

MENTAL HEALTH EMERGENCY ACTION PLAN



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Introduction

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Introduction

Athlete Mental Health Facts

- 1 in 3 adolescents (31.9 %) met the criteria for anxiety disorder,

- 19.1% were affected by behavioral disorders,
- 14.3% experienced mood disorders,
- 11.4% had substance abuse disorders,
- The incidence of depression increases with age.

Considering the sheer number of individuals who have a mental disorder, it is likely that nearly every secondary school team has at least one student athlete who experiences a mental health condition. While many youth are able to manage the demands of being a student athlete, some may struggle with the numerous demands. In situations where there is an unhealthy sports culture, an intense pressure to perform or an increased risk of injury, athletes may actually be more susceptible to mental health conditions like anxiety or depression. Student athletes experience unique stressors that may cause or exacerbate mental health conditions. These stressors include:

- **Over Training:** being pushed too hard, physical practices as punishment, and playing above the appropriate age or skill level can lead to anxiety and attrition in sport.
- **Early Specialization:** many student athletes specialize in one sport early in their career and engage in advanced level, year-round training which can lead to anxiety, stress, overuse injuries, fatigue and ultimately, athlete burnout.
- **Identity Crisis:** part of a student’s identity may be tied to being an athlete. When things occur that challenge this identity, such as not making a team, an injury, performance issues or making mistakes during a game, the athlete may experience a negative psychological reaction.
- **Demands to Balance it All:** student athletes experience a number of stressors that may affect their mental health including the physical demands of the game (training, injuries, environmental conditions), the mental stressors (game strategy, toughness, meeting expectations, peer pressure), and the academic rigor (maintaining necessary GPA to stay active, earning a scholarship).
- **Maintaining Weight:** many athletes, especially those who compete in weight classes, feel pressure to maintain a certain weight and physique. This pressure can lead to the use of performance enhancing drugs (PEDs) or the development of an eating disorder and trigger co morbid means.
- **Hazing:** many view hazing as a rite of passage; approximately 48% of adolescents who belong to groups experienced hazing. Hazing cannot only be physically dangerous, it can also have a negative impact on both the victim and perpetrator including feeling angry, confused, embarrassed or guilty and lead to mistrust, anxiety and depression.

Changing the Culture: Mental Health Matters

A team’s culture has the potential to affect the mental health of its athletes. If there is a “safety first” culture, athletes will feel more comfortable talking about mental health concerns and will feel less pressure to perform and less likely to engage in risky behavior that stems from that pressure, including playing through injuries, cheating or using performance enhancing drugs. Teams that prioritize safety are also more likely to have implemented appropriate policies and procedures and make an investment in overall athlete safety. On the other hand, if the culture of a team promotes winning at all costs, student athletes’ mental health may be negatively affected by the pressure to perform. Attending to an athlete’s mental health is an essential part of caring for the entire athlete. School administrators, coaches, parents, physicians, school nurses and athletic trainers all play an important role in supporting the mental health of their student athletes and influencing culture. **Here are eight ways to promote a positive sport experience and foster a culture of safety.**

1. **Make sure it is fun.** One of the primary reasons kids quit sports is because it isn’t fun anymore. Keep the game in perspective, show good sportsmanship and focus on opportunities instead of failures.
2. **Play at the appropriate age and skill level:** forcing student athletes to play above their abilities may lead to stress and anxiety.
3. **Provide adequate time for rest during the week and between seasons:** student athletes are susceptible to mental health conditions when their bodies are worn down. Ensure your student athlete is getting the appropriate amount of sleep. Make sure they are getting breaks between sport seasons as well.
4. **Mix it up – athletes are more prone to burnout if they specialize in one sport early.** Encourage your student athlete to participate in a variety of activities and multiple sports.
5. **Ensure the athlete receives a psychosocial screening as part of his or her pre-participation examination.** Ideally, this would be done by the athlete’s primary care provider.
6. **Know the signs and symptoms of mental health concerns.** Knowing these will help support early recognition and necessary referrals for student athletes.
7. **Remove the stigma around seeking care.** Promote a culture where student athletes feel comfortable talking with authority figures about their mental health status. Initiate a conversation about how an athlete is feeling and make this a regular dynamic.
8. **Ensure there is a policy established for the appropriate referral of student athletes with mental health concerns.**

Education for Parents and School Officials

The Athletic Trainer's Role in Mental Health

Athletic trainers (ATs) play an important role on a school’s athletic health care team. ATs are uniquely positioned to support both the physical and mental health of their student athletes. Because of their close relationships and day-to-day interactions with athletes, ATs may be the first to recognize the signs and symptoms of a mental health crisis. ATs provide an unbiased medical opinion and can support a culture of safety, especially with regard to mental health, for a team. ATs also play an important role in communication between student athletes, parents, coaches and school counselors. ATs work collaboratively with the athletic department and school

administration, to develop a plan to recognize student athletes with psychological concerns and facilitate an effective referral system to mental health care professionals for evaluation and treatment.

Mental Health Resources

- Mental Health Handout
- Suicide Awareness Infographic
- Sleep Awareness Infographic
- Stress Infographic

REFERENCES Based on numbers reported by 16 states in 2013. Centers for Disease Control and Prevention (CDC), 1995-2013 Middle School Youth Risk Behavior Survey Data, available at <http://nccd.cdc.gov/youthonline>. Merkel, D. (2013). Youth sport: Positive and negative impact on young athletes. *Open Access Journal of Sports Medicine*, 151. doi:10.2147/oajsm.s33556. Taliaferro LA, Rienzo B, Miller MD, et al. High school youth and suicide risk: exploring protection afforded through physical activity and sport participation. *J Sch Health*. 2008;78:545–553. Jon Almquist, Tamara C. Valovich McLeod, Angela Cavanna, Dave Jenkinson, Andrew E. Lincoln, Keith Loud, Bart C. Peterson, Craig Portwood, John Reynolds, and Thomas S. Woods (2008) Summary Statement: Appropriate Medical Care for the Secondary School-Aged Athlete. *Journal of Athletic Training*: Jul/Aug 2008, Vol. 43, No. 4, pp. 416-427. Merikangas KR, He JP, Burstein M, et al. Lifetime prevalence of mental disorders in US adolescents: results from the National Comorbidity Survey Replication–Adolescent Supplement (NCS-A). *J Am Acad Child Adolescent Psychiatry*. 2010;49(10):980–989. Timothy L. Neal, Alex B. Diamond, Scott Goldman, Karl D. Liedtka, Kembra Mathis, Eric D. Morse, Margot Putukian, Eric Quandt, Stacey J. Ritter, John P. Sullivan, and Victor Welzant (2015) 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*: March 2015, Vol. 50, No. 3, pp. 231-249.

UNDERSTANDING ATHLETE BURNOUT &

Sources: Mental Health America, NATA
Infographic provided by the National
Athletic Trainers' Association

MENTAL HEALTH

SIGNS AND SYMPTOMS

- Problems with concentration, memory or ability to think clearly
- Changes in eating (overeating or loss of appetite)
- Unable to complete tasks
- Feeling overly worried
- Feeling sad, empty, hopeless or worthless
- Sensitivity to sound, sight, smell and touch
- Irritability and restlessness
- Loss of interest in activities you previously enjoyed
- Withdrawn or disconnected from others
- Feeling like your brain is playing tricks on you (hearing knocking, scratching, name being called)
- Changes in energy level and sleep patterns (sleeping during the day and awake at night)

A combination of symptoms lasting longer than a week might indicate a mental health condition.

SIGNS AND SYMPTOMS THAT REQUIRE IMMEDIATE ATTENTION:

- Thoughts or plans of killing or hurting yourself or others
- Hearing voices or seeing things that no one else can see or hear
- Unexplained changes in thinking, speech or writing
- Being overly suspicious or fearful
- Serious drop in school or work performance
- Sudden personality changes that are bizarre or out of character

ATHLETE BURNOUT

Athlete burnout is a syndrome of continual training and sport attention stress, resulting in staleness, overtraining and, eventually, burnout. Many athletes experiencing burnout report feeling trapped by circumstances of sports participation.

Signs and symptoms of burnout include:

- Leveling off or diminished performance or conditioning, including strength and stamina losses and chronic fatigue
- Physiological signs such as having a higher resting heart rate and blood pressure
- Cognitive issues such as difficulty in concentration, diminished work in school or forgetfulness
- Illnesses as a result of suppressed immune system
- Emotional issues such as disinterest, moodiness and irritability
- Low self-esteem, increased anxiety and depression as a result of falling short of sport demands

Best methods to prevent and treat athlete burnout:

Rest and time away from sports



GETTING HELP

There are many resources available to those in need

- Primary care physician
- Local mental health centers
- Employee assistance programs
- Local Mental Health America affiliate
- Churches and worship centers

If someone you know is in need of immediate crisis intervention, call 1-800-273-TALK (8255), go to your local emergency room or call 911.

THE POWER OF SLEEP

Source: National Collegiate Athletic Association, American College Health Association
Infographic provided by the National Athletic Trainers Association

Sleep is vital to health and function, especially among student athletes who need be at top performance physically and mentally.

SLEEP IMPACTS

COGNITIVE PERFORMANCE:

- Learning and memory: During sleep, the mind will filter, sort, evaluate, consolidate and integrate information taken in during the day.
- Decision-making: Sleep loss impairs the ability to make decisions and clouds one's judgement so they don't know they're making impaired decisions.
- Vigilance and alertness: When sleep deprived, a person's ability to focus and maintain attention is hindered. As with decision-making, a sleep deprived person is typically unaware of their own impairment.



SLEEP IMPACTS MENTAL HEALTH:

- Stress and anxiety: The body's ability to appropriately control stress and emotions depends on sleep to maintain proper function and without it, the body is less able to process stressful events and is more emotionally out of control.
- Mood and depression: Several functions of sleep involve processing and regulating emotions, tying depression and lack of sleep closely together.



SLEEP IMPACTS

PHYSICAL HEALTH:

- Healing and recovery: Cells grow, repair and rebuild during sleep, making it essential to athletic performance and injury prevention.
- Metabolism: Sleep controls insulin and glucose functioning, secretion of metabolic hormones and the way fat and muscle cells use and store energy.
- Muscle growth: The healing that takes place during sleep is essential to muscle growth. The human growth hormone is also controlled by sleep.
- Weight control: Poor quality sleep, short sleep durations and sleep that is uncoordinated with internal rhythms can lead to weight gain and obesity—especially in adolescents and young adults who require more sleep.

INSUFFICIENT SLEEP AND STUDENT ATHLETES

Most college-aged student athletes experience four nights of insufficient sleep per week on average.

One-third of college-aged student athletes get fewer than seven hours of sleep per night. This rate is higher among female athletes.

Sleep deprivation among college-aged student athletes is often attributed to: frequent travel for competitions; uncomfortable sleeping arrangements; stress; the challenge of balancing athletics, academics and student life; and sleep disorders such as insomnia and sleep apnea.

ARE YOU STRUGGLING TO SLEEP?

Eight hours is the recommended amount of sleep for someone age 17 to 22 for optimal health and function. One way to get better sleep is to create the ideal sleep environment, which is cool, dark and comfortable. Remove any distractions, such as electronics, bright lights and noise.

Contact your medical provider if you're experiencing problems sleeping or if you think you have a sleep disorder.

THE EFFECTS OF STRESS

What to do when stress becomes too much

Not all forms of stress are bad, but too much stress can have short- and long-term effects on physical and mental health. Student athletes report higher levels of negative emotional states than other adolescents, resulting in higher rates of sleep disturbances, loss of appetite, mood disturbances, short tempers, decreased self-confidence and inability to concentrate.

Major sources of stress for student athletes include:

Pressure to win

Overtraining

Competition for athletic scholarships

Lack of rest and recovery time

Academic responsibilities

SYMPTOMS OF STRESS

Stress can have negative effects physically, mentally and behaviorally, and sustained amounts of stress can cause long-term damage to one's overall mental and physical health. Stress can contribute to physical ailments such as, but not limited to:

- Headaches, fatigue, memory problems, difficulty sleeping, mental disorders
- Acne and other skin problems
- Rapid heartbeat, rise in blood pressure, heart attack
- Muscle tension, backaches, reduced bone density
- Nausea, stomach pain, heartburn, weight gain or loss
- Increased risk of diabetes
- Digestive problems
- Irregular or painful periods



REDUCE STRESS THROUGH SELF-CARE

- Get a proper amount of sleep nightly
- Make a hydration schedule to avoid dehydration
- Follow good nutrition recommendations
- Form hobbies outside of sports



If you or someone you know is in crisis, seek help by calling **800-273-TALK (8255) to reach a 24-hour crisis center or **911** for immediate assistance.**

Sources: National Athletic Trainers' Association, Mental Health America
Infographic provided by the National Athletic Trainers' Association



SUICIDE

A PREVENTABLE PUBLIC HEALTH PROBLEM

Suicide is the second leading cause of death for youths ages 10 to 24, with approximately 4,700 young people dying by suicide annually in the U.S. Suicide is preventable. Armed with knowledge and empathy, you'll know what to look for and how to help someone who may be suicidal.

KNOW THE SIGNS

Keep an eye out for "IS PATH WARM"

- Ideation of suicide
- Substance abuse
- Purposelessness
- Anger
- Trapped
- Hopelessness
- Withdrawal
- Anxiety
- Recklessness
- Mood change

KNOW SOME OF THE RISK FACTORS

- Family history of suicide
- History of mental disorders (depression, substance abuse)
- Feelings of hopelessness
- Cultural or religious beliefs
- Physical illness or injury
- Family history of child maltreatment
- Impulsive or aggressive tendencies
- Isolation
- Local epidemics of suicide
- Loss (relational, social, work, financial)
- Barriers to accessing mental health
- Unwillingness to seek help because of stigma attached to mental health



WHAT TO DO?

If you think someone is suicidal, ask them about "TIPA"

Are you having **THOUGHTS** of harming yourself?

Do you **INTEND** to harm yourself?

What is your **PLAN** to harm yourself?

Do you have **ACCESS** to things to harm yourself?

IF THEY ANSWER "YES" TO THESE QUESTIONS OR THEY ARE EXHIBITING WARNING SIGNS OF SUICIDE:

- Don't leave them alone
- Remove any firearms, alcohol, drugs and sharp objects
- Call the U.S. National Suicide Prevention Lifeline, **800-273-TALK (8255)**
- Take them to an emergency room or seek help from a medical or mental health professional

Source: National Athletic Trainers' Association, The Jed Foundation, American Association of Suicidology, American Foundation for Suicide Prevention, National Federation of High School Sports, Mental Health America
Infographic provided by the National Athletic Trainers' Association

Triggers and Behaviors to Monitor

Triggering Events

Events may serve to trigger a new mental or emotional health concern or exacerbate an existing condition in a student-athlete.

Some examples of these triggering events are:

- Poor performance or perceived poor performance by the student-athlete
- Conflicts with coaches or teammates
- A debilitating injury or illness, resulting in a loss of playing time or surgery
- Concussions
- Class concerns: schedule, grades, amount of work
- Lack of playing time
- Family and relationship issues
- Changes in importance of sport, expectations by self/parents, role of sport in life
- Violence: being assaulted, a victim of domestic violence, automobile accident, or merely witnessing a personal injury or assault on a family member, friend, or teammate
- Bullying or hazing
- Adapting to school schedule
- Lack of sleep
- History of mental disorder
- Burnout from sport or school
- Anticipated end of playing career
- Sudden end of career due to injury or medical condition
- Death of a loved one or close friend
- Alcohol or drug abuse
- Significant dieting or weight loss
- History of physical or sexual abuse
- Gambling problems

Behaviors to Monitor

- Changes in eating and sleeping habits
- Unexplained weight loss or weight gain
- Drug or alcohol abuse
- Gambling issues
- Withdrawal from social contact
- Decreased interest in activities that have been enjoyable or taking up risky behavior
- Talking about death, dying, or “going away”
- Loss of emotion or sudden changes of emotion within a short period of time
- Problems concentrating, focusing, or remembering
- Frequent complaints of fatigue, illness, or being injured that prevent participation
- Unexplained wounds or deliberate self-harm
- Becoming more irritable or having problems managing anger
- Irresponsible, lying
- Legal concerns, fighting, difficulty with authority
- All-or-nothing thinking
- Negative self-talk
- Feeling out of control
- Mood swings
- Excessive worry or fear
- Agitation or irritability
- Shaking, trembling
- Gastrointestinal complaints, headaches
- Overuse, unresolved, or frequent injuries

Special Needs of Student-Athlete

Anxiety Disorders

They are the most common mental health concern in the US. An estimated 40 million adults have an anxiety disorder.

Approximately 8% of children and teenagers experience the negative impact of an anxiety disorder at school and at home.

Emotional Symptoms:

- Feelings of apprehension or dread
- Feeling tense and jumpy
- Restlessness or irritability
- Anticipating the worst and being watchful for signs of danger

Physical Symptoms:

- Pounding or racing heart and shortness of breath
- Upset stomach
- Headaches, fatigue and insomnia
- Upset stomach, frequent urination or diarrhea

Types of Anxiety Disorders:

- **Panic Disorder:** Characterized by panic attacks (sudden feelings of terror) sometimes striking repeatedly without warning. Often mistaken for a heart attack, a panic attack causes powerful physical symptoms including chest pain, heart palpitations, dizziness, shortness of breath and stomach upset
- **Phobias:** Most people with specific phobias have several triggers. To avoid panicking, someone with specific phobias will work hard to avoid their triggers. Depending on the type and number of triggers, this fear and the attempt to control it can seem to take over a person's life.
- **Generalized Anxiety Disorder: (GAD)** produces chronic, exaggerated worrying about everyday life. This can consume hours each day, making it hard to concentrate or finish routine daily tasks. A person with GAD may become exhausted by worry and experience headaches, tension or nausea.
- **Social Anxiety Disorder:** Unlike shyness, this disorder causes intense fear, often driven by irrational worries about social humiliation "saying something stupid", or "not knowing what to say". May not be able to participate in conversations, contribute to class discussions, or offer their boss ideas, can become isolated.

Depression

An estimated 16 million American adults had at least one major depressive episode in the past year. Women are 70% more likely than men to experience depression, young adults aged 18-25 are 60% more likely to have depression than people aged 50 or older. In 2018 an estimated 3.2 million adolescents (12-17) in the U.S. had at least one major depressive episode (13.3% of the US population). The prevalence of major depressive episodes was highest amongst adolescents reporting two or more races (16.9%).

Symptoms:

- Changes in sleep or appetite
- Lack of concentration
- Loss of energy
- Lack of interest
- Low self esteem
- Hopelessness
- Changes in movement
- Physical aches and pains

Causes:

- Trauma: When people experience trauma at an early age, it can cause long-term changes in their brain's response to fear and stress
- Genetics: Mood disorders and risk of suicide tend to run in families
- Life circumstances: marital status, financial standing, where a person resides
- Brain structure: The frontal lobe of the brain becomes less active when a person is depressed
- Other medical conditions: Hx of sleep disturbances, medical illness, chronic pain, anxiety, ADHD
- Drug & Alcohol Abuse: 30% have depression

Eating Disorders

Studies suggest that 1 in 20 people will be affected at some point in their lives by an eating disorder. Without treatment, eating disorders can take up a person's life and lead to serious, potentially fatal medical complications. Each condition involves extreme food and weight issues; however, each has unique symptoms that separate it from others.

Anorexia Nervosa:

A person with anorexia will deny themselves food to the point of self-starvation as they obsess about weight loss. They will deny hunger and refuse to eat, practice binge eating and purging behaviors or exercise to the point of exhaustion as an attempt to limit, eliminate or "burn" calories. Low food intake and inadequate nutrition causes a person to become very thin. The body is forced to slow down to conserve energy causing irregularities or loss of menstruation, constipation and abdominal pain, irregular heart rhythms, low blood pressure, dehydration and trouble sleeping.

Binge Eating Disorder: (BED)

A person with BED loses control over their eating and eats a very large amount of food in a short period of time. They may also eat large amounts of food even when they are not hungry or after they are uncomfortably full. This causes them to feel embarrassed, disgusted, depressed or guilty about their behavior. A person with BED, after an episode of binge eating, does not attempt to purge or exercise excessively. May be normal weight, overweight or obese.

Bulimia Nervosa:

Someone living with bulimia will feel out of control when bingeing on very large amounts of food during short periods of time, and then desperately try to rid himself of the extra calories using forced vomiting, abusing laxatives or excessive exercise. This becomes a repeating cycle that controls many aspects of the person's life and has a very negative effect both emotionally and physically. People living with bulimia are usually normal weight or even a bit overweight.

The emotional symptoms of bulimia include low self-esteem overly linked to body image, feelings of being out of control, feeling guilty or shameful about eating and withdrawal from friends and family. Like anorexia, bulimia will inflict physical damage. The bingeing and purging can severely harm the parts of the body involved in eating and digesting food, teeth are damaged by frequent vomiting, and acid reflux is common. Excessive purging can cause dehydration and lead to cardiac arrhythmias, heart failure and even death.

Risk Factors:

Most experts believe that EDs are caused by people attempting to cope with overwhelming feelings and painful emotions by controlling food intake.

Genetics:

People with first degree relatives have a higher risk. Serotonin is involved as a contributing genetic/biological factor.

Environment:

Cultural pressures that stress “thinness” and muscular development and body size as beautiful.

Peer Pressure:

Could be teasing, bullying or ridicule because of size or weight; Hx of physical or sexual abuse can contribute.

Emotional Health:

Perfectionism, impulsive behavior and difficult relationships can lower self-esteem making them vulnerable.

PTSD

Affects 3.5% of the U.S. adult population (about 7.7 million). The average age of onset is in a person’s early 20s. In 2017 an estimated 5% of adolescents had PTSD, and an estimated 1.5% had severe impairment (ages 13-18). Symptoms usually begin within 3 months after a traumatic event, but occasionally emerge years afterward.

Symptoms:

- Intrusive memories, which can include flashbacks of reliving the moment of trauma, bad dreams and scary thoughts
 - Avoidance, which can include staying away from certain places or objects that are reminders of traumatic event. May also feel numb, guilty, worried or depressed or have trouble remembering the traumatic event.
 - Dissociation, can include out-of-body-experiences or feeling that the world is “not real”
 - Hypervigilance can include being startled very easily, feeling tense, trouble sleeping or outbursts of anger
- Over the last 5 years, research has shown that young children manifest PTSD symptoms different than adults. When using the newer criteria researchers noticed an increase in diagnoses by more than 8 times.

Symptoms in young children:

- Acting out scary events during playtime
- Forgetting how/being unable to talk
- Being excessively clingy with adults
- Extreme temper tantrums, as well as overly aggressive behavior

Procedure for Referral

CRISIS MANAGEMENT

THESE POLICIES AND PROCEDURES ARE REVIEWED AND EDITED ANNUALLY.

Read carefully and become familiar with each procedure.

The Crisis Management Team has made every attempt to detail procedures for multiple crises in the interest of safety for all. However, there is always the possibility of some crises not covered here. In such cases, all are reminded that order and common sense are the operative words. Follow the procedure here that is most like the unexpected crisis. Use common sense, remain calm, and encourage students to do the same. Provide leadership and example.

THE CRISIS MANAGEMENT TEAM

The Crisis Management Team consists of the President, the Principal, the Assistant Principal, the Dean of Students, the Athletic Director and others as necessary to accomplish the goals of crisis management on an event basis.

It is the principle goal of the team in managing a crisis to provide for the safety and welfare of our students in any emergency or crisis occurring on campus or even off campus, if necessary.

The Crisis Coordinator, the President, should be accessible via phone to the Assistant Coordinators. It is his responsibility to assess a situation based on the reports given to him or by authorities who may be on the scene. He is also responsible for any contact with the media. He, along with his assistants, following Archdiocesan protocol, will draft any media releases or comments.

The Assistant Coordinators/Investigators will go to the scene of an event, assess the scene, take appropriate necessary immediate action, and make a report to the Coordinator of the situation.

It is imperative that the members of the Crisis Management Team always be accessible.

Crisis Coordinator: Bro. Ray Bulliard, President ext. 1901 Cell 985-966-1138

Assistant Coordinators/Investigators: Ken Sears, Dean of Students ext. 1981 Cell 985-966-1143
Trevor Watkins, Principal ext. 1982 Cell 985-249-1581
Joe Dickens, Assistant Principal ext. 1920 Cell 504-931-5919
Sam Frances, Athletic Director ext. 1983 Cell 504-401-7032

EMERGENCY CONTACT NUMBERS

All emergencies: 911
Police: 892-8500
Fire Department: 898-4727
Gas Company: 1-800-547-4321
Electric Company: 1-800-622-6537

Water Department: 892-1811
Hospital: St Tammany 898-4000
St Tammany ER 898-4438
Ambulance: 911
Child Protection: 893-1025
St. Tammany Office of Community Services: 871-9470
Poison Control: 1-800-256-9822

ARCHDIOCESE:

Superintendent: 504-861-9521
Associate Superintendent: 504-861-9521
Attorneys: Denechaud & Denechaud: 504-522-4756

REFERRAL AND RESOURCE NUMBERS

Aids/HIV Catholic Charities AIDS Counseling: 504-523-3755
Alcoholism Treatment Referral: 1-800-622-4357
AA: 626-8311
Child Protection Domestic Violence Hotline: 1-800-799-7233
Family Services: 822-0800
Sheriff's Juvenile Division: 898-2353
Clothing, etc. Goodwill: 892-3937
Salvation Army: 899-4569
Counseling Family Services: 822-0800
Handicapped United Way: 646-1212
Youth Services Youth Services Bureau: 893-2570

THREAT OF SUICIDE IN THE SCHOOL OR OUTSIDE OF SCHOOL

Any note or verbalized threat of suicide or symptom of severe depression should be taken seriously.

- 1) **Contact the Counseling Office** immediately. Secretary (1940), Director of Counseling, Renée Miller (1947) or cell (504-710-7462) or the other grade level counselors: Sophomore and Junior Counselor (1941), Pre-Freshman and Freshman Counselor (1946), or the Special Needs Counselor (1943). The Counselor will evaluate the situation and request services as needed.
- 2) **Contact the President (1901), the Principal (1982) or cell (985-249-1581), and the Dean of Students (1981).**

- 3) **The faculty or staff member should remain with the student** until he is released to a parent or guardian. If the incident occurs after school hours, the same procedure should be followed. If no school personnel are available after school hours, contact parents if possible. In an extreme emergency in which none of the above persons is available, call (911) for assistance.

SUICIDE OR DEATH IN THE SCHOOL

- 1) Call 911, the President (1901), the Principal (1982) and the Dean of Students (1981).
- 2) Contact the Counseling Office.
- 3) Keep the area clear of students.
- 4) Implement the Crisis/Counseling/Conflict Resolution plan below.

COUNSELING/CONFLICT RESOLUTION PLAN

In any given crisis, those who are directly and indirectly involved may undergo some type of “emotional crisis”. Psychologists tell us that the degree of emotional crisis is typically directly related to the degree of crisis situation. Thus, a shooting on campus might trigger a high level of emotional crisis for the student body, faculty, and community, while a natural disaster might provoke a lesser degree of emotional crisis. Certainly, each type of crisis will evoke some level of emotional need. Addressing the emotional needs of the student body, faculty and community is an awesome task. This report will outline a method of response, with the suggested responses broken down into three categories; students, faculty, and parents.

Confidentiality

If you are the victim of a crime, and do not wish to pursue action within the school or criminal justice systems, you should still consider making a confidential report. With your permission, a member of the crisis management team may file a report that documents the details of your incident without revealing your identity. With this information, the school can keep accurate records of incidents and better identify crime trends. Reports filed in this matter are counted and disclosed in the annual crime statistics for the institution, but again are entirely confidential.

Student-Athlete Pre-participation Medical History: Mental Health-Related Items:

| <i>Statement</i> | <i>Response</i> |
|--|-----------------|
| I often have trouble sleeping | Yes/No |
| I wish I had more energy most days of the week | Yes/No |
| I think about things over and over | Yes/No |

| | |
|--|--------|
| I feel anxious and nervous much of the time | Yes/No |
| I often feel sad or depressed | Yes/No |
| I struggle with being confident | Yes/No |
| I don't feel hopeful about the future | Yes/No |
| I have a hard time managing my emotions (frustration, anger, impatience) | Yes/No |
| I have feelings of hurting myself or others | Yes/No |

If you answered any question(s) with a Yes, are you seeing someone for it? If so, please provide the name and number below.

If you answered any question(s) with a Yes, and are not seeing someone for it, please see someone in the counseling department immediately.

Emergency Situations

Emergency Situations require an immediate activation of the EMS system (CALL 911).

What are Emergency Situations?

- Suicidal/Homicidal Acts
- Active Sexual Assault
- Highly agitated or threatening behavior
- Acute delirium/Acute state of confusion
- Acute Intoxication or drug overdose

How to recognize an Emergency Situation

Any 'yes' answer should be considered an emergency – Call 9-1-1:

- 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?

If you call 911, provide the following information:

- 1) Student-athlete's name and contact information
- 2) Physical description of the student-athlete (i.e. height, weight, hair and eye color, clothing, etc.)
- 3) Description of the situation and assistance needed
- 4) Exact location of the student-athlete
- 5) If student-athlete leaves the area or refuses assistance, note direction in which he/she leaves
- 6) The location you are calling from

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.

Giving Support

The conversation should focus on the student-athlete as a person, not as an athlete. Empathetic listening and encouraging the student-athlete to talk about what is happening are essential.

- Find a good time to talk
- Offer a quiet and secure place to talk with a calming environment o Minimize interruptions (Do not disturb sign, put phone on silent, etc.)
- Speak in a calm voice
- Show your genuine concern and express understanding
- Don't make assumptions or label
- 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 of practice as an AT, coach, teacher, or administrator.
- 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 open ended questions that encourage conversation.
- If someone reports concerns, tell the student(s) you are checking in
- DON'T try to minimize the problems or shame a person into changing their mind
- Do not promise confidentiality in case they report something that has to be shared to protect the group.

SUICIDE

If they answer "yes" to any of the following, it puts them at high-risk – Call 911

DO NOT LEAVE THEM ALONE

- Are you having Thoughts of harming yourself?
- Do you intend to harm yourself?
- What is your Plan to harm yourself?
- Do you have Access to things to harm yourself?
- If the student-athlete is expressing suicidal ideation:
 - 1) Emphasize ensuring the athlete's safety, while being aware of your own.
 - 2) DO NOT leave the person alone.
 - 3) Do not promise confidentiality.