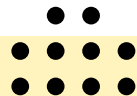


## ROLE OF HEALTH PROFESSIONALS: KEY LEARNING POINTS

- There are many professionals who may be involved in managing the health of elite athletes. It is important to understand the roles and responsibilities of different professionals, how these interrelate, and how to quickly and appropriately refer if needed.
- All health professionals working with athletes should work together towards the common goal of protecting and promoting athletes' physical and psychological well-being.
- Those health professionals working with athletes should be cognisant of their own competencies and limitations related to the recognition, assessment and management of mental health symptoms and disorders in elite athletes.
- Health professionals working with athletes should have knowledge and understanding of referral pathways.
- Mental health screenings should be a part of an athlete's regular health and well-being check-up, just like physical health screenings.
- The Sport Mental Health Assessment Tool 1 (SHMAT-1)<sup>(51)</sup> has been developed to assist health professionals in the assessment of mental health symptoms and disorders in elite athletes.
- Health professionals working with elite athletes should have additional training or experience of operating in a high-performance sports environment.
- Health professionals play a key role in developing and implementing mental health management strategies, ranging from general to targeted interventions.
- The voice of the athlete should always be taken into account when assessing the referral pathways available to them.
- Sports organisations should have a clearly defined Emergency Mental Health Action Plan. All key stakeholders should be aware of this plan, and the role and responsibilities that they have within it.



### Benchmarking:

Specific suggestions in this section have been broken down using a Bronze/Silver/ Gold format. This is to demonstrate what may be considered as best practice (Gold), good practice (Silver) and minimum requirements (Bronze).

This format attempts to ensure universality in implementing the suggestions detailed in the toolkit, taking into account the many different contexts of stakeholders and organisations. The examples are not exhaustive, and further research is recommended.



#### Access to services and support

Access to primary care/sports medicine physicians delivering simple pharmacological interventions and brief psychological interventions.

OR

A licensed/registered healthcare professional with the skills to recognise mental health symptoms and disorders; training and experience in mental health support and/or knowledge of referral pathways.



#### Access to an extended network of services and support

Primary care/sports medicine physician with competency in providing mental health care and directing access to a mental health network (e.g., licensed/registered mental health professionals).



#### Integrated services and support

Primary care/sports medicine physician and consulting psychiatrist or clinical psychologist with knowledge and experience in mental health care and high-performance sport.

AND

Onsite and embedded (direct and timely) access to registered licensed mental health professionals with experience working in a high-performance sports environment.



## DID YOU KNOW?

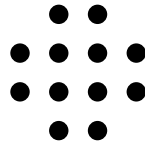
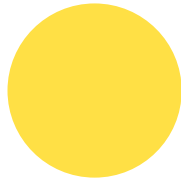
Additional opportunities to advance your knowledge of mental health in elite sport have been made available by the IOC Medical and Scientific Commission through:

- **The IOC Diploma in Mental Health in Elite Sport**

This postgraduate-level diploma programme is designed primarily to meet the needs of sports medicine physicians, psychiatrists, other physicians and other qualified mental health professionals.

- **The IOC Certificate in Mental Health in Elite Sport**

This certification course equips members of the athletes' entourage with the knowledge and skills to recognise potential mental health problems at an early stage and to appreciate the need for referral to professionals equipped to provide appropriate treatment.



## 3.4 ROLE OF HEALTH PROFESSIONALS

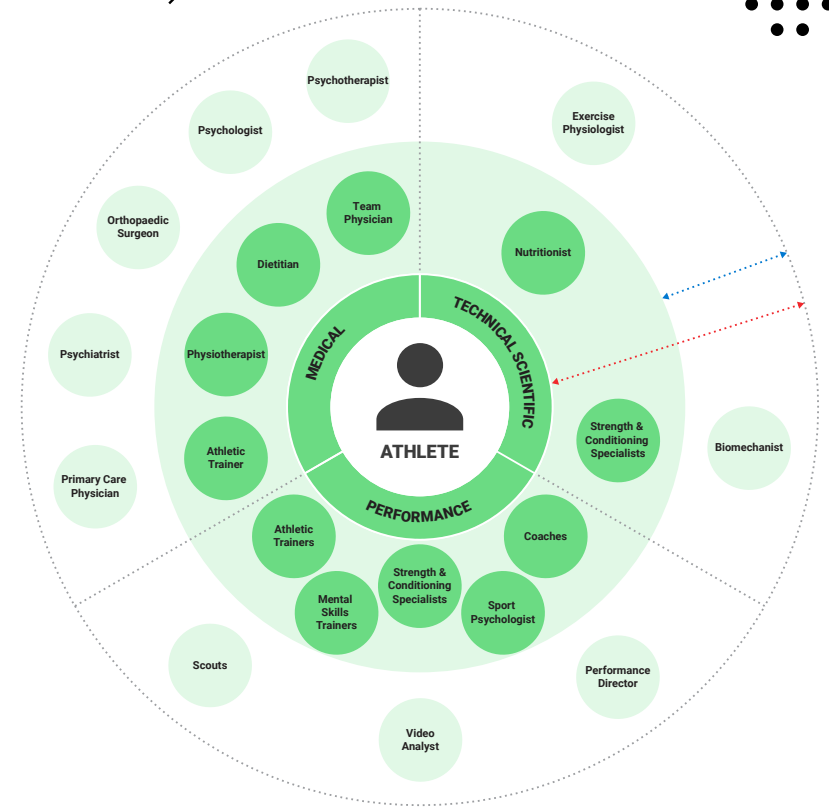
Health care professionals play a crucial role in ensuring that high quality mental health care and support is available for all athletes, from developing and implementing prevention strategies, to establishing referral pathways and managing crisis situations.

### 3.4.1 BUILDING YOUR TEAM

As is demonstrated by the diagram on the following page, there may be a great many professionals involved in managing the health of an elite athlete.

It is important that these professionals, whether they have a technical scientific role or are primarily concerned with either health or performance, work in collaboration towards a common goal that considers athletic performance and physical and mental well-being as equally important.

Oftentimes, athletes will not have or not require direct access to all of these health professionals. There is usually an inner circle of support staff and services that an athlete might have immediate access to, and an outer circle of professionals to whom the athlete is referred to as required (such as an orthopaedic surgeon or other medical specialist).

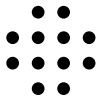
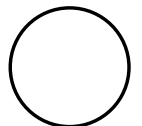


The professionals on the inner and outer circles change depending on the organisation/team/context, and professionals may be in either the inner or outer circle at different times.

This graphic shows that professionals are not always purely one category or another, there is a high degree of crossover, and variations in access and terminology.

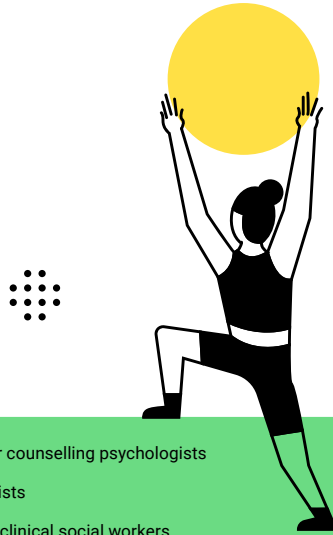


Clear access pathway to professionals in the inner and outer circles.



Understanding and recognising the interrelatedness of the different roles and responsibilities of health professionals, and ensuring a clear pathway from the inner circle of healthcare professionals to those who may not be around the athlete on a daily basis is paramount.

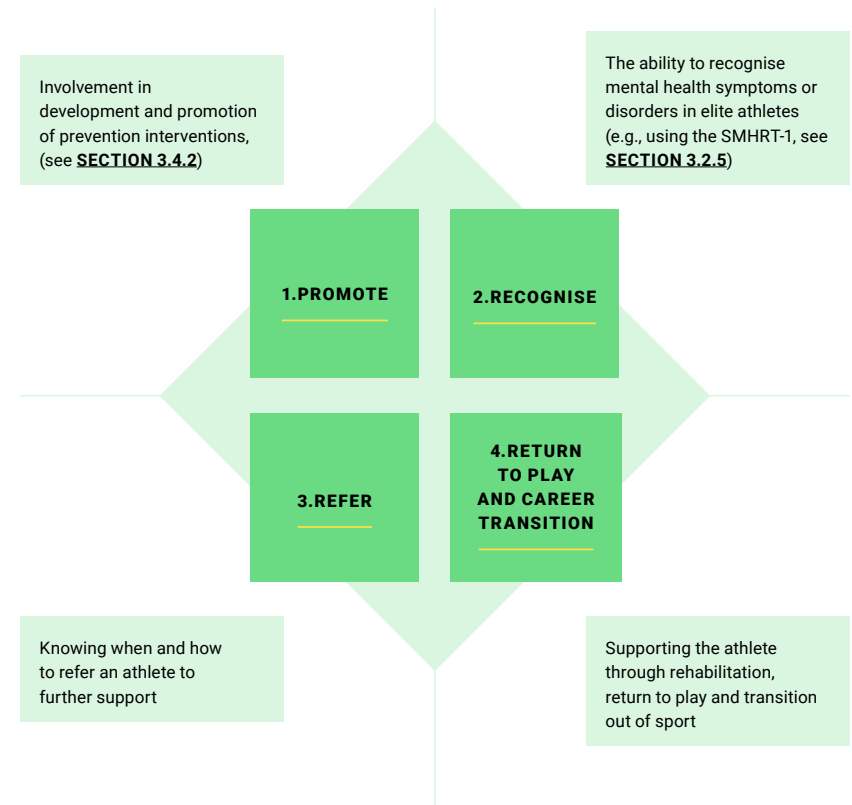
Health professionals involved in the mental health management continuum, from recognition and screening to treatment, recovery and return to play, include:



<p><b>LICENSED MENTAL HEALTH PROFESSIONALS</b></p>	<ul style="list-style-type: none"> <li>• Clinical or counselling psychologists</li> <li>• Psychiatrists</li> <li>• Licensed clinical social workers</li> <li>• Psychiatric mental health nurses</li> <li>• Licensed mental health counsellors</li> <li>• Licensed family therapists/licensed marriage and family therapists</li> <li>• Primary care physicians with core competencies to treat mental health disorders</li> </ul>
<p><b>MEDICAL GENERALISTS WITH MENTAL HEALTH MANAGEMENT KNOWLEDGE</b></p>	<p>Medical generalists or General Practitioners (GPs) typically include family or local community doctors. GPs provide care and treatment across the broad scope of health and well-being of individuals.</p>
<p><b>ALLIED HEALTH PROFESSIONALS</b></p>	<p>These professionals may include:</p> <ul style="list-style-type: none"> <li>• Physiotherapists</li> <li>• Athletic trainers</li> <li>• Chiroprodists</li> <li>• Dietitians</li> <li>• Osteopaths</li> <li>• Paramedics</li> <li>• Podiatrists</li> </ul>

## ALLIED HEALTH PROFESSIONALS

Allied health professionals may have frequent contact with athletes. Whilst they do not routinely have the specialist training to evaluate and treat mental health symptoms and disorders, they are often in a position to recognise indications that an athlete may need mental health support (see [SECTION 3.2.5](#)) and activate the referral pathway. They can also play an important role in the rehabilitation and return-to-play processes, and in ensuring that athletes regularly complete mental health screenings. Some of the key competencies of allied health professionals related to mental health include:

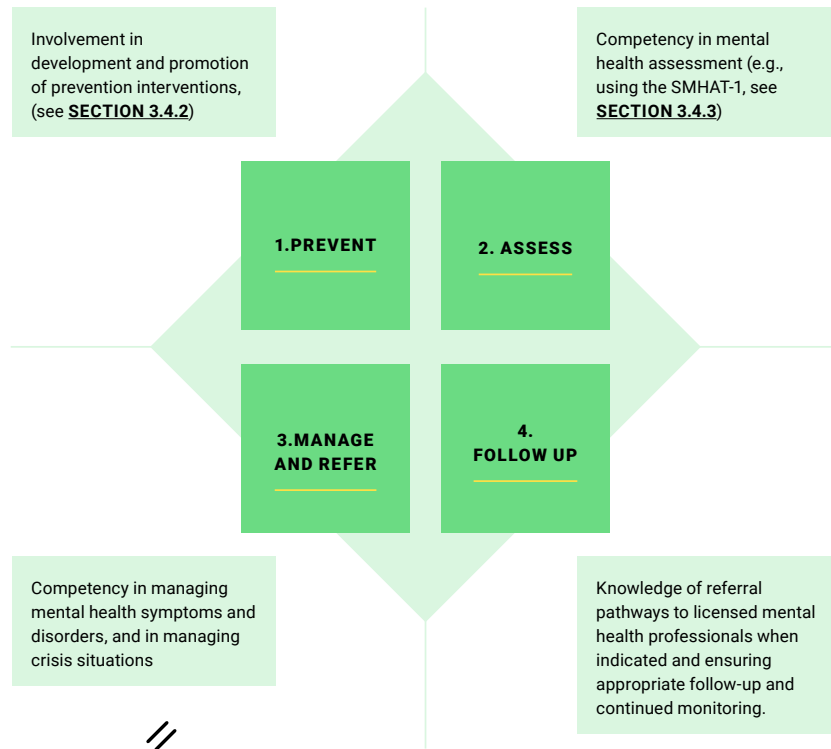


## MEDICAL GENERALIST WITH MENTAL HEALTH MANAGEMENT KNOWLEDGE

The titles “Primary Care Physician”, “Medical Generalist” or “General Practitioner” typically include family or local community medical doctors practising general medicine.

Working with a medical generalist with mental health management knowledge can be beneficial as the athlete may already be familiar with the doctor associated with the team. If that is the case, there may already be an established relationship of trust, and the doctor will likely have a deeper understanding of the athlete’s individual environment and previous knowledge of their medical history.

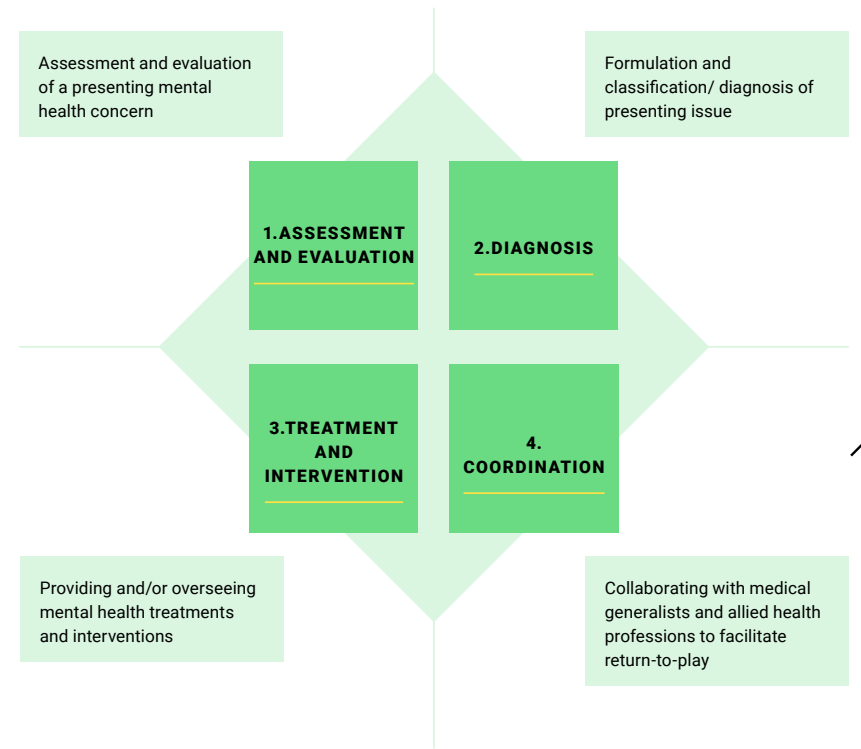
In cases where a medical generalist does not have sufficient mental health management knowledge, referral to licensed mental health professionals should be the next step in treatment. Some of the key competencies of medical generalists with mental health management knowledge may include:



## LICENSED MENTAL HEALTH PROFESSIONALS

When referring athletes to licensed mental health professionals, it is highly recommended that you make certain as much as possible that they have the additional training and/or experience required to treat athletes; work in sport-specific environments, and treat persons within the age group of the referred athlete. It is important to identify licensed medical professionals with the required competencies in advance, and establish an ongoing relationship with them, integrating them into the team dynamic or care pathway. This will improve familiarity of the athletes and team with the professional, thereby reducing barriers to seeking help and facilitating access to further specialist care as required.

Licensed mental health professionals should work closely with the team physician and/or medical generalist as well as the allied health professionals in the athlete’s entourage when looking to facilitate return-to-play following a mental health referral and/or treatment.



### 3.4.2 DEVELOPING AND IMPLEMENTING PREVENTION STRATEGIES

As we mention in the previous sub-section, health professionals play an essential role in developing and implementing mental health prevention strategies, which in turn form a foundational part of mental health promotion.

Prevention strategies aim to “reduce incidence, prevalence and recurrence of mental disorders”, and lessen the time spent with symptoms and lower the impact of the condition on the individual.<sup>(99)</sup>

#### The three main types of preventative interventions are:

- **Universal prevention** – targeting an entire team, independent of risk
- **Selective prevention** – specifically targeting individual athletes displaying signs or symptoms but not yet meeting the diagnostic criteria of individuals or sub-groups who are considered at a high risk
- **Indicated prevention** – targeting individuals or sub-groups who are considered at high risk

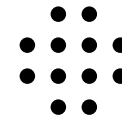
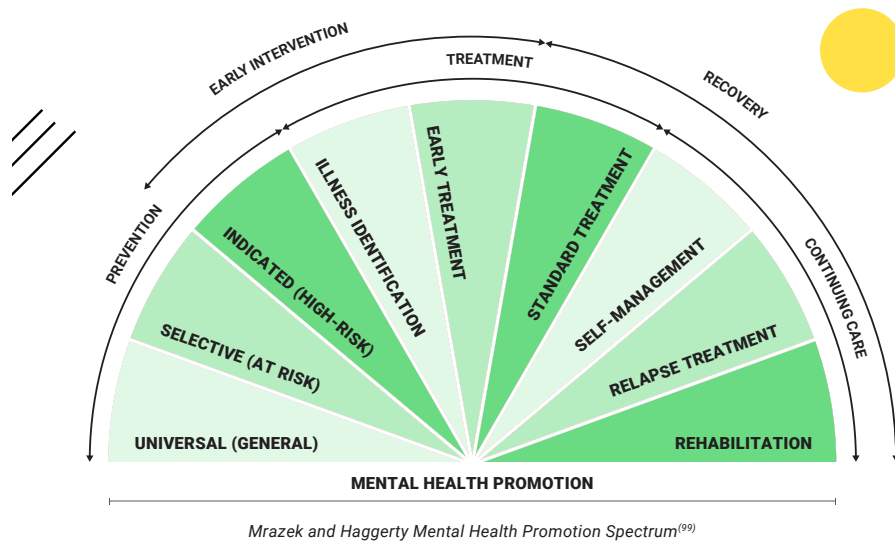
#### Universal preventative interventions

The integration of universal preventative interventions into sports culture may include:

- Making education available to both athletes and entourage members to improve mental health literacy, reduce stigma, and support early help-seeking
- Working with athletes and entourage members to establish career and personal development goals (and the skills to help them achieve them)
- Establishing routine mental health screenings that are integrated into an athlete’s formal routine physical screenings, and/or into their rehabilitation programme post physical injury
- Ensuring that your sports organisation has specific and effective policies to prevent and respond to harassment and abuse in sport
- For allied health professionals, injury surveillance and prevention strategies and programmes may also be an important prevention tool due to the link between physical illness and injury, and psychological well-being in athletes

There are some general points that should be considered when considering the development and implementation of a mental health prevention strategy. The list below has been adapted from the World Health Organisation report on Prevention of Mental Disorders: Effective Interventions and Policy Options (2004)<sup>(100)</sup> to a sporting context:

- ✓ **Prevention strategies are part of a multi-pronged approach**
  - There are multiple factors that can impact elite athlete mental health which should be encompassed into prevention strategies. These include:
    - Social factors such as environmental stressors, barriers to help-seeking
    - Physical factors such as injury and illness
- ✓ **Implementation should be guided by available evidence**
- ✓ **Programmes and policies should be made widely available to all athletes**
- ✓ **Prevention needs to be sensitive to culture and to resources available**
- ✓ **Protecting human rights is a major strategy in preventing mental disorders**
  - This relates to, for example, the importance of ensuring your organisation has a policy in place to safeguard athletes from harassment and abuse in sport. For further information please see the [IOC Athlete Safeguarding Toolkit](#).<sup>(101)</sup>



### 3.4.3 THE IOC SPORT MENTAL HEALTH ASSESSMENT TOOL 1 (SMHAT – 1)

As discussed in [SECTION 3.2.5](#), the IOC Mental Health Working Group developed the IOC Sport Mental Health Recognition Tool 1 (SMHRT-1)<sup>(51)</sup> to assist athletes, coaches, family members and other members of an athlete’s entourage to recognise mental health symptoms or disorders in elite athletes. (As noted earlier, SMHRT-1 is not a diagnostic tool.)

In addition to the SMHRT-1 tool, the IOC Mental Health Working Group developed the IOC Sport Mental Health Assessment Tool 1 (SMHAT-1)<sup>(51)</sup>. The SMHAT-1 is a standardised assessment tool to be used by sports medicine physicians and other licensed/registered health professionals to help identify at an early stage those elite athletes who may be at risk or are already experiencing mental health symptoms and disorders, and to help facilitate timely referrals for those in need of support and/or treatment.

Ideally, use of the SMHAT-1 should be scheduled as a routine screening alongside an athlete’s regular physical screenings or check-ups. It is recommended that the SMHAT-1 be used during the pre-competition period (i.e., a few weeks after the start of sports training), as well as within the mid- and end-season period. The tool may also be used when any significant event for an athlete occurs, such as injury, illness, surgery, unexplained performance concerns, after a major competition, at the end of a competitive cycle, if there is suspected harassment/abuse, if there is a sudden adverse life event, or if the athlete is transitioning out of sport.

As mentioned above, the clinical assessment (and related management) within the SMHAT-1 should be conducted only by sports medicine physicians and/or licensed/registered mental health professionals. You can find the SMHAT-1 [HERE](#).

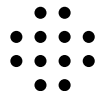
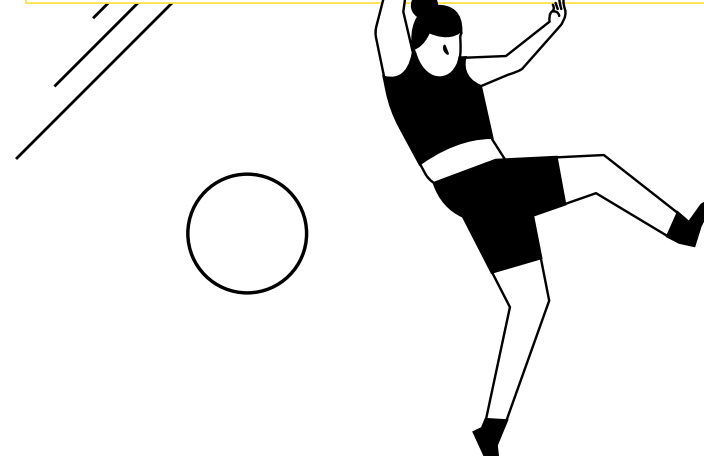


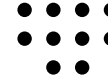
## BEST PRACTICE EXAMPLE: WORLD RUGBY

On World Rugby’s “Player Welfare” educational web portal, you will find “Mindset – A Mental Health Resource”.<sup>(102)</sup> This mental health awareness and education programme was developed in conjunction with International Rugby Players to support team medical staff in the identification of mental health problems.

This resource:

- Supports early recognition of mental health problems
- Provides background information relevant to mental health disorders
- Provides overviews of different mental health disorders, and supports diagnosis by making mental health screening tools available
- Provides guidelines that support early and appropriate referrals to experts
- Available in six languages, “Mindset” was built as a resource for elite rugby medics and is a mandatory core component of World Rugby’s Tournament Player Welfare Standards. You can find the Mindset programme [HERE](#).





### 3.4.4 COMPETENCY IN MANAGING MENTAL HEALTH SYMPTOMS AND DISORDERS

Once it has been decided that professional care is the best option for an athlete, the road to recovery may include psychological treatment, pharmacological treatment or a combination of the two. This is usually delivered by consultation in an out-patient/office setting. Occasionally, treatment may take place more intensively in a day-patient facility and, in rare circumstances, as an in-patient.

It is imperative that health professionals have the correct clinical competencies to manage mental health symptoms and disorders in the setting of high-performance sport or know when and how to refer to those in your organisation's network who do.

The Mental Health in Elite Athletes: International Olympic Committee Consensus Statement (2019)<sup>(16)</sup> provides information on prevalence, assessment and treatment for elite athletes. This expert statement also discusses the clinical interventions recommended for a number of mental disorders, including depressive disorders, anxiety and related disorders, post-traumatic stress, bipolar and psychotic disorders, and substance abuse. The information below has been taken from this statement.

The consensus statement in its entirety can be found [HERE](#).



When treating elite athletes, it is of utmost importance that care providers...  
“...understand the physical, psychological and emotional demands placed upon athletes during training and competition, and the unique circumstances and pressures of the sport environment”.

### THE OLYMPIC MOVEMENT MEDICAL CODE (2016)

#### Treatment

Psychotherapy or counselling is often the first step in professional mental health treatment. When psychotherapy has been prescribed as treatment, medical professionals are recommended to:

- be flexible about the timing of sessions (without allowing constant cancelling of sessions)
- urge couple's or family therapy when relational issues impact functioning or performance
- recommend psychotherapy plus pharmacological therapy where indicated for more severe or complex mental health symptoms or disorders

#### Medical professionals should not:

- agree to the use of a surrogate (such as a coach or athletic trainer) for psychotherapy sessions
- provide experimental treatments, which may give false hope to athletes

Along with psychotherapy, pharmacology may be considered for the treatment of symptoms, but significant consideration must be given when treating elite athletes. When prescribing, clinicians need to consider:

- Potential negative impact on athletic performance
- Potential therapeutic performance enhancing effects (i.e., based on improvement in the condition the medication is designed to treat)
- Potential non-therapeutic performance enhancement effects (i.e., ergogenic effects)
- Potential safety risks

All four of the above points should be considered, and experience working in sport and with athletes is especially important in relation to the first, third and fourth points.

In the event of a mental health emergency (presenting immediate danger to the athlete themselves or others), it is best practice to develop and rehearse a mental health emergency action management plan that involves all relevant sports stakeholders. This plan should include clarity on what constitutes an emergency, who should be contacted and when, and familiarity with local emergency services and mental health legislation. Information on the development of an MHEAP is coming up in [SECTION 3.4.6](#).

### 3.4.5 KNOWLEDGE AND UNDERSTANDING OF REFERRAL PATHWAYS

Competency is critical when considering referral pathways. There may be health professionals on your team with the knowledge and training to diagnose mental health concerns and to offer some interventions. There may also be instances where even an experienced and licensed expert may not be able to provide full competency when addressing a specific mental health issue (e.g., eating disorders or drug abuse). It is important to keep this in mind when considering the best referral pathway in each specific situation.<sup>(103,104)</sup>

All health professionals should be aware of the scope and limits of their competencies, including knowledge of when it is appropriate to refer to a mental health expert.

An athlete's reaction to suggestions of a referral should also be considered. During this scenario it may be useful to reach out to an athlete's entourage members, such as family, friends or coaches, to assist in providing a personalised approach when communicating with the athlete, provided you have consent to do so. Role plays may be a useful strategy to prepare for such sensitive communications.

NB. It is also important to document the reasons for referral, and considerations or consultations with persons surrounding the case and athlete.<sup>(104)</sup>



### 3.4.6 COMPETENCY IN MANAGING A CRISIS SITUATION

#### Development and implementation of a mental health emergency action plan (MHEAP)

Here we discuss the development and implementation of a mental health emergency action plan (MHEAP). In this context, an MHEAP refers to the procedures to be followed when faced with a mental health crisis. It is important that each sports organisation/club/team has an MHEAP, and that you as health professionals are aware of it and of your role in it where applicable.

The NCAA Mental Health Best Practice Checklist<sup>(85)</sup> states that written procedures for managing emergency mental health situations should, at a minimum, include the elements listed below:

- Clear definitions of what constitutes a mental health emergency (scenarios, symptoms or behaviours to look out for)
- Clearly written procedures for handling mental health scenarios such as: suicidal or homicidal scenarios, sexual assault, threatening behaviours including psychosis, paranoia, delirium or confused states, and intoxication or drug overdose
- Clearly defined scenarios in which emergency services should be contacted. Additionally, scenarios in which an emergency counsellor should be contacted

- Contact details of consultative personnel able to provide direct crisis intervention in emergency and non-emergency scenarios
- Clearly defined roles and responsibilities of each stakeholder within the athlete's entourage and organisation in an emergency situation
- Clearly defined follow-up procedures in order to support athletes after the emergency
- Formal policy defining when to contact parents or guardians in the case of a minor's mental health emergency.

It should be clearly specified in the MHEAP who the first internal point of contact is for the mental health issue until an appropriate clinical referral can be made. In cases involving a minor, it is important that the contact details of parents or guardians are readily available, and that they are contacted at the earliest opportunity.

When identifying licensed professionals for a referral, the following points should be taken into consideration:

- ✓ Who is responsible for initiating the referral to the clinical professional?
- ✓ Where should the referral be made in the event of an emergency?

This is particularly important information to have when travelling with a delegation away from the usual team services and networks.

An example of an MHEAP, developed by the National Athletic Trainers' Association, can be found [HERE](#).<sup>(105)</sup>

### 3.4.7 CHECKLIST FOR HEALTH PROFESSIONALS

- I understand the importance of prevention strategies and my role in their development, implementation and promotion.
- I am knowledgeable of my own competencies and limitations related to the recognition, assessment and management of mental health symptoms and disorders in elite athletes.
- I understand the referral pathways available, how, when and where to refer an athlete, the importance of documenting why referral is necessary, and that different situations will require different clinical competencies and professionals.
- I know my role in responding to a mental health crisis and in ensuring that my organisation has a dedicated MHEAP available.
- I recognise the important role of health professionals in supporting athletes' mental health and well-being during return-to-play.

