

Athlete Mental Health Policy

Owner: Chief Medical Officer

Version: 2.2

Approved by: Executive Director

Effective from: August 2013

Next review date: March 2017

Last Date of Edit: March 2016



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1. Purpose

This policy provides direction to WAIS athletes, coaches, staff, service providers and external health professionals for the clinical and administrative management of WAIS athletes presenting with a mental health concern.

2. Background

- 2.1 WAIS identifies mental health as a key component in the overall health and performance of athletes.
- 2.2 Athletes will face stressors that are unique to being an elite athlete as well as the same stressors as any member of the general community¹
- 2.3 Mental health concerns in an elite sport setting, may arise from both sport specific and more general situations including of:
 - 2.3.1 Competition (stressors, expectations, pressures, travel);
 - 2.3.2 Training (injuries, burnout);
 - 2.3.3 Family and other interpersonal problems (relationships, parents, children);
 - 2.3.4 Life cycle issues (bereavement, athletic retirement);
 - 2.3.5 Intrapersonal variables (personality problems); or
 - 2.3.6 General medical or health issues.
- 2.4 A holistic approach to treatment facilitated through multidisciplinary collaboration governed by common policy will:
 - 2.4.1 Facilitate access to the most appropriate service;
 - 2.4.2 Promote mental wellbeing;
 - 2.4.3 Facilitate early identification and intervention;
 - 2.4.4 Have centralised support and direction;
 - 2.4.5 Provide a peer review capability;
 - 2.4.6 Conform to privacy and confidentiality requirements.

¹ A background summary to issues faced by athletes is contained in <..\\..\\Clinical Services\\Operational\\Shared\\WAIS Mental Health background information .docx>

3. Standards

- 3.1 All WAIS athletes 15 years of age or older will complete the WAIS Mental Health Screen within one month of their scholarship commencement and in total twice annually.
- 3.2 WAIS athletes who present with mental health concerns will be assessed by a WAIS Psychologist or the Chief Medical Officer (CMO).
- 3.3 Athletes will be encouraged to seek mental health treatment as required to ensure their health and well-being.
- 3.4 All identified mental health issues will be routinely monitored by a designated WAIS Psychologist.
- 3.5 All athlete mental health issues will be case managed by a WAIS Psychologist if treated internally; or by the WAIS CMO if referred externally for treatment.
- 3.6 Athletes must follow the mental health treatment plan approved by a WAIS Psychologist and or Chief Medical Officer.
- 3.7 The Mental Health Treatment plan will be discussed with the athlete to gain informed consent to treat.
- 3.8 Athlete costs for external provider treatment will be considered for reimbursement if:
 - (a) Referred by the WAIS CMO or WAIS approved Sport Physician and,
 - (b) The athlete agrees to relevant information being shared within WAIS in accordance with this policy.
 - (c) Confidentiality is at an agreed level with the external treating clinician
- 3.9 The relevant Performance Team Director will be informed of any athlete mental health issue that may materially impact athlete performance and or professional relations with WAIS staff. (refer to scholarships consent paperwork)
- 3.10 The members of the WAIS Performance Enhancement Teams supporting the athlete will communicate directly and promptly to the relevant Performance Enhancement Team Psychologist any information about an athlete's mental health that best serves the needs of the athlete.
- 3.11 If an athlete with an identified mental health concern must travel to attend training or competition outside of Perth, confirmation must be sought from the Chief Medical Officer monitoring the treatment plan that attendance at the training camp or competition is appropriate. The wellbeing of the athlete with Mental Health concern, other WAIS athletes and WAIS staff must be considered in making any recommendation or decisions.
- 3.12 The WAIS Chief Medical Officer will make the final decision for WAIS in any situations of dispute.

4. Processes:

4.1 Monitoring of mental health: The WAIS Mental Health Screen

The WAIS Mental Health Screen is a group of questionnaires used for the sole purpose of monitoring the mental health and well-being of athletes at WAIS and is part of a confidential process designed to ensure that appropriate services are made available to athletes when needed.

The WAIS Mental Health Screen will be completed on two occasions each year: in the first month after commencement of the scholarship and approximately six to eight months after the commencement of the scholarship.

The results of the WAIS Mental Health Screen will be confidential and will be reviewed by the relevant PET Psychologist and the Chief Medical Officer. All athletes who complete the WAIS Mental Health Screen will receive a written report summarising the results. All new scholarship holders who complete the mental health screen will be interviewed by the relevant PET Psychologist after they complete the mental health screen for the first time. A more in-depth assessment can also be recommended to the athlete after the review by the PET Psychologist or the Chief Medical Officer.

Anonymised results will be collated for the Clinical Services team for the purpose of identifying trends within WAIS squads. In addition, athletes scoring in the severe and very severe ranges on any scale will be tracked over time to monitor athlete well-being and treatment efficacy.

4.2 Mental health case management

The process for mental health management at WAIS involves three steps: Identification, Assessment and Clinical Management, as presented in **Figure 1**.

The WAIS psychologist will gather information necessary to conduct an initial assessment. When the initial assessment is determined to be a significant mental health issue the WAIS psychologist, in conjunction with the WAIS CMO (or WAIS approved Sport and Exercise Medicine Physician associated with the athlete), will establish a mental health case management team. The case management team should comprise of:

- i. WAIS CMO and/or approved medical practitioner associated with the athlete; and
- ii. WAIS psychologist

In addition, the Sports Medicine and Psychology members of the case management team may co-opt the following to ensure the most appropriate support is provided to the athlete.

- iii. Performance Enhancement Team director
- iv. Any external psychologist working with the athlete or who is going to be part of the treatment process

- v. The athlete's coach

The role of the support team is to:

- a. Determine the most appropriate support for the athlete
- b. Consider the resource requirements for providing the support
- c. Meet regularly to review progress and adjust the support program as required.
- d. Communicate appropriately with the parents/guardians of the athlete.
- e. Communicate with other WAIS staff on a 'needs to know' basis.

4.3 Identification

Identification is the recognition that the athlete's mental health could be significantly compromised. The athlete may not be coping or appear to be incapable of coping with life and life stressors with typical efficacy. Possible sources of information that a WAIS athlete may be experiencing a mental health concern include:

- 4.3.1 Self-referral to the PET Psychologist - where an athlete may be concerned about their own psychological state ;
- 4.3.2 Observations reported by WAIS coaches, other staff, athletes and parents
- 4.3.3 Medical services provided by the Chief Medical Officer, as part of a regular health assessment, or a routine medical appointment.
- 4.3.4 PET Psychologist - as a result of discussions with the athlete or from information obtained from the Mental Health Screen.

4.4 Initial Assessment

The initial assessment of the athlete's mental health will be facilitated by the relevant PET Psychologist or Chief Medical Officer (or WAIS approved Sport and Exercise Medicine Physician associated with the athlete). In ordinary circumstances the initial assessment should take no more than two weeks in order to prioritise clinical management for the athlete.

4.5 Clinical Management

After the initial assessment, the person assessing may decide to monitor the athlete's progress without a specific intervention, or develop a plan to treat the athlete's presenting concern. When the assessor determines that the concerns are significant they will, within 48 hours of assessing the athlete, notify the other members of the potential mental health case management team of the outcome of the initial assessment, desired support and consultation in the development and implementation of the treatment plan.

- 4.5.1 Matters that should be considered in developing the treatment plan include
 - 4.5.1.1 Treatment preferences of the athlete. The assessing psychologist is required to assess the athlete's preferences with respect to evidence-based practice.
 - 4.5.1.2 Involvement of external providers to provide treatment;

- 4.5.1.3 Biopsychosocial factors (e.g. family background, developmental stage) of the athlete need to be carefully considered before formulating a treatment plan; and
- 4.5.1.4 Staff at WAIS who should be notified of the athlete's mental health concerns will be considered as part of the treatment planning process.
- 4.5.2 A treatment plan will outline:
 - 4.5.2.1 Treatment goals;
 - 4.5.2.2 The professional health practitioner to provide the treatment;
 - 4.5.2.3 Possible modes of treatment, (based on evidence-based practice);
 - 4.5.2.4 Appropriate follow-up (including review dates);
 - 4.5.2.5 Capacity to participate in training (full, modified, or none) during the performance restoration phase, including criteria for returning to a modified or full training program;
 - 4.5.2.6 The roles of the personnel involved in the treatment plan;
 - 4.5.2.7 Criteria for the transition of care to the PET Psychologist where the intervention is delivered by an external provider.

The treating health professional and the WAIS Chief Medical Officer will work in collaboration to implement the treatment plan. Where the athlete has been referred to services outside of WAIS, the referring WAIS professional will be the link for communication with the external specialist.

The progress of athletes assessed for a significant mental health concern will be reviewed by the Case Management Team at a point no more than six weeks after the initial clinical assessment. Where progress has not been as expected at this review, the current treatment plan will be reviewed, other treatment options will be considered, and progress will be reviewed again after a further three months. This process of revision will continue until the athlete's mental health has stabilised and the criteria for the transition from primarily a performance-restoration intervention to performance-enhancement have been met, or a stable treatment regime for the athlete has been achieved.

At the end of their WAIS scholarship, athletes will be eligible for on-going services as outlined in the Athlete Transition Guidelines.

4.6 Mental Health Critical incidents

A critical incident is defined as one in which an athlete engages in a behaviour that places themselves or another person at risk of death or serious physical or psychological harm. Examples include credible threat of suicide, suicide attempt, drug overdose or significant self-harm.

4.6.1 Guiding principle:

As critical incidents are likely to differ greatly in nature and have a high degree of unpredictability about when they occur, how they come to the attention of WAIS staff

and how the athlete's health is impacted, the response to a critical incident by WAIS staff members should be guided by the following principle:

- WAIS staff and athletes should not be placed in situations of undue risk to their own safety in responding to a critical incident

4.6.2 Process

Any WAIS staff member who becomes aware of a critical incident involving a WAIS athlete where there is imminent danger to the health of the athlete, is required to immediately contact appropriate emergency services (police/ambulance). The staff member should remain in direct contact or ensure the athlete is with someone else responsible until appropriately qualified support services are in attendance.

When appropriate the staff member should contact a WAIS psychologist, and ideally the psychologist associated with the athlete in question (if known). If this is not possible the staff member should contact the CMO or PTD or the athlete's coach. At the earliest opportunity the psychologist or CMO should commence the process for Clinical Management (see section 4.5).

At an appropriate point in time a debrief shall be held involving the staff member involved in the critical incident, the Case Management Team and other relevant personnel. The purpose of the debrief will be to ensure the well-being of people involved and to determine any changes to policy or processes required to enable better outcomes to future events.

Appendix 1. PROCESS FOR REFERRAL & TREATMENT OF NON CRITICAL INCIDENT MENTAL HEALTH PRESENTATIONS FOR WAIS ATHLETES

