Considerations for Best Mental Health Screening Practices

Adapted From a Studied Prevalence of Mental Health Symptoms Among Adolescent Student-Athletes

Luis Torres, DHSc, LAT, ATC

ATSNJ 2026

Disclosures

- This research was funded by the 2024 ATSNJ Research Grant

- Publishing colleague, Dr. Lindsey Keenan (Westchester University), is the Co-Founder and CEO of PROmotion Health

Objectives

- Understand the prevalence of depression, anxiety, and disordered eating symptoms among adolescent student athletes
- Remember existing recommendations for best mental health screening practices among adolescent athletes
- Evaluate whether an online platform with browser and smartphone application compatibility is effective and efficient in screening for mental health symptoms among adolescent athletes
- Evaluate their own mental health screening practices and determine whether they are appropriate

Mental Health In the Secondary Setting (for athletes)

- What we know
  - 49.5% of American adolescents aged 13 to 18 have experienced a mental health condition with 22.2% of these adolescents having experienced severe impairment because of their condition(s)
  - Most common mental health conditions in this age group
    - Depression (≈ 13.1%, NIH, 2023) (USA only)
    - Any Anxiety Disorder (≈ 31.9%, NIH, 2026) (USA only)
    - Disordered Eating (≈ 22%, Lopez – Gil et al., 2023) (Globally)

- What we think we know
  - Participation in athletics may serve as a protective factor against mental health conditions
  - Participation in athletics may serve as a risk factor for mental health conditions

How can we turn this in our favor?

SHOTS - HEALTH NEWS

RFK Jr. wants to end mental health screenings in schools. Experts say it's a bad idea

SEPTEMBER 16, 2025 · 3:08 PM ET

By Rhitu Chatterjee

3-Minute Listen + PLAYLIST TRANSCRIPT ···

Mental Health In the Secondary Setting (for athletes)

- What we know
  - 49.5% of American adolescents aged 13 to 18 have experienced a mental health condition with 22.2% of these adolescents having experienced severe impairment because of their condition(s)
  - Most common mental health conditions in this age group
    - Depression (≈ 13.1%, NIH, 2023) (USA only)
    - Any Anxiety Disorder (≈ 31.9%, NIH, 2026) (USA only)
    - Disordered Eating (≈ 22%, Lopez – Gil et al., 2023) (Globally)

- What we think we know
  - Participation in athletics may serve as a protective factor against mental health conditions
  - Participation in athletics may serve as a risk factor for mental health conditions

How can we turn this in our favor?

1. Protect Against the Athletic Identity

2. Practice Psychologically Informed Practice (Baez & Jochimsen, 2023)
   - Screening
   - Psychosocial Interventions

What is your athletic identity?

- Time (10%)
- Clothing (10%)
- Friends (10%)
- Family (10%)
- Food (10%)
- Priorities (10%)
- Exercise (10%)
- Mental Headspace (10%
- Social Media (10%)
- Fears (10%)

Athlete you

These are <u>both</u> you!

Non-athlete you

Recent History in AT Mental Health Screening (2014)

- Consider questions to determine the mental health status of the athlete as part of the health history portion of PPE
- Also consider a plan for referral and follow-up when appropriate

Journal of Athletic Training 2014;49(1):102–120
doi: 10.4085/1062-6050-48.6.05
© by the National Athletic Trainers' Association, Inc
www.natajournals.org

National Athletic Trainers' Association Position Statement: Preparticipation Physical Examinations and Disqualifying Conditions

Kevin M. Conley, PhD, ATC* (Chair); Delmas J. Bolin, MD, PhD, FACSM†; Peter J. Carek, MD, MS‡; Jeff G. Konin, PhD, PT, ATC, FNATA, FACSM§; Timothy L. Neal, MS, ATC‖; Danielle Violette, MA, ATC#

Table 9. Mental Health–Related Survey[a]

Statement	Yes/No
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).	
I have feelings of hurting myself or others.	

[a] Adapted from Carroll and McGinley.[41]

Journal of Athletic Training 2025;60(11):791–797
doi: 10.4085/1062-6050-0063.25
© by the National Athletic Trainers' Association, Inc
www.natajournals.org

Assessing the Validity of the Mental Health–Related Survey in Collegiate Student-Athletes

Lindsey Keenan, PhD, LAT, ATC*; Zachary K. Winkelmann, PhD, LAT, ATC†; Luis Torres, DHSc, LAT, ATC‡; Yvette Ingram, PhD, LAT, ATC§; Rachel Daltry, PsyD||

Departments of *Sports Medicine and ||Counseling & Psychological Services, West Chester University, PA; †Department of Exercise Science, University of South Carolina, Columbia; ‡Department of Kinesiology, Montclair State University, NJ; §Department of Biological and Health Sciences, Commonwealth University Lock Haven, PA

Key Points

- Although a majority of collegiate student-athletes (62.5%) indicated at least 1 symptom on the Mental Health–Related Survey (MHRS) that would have warranted a referral, only 13.2% reported clinically relevant depression, and 14.8% reported clinically relevant anxiety.
- The MHRS has a specificity of 24.6% and a sensitivity of 93.9%, with an overall accuracy of 40.1% compared with a neuropsychiatric interview.
- Based on our data, the MHRS, a 9-item questionnaire recommended in 3 consensus or position statements, has low clinical utility and is not recommended for preventive mental health screening.

Recent History in AT Mental Health Screening (2015)

- Useful to have a multidisciplinary team in place to address athlete mental health
- Depression, anxiety, psychological response to injury, concussion, substance/alcohol abuse, ADHD, eating disorders, bullying/hazing highlighted

Journal of Athletic Training 2015;50(3):231–249
doi: 10.4085/1062-6050-50.3.03
© by the National Athletic Trainers' Association, Inc
www.natajournals.org

consensus statement

Interassociation Recommendations for Developing a Plan to Recognize and Refer Student-Athletes With Psychological Concerns at the Secondary School Level: A Consensus Statement

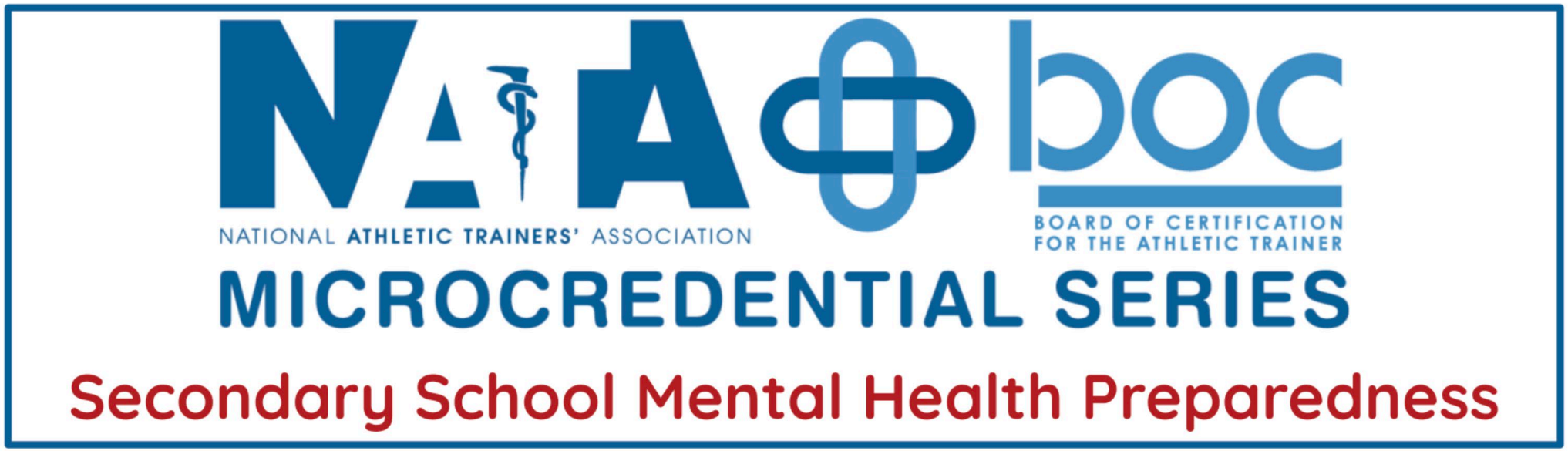
Timothy L. Neal, MS, ATC (Chair)*; Alex B. Diamond, DO, MPH†; Scott Goldman, PhD, CC-AASP‡; Karl D. Liedtka, MS§; Kembra Mathis, MEd, ATC||; Eric D. Morse, MD, DFAPA¶; Margot Putukian, MD, FACSM#; Eric Quandt, JD; Stacey J. Ritter, MS, ATC††; John P. Sullivan, PsyD‡‡; Victor Welzant, PsyD§§**

Recent History in AT Mental Health Screening (2016, 2020, 2024)

- Screening tools should be used in consultation with primary athletics health care provider and/or licensed MH provider
- Screening tools should be validated
- At minimum, screen for psychological distress
- Screen at least once annually

Recent History in AT Mental Health Screening (2025)

- Self-paced micro-credential designed to equip secondary school ATs with essential knowledge and practical strategies to recognize, respond to, and plan for MH challenges



The NATA–BOC Microcredential Series empowers athletic trainers with specialized, evidence-based education backed by credentialing rigor. It is a strategic partnership and joint initiative between the National Athletic Trainers' Association (NATA) and the Board of Certification (BOC)—designed to set a new standard in continuing professional development.

Mental Health Screening in Action!

SCHOOL A

SCHOOL B

SCHOOL A

- A cross-sectional survey study of 55 adolescent male student-athletes was conducted at a private, all-male high school in New Jersey during the Spring of 2025
- All male students-athletes were provided with the Generalized Anxiety Disorder-7 (GAD-7), the Patient Health Questionnaire for Adolescents (PHQ-A), and the SCOFF questionnaires to assess for symptoms of anxiety, depression, and disordered eating, respectively
- All questionnaires were delivered via the smartphone application of an online platform called PROmotion Health around the start of the Spring sports season

SCHOOL A

LACROSSE

(N = 23)

TRACK

(N = 11)

VOLLEYBALL

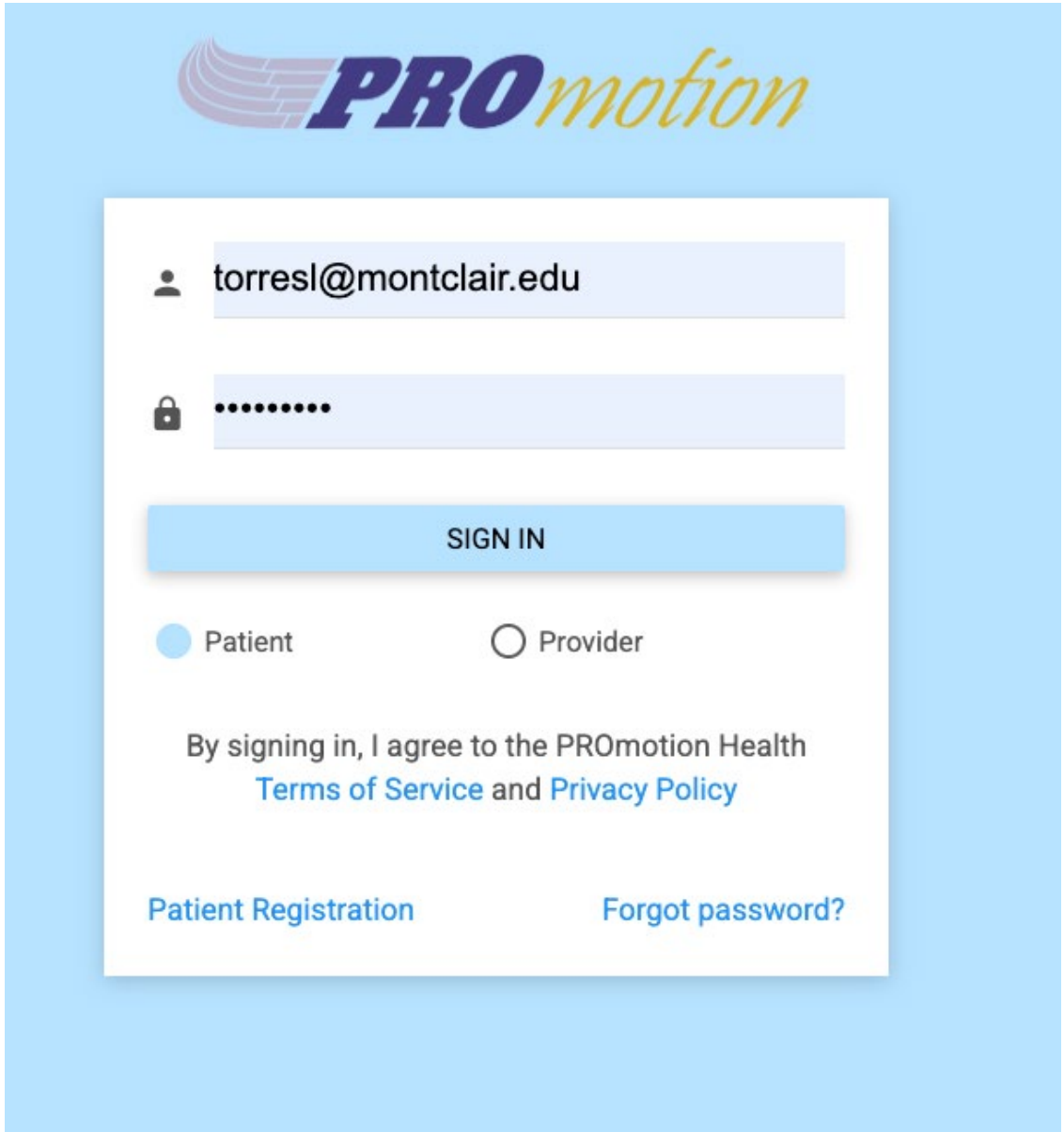
(N = 9)

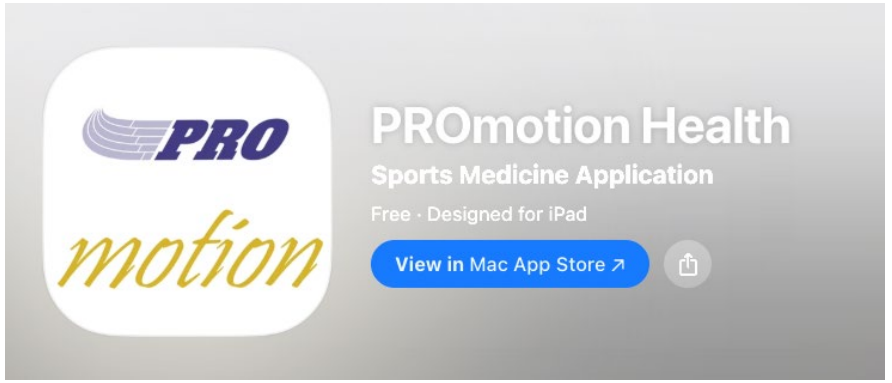
BASEBALL

(N = 6)

RUGBY

(N = 6)


PROmotion
torresl@montclair.edu
••••••••••
SIGN IN
Patient
Provider
By signing in, I agree to the PROmotion Health
Terms of Service and Privacy Policy
Patient Registration
Forgot password?


PRO
motion
PROmotion Health
Sports Medicine Application
Free · Designed for iPad
View in Mac App Store ↗

Luis Torres

Home

Organizations

Groups +

Providers

Patients

Surveys −

Create Survey

Manage Surveys

Assign Surveys

PROmotion Health, LLC © 2026 - 2027

GAD 7 (Anxiety)

GAD-7

Anxiety Questionnaire

Red Flag Point : 10 | Yellow Flag Point : 5 | Green Flag Point : 0

Feeling nervous, anxious, or on edge

Patient Question Name: GAD7.1

1). Not at all (Point : 0)

2). Several days (Point : 1)

3). More than half the days (Point : 2)

4). Nearly every day (Point : 3)

Not being able to stop or control worrying

Patient Question Name: GAD7.2

1). Not at all (Point : 0)

2). Several days (Point : 1)

3). More than half the

4). Nearly every day (

Luis Torres

Home

Organizations

Groups

Providers

Patients

Surveys

Create Survey

Manage Surveys

Assign Surveys

PHQ-A (Depression)

PHQ-A

Depression Questionnaire

Red Flag Point : 10 **Yellow Flag Point : 5** **Green Flag Point : 0**

Little interest or pleasure in doing things?

Patient Question Name: PHQ-A.Question1

1). Not at all (Point : 0)

2). Several days (Point : 1)

3). More than half the days (Point : 2)

4). Nearly every day (Point : 3)

Feeling down, depressed, or hopeless?

Patient Question Name: PHQ-A.Question2

1). Not at all (Point : 0)

2). Several days (Point : 1)

3). More than half the days (Point : 2)

4). Nearly every day (Point : 3)

Home
Organizations
Groups
Providers
Patients
Surveys
Create Survey
Manage Surveys
Assign Surveys

SCOFF (Disordered Eating)

SCOFF

Disordered Eating Questionnaire

Red Flag Point : 2 | Yellow Flag Point : 1 | Green Flag Point : 0

Do you make yourself sick because you feel uncomfortably full?

Patient Question Name: SCOFF.1

1). Yes (Point : 1) 2). No (Point : 0)

Do you worry that you have lost control over how much you eat?

Patient Question Name: SCOFF.2

1). Yes (Point : 1) 2). No (Point : 0)

PROmotion Health, LLC © 2026 - 2027

SCHOOL A – Results

- Elevated symptoms of anxiety, depression, and disordered eating were found among 38.1%, 32.7%, and 16.4% of student-athletes, respectively
- Significant relationships were found between anxiety and depression ($R = 0.88$, $p = .001$), anxiety and disordered eating ($R = 0.35$, $p = .009$), and depression and disordered eating ($R = 0.41$, $p = .002$)
- Athlete healthcare team follow-up rate ≈ 15%
- The results demonstrate that the methods utilized in this study, including the use of the PROmotion Health online platform, allowed student-athletes to be open and honest about their symptoms

SCHOOL B

- A cross-sectional survey study of 84 adolescent student-athletes (65 males, 19 females) was conducted at a public high school in New Jersey during the Fall of 2025
- Again, all students were provided with the GAD-7, the PHQ-A, and the SCOFF questionnaires to assess for symptoms of anxiety, depression, and disordered eating, respectively
- Again, PROmotion Health was utilized, around the start of the Winter sports season

SCHOOL B

Girls' Basketball (n = 19)

Boys' Basketball (n = 33)

Wrestling (n = 32)

SCHOOL B - Results

- Elevated symptoms of anxiety, depression, and disordered eating were found among 20.2%, 19.0%, and 27.3% of student-athletes, respectively
- Significant relationship was found between anxiety and disordered eating ($R = 0.36$, $p < .001$)
- Athlete healthcare team follow-up rate = 11.9%
- Again, PROmotion Health was effective and efficient

SCHOOL A vs. SCHOOL B

- Anxious symptom prevalence
  38.1% (A), 20.2% (B)
- Depressive symptom prevalence
  32.7% (A), 19.0% (B)
- Disordered eating symptom prevalence
  16.4% (A), 27.3% (B)
- Follow-up rate
  15% (A), 11.9% (B)

Possible reasons for differences

- Sex
- Sport
- Sport season
- Scholastic environment (how prevalent is stigma?)
- Socioeconomic status
- Adult support or lack of (parents, teachers, coaches, etc.)

...and many, many more

Control what you can control!

Thorough, consistent, mental health screening

Lessons Learned

- Mandatory screening is the gold standard Screeners screen…they don’t diagnose!
- Establish a follow-up that is feasible
- Digital screening allows improved communication among the athlete MH team
- Remove coaches from the equation when possible (yes, even the helpful ones)
- Emphasize maintenance of sport participation

Clinical Bottom Line

- Sports participation may serve as a risk factor for poor mental health among adolescent athletes without the provision of appropriate resources and/or interventions from ATs
- ATs need to be well equipped with the knowledge of the prevalence of certain mental health symptoms in this population and the appropriate methods that allow them to perform mental health screenings as effectively and efficiently as possible
- Every AT should have an annually rehearsed mental health action plan that is logical for their school and available resources, involves all important stakeholders, and seeks to improve all relevant mental health outcomes

Thank you!

MONTCLAIR STATE UNIVERSITY

ATSNJ
Athletic Trainers' Society of New Jersey

PROmotion
MENTAL HEALTH SCREENING