



Emergency Action Plan Guidelines: Mental Health Emergency in Secondary School Athletes

These guidelines provide a sample of questions, steps, procedures and direction for handling a mental health crisis. Athletic trainers (ATs) who utilize these guidelines when handling both violent and non-violent situations must review their state practice acts to ensure they do not violate their individual state rules or regulations. These strategies are approved by the National Athletic Trainers' Association (NATA) Secondary School Athletic Trainers' Committee (SSATC).

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NATA has taken reasonable efforts to ensure that all materials included in the Guidelines are accurate and consistent with standards of good practice in the general athletic trainers' industry. As research and practice advance, however, standards may change. For this reason, it is recommended that NATA members evaluate the applicability of any materials included in the Guidelines in light of particular situations and changing standards.

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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.

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

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).

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?

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.
- 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.
- 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

School Counselor: _____ Child Welfare/Protective Services: _____

School Nurse: _____ Crisis Hotline: _____

Principal: _____ Assistant Principal: _____

Athletic Director: _____ Other: _____

EMERGENCY SITUATION- NON-VIOLENT

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

- Offer a quiet and secure place to talk
- Show your genuine concern.
- Avoid judging the student-athlete; provide positive support.
- 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.
- Ask questions that encourage conversation. Asking these important questions will NOT plant the idea in his/her head:
 - Can you tell me what is troubling you?
 - Are you thinking of hurting yourself?
 - Is someone hurting you?
 - Have you thought about suicide? *(see Table A)
- If the student-athlete is expressing suicidal ideation:
 - Determine if he or she has formulated a plan.
 - Emphasize ensuring the athlete's safety, while being aware of your own.
 - Do NOT leave the person alone.
- 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."
- Document and communicate your concerns, and 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.

Table A. **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.

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.

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.

FALSE: People who commit suicide are people who were unwilling to seek help.

Studies of suicide victims have shown that more than half sought medical help in the six months prior to their deaths.

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 – Suicide Awareness Voices of Education*