

# Mental Health Best Practices Institutional Self-Assessment Worksheet

Complete the worksheet with the numbers below to identify how well your school is implementing the components of each Mental Health Best Practice, using the following scale:

<b>1 - Best practice has been fully implemented</b>	<b>2 - Best practice has been partially implemented</b>	<b>3 - Best practice has not been implemented</b>
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<b>Best Practice No. 1: Clinical Licensure of Practitioners Providing Mental Health Care.</b>		
COMPONENT	SELF-EVALUATION	NOTES
<p>Mental health care of student-athletes is done in collaboration with the primary athletics health care providers (athletic trainers and team physicians) and the licensed mental health providers who are qualified to provide mental health services.</p>		
<p>Formal mental health evaluation and treatment for student-athletes are provided ONLY by licensed mental health providers who are qualified to provide mental health services (clinical or counseling psychologists; psychiatrists; licensed clinical social workers; psychiatric mental health nurses; licensed mental health counselors; primary care physicians with core competencies to treat mental health disorders).</p>		
<p>Individuals providing mental health care to student-athletes have autonomous authority, consistent with their professional licensure and professional ethical standards, to make mental health management decisions for student-athletes.</p>		
<p>Individuals providing mental health care to student-athletes ideally should have cultural competency in working with collegiate student-athletes, as evidenced by professional training related to athletics, continuing education courses related to athletics or other professional development activities or experiences related to athletics.</p> <p>With regard to societal diversity, cultural competency should extend to treating student-athletes from diverse racial, ethnic, gender identified, and other unique cultural experiences influencing help seeking.</p>		

(Mental Health Best Practices Institutional Self-Assessment Worksheet continued)

<b>Best Practice No. 2: Procedures for Identification and Referral of Student-Athletes to Qualified Practitioners.</b>		
COMPONENT	SELF-EVALUATION	NOTES
<p><b>Mental Health Emergency Action Plan</b></p> <p>Mental health emergency action and management plan that specifies:</p> <p>Situations, symptoms or behaviors that are considered mental health emergencies.</p> <p>Written and rehearsed procedures for management of the following mental health emergencies:</p> <ul style="list-style-type: none"> <li>• Suicidal and/or homicidal ideation.</li> <li>• Sexual assault, with clarification regarding exemption from mandated reporting in this context.</li> <li>• Highly agitated or threatening behavior, acute psychosis (often involving hallucinations and/or delusions) or paranoia.</li> <li>• Acute delirium/confusional state.</li> <li>• Acute intoxication or drug overdose</li> </ul>		

## Best Practice No. 2: Procedures for Identification and Referral of Student-Athletes to Qualified Practitioners.

COMPONENT	SELF-EVALUATION	NOTES
<p>Written and rehearsed procedures on how to provide adequate response to emergency mental health crises.</p> <ul style="list-style-type: none"><li>• Identify situations in which the individual responding to the crisis situation immediately should contact emergency medical services.</li><li>• Identify situations in which the individual responding to the crisis situation should contact a trained on-call counselor, including the campus crisis center designated to address sexual assault.</li><li>• Identify trained on-call counselors who will be able to provide direct and consultative crisis intervention to the student-athlete in need to help stabilize the situation and recommend next steps for action. Working with on-campus health and counseling resources will facilitate identifying such trained personnel.</li><li>• Designate the management expectations of each stakeholder within athletics during a crisis situation (e.g., coach, sports medicine personnel).</li><li>• Specify steps to be taken by each stakeholder after an emergency situation has been resolved to provide appropriate resources and follow-up care to the student-athlete who experienced the mental health emergency.</li><li>• Specify a procedure for reviewing preventive and emergency procedures after the resolution of the emergency situation.</li></ul>		

## Best Practice No. 2: Procedures for Identification and Referral of Student-Athletes to Qualified Practitioners.

COMPONENT	SELF-EVALUATION	NOTES
<p><b>Routine Mental Health Referrals</b></p> <p>Routine mental health referral plans are written and disseminated to all staff, coaches and student-athletes.</p> <p>Written institutional procedures regarding the referral of student-athletes with nonemergency mental health concerns that:</p> <ul style="list-style-type: none"><li>• Establish the process by which protocol development will take place; include and collaborate with key campus constituencies, within and outside of athletics.</li><li>• Identify a point person within athletics responsible for facilitating such referrals.</li><li>• Provide coaches and other staff members with role-appropriate training about the signs and symptoms of mental health disorders and about behaviors to monitor that may reflect psychological concerns.</li><li>• Identify the communication channel for coaches, administrators or other nonclinical staff within athletics who are concerned about the mental health of a student-athlete.</li><li>• Ensure all stakeholders are aware of their responsibility to facilitate referral of the student-athlete to the appropriate personnel as specified by their institutional plan.</li><li>• Provide for sufficient resources to allow for the development, implementation and ongoing evaluation or review of protocols.</li><li>• Consider the diversity of your student-athletes (cultural, racial, ethnic, disability, sexual orientation, gender) and create protocols that reflect and support these differences.</li></ul>		

(Mental Health Best Practices Institutional Self-Assessment Worksheet continued)

<b>Best Practice No. 2: Procedures for Identification and Referral of Student-Athletes to Qualified Practitioners.</b>		
<b>COMPONENT</b>	<b>SELF-EVALUATION</b>	<b>NOTES</b>
Annual communication is conducted with all stakeholders within athletics who work with student-athletes. This communication should include information about the importance of reviewing each stakeholder's role in all emergency action plans, including the mental health emergency action and management plan.		
All stakeholders within athletics who work with student-athletes are provided with written instructions about the practitioners to whom student-athletes with potential nonemergency mental health concerns should be referred.		

### Best Practice No. 3: Pre-participation Mental Health Screening.

COMPONENT	SELF-EVALUATION	NOTES
Screening questionnaire(s) for mental health disorders are considered as part of the pre-participation exam.		
A procedure is established for when, and to whom, symptomatic or at-risk student-athletes identified through a screening process will be referred.		
All decisions related to what approach will be taken to screening (including what screening instrument to consider and what responses or scores on this instrument warrant further follow-up) are made by the primary athletics health care providers (athletic trainers and team physicians) in collaboration with the licensed mental health providers who are qualified to provide mental health services. Examples may include those listed in Appendix F of the Mental Health Best Practices.		

<b>Best Practice No. 4: Health-Promoting Environments that Support Mental Well-Being and Resilience.</b>		
COMPONENT	SELF-EVALUATION	NOTES
<p>The primary athletics health care providers and the licensed mental health providers who are qualified to provide mental health services to student-athletes meet on an annual basis and develop strategies for educating student-athletes about institutional procedures for mental health referrals and management.</p>		
<p>All Student-Athlete Advisory Committee representatives and student-athletes receive information on an annual basis about the following:</p> <ul style="list-style-type: none"> <li>• Signs and symptoms of mental health disorders.</li> <li>• How to obtain mental health guidance from primary athletics health care providers (athletic trainers and team physicians) and licensed mental health providers who are qualified to provide mental health services.</li> <li>• Preventing and responding to sexual assault, interpersonal violence and hazing.</li> <li>• Peer intervention in the event of teammate mental health distress.</li> </ul>		

(Mental Health Best Practices Institutional Self-Assessment Worksheet continued)

<b>Best Practice No. 4: Health-Promoting Environments that Support Mental Well-Being and Resilience.</b>		
COMPONENT	SELF-EVALUATION	NOTES
<p>All coaches and the faculty athletics representative receive information on an annual basis about the following:</p> <ul style="list-style-type: none"> <li>• Appropriate first response to emergency situations.</li> <li>• Signs and symptoms of mental health disorders.</li> <li>• The importance of, and how to create, a positive team culture that promotes personal growth, autonomy and positive relations with others.</li> <li>• Sexual assault, interpersonal violence and hazing.</li> <li>• How to encourage and support student-athletes who are facing mental health challenges to seek appropriate management and referrals from the primary athletics health care providers (athletic trainers and team physicians) and licensed mental health providers who are qualified to provide mental health services.</li> <li>• The specific referral process that coaches should follow if they are concerned about a student-athlete's mental health.</li> <li>• The importance of understanding and helping to minimize the possible tension that can exist in student-athletes about adverse consequences for seeking mental health care.</li> </ul>		