



CEC High Performance Program – Mental Health Emergency Action Plan (MHEAP)

PURPOSE

This Mental Health Emergency Action Plan (“MHEAP”) was created to help you navigate how to respond during and following a mental health emergency. It presents guidelines to support the health and safety of Climbing Canada athletes, coaches and staff.

APPLICATION

Anyone can experience a mental health emergency, including athletes, coaches, and staff. These guidelines will focus on the care of Climbing Canada individuals from the aforementioned groups at any training and competition venues.

CONTEXT

This MHEAP outlines processes to follow in the event that a mental health emergency takes place while inside or outside of Canada.

MENTAL HEALTH EMERGENCY RESPONSE TEAM (MH-ERT)

The following section outlines the roles and responsibilities of lead personnel who would be involved in managing a mental health emergency situation.

Refer to the Safe Sport Info Sheet for the specific mental health emergency response team (MH-ERT) and community resources at the venue you are travelling to. The specific travel MH-ERT team is formed by key individuals who are located at the venue and in Canada.

Other individuals may be asked to take part in the MH-ERT discussions, depending on the matter being discussed.

****The individuals listed below should be contacted after a MH emergency has been identified in any location, whether within or outside of Canada.**

Climbing Canada MHEAP Communication Chain

NAME	TITLE/ROLE	CONTACT INFORMATION
Andrew Wilson	HPD	hpd@climbingcanada.ca 1-604-817-3138
Malek Taleb ** If emergency involves Lead/Boulder athletes	Lead/Boulder Coach	malek@climbingcanada.ca 1-613-583-0375
Libor Hroza ** If emergency involves Speed athletes	Speed Coach	libor@climbingcanada.ca 1-250-419-1585
Dr. Yasser El-Sheikh (when appropriate)	CEC Chief Medical Officer	*HPD will facilitate this communication

MENTAL HEALTH EMERGENCY PROCEDURES (See flowchart in Appendix B)

An *emergency* is a sudden, pressing necessity, requiring immediate attention. You may feel unsure how to respond or you may have competing demands for your time, such as other athletes waiting to meet with you.

Part of an effective intervention requires knowing how to act during these incidents and what resources to call upon.

The following procedures were created to help you navigate how to respond when these difficult occasions arise.

MENTAL HEALTH EMERGENCY DESCRIPTION

An acute disruption or breakdown in a person's usual pattern of functioning, often resulting in actual or potential harm to the individual or someone else

- Suicidal or homicidal thinking or behaviour
- Acute psychosis, mania, paranoia, delirium, or confusion
- Interpersonal violence against family, team-mates, coaches, or staff
- Sexual Assault
- Acute intoxication or drug overdose

In all instances, inform your HPD as soon as possible

1. Identify if there is immediate threat to safety by asking if person may harm themselves or others, is making physical threats, has access to a weapon.

- a. **If there is immediate threats to safety** call 911 and have the person taken directly to hospital. If possible they should be accompanied by head coach or chaperone on-site

2. If you are receiving information from a 3rd party (e.g. person tells coach that they are concerned about a fellow teammate):

Remember your Mental Health First Aid Training – you are in a position to recognize behavior change and refer the person to the most appropriate level of support.

- You will carefully record/take notes to help organize your thinking and responding when a situation becomes potentially overwhelming.
 - o Ask for the following information:
 - II. Name, location and contact information for person sharing information with you
 - III. Name of the person of concern and where are they located
 - IV. Who are other team members located with the reporter or person of concern (if any)
 - o If speaking via phone, tell caller to stay on the phone with you until you are able to attend the emergency and meet with the person of concern
 - V. What is the emergency being reported to you?
 - a. Identify the nature of the emergency

2. If you are with the person who is experiencing a mental health emergency or the person reaches out directly:

- Remember your Mental Health First Aid Training – you are in a position to recognize behavior change and refer the person to the most appropriate level of support.
- Follow the steps outlined above in **meet with the person in a quiet place section** to outline your intentions to get them to the right support person, express concern, convey hope and refer to hospital
- Reach out to your Mental Health Emergency Response Team members for collaborative support

3. Meet with the person of concern in a quiet place

- **REMEMBER** You are not taking the role of a mental health professional; You need only to listen, care and refer
- Inform the person of your intentions and hopes, and limitations of your knowledge such as “I want to help you but I am not a mental health professional but I know how to refer you to the right person who can help.”
- Express concern and convey hope, such as “Many athletes have found meeting a professional helpful and I am concerned about you and want to ensure you get the support you need.”
- Share with the person what you have observed, such as “Your behavior (mention incident) has been concerning for you.
- Listen and respond
 - o If the person indicates thoughts of suicide do not leave them alone until they can meet with a medical or mental health provider
- Facilitate transport to hospital

- Reach out to your Mental Health Emergency Response Team members for collaborative support

Use the following questions and responses to support your decision making:

1. What conditions must be met for emergency services to be contacted or the individual to be brought to the hospital?

See definition of “Mental Health Emergency” as described in **Appendix A**

a) Who should accompany the person to the hospital?

Voluntary Hospitalization: If the person agrees to voluntary hospital assessment, the Head Coach or Chaperone on-site will accompany them to the hospital; if there is no reasonable person to accompany the person to the hospital ambulance transportation may be arranged

Involuntary Hospitalization: If an person is having a mental health emergency as outlined above and refuses to go to hospital, involuntary hospitalization may be required by the local police or emergency services to assess the athlete.

b) Who is the main point of contact for hospital health care providers?

If the person is admitted, the person and the hospital will make all treatment decisions. The Head Coach will be the main point of contact for the hospital care providers and should be involved in all discharge plans. Communication should be initiated before the person is discharged

c) Who will get in touch with the athlete’s Emergency Contact?

HPD

d) Who will follow-up with the person following their discharge?

HPD and any other current primary care/mental health support already in place (if person has a mental health provider

2. Who will ensure there is continuity of care following the mental health emergency and / or hospital stay?

CEC Chief Medical Officer in connection with CEC National Practitioner Network or current health care provider

a) What steps should be taken if the person does not yet have a mental health practitioner

Athlete, with support of trusted other if needed (e.g. CMO, HPD, Coach) to reach out to Mental Health Care Coordinator for referrals to practitioners located in athlete’s region

mentalhealth@mygameplan.ca

- i. Athletes and head coaches are eligible for \$2500 per year for mental health support when referred by the Mental Health Care Coordinator above

b) What kind of collaboration should occur between the mental health practitioner and rest of athlete’s IST? What information will be shared? With whom?

- This is a case by case decision made in consultation between the athlete experiencing a MH emergency, HPD, and CEC CMO Dr. Yasser El-Sheikh.
- Confidentiality must be maintained to the greatest extent. Information shared by a mental health practitioner will only be released if the person has signed an informed consent for information to be shared.
 - o The person experiencing the mental health emergency has the right to refuse to sign a release of information and in this instance Dr. Yasser El-Sheikh will ensure the person is aware of what a refusal means (for example, person is opting out of collaborative care).

3. Who will be involved in building and executing the staff/athlete's recovery plan?

CMO in consultation with person and any other mental health or primary care practitioner involved in care. If person is under current care, continued treatment will be established.

4. Who decides whether/when an athlete can safely return to the DTE and to competition?

CMO/HPD/ Head Coach in collaborative consultation with athlete and with athlete's consent any other mental health or primary care practitioner involved in care plan

5. If follow-up is needed with teammates, who will facilitate this conversation

HPD; in collaboration with mental health practitioner from CEC National Practitioner Network if indicated

A FEW ADDITIONAL POINTS:

1. When supporting someone who has expressed an intent or plan to harm themselves, or has made a suicide attempt, it is not your role to determine the seriousness of the thought, gesture or action.
2. Initiate the Mental Health Emergency Action Plan outlined in this document
3. Your quick response helps to communicate to the person in distress that you are and take their health and wellbeing seriously
4. Do not leave a suicidal person alone
5. Keep this document and the resources from your Mental Health First Aid course easily accessible
6. **Staff:** refer to the Individual Mental Health Emergency Action Plan (IMHEAP) to identify personal support persons to contact.

ADDITIONAL RESOURCES :

- Grief support is available through Lifeworks. Go to teamcanada.lifeworks.com and use these credentials to login: Username: teamcanada password: lifeworks
- <https://www.mygameplan.ca/resources/health>
- All CEC athletes and athlete-facing staff will take Mental Health First Aid course about MH signs, symptoms and how to appropriately respond and refer <https://www.mhfa.ca>
- All Team Canada athletes and Team Canada coaches are eligible for mental health resources as indicated below in **Appendix A**

- **Appendix B** outlines a flowchart for mental health emergency procedures

APPENDIX A- Mental Health Resources for Team Canada Athletes and Coaches

	MENTAL HEALTH CHALLENGE	URGENT CONCERN	MENTAL HEALTH EMERGENCY
DESCRIPTION	Warrants attention but does not involve any immediate risks and can be resolved with a standard referral for mental health support	Warrants immediate attention from mental health providers but does not involve an immediate safety threat to oneself or others	An acute disruption or breakdown in a person’s usual pattern of functioning, often resulting in actual or potential harm to the individual or someone else
FOR EXAMPLE	<ul style="list-style-type: none"> • Overwhelming stress • Trouble managing symptoms of mental illness (e.g., anxiety, ADHD, OCD, eating disorder) • Interpersonal challenges with teammates, coaches, significant other, family • Challenges processing safe sport concerns 	<ul style="list-style-type: none"> • Self-harm or maladaptive coping behaviours that are not life-threatening or causing significant property damage • Rapid mood swings • Panic attacks that are impacting functioning • Medication non-compliance • Substance use and/or abuse • Report of a sexual assault 	<ul style="list-style-type: none"> • Suicidal or homicidal thinking or behaviour • Acute psychosis, mania, paranoia, delirium, or confusion • Interpersonal violence against family, teammates, coaches, or staff • Acute intoxication or drug overdose
ACTION	Make a standard referral	Connect with a mental health provider	Respond immediately, do not leave alone
RESOURCES	<ul style="list-style-type: none"> • <u>LifeWorks</u>: 1.833.456.4566 • <u>Sport-informed care</u> 	<ul style="list-style-type: none"> • <u>LifeWorks</u>: 1.833.456.4566 • <u>Sport-informed care</u> 	<ul style="list-style-type: none"> • 9-1-1 / Nearest ER • LifeWorks Crisis Line: 1.833.456.4566

Spectrum of potential mental health concerns and available resources (adapted from Game Plan resource)

Appendix B: Mental Health Emergency Action Plan Flow Chart

A Mental Health Emergency Is Identified : Reach out to your Teams Mental Health Emergency Response Team members for collaborative support; In all instances inform HPD as soon as possible

MENTAL HEALTH EMERGENCY DESCRIPTION

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- Sexual assault
- Acute intoxication or drug overdose

