



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., HPD, Program Manager, Coach, PSRI staff member, or another athlete) as having mental health signs and symptoms of distress (see chart of mental health signs and symptoms). The individual is NOT a threat to self or others.



1

Inform Your MPC

Inform (program) Mental Performance Consultant (MPC) or Lead of Mental Health & Performance (if no program MPC exists).

- Val Hadd (Paracycling)
- Fiona Meikle (Track)
- Frank van den Berg (Track, Men)
- Sharleen Hoar (MTB; Lead)



3

Connect with Lead MHP & Sport Psychiatrist for Support

MPC will connect with Lead Mental Health & Performance as well as Sport Psychiatrist for consultation and assessment

- Dr. Carla Edwards (Sport Psychiatrist)



2

Informed Consent is Sought by MPC

MPC will seek Informed Consent to connect the individual to Cycling Canada Mental Health resources and support



4

Develop a Treatment Management Plan

Sport Psychiatrist will develop a treatment plan based on assessment in consultation with individual (and parents, if appropriate). Individual may be required to see Physician for a referral. If appropriate, individual will be referred to mental health practitioner in home region through Mental Health National Network and/or Game Plan.



5

Develop a Communication Plan

Sport Psychiatrist 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, Program Manager, PSRI Program Lead/Staff, and athletes in the program. 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 (for funding).



7

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.



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., HPD, Coach, Program Manager, PSRI staff, Athlete) 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

Medical personnel (including Sport Psychiatrist) will oversee an individualized treatment plan based on on-going assessment in consultation with individual. 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 Psychiatrist, Program Physician, and HPD

Connect with Sport Medical lead as well as Sport Psychiatrist for medical liaison between emergency services and Cycling Canada

- Dr. Carla Edwards (Sport Psychiatrist)
- Kris Westwood (HPD)



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 psychiatrist. Considerations of the role and support of Coach(es), PSRI Program Lead/Staff, HPD, Program manager as well as athletes in the program 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 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 placing an athlete or a family in jeopardy, it is a crises 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 victims 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