

The Mental Health Emergency Action Plan



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Disclosures

I am the Chair of the NATA Secondary School Committee.

I am the District 7 Chair on the NATA Foundation Board of Directors

I a member of the Arizona State Board of Athletic Training

Nothing here should be confused with a policy or procedure of the Az Board of Athletic Training.

Objectives

Participants will be able to develop and create a plan for referral and treatment students with psychological concern.

Participants will be able to collaborate with school administration and athletic department leadership in developing a plan and document to share with school personnel to effectively address student-athlete psychological concerns.

Develop and ongoing relationship with secondary school entities to assist in the referral, care and disposition of psychological issues in student-athletes.

Introduction

*Mental health issues in secondary schools are a growing concern. In the event of a psychological or mental health crisis on campus, safety is the highest priority. Whenever possible, defer to school personnel (i.e. school counselor/nurse, school administrator, etc.) in such an emergency. If a mental health crisis were to occur after school hours, when school administrators, counselors or nurses may not be available, the athletic trainer (AT) may be central in managing the situation. Intervention and reporting must be managed appropriately, without further risk of harm or escalation. It is equally important that the AT stay within their scope of practice outlined by the Board of Certification and/or applicable state practice act.

Introduction

*The *Inter-Association Recommendations for Developing a Plan to Recognize and Refer Student-Athletes with Psychological Concerns at the Secondary School Level Consensus Statement* (2015) provides in-depth recommendations for recognizing and referring student-athletes with psychological concerns. These guidelines are specific to creating a mental health emergency action plan. Federal, state and local protocols, including those of the school, must be followed in all cases. Any inclusion of these guidelines must be approved by school authorities before being implemented.

Confidentiality

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Student-athletes often trust their AT with personal information or concerns. While in the majority of situations, utmost confidentiality is afforded to the athlete, state and federal laws require the AT to report certain situations involving minors. Cases in which an individual poses a risk to themselves or others, or where the individual is being abused in any way must be reported. While state laws vary, it is imperative that the AT understand the mandatory reporting laws on both state and federal levels, as well as the policies of the school and/or district in which they work. Policies and procedures should include a detailed plan of the appropriate reporting processes for various situations, dependent on the level of risk or harm. The expectation must be made clear to the student-athlete, especially those under the age of eighteen, that even if they do not want the information shared, the AT is obligated to notify school officials and/or local authorities these situations.

Legal Considerations

-  Research and understand the following considerations for your location:
 -  Parental rights and notification – consult principal and local child protection agency for more information.
 -  School policies and protocols regarding mental health situations, including members and contact information of campus crisis intervention team.
 -  County regulations and state and federal laws regarding mandated reporting.
 -  Policies specific to your employer (if contracted outside of the school district).

Background

Red Flags for Mental Health Concerns can also be warning signs for future violence

Discern =

- Perceive
- Recognize
- Distinguish



Everyone has a breaking point



Gut Instinct = (Experience + education – bias)

- Subconscious 'nudge'

Prevalence

If your school has 100 track and field athletes:
 * 22 have mental illness

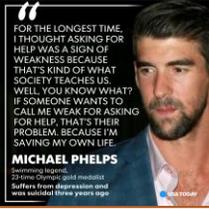
If your school has 500 athletes:
 * 110

If your school has 1000 athletes:
 * Over 200 teens

EVERY YEAR!

“FOR THE LONGEST TIME, I THOUGHT ASKING FOR HELP WAS A SIGN OF WEAKNESS BECAUSE THAT’S KIND OF WHAT SOCIETY TEACHES US. WELL, YOU KNOW WHAT? IF SOMEONE WANTS TO CALL ME WEAK FOR ASKING FOR HELP, THAT’S THEIR PROBLEM, BECAUSE I’M SAVING MY OWN LIFE.”

MICHAEL PHELPS
 Swimming legend, Olympic Champion, modelist
 Suffers from depression and was hospitalized three years ago.



Athletic Trainers are uniquely positioned:



- Present at onset
- May be first to recognize
- Informal Manner
- Viewed as “Pain Relievers”

Kevin Love

“...I ran back to the locker room. I was running from room to room, like I was looking for something I couldn't find. Really I was just hoping my heart would stop racing. It was like my body was trying to say to me, 'You're about to die. I ended up on the floor in the training room, lying on my back, trying to get enough air to breathe.”

Source: Players Tribune



Think!





Why – Who – When



OFTEN BULLIED/MARGINALIZED – BY ATHLETES



ATHLETES BULLIED BY COACHES/OTHER ATHLETES (HARRASSING)



RACE LANGUAGE CULTURE ETHNICITY CLASS GENDER AGE EDUCATION SOCIAL IDENTITY SEXUALITY

FBI Report “The School Shooter: a QRG” 2018

- 59% occurred during the school day
- 61% motivated by revenge
- 63 % had known history of weapons use
- 68% used weapon from their own or relative's home
- 75% felt bullied/persecuted/threatened by others
- 93% planned attack in advance
- 93% displayed behavior prior to attack that caused concern in others
- 95% were current students

Signs of Potential Violence

Historical/static – more predictive of long term potential of violence



- Hx of violent/aggressive behavior
- Young age at first violent incident
- Victim of Bullying
- Hx of discipline problems or frequent problems with authority
- Early childhood abuse or neglect
- Witnessed violence at home
- Family or parent/condones use of violence
- Hx of cruelty to animals
- Having a major mental illness
- Being callous, lacking empathy for others
- History of vandalism/property damage

Signs of Potential Violence

New or active signs

- Increased loss of temper
- Frequent physical fighting
- Increased use of alcohol or drugs
- Increased risk-taking behavior
- Declining school performance
- Acute episode of major mental illness
- Planning how to commit acts of violence
- Announcing threats or plans for hurting others
- Obtaining or carrying a weapon



EMERGENCY SITUATION - POTENTIAL VIOLENCE

**Refer to NATA Inter-Association Recommendations for Developing a Plan to Recognize and Refer Student-Athletes with Psychological Concerns at the Secondary School Level: A Consensus Statement*

RECOGNITION

- Any “yes” answer should be considered an emergency:
- 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?

Definitions



- The terms *psychological concern* and *mental disorder* are used instead of *mental illness* because only credentialed mental health care professionals have the legal authority to diagnose a mental illness.

Management

If immediate risk to safety:

- Remain calm - maintain calm body language and tone of voice.
- Listen to the student-athlete. Allow him/her to express his/her thoughts. Provide him/her the opportunity to be heard. It's OK to have a moment of silence between you and the student-athlete.
- Avoid judging the student-athlete; provide positive support.
- Keep yourself safe - do not attempt to intervene if there is eminent threat of harm or violence.
- Keep others safe - try to keep a safe distance between the student-athlete in distress and others in the area.

Management

If immediate risk to safety:

- Alert designated school officials and/or colleagues available at that time of day (i.e. school counselor/nurse, school administrator, etc.). Have the school contact the student-athlete's parents or emergency contact.
- If the student-athlete seems volatile or disruptive, get help from a co-worker or other adult. Do not leave the student-athlete alone, but do not put yourself in harm's way if he/she tries to leave.

Management

Follow campus and department protocols and policies.

- If you call 911, provide the following information:
 - Student-athlete's name and contact information.
 - Physical description of the student-athlete (i.e. height, weight, hair and eye color, clothing, etc.).
 - Description of the situation and assistance needed.
 - Exact location of the student-athlete.
 - If student-athlete leaves the area or refuses assistance, note direction in which he/she leaves.



Emergency Contact Numbers

Suicide- 1(800) 273-8255

bullying- 1(800) 420-1479

Self harm- 1(800) 366-8288

Sexual assault- 1(800) 656-4673

lifeline- 1(800) 784-8433

grief support- 1(650)-321-3438

depression- 1(630) 482-9696

drug/alcohol- 1(877) 235-4525

eating disorder- 1(630) 577-1330

mental health- 1(800) 442-9673

Abuse- 1(800) 799-7233



MENTAL HEALTH CARD

HELPING PATIENTS/ATHLETES IN Crisis

Summarizes the rights athletes can be "hard to remember" when in crisis. Includes the NATA 101 developed these cards to help.

If a person is at threat to self or others, call 911 immediately.

Icons: RAISED, GROWING, TAKE

EMERGENCY SITUATION NON-VIOLENT

*Refer to NEA's **Inter-Academic Recommendations for Drafting a Plan to Respond and Help Student-Athletes with Psychological Concerns at the Secondary School Level: A Consensus Statement***

-  Refer to NEA's **Inter-Academic Recommendations for Drafting a Plan to Respond and Help Student-Athletes with Psychological Concerns at the Secondary School Level: A Consensus Statement**
-  Offer a quiet and secure place to talk
-  Show your genuine concern.
-  Avoid judging the student-athlete; provide positive support.

EMERGENCY SITUATION NON-VIOLENT

- Provide support and a positive tone. Do not try to solve his or her problem; it is not within your scope as an AT.
- Help the student-athlete understand that he or she is not alone - others have been through this too.
- Listen to the student-athlete. Allow him/her to express his/her thoughts. Provide him/her the opportunity to be heard. It's OK to have a moment of silence between you and the student-athlete.

EMERGENCY SITUATION NON-VIOLENT

- Ask questions that encourage conversation. Asking these important questions will NOT plant the idea in his/her head.
 - o Can you tell me what is troubling you?
 - o Are you thinking of hurting yourself?
 - o Is someone hurting you?
 - o Have you thought about suicide?
- If the student-athlete is expressing suicidal ideation:
 - o Determine if he or she has formulated a plan.
 - o Emphasize ensuring the athlete's safety, while being aware of your own.
 - o Do NOT leave the person alone.

EMERGENCY SITUATION NON-VIOLENT

- Alert designated school officials and/or colleagues available at that time of day (i.e. school counselor/nurse, school administrator, etc.). Have the school call the student-athlete's parents or emergency contact.
- You may offer a positive reinforcement, such as: "It took courage for you to disclose this information to me. And, by telling me, it says you want to do something about what is going on. Let's get you in contact with someone who specializes in this type of situation, so you can get the care you need"

EMERGENCY SITUATION NON-VIOLENT

Document and communicate your concerns, refer to the school counselor. School staff may be aware of past or current circumstances that you are not privy to, including abusive home environment, emerging psychological condition/mental illness, etc.

EMERGENCY SITUATION NON-VIOLENT

***Common misconceptions about suicide**

***FALSE:** People who talk about suicide won't really do it. Almost everyone who commits or attempts suicide has given some clue or warning. Do not ignore suicide threats. Statements like "you'll be sorry when I'm dead," "I can't see any way out," no matter how casually or jokingly said, may indicate serious suicidal feelings.

*Source: *SAVE - Student Awareness Voices of Education*

**EMERGENCY
SITUATION
NON-
VIOLENT**

- Common misconceptions about suicide
- **FALSE:** Anyone who tries to kill himself/herself must be crazy. Most suicidal people are not psychotic or insane. They may be upset, grief-stricken, depressed or despairing, but extreme distress and emotional pain are not necessarily signs of mental illness.

**SAVE – Suicid Awareness Voice of Education*

**EMERGENCY
SITUATION
NON-
VIOLENT**

- Common misconceptions about suicide
- **FALSE:** If a person is determined to kill himself/herself, nothing is going to stop him/her. Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

**SAVE – Suicid Awareness Voice of Education*

**EMERGENCY
SITUATION
NON-
VIOLENT**

- Common misconceptions about suicide
- **FALSE:** Talking about suicide may give someone the idea. You don't give a suicidal person morbid ideas by talking about suicide. The opposite is true - bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do

**Source: SAVE – Suicid Awareness Voice of Education*

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**Recommendations
for Mental Health
EAP**

- Background and review of mental illness in adolescents, recommendations for recognizing potential psychological concerns in student-athletes through discussion of stressors unique to student-athletes, and triggering mechanisms or events that may create a mental illness or exacerbate an existing mental illness
- a. Provides and reviews data on mental disorders.

**Recommendations
for Mental Health
EAP**

- Behaviors to monitor
 - a. Lists stressors, behaviors, depression symptoms, anxiety symptoms, etc.

Recommendations for Mental Health EAP

Recommendations for special circumstances with potential effects on a student-athlete's mental health: psychological response to injury; concussions; substance and alcohol abuse; attention-deficit hyperactivity disorder (ADHD) diagnosis, treatment, and documentation; eating disorders; bullying and hazing considerations

Recommendations for Mental Health EAP

Recommendations for collaboration among the AT, school nurse, and school counselors to recognize psychological concerns; preparticipation physical examination screening questions and tools to indicate a history of prior mental disorder; approaching a student-athlete with a potential psychological concern; and referring the student-athlete to a secondary school counseling service or a community mental health care professional, including for an emergent mental health incident

*AHCT -

Recommendations for Mental Health EAP

Recommendations for confidentiality considerations

Recommendations for Mental Health EAP

Recommendations for attending to mental health emergency incidents and mental health catastrophic incidents

Recommendations for Mental Health EAP

Recommendations for legal considerations in developing a plan to deal with the psychological concerns of student athletes, particularly minor children

Recommendations for Mental Health EAP

Recommendations for educating student-athletes, coaches, and parents on psychological health

Recommendations on collaborating with athletic department and secondary school administration in developing a plan and document to share with ATs, school nurses, school counselors, team physicians, athletic administration, and coaches to effectively address student-athlete psychological concerns

Recommendations for Mental Health EAP

Building a Plan for Recognition and Referral of the Student-Athlete with Psychological Concerns

1. The Plan recommends the development of an Emergency Action Plan that follows the recommendations of the "National Athletic Trainers' Association's Position Statement: Emergency Planning in Athletics" that will be implemented in the event of a student-athlete emergency stemming from a mental health incident (unintended harm to oneself or others).
2. The Plan recommends the development of a Catastrophic Incident Guideline, which will be implemented in the event of a student-athlete mental health catastrophic incident (suicide, homicide, permanent disability).
3. The Plan recommends developing, in collaboration with counseling services and other crisis management organizations, a crisis counseling plan to be implemented after a catastrophic incident.

Building a Plan for Recognition and Referral of the Student-Athlete with Psychological Concerns

1. Establish the need for the Plan with secondary school administration and athletic department administrators by meeting and other communication techniques based on the emergency statement.
2. Write an initial draft of the Plan, drawing on existing information found in the emergency statement.
3. Share the Plan draft with several staff administrators and staff and athletic administrators for feedback, form and approval by all parties.
4. Once the Plan is approved, distribute it to all staff, school nurses, athletic directors, team physicians, coaches, and administrators involved in the Plan for student.
5. Review the Plan annually and write an example, including all involved parties.
6. Provide a psychological health educational program to student athletes and their parents or guardians.

References

Emergency Action Plan Guidelines: Mental Health Emergency in Secondary School Athletes
https://www.nata.org/sites/default/files/mental_health_eap_guidelines.pdf

Interassociation Recommendations for Developing a Plan to Recognize and Refer Student Athletes With Psychological Concerns at the Secondary School Level: A Consensus Statement
 Journal of Athletic Training 2015;9(3):231-249 <https://ajtmr.org/ajtmr/article.php?id=AJTMR-2015-02310>

NATA Mental Health Card https://www.nata.org/sites/default/files/mental_health_card_handout.pdf

National Athletic Trainers' Association Position Statement: Emergency Planning in Athletics
 Journal of Athletic Training 2002;7(1):99-104
<https://www.nata.org/sites/default/files/emergencyplanninginathletics.pdf>

Thank You

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