

## 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.



#### Inform a MPC

Val Hadd (QC)

- Sharleen Hoar (BC; LEAD)





#### **Connect for Mental Health** Assessment

- Dr. Andre Lui (LEAD; BC)



## **Management Plan**





#### Information is Obtrained MPC will seek Informed Consent and Release of





## **Communication Plan**

sought to speak with others such as Coach, team affected is a CC or CSI staff member, the HPD





**Communication Plan** 

**Case Resolution & Follow-Up** 

Communication

**Mental Health Signs & Symptoms** 

#### **HEALTHY REACTING INJURED**

### 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

#### Initiate response plan! Persistant anxiety, anger, or sadness

#### Sleep disturbances, nightmares Persistent fatigue, aches, pains

- Poor concentration, indecision Poor performance
- Preabsenteeism Social avoidance



# High Performance Program Mental Health

# (Emergency)

Person is In Crisis or

and that a sudden or dramatic change in behaviour has





Contact 9-1-1

- **Connect with Sport Physician**
- Dr. Andre Lui (LEAD; BC)

• Dr. Lee Schofield (ON) Dr. Pauline Sawicki (AB)

Communication

## Individual to have regular care as directed communication on progress to return to

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

Case Resolution & Follow-Up

trained to respond to life-threatening

Managing suicidal and/or homocidal ideation

attempt, or interpersonal violence. It requires

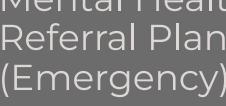
immediate attention by law enforcement, child

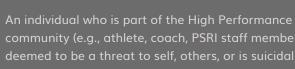
protective services (CPS), or other professionals

- Managing highly agitated or threatening behaviour, acute psychosis (often involving hallucinations and/or
- Managing victims of sexual assault, including mandatory reporting to The Centre for SafeSport
- events (USOPC, 2021, p. 7)
  - delusions), or paranoia

Managing acute delirium/confusional states

Managing acute intoxication or drug overdose





## community (e.g., athlete, coach, PSRI staff member) is

**Emergency** 



**Management Plan** 

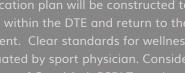
**Treatment/Communication** 

Return to Train & Return to Play

treatment/communication plan

In consultation with the individuals, Cycling Canada





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 crises 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 crises and not an emergency (USOPC, 2021, p. 7)

- Self-harming or maladaptive coping behaviour that are not life-threatening or causing serious property
- Significant loss or death directly or indirectly affecting the individual

• Rapid mood swings, increased agitation, isolation

placing an athlete or a family in jeopardy, it is a