



# High Performance Program

## Mental Health Referral Plan (Non-Emergency)



### Person in Distress is Identified

An individual either self-identifies or is identified by a member of the High Performance community (e.g., athlete) as having mental health signs and symptoms of distress (see chart of mental health signs and symptoms) and is not employed by Cycling Canada. The individual is NOT a threat to self or others. Cycling Canada coaches and staff mental health care is directed by human resources.

1



### Inform a MPC

Inform the team Mental Performance Consultant (MPC) or Lead of Mental Health & Performance (if no MPC works with the individual).

- Val Hadd (QC)
- Nicole Forrester (ON)
- Frank van den Berg (AB)
- Sharleen Hoar (BC; LEAD)

3



### Connect for Mental Health Assessment

MPC will connect the individual with a Cycling Canada sport medical physician (upon consent).

- Dr. Philippe Garlepy (QC)
- Dr. Lee Schofield (ON)
- Dr. Pauline Sawicki (AB)
- Dr. Andre Lui (LEAD; BC)
- Dr. Padraig McLuskey (BC)

2



### Informed Consent including Release of Information is Obtained

MPC will seek Informed Consent and Release of Information to connect the individual to Cycling Canada Medical care and/or to mental health resources (such as Game Plan; COPSIN; National Mental Health Network).

4



### Develop a Treatment Management Plan

Sport Physician will develop a mental health management plan for the individual. If appropriate, the individual will be referred to a mental health practitioner in home region through Cycling Canada internal network, or through the Mental Health National Network, or Game Plan.

5



### Develop a Communication Plan

Sport Physician, with the individual, will determine who needs to be included in communication about the mental health management plan. Individual's consent will be sought to speak with others such as Coach, team Manager, PSRI team lead/staff, and athletes in the DTE. Depending on the critical nature of the mental health issue, as well as if the person affected is a CC or CSI staff member, the HPD may also be contacted. If the individual is a CC or CSI Staff member, HR will also be consulted for resources.

7



### Case Resolution & Follow-Up Communication

Individual to have regular care as directed by the treating Sport Physician. Regular and ongoing communication on progress to return to training/play between the individual and HPD, team Coach, Supervising PSRI, and/or athletes to be facilitated by Mental Health care practitioner.

6



### Execute Communication Plan

Those who have been deemed to be part of the support team for the individual's treatment/management will be contacted as per informed consent, re. release of information.

### Mental Health Signs & Symptoms

#### HEALTHY REACTING

##### Be on the lookout for deterioration

- Occasional anxiety, irritability, or sadness
- Sleep difficulties
- Low energy, tension, or headaches
- Reduced concentration, intrusive thoughts
- Inconsistent or reduced performance
- Decreased engagement, procrastination
- Reduced social activity

#### INJURED

##### Initiate response plan!

- Persistent anxiety, anger, or sadness
- Sleep disturbances, nightmares
- Persistent fatigue, aches, pains
- Poor concentration, indecision
- Poor performance
- Preabsenteeism
- Social avoidance



# High Performance Program

## Mental Health Referral Plan (Emergency)



### Person is In Crisis or Emergency

An individual who is part of the High Performance community (e.g., athlete, coach, PSRI staff member) is deemed to be a threat to self, others, or is suicidal. Alternatively, an individual is evaluated by self or others to be in a constant manic, depressive, or anxious state and that a sudden or dramatic change in behaviour has occurred.

1



### Contact 9-1-1

Stay with the Individual (but do not put yourself in harm's way if you are physically with the individual). This action may occur when meeting with the individual through electronic means (over the phone, text, or virtual speaking platforms). Connect the individual with emergency personnel. If appropriate, have the individual taken to the nearest emergency hospital room.

- 1-866-996-0991 (24 hr. mental health crises line)
- 1-844-240-2990 (24 hr. lifeworks crises line)

3



### Treatment/Communication Management Plan

In consultation with the individuals, Cycling Canada medical personnel may oversee an individualized treatment plan. If the individual is a CC or CSI staff member, HR will also be consulted for resources. Concurrently a communication plan will be constructed in consultation with the individual to maximize support for re-entry to the DTE.

2



### Connect with Sport Physician

Connect with a Sport Physician for medical liaison between emergency services and Cycling Canada.

- Dr. Philippe Garlepy (QC)
- Dr. Lee Schofield (ON)
- Dr. Pauline Sawicki (AB)
- Dr. Andre Lui (LEAD; BC)
- Dr. Padraig McLuskey (BC)

4



### Return to Train & Return to Play treatment/communication plan

In consultation with the individual, a treatment and communication plan will be constructed to fully integrate the individual within the DTE and return to the National Team environment. Clear standards for wellness will be documented and evaluated by sport physician. Considerations of the role and support of Coach(es), PSRI Team Lead/Staff, HPD, manager as well as athletes in the team will be included. If the individual is a CC or CSI staff member, HR may also be included.

5



### Case Resolution & Follow-Up Communication

Individual to have regular care as directed by the Mental Health and Performance team. Regular and ongoing communication on progress to return to training/play between the individual and HPD, Program Coach, Supervising PSRI, and/or athletes to be facilitated by Mental Health care practitioner.

A **CRISIS** is an upset in steady mental state that may create a disruption or breakdown in a person's normal or usual pattern of functioning. The upset, or disequilibrium is typically acute. A crisis constitutes circumstances or situations which cannot be resolved by one's customary problem-solving resources. If a situation can wait 24 to 72 hours for a response, without placing an athlete or a family in jeopardy, it is a crisis and not an emergency (USOPC, 2021, p. 7)

- Self-harming or maladaptive coping behaviour that are not life-threatening or causing serious property damage
- Significant loss or death directly or indirectly affecting the individual
- Rapid mood swings, increased agitation, isolation

An **EMERGENCY** is a sudden, pressing, necessity, such as when a life is in danger because of an accident, a suicide attempt or potential imminent attempt, or interpersonal violence. It requires immediate attention by law enforcement, child protective services (CPS), or other professionals trained to respond to life-threatening events (USOPC, 2021, p. 7)

- Managing suicidal and/or homicidal ideation
- Managing reports of sexual assault, including mandatory reporting to The Centre for SafeSport
- Managing highly agitated or threatening behaviour, acute psychosis (often involving hallucinations and/or delusions), or paranoia
- Managing acute delirium/confusional states
- Managing acute intoxication or drug overdose