



MENTAL

HEALTH

BEST

PRACTICES





MENTAL HEALTH BEST PRACTICES FOR THE MANAGEMENT OF STUDENT-ATHLETES

This document has been adapted, with permission, from the NCAA's "[Inter-Association Consensus Document: Best Practices for Understanding and Supporting Student-Athlete Mental Wellness](#)". Many of the concepts and ideas have been taken from the NCAA publication "[Mind, Body and Sport: Understanding and Supporting Student-Athlete Mental Wellness](#)".

Purpose:

The purpose of this position statement is to provide Canadian university and college athletics and sport medicine departments with recommendations and guidelines for supporting and promoting student-athlete mental health.

Introduction:

Mental health and wellness of student-athletes is an important aspect of their overall health and academic and athletic performance. Mental illness rates are higher among young adults and athletes are no exception to this. Demands including academic, financial, family and interpersonal are all intensified during young adulthood. Mental health problems may present or increase during this critical time. In one study of competitive collegiate student-athletes, the prevalence of depression was found to be 21% (Yang J, Peek-Asa C, Corlette JD, et al. Prevalence of and risk factors associated with symptoms of depression in competitive collegiate student-athletes. Clin J Sport Med 2007;17:481–7). Mental health issues can include diagnosable disorders such as depression, anxiety and ADHD but can also include situational crisis and difficulty coping with the stressors of life, school and sport.

Student-athletes are a unique group of young adults that are faced with all the challenges that other students face with the added pressures of the demands placed on them as an athlete, a role model and a representative of their school, their community and their sport. Student-athletes are faced with many factors that affect their mental health and wellness and there is often a culture in athletics that prevents them from seeking help. Student-athletes must cope with all the same challenges of students their age with the added stress associated with the expectations of their sport, injuries and identity as an athlete and the barriers to reaching out in the sporting community. Mental wellness has a direct relation to physical health with increased rates of injury among those who experience certain mental health conditions (Wiese-Bjornstal DM. Psychology and socioculture affect injury risk, response, and recovery in high-intensity athletes: A consensus statement. Scand J Med Sci Sports. 2010;20:103–11).

Athletic Departments can play a key role in creating environments that support mental wellness by ensuring that post-secondary institutions are promoting mental health, removing the stigma associated with having and seeking assistance for mental health issues, providing resources and opportunities for student-athletes to seek mental health care, identifying student-athletes at risk and facilitating access to licensed and experienced mental health care practitioners.

An integrated multi-disciplinary approach to mental wellness should bring together Athletic departments, coaching staff, sport medicine staff, campus health and counseling services, disability services, off campus resources, such as sport psychiatry and psychology, and the student-athletes. Identifying available resources and developing collaborations can maximize the supports available for student-athlete mental health.





RECOMMENDATIONS

The following are recommendations for appropriate management of student-athlete mental health:

1. ENSURE ACCESS TO QUALIFIED AND LICENSED MENTAL HEALTH PRACTITIONERS

Identification of possible mental health concerns and coordination of referral to more definitive management (formal evaluation and treatment) should be organized by primary athletic dept health care providers such as athletic or physiotherapists and team physicians. Therapists and coaches are often the first point of contact in identifying mental health issues in student-athletes. The team physician depending on their primary area of specialty may be comfortable diagnosing and managing psychiatric conditions including through use of psychotherapy and medication. If not, the team physician should coordinate referral to a licensed practitioner who is able to conduct more formal evaluation, diagnosis and ongoing management. These practitioners may include: psychiatrists, clinical psychologists, clinical social workers with counseling experience, mental health nurses or GP psychotherapists and may be on or off campus. Registered dietitians may also be valuable to assist in the management of eating disorders or disordered eating.

These practitioners should be accessible by the student-athletes whether they are associated with the athletics department, affiliated sport medicine clinic, student health and counseling services or an off-campus affiliate. A process by which students can self-refer and provide the practitioner with an office close to the athletic or sport medicine departments may increase accessibility. All practitioners should have full authority to determine mental health management, which must be consistent with provincial mental health legislation with respect to consent, patient confidentiality, mandatory reporting, application for involuntary assessment, etc. Consideration should be made to storing detailed mental health charts in a separate location to the general sport medicine file.

There are unique considerations associated with providing care to athletes, such as the importance of considering sport performance, being aware of medications that are prohibited or require Therapeutic Use Exemptions and awareness of impact of training demands. As a result, it is recommended that the above practitioners also have additional training or experience providing care to university / college aged students and athletes. Many clinical psychologists do not have any extra training in specifically managing athletes and facilitating continued performance during treatment. Mental skills practitioners can often be a good resource for aiding in this realm but managing mental health disorders is considered out of their scope of practice. A multi-disciplinary team approach to management along with continuing medical education is recommended for any practitioner planning on working with student-athletes.

Each university or college campus should establish a multi-disciplinary team to support student-athlete mental health. The team, which is often coordinated by the team physician, can also include: the team athletic or physiotherapist; psychologist, sport psychologist / mental skills coach; psychiatrist; social worker; registered dietitian; campus disability services; athletic department representatives and coaches (if applicable and granted permission). Each member of the team has a role in supporting the athlete's mental wellness but must act within their scope based on training, licensing and experience / competency. Mental skills and performance consultants provide valuable insight on performance enhancement; however, they should not be providing primary mental health care independently. If





mental health concerns are revealed during assessments for performance issues, a referral should be made to the appropriate licensed mental health practitioner who is part of the team. Coordination with campus disability services may be beneficial to aid student-athletes with mental health conditions or concerns with accommodations in the classroom. It is expected that all practitioners involved will provide evidence-based care to the student-athlete in question.

2. ENSURE PROPER PROCEDURES TO IDENTIFY STUDENT-ATHLETES WITH MENTAL HEALTH CONCERNS AND APPROPRIATE REFERRAL TO RELEVANT PRACTITIONERS

Athletic departments should work together with their sport medicine practitioners and other mental health practitioners outlined above to develop procedures for the management of emergency mental health situations and routine mental health referrals. Procedures should include: the training that will be offered or provided to relevant parties regarding mental health signs and symptoms to prompt referral; the steps that will be taken to support a student-athlete with a mental health concern; and the referral process unique to each school.

Mental Health Emergency Action and Management Plans (MHEAP) should include reference to management of: suicidal or homicidal ideation; victims of sexual assault; highly agitated or threatening behaviour including acute psychosis, hallucinations, delusions, paranoia, acute delirium; and acute intoxication or drug overdose. The plan should be readily available, including online, to anyone who may encounter a student-athlete in crisis. The protocol should include:

- Identification of situations in which the individual encountering the crisis situation should contact emergency medical services immediately and the procedure to do so.
- Identification of situations in which the individual encountering the crisis situation should contact a trained on-call counselor or on campus crisis center.
- Work with campus health and counseling services to identify trained on-call counsellors able to provide crisis intervention to the student-athlete.
- Clarification of expectations of all personnel (athletic or physiotherapists, coaches, team physicians, athletic department representatives) during a crisis intervention including how to approach an athlete in an emergency mental health situation, what initial steps to take and the appropriate follow up steps to be taken by all once the emergency situation has been resolved. This may include involving the student's family depending on Emergency Contact information provided by the athlete and after consideration of confidentiality issues.
- Provisions to ensure that appropriate referrals have been made once the emergency situation has been stabilized.
- Debrief procedures to review each emergency situation once it has been resolved to improve upon the handling of the situation and implement any further prevention strategies,

Procedures for routine mental health referrals for non-emergency mental health concerns should be outlined and available to all personnel who encounter student-athletes. Referrals should be facilitated by a main point of contact such as the team athletic / physiotherapist or team physician. Training should be provided to coaches, athletic department staff and other team staff about the signs and symptoms of mental health conditions or concerning behaviours that may warrant referral. Workshops are available through: NCAA, CMHA, Expand the Reach, SafeTALK, Mental Health First Aid, ASIST and others.





These procedures and protocols should be developed with input from sports medicine, campus health and counseling services, athletic department administration, academic support services, disability support services, student affairs, campus security, coaching staff and student-athletes. They should reflect and support the diversity of the student-athlete population including attention to cultural, racial, ethnic, gender, disability and sexual orientation issues. Protocols should be consistent with other on-campus protocols and can be developed in collaboration with other campus wide mental health planning. Procedures can be reviewed with off campus community resources including local police, emergency care providers and community mental health providers to ensure agreement. They should also be regularly reviewed, evaluated and adjusted to meet the needs of the student athlete population. All documents should be available to students and their families. Finally, rules surrounding confidentiality should be outlined to guide all potential situations encountered including guidelines of when, how and what information can be communicated to athletic dept administration, coaches and other medical staff as well as when to involve parents. Specific informed consent at each step of the way is paramount to ensure athlete approval of information sharing.

3. IMPLEMENT MENTAL HEALTH SCREENING INTO PRE-PARTICIPATION EXAMINATIONS (PPE)

Mental health screening questionnaires should be considered as part of the pre-participation exam for all student-athletes. The Baron Depression Screener for Athletes (BDSA) is one of the only available screening tools designed specifically for athletes. A score of 5 or more identifies those athletes that may require further evaluation and all positive answers warrant further discussion with a member of the health care team.

	Never (0)	Sometimes (1)	Mostly (2)
I feel sad even after a good practice or competition			
I rarely get pleasure from competing anymore and have lost interest in my sport			
I get little or no pleasure from my athletic successes			
I am having problems with my appetite and weight			
I do not feel rested and refreshed when I wake up			
I am having problems maintaining my focus and concentration			
I feel like a failure as an athlete and person			
I cannot stop thinking about being a failure and quitting sports			
I am drinking alcohol or taking supplements to improve my mood			
I have thoughts of ending my life			



Other screening questionnaires are available for specific mental health conditions and should be used at the discretion of the team physician and/or other mental health care professionals involved in the student-athletes' care. Common screening questionnaires may include (but are not limited to):

- Depression: BECK depression inventory or HANDS (Baer L, Jacobs DG, Meszler-Reizes et al. Development of a brief screening instrument: the HANDS. *Psychother Psychosom* 2000;69:35-41.)
- Anxiety: Beck Anxiety Inventory (Beck AT, Steer RA. Beck Anxiety Inventory Manual. San Antonio: Harcourt Brace and Company, 1993.)
- Disordered eating: SCOFF Questionnaire (Hill LS, Reid F, Morgan JF et al. SCOFF, the development of an eating disorder screening questionnaire. *Int J Eat Disord*. 2010;43:344-351.)
- Substance abuse:
 - Alcohol Use Disorders Identification Test (Audit-C) (Bush K, Kivlahan DR, McDonell MB et al. The AUDIT alcohol consumption questions (AUDIT-C): an effective brief screening test for problem drinking. *Arch Int Med* 1998;158:1789-1795.)
 - Cannabis Use Disorder Identification Test (CUDIT-R) (Adamson SJ, Kay-Lambkin FJ, Baker AL et al. An improved brief measure of cannabis misuse: the Cannabis Use Disorders Identification Test-Revised (CUDIT-R). *Drug Alc Dep* 2010;110:37-143.)
- The Athlete Sleep Screening Questionnaire (Samuels C, James L, Lawson D, *et al*. The Athlete Sleep Screening Questionnaire: a new tool for assessing and managing sleep in elite athletes *Br J Sports Med* 2016;**50**:418-422.)
- Attention Deficit /hyperactivity disorders: Adult ADHD Self Report Scale (Adult ADHD Self-Report Scale-V1.1 (ASRS-V1.1) Symptoms Checklist. World Health Organization 2003)

However, screening tools should not be used as the only source of assessment for mental health conditions and must be incorporated into the full athlete evaluation including history, examination and collateral information from relevant sources. A full list of all medications and supplements should always be included. Any student taking medications that requires a Therapeutic Use Exemption form (i.e. stimulants) should also present appropriate documentation of diagnostic evaluation and treatment rationale from their personal physician or team physician.

4. ENCOURAGE SPORTING ENVIRONMENTS THAT SUPPORT MENTAL WELLNESS AND RESILIENCY

The stigma surrounding mental health issues is still a large barrier to reporting and seeking treatment. It is important that the athletic environment of these student-athletes supports overall student wellness and encourages openness and seeking care. Such an environment can be created by normalizing and being sensitive to mental health concerns, while promoting inclusion, personal growth, self-learning and positive relationships. Supporting student run awareness initiatives can help destigmatize mental health challenges such as those conducted by the Student Athlete Mental Health Initiative (SAMHI) campus teams or the campus Bell Let's Talk initiatives.

It is important to have annual meetings between sport medicine, mental health and athletic dept staff in order to review the mental health care policies as outlined above and to review team cultures. At this time, it is important to review signs and symptoms of mental health disorders with coaching and athletics





staff to improve awareness and aid in their ability to identify student-athletes who may benefit from assessment or treatment of their mental health condition. Coaches are important members of the support team, but it should be emphasized that they are not expected to manage the situation, but rather to be attentive, empathetic and to encourage referral to the appropriate medical professionals. In order to encourage athletes to be open and honest about their mental health concerns, it is important to minimize adverse consequences for seeking mental health care. Workshops on how to create a healthy environment and positive team culture that is sensitive to mental health challenges for student-athletes can also be offered at this time. These include but are not limited to expandthereach.ca, NCAA online webinar, athletewellness.uncg.edu/coaches-assist). For athletic or physiotherapists, coaches or other staff who may be faced with the challenge of being a first responder in a mental health emergency, more specialized training may also be offered (Mental Health First Aid, ASIST program).

It is recommended that workshops or information sessions be offered to student-athletes as well. These can include reviewing signs and symptoms of mental health disorders to recognize in themselves or teammates; presentation of stress management and self-care / coping strategies with emphasis on importance of sleep, nutrition, healthy behaviours; and training regarding peer intervention and support for teammates suffering from mental health conditions (SafeTalk, Mental Health First Aid).

To foster an environment that supports student-athletes with mental health concerns, consideration should be made to issues of transitional care, financial support, disability services and accommodation. A plan should be implemented to outline who coordinates the transition of care should the athlete leave the sport environment and/or the school environment, including interim medication management and referral to community mental health resources, if applicable. There should also be clear steps to help a student-athlete transition back to school and/or sport after they have been away from campus to seek care for mental health concerns. Discussion with Student Affairs and Athletic Departments should outline any policies regarding financial awards and access to team services (gym, athletic therapy, etc) for student-athletes who are unable to participate in their sport due to mental health issues. There should also be a discussion of strategies to provide financial support to student-athletes who require additional inpatient or outpatient care that is not covered by their provincial or school / athletics health plan. Many schools and provincial student loan organizations have opportunities for financial support (bursaries, scholarships) for individuals who may be deemed to have permanent disabilities, which many mental illnesses would be considered. Students should be encouraged to seek these additional resources. Connections should be made with the Student Disability Services office to ensure that accommodations can be put in place for student-athletes suffering from mental health issues and to encourage that any workshops or sessions available for students be marketed towards student athletes as well.





BEST PRACTICES CHECKLIST FOR STUDENT-ATHLETE MENTAL HEALTH CARE

1. ENSURE ACCESS TO QUALIFIED AND LICENSED MENTAL HEALTH PRACTITIONERS

- Mental health care of student-athletes should be initiated by primary health care providers – Athletic / Physiotherapist or Team Physician
- Formal mental health evaluation and treatment should ONLY be provided by licensed medical practitioners who are qualified to provide mental health services
- Practitioners should be easily accessible by the student-athletes
- All practitioners should have full authority to determine mental health management
- Practitioners providing mental health care to student-athletes should have additional training or experience providing care to university / college aged students
- Practitioners providing mental health care to student-athletes should have additional training or experience providing care to athletes.

2. ENSURE PROPER PROCEDURES FOR IDENTIFICATION OF STUDENT-ATHLETES WITH MENTAL HEALTH CONCERNS AND APPROPRIATE REFERRAL TO RELEVANT PRACTITIONERS

- *Mental Health Emergency Action Plan, widely available, that outlines:*
 - i. Situations, symptoms or behaviours considered mental health emergencies
 - ii. Procedures for managing:
 1. Suicidal or homicidal ideation
 2. Sexual assault
 3. Highly agitated or threatening behavior, including acute psychosis, hallucinations, delusions, paranoia, acute delirium
 4. Acute intoxication or drug overdose.
 - iii. Situations to contact emergency medical services immediately
 - iv. Situations to contact trained on-call counselor or campus crisis center, if available
 - v. Contact information for on-call counselors trained to provide crisis intervention, if available
 - vi. Expectations of all personnel (ATs/PTs/student therapist, coaches, team physicians, athletics department representatives) during a crisis intervention.
 - vii. Policy for contacting athlete's family members or emergency contact person
 - viii. Appropriate follow up steps and referrals to be made by all once the emergency situation has been resolved.
 - ix. Debrief procedures to review each emergency situation once it has been resolved
- *Routine Mental Health Referral Plan that outlines:*
 - i. Situations, symptoms or behaviours that may indicate mental health concern
 - ii. Procedure for WHO makes the referral and to WHOM.





3. IMPLEMENT MENTAL HEALTH SCREENING INTO PRE-PARTICIPATION EXAMINATIONS

- Mental health screening questionnaires should be considered part of the PPE.
- Symptomatic or at-risk student-athletes identified through screening should be referred via the Routine Mental Health Referral Plan.

4. ENCOURAGE SPORTING ENVIRONMENTS THAT SUPPORT MENTAL WELLNESS AND RESILIENCY

- Student-athletes should receive training on signs and symptoms of mental health conditions, crisis intervention / peer support and referral processes for treatment.
- Coaches and athletic / physiotherapists should receive training on signs and symptoms of mental health conditions, crisis intervention, ways to create a positive team culture and environment, and referral processes for treatment.

