

Mental Health Emergency Action Plan Necessity for Schools

By Greg Elkins, M.D., and Jenni Johnson, MS, ATC



Emergency Action Plans save lives. No one questions the need for Emergency Action Plans for medical situations in athletics. However, what happens when a student-athlete is experiencing a mental health crisis? Athletic trainers are trained to handle these situations, but what if the school does not employ an athletic trainer? Are the coach, principal, athletic director or other school administrators prepared to handle a mental health crisis?

This is where developing and utilizing a Mental Health Emergency Action Plan (MHEAP) is necessary. First and foremost, before developing a plan, the individual state laws regarding disclosure of mental health information of minors need to be researched and followed. There are very few privacy rights for minors in disclosing important information to their parents or guardians.

A stigma exists that student-athletes seldom experience mental health issues, and when they do, they are less likely to seek help and guidance for fear of appearing weak to their coaches and peers. In addition, they are expected to be successful at their sport and in

the classroom as well as leaders in their schools and communities, thus adding extra pressures.

Common mental health issues reported among high school student-athletes discussed in a previous article include perfectionism, depression, anxiety, mood disorders, attention-deficit/hyperactivity disorders, eating disorders, body dysmorphic disorders, suicidal ideation and impulse-control disorders (Moffatt & Diamond, 2022). Understanding the signs and symptoms of each disorder will assist in early intervention. A student-athlete in crisis may exhibit changes in their behavior and participation and/or noticeable physical changes.

The first part of developing the Mental Health EAP is to know the state laws, county policies and regulations, and protocols used by the school system, as well as parental rights and how to notify the family properly. Next, identify what resources are available in the community and at the school. It is essential to include all available and qualified parties within the document.

The first step is the recognition that the student-athlete may be in a crisis by asking yourself the following questions:

- ☐ Am I concerned the student-athlete may harm or has already harmed themselves?
 - ☐ Am I concerned the student-athlete may harm others?
 - ☐ Am I concerned the student-athlete is being harmed by someone else?
 - ☐ Did the student-athlete make verbal or physical threats?
 - ☐ Is the student-athlete exhibiting unusual ideation or thought disturbance that may or may not be due to substance abuse?
 - ☐ Does the student-athlete have access to a weapon?
- (NATA, 2016)

If the answer is yes to any of the questions, the MHEAP should be activated. The student-athlete experiencing suicidal ideation needs to be treated with special care. The individual designated as the initial caregiver should ask if the athlete has a plan. It is a difficult question to ask, and often the answers are hard to hear. The student-athlete who has put enough thought into planning suicide is considered at higher risk, and EMS or the team physician or counselor should be made aware so immediate intervention can take place.

For each venue or sport, a person must be designated to begin the activation, whether it be the athletic trainer, coach or another administrator. The designee must remain calm and avoid judging the student-athlete and, above all else, keep themselves safe. If there appears to be an immediate risk for harm, 911 should be called, and EMS activated. The MHEAP should clearly identify the chain of command and notify designated officials. It should list the contact person's name and contact information. This portion will need to be updated if there are personnel changes at the school. The school or county protocols should be outlined in detail so that anyone who is called to help can follow.

The design of the MHEAP must be specific to the facility, which means that a school utilizing multiple facilities must have multiple MHEAPs. The entrances and exits should be identified, and the designated individual in the plan needs to have access to all the keys to ensure EMS will have access if needed. A safe space should be identified where the student-athlete and a designated individual can go to ensure the crisis remains private and out of the eye of spectators or other uninvolved people.

Preferably the individual would be a health-care provider or someone who has training in mental health issues. Many in-person and online courses exist to provide basic training in dealing with mental health crises. The lines of communication should be identified. If personal cell phones are the best source of communication, it is essential to note if cell service is available or are landlines available. Any available emergency equipment, such as first aid supplies or an AED, should also be identified. The MHEAP should be easy to read and is often best if formatted in a flow chart. A separate plan should also be developed for teams when they may be traveling.

If necessary, a designated individual may go with EMS and the student-athlete to the Emergency Department (ED). Often hospitals will have separate rooms available in the ED designated as psych rooms. This may be a shock to the person who is with the student-athlete, and that individual should be aware of what to expect.

In many instances, both parties will be asked to turn over their cell phones to the nurses and may even be asked to remove their shoes and shoestrings or be subject to a search to ensure nothing harmful is being brought into the room.

The room is typically empty, with all medical equipment either removed from the room or locked up. The windows and television sets may have plexiglass or metal cages on them. These steps are taken to limit the risk of harm to the student-athlete. There is also a chance the designated individual may not be allowed into the room with the patient, which may be difficult for all parties; however, it is crucial to abide by the hospital's rules.

Mental health emergencies can be very difficult situations, often with dire consequences. Having a well-practiced MHEAP can mean the difference in saving the life of a student-athlete. As is the case with students participating in sports or activities, preparation is the key. **HST**

Available resources:

NAMI (National Alliance on Mental Illness)

- 1-800-950-6264
- <https://www.nami.org>

Substance Abuse & Mental Health Service

- 1-800-662-HELP (4357)
- <https://www.samhsa.gov>

National Eating Disorders Association

- 1-800-931-2237
- <https://nationaleatingdisorders.org>

Trevor Lifeline (LGBTQ+)

- 1-866-488-7386
- <http://www.thetrevorproject.org>

Samaritan Confidential Hotline

- 1-212-673-3000
- <http://samaritansync.org/24-hour-crisis-hotline>

References

Moffat, K. & Diamond, A. (2022). Moffat, K., & Diamond, A. (2022). Importance of Mental Health in Adolescent Activities. *High School Today*, 15(5), 60–61.

NATA. (2016). Emergency Action Plan Guidelines: Mental Health. Retrieved from https://www.nata.org/sites/default/files/mental_health_eap_guidelines.pdf.

Access current/archive articles online at www.nfhs.org/resources/high-school-today.

Jenni Johnson, MS, ATC is the clinical education coordinator at Marshall University in Huntington, West Virginia. She serves as the past president of the West Virginia Athletic Trainer's Association and has also held positions on many committees. Throughout her tenure, she was actively involved in advocating for student-athlete safety in the state and worked to gain licensure for athletic trainers. Johnson is a member of the West Virginia Secondary School Activities Commission (WVSSAC) Sports Medicine Committee as well as the Connection and Engagement Committee for the NATA.

Greg Elkins, M.D. is the chief medical officer at Lincoln Primary Care Center/Southern West Virginia Health System in Hamlin, West Virginia, and is an assistant professor in the Department of Family and Community Health at Marshall University. He is the chair of the WVSSAC Sports Medicine Committee as well as chair of the NFHS Sports Medicine Advisory Committee.