



Varsity Sports are back! Mental Health Screening 101

Screening for Mental Health is Essential, September 2021

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It is reported that 30%-80% of student-athlete struggle with mental health symptoms. Having a system in place to identify and manage mental health problems can help student-athletes be healthy, safe, and perform well academically and athletically. The Mental Health Subcommittee of the U SPORTS Sports Medicine and Research Science Committee released [Best Practices](#) for Student-Athlete Mental Health in 2020. While a comprehensive mental health program for student-athletes at each University featuring sport-competent counselors, psychologists and psychiatrists is optimal, it needs to be more realistic. As we continue to advocate for athletic departments to invest in formal mental health support for student-athletes, basic elements of mental health screening and support should be instituted.

Screening tools are instruments that can be used at contact points of care to explore the presence of symptoms; however, questionnaires alone are insufficient to support the mental health needs of student-athletes. A clearly identified pathway for interpretation of results and subsequent actions based on those results must be established.

Screening tools are validated, free and easy to access, and simple to administer. Incorporating them into pre-participation screening is a simple way to detect problems and initiate support. Administering them following injury or adversity can also capture evolving struggles before they develop into severe illness or impairment.

Screening Tool Types

Good screening tools should be easy to administer, straight-forward to interpret, and identify potential challenges early enough to facilitate intervention. The purpose of these tools is to identify individuals at risk of having specific illnesses, which should then prompt further referral or exploration to establish diagnoses. Screening tools may assess for symptoms of specific areas of difficulty (ie. depression) or more general struggles (ie. psychological distress). While research into student-athlete mental health is burgeoning, only a small number of screening tools have been studied and validated in the student-athlete population. Although many NCAA schools subscribe to the standardized remotely managed Counselling Center Assessment of Psychological Symptoms ([CCAPS-34](#)), mental health screening at U SPORTS institutions appears to be inconsistent and not standardized.

The International Olympic Committee Working Group on Mental Health published a [consensus statement](#) on the mental health of elite student-athletes in 2019. This was followed by the release of





the Sport Mental Health Assessment Tool ([SMHAT-1](#)) and Sport Mental Health Recognition Tool ([SMHRT-1](#)) in 2020 (full article available [here](#)).

[SMHAT-1](#): The SMHAT-1 is a 3-stage tool that can be completed on paper or online. It can be used by sports medicine physicians and other licensed/registered health professionals, but the clinical assessment (and related management) within the SMHAT-1 should be conducted by sports medicine physicians and/or licensed/registered mental health professionals.

In Step 1 all student-athletes complete the Athlete Psychological Strain Questionnaire (APSQ) which has a defined threshold. If this threshold is surpassed, the student-athlete is then directed to complete step 2 which consists of 6 additional embedded screening tools. These embedded screens include tools that assess for symptoms of depression (PHQ-9), anxiety (GAD-7), sleep problems (ASSQ: Athlete Sleep Screening Questionnaire), alcohol use disorders (AUDIT-C), other substance misuse (CAGE-AID), and disordered eating (BEDA-Q). Each of these embedded screens also have thresholds that define severity of symptoms, which guide subsequent clinical decisions. The SMHAT-1 features an algorithm that outlines interventions (Step 3) given specific scoring outcomes. Additional screening tools are embedded for student-athletes registering scores beyond a specified level, which further evaluate for ADHD, bipolar disorder, posttraumatic stress disorder, gambling, and psychosis.

[SMHRT-1](#): This tool can be used by student-athletes, coaches, family members and all other health professionals and members of the athlete's entourage to recognize mental health problems and understand when to seek support. The SMHRT-1 presents a list of athlete experiences (thoughts, feelings, behaviours, physical changes) that could be indicative of mental health problems. The athlete and/or anyone in their lives can engage with or seek supports if these experiences are present, significant and/or persistent.

Individual screening tools: While the SMHAT-1 provides an assessment tool that is embedded with several individual screens, the individual tools can also be used on their own. Some U SPORTS institutions use some, but not all, the tools embedded in the SMHAT-1 prior to its development. Each of the individual tools embedded in the SMHAT-1 are available online and have clearly defined thresholds (other than the BEDA-Q). The threshold for the BEDA-Q was assigned by the IOC Mental Health Working group for the SMHAT-1 based on articles that were available for review.

[PHQ-9](#): This depression-screening tool can assess for the presence and severity of depressive symptoms. Threshold values are defined as none-minimal (0-4), mild (5-9), moderate (10-14), moderate-severe (15-19) and severe (20-27).

[GAD-7](#): This tool screens for the presence and severity of symptoms of anxiety. Threshold values are defined as minimal (0-4), mild (5-9), moderate (10-14), and severe (15-21).

[ASSQ](#): This tool was developed to detect clinically significant sleep disturbances and daytime dysfunction, and to provide interventions based on the type and severity of the problem that is identified in an athlete population. The SMHAT-1 contains a new 5-item version of the ASSQ that categorizes athlete sleep problems as none (0-4), mild (5-7), moderate (8-10), and severe (11-17).

[AUDIT-C](#): This tool is a brief screening instrument that identifies individuals who are engaging in hazardous drinking patterns or have active alcohol use disorders (including alcohol abuse or dependence). Each AUDIT-C question has 5 answer choices valued from 0-4 points. In men, a score





of 4 or more is considered positive, whereas in women, a score of 3 or more is considered positive. Positive scores are considered optimal for identifying hazardous drinking or active alcohol use disorders. Generally the higher the score, the more likely it is that a person's drinking is affecting his or her safety.

CAGE-AID: This tool was adapted from the CAGE questionnaire, which was originally developed to assess for alcohol use disorders. Scores of 1 or more should prompt consideration of referral for further assessment by mental health or addictions professionals. The version of the CAGE-AID embedded in the SMHAT-1 contains examples of illicit substances listed on the form for easy identification of substances used by the student-athlete.

Pathways beyond Screening

Screening tools are useful not only for identifying presence of symptoms, but also for indicating severity of symptoms. This can be used to determine next steps in the student-athlete support pathway.

- a. Mild to moderate severity can sometimes be managed very appropriately in the Sports Medicine physician's office, depending on knowledge base, skill set and comfort level. Student-athletes who demonstrate mild to moderate depression or anxiety symptoms may also benefit from referral to a mental health clinician such as a social worker, registered psychotherapist, or psychologist. If sport-competent clinicians are not available within an athletics department, school-based student health services usually have clinicians with a skill set appropriate to further assess and manage these symptoms. Although the sport-focused support would not necessarily be part of the approach, the athlete would still receive support.
- b. Student-athletes who score in the high-moderate to severe range in any of these tools should be referred to a psychiatrist for further assessment and treatment. A sports psychiatrist would be able to provide a sport-competent assessment and work with the Sports Medicine physician, Interdisciplinary Support Team, coaches and the student-athletes to develop a comprehensive approach to balancing treatment and sport. Most universities also have psychiatrists on staff in the Student Wellness department, and all student student-athletes would be eligible to access their services in the absence of a sports psychiatrist.

All U SPORTS schools have established mental health emergency action plans developed for the entire student population. These can be accessed for student student-athletes if they encounter a mental health crisis at any time.

Moving Forward

Mental health problems are prevalent in the student-athlete community, and screening for symptoms can assist with early identification and intervention. Many screening tools are available to assess a wide variety of mental health problems, addictions, sleep challenges and disordered eating. Some tools have been studied in the athlete population, while others are used more broadly in the general population.





Screening for mental health problems in student-athletes is vitally important for early identification of challenges, however a pathway must be established for downstream support and referral to specialized services if necessary.

Screening can be conveniently administered with pre-season pre-participation evaluations but may also be useful in detecting challenges post-injury, in the context of adversity, or at any point of the season if the athlete is struggling.

Although it would be optimal for each athletics department to have mental health supports for student-athletes embedded within their services, school-based student wellness services are also available for student-athletes who demonstrate or endorse mental health challenges. The type and severity of symptoms identified on screening tools can guide the appropriate level of support that can be sought beyond screening.

Key Points

- Screening for mental health problems can be useful in early identification of a struggling student-athlete and facilitate early intervention and treatment.
- Many screening instruments are free, easy to access, simple to administer, and have clear interpretation schemes.
- It is important to have an identified pathway of further support for student-athletes, guided by results from the screening tools.
- If sport-competent mental health practitioners are not embedded in the athletics department of the university, mental health professionals affiliated with student wellness services can also support student-athletes who are struggling with mental health challenges.
- If a full battery of screening tools cannot be practically implemented, consider using a single comprehensive tool with an established response algorithm (such as the SMHAT-1), or implement a small number of tools to screen for common symptoms such as depression (PHQ-9) and anxiety (GAD-7).
- The SMHRT-1 should be distributed to all student-athletes, coaches, IST and other support personnel to enhance mental health literacy and increase awareness about indications to seek support.

