

# Panther Valley School District



## Mental Health Referral Protocol



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## **Introduction**

A student athlete can be under an immense amount of pressure during their respective sports season. These factors predispose athletes to various mental disorders that may or may not be easily detected. The American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders defines a mental health disorder as: “a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress or disability or with a significantly increased risk of suffering death, pain, disability or an important loss of freedom.” Mental health disorders are much more common than most people know, one in four to five youth in America meets the criteria for a mental health disorder.<sup>1</sup>

A psychosocial referral plan is integral part of any athletics program and will outline the procedures necessary to ensure every mental health disorder is recognized and managed appropriately. Having an organized plan already in place when an event occurs could end up saving the life of the involved athlete. This plan will address both emergent and non-emergent situations, and the actions required to manage them. Some conditions covered in this mental health referral plan will be: ADHD, depression, suicide, anxiety disorders and eating disorders.

It is important to have a network of medical professionals in place to deal with any and all mental health situations when they arise. This team may consist of the athletic trainer(s), school nurse(s), counselor(s), team physician, school/team psychologist or sport psychologist. Education is the most important aspect of mental health related issues. Athletes, parents and coaches need to understand it is okay to talk about their feelings and get the help they need.

Although this plan will be focused specifically on student athletes, all students are at risk to develop a mental health disorder. Studies have shown that the average age of onset of major depression and dysthymia is between 11 and 14<sup>1</sup>, much sooner than most people would expect. Therefore, a mental health referral protocol and screening tools should be implemented in youth sports and schools alike.

## **Main Contacts**

Panther Valley HS Main Number: 570 – 645 - 2171

## **Athletic and Sports Medicine Department**

Head Athletic Trainer: Dylan Bradley – 610-349-8614

Athletic Trainer: Stephanie Brinker – 610-297-2309

Athletic Director: Kristin Black – 570-657-6143

## **School Administrators**

Principal: Mr Joseph Gunnels

Nurse: Mrs. Regina Kuzma

School Psychologist: *pending hire*

Guidance Counselor: Ms. Trish O’Gurek

Guidance Counselor: Mrs. Lisa Ogozalek

Resource Officer: Mr. Dennis Kergick

## **Additional Resources**

### **Pennsylvania Mobile Crisis support:**

Montgomery.....1-855-634-4673      Berks.....877-236-4600      Bucks.....1-877-435-7709

Lehigh .....610-782-3127      Schuylkill....570-621-2890

Northampton....610-252-9060      Monroe .....585-275-5151

### **Additional Resources**

Penn Foundation Open Access: 215-257-6551 (7A-11P, will help with directing to ER)

Teen Dating Abuse Hotline.....1-866-331-9474      Suicide Prevention Hotline.....1-800-273-8255

Poison helpline.....1-800-222-1222      Substance abuse helpline.....1-800-662-4357

Grief or Loss Share.....1-800-395-5755      Domestic Violence Helpline....1-800-799-7233

Homeless Helpline.....1-800-1231-6946      Translifeline.....877-565-8860

Youth Crisis hotline.....1-800-448-4663      Child and Youth.....1-800-923-0313

Crisis pregnancy hotline.....1-800-67-2229-6      Safe to Say Line.....1-844-723-2729

ChildLine..... (717) 783-8744      Suicide Prevention Textline..... 741-741

## **Chain of Command**

**On-site athletic trainers have training in youth mental health first aid, a comprehensive intervention training program that teachers professionals immediate care for someone suffering from a mental health emergency (suicide ideation/attempt/self-harm)**

**In the event that school is still in session and the athletic trainer is the first person to make contact with the student-athlete:**

An athletic trainer will remain with the athlete while the school psychologist is contacted. If more than one athletic trainer is present, the second athletic trainer will make contact. If the athletic trainer is by themselves, the athletic director will be responsible for contacting the school psychologist. The school psychologist/Social Worker will take over the situation.

Once the student athlete has safely been placed with the school psychologist the athletic trainer will contact the athletic director, who will be responsible for contacting the necessary administration and parents.

**In an event during after school hours contact:**

Depending on who is present after school the athletic trainer may be in charge of the situation. If the athletic trainer is not the first person to make contact, whoever is in contact with the athlete should remain with the athlete and contact the athletic trainer.

The athletic trainer will contact the athletic director who will then notify all necessary administration and parents.

This plan is a fluid outline of what could happen when dealing with a mental health crisis. The first priority is always to ensure the safety of all involved in the situation. At any time an individual's role in this plan may change, or they may take on several roles. That is why it is important for all involved to be familiar with the entirety of this plan.

**All parties shall be involved in the management and follow-up of the patient to ensure quality care and communication.**

## **Procedures For Referral**

## **EMERGENCY SITUATION MANAGEMENT**

Situations that are considered to be mental health emergencies:

1. Thoughts of suicide/attempting suicide
2. Sexual Assault
3. Displaying signs of agitation or threatening behaviors to themselves and or others
4. Acute psychosis and paranoia
5. Self harm

### **Emergency Management:**

Ask yourself this: Is this immediately life threatening? (Yes/No)

If the answer is **YES = Activate EAP, Immediate referral, Call 911. Stay with the athlete until EMS arrives.**

1. When calling 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.

2. Remain calm - maintain calm and appropriate body language and tone of voice.

3. Alert designated school officials and/or colleagues who are available at that time of day (i.e. school counselor/psychologist, school nurse, school administrators, fellow Athletic Trainer, Athletic Director, Coach, etc.).

4. Contact the student-athlete's parents/guardians or emergency contact.

- 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.

- 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.

## **NON-EMERGENCY SITUATION MANAGEMENT:**

Non- Life Threatening Situations:

Any **YES** answer should be considered an emergency but **NOT** necessarily a 911 call.

- 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?

1. Gather as much information as you can. Use a mobile crisis helpline to help streamline referral process.

2. Contact School personnel.

3. Notify parents / guardians and/or emergency contact of the situation.

4. Follow up with documentation on the situation after it has subsided.

- Document as soon as you can after the event. It is the best time to accurately recall event timeline. Documentation should be sent to the school nurse, school psychologist/counselor, Director of Pupil Services and District Social Worker.

### **Confidentiality:**

Student-athletes often trust their Athletic Trainers with personal information, questions and/or concerns. In the majority of situations, utmost confidentiality is afforded to the athlete, state and federal laws require the Athletic Trainer to be a mandated reporter in certain situations involving minors. Situations in which an individual is a risk to themselves or others, and/or a situation where the individual is being abused in any way must be reported. While laws vary state to state, it is imperative that the Athletic Trainer understand the mandatory reporting laws on both state and federal levels as well as the policies of the school/district in which they work. Policies and procedures should include a detailed plan of the appropriate reporting process for various situations, depending on the level or risk or harm. The expectation must be made clear to the student athlete, especially to those under the age of 18, that even if they do not want the information shared, the Athletic trainer is *obligated* to notify school officials and/or local authorities.

## Signs/Symptoms of Mental Health Related Disorders

### **Triggers of a Mental Health Disorder<sup>1</sup>**

Most mental health disorders can be traced to a specific event that led to their development. These events may trigger, or worsen an already existing mental or emotional health disorder in a person. Some examples of these triggers or events are:

- Poor performance or perceived “poor” performance
- A conflict with coaches or teammates
- Loss/lack of playing time
- School issues (grades, schedule or amount of work)
- Family/relationship issues
- Change in expectations by self/parent
- Violence
- Adapting to being away from home
- Lack of sleep
- Prior history of a mental health disorder
- Mental Strain
- Burnout from sport or school
- Financial Pressure
- Traveling
- Anticipated end of playing career
- Sudden end of career
- Death of loved one/close friend
- Alcohol or drug abuse
- Significant diet/weight loss
- History of physical or sexual abuse
- Gambling issues
- Post-traumatic Stress Disorder (PTSD)

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### **Behaviors to Monitor<sup>1</sup>**

Although each mental health disorder has its own set of specific behaviors to dictate that disorder, there are some general behaviors that could indicate something is wrong. When these behaviors are detected the athlete should be referred to a mental health professional where they will be further evaluated. These behaviors include:

- Changes in eating or sleeping habits
- Unexplained weight loss or gain
- Drug and/or alcohol abuse
- Gambling issues
- Withdrawing from social interactions
- Decreased interest in enjoyable activities
- Taking up risky behaviors
- Talking about death, dying or “going away”
- Loss of, or sporadic, emotions
- Problems concentrating, focusing or remembering
- Frequent illness, fatigue or injury
- Unexplained wounds or deliberate self harm
- Anger management problems
- Irresponsibility or lying
- Legal issues or problems with authority
- All-or-nothing thinking
- Negative self talk
- Feeling out of control
- Mood swings
- Excessive worry or fear
- Agitation or irritability
- Shaking or trembling
- Gastrointestinal complaints or headaches
- Overuse injuries and unresolved injuries

## Depression<sup>1</sup>

Depression is one of the most common mental health disorders. The most common treatment for depression is medication and therapy sessions. One study discovered that 75.3% of individuals being treated for depression are on some type of antidepressant medication.<sup>1</sup> Some signs and symptoms associated with depression are:

- Feeling:
    - Sad
    - Anxious
    - Empty
    - Hopeless
    - Guilty
    - Worthless
    - Helpless
    - Irritable
    - Restless
    - Indecisive
    - Aches, pains, headaches or cramps
  - They may present with:
    - Lack of energy, depressed, sad mood
    - Loss of interest in enjoyable activities
    - Decreased performance in school or sport
    - Loss of appetite or eating more than normal
    - Problems falling and staying asleep or sleeping too much
    - Recurring thoughts of death, suicide or suicide attempts
    - Problems concentrating, remembering or making decisions
    - Unusual crying
- 

## Anxiety Disorders<sup>1</sup>

Nearly one in three adolescents meet the criteria for an anxiety disorders, of those, half experienced the disorder by the age of six.<sup>1</sup> Anxiety disorders are also more commonly found in females versus males.<sup>1</sup> Some signs and symptoms associated with anxiety disorders are:

- Feeling apprehensive
  - Feeling powerless
  - Sense of impending danger, panic or doom
  - Increased heart rate
  - Breathing rapidly
  - Sweating
  - Trembling
  - Feeling weak or tired
  - Suicidal thoughts or behaviors
- 

## Attention Deficit Hyperactivity Disorder (ADHD)<sup>1</sup>

ADHD is the second most common mental health disorder among teenagers, affecting nearly 19.1%.<sup>1</sup> ADHD is also seen as a comorbidity to many other conditions including anxiety disorders and bipolar disorders. Having an untreated mental health disorder, such as ADHD, puts the athlete at a much higher risk of developing a substance abuse issue as well. Some signs and symptoms associated with ADHD are:

- Easily distracted, miss details, forget things and switch activities
- Difficulty focusing on one thing
- Becoming bored after a few minutes
- Difficulty focusing, organizing and completing tasks

- Losing assignments and things needed to complete assignments
- Not appearing to listen when spoken to
- Daydreaming or easily confused
- Difficulty processing information quickly and accurately
- Struggling to follow instructions
- Constant fidgeting
- Talking nonstop
- Having trouble sitting still during dinner, school or travel
- Have problems waiting their turn
- Acting without regard for the consequences

### **Eating Disorders<sup>1</sup>**

Eating disorders are more common in athletes involved in sports that showcase the body such as swimming, wrestling and gymnastics. Eating disorders are also more common in females as a result of the ideal that women should be skinny. The two main eating disorders are Anorexia Nervosa and Bulimia Nervosa. Anorexia Nervosa is characterized as severe malnutrition and not eating enough, whereas Bulimia Nervosa is bingeing and purging unhealthy amounts of food. Both of these conditions can lead to serious medical issues and, if left untreated, death. Some common signs and symptoms of these disorders are:

- Anorexia Nervosa:
  - Extreme thinness (emaciation)
  - Relentless pursuit of thinness
  - Intense fear of weight gain
  - Distorted body image
  - Self-esteem heavily influenced by body weight
  - Amenorrhea
  - Compulsive exercise
- Bulimia Nervosa
  - Chronically inflamed sore throat
  - Swollen glands in neck and jaw area
  - Worn tooth enamel, sensitive teeth
  - Acid reflux disorder other GI problems
  - Intestinal distress or irritation
  - Severe dehydration
  - Electrolyte imbalance

### **Special Considerations for the Athlete<sup>1</sup>**

Student athletes have the added responsibility of being an athlete on top of their already loaded academic schedule. Unfortunately, there is the misunderstanding that athletes are super-human and are not affected by stress. This adds even more pressure on the athlete because they may feel weak when they do get overwhelmed. Suicide is the third most common cause of death in college aged athletes; between 2004 and 2008 9% of student athlete deaths were suicide.<sup>1</sup> While most individuals have the ability to cope with and meet these standards, others do not. This brings up additional concerns specific to student athletes. Some examples are:

- Loss of or lack of playing time
- Severe injury
- Practice load along with school work
- Overtraining or burning out
- Separation from rest of campus
- Pressure of “representing the school”

- Fighting for a starting position
- Separation from parents/family
- Risky behaviors
- Lack of sleep
- Under-recovery
- Lack of an off season
- Media attention
- Community service requirements

## Suicide<sup>1</sup>

The rate of suicide has been increasing since 2000, every 13.7 minutes someone in the United States dies by suicide.<sup>1</sup> Most people who die by suicide have diagnosable, treatable mental health conditions: these deaths can be avoided. Suicide is the third leading cause of death among those 15-24 years of age and over 38,000 people in the United States die by suicide every year.<sup>1</sup> Suicide and other conditions go hand in hand, approximately 7% of those with alcohol dependence will end up dying by suicide.<sup>1</sup>

Recognizing the signs and symptoms of suicide can save the lives of these individuals and help that person get the help they deserve. It is important to make all athletes feel comfortable to approach you and talk about their problems. Having easily accessible and effective clinical care for those who you suspect may be suicidal is a crucial factor. Once you have an athlete who has been identified as at risk, you should make sure they have constant and ongoing support from both mental health and medical professionals. Some risk factors that should be monitored are:

- Family history of suicide
- Previous suicide attempts
- History of clinical depression
- Alcohol or substance abuse
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Cultural and religious beliefs
- Local suicide epidemics
- Isolation or feeling isolated
- Barriers to accessing mental health care
- Loss of playing time
- Physical illness
- Easy access to lethal methods
- Unwillingness to seek help

While not all suicidal individuals give warning, most do. The emotional outcries that arise from the desire to end one's life are often recognizable and treatable. Learning and recognizing these signs and symptoms could save a life:

- Unrelenting low mood
- Pessimism
- Hopelessness
- Depression
- Talking about wanting to die
- Looking for a way to kill oneself
- Talking about having no reason to live
- Feeling trapped or having unbearable pain
- Feeling like a burden to others
- Increasing the use of drugs or alcohol
- Sleeping too little or too much
- Extreme mood swings
- Showing rage or seeking revenge