



## Student-Athlete Mental Health & Performance

### **Purpose and Function**

CSU Mental Health and Performance is a resource within Athletics with the primary functions of providing licensed, professional mental health services and sport performance mental skills to student-athletes. The following outlines the functions and responsibilities of this department:

- Maintain necessary licenses and credentials for the services provided below and under the authority of the Head Team Physician/Medical Director.
- Provide clinical services, clinical recommendations, and make decisions related to the therapeutic mental health treatment of CSU student-athletes, in conjunction with Medical Director as needed. Clinical services will consider and account for aspects related to athletic and academic performance, as well as diversity, equity, and inclusion to facilitate a health promoting environment.
- Collaborate with Department of Athletics, coaches, staff, Sports Medicine staff and team physicians, CSU Health Network and other constituents to provide optimal mental health care for student-athletes.
- Communicate with sport coaches, when permissible and appropriate, regarding team or student-athlete care, progression, and development.
- Provide consultation and relevant training to coaches, sports medicine staff, and other athletic department staff within the realm of mental health services and peak performance.
- Provide one-on-one clinical services and screening, team education, and student-athlete development regarding issues of mental health and peak performance in sports; including, but not limited to stress management, social challenges, personal conduct, interpersonal relationships, anxiety, depression, alcohol and other drug initiatives, sexual health, and bystander intervention.
- Crisis counseling and management.
- Provide education related to mental health to student-athletes and athletics staff.
- Actively engage in the support process for student-athletes participating in mandatory counseling as part of the CSU Athletic Department Drug Education and Testing Policy.
- Follow agency policies (e.g. accommodations for disability services) and procedures consistent with federal and state mental health statutes, NCAA guidelines, ethical guidelines, best practices, and HIPAA privacy laws.

### **Definitions of Crisis and Emergency**

A **crisis** is an upset in an individual's baseline level of functioning and is generally thought to last no more than four to six weeks. A person's usual coping methods are insufficient, there is a marked increase in anxiety and tension, or depression and defeat, the individual does not

function at his or her normal level, and he or she searches for new methods or strategies to deal with the situation. The individual is more open than usual to trying new or seldom-used coping mechanisms (Callahan, 1994).

Crisis mental health-related situations can include:

- Self-harming or maladaptive coping behaviors that are not life-threatening or serious property damaging;
- Academic concerns, medical concerns, legal concerns;
- Rapid mood swings, increased agitation, isolation;
- Medication non-compliance;
- Substance use and/or abuse

An **emergency** is a sudden, relatively unpredictable, acute situation that demands an *immediate* response due to the life-threatening nature of the situation. If no response is forthcoming, physical harm or serious biopsychosocial deterioration, with a poorer prognosis, may result (Callahan, 1994). If a situation can wait 24 to 72 hours for a response, without placing an individual or a family in jeopardy, it is a crisis and not an emergency. Emergency mental health-related situations can include:

- Managing suicidal and/or homicidal ideation;
- Managing victims of sexual assault;
- Managing highly agitated or threatening behavior, acute psychosis (often involving hallucinations and/or delusions), or paranoia;
- Managing acute delirium/confused states;
- Managing acute intoxication or drug overdose

#### Individual Counseling/Mental Performance Services

- Student-athletes, other staff members, or coaches making a referral can contact the Director of Student-Athlete Mental Health and Performance at (970) 237-9265, or by email, to make an appointment or initiate services.
- Student-athletes, other staff members, or coaches may contact CSU Mental Health and Performance clinicians directly. The Director will make the final decision regarding client-to-clinician assignments consistent with clinical best practices.
- Student-athletes, staff members, or coaches making a referral for crisis, non-emergent intervention should contact the Director at (970) 237-9265 or CSU Health Network Crisis Counselor at (970) 491-6053.
- Student-athletes, staff members, or coaches making emergency referrals should contact 911 and initiate the Mental Health Emergency Action Plan ([MHEAP](#)).

Non-emergent services for staff members will be referred to the CSU Employee Assistance Program.

## **High Risk Procedures and Guidelines**

### **Purpose of Procedures and Guidelines**

For both crisis and emergency mental health situations, these procedures will specify the steps that will be taken to support a given student-athlete who is facing a mental health challenge, and the role-specific training about mental health signs and symptoms and institutional referral processes that will be provided to stakeholders within athletics to appropriately support this identification and referral process.

### **Goals of Crisis Treatment**

Crisis intervention is guided by six primary goals, all aimed at stabilizing and strengthening functioning. These goals are to:

1. Relieve the acute symptoms of student-athlete stress;
2. Restore the student-athlete to optimal, pre-crisis levels of functioning;
3. Identify and understand the relevant precipitating event(s);
4. Identify remedial measures that the student-athlete can take or the community resources available to remedy the crisis situation;
5. Establish a connection between the student-athlete's current stressful situation and past experiences, and;
6. Initiate the student-athlete's development of new ways of perceiving, thinking, and feeling, and adaptive coping responses for future use.

A crisis is different from a problem or an emergency. While a *problem* may create stress and be difficult to solve, the individual is capable of finding a solution. Consequently, a problem that can be resolved by an individual is not a crisis and does not require immediate care.

### **Role of CSU Mental Health and Performance and Emergency Intervention**

Emergency intervention focuses on assessing the immediacy and severity of the risk, focusing on stabilization, and ensuring safety. The primary goal is immediate safety and establishing a follow-up care response.

CSU Mental Health and Performance does not provide emergency intervention. However, it serves an important function in facilitating and coordinating with emergency intervention providers in the community, as well as providing student-athletes with follow-up care once the emergency mental health situation has been appropriately treated. Additionally, CSU Mental Health and Performance clinicians are familiar with Colorado 27-65 (involuntary mental health treatment) procedures and their role within that process.

## **Principles of Confidentiality**

Individual counseling and mental performance services are provided confidentially to student-athletes. This concept protects the conversations that student-athletes have with mental health professionals so that information discussed cannot be disclosed without appropriate releases of information in place. Some student-athletes may find that a limited level of communication with coaches or athletic staff about their mental health care seeking is appropriate and facilitates a team environment that promotes mental health. It is important to note that an informed consent process that identifies the scope of care, and includes a release of information, is an appropriate approach for allowing a clinician to confirm athlete participation in counseling.

There are limits to confidentiality. Specifically, if a provider suspects that an individual is a harm to themselves or others, there are legal duties the provider must take to intervene. Under these circumstances, disclosures of protected health information will be done in accordance with HIPAA (45 CFR 164.510) and applicable state guidelines.

# **Mental Health Referral Procedures**

## **Routine Mental Health Referral**

Routine care consists of non-emergent, non-crisis mental health treatment. In general, this type of treatment targets difficulties that student-athletes face that disrupt daily living and strain an individual's ability to manage the issue independently. Routine care may include, but is not limited to, treatment for anxiety, depression, sleep disruption, drug and alcohol misuse, attention-deficit/hyperactivity, eating concerns, and other mental health concerns. In general, mental health concerns may be identified by changes in a student-athlete's typical behavioral presentation, emotion regulation, and/or thought processes (i.e. becoming more distracted, less focused, sluggish, etc.).

For referral to routine care, student-athletes or staff may use the following:

1. Contact the Director of Student-athlete Mental Health and Performance, Dr. Ross Barr, Psy.D., LP, by phone, email, or in-person.
2. Contact the sport-specific athletic trainer, who may coordinate with the Director to schedule an appointment.
3. Coordinate facilitation of appointment through additional athletic staff members (e.g. coaching staff, administration, etc.).

## **Crisis Mental Health Referral**

A crisis is an upset in an individual's baseline level of functioning, and is generally thought to last no more than four to six weeks. A person's usual coping methods are insufficient, there is a marked increase in anxiety and tension, or depression and defeat, the individual does not function at his or her normal level, and he or she searches for new methods or strategies to deal with the situation. A crisis constitutes circumstances or situations which cannot be resolved by one's customary problem-solving resources. Crises include the following scenarios:

1. Self-harming or maladaptive coping behaviors that are not life-threatening or serious property damaging;
2. Academic concerns, medical concerns, legal concerns;
3. Rapid mood swings, increased agitation, isolation;
4. Medication non-compliance;
5. Substance use and/or abuse

For referral to crisis care, student-athletes or staff may use the following:

1. Ensure that the student-athlete and others are safe from harm, and do not leave the student-athlete alone.
2. Contact the Director of Student-athlete Mental Health & Performance, Dr. Ross Barr, by phone or in-person and the Director of Health and Performance, Terry DeZeeuw.

Alternatively, the student-athlete may contact or be referred to the **CSU Crisis Line at (970) 491-6053**. The CSU Health Network also operates walk-in hours for crisis appointments and you may walk the student-athlete to the Health Network. If you're concerned about a student-athlete, you may also contact **Tell Someone at (970) 491-1350**, or fill out a referral form online ([supportandsafety.colostate.edu/tell-someone/](https://supportandsafety.colostate.edu/tell-someone/)).

3. The Director will then connect with the student-athlete in crisis and provide clinical service.
  - a. These services will aim to reduce the immediate stress of the student-athlete, establish an individualized plan of action for addressing the precipitating stressor, identify resources for the student-athlete, and establish any ongoing treatment needs to aid in resolving the crisis event.

### **Emergency Mental Health Action Plan**

CSU Mental Health and Performance does not provide emergency intervention. However, it serves an important function in facilitating and coordinating emergency intervention providers in the community, as well as providing student-athletes with follow-up care once the emergency mental health situation has been appropriately treated.

A mental health emergency is a sudden, relatively unpredictable, acute situation that demands an *immediate* response due to the life-threatening nature of the situation. If no response is forthcoming, physical harm or serious biopsychosocial deterioration, with a poorer prognosis, may result. It requires immediate action by law enforcement, CPS, or other professionals trained to respond to life-threatening events. If a situation can wait 24 to 72 hours for a response, without placing an individual or a family in jeopardy, it is a crisis and not an emergency.

Emergency mental health-related situations can include:

1. Managing suicidal and/or homicidal ideation;
2. Managing victims of sexual assault
3. Managing highly agitated or threatening behavior, acute psychosis (often involving hallucinations and/or delusions), or paranoia;
4. Managing acute delirium/confused states
5. Managing acute intoxication or drug overdose

**For mental health emergencies on campus, use the following in combination with the location-specific emergency action plan:**

1. Activate Emergency Medical System (EMS)
  - a. Call 911 and inform them about the mental health component of the emergency
    - i. Campus police and Fort Collins PD are both equipped with mental health co-responders who are trained in managing mental health emergencies.
  - b. Provide the following information:
    - i. Your name
    - ii. Address (refer to location specific EAPs for exact address)

- iii. Your telephone number
  - iv. Number of individuals involved, and other information as requested by dispatcher
  - v. **Be the last to hang up**
- 2. Do not leave the student-athlete alone.
- 3. Direct EMS to scene
  - a. If available, designate individual(s) to meet EMS and direct to scene
  - b. Open appropriate doors
  - c. Scene control: limit scene to emergency responders and move teammates, coaches, and bystanders away from the area
- 4. University Head Team Physician, Senior Associate AD for Health and Performance, Director of Student-Athlete Mental Health and Performance, Athletic Director, and Sport Administrator will be notified.
- 5. Initial parental notification will be handled by the Senior Associate AD for Health and Performance or designee.
- 6. The student-athlete's mental health provider, in conjunction with the Head Team Physician and Director of Student-Athlete Mental Health and Performance will determine a safe return to sport participation on an individual basis.

**For mental health emergencies off campus, use the following:**

- 1. Call 911 and inform them about the mental health component of the emergency
  - a. Campus police and Fort Collins PD are both equipped with mental health co-responders who are trained in managing mental health emergencies. During an emergency that is occurring off-campus and outside of Fort Collins, the responding police agency may or may not have similar mental health training or support.
  - b. Provide the following information:
    - i. Your name
    - ii. Address
    - iii. Your telephone number
    - iv. Number of individuals involved, and other information as requested by dispatcher
    - v. **Be the last to hang up**
- 2. Do not leave the student-athlete alone.
- 3. Direct EMS to scene
  - a. If available, designate individual(s) to meet EMS to scene
  - b. Open appropriate doors
  - c. Scene control: limit scene to emergency responders and move teammates, coaches, and bystanders away from the area
- 4. University Head Team Physician, Senior AD for Health and Performance, Director of Student-Athlete Mental Health and Performance, Athletic Director, and Sport Administrator will be notified immediately.
- 5. Initial parental notification will be handled by the Senior AD for Health and Performance or designee.

6. The student-athlete's mental health provider, in conjunction with the Head Team Physician and Director of Student-Athlete Mental Health and Performance, will determine a safe return to sport participation on an individual basis.

After each emergency situation has been resolved, the Director of Student-Athlete Mental Health and Performance and Senior AD for Health and Performance will conduct an after action review, and provide recommendations about any potential updates or modifications to this EAP.

### **Additional Resources**

CSU Mental Health Crisis Counselor Line - (970) 491-6053

Colorado Crisis Services – 844-493-8255, or text “TALK” to 38255

National Suicide Prevention Line – 988

CSU Employee Assistance Program – (970) 491-3437

CSU Sexual Assault Victim's Assistance Team – (970) 492-4242, ask to speak with an advocate

Tell Someone – (970) 491-1350



## References

- Callahan, J. (1994). Defining Crisis and Emergency. *The Journal of Crisis Intervention and Suicide Prevention*, 14(4), 164-171
- Brown, G. et al., (2014). *Mind, Body and Sport: Understanding and Supporting Student-Athlete Mental Wellness*. National Collegiate Athletic Association
- NCAA Sport Science Institute (2024). *Mental Health Best Practices: Understanding and Supporting Student-Athlete Mental Health*. National Collegiate Athletic Association
- Scarneo-Miller, S.E. et al., (2024). National Athletic Trainers' Association Position Statement: Emergency Action Plan Development and Implementation in Sport. *Journal of Athletic Training*, 59(6), 570-583