

## Mental health screening in National Collegiate Athletic Association Division I athletes: Is the pre-participation evaluation form effective?

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**Objective:** To evaluate the screening practices and pre-participation evaluation (PPE) forms used to identify college athletes at risk for mental health disorder, particularly depression.

**Design:** Survey and collection of pre-participation evaluation forms for incoming and returning student athletes.

**Setting:** National Collegiate Athletic Association (NCAA) Division I universities.

**Participants:** All 347 NCAA Division I universities were invited to submit their pre-participation evaluation forms with forms collected from 219 programs (63%).

**Main Outcome Measures:** Each PPE was screened for the following information: Whether the athlete had a history of any mood disorder or had been seen by a psychiatrist or psychologist, whether the athlete had a family history of depression or other mood disorder, and whether it included any of the National Athletic Trainer Association's (NATA) recommended mental health screening questions. Specifically, NATA's recommended screening questions include answering yes or no to the following: "I often have trouble sleeping", "I wish I had more energy most days of the week", "I think about things over and over", "I feel anxious and nervous much of the time", "I often feel sad or depressed", "I struggle with being confident", "I don't feel hopeful about the future", "I have a hard time managing my emotions (frustration, anger, impatience)" and "I have feelings of hurting myself or others".

**Results:** All universities (100%) required a PPE for incoming athletes. Only 4 universities (2%) included all recommended screening questions, 121 universities (55%) included any recommended mental health screening questions and only 99 (45%) screened for the symptom of depressed mood. 5 programs (2%) used alternative standardized screening tools including the Generalized Anxiety Disorder 7-item (GAD-7) scale, Patient Health Questionnaire (PHQ-9) and the Center for Epidemiologic Studies Depression Scale-Revised (CESD-R). Relevant items contained in PPE forms include asking about personal history of mental health disorders or treatment by a psychiatrist or counselor 115 (53%), family history of depression or mental health disorders 43 (20%), family history of suicide 3 (1%). 71 programs (32%) have no mental health questions in their PPE forms.

**Conclusions:** The current PPE forms used by NCAA Division I universities may not effectively screen for depression or other mental health disorders. There is no cohesive sentiment for what constitutes appropriate mental health screening in incoming athletes.

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## Improving knowledge through an educational program on an integrated care pathway for self-injurious behavior (SIB) and intellectual and developmental disability (IDD)

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To date, there is a lack of standardized treatment for individuals with self-injurious behavior (SIB) and intellectual and developmental disability (IDD). This paper is aimed at addressing the lack of knowledge and standardization in treating individuals who engage in frequent and significant SIB to the head. Specifically, this paper will address how an evidence-based integrated care pathway can increase the level of knowledge for treatment team members working with individuals with IDD that engage in frequent and/or significant SIB. Treatment team members were trained on an educational program related to SIB with the IDD population and on an integrated care pathway for SIB to the head. It is anticipated that this pathway will increase treatment team knowledge of best practices, decrease clinical variation, standardize care and improve clinical outcomes with this vulnerable population. Finally, implications for more broadly utilizing integrated care pathways in healthcare assessment and delivery are discussed.

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