



**REPORT OF THE  
NCAA COMMITTEE ON COMPETITIVE SAFEGUARDS AND  
MEDICAL ASPECTS OF SPORTS  
DECEMBER 11, 2023, VIDEOCONFERENCE**

ACTION ITEMS.

- **Nonlegislative items.**

- a. NCAA Mental Health Best Practices.**

- (1) Recommendation. That the NCAA Board of Governors approve the *Inter-Association Consensus Document: Mental Health Best Practices for Understanding and Supporting Student-Athlete Mental Wellness, 2nd Edition* (see Attachment A).
- (2) Effective date. August 1, 2024.

Rationale. Recognizing mental health as an important dimension of overall health, the NCAA membership's commitment to student-athlete mental health and well-being is codified in the NCAA constitution. The NCAA constitution speaks to the Association's development of guidance based on the consensus of the medical, scientific, sports medicine and sport governing communities for student-athlete mental and physical health. The *Interassociation Consensus Document: Mental Health Best Practices for Understanding and Supporting Student-Athlete Mental Wellness, 2nd Edition* was developed according to this constitutional commitment. The updated document reflects consensus of the NCAA Mental Health Advisory Group (over 30 individuals including student-athletes, membership representatives and subject matter experts from mental health organizations) and was supported by the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports. The updated document is intended to replace the current Mental Health Best Practices document referenced in Association-wide legislation.

Importantly, the Mental Health Best Practices are not intended to provide guidance about the clinical and/or medical care of individual student-athletes; it is expected that primary athletics health care providers and licensed mental health providers will provide evidence- and consensus-based health care that is consistent with standards of care for ongoing licensure in their profession. Rather, the Mental Health Best Practices provide the membership with recommendations for team, athletics, campus and community-based approaches to supporting, promoting and managing student-athlete mental health concerns with enhanced consideration of diverse student-athlete populations and other timely topics (e.g., social media, sports wagering). Importantly, the updated document was developed with great care to recognize the diversity of the NCAA

membership. How the guidance is implemented gives significant discretion to a school based on its unique circumstances, needs and resources.

- (3) Estimated budget impact. Limited and variable. Updates to the Mental Health Best Practices provide flexibility and allow for school discretion on how guidance is implemented.
- (4) Student-athlete impact. The document provides consensus- and expert-based guidance to schools as they support student-athlete mental health and well-being.

**b. Transgender student-athlete participation policy.**

- (1) Recommendation. That the BOG extend Phase Two of the NCAA transgender student-athlete participation policy through the 2024-25 academic year with ongoing review of the policy to continue.
- (2) Effective date. Immediate.
- (3) Rationale. Extending Phase Two implementation through the 2024-25 academic year allows: (1) Better understanding of how the proposed Title IX recommendations and broader legal landscape impact implementation or evolution of the policy; (2) Sufficient time to consider the evolving landscape of sport-governing bodies' policies for transgender athletes and how those trends may impact implementation of Phase Three of the policy or shape additional considerations for policy change; (3) Sufficient time and resources to address administrative considerations associated with implementing additional requirements; and (4) Sufficient notice to the membership regarding competition requirements for the 2024-25 academic year. The extension would continue a phase of the policy that has been effectively implemented during the 2022-23 and 2023-24 academic years, including testosterone thresholds informed by sport-governing bodies' policies. Finally, CSMAS notes its commitment to continue its review of the policy to address evolving legal and policy landscapes, emerging scientific and medical information (including social determinants of health) and membership opinion.
- (4) Estimated budget impact. None.
- (5) Student-athlete impact. Provides notice and clarity to student-athletes regarding requirements for 2024-25 academic year.

INFORMATIONAL ITEMS.

1. **Approval of September 19-20, 2023, meeting report.** CSMAS approved the report of its September 19-20, 2023, meeting.
2. **Mental health.**
  - a. Mental Health Advisory Group – October update. CSMAS received an update on the NCAA Mental Health Advisory Group’s October 2023 meeting (See Attachment B). Specifically, the MHAG supported a draft of the *Inter-Association Consensus Document: Mental Health Best Practices for Understanding and Supporting Student-Athlete Mental Wellness, 2nd Edition* for CSMAS’ consideration (see Nonlegislative Item a above).
  - b. LG coach award for mental health advocacy. CSMAS provided feedback to LG, a corporate sponsor of the NCAA, on its interest in establishing a Most Outstanding Mental Health Advocate Award to recognize coaches for positively impacting the mental health of student-athletes. The award would be part of a larger LG campaign to generate awareness for mental health. In year one, LG focused on highlighting student-athletes.
3. **Subcommittee reports.**
  - a. **Administrative Subcommittee.**
    - (1) Subcommittee activity review. CSMAS received the reports of its Administrative Subcommittee videoconferences since September 2023.
    - (2) Transgender Student-Athlete Participation Policy. (see Nonlegislative Item b above).
  - b. **Drug-Testing Subcommittee.**
    - (1) Subcommittee activity review. CSMAS received the reports of its Drug-Testing Subcommittee videoconferences since September 2023.
    - (2) Drug education and messaging.
      - (a) Prospective student-athlete drug education. The Drug-Testing Subcommittee noted the creation of education for prospective student-athletes about the risks of nutritional and dietary supplement use. The education will be provided to prospective

student-athletes and a broader high school audience (e.g., coaches, administrators) through the NCAA Eligibility Center.

- (b) Cannabinoid policy education update. CSMAS received an update on the consensus process from the 2022 Summit on Cannabis in Collegiate Athletics and progress toward the development of an educational plan.

**c. Prevention and Performance Subcommittee.**

- Subcommittee activity review. CSMAS received the reports of its Prevention and Performance Subcommittee videoconferences since September 2023.

**d. Research Subcommittee.**

- (1) Subcommittee activity review. CSMAS received the reports of its Research Subcommittee videoconferences since September 2023.
- (2) Catastrophic injury reporting mandate. CSMAS took the following actions, as recommended by the Research Subcommittee:
- (a) Reaffirmed existing policy prohibiting the distribution of catastrophic sport injury reporting mandate data sets and/or raw data;
- (b) Approved, in concept, the development of a report for eventual dissemination to the membership summarizing existing data and directed the CSMAS Research Subcommittee to oversee the development and dissemination of the report; and
- (c) Requested the National Center for Catastrophic Sport Injury Research explore the following issues for possible inclusion as a reportable event in the catastrophic injury reporting mandate: (1) life threatening mental health events; and (2) interpersonal violence and unnatural deaths. These additions would align with the NCAA's ongoing support of student-athlete mental health.
- (3) Collaboration with the Outcomes Registry for Cardiac Conditions in Athletes (ORCCA) study. CSMAS supported a partnership between the NCAA and the [Outcomes Registry for Cardiac Conditions in Athletes](#) study. The partnership could include promotion of the study, sharing inclusion criteria and more, as determined by CSMAS. The ORCCA study aims to prospectively monitor clinical outcomes in athletes with potentially life-

threatening cardiovascular conditions and seeks to answer questions that are relevant to the NCAA membership about cardiac health in student-athletes.

4. **CSMAS position on headgear.** CSMAS discussed its historical position on the use of soft headgear for concussion management in non-helmeted sports. CSMAS referred review of its standing position on the topic to the Prevention & Performance Subcommittee for review of current scientific evidence to determine if CSMAS' position warrants any adjustments.
5. **NCAA Student-Athlete Health & Wellness Study.** CSMAS received an overview of emerging data from the recently conducted NCAA Student-Athlete Health & Wellness Study. CSMAS noted that information from the study may inform future conversations around mental health and substance misuse.
6. **Training and Performance Advisory Group charter.** CSMAS approved the charter for the NCAA Training and Performance Advisory Group. The TPAG is one of five advisory groups commissioned by CSMAS in June 2023.
7. **Education and strategic engagement.**
  - a. SSI Spotlight Series. CSMAS received an update on the success of the SSI Spotlight on Concussion Safety Protocol Updates. To date, the series garnered strong registration rates, a high percentage of actual attendees and a high rate of attendees remaining logged in through the end of the episode. The second, and final, episode on recent changes to the Concussion Safety Protocol aired Dec. 13, 2023.

The SSI Spotlight Series is hosted by the NCAA's chief medical officer and highlights practical, campus and expert-based education on timely mental and physical health, safety and performance topics. Future topics will likely include more on mental health, cannabinoids, pain management and sleep.
  - b. NCAA Convention sessions. CSMAS received an overview of four mental and physical health, safety and performance educational sessions that will be delivered at the 2024 NCAA Convention. The sessions feature several current and past members of CSMAS and cover mental health, cannabinoids and athletic trainer workforce issues.

*Committee Chair: James Houle, The Ohio State University*  
*Staff Liaisons: Leilani Hubbard, NCAA Academic and Membership Affairs*  
*John Parsons, NCAA Sport Science Institute*  
*Anne Rohlman, NCAA Sport Science Institute*

<b>Committee on Competitive Safeguards and Medical Aspects of Sports December 11, 2023, Videoconference</b>
<b>Attendees:</b>
Brad Anawalt, University of Washington
Matt Barany, University of Richmond
Pam (Hinton) Bruzina, University of Missouri, Columbia
Deena Casiero, University of Connecticut
Jami Clinton, University of Texas at Dallas
Timothy Coffey, Longwood University
Sarah Dowd, Michigan Technological University
Jack Enriken, Kutztown University of Pennsylvania
Kenneth Ferguson, University of Missouri-Kansas City
Deanna Hand, Houghton University
Richard Hendricks, Shorter University
James Houle, The Ohio State University
Nadine Mastroleo, Binghamton University
Ally Meehan, Wagner College
Austin Mondello, Colorado Mesa University
Amanda Phillips, University of Louisiana at Lafayette
Jaime Potter, University of California, Irvine
Sarah Ramey, West Texas A&M University
Rohan Springer, University of Texas at Dallas
Leah Thomas, Georgia Institute of Technology
Jack Turban,
Michelle Walsh, Vassar College
Rich Wanninger, Patriot League
<b>Absentees:</b>
Bob Colgate, National Federation High School Association
Alan Hirahara, California State University, Sacramento
<b>Guests in Attendance:</b>
Serena Amster, LG
Crystal Gibson, NCAA Committee to Promote Cultural Diversity and Equity
Jeannie Lee, LG
Kellianne Milliner, NCAA Committee on Women's Athletics
Noreen Morris, NCAA Gender Equity Task Force
<b>NCAA Staff Liaison (or Staff Support if subcommittee) in Attendance:</b>
Leilani Hubbard, John Parsons and Anne Rohlman
<b>Other NCAA Staff Members in Attendance:</b>

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Christian Bilkovi, Gail Dent, Amanda Dickey, LaGwyn Durden, Alicia Fine, Terri Gronau, Kelsey Gurganus-Wright, Brian Hainline, Greg Johnson, Jean Merrill, Mallory Mickus, Leilyn Miles, Alyssa Palmer, Greg Pottorff, Alex Purcell, Stephanie Quigg, Crystal Rogers, Rachel Seewald and Carey Wheelhouse.

**ACTION:** The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports is asked to: 1) Support the updated version of the NCAA Mental Health Best Practices as recommended by the NCAA Mental Health Advisory Group; and 2) Recommend the NCAA Board of Governors approve the document with an August 1, 2024 effective date.

**Inter-Association Consensus Document: Mental Health Best Practices for Understanding and Supporting Student-Athlete Mental Wellness, 2<sup>nd</sup> Edition.**

DRAFT



## Overview

### Purpose

Recognizing mental health as an important dimension of overall health, the NCAA membership's commitment to student-athlete mental health and well-being is codified in the NCAA constitution, which states that intercollegiate athletics programs shall be conducted in a manner designed to protect, support, and enhance the mental and physical health of student-athletes. Further, the NCAA Constitution speaks to the Association's development of guidance based on the consensus of the medical, scientific, sports medicine and sport governing communities for student-athlete mental and physical health. Interassociation Consensus Document: Mental Health Best Practices for Understanding and Supporting Student-Athlete Mental Wellness (Mental Health Best Practices) provides association-wide recommendations to support and promote student-athlete mental health and well-being. These recommendations reflect core consensus and are recognized in Association-wide legislation, which discusses membership making mental health services and resources available to student-athletes – through the athletics department, health services or counseling services department – in a manner consistent with Mental Health Best Practices.

Mental Health Best Practices are *not* intended to provide guidance about the clinical and/or medical care of individual student-athletes with mental health symptoms and disorders; it is expected that primary athletics health care providers and licensed mental health providers will provide evidence- and consensus-based health care that is consistent with standards of care for ongoing licensure in their profession. Rather, the Mental Health Best Practices provide the membership with recommendations for team, athletics, campus, and community-based approaches to supporting, promoting and managing student-athlete mental health concerns. Additionally, these recommendations provide guidance on how members schools may prepare for and respond to mental health emergencies.

### Structure

This document highlights historical background on the Mental Health Best Practices, discusses important foundational principles for understanding and supporting student-athlete mental health, and provides member schools with four best practices that provide the building blocks for each member schools' mental health services, resources and education:

1. Creating Healthy Environments that Support Mental Health and Promote Well-Being.
2. Procedures for Identification of Student-Athletes with Mental Health Symptoms and Disorders, including Mental Health Screening Tools.
3. Action Plans that Outline Referral Pathways of Student-Athletes to Qualified Providers.
4. Licensure of Providers who Oversee and Manage Student-Athlete Mental Health Care.

Each best practice contains “core components” that should be considered for incorporation into each member schools' approach to supporting student-athlete mental health and well-being, as well as “additional elements to consider” that may also be of benefit for member schools to consider in their approach. Approaches to supporting student-athlete mental health and well-being will vary by school due to differences in student-athlete needs, as well as differences in local and state resources.

Please also see the Resource Page, which contains additional resources that may be considered to support implementation of the Mental Health Best Practices.

## Background

### History

In 2013, upon the recommendation of the [Committee on Competitive Safeguards and Medical Aspects of Sports](#), a multidisciplinary [Mental Health Task Force](#) was convened to discuss considerations for the mental health of NCAA student-athletes. In 2014, the NCAA published [Mind, Body and Sport: Understanding and Supporting Student-Athlete Mental Wellness](#), which is based on consensus from the task force. In 2016, the NCAA, in association with 25 endorsing sports medicine, scientific and mental health organizations, released the NCAA Inter-Association Consensus Document: Best Practices for Understanding and Supporting Student-Athlete Mental Wellness, which provide member schools with recommendations for supporting and promoting student-athlete mental health and well-being. The Mental Health Best Practices were updated in 2017 and 2020. In 2019, association-wide legislation was adopted noting the mental health services and resources member schools' make available should be consistent with the Mental Health Best Practices.

In 2020, upon the recommendation of the CSMAS, the NCAA Sport Science Institute and Office of Inclusion hosted the [Diverse Student-Athlete Mental Health and Well-Being Summit](#) with the goal of developing foundational statements addressing diverse student-athlete mental health and well-being. Following the Diverse Student-Athlete Mental Health and Well-Being Summit, the CSMAS determined the need for further update of the NCAA Mental Health Best Practices, with additional consideration for the mental health and well-being of student-athletes of color, LGBTQ+ student-athletes, student-athletes with disabilities and international student-athletes. To address this, CSMAS created the [Mental Health Advisory Group](#) in 2021, empowering the MHAG to advise CSMAS on emerging developments in mental health science and policy, including considerations for updating the Mental Health Best Practices. In 2023, the MHAG provided CSMAS consensus-based recommendations for updating the Mental Health Best Practices. These recommendations, along with membership feedback, have been incorporated into the NCAA Inter-Association Consensus Document: Best Practices for Understanding and Supporting Student-Athlete Mental Wellness, 2<sup>nd</sup> edition.

### Foundational Principles for Understanding and Supporting Student-Athlete Mental Health

**The following evidence- and consensus-based foundational principles provide important context related to student-athlete mental health. This includes information on risk and protective factors that can impact student-athlete mental health. These foundational principles help inform how each best practice can be operationalized by member schools.**

Mental health is an important dimension of overall student-athlete health and optimal functioning. Adapting the [World Health Organization's definition of mental health](#) to collegiate athletes, mental health is a state of well-being that enables student-athletes to cope with

complex stressors associated with their various roles and to realize their abilities in athletics, academics, other personally important domains and to contribute to their community. Mental health exists on a continuum, with mental wellness and thriving on one end of the spectrum and mental health symptoms, conditions and disorders that disrupt a student-athlete's athletic, academic and/or psychosocial functioning at the other<sup>1-7</sup>.



Fig. 1: The spectrum of mental health represents many possible states of well-being. Resilience and thriving may indicate optimal mental wellness, while impaired function and performance may indicate a student-athlete in need of mental health support.

**Emerging adulthood is a particularly important time for supporting mental health.** Emerging adulthood is a critical developmental period in an individual's life course; it is comprised of physical growth, ongoing brain development, changes in social environment and establishing health related behaviors that persist into adulthood<sup>8-10</sup>. Emerging adulthood is also a common time for mental health challenges to emerge<sup>9</sup>. The U.S. Centers for Disease Control and Prevention report that more than one in five adults live with a mental health condition and rates of emerging adults with poor mental health are increasing<sup>8</sup>. Even in the absence of a clinically diagnosable mental health disorder, student-athletes may have impaired overall well-being because of sub-clinical mental health symptoms such as anxiety, depression, disordered eating, insomnia or substance misuse<sup>1-7</sup>.

**Mental health risk and protective factors occur across settings and over time.**

Every student-athlete enters the college sport environment with different resiliencies and vulnerabilities because of different individual, family, community, and societal experiences and exposures over the course of their life<sup>1,5-7,11-15</sup>. While data from the [2022 ACHA-NCHA survey](#) suggests collegiate sport participation may be a possible protective factor for mental health, student-athletes continue to report mental health concerns<sup>16</sup>.

Sport settings differ for each athlete and include risk and protective factors for mental health at multiple levels: individual, team, athletics department, campus, and societal factors<sup>1,5-6</sup>. At its best, sport can help college student-athletes learn important mental skills, build strong team relationships and experience growth and confidence that they can carry with them outside of sport. It can also be a setting for destigmatizing mental health help seeking and helping connect athletes with the mental health resources they need to thrive.

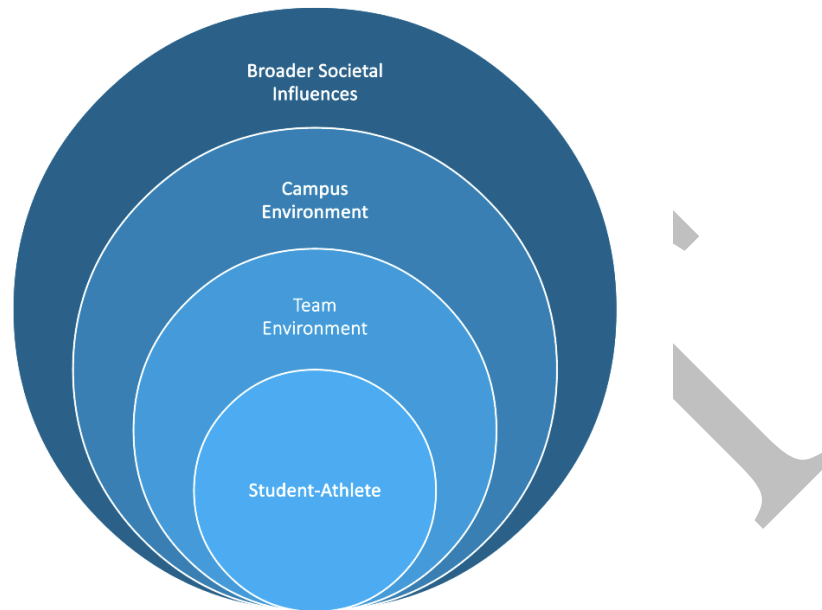


Fig. 2: Student-athletes exist in a multitude of intersecting environments that may impact their mental health and wellness. The team environment includes coaches and teammates, while societal influences may include state and federal laws.

**Coaches play an important role in student-athlete mental health and well-being.**

Coaches have the potential to play a critical role in creating healthy, positive team environments that support mental health and promote help-seeking behavior<sup>5-6</sup>. The mental health and well-being of coaches and staff can be a contributing factor to healthy team environments. Promoting and supporting the mental health and well-being of coaches and staff is an important consideration for creating healthy, positive team environments that support student-athlete mental health.

**Mental and physical health are inextricably linked.** Student-athletes who experience anxiety or depression, misuse substances or have disordered eating behaviors may be at elevated risk of injury to musculoskeletal and/or other body systems<sup>2,3,11,13,17-19</sup>. Additionally, the student-athlete's psychological response to injury may impact their mental health; injured student-athletes are at elevated risk of experiencing symptoms of depression or anxiety, substance misuse or disordered eating behaviors<sup>2,11</sup>. Insomnia and sleep disorders can be both an indicator of and risk factor for mental health disorders and may also compromise academic and athletic performance<sup>3,20</sup>.

**Discrimination, maltreatment and psychosocial trauma negatively impact mental health.** Experiences of highly acute or chronic stressors can have lasting psychosocial impacts that elevate risk of mental health difficulties<sup>3,14,19</sup>. This includes the chronic, or in some cases acutely traumatic stressor of discrimination. Discrimination is unjust differences in treatment related to race, ethnicity, nationality, gender identity and presentation, sexual orientation, disability or other

personal characteristics and identities<sup>21</sup>. Student-athletes who experience discrimination based on their identities, which are intersectional, are at increased risk of poor mental health. In addition to discrimination, student-athletes may also have experienced other traumatic or chronic stressors that negatively impact their mental health<sup>3,7,22-25</sup>. This includes but is not limited to non-accidental violence such as harassment, bullying, abuse, neglect, interpersonal violence, sexual violence, hazing, or other forms of maltreatment, as well as experiences of childhood adversity<sup>14,19</sup>.

Member schools can play an important role in limiting the impact of such stressors by creating an inclusive and equitable sport environment that is responsive to the heightened needs of individuals who have experienced or are experiencing discrimination, maltreatment and/or traumatic or chronic psychosocial stressors. Diversity in licensed mental health provider characteristics, such as aspects of provider identity, clinical competencies and modalities of care, can play an important role in best meeting the mental health needs of all student-athletes.

**Social media is an evolving and concerning risk factor for poor mental health.** According to the [U.S. Surgeon General's Advisory on Social Media and Youth Mental Health](#), youth have “nearly universal” social media use, with 95% of youth report using social media<sup>9</sup>. Initial research has suggested that while social media use may have some potential benefits, it also poses risk factors for youth and may perpetuate systemic racism and discrimination<sup>1,9-10</sup>. For college student-athletes, it is possible these risk factors are magnified by their intersection with other rapidly evolving areas of college sports, such as opportunities for student-athletes to be compensated for their name, image and likeness, as well as sports wagering<sup>3,26</sup>. For example, some athletes may experience greater external pressures related to performance, body image and self-presentation that have implications for identity, stress and interpersonal relationships. Further research is needed on this topic.

**Collaboration and continuous improvement are essential.** Student-athlete mental health and well-being is best served through a collaborative process that engages the full complement of available campus and community resources, which may include athletics, campus health, counseling services, disability services and community agencies<sup>3,5,27</sup>. Identifying and integrating available resources, fostering strong working relationships across these areas and building a collaborative model of care is critical to maximizing the support of student-athlete wellness .

A commitment to continuous improvement is needed to meet the changing mental health needs of student-athletes<sup>3,5,27</sup>. Continuous improvement can be viewed as an ongoing cycle of implementation, information gathering, and subsequent changes based on evaluation of that information. Diversity, equity and inclusion should be an intentional consideration across all continuous improvement activities; student-athlete input and the inclusion of under-represented voices are important to continuous improvement efforts. Resources and needs will change over time, as should approaches to mental health promotion and prevention. Additional considerations for continuous improvement are noted within each best practice.

## Mental Health Best Practices

**Best Practice 1: Create Healthy Environments That Support Mental Health and Promote Well-Being.**

**Recommendation:** Schools should have a written plan related to mental health promotion efforts that is responsive to risk and protective factors at multiple levels, including individual, team, athletics department, campus, and societal factors. This plan should be developed in collaboration with a licensed mental health care provider. Diversity, equity and inclusion are important influences on mental health and well-being that should be addressed in this plan.

### Core Components of Best Practice 1:

- Plan is developed in collaboration with a licensed mental health care provider. The athletics environment can help support positive mental health and 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.<sup>17</sup> While many stakeholders may be involved in identifying school-specific needs and opportunities for mental health promotion, a licensed mental health care provider should be included in development and approval of this plan.
- Plan is multilevel: Risk and protective factors for mental health occur at multiple levels (individual, team, athletics department, campus, and societal), meaning a multilevel approach is needed when creating a health promoting environment. This means that educating only one group of stakeholders, or addressing only one form of pressure or support, is not sufficient for optimizing student-athlete mental health and well-being.
- Plan addresses diversity, equity and inclusion. Diversity, equity, and inclusion are critical for health-promoting environments and should be considered across campus settings. Attention should be paid to creating an inclusive environment for all student-athletes, including underrepresented groups, by considering how individuals can be supported through team, athletics, and campus culture, as well as how can policies and practices related to staffing create an inclusive environment.

### Additional elements to consider related to Best Practice 1:

- Train and support coaches. Coaches play a critical role in creating healthy, positive team environments that support mental health help-seeking when necessary. Schools should consider providing coaches annual professional development related to their role in mental health promotion. Relevant topics may evolve to meet emergent coach needs and could include: mental health first aid; mental health literacy; trauma-informed coaching; cultural sensitivity; empathic listening; and resources for promotion and support of coach mental health.



- **Attend to the unique needs of student-athletes who have experienced or are experiencing psychosocial trauma.** Athlete-facing staff may be better positioned to meet the needs of student-athletes who have experienced or are experiencing discrimination, maltreatment and/or forms of psychosocial trauma if they have a working knowledge of trauma-informed approaches. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), key principles of a trauma-informed approach include an emphasis on: (1) safety; (2) trustworthiness and transparency; (3) peer support; (4) collaboration and mutuality; (5) empowerment, voice, and choice; and (6) cultural, historical, and gender issues.
- **Focus on sleep.** Student-athletes, coaches and others who work with student-athletes or who oversee practice, competition, and travel schedule for student-athletes, may benefit from annual education about the importance of sleep for health and performance, and strategies for improving sleep hygiene.
- **Provide guidance and support related to social media and NIL.** Guidance and support related to social media and NIL is an important consideration for helping student-athletes navigate these evolving spaces and opportunities in a way that is supportive of good mental health. Regular feedback from student-athletes about the guidance and support they receive related to social media and NIL is an important consideration for continuous improvement to ensure student-athlete needs are being met.
- **Engage families and recruits.** Athletic recruits and the families of recruits may benefit from receiving information about the campus and athletic department mental health resources, and their mental health promotion and prevention initiatives.
- **Support student-athletes experiencing a transition in sport.** Transition in or from sport, including but not limited to injury, transfer, being cut from a team, and/or graduation, can increase risk for psychological distress among student-athletes. Member schools should consider developing a written plan for how student-athletes are supported in preparing for a successful transition in or from sport. Examples include identifying programming and practices across a student-athlete's career that can help build a well-rounded identity, as well as help student-athletes learn how to apply positive mental skills learned in sport to non-sport challenges.
- **Engage in continuous improvement.** Ongoing continuous improvement helps to ensure each member school's written health promotion plan meets the evolving needs of student-athletes and may include monitoring and responding to the dynamic multilevel risk and protective factors for student-athlete mental health and well-being. Diversity, equity and inclusion should be an intentional consideration across all continuous improvement activities, as should the inclusion of student-athlete input.

### **Additional Resources:**

For additional resources to assist with creating healthy environments that support mental health and promote well-being, please see:

- Mental Health Best Practices Checklist
- Resource Page

### **Best Practice 2: Procedures for Identification of Student-Athletes with Mental Health Symptoms and Disorders, including Mental Health Screening Tools.**

**Recommendation:** Identification of student-athletes with mental health symptoms and disorders may occur in multiple settings, however screening for mental health symptoms and disorders is one important way to identify student-athletes who may benefit from further support. Using a validated screening tool, all student-athletes should be screened for psychological distress at least once annually. Screening tools should be used in consultation with the primary athletics health care provider and/or licensed mental health provider.

#### **Core Components of Best Practice 2:**

- **Screening tools used in consultation with primary athletics health care provider and/or licensed mental health provider.** Decisions related to mental health screening tools should be made in consultation with the primary athletics health care providers and the licensed mental health care providers who are qualified to oversee and manage mental health care services to student-athletes. Such decisions may include what mental health signs and symptoms or disorders student-athletes are screened for, how often and when they receive screening, who responds to screening tools, and how screening tools are incorporated into referral pathways (please see Building Block 3 for additional discussion).
- **Use validated screening tools.** Screening should use validated questionnaires or other validated clinical approaches. Validated means there is reputable scientific evidence that the tool measures what it says it is supposed to measure.
- **Screen for psychological distress.** There are many mental health symptoms and disorders and other aspects of mental health and well-being that can be measured using validated screening tools. At a minimum, screening should be used to identify individuals experiencing psychological distress who would benefit from further evaluation. Examples of validated screening tools are provided for consideration on the resources page.
- **Screen all student-athletes at least once annually.** Schools may opt for screening at differing and/or multiple time periods, however all student-athletes should be screened for mental health symptoms at least once annually. For example, screening could occur routinely in conjunction with a pre-participation examination, with additional screening considered during high stress times such as exams, while experiencing injury, or after a traumatic event.



**Additional elements to consider related to Best Practice 2:**

- **Screen for specific mental health disorders and risk factors.** Schools may select different approaches to screening based on needs and resources. In addition to identifying student-athletes experiencing psychological distress who would benefit from further evaluation, other screening measures may be considered. Use of disorder-specific screening tools may provide greater sensitivity in the initial screening phase. Additionally, screening that addresses social determinants of health can help identify risk factors for psychological distress, such as screening for food or housing insecurity, racism and sexual violence.
- **Consider populations in which screening tools have been validated:** While all screening methods should use validated questionnaires or other validated clinical approaches, additional priority may be considered to screening approaches that have evidence of validity in diverse and/or athlete populations.
- **Work with student-athletes to foster trust.** To increase student-athlete trust and buy-in of mental health screening, member schools may consider sharing information about screening-related activities with student-athletes on an annual basis. Such information sharing may include the purpose of screening and what happens after screening is completed, noting mental health as a component of health and safety and providing reassurance that screening is not performed for reasons of determining athletic performance opportunities, eligibility, or scholarship status. As part of this process, respect for student-athlete privacy in the data collection process must be considered.
- **Address mental health literacy.** In addition to screening, all athlete-facing staff at member schools have the potential to help identify individuals at risk of mental health difficulties. Completion of an evidence-based mental health literacy training is an important way to help staff build skills in identification of the signs and symptoms of mental health disorders.
- **Engage in continuous improvement.** Ongoing continuous improvement is needed to ensure mental health screening is meeting student-athlete and member school needs. Continuous improvement may include monitoring trends in how and when student-athletes are screened for psychological distress, identifying opportunities for screening-related process improvement and responding accordingly.

**Additional Resources:**

For additional resources to assist with creating health promoting environments that support mental health and promote well-being, please see:

- Mental Health Best Practices Checklist
- Resource Page

### **Best Practice 3: Mental Health Action Plans that Outline Referral Pathways of Student-Athletes to Qualified Providers.**

**Recommendation:** All member schools should have written and rehearsed mental health action plans with well-defined pathways to mental health care, addressing both routine and emergency mental health care needs. While mental health action plans will look different across schools as a result of differences in organizational structures and in campus and community resources for mental health care, all mental health action plans should address the full spectrum of care from identification of student-athletes with mental health symptoms and disorders to ongoing treatment, follow-up, and reentry when indicated.

#### **Core Components of Best Practice 3:**

- **Action plans address full spectrum of care.** Mental health action plans should discuss ways in which student-athletes with mental health symptoms and disorders are identified and referred to licensed and qualified mental health care providers for further evaluation, ongoing treatment, follow-up, and reentry when indicated. Referral pathways should include student-athlete self-referral as well as the timeframe and logistics for which member schools respond to validated mental health screening tools.
- **Action plans address emergency mental health care needs.** Emergency Mental Health Action Plans include the full spectrum of care for student-athletes with emergency mental health care needs. Emergency mental health care needs should be defined in the action plan and include but are not limited to: suicidal and/or homicidal ideation; victims of sexual assault with clarification regarding exemption from mandated reporting in this context; highly agitated or threatening behavior; acute psychosis or paranoia; acute delirium/confusional state; and acute intoxication or drug overdose.
- **Action plans address routine mental health care needs.** Routine Mental Health Action Plans include the full spectrum of care for student-athletes with non-emergent mental health care needs.

#### **Additional elements to consider related to Best Practice 3:**

- **In developing the action plan, recognize that student-athletes may have experienced or be experiencing psychosocial trauma.** An important consideration for developing mental health action plans is incorporating trauma-informed practices. This means prioritizing student-athlete safety and trust, striving to provide athletes with choice and opportunities for empowerment in the care process, and attending to racial, cultural, historical, and gender factors that may impact identification, referral, and treatment of mental health concerns.
- **Conduct regular outreach about the action plan.** Annual outreach about mental health action plans to all stakeholders in athletics is an important consideration for successful implementation. Important aspects of supporting learning and skill building about mental health action plan implementation include knowing one's role in the action plan and being able to successfully apply one's role within mock practice scenarios individually and as part

of the action plan team. Outreach about mental health action plans, including scenarios for rehearsals, should consider centering on the experiences and needs of higher risk student-athletes.

- **Make sure the action plan is easily usable.** Schools should consider preparing a brief visual summary of mental health action plans. Examples of visual communication strategies include decision trees and flow charts. This brief visual summary should include emergency services numbers (e.g., 911 and 988).
- **Create a post-crisis action plan.** An important aspect of mental health action plans is addressing how student-athletes, **coaches** and others in the athletics department will be supported in a crisis or other highly stressful or traumatic event, including discriminatory events, death by suicide, campus violence, natural disaster and other traumatic events. Suicide contagion, defined by the Centers for Disease Control as, “the process by which suicide or suicidal behavior influences an increase in the suicidal behaviors of others”, is an important consideration in post-crisis plan creation<sup>30</sup>.
- **Consider non-clinical aspects of care.** Member schools may benefit from having action plans consider the possible role of a multidisciplinary team to assist in addressing non-clinical needs of student-athletes, such as care coordination, addressing non-clinical psychosocial needs, and addressing co-morbid physical health needs. For example, a student-athlete may have comorbid musculoskeletal injury, nutritional disorder, or other physical health care needs. The composition of care teams will vary by student-athlete need and campus and community resources. Coordinating and managing mental health care should be distinguished from more formal evaluation and treatment of student-athletes with mental health disorders or mental illness.
- **Consult with campus disability services.** Consulting with campus disability services may be advantageous in better understanding how disability-related accommodations or more accessible practices may mitigate the impact of mental health symptoms and disorders. When student-athletes indicate that they are anxious or depressed, or exhibit concerning behaviors, disability services may be able to determine a reasonable accommodation or advise on more inclusive and accessible strategies.
- **Engage in continuous improvement.** To ensure action plans are responsive to student-athlete and school needs, a commitment to continuous improvement is needed. This means regularly reviewing action plan implementation, obtaining regular feedback about awareness and understanding of mental health action plans, and learning how action plans are experienced by different groups of student-athletes and other stakeholders, with an emphasis on experiences of individuals with diverse identities.

#### **Additional Resources:**

For additional resources to assist with creating health promoting environments that support mental health and promote well-being, please see:

- Mental Health Best Practices Checklist
- Resource Page

#### **Best Practice 4: Licensure of Providers Who Oversee and Manage Student-Athlete Mental Health Care.**

**Recommendation:** Formal evaluation and treatment of student-athletes with mental health symptoms and disorders should be performed by a licensed mental health provider acting within the scope of activities covered by their clinical licensure. The licensed provider who is qualified to provide mental health services may be employed by the athletics department, sports medicine department or by an administrative unit outside of athletics such as student health services or campus counseling. The provider may also be a local, off-campus provider or telehealth provider.

#### **Core Components of Best Practice 4:**

- **Licensure of mental health care provider.** Formal evaluation and treatment of student-athletes with mental health symptoms and disorders should be performed by qualified mental health providers acting within the scope of their licensure. The licensed provider must adhere to all guidelines for ethical practice of their respective association and state licensing boards.

#### **Additional elements to consider related to Best Practice 4:**

- **Recognize accessibility and the value of choice.** Student-athletes may benefit from having accessible options for mental health care. Where there are multiple options for licensed mental health care providers, important considerations for who provides care include student-athlete needs and preferences, as well as provider characteristics. Provider characteristics may include, but are not limited to, aspects of their identity, clinical competencies and modalities of care.
- **Work towards a diverse and culturally responsive staff.** Schools should consider reviewing their policies and practices for recruiting, hiring, and retaining licensed mental health providers to prioritize cultural sensitivity issues that address diversity, equity, and inclusion. Such cultural sensitivity issues include, but are not limited to race, ethnicity, nationality, sexual orientation, gender identity, and disability status. Professional development training in cultural humility related to minoritized identities may be helpful, as well as professional development opportunities related to the culture of sport and athletics.
- **Engage in continuous improvement efforts.** As part of ongoing continuous improvement efforts, schools should consider engaging in regular audits of wait times for student-athletes to access mental health care and engage in efforts to increase timely access to care. Regular feedback from student-athletes about their experiences is an important component

of continuous improvement, being mindful that approaches to collecting student-athlete data must respect for student-athlete privacy in data collection.

### **Additional Resources:**

For additional resources to assist with creating health promoting environments that support mental health and promote well-being, please see:

- Mental Health Best Practices Checklist
- Resource Page

### **References:**

1. World Health Organization. World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022. Accessed November 21, 2023. <https://iris.who.int/bitstream/handle/10665/356119/9789240049338-eng.pdf?sequence=1>
2. Edwards CD. Mental health considerations for athlete removal from play and return to play planning. *Sports Psychiatry*. 2023;1-15. <https://doi.org/10.1024/2675-0052/a000058>.
3. Reardon, CL, Hainline B, Aron CM et al. Mental health in elite athletes: International Olympic Committee consensus statement (2019). *British Journal of Sports Medicine*. 2019;53:667-699.
4. Mountjoy M, Junge A, Bindra A, et al. Surveillance of athlete mental health symptoms and disorders: a supplement to the International Olympic Committee's consensus statement on injury and illness surveillance. *British Journal of Sports Medicine*. 2023;0:1-10.
5. Burrows K, Cunningham L, Raukar-Herman C. International Olympic Committee Mental Health in Elite Athletes Toolkit. Lusanne, Switzerland: International Olympic Committee; 2021.
6. Brown GT, Hainline B, Kroshus E, Wilfert M. Mind, Body and Sport: Understanding and Supporting Student-Athlete Mental Wellness. NCAA Publications, 2014.
7. Pascoe M, Pankowiak A, Woessner M, et al. Gender-specific psychosocial stressors influencing mental health among women elite and semielite athletes: a narrative review. *British Journal of Sports Medicine*. 2022;56:1381-1387.
8. Centers for Disease Control and Prevention. Adolescent and School Health. 2023. Accessed November 21, 2023. <https://www.cdc.gov/healthyyouth/mental-health/index.htm>.
9. U.S. Public Health Service. U.S. Surgeon General's Advisory on Social Media and Youth Mental Health. 2023. Accessed November 21, 2023. <https://www.hhs.gov/about/news/2023/05/23/surgeon-general-issues-new-advisory-about-effects-social-media-use-has-youth-mental-health.html>.
10. American Psychological Association. Health Advisory on Social Media Use in Adolescence. Washington DC: American Psychological Association; 2023. Accessed November 21, 2023. <https://www.apa.org/topics/social-media-internet/health-advisory-adolescent-social-media-use>.

11. Gouttebauge V, Castaldelli-Maia JM, Gorczynski P, et al. Occurrence of mental health symptoms and disorders in current and former elite athletes; a systematic review and meta-analysis. *British Journal of Sports Medicine*. 2019;53:700-706.
12. Castaldelli- Maia JM, de Mello e Gllinaro JG, Falcao RS, et al. Mental health symptoms and disorders in elite athletes: a systematic review on cultural influencers and barriers to athletes seeking treatment. *British Journal of Sports Medicine*. 2019;53:707-721.
13. Rice SM, Gwyther K, Santesteban-Echarri O, et al. Determinants of anxiety in elite athletes: a systematic review and meta-analysis. *British Journal of Sports Medicine*. 2019;53:722-730.
14. Edwards C. Athlete maltreatment in sport. *Clinics in Sports Medicine*. 2023;43(1);173-186.
15. Kroshus E, Bell L, Gurganus-Wright, K, et al. Structural and social determinants of mental health inequities among collegiate athletes during the COVID-19 pandemic. *British Journal of Sports Medicine*. 2023;0:1-8.
16. NCAA Office of Research. Comparing the mental well-being of student-athletes and other students at NCAA colleges. 2022. Accessed November 21, 2023. [https://ncaaorg.s3.amazonaws.com/research/other/2020/2022RES\\_SA-SB-MH-Comparison-Data-ACHA-FINAL.pdf](https://ncaaorg.s3.amazonaws.com/research/other/2020/2022RES_SA-SB-MH-Comparison-Data-ACHA-FINAL.pdf).
17. McDuff D, Stull T, Castaldelli-Maia JM, et al. Recreational and ergogenic substance use and substance use disorders in elite athletes: a narrative review. *British Journal of Sports Medicine*. 2019;53:754-760.
18. Mountjoy M, Ackerman KE, Bailey DM, et al. 2023 International Olympic Committee's (IOC) consensus statement on Relative Energy Deficiency in Sport (REDs). *British Journal of Sports Medicine*. 2023;57:1073-1097.
19. Miller Aron C, Harvey S, Hainline B, et al. Post-traumatic stress disorder (PTSD) and other trauma-related mental disorders in elite athletes: a narrative review. *British Journal of Sports Medicine*. 2019;53:779-784.
20. Kroshus E, Wagner J, Wyrick D, et al. Wake up call for collegiate athlete sleep: narrative review and consensus recommendations from the NCAA Interassociation Task Force on Sleep and Wellness. *British Journal of Sports Medicine*. 2019;53:731-736.
21. American Psychological Association. Discrimination: What it is and how to cope. 2022. Accessed November 21, 2023. <https://www.apa.org/topics/racism-bias-discrimination/types-stress>.
22. Green AE, Price MN, Dorison SH. Cumulative minority stress and suicide risk among LGBTQ youth. *American Journal of Community Psychology*. 2022;69(1-2):157-168.
23. Tran, AGT. Looking forward to student-athlete mental health: Racial/ethnic trends from 2010-2015. *Journal of American College of Health*. 2021;69(8):942-950.
24. Kroshus E, Coakley S, Conway D, et al. Addressing mental health needs of NCAA student-athletes of colour: foundational concepts from the NCAA Summit on Diverse Student-Athlete Mental Health and Well-Being. *British Journal of Sports Medicine*. 2023;57(3):137-145.
25. Swartz L, Hunt X, Bantjes J, et al. Mental health symptoms and disorders in Paralympic athletes: a narrative review. *British Journal of Sports Medicine*;53:737-740.

26. Derevensky JL, McDuff D, Reardon CL, et al. Problem gambling and associated mental health concerns in elite athletes: a narrative review. *British Journal of Sports Medicine*. 2019;53:761-766.
27. Currie A, McDuff D, Johnston A, et al. Management of mental health emergencies in elite athletes: a narrative review. *British Journal of Sports Medicine*. 2019;53:772-778.

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## BEST PRACTICES FOR MEMBER SCHOOLS IN SUPPORTING AND PROMOTING STUDENT-ATHLETE MENTAL HEALTH AND WELL-BEING

This checklist serves as a supplement to the Mental Health Best Practices, 2<sup>nd</sup> edition and is intended to aid membership in implementation of MHBP, 2<sup>nd</sup> edition; it is not intended to serve as a stand-alone document. Completion of the MHBP Checklist should be done in accordance with the best practice recommendations and foundational principles discussed in the Mental Health Best Practices, 2<sup>nd</sup> edition.

### Best Practice 1: Create Healthy Environments That Support Mental Health and Promote Well-Being.

#### Core Components:

- A written plan that is developed in collaboration with a licensed mental health care provider.
- Plan includes multiple levels for mental health promotion programming, such as:
  - Individual student-athletes.
  - Teams and the personnel that comprise them.
  - Athletics departments.
  - Campus culture and policy.
  - Community, state and federal culture and policy.
- Plan considers diversity, equity and inclusion throughout all aspects of health promoting environments.

#### Additional elements to consider:

- Train and support coaches about mental health and their role in mental health promotion. Relevant topics may include mental health first aid, mental health literacy, trauma-informed coaching, cultural sensitivity, empathic listening and resources for supporting and promoting coach mental health.
- Provide opportunity for athlete-facing staff to have a working knowledge of trauma-informed approaches.
- Provide annual education about the importance of sleep for health and performance, and strategies for improving sleep hygiene.
- Provide guidance and support related to social media and NIL.
- Engage recruits and their families through sharing information about mental health resources and mental health promotion initiatives.
- Develop a written plan to support student-athletes in preparing for a successful the transition in or from sport.
- Engage in continuous improvement processes that consider dynamic multilevel risk and protective factors of student-athlete mental health and well-being.



## **Best Practice 2: Consider Procedures for Identification of Student-Athletes with Mental Health Symptoms, including Mental Health Screening Tools**

### **Core Components:**

- ☒ Use validated screening tools as part of a process to identify student-athletes experiencing psychological distress.
- ☒ Screen all student-athletes at least once annually, with consideration for pre-participation examination screening as a baseline.
- ☒ Screening is **conducted in consultation with** a licensed mental health care provider.

### **Additional elements to consider:**

- In addition to screening for psychological distress, screen for specific mental health disorders and risk factors.
- Use screening tools that have athlete-relevant cut points and/or screening tools that have been validated diverse populations.
- To foster trust with student-athletes, share screening information with student-athletes on an annual basis, including the purpose of screening and what happens after screening.
- Have athlete-facing staff complete evidence-based training in mental health literacy.
- Engage in ongoing continuous improvement **that helps ensure mental health screening is meeting student-athlete and member school needs.**

## **Best Practice 3: Written Action Plans that Outline Referral Pathways of Student-Athletes to Qualified Providers**

### **Core Components:**

- ☒ Have written action plans for routine and emergency mental health care needs.
- ☒ Action plans address the full spectrum of mental health care, including:
  - How student-athletes with mental health symptoms are identified.
  - When and how they are referred for mental health care, including evaluation, ongoing treatment, follow-up, and reentry when indicated.
  - Who is involved in the identification, referral and care process.
- ☒ Action plans provide well-defined considerations for what constitutes a routine and/or emergency mental health condition.
- ☒ Action plans discuss opportunities for regular outreach, including communication, rehearsal, and ongoing continuous improvement.

### **Additional elements to consider:**

- Recognize that student-athletes may have experienced or be experiencing maltreatment and/or psychosocial trauma by prioritizing student-athlete safety and trust, empowering athletes in the care process, and attending to cultural and individual identity factors.
- Conduct annual outreach about action plans to all stakeholders involved.
- Provide a brief visual summary of the action plan(s).
- Include post-crisis support in the action plan(s).

- Consider non-clinical aspects of care.
- Consult with campus disability services.
- Engage in ongoing continuous improvement that considers how action plans are understood, implemented, and experienced.

#### **Best Practice 4: Licensure of Providers who Oversee and Manage Student-Athlete Mental Health Care**

##### **Core Components:**

- Formal evaluation and treatment of student-athletes with mental health symptoms should be performed by qualified mental health care providers acting within the scope of their clinical licensure.

##### **Additional elements to consider:**

- Recognize the value of accessible providers and student-athlete choice of provider in the care process.
- Prioritize cultural sensitivity in recruitment, hiring, retention, and professional development of licensed mental health care providers.
- Engage in ongoing continuous improvement that considers student-athlete experiences with accessing and utilizing mental health services, while being mindful of student-athlete privacy.

## Resource Page

### **Resources for consideration in support of MHBP Foundational Principles:**

- [NCAA Diversity Equity and Inclusion Review Framework](#)
  - This document was created by the NCAA Office of Inclusion at the request of the NCAA membership and provides a sample framework that shares a suggested structure and questions to ask in a thorough, collaborative and proactive diversity, equity and inclusion review process.
- [SAMHSA Treatment Improvement Protocol: Trauma-Informed Care in Behavioral Health Services](#)
  - This document was developed by the Substance Abuse and Mental Health Services Administration within the U.S. Department of Health and Human Services to provide topic-specific guidance related to trauma-informed approaches to care.
- [NCAA Sexual Violence Prevention Toolkit](#)
  - This toolkit can provide member schools and athletics departments with collaborative strategies to support safer campus environments.
- [NCAA Substance Abuse and Prevention and Intervention: An Athletics Toolkit](#)
  - This toolkit is designed to help support athletics administrators, in partnership with campus colleagues, reduce substance misuse and promote a positive environment for college athletes.

### **Resources for consideration in support of Best Practice 1 - Creating Healthy Environments that Support Mental Health and Promote Well-Being:**

- [Mental Health First Aid](#)
  - The National Council for Mental Wellbeing offers Mental Health First Aid training as an option to teach ways to assist and support others who may be experiencing a mental health or substance use challenge.
- [U.S. Surgeon General's Advisory on Social Media and Youth Mental Health](#)
  - This advisory was developed by the U.S. Department of Health and Human Services and the Office of the U.S. Surgeon General to describe the impacts of social media on children and adolescents, as well as outlines steps to mitigate risk of harm.
- [American Psychological Association Health Advisory on Social Media Use in Adolescents](#)
  - In this document, psychological scientists examine the potential beneficial and harmful effects of social media use in adolescents.
- [Can the Metaverse Be Good for Youth Mental Health?](#)
  - This resource was developed by the JED Foundation to discuss youth-centered strategies for ensuring and enhancing the mental health and safety of young people in the metaverse.

- [Sleep and Wellness for Collegiate Athletes](#)
  - This document provides recommendations that were a product of the NCAA's Interassociation Task Force on Sleep and Wellness.

**Resources for consideration in support of Best Practice 2 – Procedures for Identification of Student-Athletes with Mental Health Symptoms, including Mental Health Screening Tools:**

- [Sport Mental Health Assessment Tool – 1](#)
  - This tool was developed by the International Olympic Committee Mental Health Working Group. It is a standardized assessment tool aimed at identifying elite athletes at risk of or already experiencing mental health symptoms and disorders.
- [Sport Mental Health Recognition Tool - 1](#)
  - This tool was developed by the International Olympic Committee Mental Health Working Group. It is a tool that can be used by athletes, family members, coaches and non-clinical staff to recognize, but not diagnose, mental health concerns.

**Resources for consideration in support of Best Practice 3 – Written Action Plans that Outline Referral Pathways of Student-Athletes to Qualified Providers:**

- [Navigating a Mental Health Crisis](#)
  - This resource was developed by the National Alliance on Mental Illness to outline warning signs of and strategies for managing and deescalating a mental health crisis.
- [988 Suicide & Crisis Lifeline](#)
  - The 988 Lifeline provides free and confidential support for people in distress 24/7, as well as prevention and crisis resources.
- [Suicide Hotline for LGBTQ Youth](#)
  - This hotline, provided by The Trevor Project, is available 24/7 to connect youth to counselors that understand LGBTQ young people.
- [Teen and Young Adult HelpLine](#)
  - This HelpLine is provided by NAMI, and offers a nationwide teen peer-support service for teens and young adults with mental health conditions and/or experiencing a difficult time in their life.

**Resources for consideration in support of Best Practice 4 – Licensure of Providers who Oversee and Manage Student-Athlete Mental Health Care:**

- The NCAA Mental Health Advisory Group consensus-based recommendations note that mental health care for athletes, which includes formal evaluation and treatment, should be performed by a licensed mental health care provider within the scope of activities covered by their clinical licensure. This may include:
  - Clinical or counseling psychologists
  - Licensed clinical social workers

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- Licensed mental health counselors
- Licensed family therapists/licensed marriage and family therapists
- Physicians with mental health training, including Psychiatrists and Primary Care Physicians
- Nurse Practitioners with mental health training, including Psychiatric and Primary Care Nurse Practitioners
- Physician Assistants/Physician Associates with mental health training, including PAs with a Psychiatry Certificate of Added Qualification (CAQ) or Primary Care PAs

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REPORT OF THE  
NCAA MENTAL HEALTH ADVISORY GROUP  
OCTOBER 12, 2023 VIDEOCONFERENCE

INFORMATIONAL ITEMS.

- 1. Consensus-building update.** The NCAA Mental Health Advisory Group received an update on the consensus-building process for the 2<sup>nd</sup> edition of the NCAA Mental Health Best Practices. Notably, all foundational premise statements and best practice recommendation statements have now met consensus thresholds and will be included in the document.
- 2. Mental Health Best Practices update.** The MHAG discussed the most recent draft of the 2<sup>nd</sup> edition of the MHBP and signaled support of the document. Specifically, the draft includes newly added consensus-based foundational principles, a reorganization of best practice recommendations that include core components and additional considerations and a MHBP checklist. The MHAG noted the utility of the checklist as schools implement the MHBP on their campuses. Additionally, the MHAG noted the flexibility of the recommendation statements enhance feasibility of implementation.
- 3. Membership education and socialization.** The MHAG received an overview of the Sport Science Institute Spotlight on Mental Health Best Practices educational webinar series, which concluded after five episodes on October 12. The webinar series was considered successful with high attendance rates and engagement from attendees.

The MHAG also discussed education and implementation resources to consider referencing in the MHBP, 2<sup>nd</sup> edition, including resources related to social media and mental health, trauma-informed practice, crisis management and mental health screening tools.

- 4. Additional charges.** The MHAG reviewed additional charges from the NCAA Committee on Competitive Safeguards and Medical Aspects of Sports, including identifying criteria to determine when to update the MHBP and review of additional mental health topics.

*Staff Liaison: Carey Wheelhouse, NCAA Sport Science Institute*

NCAA Mental Health Advisory Group October 12, 2023 Videoconference	
<b>Attendees:</b>	
Laura Amaya, NCAA Division II Student-Athlete Advisory Committee	
Anna Baeth, Athlete Ally	
Jessica Bartley, United States Olympic & Paralympic Committee	
Allison Brager, Sleep Research Society	
JoAnne Bullard, Faculty Athletics Representatives Association	
Debra Crisp, Higher Education Mental Health Alliance, alternate representative	
Stacey Desmond, NCAA Division III Governance, alternate representative	

Carla Edwards, International Society for Sport Psychiatry
Laura Erickson-Schroth, JED Foundation
Sofia España Pérez, NCAA Division I Governance
Daniel Foster, Society of Indian Psychologists
Darcy Gruttadaro, National Alliance on Mental Illness
Bob Harmison, Association for Applied Sport Psychology
James Houle, NCAA Committee on Competitive Safeguards and Medical Aspects of Sports
Myles Jackson, NCAA Division II Student-Athlete Advisory Committee
Megan Koch, NCAA Division III Student-Athlete Advisory Committee
Kai McClellan, NCAA Division III Student-Athlete Advisory Committee
Allyson Meehan, NCAA Division I Student-Athlete Advisory Committee
Cindy Miller Aron, International Society for Sport Psychiatry
Jennifer O'Donoghue, National Athletic Trainers' Association
Casey Pick, The Trevor Project
Brad Pike, College Athletic Trainers' Society, alternate representative
Jerry Reynolds, Alliance of Social Workers in Sports
Mark Rogers, American Osteopathic Academy for Sports Medicine
Nance Roy, JED Foundation, alternate representative
Jeni Shannon, Clinical/Counseling Sport Psychology Association
Siobhan Statuta, American Medical Society for Sports Medicine, alternate representative
Alisia (Giac-Thao) Tran, Asian American Psychological Association
Julie Vieselmeyer, Society for Sport, Exercise & Performance Psychology
Jon Vore, Division I Student-Athlete Advisory Committee
<b>Absentees:</b>
Scott Anderson, College Athletic Trainers' Society
Randy Barker, NCAA Division III Governance
Peggy Davis, NCAA Division II Governance
Rachel Frank, American Orthopaedic Society for Sports Medicine
Alan Lorenz, Higher Education Mental Health Alliance
Hayley Peck, NCAA Board of Governors Student-Athlete Experience Committee
Ashwin Rao, American Medical Society for Sports Medicine
<b>Guests in Attendance:</b>
Stephen Gonzalez, Association for Applied Sport Psychology, alternate representative
Elizabeth Hutter, Society for Sport, Exercise & Performance Psychology, alternate representative
Noah LaBelle, NCAA Division III Student-Athlete Advisory Committee, alternate representative
William Neupert, NCAA Division I Student-Athlete Advisory Committee, alternate representative
Charlotte Warren, Alliance of Social Workers in Sports, alternate representative
<b>NCAA Staff Liaison (or Staff Support if subcommittee) in Attendance:</b>
Carey Wheelhouse
<b>Other NCAA Staff Members in Attendance:</b>

Laura Arnett, Amanda Dickey, Alicia Fine, Kelsey Gurganus-Wright, Brian Hainline, Emily Kroshus, Jean Merrill, Mallory Mickus, Leilyn Miles, John Parsons, Greg Pottorff, Alex Purcell, Crystal Rogers, Anne Rohlman,