Emergency Action Plan
Mental Health
Upper Perkiomen School District

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Phone: 215.679.5935 ext. 7133
Upperperkathletics.com

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INTRODUCTION

A student-athlete can be under immense pressure during their respective sports season. These factors predispose athletes to various mental disorders that may or may not be easily detected. The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders defines a mental health disorder as: "a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress or disability or with a significantly increased risk of suffering death, pain, disability or an important loss of freedom." Mental health disorders are much more common than most people know; one in four to five youth in America meets the criteria for a mental health disorder.

A psychosocial referral plan is integral to any athletics program and will outline the procedures necessary to ensure all mental health incidents are recognized and managed appropriately. This plan will address emergent and non-emergent situations and the actions required to manage them. Some conditions covered in this mental health referral plan will be ADHD, depression, suicide, anxiety disorders, and eating disorders.

It is important to have a network of medical professionals in place to deal with all mental health situations when they arise. Therefore, this policy is intended to help guide the sports medicine staff, coaches, and administrators in approaching and handling mental health incidents.

HS MAIN CONTACTS

Contact	Name	Phone Number
HS Main Number	All Secretaries	215-679-5935
Athletic Trainer	Maryrose DiScipio	610-295-7654 (cell)
Athletic Trainer	Haley Bylina	484-650-8830 (cell)
Athletic Trainer	Charles Witman	267-424-1181 (cell)
Athletic Director	Robert Kurzweg, III	Ext. 7124
Principal	Frank Flanagan	Ext. 7140
Assistant Principal	Todd Amsler	Ext. 7139
Assistant Principal	Jen Senavitis	Ext. 7137
Nurse	Regina Lindquist	Ext. 7125
School Psychologist	Colleen Bell	Ext. 7079
Guidance Counselor	A-G: Scott Searfoss	Ext. 7120
Guidance Counselor	H-N: John Gunning	Ext. 7121
Guidance Counselor	O-Z: Leanna LeGendre	Ext. 7122
Athletic Training Room		Ext. 7015
Resource Officer	Rodney Blake	267-372-9315 (cell)

MS MAIN CONTACTS

Contact	Name	Phone Number
MS Main Number	Front Office	267-313-4800
Athletic Trainer	Maryrose DiScipio	610-295-7654 (cell)
Athletic Trainer	Haley Bylina	484-650-8830 (cell)
Athletic Trainer	Charles Witman	267-424-1181 (cell)
Athletic Director	Robert Kurzweg, III	Ext. 1724
Principal	Karen Haney	Ext. 6501
Assistant Principal	Brian Callen	Ext. 6502
Nurse	Joanna Rosenberger	Ext. 6121
School Psychologist	Brianna Martinez	Ext. 6514
Guidance Counselor	Kate Harmon	Ext. 6506
Guidance Counselor	Theresa Schlatterer (L-Z)	Ext. 651
Guidance Counselor	Annemarie Borovik (A-K)	Ext. 6512
Resource Officer	Rodney Blake	267-372-9315 (cell)

ADDITIONAL RESOURCES

ChildLine	(717) 783-8744
Child Welfare	1 (800) 932-0313
Suicide Prevention Hotline	1 (800) 273-8255
Suicide Prevention Text Line	741-741
Safe 2 Say Something (Safe2savP A.org)	(844) SAF2SAY
Lehigh County Crisis Support	(610) 782-3127
Northampton County Crisis Support	(610) 252-9060
Bucks County Crisis Support	(877) 435-7709
Berks County Crisis Support	(610) 236-0530
Montgomery County Crisis Support	(855) 643-4673

CHAIN OF COMMAND

If school is still in session and the athletic trainer is the first person to make contact with the student-athlete:

An athletic trainer will remain with the athlete while the school psychologist (discuss with your district) is contacted. If more than one athletic trainer is present, the second athletic trainer will contact the school psychologist. If the athletic trainer is alone, the athletic director will be responsible for contacting the school psychologist, who will take over the situation.

Coleen Bell (HS) 7079 Brianna Martinez (MS) 6514

Once the student-athlete has safely been placed with the school psychologist, the athletic trainer will contact the athletic director, who will contact the necessary administration and parents.

Principal Assistant
Principal Assistant
Principal
Athletic Director

In an event during after-school hours, contact:

The athletic trainer may oversee the situation depending on who is present after school. If the athletic trainer is not the first person to contact the athlete, whoever is in contact with the athlete should remain with the athlete and contact the athletic trainer.

Haley Bylina AT
Maryrose DiScipio AT
Charles Witman AT

The athletic trainer will contact the athletic director, who will then notify all necessary administration and parents.

This plan is a fluid outline of what could happen when dealing with a mental health crisis. The priority is always to ensure the safety of all involved. At any time, an individual's role in this plan may change or take on several roles. That is why it is crucial for all involved to be familiar with this plan.

EMERGENCY SITUATION MANAGEMENT

Situations that are considered to be mental health emergencies:

1. Thoughts of suicide/attempting suicide
2. Sexual Assault
3. Displaying signs of agitation or threatening behaviors to themselves and or others
4. Acute psychosis and paranoia
5. Self-harm

Emergency Management

Ask yourself this: Is this immediately life-threatening? (Yes/No)
If the answer is **YES, activate EAP, make an immediate referral, and call 911. Stay with the athlete until EMS arrives.**

1. When calling 911, provide the following information:

    - Student-athlete's name and contact information.
    - Physical description of the student-athlete (i.e., height, weight, hair and eye color, clothing. etc.).
    - Provide a description of the situation and the assistance needed.
    - Exact location of the student-athlete. If student-athletes leave the area or refuse assistance, note the direction they leave.

2. Remain calm - maintain calm and appropriate body language and tone of voice.
3. Alert designated school officials or colleagues available at that time of day (e.g., school counselor, psychologist, school nurse, school administrators, fellow athletic trainer, athletic director, Coach, etc.).

4. Contact the student-athlete's parents/guardians or emergency contact.

Non-Emergency Situation Management

Non- Life-Threatening Situations:

Any **YES** answer should be considered an <u>emergency</u> but **NOT** necessarily a 911 call.

- Am I concerned that student-athletes may harm 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 use?
- Does the student-athlete have access to a weapon?
- Is their potential for danger or harm in the future?

1. Gather as much information as you can. **Use a mobile crisis helpline to help streamline the referral process.**

2. Contact School personnel.

3. Notify parents/guardians or emergency contacts of the situation.

4. Follow up with documentation on the situation after it has subsided.
    - Document as soon as you can after the event. This is the best time to recall the timeline accurately. Documentation should be sent to the school nurse, school psychologist/counselor, Director of Pupil Services, and District Social Worker.

Guidelines for Working with Student-Athletes

- Listen to the student-athlete. Allow them to express their thoughts. Provide them the opportunity to be heard. It is OK to have a moment of silence between you and the student-athletes.

- Avoid judging the student-athlete: provide positive support.

- Keep yourself safe - do not attempt to intervene if there is an imminent threat of harm or violence.

- Keep others safe—try to keep a safe distance from the student-athlete in distress and others in the area.

- If the student-athlete seems volatile or disruptive, get help from a coworker or other adult. **Do NOT leave the student-athlete alone**, but do not put yourself in harm's way if they try to leave.

SIGNS/SYMPTOMS OF MENTAL HEALTH-RELATED DISORDERS

Triggers of Mental Health Disorders

Most mental health disorders can be traced to a specific event that led to their development. These events may trigger or worsen an already existing mental or emotional health disorder in a person. Some examples of these triggers or events are:

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- Poor performance or perceived "poor" performance
- A conflict with coaches or teammates
- Loss/lack of playing time.
- School issues (grades, schedule, or amount of work)
- Family/relationship issues
- Change in expectations by self/parent.
- Violence
- Adapting to being away from home
- Lack of sleep
- Prior history of a mental health disorder
- Mental Strain
- Burnout from sport or school
- Financial Pressure
- Traveling
- Anticipated end of playing career
- Sudden end of career
- Death of a loved one/close friend
- Alcohol or drug abuse
- Significant diet/weight loss
- History of physical or sexual abuse
- Gambling issues
- Post-Traumatic Stress Disorder (PTSD

Behaviors to Monitor

Although each mental health disorder has its own set of specific behaviors to dictate that disorder, some general behaviors could indicate that something is wrong. When these behaviors are detected, the athlete should be referred to a mental health professional, who will further evaluate them. These behaviors include:

- Changes in eating or sleeping habits.
- Unexplained weight loss or gain
- Drug/alcohol abuse.
- Gambling issues
- Withdrawing from social interactions
- Decreased interest in enjoyable activities.
- Taking up risky behaviors
- Talking about death, dying, or "going away"
- Loss of, or sporadic, emotions
- Problems concentrating, focusing, or

remembering.

- Frequent illness, fatigue, or injury
- Unexplained wounds or deliberate self-harm
- Anger management problems.
- Irresponsibility or lying
- Legal issues or problems with authority
- All-or-nothing thinking
- Negative self-talk
- Feeling out of control
- Mood swings
- Excessive worry or fear
- Agitation or irritability
- Shaking or trembling
- Gastrointestinal complaints or headaches
- Overuse injuries and unresolved injuries

Depression

Depression is one of the most common mental health disorders. One in six people (16.6%) will experience depression at some time in their life. Depression can occur at any time, but on average, it first appears during the late teens to mid-twenties. Women are more likely than men to experience depression. Some studies show that one-third of women will experience a major depressive episode in their lifetime. Some signs and symptoms associated with depression are:

- Feeling:
    - Sad
    - Anxious
    - Empty
    - Hopeless
    - Guilty
    - Worthless
- They may present with:
    - Lack of energy, depressed, sad mood
    - Loss of interest in enjoyable activities
    - Decreased performance in school or sport.
    - Loss of appetite or eating more than normal
    - Helpless
    - Irritable
    - Restless
    - Indecisive
    - Aches, pains, headaches, or cramps
    - Problems falling and staying asleep or sleeping too much.
    - Recurring thoughts of death, suicide, or suicide attempts
    - Problems concentrating, remembering, or making decisions.
    - Unusual crying

Anxiety Disorders

One in three adolescents meet the criteria for anxiety disorders; of those, half experienced the disorder by the age of six. Anxiety disorders are also more commonly found in females than males. Some signs and symptoms associated with anxiety disorders are:

- Feeling apprehensive
- Feeling powerless
- Sense of impending danger, panic, or doom
- Increased heart rate
- Breathing rapidly
- Sweating
- Trembling
- Feeling weak or tired
- Suicidal thoughts or behaviors

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is the second most common mental health disorder among teenagers, affecting nineteen. I %.1 ADHD is also seen as a comorbidity to many other conditions, including anxiety disorders and bipolar disorders. Some signs and symptoms associated with ADHD are:

- Easily distracted, miss details, forget things, and switch activities.
- Difficulty focusing on one thing.
- Becoming bored after a few minutes
- Difficulty focusing, organizing, and completing tasks.
- Losing assignments and things needed to complete assignments.
- Not appearing to listen when spoken to
- Daydreaming or easily confused.
- Difficulty processing information quickly and accurately
- Struggling to follow instructions.
- Constant fidgeting
- Talking nonstop
- Having trouble sitting still during dinner, school, or travel
- Have problems waiting for their turn.
- Acting without regard for the consequences

Disordered Eating

According to the National Athletic Trainers' Association, disordered eating is present in 62% of female athletes and 33% of male athletes. Disordered eating can lead to multiple health complications and leave athletes more susceptible to injury. Disordered eating is often associated with other mental health conditions such as depression, anxiety, and bipolar disorder.

Psychological/Behavioral

- Dieting
- Avoidance of eating
- Ritualistic eating patterns
- Excessive exercise or exercising while injured.
- Change in behavior.
- Depression
- Vomiting unrelated to illness Use of laxatives or diuretics without the guidance of a medical professional
- Self-critical
- Secretive eating
- "Feeling fat" despite being thin.
- Social withdrawal
- Binge eating.
- Substance abuse

Physical

- Atrial and ventricular arrhythmias
- Hypoglycemia
- Reduced bone density
- Stunted skeletal growth
- Irregular bowel movement
- Electrolyte imbalance
- Amenorrhea
- Significant weight loss
- Dehydration
- Anemia
- Hair loss
- Stress Fracture

Special Considerations for the Athlete

Student-athletes are responsible for being athletes on top of their already loaded academic schedule. Unfortunately, there is the misunderstanding that athletes are super-human and unaffected by stress. This adds even more pressure on athletes because they may feel weak when overwhelmed. While most individuals can cope with and meet these standards, others do not. This brings up additional concerns specific to student-athletes. Some examples are:

- Loss of or lack of playing time
- Severe injury
- Practice load along with schoolwork.
- Overtraining or burning out
- Separation from the rest of campus
- Pressure of "representing the school."
- Fighting for a starting position
- Separation from parents/family
- Risky behaviors
- Lack of sleep
- Under-recovery
- Lack of an off-season
- Media attention
- Community service requirements

CONFIDENTIALITY

Student-athletes often trust their Athletic Trainers with personal information, questions, and concerns. In many situations, utmost confidentiality is afforded to the athlete. State and federal laws require the Athletic Trainer to be a mandated reporter. Situations in which an individual is a risk to themselves or others and or situations where the individual is being abused must be reported. While laws vary from state to state, the Athletic Trainer must understand the mandatory reporting laws on both state and federal levels and the policies of the school/district in which they work. Policies and procedures should include a detailed plan of the appropriate reporting process for various situations, depending on the level of risk or harm. The expectation must be made clear to the student-athlete, especially those under eighteen, who want to keep the information private, and the athletic trainer is obligated to notify school officials or local authorities.

Upper Perkiomen School District Student Assistance Program (SAP)

The Pennsylvania Department of Education mandates student assistance programs. The purpose of these programs is to identify students who may be experiencing barriers to learning. Once identified, the Student Assistance Program is designed to help these students overcome those barriers that may be keeping them from being successful students.

Who is the SAP Team?

The SAP Team is composed of specially trained school staff and community agency liaisons who work together to remove possible barriers to student success and learning. Team members meet weekly to discuss and manage cases that are referred to SAP.

SAP Team members can be contacted by calling 215-679-5935 and asking to speak with a team member.

Who can refer a student to SAP?

Anyone concerned about a student who has observed any behaviors or actions that may pose a barrier to the student can refer that student to SAP. School staff, peers, family members, and community members can make referrals, and self-referrals are also accepted.

When is a referral made to SAP?

SAP is referred to when someone is concerned about a student's behavior and its potential impact on learning.

Behaviors appropriate for referral to the SAP Team include but are not limited to ...

- Academic decline
- Disciplinary problems
- Decreased attention span.
- Observable expressions of anger, sadness
- Frequent visits to the school Nurse or Guidance Office
- Observable behaviors include excessive talking in class, inappropriate laughing, poor anger management, and disrespect towards staff members.
- Observable behaviors such as overheard conversations about alcohol or other drugs (firsthand) or parties where drugs and/or alcohol were present.

- A student expressing concern or fear about a fellow student's use of mood-altering substances.
- Smell similar to marijuana or alcohol on a student or their belongings.
- Odors on students' clothes or belongings that are similar to those associated with the use of alcohol, other drugs, or inhalant abuse.
- Observable behaviors such as overheard (firsthand) conversations about feeling sad or depressed.
- Observing a significant weight loss or gain
- Observing frequent trips to the restroom
- Observing a distinct behavior change in friends.
- Observing drug-related, satanic-related, gang-related, or death-related language or drawings
- Observing glassy eyes and red eyes. Agitation, loss of interest in academic and extracurricular activities, frequent cold-like symptoms, rash around the nose/mouth, and/or chemical smell.

How is a referral made to the SAP Team?

There are two ways that referrals can be made to the SAP Team.

1. Contact any school staff member and request to speak to a member of the SAP Team.
2. Fill out a confidential SAP referral form and hand it to any staff member.

Referral forms are located in each classroom, main office, nurse's office, and guidance office. Staff members can hand them in or drop them off in an anonymous wooden box in the main office.

What Happens after a referral is made to SAP?

The SAP Team collects observable information about the student's performance and behavior from various sources, including teachers, counselors, nurses, administrators, and other staff members as needed.

Parental notification, involvement, and contact are required for the SAP process to be successful. If the referral is appropriate, a member of the SAP Team requests parental consent. Once written consent is obtained from the parent, the SAP Team develops strategies for supporting the student.

What services are offered by SAP?

The Student Assistance Program does not provide therapy or implement disciplinary

consequences.

In school resources that are available to students through the SAP Team include:

- SAP Team Mentoring: A member of the SAP Team meets regularly with the student to provide an extra support system throughout the school day.
- Meeting with a member of the guidance department.
- Meeting with an Administrator or School Resource Officer.

Out-of-school resources that are available to students include:

- Referral for a comprehensive behavioral health assessment through Mid-Atlantic Rehabilitation Services (M.A.R.S.). The M.A.R.S. assessors are available to conduct the assessment at the agency or school.
- Referral to other outside agencies