Mental Health Best Practices: Understanding and Supporting Student-Athlete Mental Health

SECOND EDITION

An Inter-Association Consensus Document

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**Note: Schools are legislatively required to make mental health services and resources available to their student-athletes consistent with this document.*

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The Mental Health Best Practices: Understanding and Supporting Student-Athlete Mental Health, Second Edition, is an inter-association consensus document developed in collaboration with the NCAA Mental Health Advisory Group and the Committee for Competitive Safeguards and Medical Aspects of Sports. The recommendations in the Mental Health Best Practices, Second Edition, reflect core consensus of the NCAA Mental Health Advisory Group and are recognized in Association-wide legislation.

Organizations represented on the NCAA Mental Health Advisory Group include:

External Organizations

- Alliance of Social Workers in Sports.
- American Medical Society for Sports Medicine.
- American Orthopaedic Society for Sports Medicine.
- American Osteopathic Academy of Sports Medicine.
- Asian American Psychological Association.
- Association for Applied Sport Psychology.
- Athlete Ally.
- College Athletic Trainers' Society.
- Clinical/Counseling Sport Psychology Association.
- Faculty Athletics Representatives Association.
- Higher Education Mental Health Alliance.
- International Society for Sport Psychiatry.
- National Alliance on Mental Illness.
- National Athletic Trainers' Association.
- Sleep Research Society.
- Society for Sport, Exercise and Performance Psychology.
- Society of Indian Psychologists.
- The JED Foundation.
- The Trevor Project.
- United States Olympic & Paralympic Committee.

NCAA

- Division I Student-Athlete Advisory Committee (2).
- Division II Student-Athlete Advisory Committee (2).
- Division III Student-Athlete Advisory Committee (2).
- Board of Governors Student-Athlete Engagement Committee.
- Division I governance.
- Division II governance.
- Division III governance.
- CSMAS.

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. Mental Health Best Practices: Understanding and Supporting Student-Athlete Mental Health, Second Edition, (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 requires schools to make mental health services and resources available to its student-athletes. Provision of services and resources should be consistent with the Mental Health Best Practices.

The 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 member 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 school's 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 school's 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.

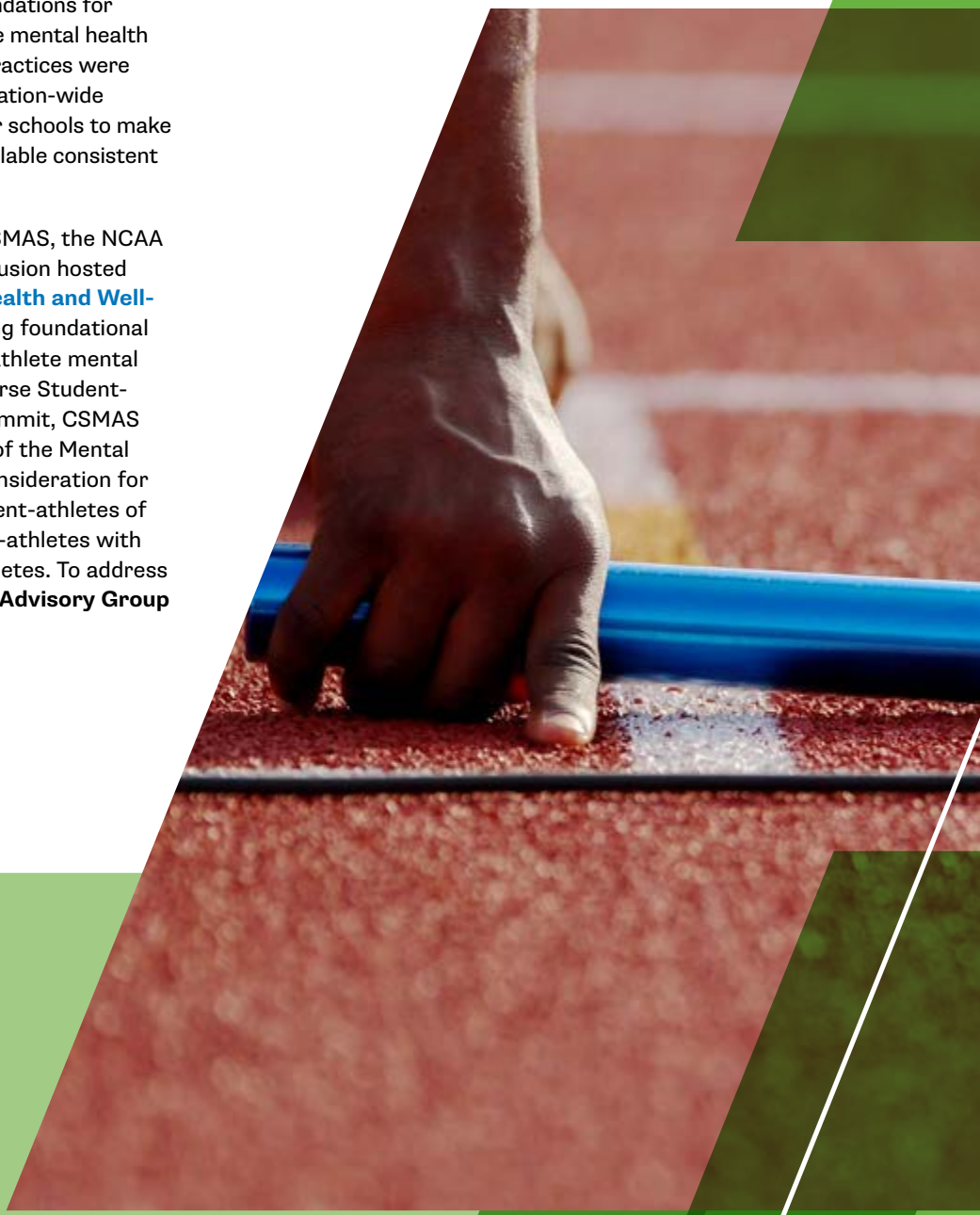
Please also see the Resource page, which contains additional resources that may be considered to support implementation of the Mental Health Best Practices.

Background

HISTORY

In 2013, upon the recommendation of the **NCAA 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 was 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 provided 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 requiring member schools to make mental health services and resources available consistent with the Mental Health Best Practices.

In 2020, upon the recommendation of 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, CSMAS determined the need for further update of the 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, Second Edition.



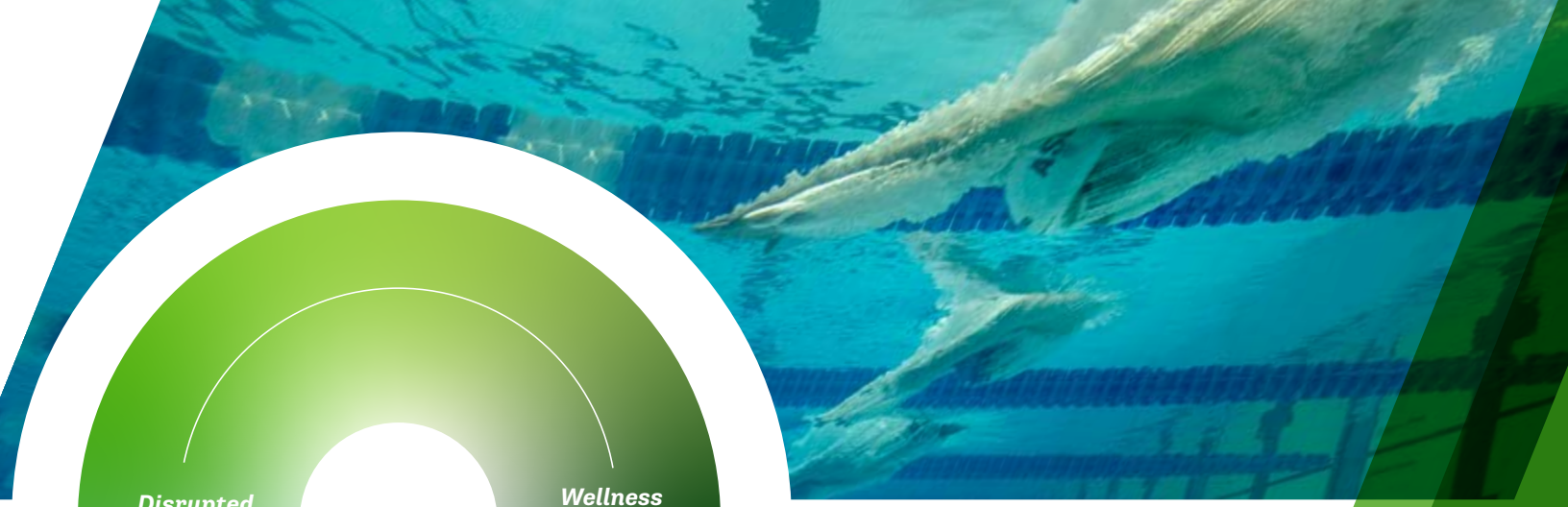


Fig. 1: The spectrum of mental health represents many possible states of well-being. Resilience and thriving may indicate optimal mental wellness, while impaired function and performance may indicate a student-athlete in need of mental health support.

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 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[1-7].
- **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[8-10]. Emerging adulthood is also a common time for mental health challenges to emerge[9]. 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[8]. 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[1-7].
- **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[1,5-7,11-15]. 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[16].

  Sport settings differ for each student-athlete and include risk and protective factors for mental health at multiple levels: individual, team, athletics department, campus and societal factors[1,5-6]. 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 student-athletes with the mental health resources they need to thrive.

- **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[5-6]. 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[2,3,11,13,17-19]. 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[2,11]. 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 [3,20].
- **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[3,14,19]. 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[21]. 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 [3,7,22-25]. 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[14,19].

  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.

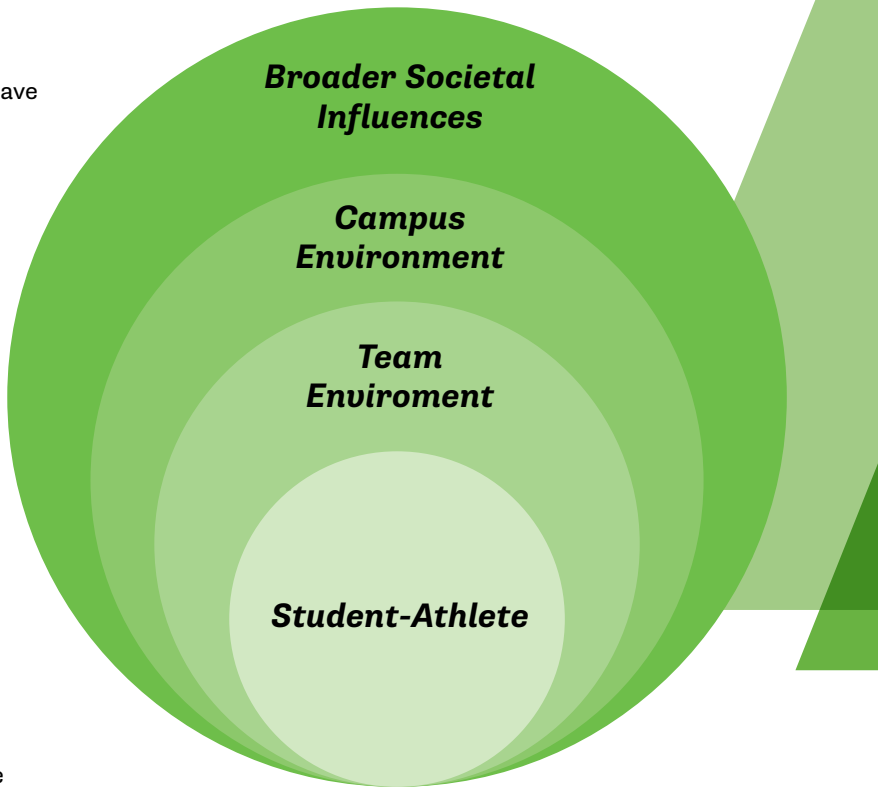


Fig. 2: Student-athletes exist in a multitude of intersecting environments that may impact their mental health and wellness. The team environment includes coaches and teammates, while societal influences may include state and federal laws.

- **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 reporting using social media[9]. 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[1,9-10]. For 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[3,26]. For example, some student-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[3,5,27]. 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[3,5,27]. 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:

- ☐ **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[17]. 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 policies and practices related to staffing can create an inclusive environment.

ADDITIONAL ELEMENTS TO CONSIDER:

- **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 Name, Image and Likeness.** 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 prospective student-athletes.** Athletic prospective student-athletes and the families of prospective student-athletes 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.
- **Considerations for continuous improvement strategies.** 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:

- ☐ **Screening tools used in consultation with primary athletics health care provider and/or licensed mental health provider.** Examples of validated screening tools are provided for consideration on the resources page. 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.
- ☐ **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:

- **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.

- **Considerations for continuous improvement strategies.** 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 and 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:

- ☐ **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 time frame 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/confused 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.
- ☐ **Action plans are written and rehearsed.** All member schools should have written documentation of their action plans, as well as plans for when and how action plans will be rehearsed.

ADDITIONAL ELEMENTS TO CONSIDER:

- **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 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 and Prevention 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[30].
- **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

a 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.
- **Considerations for continuous improvement strategies.** 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:

☐ **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:

- **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 toward 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.
- **Considerations for continuous improvement strategies.** 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.

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Checklist

MENTAL HEALTH BEST PRACTICES CHECKLIST: 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, Second Edition, and is intended to aid membership in implementation of Mental Health Best Practices; it is not intended to serve as a stand-alone document. Completion of the Mental Health Best Practices Checklist should be done in accordance with the best practice recommendations and foundational principles discussed in the Mental Health Best Practices.

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 transition in or from sport.
- Consider continuous improvement processes that consider dynamic multilevel risk and protective factors of student-athlete mental health and well-being.

Best Practice 2:

Procedures for Identification of Student-Athletes With Mental Health Symptoms and Disorders, 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 used 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.
- Consider continuous improvement strategies that help ensure mental health screening is meeting student-athlete and member school needs.

Best Practice 3:

Mental Health 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.
- Continuous improvement strategies could consider 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.
- Continuous improvement strategies could consider student-athlete experiences with accessing and utilizing mental health services, while being mindful of student-athlete privacy.

Resource Page

Additional resources for consideration in support of the Mental Health Best Practices can be found online using the QR code at right or by visiting ***ncaa.org/mentalhealth****. Resources include educational materials and implementation strategies to supplement concepts discussed in the Mental Health Best Practices.*

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