

NATA ICSM Mental Health Toolkit

The ICSM and the NCAA recognize the challenges associated with Mental Health care and both agree that Mental Health is growing concern. This toolkit which is composed of five sections has been prepared based on the best knowledge and mental health availability from the authors and utilizes elements from their respective institution's mental health policies and procedures.

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1. Finding an Appropriate Team of Providers

During the process of aiding a student athlete in the recovery of mental health issues it is important to understand the many types of mental health care professionals available. The following is a guide of the various health care professionals available for mental health issues. The guide will also give an overview of the credentials to expect from a mental health professional.

A. Assessment and Therapy- Assess and Diagnose Mental Health Conditions

1. Psychologists

1. Description: Trained to evaluate a person's mental health using clinical interviews, psychological evaluations and testing. They can make diagnoses and provide individual and group therapy
2. Education: Doctor of Philosophy (Ph.D.) in a field of psychology or Doctor of Psychology (Psy.D.)
3. Licensure & credentials: Psychologists are licensed by licensure boards in each state

2. Counselors, Clinicians, Therapists

1. Description: Trained to evaluate a person's mental health and use therapeutic techniques based on specific training programs. They operate under a variety of job titles—including counselor, clinician, therapist or something else—based on the treatment setting
2. Education: Master's degree (M.S. or M.A.) in a mental health-related field such as psychology, counseling psychology, marriage or family therapy, among others
3. Licensure & Certification: Varies by specialty and state. Examples of licensure include: LPC, Licensed Professional Counselor, LMFT, Licensed Marriage and Family Therapist and LCADAC, Licensed Clinical Alcohol & Drug Abuse Counselor

3. Clinical Social Workers

1. Description: Trained to evaluate a person's mental health and use therapeutic techniques based on specific training programs. They are also trained in case management and advocacy services
2. Education: Master's degree in social work (MSW)
3. Licensure & Certification: Examples of licensure include: LICSW, Licensed Independent Social Worker, LCSW, Licensed Clinical Social Worker, and ACSW, Academy of Certified Social Worker

B. Prescribe and Monitor Medication- prescribe medication, assess, diagnose, and provide therapy

**It is important to verify any medications used in treating mental health conditions is allowed by the governing body of the prescribed student athlete's organization/sport*

1. Psychiatrists

1. Description: Diagnose mental health conditions, prescribe and monitor medications and provide therapy. Some have completed additional training in child and adolescent mental health, substance use disorders or geriatric psychiatry
2. Education: Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO), plus completion of residency training in psychiatry
3. Licensure & credentials: Licensed physician in the state where they are practicing; may also be "Board Certified" by the Board of Neurology and Psychiatry

2. Psychiatric or Mental Health Nurse Practitioners

1. Description: Provide assessment, diagnosis and therapy for mental health conditions or substance use disorders. In some states, they are also qualified to prescribe and monitor medications. Requirements also vary by state as to the degree of supervision necessary by a licensed psychiatrist
2. Education: Master of Science (MS) or Doctor of Philosophy (Ph.D.) in nursing with specialized focus on psychiatry
3. Licensure & credentials: Licensed nurse in the state where they are practicing. Examples of credentials include, but are not limited to: NCLEX, National Council Licensure Examination, PMHNP-BC, Board Certification in psychiatric nursing through the [American Academy of Nurses Credentialing Center](#)

3. Primary Care Physicians

1. Description: While primary care physicians and pediatricians can prescribe medication, they should obtain core competencies to treat mental health conditions with CME. Primary care and mental health professionals should work together to determine an individual's best treatment plan
2. Education: Doctor of Medicine (M.D.) or Doctor of Osteopathic Medicine (DO) Recommended to have core competencies for treating mental health disorders
3. Licensure & credentials: Licensed physician in the state where they are practicing

4. Family Nurse Practitioners

1. Description: Provide general medical services like those of a primary care physician, based on each state's laws. Like primary care physicians, they can prescribe medication, they should obtain core competencies to treat mental health conditions with CME. Family nurse practitioners and mental health

professionals should work together to determine an individual's best treatment plan

2. Education: Master of Science in Nursing (MSN) or Doctor of Nursing (DNP) in nursing
3. Licensure & credentials: Licensed nurse in the state where they are practicing
Examples of credentials include: NCLEX, National Council Licensure Examination, FNP-BC, Family Nurse Practitioner Board Certified

C. Other Professionals that can Assist Mental Health Practitioners.

1. Certified Peer Specialists

1. These specialists have lived experience with a mental health condition or substance use disorder. They are often trained, certified and prepared to assist with recovery by helping a person set goals and develop strengths. They provide support, mentoring and guidance

2. Social Workers

1. Social workers (B.A. or B.S.) provide case management, inpatient discharge planning services, placement services and other services to support healthy living

3. Registered Dietician

1. Recommended for treatment of eating disorders and crucial if no mental healthcare professional with eating disorder expertise is available

4. Pastoral Counselors

1. Clergy members with training in clinical pastoral education. They are trained to diagnose and provide counseling. Pastoral counselors are members of the [Association of Pastoral Counselors \(APC\)](#) and can have equivalents to a doctorate in counseling

The National Alliance on Mental Illness (NAMI) offers assistance in finding a mental health professional and resources in your area. Finding an individual to work with can be made easier after understanding the various differences among professionals and each professions training in regards to mental health.

2. Assembling a Multidisciplinary Mental Health Team

A wide array of clinical mental health diagnosis warrants a wide array of clinicians to provide patients with the best healthcare possible. You have found your clinicians; now how can you assemble the best team and referral patterns?

The multidisciplinary team should include:

- Team physicians
- Director of medical services
- Athletic Trainers
- Licensed psychologists
- Life skills support staff
- Registered dieticians

Your mental health policies and procedures should be carried out under the direction of either a team physician, director of medical services, or head athletic trainer. This individual should be the point person to assure that the proper steps and referral are taking place for the best possible patient care.

Once this individual is identified, assess which of the following recommended team members your program has access to from Section 1.

Please follow Mental Health Best Practices in assembling a mental health care team.

To provide the patient with adequate healthcare, this multidisciplinary team should be able to work with each other efficiently and the patient should have easy access to all services as soon as your situation warrants.

As athletic trainers interact with patients on a daily basis, they should be intimately involved with the care of a patient experiencing a mental health incident. Once a mental disturbance is identified, the athletic trainer should make an effort to refer the patient to the correct professional or multiple providers if needed.

3. Procedures for Identification and Referral of Mental Health Issues

Mental Health Signs and Symptoms:

1. While sometimes difficult to assess and quantify in a patient, the signs and symptoms of a mental health disturbance can be many, including but not limited to:
 - a. Withdrawal
 - b. Drop in functioning
 - c. Problems thinking
 - d. Increased sensitivity
 - e. Apathy
 - f. Feeling disconnected
 - g. Illogical thinking
 - h. Nervousness
 - i. Unusual behavior
 - j. Sleep or appetite changes
 - k. Mood changes

Mental Health Emergency Action and Management Plan - The implementation of this plan needs to consider several issues, including:

1. If immediate intervention is needed, when the patient is a potential harm to themselves or others, this becomes the clinician's priority. Outside of the emergency hours of your campus's counseling center and if the person in crisis is *not* on campus, call 911. It may also be appropriate to refer the patient to your preferred psychiatric hospital. The National Suicide Hotline number is 1-800-273-8255.
 - a. Such situations may include (but may not be limited to) suicidal ideation; schizophrenic, bipolar, or depressive episodes; a person who has expressed thoughts of harming others or damaging property; intense feelings of personal distress, obvious changes in functioning, and/or catastrophic life events.
2. Likewise, in the case of highly agitated or threatening behavior or acute delirium/confused state, step one should be followed.
3. The patient will likely identify the staff member which they are most comfortable with. It is that staff member (be it an athletic trainer, coach, team physician or administrator) that should be with the patient through the process.
4. If the emergency is a sexual assault, the patient may or may not wish to be taken to the hospital. Options include the Counseling Center, the Women's Center Victim Advocate, Department of Public Safety, and/or the nearest emergency room. Sports medicine staff members will not require this person to report the incident, but they must know that the incident will have to be reported to the appropriate department on campus.
 - a. Acute alcohol intoxication and /or drug overdose is to be handled as a medical emergency.
5. A debrief after the situation is resolved with the Associate AD for Medical Services, possibly with others as requested.

Routine Mental Health Referral- If a student athlete presents with concerns that may be most appropriately addressed with mental health care, the following steps should be followed:

1. At any time, a staff member can assist in facilitating a referral to the staff psychologist or University Counseling Center. This can be done by calling your counseling center and helping the student athlete schedule an appointment.
 - a. The student athlete came to you for a reason, any staff member should help the student athlete with follow-up and accountability for keeping appointments.
2. The Associate AD for Medical Services should be informed of the referral, to assist in helping the student athlete.
3. The referring staff member should follow up with an email or phone call to the counselor who is seeing the student athlete. The staff member should inform the counseling center of the reasons why the referral was made. In many cases, the student athlete will not open up fully to the counseling center staff member early on in the process.
4. Any medications prescribed to the student athlete need to be disclosed to the primary athletics health care provider for that student athlete.

4. Pre-Participation Mental Health Screening

A mental health screen should be a part of your pre-participation exams. The U.S. Preventative Services Task Force also recommends that a procedure for referral be established for a symptomatic or at-risk student-athlete. Ultimately, screening tools should be selected at the discretion of the director of mental health services in conjunction with the director of sports medicine or head athletic trainer. In this document, we do recommend a few different questionnaires. It is also important to note that screening tools are not intended for stand-alone use and should be incorporated into a comprehensive mental health management program.

These assessments are appropriate for use in an acute situation in addition to the pre-participation mental health screen. They should be utilized by athletic training staff to assess a possible need for referral to a mental health professional. Screening should be completed annually but may be utilized more often. Discuss with your director of mental health services about incorporating screening options into your referral process. If an athlete is screened, they have to have an avenue for referral if needed.

1. Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<i>Add the score for each column</i>	+	+	+	
Total Score (<i>add your column scores</i>) = _____				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____ Somewhat difficult _____ Very difficult _____
 Extremely difficult _____

2. Patient Health Questionnaire – 9 (PHQ-9) – A short, nine question assessment that delves a little deeper into what the patient has experienced over the last two-weeks specifically. The literature typically cites a cutoff score of an 8. If a patient scores an 8 or above, referral may be necessary.

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

5. Establishing a Health Promoting Environment that Supports Well-Being and Resilience

The athletics environment can help support positive psychological well-being among all student-athletes by normalizing care-seeking and fostering experiences and interactions that promote personal growth, self-acceptance, autonomy and positive relations with others. Creating a healthy environment allows open and more effective communication of mental health disorders for the well-being of the student athlete, including those with a history of mental health concerns or those experiencing mental health concerns for the first time in college.

- A. The primary athletics health care providers and the licensed practitioners providing mental health services should meet annually to overview mental health care protocols and practices.
- B. The following groups need to be educated and supportive of these protocols and practices.
 1. Coaches, Faculty Athletics Representatives (FAR), and Administrators
 - a. Education on signs and symptoms of mental health disorders and university protocols for mental health.
 - b. Educational programming covering first responders, bystander training, suicide prevention, sexual assault, violence, hazing, sleep etc.
(www.qprinstitute.com)(<http://athletewellness.uncg.edu/coaches-assist>)
 1. These groups should attend trainings and programs offered to students, so they can be an advocate for these programs and de-stigmatize attending them.
 - c. Understanding their role in creating a positive culture that promotes personal growth and self-acceptance, autonomy and positive relationships. Some example includes but are not limited to:
 1. Regularly promoting the above-mentioned values
 2. Supporting and promoting department programs for mental well-being and resilience
 3. Sharing personal experiences related to mental well-being and resilience
 4. Plan discussions of mental well-being and resilience during peak times of stress throughout the academic and athletic calendar
 - d. Education on the importance of being attentive and empathic in their interactions with student-athletes who are facing mental health challenges, while understanding that their role is not to manage the situation themselves. They should instead follow the specific referral process as outlined by their institution's mental health referral plan.
 2. Student-Athlete Leaders
 - a. Education on signs and symptoms of mental health disorder, self-care, stress management and personal health practices.
 - b. Educational programming for peer intervention for distress, bystander training for mental health and sexual assault, interpersonal violence and hazing.
(<http://stepupprogram.org>) (www.mvpnational.org/program-overview)

- c. Educational programming for importance of sleep for well-being and performance as well as best practices of sleep.
 - d. Have a student-athlete share a personal experience related to mental well-being and resilience with their peers.
 - 3. University Counseling Center (UCC) (If available)
 - a. Collaborate with UCC whenever possible for education of all above groups.
 - b. Utilize programming already offered by UCC and Student Life.
 - c. Encourage a tour of all health and wellness facilities for all new incoming student-athletes.
 - d. Coordinate with UCC to have their staff present at a practice for each athletic team to introduce themselves to the team and educate on the offerings of their department.
- C. Athletic Department coordination between administration and sports medicine personnel and licensed practitioners to review plans for the following:
 - 1. Medical Management Plan
 - a. Procedures for determining student-athletes taking and then monitoring psychiatric, psychotropic, and/or opiate medication.
 - b. The procurement of documentation from personal physicians that demonstrates appropriate diagnostic evaluation and treatment protocols for medication use.
 - 2. Transitional Care
 - a. Determining and plan for and who is responsible for student-athletes who are leaving the college sport environment that is in the interest of continuing medical care and student-athlete welfare.
 - b. Provision of information to student-athletes about community mental health resources.
 - c. Develop a plan for helping student-athletes who have been away from campus while seeking care for mental health issues transition back to campus and to sport participation.
 - d. Determine who is responsible for facilitating the academic waiver process, should a waiver be needed for a student-athlete who is returning to campus after seeking mental health treatment. (If the student-athlete is seeking a waiver as a disability-related accommodation, consult campus disability services.)

References:

Practice Guidelines: Core Elements in Responding to Mental Health Crises; US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. www.samhsa.gov.

MIND, BODY AND SPORT Understanding and supporting Student-Athlete Mental Wellness; National Collegiate Athletics Association, Edited by Gary T. Brown, October 2014. www.NCAAPublications.com.

Interassociation Consensus Document: MENTAL HEALTH BEST PRACTICES Understanding and Supporting Student-Athlete Mental Wellness. National Collegiate Athletics Association Sport Science Institute, Revised May 2017

National Alliance on Mental Illness – www.nami.org

Balance Safety and Support on Campus: A Guide for Campus Teams - A Higher Education Mental Health Alliance (HEMHA) Project

Collegiate Clinical/Counseling Sport Psychology Association - www.collegiatesportpsych.org

Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med.* 2006;166:1092-1097.