

WAIS Mental Health Policy



WESTERN AUSTRALIAN INSTITUTE *of* SPORT

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1.0 PURPOSE

This policy aims to promote and maintain the mental health and wellbeing of all WAIS athletes and encourage athletes to take responsibility for their own mental health and wellbeing.

This policy provides direction to WAIS athletes, coaches, staff, service providers and external health professionals for the clinical and administrative management of WAIS athletes presenting with a mental health concern.

2.0 BACKGROUND

WAIS is committed to the provision of medical care to support athletes. By extension, WAIS is responsible for the medical management of WAIS athletes across for the duration of their scholarship. In line with this, the practices outlined in this policy consider the athletes' best interest as priority.

- 2.1 WAIS identifies mental health as a key component in the overall health and performance of athletes.
- 2.2 Athletes will face stressors that are unique to being an elite athlete as well as the same stressors as any member of the general community.
- 2.3 Mental health concerns in an elite sport setting, may arise from situations such as:
 - 2.3.1 Competition (stressors, expectations, pressures, travel);
 - 2.3.2 Training (injuries, burnout);
 - 2.3.3 Family and other interpersonal problems;
 - 2.3.4 Life cycle issues (bereavement, athletic retirement);
 - 2.3.5 Intrapersonal variables (personality); or
 - 2.3.6 General medical or health issues.
- 2.4 A holistic approach to treatment facilitated through multidisciplinary collaboration governed by common policy will:
 - 2.4.1 Facilitate access to the most appropriate service;
 - 2.4.2 Promote mental wellbeing;
 - 2.4.3 Facilitate early identification and intervention;
 - 2.4.4 Have centralised support and direction;
 - 2.4.5 Provide a peer review capability;
 - 2.4.6 Conform to privacy and confidentiality requirements.
- 2.5 For the purpose of this policy the term Mental Health Concerns encompass all mental health conditions including mental disorders, mental health issues, subclinical presentations, and other conditions that may be the focus of clinical attention such as relational, education, occupational, economic and housing problems.
- 2.6 All WAIS athletes are entitled to a Mental Health evaluation. No WAIS athlete will be denied access to mental health treatment due to athlete's own fear of being pejoratively labelled, pressure from the sport program to continue to perform at full capacity, or scholarship and selection consequences.

3.0 STANDARDS

3.1 Athletes will be encouraged to seek mental health treatment as required to ensure their health and wellbeing.

3.2 Mental Health Screens

- (a) All WAIS athletes will complete the WAIS Mental Health Screen twice annually.
 - i. WAIS athletes under the age of 18 years will complete an age-appropriate version of the Mental Health Screen and any psychological services provided will be in consultation with their parent or guardian.

3.3 Mental Health Concerns will be;

- (a) Assessed and monitored by the WAIS Chief Medical Officer (CMO) or WAIS approved Sports Physician or a WAIS Psychologist approved by the CMO.
- (b) If required case managed by the CMO or a WAIS approved Sports Physician.
- (c) Reviewed at bi-monthly meetings attended by the CMO and WAIS Psychologists.

3.4 Identification

- (a) WAIS staff will communicate directly and promptly to the relevant WAIS Psychologist, CMO or WAIS approved Sports Physician any information about an athlete's mental health that best serves the needs of the athlete.

3.5 Athlete travel

- (a) If the mental health concern is known to the CMO and/or treating clinician, then clinical judgement is used re: travelling commitments. This includes if the athlete is fit-for-travel, as well as informing other people who may need to provide support whilst the athlete is travelling. If an athlete is considered unfit-for-travel, the CMO, in consultation with the treating clinician, will provide the recommendation to the athlete, coach and other relevant parties (e.g. Performance Team Director).
- (b) If a mental health concern is suspected/not being treated, or a WAIS staff member is unsure, then they can speak directly with CMO about that athlete and their upcoming travel commitments. If needed, a CMO-athlete consultation will be undertaken before any recommendations or decisions are made, and the relevant parties informed.

3.6 Scholarship Transition

- (a) If an athlete with an identified mental health concern ceases to hold a scholarship, confirmation of treatment plan and resourcing must be sought from the CMO.

3.7 Athlete costs for external provider treatment will be considered for reimbursement if:

- (a) Referred by the CMO or WAIS approved Sport Physician and,
- (b) The athlete agrees to relevant information being shared within WAIS in accordance with this policy.
- (c) Confidentiality is at an agreed level with the external treating clinician

3.8 The WAIS CMO will make the final decision for WAIS in any situations of dispute.

4.0 PROCESS

4.1 The **WAIS Mental Health Screen**

The WAIS Mental Health Screen (MHS) is a group of questionnaires used for the sole purpose of monitoring the mental health and wellbeing of athletes at WAIS. It is a confidential process designed to ensure that appropriate services are made available to athletes when needed.

WAIS scholarship holders will complete the MHS on two occasions each scholarship year: in the first month and approximately six to eight months after the commencement of the scholarship.

WAIS Psychologists are considered the lead of the MHS process which includes the following steps:

- (a) An initial request that is sent to complete the MHS.
- (b) Athletes who do not complete the MHS will be asked to attend the CMO for a Mental Health assessment.
- (c) Athletes who do not complete the MHS or present to the CMO following reasonable requests, will be requested to discuss their non-compliance with their PTD.

The results of the MHS will be reviewed by the WAIS Psychologist and, if required, CMO. All athletes who complete the MHS will receive a report summarising the results. All new scholarship holders will consult with a WAIS Psychologist after they complete the MHS for the first time. A more in-depth assessment can be recommended to the athlete after the review by the WAIS Psychologist or CMO.

Twice annually, anonymised results will be collated for the Clinical Services Team for the purpose of identifying trends within WAIS. In addition, athletes scoring in the severe and very severe ranges on any scale will be tracked over time to monitor athlete well-being and treatment efficacy.

4.2 Mental Health Case Management

The process for mental health management at WAIS involves three steps: Identification, Assessment and Clinical Management, as presented in Appendix 1.

4.2.1 Identification

Mental health concerns can affect anyone at any time. It can be hard to identify when a mental health concern needs more care and attention. An indication that something needs more care is when one's mood or thinking is causing distress and it is disrupting general functioning. Information sources for identification may include:

- (a) Athlete self-referral to a WAIS Psychologist, CMO or WAIS approved Sport Physician;
- (b) Observations of WAIS coaches, WAIS staff, fellow athletes and parents;
- (c) Medical services provided by the CMO, as part of a regular health assessment, or a routine medical appointment;
- (d) Information obtained from the Mental Health Screen.

4.2.2 Assessment

The initial assessment will be facilitated by the CMO or WAIS approved Sport Physician associated with the athlete. In ordinary circumstances the initial assessment should take no more than two weeks to prioritise clinical management for the athlete.

Following the initial assessment, if appropriate, a mental health case management team can be established. If the CMO or WAIS approved Sport Physician deems a case management team is required, it is recommended this team comprise of:

- (a) CMO and/or WAIS approved Sport Physician associated with the athlete; and
- (b) WAIS Psychologist and/or WAIS approved external Psychologist

If disordered eating or an eating disorder requires case management, it is recommended the case management team further include a WAIS Dietitian and/or appropriate external Clinical Dietitian.

In addition, the initial case management team may co-opt the following to ensure the most appropriate support is provided to the athlete:

- (a) Performance Enhancement Team Director
- (b) External service provider (i.e. Psychiatrist)
- (c) The athlete's coach

The role of the support team is to:

- a. Determine the most appropriate support for the athlete.
- b. Consider the resource requirements for providing the support.
- c. Meet regularly to review progress and adjust the support program as required.
- d. Communicate appropriately with the parents/guardians of the athlete.
- e. Communicate with other WAIS staff appropriately to maximise athlete health and performance outcomes while respecting the athletes' privacy.

4.2.3 *Clinical Management*

After the initial assessment, the CMO or WAIS approved Sports Physician may decide to monitor the athlete's progress without a specific intervention or develop a plan to treat the athlete's presenting concern.

If the athlete's concerns warrant further care, the CMO or WAIS approved Sports Physician will obtain consent from the athlete to inform other relevant parties who may become part of the case management team. The exception to this is when an athlete poses a serious risk of harm to self or others, whereby relevant parties will be informed immediately. The outcome of the initial assessment, desired support, and the development and implementation of the treatment plan will be discussed with the case management team.

A treatment plan will outline:

- (a) Treatment goals;
- (b) The professional health practitioner to provide the treatment;
- (c) Possible modes of treatment, (based on evidence-based practice);
- (d) Appropriate follow-up (including review dates);
- (e) Capacity to participate in training (full, modified, or none) during the performance restoration phase, including criteria for returning to a modified or full training program;
- (f) The roles of the personnel involved in the treatment plan;
- (g) Criteria for the transition of care to the WAIS Psychologist where the intervention is delivered by an external provider.

The treating health professional and the CMO will work in collaboration to implement the treatment plan. Where the athlete has been referred to services outside of WAIS, the CMO or WAIS Approved Physician or WAIS Psychologist will be the link for communication with the external specialist.

The progress of athletes assessed for a significant mental health concern will be reviewed at bi-monthly mental health review meetings attended by the CMO and WAIS psychologists. Where

progress has not been as expected at this review, the current treatment plan will be reviewed, other treatment options will be considered, and progress will be reviewed again after a further two months. This process of revision will continue until the athlete's mental health has stabilised and the criteria for the transition from primarily a performance-restoration intervention to performance-enhancement have been met, or a stable treatment regime for the athlete has been achieved.

At the end of their WAIS scholarship, athletes will be eligible for on-going services as outlined in the Athlete Transitions Policy.

4.3 WAIS Staff Responsibilities: Mental Health Critical Incidents

A critical incident is defined as one in which an athlete engages in a behaviour that places themselves or another person at risk of death or serious physical or psychological harm. Examples include credible threat of suicide, suicide attempt, drug overdose or significant self-harm. Critical incidents differ greatly in nature and have a high degree of unpredictability about when they occur.

4.3.1 Guiding Principle

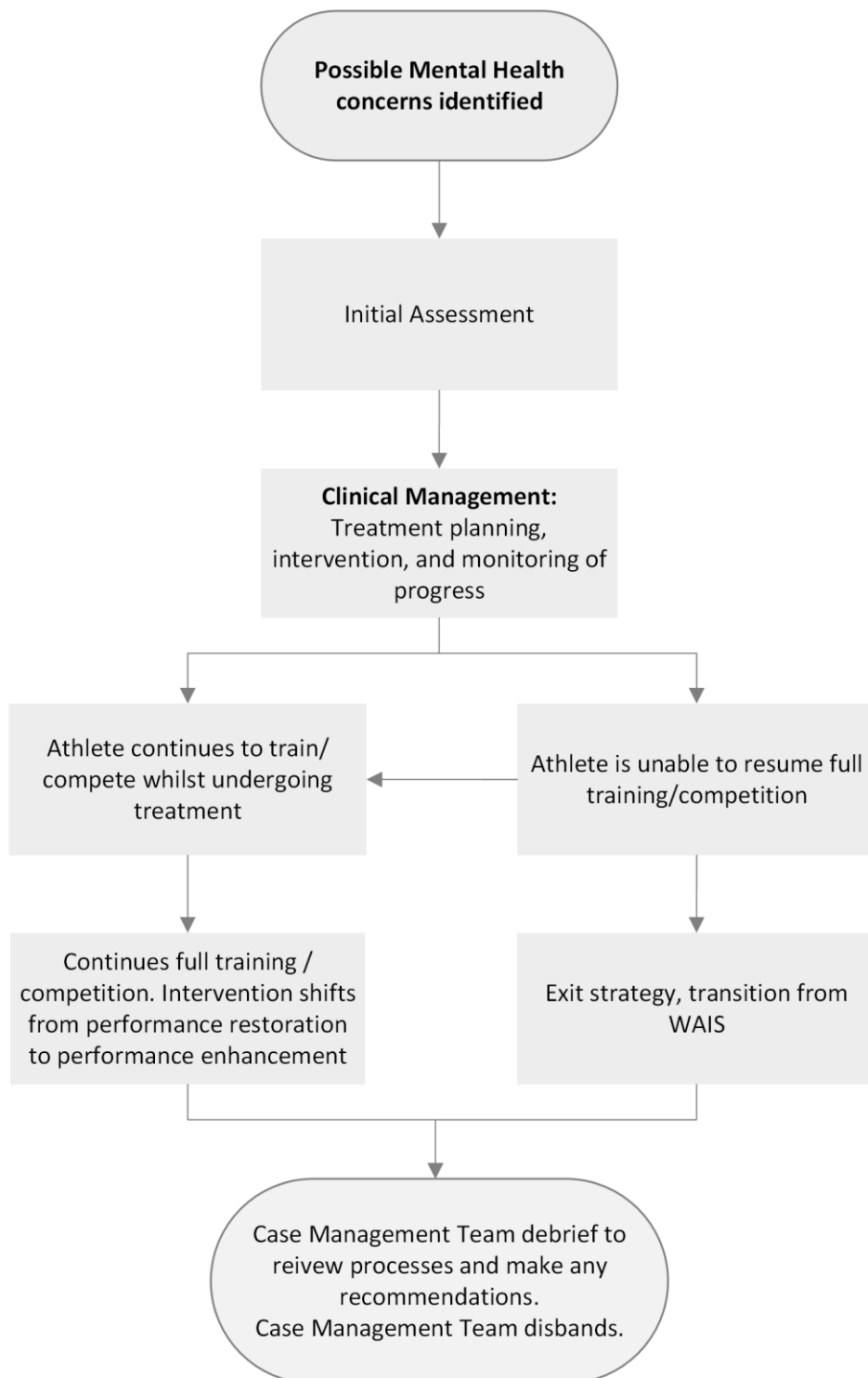
WAIS staff and athletes should not be placed in situations of undue risk to their own safety in responding to a critical incident.

4.3.2 Responding to a critical incident

- (a) Immediately contact emergency services (e.g., police, ambulance)
- (b) Remain in direct contact with the athlete, or ensure the athlete is with someone else responsible until appropriately qualified support services are in attendance.
- (c) Contact a WAIS Psychologist, CMO or WAIS approved Sports Physician. If this is not possible, contact the PTD or athlete's coach.
- (d) The process for Clinical Management will commence at the earliest opportunity (Section 4.2.3).

At an appropriate point in time, a debrief shall be held with the staff member involved in the critical incident, the Case Management Team and other relevant personnel. The purpose of the debrief will be to ensure the wellbeing of people involved and to determine any changes to policy or processes required to enable better outcomes to future events.

4.4 Appendix 1. Mental Health Case Management



5.0 REVIEW AND REVISION

This policy and all related appendices, will be reviewed according to the policy revision schedule and as deemed appropriate.

Policy review will be undertaken by the Chief Medical Officer and any revisions approved by the Chief Executive Officer.

Revision History

Date	Version	Reviewed by	Changes made
5 May 2021	2.4	CMO	Policy updated
21 October 2022	2.5	CMO	Policy updated
19 December 2022	2.6	CMO	Minor policy update
4 July 2023	2.7	CMO	Policy updated

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