



**LACROSSE CANADA**  
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c/o House of Sport RA Centre 2451  
Riverside Drive Ottawa, ON K1H 7X7

**[lacrosse.ca](http://lacrosse.ca)**



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# ORGANIZATIONAL MENTAL HEALTH PLAN

Proposed Draft - 2024

Dr. Pamela Weatherbee & Dr. Carla Edwards



## DISCLAIMER

*Information provided is educational in nature, and no individual utilizing this document and recommendations should extend themselves beyond their scope of practice.*

*At the time of development are deemed to be accurate and consistent with current standards of practice, though standards may and are likely to change with time.*

## The WHY

### Defining the mental health continuum

As a sporting community, Lacrosse Canada is responsible for supporting an athletes' mental well-being and mental health; to foster a supportive and resilient community where athletes can thrive both on and off the field.

Prioritizing and promoting mental well-being can empower individuals to recognize and address mental health challenges through education, awareness and intervention. The aim is also to cultivate a culture of openness, empathy, and support within the lacrosse community, to be an active leader in this area. By integrating mental health initiatives into the sporting community, Lacrosse Canada can enhance overall player performance, build stronger team dynamics, and develop lifelong skills for mental wellness.

Approximately fourteen percent (14%) of the global population experience a form of mental health disorder and are a leading cause of disease burden and functional impairment<sup>1</sup>. **Athletes are not immune to mental health disorders. There are unique factors contributing to athletes risk for mental health symptoms including injury, performance pressures and career transitions within and outside of sport.**

All athletes have the right to optimise their mental well-being. Challenges in mental health can occur outside of the sport context or can be exacerbated by sport-related circumstances. These challenges can negatively impact performance, overall well-being, relationships and impact teammates/staff. A mental health emergency action plan can equip organizations with a clear mechanism for responding to a mental health crisis. Mental health crises are relatively rare, but athletes and staff are vulnerable to the same mental illness as the general population.

**The aim of this document is to promote the psychological health and safety of Lacrosse Canada members.**

This document can be a valuable resource for Lacrosse Canada stakeholders, including athletes, coaches, healthcare professionals, entourages, and members of the integrated sport team.

**Thank you for making mental health a priority in your organization.**





Figure 1. **Goals of an organizational mental health plan.**

**Definitions**

Mental health exists on a continuum. Mental health symptoms and disorders can wax and wane over time, and athletes without mental health disorders can experience times of overwhelm and stress. It is important to understand the differences and thresholds between mental health concerns, crises and emergencies as each requires a different level of intervention.

Mental health disorders can impact and influence your emotions, thoughts and behaviors. Examples of mental illness include depressive disorders, anxiety disorders, eating disorders and addictive behaviors.

*In the event of a mental health crisis or emergency, safety is the highest priority. Refer to a mental health professional in an emergency if required. If occurring after hours and/or organizational mental health services are not available, it is important to be aware of steps to manage the situation. Intervention and reporting must be managed appropriately, without risk for harm or escalation. It is important that team personnel stay within their scope of practice and make a referral to a mental health professional as soon as possible.*

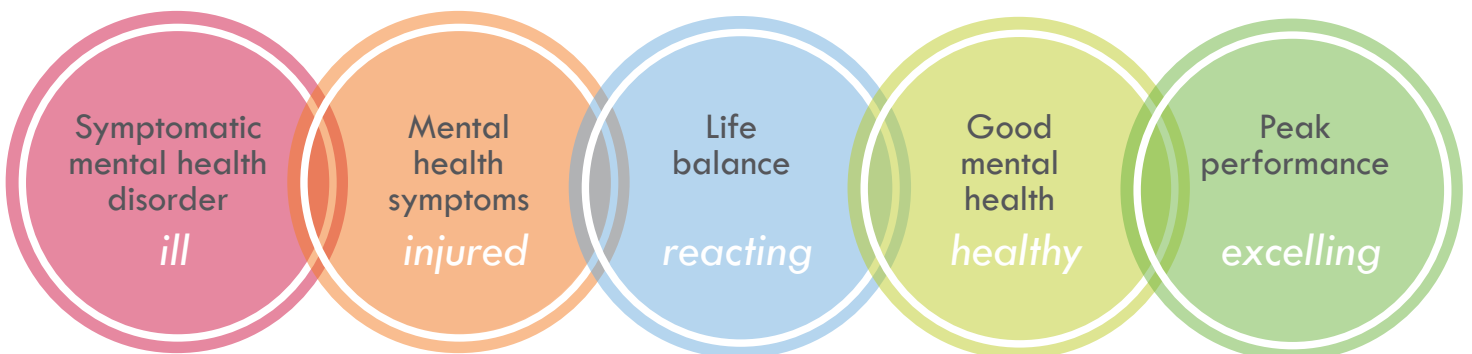


Figure 2.

Adapted from Mental health continuum (Health Canada), NFL mental health continuum and Canadian Armed Forces.<sup>2,3,4</sup>

Figure 3.

**Definition of mental state, recommended resources and timeline to response.**

	<b>Definition</b>	<b>Recommended Resources</b>	<b>Timeline to Response</b>
<b>Mental Health</b>	State of well-being in which an individual can recognize their own abilities, deal with the normal stresses of life, is productive and can contribute to the greater community.	Optimizing mental well-being. Improving mental health literacy.	
<b>Mental Health Concern or Symptoms</b>	Variable changes in mood, anxiety, thinking, behavior, sleep, appetite and ability to cope that have the potential to impact quality of life, relationships and performance.	The individual would benefit from referral to a mental health professional for assessment and support. Social workers, psychologists, family physicians and/or psychiatrists.	2-3 weeks
<b>Mental Health Crisis</b>	Transient mental state in which the individual does not have the capacity to manage the stressors or circumstances. Significant disturbance in mood, anxiety, sleep, appetite and ability to cope.  May be associated with suicidal thoughts, behaviors, self-harm, early functional impairment.	Crisis support via the organization (if available) or local crisis services (see attached).  Social workers, psychologists, family physicians, psychiatrists.	24-48 hours
<b>Mental Health Emergency</b>	Acute disturbance of thought, mood, behavior or social relationship requiring immediate intervention as defined by the person, family or community. Has the potential to evolve into a catastrophic situation.	Organizational mental health support (if available), 911, 988	Immediate

***A comment on Confidentiality –***

*Mental health information shared by the individual is protected under the Personal Health Information Protection Act (PHIPPA, 2004, S.O. 2004, c. 3, Schedule A). Mental health or medical information about an individual shared without consent would be considered a breach of confidentiality. However, exceptions occur if there is imminent concern about safety of an individual or others, based on information received directly from the individual or from others. At times, breaching confidentiality in the interest of safety may upset the individual, but may be necessary to secure necessary level of response and support.*

## The WHO

Bronfenbrenner's bioecological model provides a comprehensive framework for understanding the various levels of influence on an individual's development. Considering these various levels, we gain an all-inclusive understanding of the ecosystem surrounding an elite athlete and the multitude of factors that contribute to their development and success.

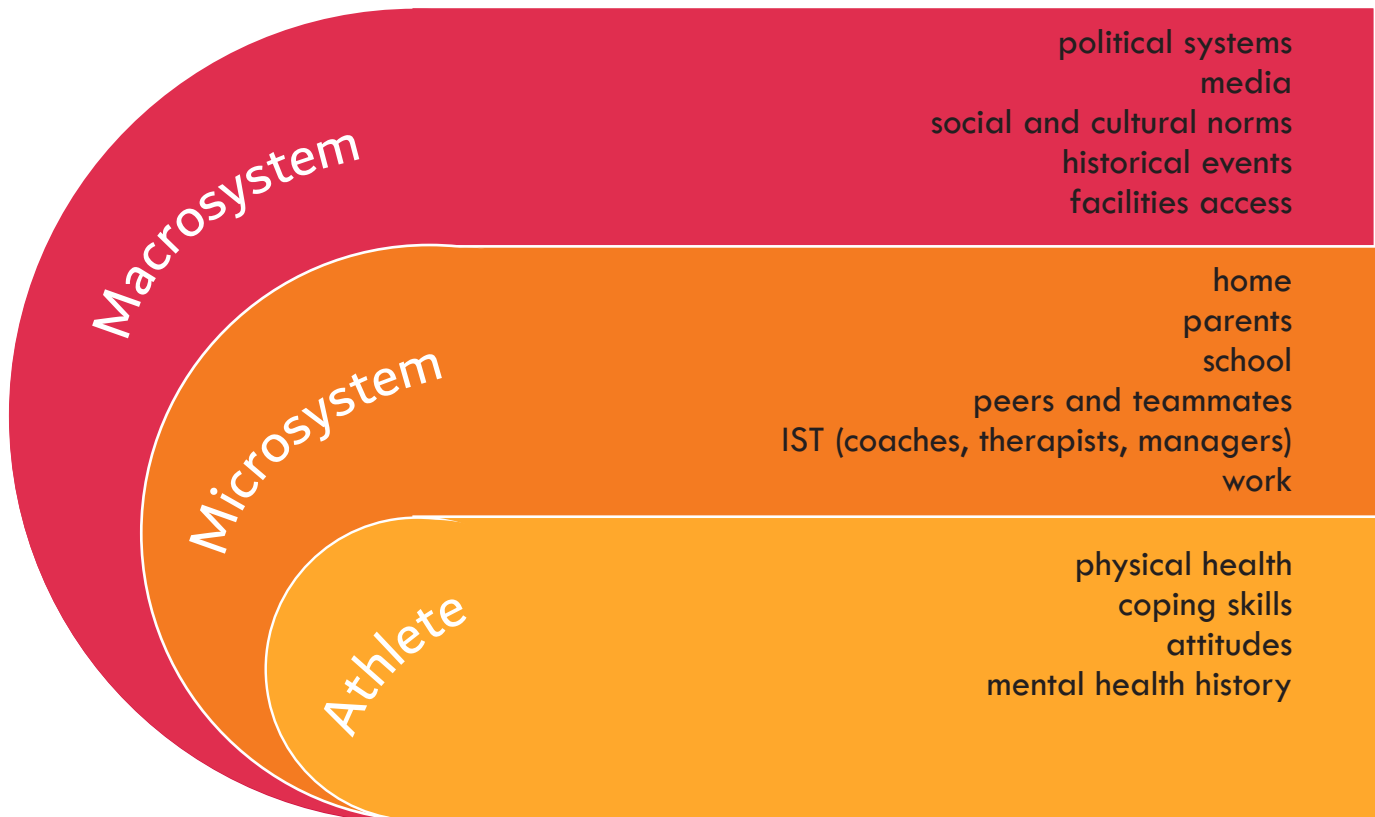


Figure 4. **Adaptation of the athlete ecosystem based on Bronfenbrenner's bioecological model.**<sup>5</sup>

### Defining mental health roles

**Sport Psychiatrist** – medical and psychiatric physician using the essential knowledge, skills and abilities of medicine, neuroscience and psychiatry to promote mental health in athletes of all abilities and physical activity as a therapeutic element in the prevention for and treatment of mental disorders.

**Psychologist** – professional who practices psychology and studies mental states, perceptual, cognitive, emotional and social processes and behavior.

**Mental Performance Consultant (MPC)** – individuals trained in psychology with special training to help gain emotional and mental skills, knowledge and techniques to achieve and maintain optimal performance.



## Barriers to athletes seeking help

While exercise and sport are recognized as providing great benefit for physical and emotional health, elite athletes can experience similar levels of mental health symptoms and disorders as the general population. Unfortunately, barriers exist to athletes seeking support for mental health symptoms and disorders. Individuals within the Lacrosse Canada organization should be aware and knowledgeable around potential barriers to seeking help, and actively striving to reduce them.

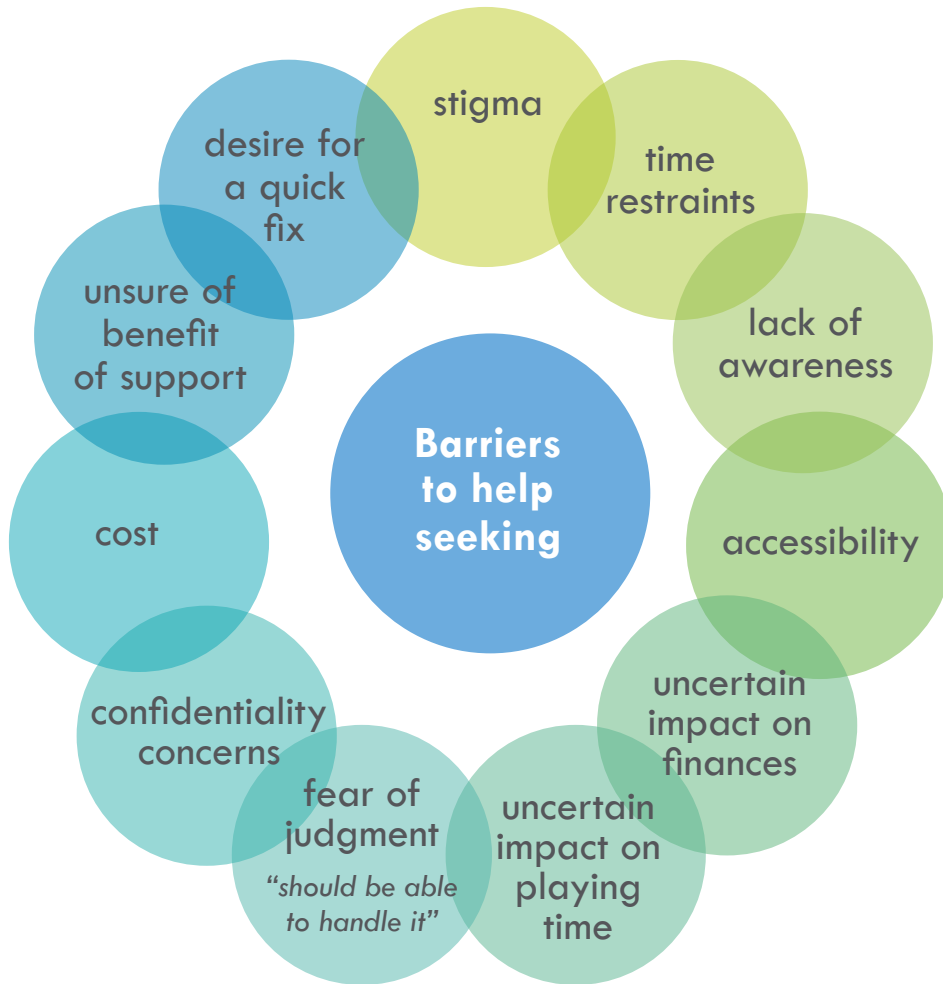


Figure 5. Barriers to seeking help for athletes.<sup>6</sup>



## The WHAT

### Building competency in managing a crisis situation

A mental health action plan provides guidance for stakeholders around management of a mental health crisis, including contact information for identified resources (see Appendix 1 for details pertaining to Canada wide and provincial resources). This includes identification of mental health emergencies, procedures for handling situations (can include but is not limited to suicidal ideation, homicidal ideation, sexual assault, threatening behaviors, psychosis, paranoia, delirium or confused states, intoxication or drug overdose).

It is important to be clear that there is no expectation or recommendation that someone acts outside of their scope of practice.

The Mental Health Commission of Canada offers training in psychological first aid in the workplace.

### Approach to an athlete in distress

It's important to adapt these steps to the specific needs of the individual and the situation, and to approach each interaction with empathy, compassion, and cultural sensitivity.

Questions to consider during assessment:

- Am I concerned the athlete may harm himself/herself?
- Am I concerned the athlete may harm others?
- Am I concerned the athlete is being harmed by someone else?
- Did the athlete make verbal or physical threats?
- Is the athlete exhibiting unusual ideation or thought disturbance that may or may not be due to substance use?
- Does the athlete have access to a weapon?
- Is there potential for danger or harm in the future?

Of note, detailed assessments are within the role of a trained and qualified professional.

Figure 6. **General tips for interacting with a person in distress.**

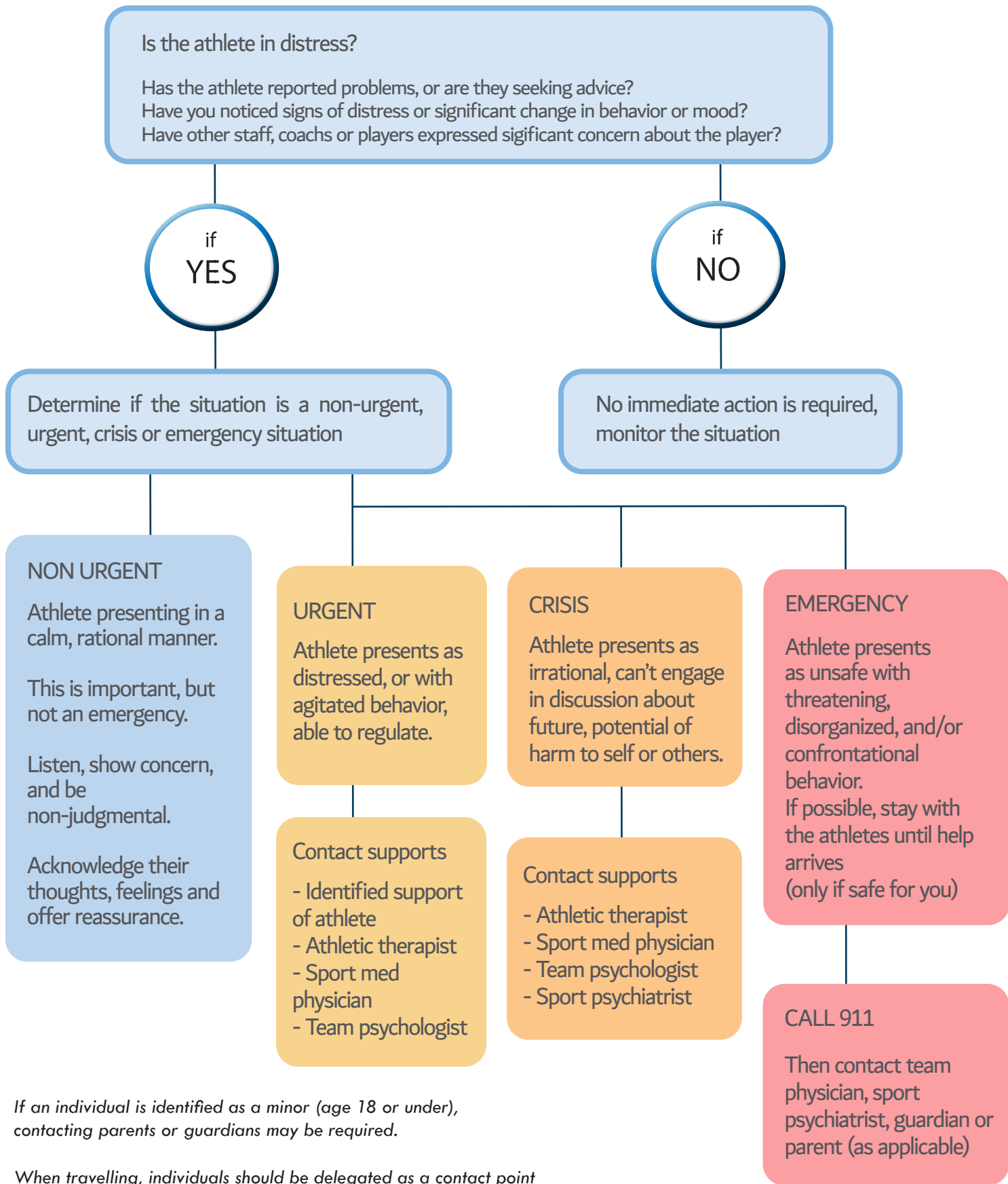
DO	DON'T
stay calm	tell them to calm down
make sure you have a clear path to the door	get boxed in between the distressed person between you and the door
have your phone in your hand or within reach	yell at them
speak in a calm tone	threaten them
offer to connect them with supports	promise that you won't tell anyone (you may need to seek help)
try to find someone to bring into the interaction for additional support if needed	go anywhere with the person alone
offer cold glass of water or snack	engage in an argument
ask if there is anyone they would like you to call	leave them alone if they are in distress

*"While sport interruption due to primary physical causes may be intuitive, mental health symptoms and disorders can interfere with function in ways that are poorly understood or recognized by non-mental health professionals."*

– Dr. Carla Edwards

Figure 7.

**Proposed Lacrosse Canada emergency mental health algorithm.**



*If an individual is identified as a minor (age 18 or under), contacting parents or guardians may be required.*

*When travelling, individuals should be delegated as a contact point in the event of an emergency.*

## Lacrosse Canada Return to Play Guideline for Mental Health Disorders

Athletes are recognized and celebrated for their physical strength, mental toughness, and dedication to their sport. Athletes mental health symptoms often go unseen and unrecognized despite experiencing mental health disorders as frequently as the general population. Mental health a fundamental aspect of athletic performance and personal well-being. Athletes must manage the pressures of training and competition, coping with injuries and transition in sport among other things where mental resilience is paramount.

Despite athletes balancing numerous competing demands it may be appropriate to remove an athlete from the sporting environment for the purpose of treatment and recovery. With physical injury, return to play is generally linear with clear benchmarks and measures around strength and range of motion for example. However, the road is less clear in recovery from mental health symptoms and disorders. As such, it is imperative to have clear guidelines for return to sport after mental health injury which can be adapted to the individual athlete.

Figure 8.

**Continuum of mental health symptoms in the biological, psychological and social domains.**

Mental Health Continuum				
	Healthy	Reacting	Injured	III
Biological	Minimal sleep impairment Limited or no substance or alcohol use Good energy levels Good appetite Stable weight	Disrupted sleep Muscle tension Headaches May have increasing substance use	Restless Disrupted sleep Poor appetite Weight changes Nightmares Fatigue Malaise	Physical illness Addiction Unable to eat or overeating Very poor sleep, oversleeping Poor focus or concentration
Physiological	Feel generally in control Performing well Calm Normal mood variability Able to take things in stride Sense of humor	Irritable Impatient Sad Overwhelmed Distracted	Increased emotional dysregulation Hopeless feelings Ruminations Poor decision making	Emotional dysregulation including anger outbursts / aggression Anxiety, panic attacks Severe depressive symptoms Suicidal ideation
Social	Engaging with social supports	Decrease in social activity Starting to miss responsibilities	Poor performance Avoidance of social situations	Unable to perform regular duties Little to no behavioral control Almost complete social isolation



## Removal from Play (RFP) -

An athlete may be removed from sport for a mental disorder in various situations where their well-being, safety, or ability to perform is significantly compromised. Here are some scenarios where such removal, either partial or full, may occur at the discretion of medical professionals in collaboration with the multidisciplinary team.

**Severe Symptoms** - If an athlete is experiencing severe symptoms of a mental disorder that interfere with their daily functioning, such as extreme anxiety, depression, or disordered eating, they may need to be removed from sport temporarily to prioritize their mental health and seek appropriate treatment.

**Suicidal Ideation or Self-Harm** - Any indication of acute suicidal ideation, new or worsening self-harming behavior requires immediate intervention, including possible removal from sport, to ensure the athlete's safety and provide urgent mental health support.

**Risk of Harm** - If there is a concern that the athlete poses a risk of harm to themselves or others due to their mental health condition, immediate removal from sport may be necessary to ensure their safety and the safety of those around them.

*\*Anorexia nervosa and bulimia nervosa, conditions that have direct impact on physical health have specific established guidelines for exclusion or withdrawal from, and return to, sport*

**Decline in Performance** - A noticeable decline in athletic performance coupled with signs of distress or mental health issues may prompt coaches or medical staff to intervene and consider removing the athlete from competition temporarily to address underlying psychological factors.

**Inability to Cope** - Athletes who are unable to cope with the stress, pressure, or demands of their sport due to mental health issues may benefit from a break from competition to focus on their well-being, develop coping strategies, and receive appropriate support.

**Eating Disorders\*** - Athletes struggling with eating disorders, such as anorexia nervosa, bulimia nervosa, or binge eating disorder, may need to be removed from sport if their condition poses serious health risks or if they require intensive treatment and monitoring with a qualified health professional.

**Substance Abuse** - Co-occurring mental health disorders and substance abuse issues may necessitate removal from sport to address underlying addiction issues and provide comprehensive treatment for both mental health and substance use disorders.

**In all situations, the decision to remove an athlete from the sporting environment due to mental health symptoms should be made in collaboration with experienced mental health professionals, the sport medicine team and the athlete themselves, with a focus on prioritizing the athlete's well-being, supporting recovery and an eventual safe and sustainable return to sport.**



## Return to Play (RTP) -

The return to sport can be approached as a continuum, focusing on three components, including safety, stability and function. Athletes endorsing suicidal ideation or self-harm behaviors should be referred to a sport psychiatrist for further assessment. As medical professionals, sports psychiatrists specialize in diagnostic assessment, safety and violence risk assessments, treatment recommendations and management plans.

Each athlete should undergo an individual assessment by a qualified mental health professional to determine their readiness to return to play. This assessment should include an evaluation of the specific mental health disorder, its severity, current symptoms, treatment progress, and any potential ongoing modifiable or non-modifiable risk factors.

**Safety** – influence of cognitive, emotional and behavioral elements on risk of physical or psychological harm to self or others.

**Stability** – ability to sustain cognitive, emotional and behavioral wellness.

**Function** – reflects the person's ability to attend to their personal needs, navigate fundamental skills required to independently care for themselves, fulfill responsibilities and engage in meaningful relationships.

The athlete's health should be of utmost importance throughout consideration of removal from play and return to play. Return to play will depend on the severity of symptoms and functional impairment over time, which can be a slow and non-linear process, anchored in the three areas above.

## Overarching Principles to Return to Play

Return to play after removal from the sporting environment following a mental health related injury requires a holistic approach, including physical, psychological and social contributors. It involves a collaborative approach between the athlete and integrated support team tailored to the individual athlete's needs and unique circumstances. This approach recognizes that each athlete may require different interventions for a successful, safe and sustainable return to play. These are some principals to consider when approaching an athletes return to play.

- Collaboration - Return to play decisions should be made collaboratively between the athlete, their mental health care provider and sport medicine team (can include other stakeholders with explicit consent from the athlete).
- Flexible and gradual progress - Return to play should be considered a gradual process, allowing the athlete to reintegrate into their sport while monitoring their mental health symptoms, allowing flexibility with plans. Training programs should be adaptable to accommodate the individual athlete's needs, which may include modifications to training intensity, duration, or frequency. Avoid rigid deadlines and instead focus on progress and overall well-being.
- Symptom monitoring - Throughout return to play, athletes should be monitored closely by an experienced mental health provider for any new or recurrent signs or symptoms of worsening mental health. Regular check-ins are recommended.
- Education - Athletes, coaches, and team staff require education and training on mental health disorders, including symptom recognition, de-stigmatization, and how to provide appropriate support within their scope of practice to those experiencing mental health challenges.
- Communication - Maintain clear, transparent communication with the athlete throughout the return to play process. Encourage the athlete to communicate concerns or symptoms they may have in order to address them in a timely fashion.
- Follow Up - prioritize ongoing support for the athlete's mental health tailored to their specific needs in a safe and sustainable manner. Ensure ready access to resources and a supportive team environment.

# The WHERE

## Appendix 1

### Provincial Resource Guide *Adapted from Government of Canada*

#### British Columbia

- [Help Starts Here](#)

#### Alberta

- 2-1-1 Alberta (call or text INFO to 2-1-1) – crisis and virtual services
- Calgary - Access Mental Health (403) 943-1500
- Counselling Alberta – call toll-free 1-833-827-4230
- Alberta Mental Health Line – call toll free 1-877-303-2642
- Kickstand Connect (Albertans aged 12-25) – short-term counselling by booking Text MoreGoodDays to 393939
- Health Link call 8-1-1 (24/7 access to nurses and general health info)

#### Saskatchewan

- [saskatchewan.ca/residents/health/accessing-health-care-services/mental-health-and-addictions-support-services](https://saskatchewan.ca/residents/health/accessing-health-care-services/mental-health-and-addictions-support-services)
- HealthLine 8-1-1
- [counsellingconnectsask.ca](https://counsellingconnectsask.ca)
- 2-1-1 Saskatchewan

#### Manitoba

- Call 2-1-1
- [Mental Health and Addictions Support](#)
- Klinik Crisis Line 204-786-8686 or 1-888-322-3019

#### Ontario

- [yukon.ca/en/places/mental-wellness-and-substance-use-services](https://yukon.ca/en/places/mental-wellness-and-substance-use-services)
- ConnexOntario Helpline 1-866-531-2600
- BounceBack 1-866-345-0224
- 2-1-1 Ontario
- Distress and Crisis Ontario
- Good2Talk ON 1-866-925-5454 (ON ages 17-25)

#### Quebec

- [quebec.ca/en/health/mental-health](https://quebec.ca/en/health/mental-health)
- Info-Social 8-1-1
- Tel-jeunes 1-800-263-2266 or text 514-600-1002

#### New Brunswick

- [gnb.ca/content/gnb/en/departments/health/AddictionsandMentalHealth](https://gnb.ca/content/gnb/en/departments/health/AddictionsandMentalHealth)
- Toll-free hotline 24/7 1-866-355-5550
- [Bridge the Gapp New Brunswick](#)
- 2-1-1 New Brunswick
- BounceBack New Brunswick | MindWell | Strongest Families Institute | A Friendly Voice call toll-free 1-855-892-9992

#### Nova Scotia

- Provincial Mental Health and Addictions Crisis Line toll-free 1-888-429-8167
- [novascotia.ca/mental-health-and-wellbeing/](https://novascotia.ca/mental-health-and-wellbeing/)
- 2-1-1 Nova Scotia
- Good2Talk Nova Scotia (specific for post-secondary students) toll-free 1-888-292-3698, text GOOD2TALKNS to 686868
- Access Wellness toll-free 1-833-691-2282

#### Newfoundland and Labrador

- [gov.nl.ca/hcs/mentalhealth-committee/mentalhealth/](https://gov.nl.ca/hcs/mentalhealth-committee/mentalhealth/)
- Mental health and addictions systems navigator 1-877-999-7589 or 709-752-3916
- Provincial Lifewise Warm Line 1-855-753-2560 or 709-753-2560

#### Prince Edward Island

- [princeedwardisland.ca/en/information/health-pei/mental-health-support-and-services](https://princeedwardisland.ca/en/information/health-pei/mental-health-support-and-services)
- Health PEI 24/7 1-833-553-6983

#### Yukon

- Government of Yukon: Mental Wellness and Substance Use Services 867-456-3838 or toll-free 1-866-456-3838
- [yukon.ca/en/places/mental-wellness-and-substance-use-services](https://yukon.ca/en/places/mental-wellness-and-substance-use-services)

#### Northwest Territories

- [hss.gov.nt.ca/en/services/mental-wellness-and-addictions-recovery](https://hss.gov.nt.ca/en/services/mental-wellness-and-addictions-recovery)
- Helpline 8-1-1
- [Z Cups](#)
- [Breathing Room](#)

### Canada wide mental health resources

- Suicide hot line 9-8-8
- Kids Help Phone 1-800-668-6868
- Canadian Mental Health Association (CMHA)
- Center for Addiction and Mental Health (CAMH)
- [Mygrief.ca](https://mygrief.ca)

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