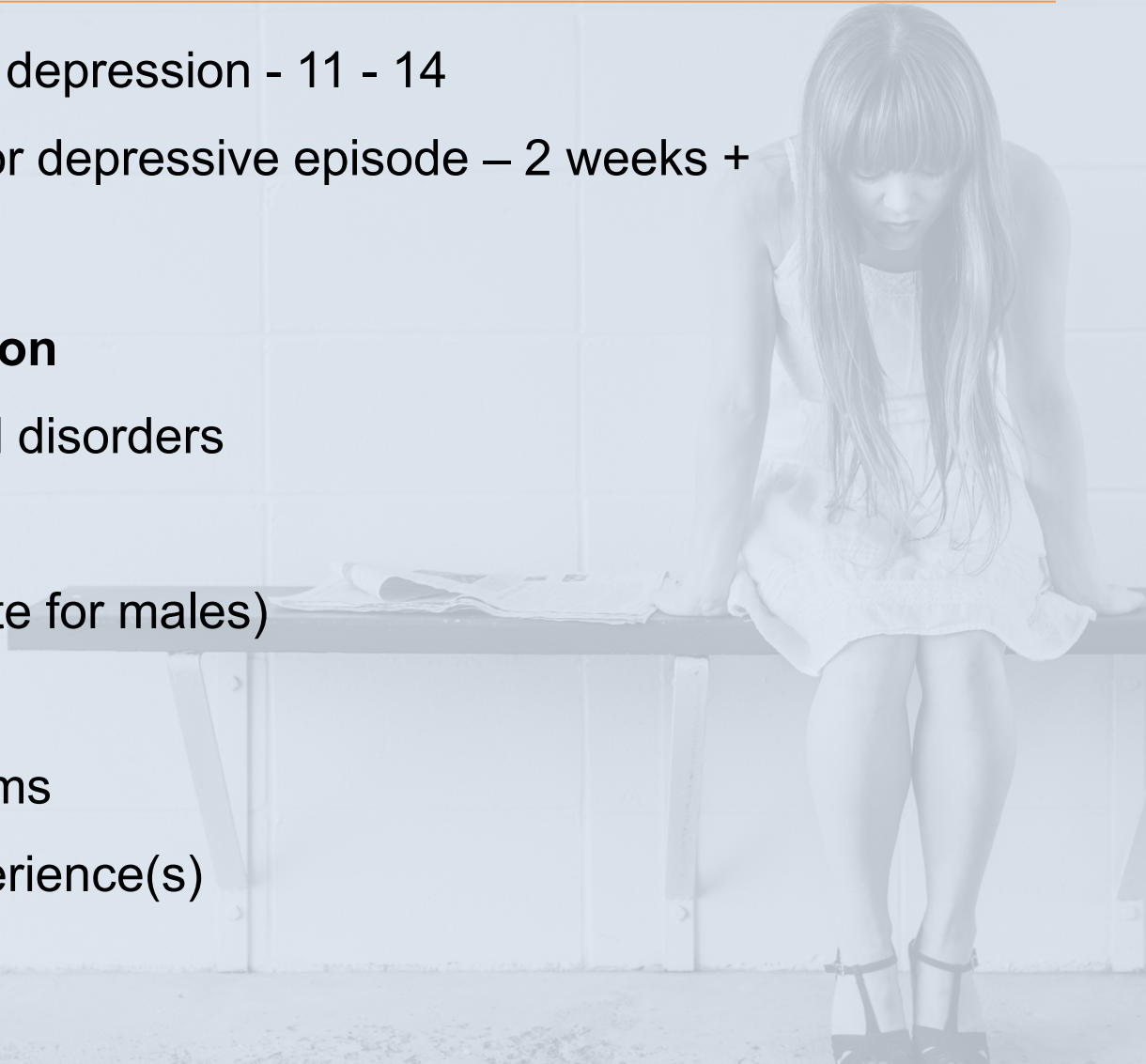
Cutting or self harm • Excessive dieting, bingeing, purging • Over training • Getting into fights • Unsafe Sex • Destroying property • Skipping school or running away • Alcohol and drugs in a harmful way • Driving dangerously

Depression

- Age of onset for major depression - 11 - 14
- 8% adolescents - major depressive episode – 2 weeks +
- Increases with age!

Key Risks for Depression

- Family history of mood disorders
- Low self-esteem
- Female (double the rate for males)
- Learning disability
- Family / parent problems
- Unwanted sexual experience(s)
- Concussions



Suicide Risk

What to Listen for

“I wish I was dead.”

“I’m going to end it all.”

“I just want to die.”

“If _____ doesn’t happen I’ll kill myself.”

“I can’t take it any more.”

“I just want it to stop.”

“Who cares if I’m dead or alive anyway?”

“Soon I won’t be here to kick around any more.”

If you can't ask the
"suicide question,"

**FIND
SOMEONE
WHO CAN
NOW!**

Read between

~~I'm going insane. I'm fine.~~

~~I'm breaking inside. I'm okay.~~

~~It's destroying me. It's nothing.~~

~~Please help me. Don't worry about it.~~

~~I'm in so much pain. Things are going good.~~

the lines.

You do NOT increase
the risk of suicide by
asking directly.

**YOU MAY
INCREASE
THE RISK
BY NOT
ASKING**

ASK

A woman with long dark hair is sitting at a desk, looking down. The word "ASK" is written in large, white, block letters across the image, with the woman's face and upper body visible through the letters.

Asking the Suicide Question

- Set up the conversation
 - Talk privately if possible; Be patient, stay calm
 - Be direct, “Are you thinking of hurting (killing) yourself?”
 - Allow the person to speak freely
 - Recognize athlete’s stress: “You are trying to do something special...”
- Involve the parents
- Don’t let them go until you are sure they are safe!
- If somebody is determined to harm themselves or somebody else, they will probably try to follow through

Our goal is to give them a chance to reconsider and get relief for the core causes before they act.



CRISIS or CONCERN / What do you do?

CRISIS



KEY FACTORS:

- **TIME** (needs to be dealt immediately)
- **POTENTIAL HARM** (to self, others, or property)
- **DO NOT LEAVE** the individual alone

WHAT DO YOU DO?

- **NEVER LEAVE ATHLETE ALONE**
- Call 911 if student is in danger of harming themselves
- Call student's parent or caregiver
- Call Security
- Call Your League Administrator

CONCERN

Academic, social or personal behavior, or mental health issue which is not an immediate threat to safety or security, but warrants further investigation or intervention

WHAT DO YOU DO?

- Talk with the athlete
- Contact parent
- Call a crisis line
- TBD



HELPLINES

- CrisisLink Hotline: 703-527-4077
- CrisisLink Textline: NEED HELP 85511
- 1-800-273-TALK (National Suicide Prevention Lifeline)



After hours: Call the caregiver. If unable to reach caregiver, call the non-emergency number for Fairfax County police at 703-691-2131 for a welfare check.

Follow Up

You **MUST** follow up when:



- The student-athlete has been fragile or vulnerable
- You have been concerned enough to refer
- *A stable network including you and the team can be a key catalyst for help!*

How Can You Help?



THE ROLE OF THE COACH

Be aware / Be involved / Make regular inquiries on the whole person

When they do well, provide specific positive feedback

Communicate high expectations

Set clear consistent boundaries

LASRR

Build the Culture

Build Resiliency

#TakeDowntheStigma!

BUILD THE CULTURE / Build Resiliency

- Use teachable moments
- Bring in Trusted Persons so student-athletes see you interact
- Be aware of language - “Tough it out” / “Don’t be a baby”, “Sicko,” “Mental”
- **Take Down the Stigma** - Break the “Noose of Silence”



Not every
problem is
serious, **but all
deserve attention**

**Athletes
experience
unique stress
and intensity
and are the
least likely to
ask for help.**



#TAKE DOWN THE STIGMA

Websites to Learn More

ERIC MONDAY FOUNDATION

www.ericmondayfoundation.org

FAIRFAX COUNTY HEALTHY MINDS

www.fairfaxcounty.gov/healthymindsfairfax

FAIRFAX COUNTY YOUTH SURVEY

www.fairfaxcounty.gov/youthsurvey

MENTAL HEALTH AND RESILIENCY

www.fcps.edu/resources/student-safety-and-wellness/mental-health-and-resiliency

PREVENTION TOOLKIT

fairfaxcounty.gov/ncs/prevention/toolkit.htm

**CONNER STRONG FOUNDATION
Society for the Prevention of Teen
Suicide**

<http://sptsuniversity.org>

Next Steps

Receive approval
to proceed

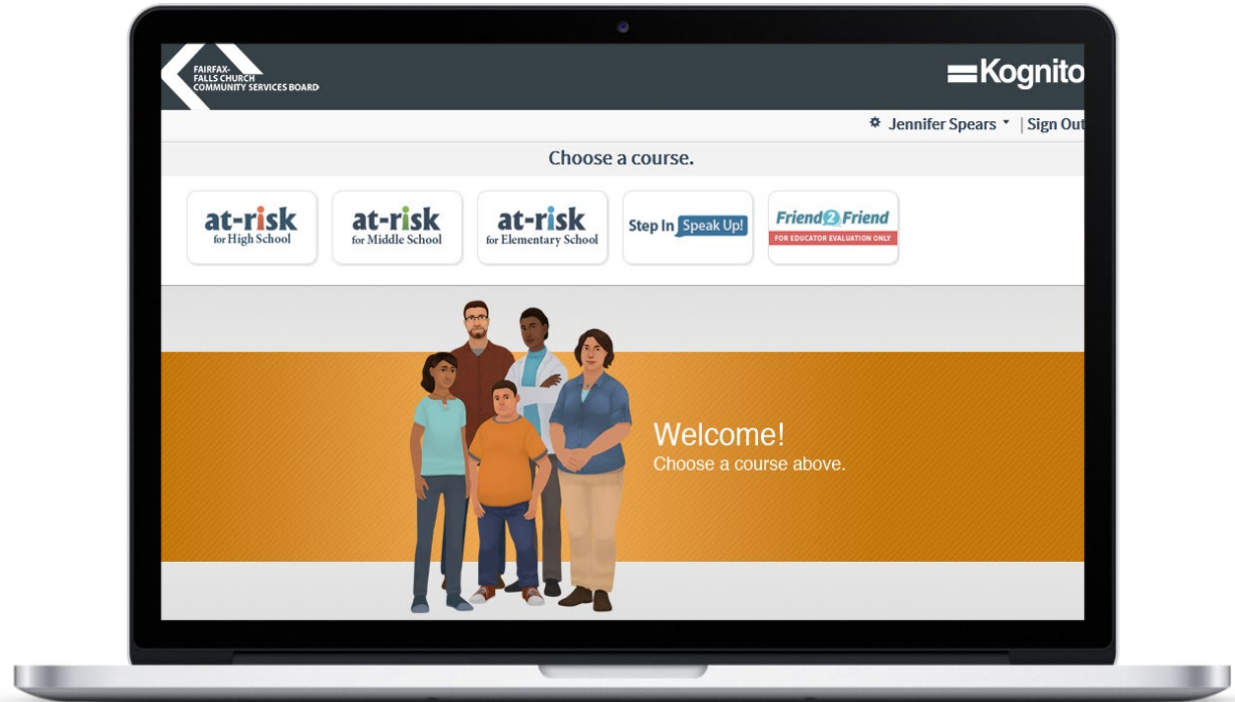
Coordination with
Fairfax County and
Fairfax County
Schools

Develop
webinar content

Script
Voice Over
Graphics
Cameo Appearances
Test
Launch

Resources

Kognito on-line suicide prevention training



<https://fairfax.kognito.com/>

Resources

Youth Mental Health First-Aid



- An **8 hour educational program** that provides adults the tools to help youth who may be developing a mental health problem or experiencing a mental health crisis
- **Provides information** on normal adolescent development, signs and symptoms of mental health or substance abuse issues, protective factors and the importance of early intervention
- **Participants DO NOT learn how to diagnose** nor how to provide therapy or counseling, but how to connect the youth and family to appropriate services
- Courses are free in FCPS!

www.fairfaxcounty.gov/csb/mental-health-first-aid.htm