Physical Educators As Associates In Self-Injury

Saadia Mahmood-ul-Hassan¹², Sana Ullah Khan³, Rabia Karim⁴, Aqsa Ahmad⁴, Sajida Perveen⁴, Muhammad Farhan Tabassum⁵

¹University Institute of Diet & Nutritional Sciences, Faculty of Allied Sciences, University of Lahore, Lahore, Pakistan.

²University Institute of Food Science & Technology, Faculty of Allied Sciences, University of Lahore, Lahore, Pakistan.

³Sanai Fitness4u, 19 Cheetham Hill Road, Manchester M4 4FY, United Kingdom.

⁴Department of Sport Sciences & Physical Education, Faculty of Allied Sciences, University of Lahore, Lahore, Pakistan.

⁵Department of Mathematics, University of Management and Technology, Lahore, Pakistan.

Abstract: Students often use self-injury (SI) as a diversion from mental agony. Some express anger or revulsion, strong negative feelings, or seek help from others in their personal support system. SI presents as many forms of harming oneself, such as: cutting, burning, scratching, head banging, and hitting. Most self-injurers do so intentionally, not by accident, as a coping mechanism. Physical Educators can guide youngsters who suffer from SI. They can counsel (but not act as a substitute for professional therapy or analysis) or assist in eradicating harmful impulsive emotions. They may fill a unique role, develop a reliable connection and a trustworthy relationship with such students, and aid them in identifying the cause of SI and resolving the issue. Empirical research has shown that it is more common in teenagers than adults. SI depicts their internal anguish and distress, it is manipulated as a tool to relieve their minds and make them realize the existence to break away from their social surroundings.

Keywords: Deliberate self-harm, Intervening, Emotional regulation, Self-punishment, Anti-dissociation, Communication, interpersonal influence

INTRODUCTION
The term Self-injury (Reisner, Biello, Perry, Gamarel, & Mimiaga) is denoted as a “deliberate, conscious and direct physical injury or injury which is done in the absence of any suicidal resolute” (Nock, 2010) which is not done purposefully to reshape or beautifying the body, it is the reason which educators are acquiring familiarity with time. The term 'self-harm' (also referred to as Para suicide or 'deliberate self-injury') refers to a range of behaviors, not mental disorders or illnesses. In many cases, self-harm is not intended to be fatal but must still be taken seriously. While it might seem counter-intuitive, most of the time, people use self-harm as a coping mechanism to continue to live rather than end their life. Many young people might try to hide their self-harming behavior, and only approximately 50% of young people who engage in self-harm seek help. This is often through informal sources such as teachers, friends, and family, rather than counselor and practitioners. The responsibility of a physical educator amplifies during the class of physical education, this is a serious problem student’s face, and PE is in a position to help; and this article will help him in identifying the signs as well as an intervention when necessary and required. There is no surprise in it that students who have experience self-injury, intensify their suffering emotionally (Armey, Crowther, & Miller, 2011; Brown & Kimball, 2013; Chapman & Dixon-Gordon, 2007) and they are possibly at risk to commit suicide (Whitlock et al., 2013). It is comparatively common and happening round about eighteen percent of the people (Muehlenkamp, Claes, Havertape, & Plener, 2012). Its ratio is more among teenagers than grown-ups, and it tends to aggravate approximately at the age of thirteen or fourteen (E. D. Klonsky, Victor, & Saffer, 2014). There ascends a thought that the question is not how they can work in issues related to self-injury that the role of physical educators though not to console the students when they are going through such emotional trauma yet they can help them to identify the signs and indicators which are triggering the motives of distress.

![Figure 1 Levels of Self-half towards suicide](http://www.webology.org)
A physical educator has multiple chances to be involved in pupils' matters and diverse instructional atmosphere than the traditional teaching setting, which is usually done in the classroom. Furthermore, PE is mostly capable of cultivating a harmonious relationship with students through many techniques that help to flourish through the association in co-curricular events as athletic programs and running the clubs instead of spending approximately twelve hours without any output and purpose. They can get more opportunities of deep and keen observation, notably the identification and proper response is better for them compared to the classroom teachers. They function as agents of salvation to connect with a student who self-injure themselves and who are prone to attempt self-injury and then suicide, perhaps with proper facilities related to mental health. It is very upsetting to know youngsters to be in the habit of self-harming. An open conversation may lead them towards the revelation of hidden and unexplained forces that dragged him in this plight; he may ask him as “Sometimes people self-harm as a way of managing strong and difficult feelings or emotions. I’m wondering if that might be why you hurt yourself”? A physical educator can help in building a positive culture in the school that encourages resilience and promotes help-seeking in terms of enhancing mental wellbeing. If the educator finds any doubtful moves, he must show his concerns. There must be a non-judgmental and supportive setting. This particular study aims to highlight and evaluate the common signs of SI and advise the right behaviors for physical instructors to handle the symptoms of Self Injury. Some latest studies in the field of physical educations have been reported in (Saadia et al., 2017; Iqbal et al., 2019; Salma et al., 2020; Threem et al., 2020; Aamina et al., 2020; Aqsa et al., 2020; Aqsa et al., 2021; Rabia et al., 2021; Sana et al., 2021; Saadia et al., 2021; Farwa et al., 2021; Hira et al., 2021)
Though numerous burning queries are presented as to why or how individuals start to self-injure and the neurophysiological features of it, many investigators or researchers have been providing a treasure of facts and data to understand what SI contains and what are the functions it does. However, educators, mental health experts, and researchers are competent enough to recall that it hardly covers a sole general frame; instead of it, those pupils who are self-injuring frequently act contrarily or differently and clarify their experiences with it in changeable habits or ways. Similarly, those who self-injure must be treated and accessed with compassion, modesty, and must respect their individuality and uniqueness.

**Which students Self-injure?:** Teachers are frequently eager to acquire statistics in which pupils seemingly appear to self-injure so that preventive measures may be taken after examining the warning signs to avoid such circumstances in which students are at risk. Though there is found sufficient information based on demographically risky issues for Self Injury, the data on it is evolving day by day. For example, once assumed, SI arises entirely amongst women, but new study investigated that there might be parallel occurrence rates in men and women equally (Andover, Pepper, & Gibb, 2007; Lloyd-Richardson, Perrine, Dierker, & Kelley, 2007). Moreover, it seems that proportion is greater among the Caucasian youth (Wester & Trepal, 2015), some new researchers have shown high rates among African American adolescents (Hankin & Abela, 2011), multiracial (Wester & Trepal, 2015), and Latino. However, research has continuously designated a raised risk among adolescents identified as lesbian, one group of students, gay, interrogative or queer, transsexual, and bisexual (Reisner et al., 2014).

**Self-injury is multi-dimensional:** This exposition has presented that it is as varied as the youth itself. Students are usually SI on any part of the body, but it is very usual to injure in such parts that may be concealed through dress and accessories. SI has many types, but severely scratching, pinching, and cutting the skin are the more frequent (Poland, 2008; Polk & Liss, 2009; Trepal & Wester, 2007; Whitlock, Eckenrode, & Silverman, 2006). SI has some other types that may include hitting, burning, swallowing harmful things, and banging head (Trepal & Wester, 2007). Most people use multiple ways or might transform procedures over time. SI is very impetuous for some adolescents, while others damage in a ritualized manner.

Similarly, several adolescents injure themselves rarely, while certain are involved in such deeds in numerous intervals, even throughout a day. The findings of this research indicate pupil who is self-injuring repetitively (Kakhnovets, Young, Purnell, Huebner, & Bishop, 2010; Wester, Ivers, Villalba, Trepal, & Henson, 2016) and who are adopting various methods of SI (Wester et al., 2016) are normally experiencing elevated misery and may even be unhappy and suicidal. However, regardless of general suppositions, it has been observed that all the pupils who self-injure are not necessarily hopeless. About sixty percent of people who are self-injuring similarly have suicidal opinions and activities (Whitlock et al., 2013). It is factual that people who are self-injuring in severe sorrow and depression. There is a reason for the complete probability that PE has an exclusive prospect to recognize these students, as the clothing used for physical education classes.
is usually changed from what is dressed in the usual classroom. Additionally, while this may not always be the case, due to the nature of the physical activity (Ahmad et al., 2020; Iqbal et al., 2019) environment, PE may observe students, who are displaying marks of distress that might be easily masked throughout the classroom-based teaching. All the students are not considering suicide to escape the situation regardless of knowing the symptoms of anguish; it certainly helps physical educators identify students who may be assisted professionally.

**Causes of Self-injury in people:** The emotions of anger and anxiety overpower those who are prone to SI. These are the most common causes in people who self-injure, unable to manage the intense emotions (E. Klonsky, 2014; E. D. Klonsky & Muehlenkamp, 2007; Turner, Chapman, & Layden, 2012). Besides, there are five additional roles of Self Injury which are comprised in the literature: (Nock) interpersonal influence and communication (Brown & Kimball) anti-suicide (Nock) feeling generation or anti-dissociation (Chapman & Dixon-Gordon) self-punishment (Nock) sensation seeking. Such People are mostly self-critical and excessively exacting on themselves. They may have faith that they deserve to agonize or be penalized for apparently incomprehensible or irrational reasons. Self-punishment is the function of SI, which contains strong negative feelings or beliefs in the shape of bodily castigation (E. D. Klonsky & Muehlenkamp, 2007; Turner et al., 2012). SI is the source to linger it on to manage than take their life and avoid any serious harm than suicidal attempt; these people are engulfed in a pitiable dilemma (E. D. Klonsky et al., 2014). Consequently, SI can be taken as life-preserving or anti-suicidal act.

![Figure 3 Self-harm (Hill, 2016)](https://www.webology.org)
agony they feel. However, it makes them remind that they are still alive. The “anti-dissociation” and “feeling of generation” of SI are general among those who have had experiences of shock or trauma and are suffering from depression feelings. Unfortunately, the lay community considers SI as interpersonal manipulation. Certainly, people self-injure as a way of interpersonal or influence communication (Turner et al., 2012), but it is not conventionally called manipulative in nature. It is true that they mostly experience alexithymia, which means difficulty in describing and recognizing feelings, and they feel discomfort in expressing their agony to others. SI is used as a tool for transmitting their sorrow. A rule of thumb proves that a person manipulates it deliberately and recourse it decisively to hurt his own body; it is a pointer or indicator of suffering and deserves consideration (Walsh, 2012). Self-injury might be done in search of the sensation (E. D. Klonsky et al., 2014) so that they may have positivity, electrifying feelings, and enthusiasm while doing it. There is a consideration that people use SI in many ways because it serves various purposes for them, which are gradually changing over the period. Table No 1 presents an impression related to the general roles of self-injury formed throughout the studies.

![Image of self-injury text]

**Figure 4 Thoughts on self-injury (Schimelpfening, 2020)**

Although self-injury has not been investigated evidently, which may show the causes and instances of SI in the students of physical education, there are many reasons that may lead an athlete towards distress and anxiety and indulge themselves in it. Some research shows that competitiveness intensifies with the level of competition and contest while it is a matter of individual sports rather than a team sport that straightforwardly backs a connection between sports and SI. Physical education and sports require perfectionism (Torres & Hager, 2007) and victory, it is highly stressful as well (Humara, 1999) and they have to involve exceedingly well in the team trials (Seifried & Casey, 2012). If they cannot fulfill the requirements and face failure, unsuccessful athletes try SI accordingly (Fields, Collins, & Comstock, 2010). Furthermore, some athletes usually experience apparent refusal and absolute mistreatment by their peers in the playground and during the team trials (Fields et al., 2010). These are the obvious features that may build up any existing suffering in young athletes and accelerate injurious coping practices.
These are the common characteristics of SI, in which six points have been delineated with the causes and signs of self-injury (Whisenhunt & Heidorn, 2018).

**How to identify self-injury?:** There are some motives and reasons to incline Self-injury to get attention or for societal issues that become the cause of social contagion. Self-injuring is kept very private, and they try to veil their suffering or distress (Sweet & Whitlock, 2009). It might be the reason for disorders related to eating as bulimia nervosa and/or anorexia nervosa; its symptoms are seen in bulky, obese, or fat students. There are prominent indicators of emotional grievances such as social withdrawal or loneliness, self-talk, statements of impossibility and helplessness, weak academic performance, poor attendance, poor personal hygiene, critical and heightened agitation or anger. Though this list is not comprehensive enough, yet exhibits few common marks of emotive sorrow in teenagers. Moreover, these are generally known signs of Self Injury. Sweet and Whitlock have given few suggestions to recognize SI (Sweet & Whitlock, 2009).

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Common Functions</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Emotional regulation is about the feelings in which the student assures that it is the only way out of hurt and anger.</td>
<td>SI is the only thing that calms me down when I am angry and hurt. Low mood-particularly a recent change in mood.</td>
</tr>
<tr>
<td>2.</td>
<td>Self-punishment is done when he feels aloof and has emotions of hatred towards his self.</td>
<td>I self-injure when I get mad at myself or when I just cannot stand myself. I want to punish myself.</td>
</tr>
<tr>
<td>3.</td>
<td>To sustain life or anti-suicide when a student tries his emotions to attempt suicide and often works.</td>
<td>Sometimes, I self-injure to help me keep from taking my own life. SI works for me. Expressing suicidal feelings, explicitly – “I want to kill myself” – or more subtly – “I don’t want to be here anymore”.</td>
</tr>
<tr>
<td>4.</td>
<td>Anti-dissociation or feeling generation is done when he tries to feel his existence.</td>
<td>I self-injure to feel real again. Even though you are good at a sport, it doesn’t seem to matter how many medals you win, it matters what you look like and feel aloof and isolated.</td>
</tr>
<tr>
<td>5.</td>
<td>Communication and interpersonal influence are done when he wants to make others aware of his inner agony and are unable to understand their mental state of mind.</td>
<td>I just want others to know how much pain I’m in. They don’t get it. Expressing hopelessness, for example, saying that they cannot see a future. Low self-worth or self-hatred.</td>
</tr>
</tbody>
</table>
Sensation seeking is about seeking pleasure in self-harm, which is deliberate and conscious.

When I self-injure, it feels good, it does not hurt, and I feel better. ‘I tried holding an ice cube, elastic band flicking on the wrist, writing down my thoughts, hitting a pillow, listening to music, writing down pros and cons.

Firstly, students mostly have cuts or burns, and some other wounds to the skin that are hard to describe and their explanation seem unbelievable to the listener and the understanding of a PE with SI helps to identify the ambiguous condition of athlete compassionately.

Secondly, when PEs is teaching to the class, or is in the setting of a sports ground, then they may find ample opportunities to check and examine the things students bring in the class or the field and always keep using them, they may see rubber bands wounding and tools in student’s personal possessions. Pes can ask students or athletes about the wounds they are hiding and the things they have in bag. Teachers are the emblem of parental love and guidance, and such observation can save from anything serious. The psychological state of mind can be located with behavioral change and any kind of mysterious wounds on the body.

Figure 5 Wounds on the body (GLUCK, 2019)

Thirdly, the pupil may be indulged in an excessive quantity of time alone and inactive mostly in their bathroom and/or bedroom.

Fourthly, they wear such outfits that are inappropriate according to the season (Sweet & Whitlock, 2009), like shirts with long sleeves in summertime.

Fifthly, they use dressings often or regularly wear accessories like wristbands that may cover cuts (Ernhout & Whitlock, 2014). Sixthly they often discuss and conversant with such friends who have had experienced self-injury repeatedly (Ernhout & Whitlock, 2014).
Finally, such students may refuse to contribute and participate in activities or events where others may have a chance to see their exposed skin. However, it has been mentioned above that students injure any part of the body; it becomes hard to see their wound indicators.

![Figure 6 Self-injury through blades by a teenager (Rybak, 2018)](image)

It is helpful to keep in mind these pointers of expressive suffering and sorrow. Similarly, PEs should focus on the other details about signposted marks. Some of them could be indirectly related to accidents that arise during any physical activity. The responsibility is on PE to think outside the common details of SI. There are some signals that help an educator perceive students' mental inner state of mind and emotional distress. They must have a keen observation in the field of sport and in the classroom of physical education. All these measures contribute significantly to developing a positive change in the life of a student.

**DELIBERATE SELF-HARM**

It is defined and viewed as “the intentional injuring of one’s own body with or without seeming suicidal intent”, while suicide is “a self-inflicted, fatal and destructive act with inferred or explicit intent to die”. Epidemiological studies have uncovered that the ratio of deliberate self-harm (DSH) varies considerably between countries.

**Intervening:** Emotional distress should not be taken non-seriously while talking with the students. Student trusts their teacher’s wholeheartedly and expect them to be non-judgmental and unbiased. SI can be intimidating for educators because of its nature. Here is a point to ponder that “educators are not responsible for counseling their students on SI; rather, they are tasked with helping to identify students in distress and enlisting the school counselor’s services”. They have to endure uncountable responsibilities. However, their moral care and involvement may create life-evolving differences in youth, especially involved in self-injury. The environment of PEs should be like a secure place and a safe haven for students. In an ideal context, physical educators can give recommendations to the school counselor instead of speaking...
about the specific stuff with which the students are usually harassed. PEs may arrange a healthy chat with students about SI. It will happen when the subsequent discussed tips might be valuable. These tips have been modified from the work of (Ernhout & Whitlock, 2014), which was done on SI.

1. This procedure instigates before starting a chat or conversation about SI, by detecting his or her own prejudices and looking for professional discussion and educational resources to inherit an unbiased viewpoint about it, or by classifying methods to evade overwhelming prejudices about SI on others. When they are having a conversation with the victims of self-injury, it is imperative for them to sustain a calm appearance by having verbal or nonverbal communication. If teachers are displaying symptoms of discomfort from their behavior or distressed from the hint of a topic, the pupil will perhaps close the conversation down. Likewise, if educators are eager to make a judgment or shaming them on their behavior, then the conversation will prove wholly useless and unproductive. It must be kept in consideration that these people are already suffering severe mental distress, and they are telling it to an educator after building a Rapport. If they are treated inappropriately in return, it will discourage and suppress their inner feelings. A physical educator should have compassionate and modest behavior so that they may confront their fears and insecurities. By facilitating a fruitful and healthy discussion on SI is vital; consequently, it helps to instill a warm and trusting tone, which are the foremost responsibilities of an educator (Trujillo, 2015).

![Figure 7 Tools used in self-injury (Elijah, 2020)](image-url)
2. Educators should be particular about their reasons and concerns when the topic of distress or Self Injury is broached by stating what has been observed in a non-accusatory way. The educator must not focus just to have the knowledge and details about the victim’s agony to confirm that he self-injures. Educators may start the conversation in general language. He must not be in a state of coercing the student to unveil details. Sometimes students feel comfortable and directly talk about their torment to such a teacher, whom they trust. Educators must have in mind that if a student talks about his or her Self Injury, then educator must not convince and built pressure to quit SI. Otherwise, it will become the cause of guilt and embarrassment (Trujillo, 2015). Most people try to cope with penetrating and upsetting feelings. They usually adopt it as a tool to create a peaceful scenario around them; it is considered a fruitful way of handling their mental suffering, while other coping aids do not work well for them. It is not only ineffective but also elevates distress. By keeping it in view, instructors should aid them after knowing revelations about SI by recognizing their suffering, which should have not any kind of bashing and abuse.

![Figure 8 Student with his physical instructor (Doug, 2018)](image)

3. A conversation with adolescents on emotional distress may create confronting situations, particularly with those involved in self-injury. They must be watchful about the sensitivity of the situation. Educators must respect their personality and views when they are talking about their distress or SI. Students must be honored because of the courage which prepared them to disclose the issues, and they must be affirmed that they will be helped in finding appropriate and adequate help inside the setting of the school. The support of Educators will be provided
and will have an option to refer them to school counselors and walk with the student to the school counselor’s office.

4. Personality’s disorders are commonly associated with self-harm in young people, and it is a diagnostic feature of borderline personality disorder. However, individuals who self-harm do not meet the diagnostic criteria for a personality disorder, and it is unhelpful to assume that someone has a personality disorder based on self-harming behavior alone without conducting a thorough assessment. Every kind of Educators is in a very significant position to help and lead them to counseling. “Do not assume that parents or caregivers are noticing and taking care of your students’ needs”. Here is the possibility that PE is the sole observer of locating the signs and may intervene after red-flagging the suspected students. The point must be in consideration that educators do not act as a counselor with students. They must make efforts to take the pupils to experts of mental health in the surroundings of the school. Though the counselors of schools have privacy not to disclose the private information related to patients, pupils, clients, and school counselors, they can add the educators as allies in the treatment after recognizing the method through which educators are helpful not only for students but also for students facilitate their treatment. Educators can play a dynamic role in this capacity to promote students’ mental health. These tips advocate the added responsibilities of the physical educator, and then it is assumed that he is taking on the work of a counselor. Physical Educator is just identifying the indicators, and the counselor is doing it professionally; he examines the intensity of the situation and supports to eradicate it via medication and counseling.

**HOW CAN YOU HELP AN ATHLETE IN DISTRESS?**

PETs, Coaches, athletic trainer and staff are not supposed to constantly monitor a student’s behavior be or to be clinicians, but such job places in a position to identify key mental health markers athletes. If an athlete is experiencing or expressing any of the above behaviors, these may aid to navigate the student’s matters and make the fitting referral.

**Ensuring privacy** while talking with the student it should be assured that when neither one of you is hurried or preoccupied. Many athletes are uncomfortable or do not want to tell PETs about mental health complications for fear of being penalized.

**Expressing concern** PETs must show concern in behavioral and non-judgmental manner. For instance “I’ve noticed you have been sluggish during practice. Is everything OK?” NOT “What is wrong with you? Get it together or get off the field.”

**Listening** by listening in non-threatening and sensitive manner helps them to build a rapport to discuss it. It may be tougher for to disclose what has happened, particularly if a trauma has occurred in recent time. As, “You haven’t been yourself lately, and it seems like something is really bothering you. I’m here to listen and help in any way I can.”
Empathizing try to comprehend and empathize by asking questions. It can be done by reiterating the spirit of what has been told by the student has said. Try to include both the content (“It sounds like your personal life is getting in the way of your performance …”) and feelings (“and it seems like you are feeling overwhelmed and confused about what to do.”).

Normalization PETs may simply give hope that things will get better by de-escalating the situation. He can be helped by making it realize that options are always there to get things better. The resources as friends, family, Counseling Center. By keeping in mind that PETs are not problem solver and the purpose should be to inculcate confidence that things can get improved and refer the individual to the apt professional or office.

Avoid judging the conversation should be done without criticizing and evaluating the athlete. Such responses hinders the process of effective communication and it is exceptionally significant for PETs. It is easy to brush aside the mental health matters as “not problematic,” but do remember that athletes in college are not living in a bubble; they have numerous aspects that may affect their social life and performance.

Refer as we have discussed earlier that some students are hesitant to strive for help. By letting they know that seeking help is a sign of strength rather than weakness, and you may help through the process. Make them assure that the place in the team will not be jeopardized and adequate time will be given to heal.

Follow up the athlete should be follow up in a reasonable amount of time. Mostly when the athlete comes, a clear willingness is found while talking with someone in the Counseling Center or other referral office. In this case, make sure a follow up with the referral source and check in on the progress. This is a JOINT process.

COACHES AND ATHLETIC TRAINERS ASSISTING ATHLETES IN DISTRESS

Depression and anxiety in sports and student-athlete: As we know that depression and anxiety are considered a condition that affects many people across every college campus, even student-athletes. It is important as Physical educator, coach or staff member to have a positive and constructive influence on the student-athlete. They have more effect than any other on campus, their contribution and concern can be the difference in the student seeking help or not. It is essential to take extra caution with athletes who are suffering from depression. As a response could be perceived negatively thus worsening their difficulties. Hopelessness and despair can be tricky to identify, particularly with athletes who are taught to “be tough” and “work through it.” Depression triggers when an event (death of family member), biological (predisposition), negative thought patterns (obsessive thoughts, negative self-talk) or from sport participation (injury, over-training
syndrome). It is also important to remember that an athlete suffering from depression is more prone to injury (Thompson & Sherman). Thompson, R.A. & Sherman, R.T. Managing student-athletes’ mental health issues. National Collegiate Athletic Association. Bloomington Center for Counseling and Human Development. Bloomington, IN.

Active individuals and athletes are not invulnerable to mental illness. In reality, depression and anxiety disorders may occur in athletes at least as commonly as the general population. At times, sport helps as a healing instrument to help an athlete cope with symptoms of mental illness, but most of the time the pressure of good performance in sports may cause to anxiety and depression.

**Risks and Symptoms:** The similar genetic and environmental risk factors for the general population also apply to athletes.

Risk factors specific to athletes include:
- Injury
- Competitive failure
- Retirement from sport
- Overtraining
- Concussion

Symptoms of depression and anxiety include:
- Sadness
- Loss of interest
- Changes in sleep
- Changes in appetite
- Impaired concentration
- Loss of self esteem
- Risk-taking behavior
- Excessive worry or fear

Athletes can be noticed in an athletic performance as well. Depression can be associated with thoughts of self-harm or suicide.

**Sports Medicine Evaluation & Treatment:** Anyone who experiences thoughts of self-harm or suicide should immediately seek help. The first step is to recognize the problem. General psychologist/sports psychologist/psychiatrist) to get better treatment plan for an athlete. The physician may recommend therapy and/or medications with a focus on minimizing impact on sport performance.

**PREVENTION**

Sports medicine suppliers often screen athletes for mental health disorders during their pre-participation examination. If any athlete is showing any of the signs above must undergo a more in-depth evaluation for depression and/or anxiety which may lead towards (SI).
Parents, physical educators, coaches and teammates are often the first people to recognize these symptoms in an athlete. Recognition of these signs of depression and anxiety by these individuals can lead to earlier evaluation and treatment.

CONCLUSION
To sum up all the above discussion, it can be said that their interactions with students must be as the mentors who are playing the role of a guide to pave the ways towards successful terminus in future. They are in a unique place that may easily diagnose the symptoms of SI and impulsive distress in students. Though PETs must not act as counselors to them through SI, they are in a dynamic position to help in the treatment as associates and allies for students. They can assist students by communicating in a caring and honest manner and associating students with the counselor of school to help in the progress of treatment. They play as an instrument to exterminate the challenging circumstances. Educators are like a moral support for students to obtain proper attention and backing. Moreover, while considering SI, particularly among the adolescents who are mostly at the breach of committing suicide, this study proposes the specificity of physical activity, which may have a preventive influence on the potential triggers of Self-Injury (Biddle & Asare, 2011; Brehm, 2014). It licenses the necessity of physical education, quality of mental health, and prospects in physical activity for adolescents.

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