

Beverly Hills High School Athletic Department Policy
Emergency Action Plan: Mental Health Emergency in Secondary School Athletes

Background information:

Mental health issues in secondary schools are a growing concern. In the event of a psychological or mental health crisis on campus, safety is the highest priority. Whenever possible, defer to school personnel (i.e. school counselor/nurse, school administrator, NAWC etc.) in such an emergency.

If a mental health crisis were to occur after school hours, when school administrators, counselors or nurses may not be available, the athletic trainer (AT) may be central in managing the situation. Intervention and reporting must be managed appropriately, without further risk of harm or escalation. It is equally important that the AT stay within their scope of practice outlined by the Board of Certification and/or applicable state practice act.

The Inter-Association Recommendations for Developing a Plan to Recognize and Refer StudentAthletes with Psychological Concerns at the Secondary School Level Consensus Statement (2015) provides in-depth recommendations for recognizing and referring student-athletes with psychological concerns. These guidelines are specific to creating a mental health emergency action plan. Federal, state and local protocols, including those of the school, must be followed in all cases. Any inclusion of these guidelines must be approved by school authorities before being implemented.

Student-athletes often trust their AT and coaches with personal information or concerns. While in the majority of situations, utmost confidentiality is afforded to the athlete, state and federal laws require the AT and coaches to report certain situations involving minors. Cases in which an individual poses a risk to themselves or others, or where the individual is being abused in any way must be reported. While state laws vary, it is imperative that the AT and coaches understand the mandatory reporting laws on both state and federal levels, as well as the policies of the school and/or district in which they work. The following policies and procedures include a detailed plan of the appropriate reporting processes for various situations, dependent on the level of risk or harm. The expectation will be made clear to the student-athlete, that even if they do not want the information shared, the AT and coach are obligated to notify school officials and/or local authorities regarding these situations.

EMERGENCY SITUATION - POTENTIAL VIOLENCE

Recognition The BHHS ATC or coach on staff must identify if any of the following exist and follow the below protocol for the safety of all people involved.

Any 'yes' answer should be considered an emergency:

- Am I concerned the student-athlete may harm himself/herself?
- Am I concerned the student-athlete may harm others?
- Am I concerned the student-athlete is being harmed by someone else? (Mandated reporting required- See table B)
- Did the student-athlete make verbal or physical threats?
- Is the student-athlete exhibiting unusual ideation or thought disturbance that may or may not be due to substance use?
- Does the student-athlete have access to a weapon?
- Is there potential for danger or harm in the future?

Management

If immediate risk to safety:

- Remain calm - maintain calm body language and tone of voice.
- Listen to the student-athlete. Allow him/her to express his/her thoughts. Provide him/her the opportunity to be heard. It's OK to have a moment of silence between you and the student athlete.
- Avoid judging the student-athlete; provide positive support.
- Keep yourself safe - do not attempt to intervene if there is eminent threat of harm or violence.
- Keep others safe - try to keep a safe distance between the student-athlete in distress and others in the area.
- **Alert designated school officials and/or colleagues available at that time of day** (See Contact information below). Have the school contact the student-athlete's parents or emergency contact.
- If the student-athlete seems volatile or disruptive, **get help from a co-worker** or other adult. Do not leave the student-athlete alone, but do not put yourself in harm's way if he/she tries to leave.
- **If you call 911, provide the following information:**
Student-athlete's name and contact information.
Physical description of the student-athlete (i.e. height, weight, hair and eye color, clothing, etc.). Description of the situation and assistance needed. Exact location of the student-athlete.
If student-athlete leaves the area or refuses assistance, note direction in which he/she leaves.

OTHER EMERGENCY CONTACT NUMBERS

School Wellness Counselor: Ali Norman-Franks V33 (310) 551-5100 X8717

Child Welfare/Protective Services: (800) 540-4000

School Nurse: (310) 551-5100 X 8395 Crisis Hotline: (403) 266- HELP

Principal: Mark Mead (209) 201-3779 Assistant Principal: Drew Stewart (619) 997-3791

District Athletic Director: Tim Ellis (949) 290-3082

Emergency Situation- Non Violent

In mental health emergency situations where the BHHS staff ATC or coach is not concerned about violence, the following protocols should be followed:

- Offer a quiet and secure place to talk
- Show your genuine concern.
- Avoid judging the student-athlete; provide positive support.(judgement can trigger future risky behavior)
- Provide support and a positive tone. Do not try to solve his or her problem; it is not within your scope as an AT or coach.
- Help the student-athlete understand that he or she is not alone - others have been through this too.
- **Listen to the student-athlete.** Allow him/her to express his/her thoughts. Provide him/her the opportunity to be heard. It's OK to have a moment of silence between you and the student athlete.
- **Ask questions** that encourage conversation.
 - Asking these important questions will NOT plant the idea in his/her head:
 - Can you tell me what is troubling you?
 - Are you thinking of hurting yourself?
 - Is someone hurting you? *If yes- Mandated reporter action required*
 - Have you thought about suicide? *(see Table A below)
- *If the student-athlete is expressing suicidal ideation: **Follow Emergency plan above***
 - Determine if he or she has formulated a plan.*
 - Emphasize ensuring the athlete's safety, while being aware of your own.*
 - Do NOT leave the person alone. (800)273-8255 Suicide Hotline*
- You may offer a positive reinforcement, such as: "It took courage for you to disclose this information to me. And, by telling me, it says you want to do something about what is going on. Let's get you in contact with someone who specializes in this type of situation, so you can get the care you need."
- **Alert designated school officials** and/or colleagues available at that time of day (i.e. school counselor/nurse, school administrator, etc.). Have the school call the student-athlete's parents or emergency contact.
- **Document and communicate your concerns**, and refer to the school counselor. School staff may be aware of past or current circumstances that you are not privy to, including abusive home environment, emerging psychological condition/mental illness, etc.

Table A:
Common misconceptions about suicide

FALSE: People who talk about suicide won't really do it..

Almost everyone who dies by or attempts suicide has given some clue or warning. Do not ignore suicide threats. Statements like "you'll be sorry when I'm dead," "I can't see any way out," no matter how casually or jokingly said, may indicate serious suicidal feelings

FALSE: Anyone who tries to kill himself/herself must be crazy.

Most suicidal people are not psychotic or insane. They may be upset, grief-stricken, depressed or despairing, but extreme distress and emotional pain are not necessarily signs of mental illness.

FALSE: If a person is determined to kill himself/herself, nothing is going to stop him/her.

Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The impulse to end it all, however overpowering, does not last forever.

FALSE: People who die by suicide are people who were unwilling to seek help.

Studies of suicide victims have shown that more than half sought medical help in the six months prior to their deaths.

FALSE: Talking about suicide may give someone the idea.

You don't give a suicidal person morbid ideas by talking about suicide. The opposite is true - bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.

Source: SAVE – Suicide Awareness Voices of Education

TABLE B

The following general categories of abuse and neglect of a child must be reported when a **mandated reporter** knows, or reasonably suspects such abuse or neglect has occurred

- 1.) **Physical Abuse:** Any form of physical injury to the minor by a caregiver, parent, or other adult in life. (Past or present- there is NO statute of limitations)
- 2.) **Sexual Abuse:** Any form of sexual misconduct, assault, or exploitation against the minor by caregiver, parent, or any other adult in life. (Past or present- there is NO statute of limitations)
- 3.) **Emotional Abuse:** The use of words or actions as maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. This is whether the harm or threatened harm is from acts or omissions on the part of the responsible person
- 4.) **Neglect:** The willful harming or endangerment of the person or health of a child, any cruel or inhumane corporal punishment or any injury resulting in a traumatic condition.

Warning Signs of Emotional Abuse in Children

- Excessively withdrawn, fearful, or anxious about doing something wrong.
- Shows extremes in behavior (extremely compliant or extremely demanding; extremely passive or extremely aggressive).
- Doesn't seem to be attached to the parent or caregiver.
- Acts either inappropriately adult-like (taking care of other children) or inappropriately infantile (rocking, thumb-sucking, throwing tantrums).

Warning Signs of Physical Abuse in Children

- Frequent injuries or unexplained bruises, welts, or cuts.
- Is always watchful and "on alert" as if waiting for something bad to happen.
- Injuries appear to have a pattern such as marks from a hand or belt.
- Shies away from touch, flinches at sudden movements, or seems afraid to go home.
- Wears inappropriate clothing to cover up injuries, such as long-sleeved shirts on hot days.

Warning Signs of Neglect in Children

- Clothes are ill-fitting, filthy, or inappropriate for the weather.
- Hygiene is consistently bad (unbathed, matted and unwashed hair, noticeable body odor).
- Untreated illnesses and physical injuries.
- Is frequently unsupervised or left alone or allowed to play in unsafe situations and environments.
- Is frequently late or missing from school.

Warning Signs of Sexual Abuse in Children

- Trouble walking or sitting.
- Displays knowledge or interest in sexual acts inappropriate to his or her age, or even seductive behavior.
- Makes strong efforts to avoid a specific person, without an obvious reason.
- Doesn't want to change clothes in front of others or participate in physical activities.
- A sexually transmitted disease (STD) or pregnancy, especially under the age of fourteen.
- Runs away from home.

Information from CDC and the California Department of Education websites 2020