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## The Comfort Level of High School Athletic Trainers When Dealing with Mental Health Conditions

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## ***The Comfort Level of High School Athletic Trainers When Dealing with Mental Health Conditions***

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### ***OBJECTIVE***

The purpose of this study was to investigate the comfort level of high school athletic trainers in dealing with mental health conditions/situations.

### ***DESIGN AND SETTING***

The instrument was sent to high school athletic trainers in southwest Ohio using SurveyMonkey. I attained a list of high school athletic trainers from the Ohio Athletic Trainers' Association and surveyed OATA Southwest District athletic trainers. 237 instruments were emailed with a return rate of 35.4% (n=84).

### ***PARTICIPANTS***

My first independent variable was gender. 32.1% (n=27) were male and 67.9% (n=57) were female. My second independent variable was work experience. If they have worked as an athletic trainer for five years or less, they were declared as a young professional. If they have worked as an athletic trainer for six years or more, they were declared as a veteran. There were 45.2% (n=38) athletic trainers that were considered young professional. 54.8% (n=46) were considered veteran. The dependent variables were the different mental health conditions such as anxiety, depression, post-traumatic stress disorder (PTSD), eating disorders, and suicidal thoughts.

### ***INTERVENTION***

Question one covers the topic of participation of mental screening. Question two covers how often athletic trainers work with mental health conditions. Questions three through eight go over the recognition of signs and symptoms. The topic of referring to the

correct medical professional is covered by questions nine through fourteen. Lastly, questions 15 through eighteen cover demographics: formal education, years of work experience, gender, and age. The content validity is provided by the Table of Specifications (ToS). The face validity was established a panel of experts as exempted research. To analyze my data, I used the Statistical Package for Social Sciences version 24.0. The study was approved by the Institutional Review Board.

### ***MAIN OUTCOME MEASUREMENT***

Question one uses a two-point Likert scale with the answers being yes<sup>1</sup> or no<sup>2</sup>. Question two covers a four-point Likert scale with the choices being 'once a day<sup>1</sup>', 'once week<sup>2</sup>', 'once a month<sup>3</sup>', and 'once a year<sup>4</sup>'. A five-point Likert scale will be used for questions three through fourteen. The given choices are 'strongly agree<sup>1</sup>', 'agree<sup>2</sup>', 'neutral<sup>3</sup>', 'disagree<sup>4</sup>', and 'strongly disagree<sup>5</sup>'. For question fifteen, I used a two-point Likert scale with the choices being true<sup>1</sup> or false<sup>2</sup>. Question sixteen is another five-point Likert scale with the answer choices being 'less than five years<sup>1</sup>', 'six to ten years<sup>2</sup>', 'eleven to fifteen years<sup>3</sup>', 'sixteen to twenty years<sup>4</sup>', and 'twenty-one years or more<sup>5</sup>'. Question seventeen uses a two-point with the choices being male<sup>1</sup> or female<sup>2</sup>. Descriptive statistics (frequency counts and percentages) were calculated for every applicable item on my survey. To analyze my data, I used Chi Square test with the grouping variables being gender and work experience (young professional vs. veteran). The alpha levels were set to .05 *a priori* to determine a significant statistical difference.

**RESULTS**

One question that I found interesting and caught my attention states, "I have received formal training on mental health," with the choices being true or false. 50% (n=42) of the participants chose true and 48.9% (n=41) people chose false. One person chose not to answer the question. What this means is that almost half of the participants have not had training on mental. As mental health becomes more prevalent in our schools, we need to know how to take care of our patients and/or athletes. 81.0% (n=68) chose false when asked about mental health screenings being conducted in their workplace at a high school. 32.1% (n=27) chose 'once a week' when asked how often they work with athletes with mental health conditions. 40.3% (n=34) chose a negative answer when asked about recognition of symptoms of Post-Traumatic Stress Disorder. The statement was "I work at a high school that conducts mental health screenings," with the choices being true or false ( $\chi^2=5.598$ ,  $df=1$ ,  $p=.018$ ). The top answer was false with 92.1% (n=35) young professionals and 71.7% (n=33) veteran athletic trainers. 22.6% (n=19) chose neutral when questioned about their ability to recognize signs and symptoms of depression. 21.4% (n=18) athletic trainers felt neutral when asked about the recognition of signs and symptoms of anxiety. Only 7.1% (n=6) athletic trainers chose "strongly agree" when asked about the recognition of signs and symptoms of Post-Traumatic Stress Disorder. The question stated, "I am confident in recognizing the signs and symptoms of anorexia nervosa,"

with only 10.7% (n=9) of the subjects choosing strongly agree. Another question that caught my eye stated, "I believe I can recognize the warning signs of suicide," with 26.2% (n=22) felt neutral about their abilities. There was a statistically significant difference ( $\chi^2=5.266$ ,  $df=1$ ,  $p=.022$ ) between Athletic Trainer's comfort level who are male versus female in dealing with mental health conditions. Again, the very first question on my survey provided a statistically significant difference. The question stated, "I work at a high school that conducts mental health screenings." The question stated, "I am confident in recognizing the signs and symptoms of anorexia nervosa," with the choices being strongly agree, agree, neutral, disagree, and strongly disagree.

**CONCLUSION**

Only half of the participants of this study had formal training in mental health situations. 81% ((n=68) of the participants did not do mental health screenings at their high school. While the majority felt comfortable recognizing the signs and symptoms of anxiety, depression, PTSD, anorexia, bulimia and suicide, there were still some that were not comfortable and even more that felt less confident in referring athletes with these conditions. More specific and detailed education on mental health issues need to be better implemented in athletic training programs and at professional conferences. This will ensure that athletic trainers are able to recognize the signs and symptoms and can refer athlete's with mental health issue.

**KEY WORDS:** *Mental Health, Athletic Trainers, High School, Depression, Anxiety, Post-Traumatic Stress Disorder*