

Psychological Concern: Recognition and Referral

Introduction:

The policies outlined below are highly reflective of the suggestions from “Inter-Association Consensus Document: Best Practices for Understanding and Supporting Student-Athlete Mental Wellness” (“Best Practices”), the NCAA publication “Mind, Body and Sport: Understanding and Supporting Student-Athlete Mental Wellness”, and NATA *Interassociation Recommendations for Developing a Plan to Recognize and Refer Student-Athletes with Psychological Concerns at the Collegiate Level: A Consensus Statement*.

These “Best Practices” are designed to provide athletics and sports medicine departments with recommendations for supporting and promoting student-athlete mental health. Southeast Missouri State University Sports Medicine has adopted these best practices to ensure that appropriate resources are provided to meet student-athletes’ mental health wellness needs.

Policy

The athletic trainer is responsible for the recognition and referral of psychological concerns in student-athletes. The athletic training staff will differentiate between emergent and non-emergent concerns and refer to Center for Behavior Health and Accessibility (CBHA), and appropriate medical professionals in all cases.

Recognition:

Distinguishing an emergent versus a non-emergent case is crucial in the management of psychological concerns in athletes and is outlined in the consensus statement as well as later in this policy. Athletic trainers should read this consensus statement and understand the signs and symptoms of each. Detailing each disorder is beyond the scope of this policy, but athletic trainers should have a working knowledge and understood this document, as well as the consensus statement, prior to patient contact.

The primary mental disorders athletic trainers should be prepared to recognize include:

- Depression
 - Suicidal ideation
 - Anxiety Disorders
 - Substance and Alcohol Abuse
 - ADHD
 - Eating Disorders
 - Bullying and Hazing
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- Athletic trainers should be aware of triggering life events that may cause or worsen a mental health condition. These triggering events can lead to changes in motivation, pain levels, injury occurrence, attention, mood and behavior. Triggering events may include but are not limited to:
 - a. Overtraining
 - b. Termination of sport participation
 - c. Inability to manage sport/school or personal expectations.
 - d. Injury
 - e. Changes to home or social environments

Procedures

To determine if a mental health situation is emergent or non-emergent, the following questions should be asked.

- Am I concerned the student-athlete may harm himself/herself?
- Am I concerned the student-athlete may harm others?
- Am I concerned the student-athlete is being harmed by someone else?
- Did the student-athlete make verbal or physical threats?
- Is the student-athlete exhibiting unusual ideation or thought disturbance that may or may not be due to substance use?
- Does the student-athlete have access to a weapon?
- Is there potential for danger or harm in the future?

“Yes” to ANY of the above questions constitutes an emergency

Any threat or perceived suicide attempt, changes in mental status or destructive behaviors constitutes an emergency under any circumstances and EMS should be activated.

In the case of a “yes”, school administration should be immediately notified. If administration is currently not on-site, they should still be notified about the incident as soon as reasonably possible. If possible, one athletic trainer will continue to monitor and manage the patient, while another staff member calls administration, and/or referral.

If possible, the athletic trainer should always refer the incident to CBHA.

Suicide: Any student-athlete who has expressed intent, indicated a plan, or has attempted or discussed attempted suicide, should be treated as an emergency referral. Athletic trainers should not engage in an attempt to determine the seriousness of the expressed thoughts. Stay with the patient, listen, and make an immediate referral.

- If an attempt is in progress: Call EMS or SEMO Crisis Hotline

Risk of Suicide: Non-emergent

While some suicides occur without any outward warning, most people who are suicidal do give warnings. Athletic Trainers should be able to recognize the signs of someone at risk, take those signs seriously and know how to respond to them.

Recognition of these symptoms should prompt immediate referral and “warm hand off” to a qualified mental health professional.

Risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss or change. These signs may mean someone is at risk for suicide.

- Unrelenting low mood
- Pessimism
- Hopelessness
- Desperation
- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or buying a gun

- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawn or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings
- Preoccupation with death
- Suddenly happier, calmer
- Loss of interest in things one cares about
- Visiting or calling people to say goodbye
- Making arrangements; setting one's affairs in order
- Giving things away, such as prized possessions

Emergent Referral Resources

Listed below are the options for referral or resources in the case of an emergency.

1. Semo Crisis Hotline 573-986-6191 or 573-651-2911 after hours
2. Crisis Text Line Text Home to 741741
3. SEMO CBHA 573-986-6191 or cbha@semo.edu
4. Campus Police 573-651-2215
5. National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
6. The Behavior Health Crisis Center 573-803-4155
7. MOCARS Crisis Line 1-800-356-5395
8. SAMHSA Suicide and Crisis line 988
9. Behavior Health response BHR 1-800-811-4760

Non-Emergent Referral Process

Student-athletes will be referred to CBHA prior to non-emergent referral to the local behavioral health clinic. Once a non-emergent situation is referred to CBHA, the athletic trainer can be relieved of immediate responsibility and return to other duties.

Documentation

Athletic Trainer will document any mental health situation in SEMO electronic medical records.

Sources of Additional Information

- NCAA best practices <https://www.ncaa.org/sports/2016/5/2/mental-health-best-practices.aspx>

References

1. Neal TL, Diamond AB, Goldman S, et al. Interassociation recommendations for developing a plan to recognize and refer student-athletes with psychological concerns at the secondary school level: a consensus statement. *J Athl Train*. 2015;50(3):231-249.

