

**Shooting Federation of Canada
Mental Health Strategy and Emergency Response Action Plan**



Version Control:

Version	Date	Author	Change Description
V1	Sept 2020	Susan Cockle, Registered Psychologist	Initial Complete Version
V2	May 2025	Lauren McBride, Registered Psychologist	Updated

Purpose of this Document:

The first part of the MHEAP for Shooting Federation of Canada describes:

- (1) Mental Health
- (2) Who Mental Health Impacts
- (3) Mental Health in the Canadian Sport System
- (4) Mental Health Emergency situations
- (5) How to differentiate between Urgent Mental Health Concern and a Mental Health Emergency, with additional information included in Appendices A, B, and C.
- (6) Steps to Address Mental Health Emergencies
- (7) Suicide Prevention Plan, reviewed in more detail in Appendix D.
- (8) Mental Health Emergency Response Team, with additional information in Appendix E
- (9) Mental Health Pause-Play
- (10) Return-to-Play protocols are reviewed with detailed information in Appendix F and Appendix G
- (11) Steps to Mitigate Mental Health Emergencies, with supporting information in Appendix G, Mental Health Emergencies and Suicide Education Programs in Appendix H, and Critical Incident Response Plan and Psychological First Aid in Appendix I.
- (12) Firearm Safety, including Firearm Risk Assessment and the Return to Sport Protocol following a rifle incident

This Mental Health document will serve as a resource for all SFC members; athletes, coaches, integrated support team, officials, and administrators.

The purpose is to support SFC to;

- a. Effectively respond to mental health concerns and emergencies and how to differentiate between urgent concerns and emergencies.
- b. Create a culture of mental health awareness, acceptance and support within SFC.
- c. Maximize overall mental health and wellbeing, as well as mental performance, within our sport.

Anyone can experience a mental health emergency, including athletes, coaches, and staff. These guidelines apply to any SFC-affiliated members.

1. What is Mental Health?

According to the World Health Organization (2022), mental health is,

“a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.

Therefore, if we look at mental health within the Canadian sport system, and more specifically, within the Shooting Federation of Canada (SFC), we are committed to ensuring that all members; athletes, coaches, integrated support staff, administrators and officials, have the necessary resources to support them to cope with the normal stresses of our sport, to work, train and perform productively and to make a contribution within our sport community and within the greater community in Canada.

2. Who does Mental Health Impact?

Mental health impacts all of us regardless of age, education, income and culture. Just like physical health, we all have mental health, and it is important to consistently and systematically take care of our mental health, just as we do our physical health. Doing so can help prevent mental health stress, injury and manage mental health disorders.

The Canadian Mental Health Association reports that:

*100% of Canadians are impacted by mental illness either directly or indirectly at some point in their lifetime.
By age 40 years of age, 50% of the population in Canada will have or have had a mental illness, in any given year.*

1 in 5 Canadians will experience a mental health concern, in any given year.

Those in the sport system are just as likely as the general population to experience mental health concerns. So, if a team has 5 members, we can anticipate that 5 members might experience mental health difficulties at any given point in time, within one calendar year.

3. Mental Health in Canadian Sport

Stress and pressure can impact emotions, behaviours, thoughts and ability to cope. When high performance stakes are high, athletes, coaches, support staff or administrators may be less likely to come forward with their mental health concerns. This hesitance may be related to fear of being ostracized, stigmatized or deselected within the sport.

During a 2019 AthletesCan focus group, of approximately 90 Canadian National Team athletes, from various sports, a number of mental health concerns were highlighted, as well as the contributing factors within the national high performance sport system. These contributing factors were described as:

Isolation
Loneliness
Self-worth attached to performance
Comparison to others
Injuries
Poor performance
Overthinking
Lack of control
Retirement
Loss of team or coach
Family/Personal tragedies
Moving to new locations
Lack of financial support
Change, chaos, uncertainty within the sport

Team selection and de-selection
Team dynamics
Sport politics
High performance pressure
Others' success
Inadequate mental health support
Lack of confidentiality

(Natalie Durand-Bush PhD, Krista Van Slingerland PhD (can), Canadian Centre for Mental Health in Sport, 2019)_

Due to the systemic pressures within the high performance sport system, coaches, integrated support staff, officials and administrators may also experience some of these contributing factors and resulting mental health difficulties. If these factors, in combination with personality, hereditary and environmental factors, go unchecked and unsupported they may lead to mental health injury, breakdown or even emergency.

4. Identification of Mental Health Emergency:

Mental health concerns vary in nature, from mental health challenges to urgent concerns and emergencies (see table 1 below for characteristics of mental health emergencies).

This variance can be attributed to factors such as the speed and severity of behavioural changes and the threat to the physical safety of self and others.

It is important to recognize extreme changes in mood, behavior, or thought patterns, indications of suicidal ideation, disassociation, or violent behavior.

In response, a **Mental Health Emergency Response Action Plan** can inform our process should such an event arise with any member(s) of the Shooting Federation of Canada.

<i>Events that could trigger a mental health emergency</i>	<ul style="list-style-type: none"> • Severe injury to self or someone else • Unexpected death • Social media crisis • Underperformance at an important event • Sexual assault
<i>(include, but not limited to)</i>	<ul style="list-style-type: none"> • Experience of threatening behaviour (e.g., stalking, threats of violence) • Unwanted/unplanned pregnancy • Crisis involving family or loved ones • Substance use
<i>Examples of mental health emergencies</i>	<ul style="list-style-type: none"> • Suicidal or homicidal thinking or behaviour • Acute psychosis, mania, paranoia, delirium, or confusion • Interpersonal violence against family, teammates, coaches, or staff ☒ Acute intoxication or drug overdose

Table 1. Characteristics of a Mental Health Emergency

5. Urgent Mental Health Concern or Mental Health Emergency?

Sometimes it can be difficult to discern between an urgent mental health concern and a mental health emergency. See [Appendix B](#) for a description of a Continuum of Mental Health Indicators and Resources, including definitions of “mental health, mental health reactivity, mental health injury, or a mental illness,” and [Appendix C](#) for the Canadian National Team Athlete Mental Health Resource Guide.

You can also use the questions below to help you decide if an event is an emergency. If the answer to any of these questions is YES, it is likely an emergency:

1. Is there an imminent risk that the individual may harm themselves?
2. Are you concerned that the individual may harm others?
3. Does the individual seem out of touch with reality?
4. Has the individual made threats? Do you feel that your or someone’s safety is at risk?
5. Can the individual harm themselves or someone else if they leave the premises?

6. Mental Health Emergency Steps

If there is any chance that the person may hurt themselves or others, take the immediate steps below. If someone is in imminent danger and is not able to keep themselves safe, call 911 or a local emergency number – (e.g., European Union 112).

1. Stay calm.
2. Engage the person in a serious conversation about how they are feeling. Always make sure you are safe before engaging with the person.
3. Ask about suicide (“Are you thinking of harming yourself?” or “Are you having thoughts of suicide?”) and homicidal thoughts (“Do you have thoughts about harming other people?”)

4. Ask them who the emergency contact person of their choice is (do not assume it is a family member; it may be a friend).
5. Call 911 if the person is imminently at risk of attempting suicide or harm to others, you are concerned that their judgment is not intact and/or you cannot confirm they have a plan to stay safe.

See [Appendix D](#) for a Flowchart of Mental Health Non-Emergency and Emergency Response.

At-risk athletes, coaches, or staff should be reminded of the 9-8-8 Emergency Crisis Helpline (call or text), available 24 hours a day, seven days a week, bilingual service, trauma-informed, culturally appropriate, and available to anyone in Canada.

If athletes, coaches, or staff are in the US, they should be directed to use: 1-800-273-8255 or Lifeline (suicidepreventionlifeline.org).

7. Suicide Prevention Action Plan

Safety first. Trusted, support person stays with SFC member at risk *and/or have member text 456-45 or Call 1 (833) 456-4566 Canadian Mental Health Association Emergency Services*

Contact SFC team physician and/or psychologist, and the HP Technical Director *to inform them of the emergency situation, and to ensure a safety/wellbeing plan is made with the SFC member.*

The HP Technical Director, or Designate, decides who will be the lead contact directly with the member at risk, *depending on the circumstances and the trusted relationships already developed. (e.g. MPC, Coach, Teammate).*

The HP Technical Director, or Designate, informs member that they are very concerned for the member's safety/wellbeing and they need to put steps in place to ensure they are safe. *Ask if they have a means or a plan to harm themselves and if they are open to support.*

If member at risk, is at home, HP Technical Director or Designate, contacts family member or emergency contact number.

Let them know you are very concerned for the safety/wellbeing of the SFC member and need to put steps in place to ensure they are safe. Ask support person to stay with the SFC member.

The HP Technical Director, or Designate, will reduce contagion of the emergency by providing basic information to others within SFC, if they are present and already aware of the emergency. *E.g. "there has been a critical situation, we are currently dealing with it and we will give an appropriate update in time". Confidentiality will be maintained, whenever possible.*

The HP Technical Director, or Designate, will continue to consult with the psychologist or team physician to stay up to date on situation specific next steps.

The HP Technical Director, or Designate, will follow the steps below to continue to manage a mental health emergency or disaster, if indicated.

Note: If training or competing needs to be suspended, as recommended by the member, psychologist and/or team physician, due to the severity of the emergency and subsequent compromise in psychological functioning, all measures will be put in place for successful return to sport.

When to call 911?

If member is actively suicidal; has unrelenting suicidal thinking, cannot keep themselves safe, and/or has a plan to kill themselves, or are otherwise at risk of harming self or others, this is a mental health emergency. When in doubt call 911.

Call 911 or have member go to nearest emergency room. State to 911 operator;

what is happening

who is at risk

how they are at risk (in possession of means to harm including a firearm)

where the member is located

how emergency services can contact and locate member

Ask member to surrender any means they may have to inflict immediate harm. (“sharps” – knives/razors, pills, drugs, firearms etc.)

Stay with the member until physical and psychological safety is restored.

When not to call 911?

If member is suicidal but agrees to keep themselves safe, engages in a safety plan and is able to receive immediate support. Including, if they;

are able to surrender plans and means of suicide *

can de-escalate risk to self and others

are open to receiving immediate support and connection from others.

*Note: including voluntarily and temporary surrender of firearm to trusted person also with a firearms license, in keeping with the Firearms Act.

Instead, create a circle of support for the member. Ideally including, but not limited to; HP Technical Director, MPC, team physician/medical lead/psychologist, head coach, trusted team-mate. Focus on safety, containment and compassion. Have at least one person stay with the member until physical and psychological safety is restored.

Maintain confidentiality and respect for the dignity of the member.

8. Emergency Response Team (ERT)

The role of an ERT is to lead the response to mental health emergencies. At a minimum, all ERT members should have completed the Mental Health First Aid training and, ideally, be physically accessible to athletes, either at a training facility or during an event (e.g., training camp/competition).

ERT members' roles and responsibilities:

1. Respond to mental health emergencies and take appropriate steps to safeguard the individual in crisis, those around them, and the organization.
2. Develop standardized response procedures for mental health emergencies such as risk of suicide, self-harm, sexual assault, delirium, or substance misuse.
3. Develop communication pathways that specify:
 - a. Chain of communication if/when emergencies occur.
 - b. Communication with administrators.
 - c. Communication with media (if applicable).
 - d. Appropriate consent is required to share any personal health information.
4. Develop and share an "On Call" schedule to assign primary, secondary, and tertiary ERT member roles during multi-day training or competition.
5. Educate all athletes, coaches, staff, and affiliates about mental health emergency procedures.

Procedures

The ERT develops procedures to support the following actions:

1. Create a contact list with names, roles, and contact information for training, camps, and competitions (See [Appendix E](#) for Pre-Travel Mental Health Emergency Action Plan Form)

ROLE	NAME	CONTACT INFORMATION
Emergency Response Lead	Name of lead or designation/role for broader applicability (e.g., Athletic Therapist, Physiotherapist, Team Physician, Mental Health Practitioner, Mental Performance Consultant).	Mental Performance Consultant (MPC) Chloe Gagnon gagnon.mpc@gmail.com
Secondary Responder	Name/role of the individual who steps in if the lead person is unavailable.	HP Technical Director Susan Verdier sverdier@sfc-ftc.ca
Tertiary Responder	Name/role of the individual who steps in if the secondary person is unavailable.	CEO Terry Dillon ceo@sfc-ftc.ca

2. In case of a mental health emergency, manage immediate risk to self and others (See [Appendix F](#) for De-escalation Guidelines).
3. In case of hospitalization, determine the roles and responsibilities of each ERT member (e.g., assign who will accompany the member to a hospital).

The following questions are designed to help ERT members reflect on important considerations as they develop these procedures:

- A. What conditions must be met for emergency services to be contacted or the individual to be brought to the hospital?
 - a. Who will accompany the individual to the hospital?
 - b. Who is the main point of contact with hospital health care providers?
 - c. Who will communicate with the individual's emergency contact(s)?
 - d. Who will follow up with the individual following their discharge?

- B. Who will ensure continuity of care following the MH emergency and/or hospital stay?

What steps should be taken if the individual does not yet have a mental health practitioner (see National Pathways to Mental Health Care outlined at www.mygameplan.ca/resources/health)?

- C. Who will build and execute the athlete's recovery plan?
 - D. Who will be involved in decision-making to determine when the athlete can safely return to the training/competition?
 - E. If follow-up with teammates, coaches, or staff is needed, who will facilitate this conversation?
4. Review relevant privacy and confidentiality guidelines for sharing personal health information and obtain appropriate consent from the individual in crisis.
 5. Support athletes with MH Pause-Play Protocol or MH Return-to Sport Protocol.

Individualized MH Pause-play and Return-to-play protocols will be developed based on the athlete's unique presentation of symptoms and level of functioning.

9. Mental Health "Pause-Play" Protocol

Any athlete unable to train or compete due to an MH emergency may need to inform (if appropriate) coach(es) and staff of their mental health status, with the timeline for communication being handled on a case-by-case basis.

Additionally, team members (athletes, coaches, staff) may be reassured that their teammate is under professional care and that other details will not be shared with them because of privacy and confidentiality. Athletes may be offered group or individual counselling upon request.

At all points, maintaining athletes' right to confidentiality will be respected and adhered to. Informed consent is dynamic in nature and, therefore, should be revisited if/when a pause-play protocol or a return-to-sport protocol is evoked.

10. MH Return-to-Sport Protocol

Game Plan has developed a step by step resources to support NSO's to work with athletes who have experience a mental health challenge in their return to sport planning.

Return to Sport Guideline

Guideline to assist in the stepwise return to the competitive and daily training environment following a mental health condition identified in the team environment or disclosed to team support members by the athlete.

Return to Sport Flowchart

Step-by-step flowchart to utilize when returning an athlete to sport after a leave of absence due to mental health.

During the return-to-sport protocol, meetings with key support members will be arranged to ensure that the athlete is involved in implementing any relevant protocols. A team physician and/or the treating MH practitioner will administer (and re-administer) appropriate standardized mental health assessment tools on a schedule deemed appropriate for the individual athlete to support them in their return to sport.

Follow-up and monitoring will depend, first, on the consent provided by the athlete. Athletes who do not feel safe sharing their information will likely keep their MH treatment to themselves. As we build trust in the system, the hope is that athletes will be willing to share key information on treatment progress with Shooting Federation of Canada's "point person" and MH Team (such as HPD, MH Lead, Mental Performance Consultant, Team Physician, and/or Psychiatrist).

If the athlete decides not to return to sport, mental health support resources will be coordinated for continued care in the form of individual referrals. For example, athletes may be eligible for mental health support through a Game Plan for up to two years post-retirement.

HP Shooting Federation of Canada employees and HP coaches are eligible for mental health support under Game Plan (contact Game Plan regional advisor at <https://mygameplan.ca/our> team).

Coaches and staff who are undergoing treatment following a mental health emergency will continue to follow and fall under the employee support services through Shooting Federation of Canada's Human Resources Policy.

If the coach or staff member decides to discontinue working with Shooting Federation of Canada, mental health support resources may be coordinated for continued care in the form of individual referrals.

Privacy and Confidentiality: The level of detail about the MH emergency remains in the athlete's control, which is key to building trust and assuring honest dialogue. Further, informed consent requires that both the benefits and consequences of *sharing* AND *not sharing* the information are discussed with the athlete. The athlete is encouraged to follow the treating provider(s)' recommendations and complete the relevant forms and assessments per their individualized return-to-sport protocol.

11. Strategies to Mitigate the Risk of a Mental Health Emergency

The following strategies could be used to prevent or mitigate the risk of a mental health emergency among Shooting Federation of Canada athletes, coaches, or staff:

1. Develop, implement, and disseminate a detailed Mental Health Strategy Plan for the sport.
2. Provide ongoing mental health literacy training for all members.
3. Administer a mental health screen as part of the annual intake process and mental health check-ins periodically throughout the YTP.
4. Encourage athletes, coaches, and staff to complete the Individual Mental Health Action Plan or Self Care Plan (see [Appendix G](#)).
5. Increase awareness of Mental Health Resources and mental wellness skills, including suicide prevention (see [Appendix H](#) for Mental Health Emergencies and Suicide Education Programs)
6. Review a Critical Incident Response Plan and Psychological First Aid (see [Appendix I](#)).
7. Create a culture of excellence, including psychological safety.
8. Facilitate early identification and intervention of mental health issues.
9. Improve communication between team members, athletes, and other connected professionals about mental health concerns.
10. Encourage athletes, coaches, and staff to regularly engage in mental support.

12. Firearm Safety

In preparation for a mental health emergency event in SFC that might involve a rifle, Shooting Federation of Canada may need to designate a person (e.g., a shooting coach or Mental Performance Consultant) for additional operational training. This training includes mental and ethical preparation and is crucial for managing rifle incidents. Pre- and post-event interventions should encompass risk assessment, psychological support, and reintegration (return-to-sport) steps.

Firearm Risk Assessment

If you are concerned about an athlete/coach/staff who is at risk of harming themselves/others, explain that you are worried that they are at risk. Advise that the safest option is not having access to a firearm until the situation improves. Acknowledge that not having access to the firearm might be temporarily difficult as it might affect their training or competition. Help them understand that risk sometimes escalates rapidly and unpredictably – for example, right after a stressful event. Not having a firearm quickly at hand is like keeping the keys to the car away from a person who has been drinking. It reduces potentially fatal outcomes in volatile situations.

Remove the rifle and other lethal means if the individual is at risk for suicide. Remove all firearms from the immediate vicinity. Enlist a support person to make the actual transfer if doing so would be risky for the individual. If the individual is at high risk and has not agreed to remove firearms, contact police and/or arrange for hospitalization if the individual is in acute danger and has not removed lethal means or removing lethal means is not sufficient to keep them safe.

If the rifle was used with the intent to harm self or others, the rifle should be immediately removed from the individual and returned only upon the assessment by a psychiatrist and/or team physician. If an individual at risk reports suicidal thoughts but no plan to harm themselves/others and reports no serious risk factors (e.g., previous attempts), ask for permission to talk to a mental health professional to confirm your impressions. As a precaution, remove firearms or other lethal means from the individual at risk. If you have reason to doubt that the firearms or other potentially lethal means have been removed, involve the police.

Removal of firearms must be done respectfully. This is especially true if the removal is for public safety (self and others) and not due to any prior criminal activity/action. Explain that the removal of the firearms is for public safety (self and others) and that the firearms will be returned once the situation or crisis has been resolved (i.e., following an assessment, the individual is cleared by a physician or a psychiatrist). Encourage the individual's forward-thinking mindset, thinking about the future and that this should be a temporary precaution. Ensure that the individual knows that the rifle will be handled respectfully and will be cared for by a Shooting Federation of Canada Emergency Response Team member responsible for firearm safety. Also, ensure the individual/family members know how the rifle will be returned.

Once the initial investigative steps are completed on the day of the incident with a rifle, the individual who has been directly affected by the rifle incident should be assessed by a registered psychologist or a psychiatrist. All other affected individuals should be provided resources and seek professional help if needed. Once the treating professional has established that the individual is ready to return to sport, detailed steps of reintegration into sport should be communicated to the athlete/coach/administrators.

Return to Sport Following a Rifle Incident

These guidelines are based on the *Edmonton Police Service (EPS) Reintegration After Critical Incident and Long-Term Leave* programming. The EPS Reintegration Program, a proven and adaptable framework, can be applied to both preventative and reactive experiences that might occur in sports with access to rifles, such as SFC. It can be modified to be successfully applied to a sport context, both preventatively and reactively, to effectively reintegrate athletes/coaches/staff following a mental health emergency involving the use of a rifle. This adaptability should instill confidence in its effectiveness and applicability to sport (SFC) context.

- Preventative – reviewed annually.
- Current/active – in the active critical incident scenarios.
- Reactive – a major critical incident and/or long-term (or short-term) leave for an athlete/coach and their return to sport.

Proactive processes could be implemented as part of the annual sport policy review. These could be based on mock scenarios designed for training individuals who may assist in a crisis. This approach reassures the sport organization that if they encounter a similar, potentially serious scenario, the reintegration of an individual coping with a mental health emergency will be welcomed, not feared or seen as an unknown. A more comprehensive approach to returning to the sport may be necessary for active or significant critical incidents.

The short-term focus should be on assisting the athletes/coaches/staff involved in an incident with a rifle with immediate physical and mental health support. The long-term focus should be based on facilitating the process of returning to sport following the incident with a rifle, such as helping the individual(s) re-integrate into the sport following suicidal ideation, re-integrating a member with PTSD diagnosis, and managing the return of athlete/coach to their daily training and competitive environment. Short- and long-term steps of assisting members to return to sport environments should have substantial psychological oversight including regular individual meetings with a Registered Psychologist or a Mental Performance Consultant.

The primary goal of the short-term reintegration plan is to facilitate the return of the athlete/coach/staff who was directly/indirectly involved with the rifle incident shortly after a critical incident while diminishing the potential for long-term psychological injury. The return-to-sport program following an incident with a rifle should be facilitated by a qualified professional (a psychologist or a psychiatrist), acknowledging that the athlete/coach/staff has been through a potentially traumatic event and providing the opportunity to therapeutically work through and process any triggers that the event has created.

Short-term Plan

The case scenario below describes the seven stages of returning to sport, with the athlete as an individual directly involved in a rifle incident (with the intent of harming themselves) and the shooting coach as a helper assisting the athlete with the use of a rifle.

The athlete and the coach will be given control and self-efficacy over the pace and intensity of each portion of the return to sport. They will be encouraged to expect and accept initial potential discomfort, build resilience, and optimize psychological functioning and sport performance. The goal is to re-

regulate the central nervous system, rebuild confidence, regain focus, and minimize triggers. The athlete must be cleared for return to the daily training environment (DTE) and/or competition by a team physician, medical lead, and/or a psychologist or psychiatrist if training or competition was suspended due to the severity of the mental health crisis and resulting compromise in psychological functioning.

STAGE 1: Initial Meeting

This meeting establishes trust between the athlete and the shooting coach (and a psychologist). The initial return to the DTE can be coordinated to ensure that the psychologist/psychiatrist is present, if necessary, to ensure the management of potential anxiety and emotional triggers. The athlete is encouraged by a mental health professional to identify potential triggers in the DTE (people, objects, sounds, smells, movements). The meeting should not be in close proximity to the range where sounds might trigger a reaction. At this meeting, the athlete is given an opportunity to tell his/her story, allowing the coach to normalize the reactions the athlete has been experiencing since the rifle incident. The initial meeting will also identify the areas the coach needs to pay attention to in later stages. All efforts must be made to protect the athlete and the integrity of the process (e.g., if there is an investigation or any court proceedings regarding the incident).

Before the meeting, the psychologist creates a graduated exposure plan with the athlete and communicates the plan to the coach to define self-regulation strategies to prevent over-triggering and overwhelming the athlete. Return to the range should be facilitated in a structured, step-by-step format, including collaboration with the coach, MPC, psychologist, and/or teammates. If possible, consider the athlete attending the range off-hours to afford privacy when returning to their DTE.

STAGE 2: Physical Dexterity of Rifle

Create discussion around any new limitations since the athlete last used a rifle (e.g., injury – psychological or physical that will change some of their activities on the range either temporarily or permanently). Problem-solve potential changes to handling a rifle before the rifle exposure to prevent disappointment or setbacks. This will help the athlete feel mentally prepared for the changes that might have occurred (e.g., a change in vision, clarity of focus, dexterity in the hands, or a change in ability to concentrate, etc.). This may include touching, dismantling an unloaded rifle, loading, or wearing eye and ear protection.

Guide the athlete through cleaning the rifle as an option for familiarization. Dry firing of a rifle with no ammunition is an important aspect of this stage to reconnect the athlete to the rifle. This stage may occur on the same day as the initial meeting or at a more suitable time. The speed of this part of the return to sport is driven by the athlete involved, with no pressure to complete anything he or she is uncomfortable with. If a rifle is removed by police, for safety reasons, the police will inform the Chief Firearms Officer in that particular jurisdiction. This may or may not result in a review of an individual's firearm license. It does not automatically mean a license will be taken away.

STAGE 3: Acclimation to Gunfire

The athlete is located away from the range, gradually moving towards the sound of gunfire. The athlete will be encouraged to get as close to the rifle as he or she feels is needed. A similar process can be used for other stimuli that may have been present during the critical incident.

STAGE 4: Live Fire

As the athlete begins to use the rifle, the coach introduces new drills as their confidence increases in handling the firearm.

STAGE 5: Athlete-Directed Training

Training can continue with easy, low-key sessions as the athlete regains confidence in using his or her rifle and feels in control. Once the athlete has indicated that he or she feels comfortable with the rifle and the coach (and other treating professionals) has no concerns, the athlete is cleared to return to sport.

STAGE 6: Reintroduction

The athlete returns to his or her DTE following a meeting with other athletes and coaches.

STAGE 7: Follow-up

The treating psychologist and coach should follow up periodically with the athlete to check progress and ensure support continuity. Other athletes, coaches, or staff who were at the scene of the shooting should also be advised to seek psychological assistance if needed.

Long-Term Plan

- For athletes/coaches/staff who have suffered a major injury related to the rifle incident
- For athletes/coaches/staff who have had suicidal ideations or attempts and have resulted in the seizure of a rifle
- For athletes/coaches/staff who are returning to sport after a Post-Traumatic Stress Disorder diagnosis or other mental health injury/illness/disorder

Goals for the Long-Term Reintegration Plan

The goal is to assist athletes/coaches/staff who have been away from sport for an extended period to return to the normalcy of the sport environment by providing support and training that are outside the scope of what they have received from their healthcare providers (e.g., psychologist, psychiatrist, occupational therapist, etc.). Although the main focus of this document is to assist the individual in crisis, other athletes/teammates' opinions of their return to sport should be considered during the reintegration process. For example, if a teammate/coach/staff is concerned about his/her safety regarding the individual's return to DTE, their opinions should be included in the reintegration process, and the individual's return to DTE should be delayed until all athletes, coaches, and staff feel safe to interact with the individual.

The basic framework for sessions within the long-term program follows the short-term program. One key exception is that sessions are spread out and slowed down for athletes/coaches/staff within the long-term program.

Clinician Approval

Before reintegration sessions can start with an individual who has been suicidal in the past, the work

must be approved by the individual's psychologist and/or psychiatrist.

Skill Building

Strengthening an individual's mental and physical skills is important and relates to the individual's ability to return to sport confidently. These skills will aid the individual in feeling that he or she can return to the normalcy of daily training/coaching or other responsibilities. Strengthening the individual's skills should be viewed favourably by his or her teammates, coaches, or staff.

Exposure Therapy

At times, an individual's concerns center around specific sports-related conditions that the individual's psychologist or psychiatrist cannot access, such as shooting ranges. At these times, the person working with the individual on reintegration into sport (e.g., shooting coach) is integral to the successful return to sport.

Relationship Building

All individuals affected by a rifle incident should feel supported throughout the process and never judged. The individual working closely with the affected athlete or coach must build trust while always protecting confidentiality. Significant levels of cooperation and communication are required with the individual's other care providers. With the consent of the athlete/coach/staff, his or her entire care team can communicate about the treatment options and plans. This cooperation and communication are vital to the individual's success. If the individual is unwilling to communicate or to cooperate, the reintegration into the DTE should be delayed until communication and cooperation are established and all athletes/coaches/staff feel safe (e.g., with the help of a Mental Performance Consultant, Psychologist, or a third-party Mediator).

Additional Learning

Members of a team that is helping the individual who is affected by a rifle incident should familiarize themselves with the various psychological treatment options available to ensure a basic understanding of how the affected individual is being treated by professionals. These treatment approaches include but are not limited to Prolonged Exposure, Eye Movement Desensitization and Reprocessing, Exposure Therapy, Systemic Desensitization, and Cognitive Behavioural Therapy.

Appendix A Spectrum of Potential Mental Health Emergencies & Available Resources

	MENTAL HEALTH CHALLENGE	URGENT CONCERN	MENTAL HEALTH EMERGENCY
DESCRIPTION	Warrants attention but does not involve any immediate risks and can be resolved with a standard referral for mental health support	Warrants immediate attention from mental health providers but does not involve an immediate safety threat to oneself or others	An acute disruption or breakdown in a person's usual pattern of functioning, often resulting in actual or potential harm to the individual or someone else
FOR EXAMPLE	<ul style="list-style-type: none"> Overwhelming stress Trouble managing symptoms of mental illness (e.g., anxiety, ADHD, OCD, eating disorder) Interpersonal challenges with teammates, coaches, significant other, family Challenges processing safe sport concerns 	<ul style="list-style-type: none"> Self-harm or maladaptive coping behaviours that are not life-threatening or causing significant property damage Rapid mood swings Panic attacks that are impacting functioning Medication non-compliance Substance use and/or abuse Report of a sexual assault 	<ul style="list-style-type: none"> Suicidal or homicidal thinking or behaviour Acute psychosis, mania, paranoia, delirium, or confusion Interpersonal violence against family, teammates, coaches, or staff Acute intoxication or drug overdose
ACTION	Make a standard referral	Connect with a mental health provider	Respond immediately, do not leave alone
RESOURCES	<ul style="list-style-type: none"> LifeWorks: 1.833.456.4566 Sport-informed care 	<ul style="list-style-type: none"> LifeWorks: 1.833.456.4566 Sport-informed care 	<ul style="list-style-type: none"> 9-1-1 / Nearest ER LifeWorks Crisis Line: 1.833.456.4566
RESPONSE TIME	Days or more	Today	Minutes
THREAT TO SAFETY	Low to moderate risk	High risk	Imminent Danger
BEHAVIOUR CHANGE	Gradual change	Noticable change	Dramatic and / or sudden
COPING OPTIONS & HOPE	Some ability to cope, some perceived hope	Limited ability to cope, some perceived hope	Limited ability to cope, little to no perceived hope

Appendix B Continuum of Mental Health Indicators and Resources

CONTINUUM OF MENTAL HEALTH INDICATORS AND RESOURCES

	Healthy	Reacting	Injured	Ill
MENTAL HEALTH INDICATORS	<ul style="list-style-type: none"> • Normal fluctuations in mood • Normal sleep patterns • Physically well, full of energy • Consistent performance • Normal social activity 	<ul style="list-style-type: none"> • Occasional anxiety, irritability or sadness • Increased worrying, procrastination, forgetfulness • Trouble sleeping • Lowered energy • Decreased social / physical activity 	<ul style="list-style-type: none"> • Anxiety, anger, pervasive sadness, hopelessness • Restless or disturbed sleep • Fatigue, aches, and pains • Decreased performance, presenteeism • Social avoidance or withdrawal 	<ul style="list-style-type: none"> • Excessive anxiety, easily enraged, depressive mood • Unable to fall or stay asleep • Exhaustion, physical illness • Unable to perform duties, absenteeism • Isolation, avoiding social events
ACTIONS TO TAKE	<ul style="list-style-type: none"> • Focus on task at hand • Break problems into manageable chunks • Identify and nurture support systems • Maintain healthy lifestyle 	<ul style="list-style-type: none"> • Recognize limits • Get adequate rest, nutrition, and exercise • Engage in healthy coping strategies • Identify and minimize stressors 	<ul style="list-style-type: none"> • Identify and understand own signs of distress • Talk with someone • Seek help • Seek social support instead of withdrawing 	<ul style="list-style-type: none"> • Seek consultation as needed • Follow health care provider recommendations • Regain physical and mental health
WHO CAN HELP	<ul style="list-style-type: none"> • Your Game Plan Advisor • Mental Performance Consultant (MPC) 	<ul style="list-style-type: none"> • MPC • Counsellor / Psychotherapist • Your Game Plan Advisor 	<ul style="list-style-type: none"> • Counsellor / Psychotherapist • Social Worker • Clinical / Registered Psychologist • Medical doctor (e.g., Team physician, family physician, psychiatrist) 	<ul style="list-style-type: none"> • Counsellor / Psychotherapist • Social Worker • Clinical / Registered Psychologist • Psychiatrist
RESOURCES AVAILABLE	<p>WorkLife Services Follow this link and enter the credentials below:</p> <ul style="list-style-type: none"> • Username: TeamCanada • Password: lifeworks <p>Qualified mental health service providers and self-directed resources offer support with mental, financial, physical and emotional wellbeing.</p>	<p>EAP Services Care Access Centre - Professional EAP Counselling Services Available 24/7, 365 days a year. • Call 1.844.240.2990</p> <p>Clinical Services are delivered through various modalities such as Face-to-Face, Telephone, Video, Chat/Instant Messaging, Online Group Counselling, or Self-Directed. Book services online</p> <p>AbilitiCBT App</p>	<p>Connect with a mental health practitioner who knows sport: Email the Mental Health Coordinator: mentalhealth@mygameplan.ca</p> <ul style="list-style-type: none"> • Confidential • Secure • \$2500 of coverage / year <p>What to expect</p> <p>Download the app or follow this link and enter the credentials below:</p> <ul style="list-style-type: none"> • Username: TeamCanada • Password: lifeworks 	<p>If it's an emergency:</p> <ul style="list-style-type: none"> • Crisis Services Canada 24-hour line: Call: 1-833-456-4566 / Text: 45645 • 9-1-1 <p>If it's not an emergency:</p> <p>Email the Mental Health Coordinator: mentalhealth@mygameplan.ca</p> <ul style="list-style-type: none"> • Confidential • Secure • \$2500 of coverage / year

Not sure which services/resources are right for you? Connect with your Game Plan Advisor for help!

Appendix C Canadian National Team Athlete Mental Health Resource Guide

CANADIAN NATIONAL TEAM ATHLETE MENTAL HEALTH RESOURCE GUIDE

As a Canadian National Team athlete you have access to the following resources:

In Canada:

IF IT'S A CRISIS, GO TO YOUR NEAREST EMERGENCY ROOM OR CALL:

- Your team doctor or personal doctor
- 911
- The 24h mental health crisis line
1-866-996-0991 (crisisline.ca)
- The 24h Morneau Shepell hotline
1-844-240-2990

IF IT'S NON-URGENT, CONTACT:

- Your team doctor or personal doctor
- The 24h Morneau Shepell hotline
1-844-240-2990 (Olympic/Paralympic coaches can access this too)
- Your Game Plan Advisor: mygameplan.ca
- The Canadian Centre for Mental Health and Sport (CCMHS)
ccmhs-ccsms.ca/self-referral-form OR
613-454-1409 ext. 2090 OR info@ccmhs-ccsms.ca
- Your Mental Performance Consultant

Outside of Canada, contact:

- Team doctor or personal doctor
 - Your mental performance consultant
 - Your Game Plan Advisor: mygameplan.ca
 - The Canadian Centre for Mental Health and Sport (CCMHS)
ccmhs-ccsms.ca/self-referral-form OR
613-454-1409 ext. 2090 OR
info@ccmhs-ccsms.ca
 - Morneau Shepell hotline: To access the care from outside of North America use the applicable international dialing number from that country:
<https://www.workhealthlife.com/Tools/AccessTool/EAPWorldwideAccessInfo/div/InPageDivNarrow>
- And let them know you're part of Game Plan. (Olympic/Paralympic coaches can access this too)

Always remember: You know yourself, so even if you feel a little off, be proactive and talk to someone.



GAME PLAN
PLAN DE MATCH

SELF-CARE RESOURCES

[Walkalong – Resources to support your wellbeing, improve resilience, monitor progress, and record your thoughts](#)

[Anxiety Canada – Resources to manage anxiety including how to relax and strategies for managing unhelpful ways of thinking](#)

[Antidepressant Skills Workbook – Strategies to manage depression and change patterns that trigger depression](#)

[Centre for Clinical Interventions Modules: What? Me Worry!?! – Information & strategies to manage worrying and anxiety](#)

[Centre for Clinical Interventions Modules: Improving Self-Esteem- Information & strategies to manage low self-esteem](#)

[Centre for Clinical Interventions Modules: Facing Your Feelings: Strategies to manage distressing feelings more effectively](#)

[Centre for Clinical Interventions Modules: Assert Yourself! -Information & strategies to develop assertiveness skills](#)

[Centre for Clinical Interventions Modules: Panic Stations- Information & strategies to manage panic attacks and anxiety](#)

[Centre for Clinical Interventions Modules: Perfectionism in Perspective- Strategies to manage perfectionism](#)

[Centre for Clinical Interventions Modules: Put Off Procrastinating! – Information & strategies to manage procrastination](#)

[Centre for Clinical Interventions Modules: Shy No Longer- Information & strategies to manage shyness and social anxiety](#)

[Centre for Clinical Interventions Modules: Back From the Bluez- Information and strategies for managing mood](#)

[Bounceback – Cognitive behavioural therapy self-help for depression; online program with phone coaching. Physician referral needed](#)

[Mindfulness Based Stress Reduction – Strategies and skills for coping with stress](#)

[Thrive RU Workbook – Workbook for self-care](#)

[Self-Compassion – Guided meditations and exercises](#)

[Calm app – Meditation and Sleep Stories](#)

[Headspace app – Anxiety management & mindfulness](#)

[Mindshift app – Anxiety management through anxietybc.com](#)

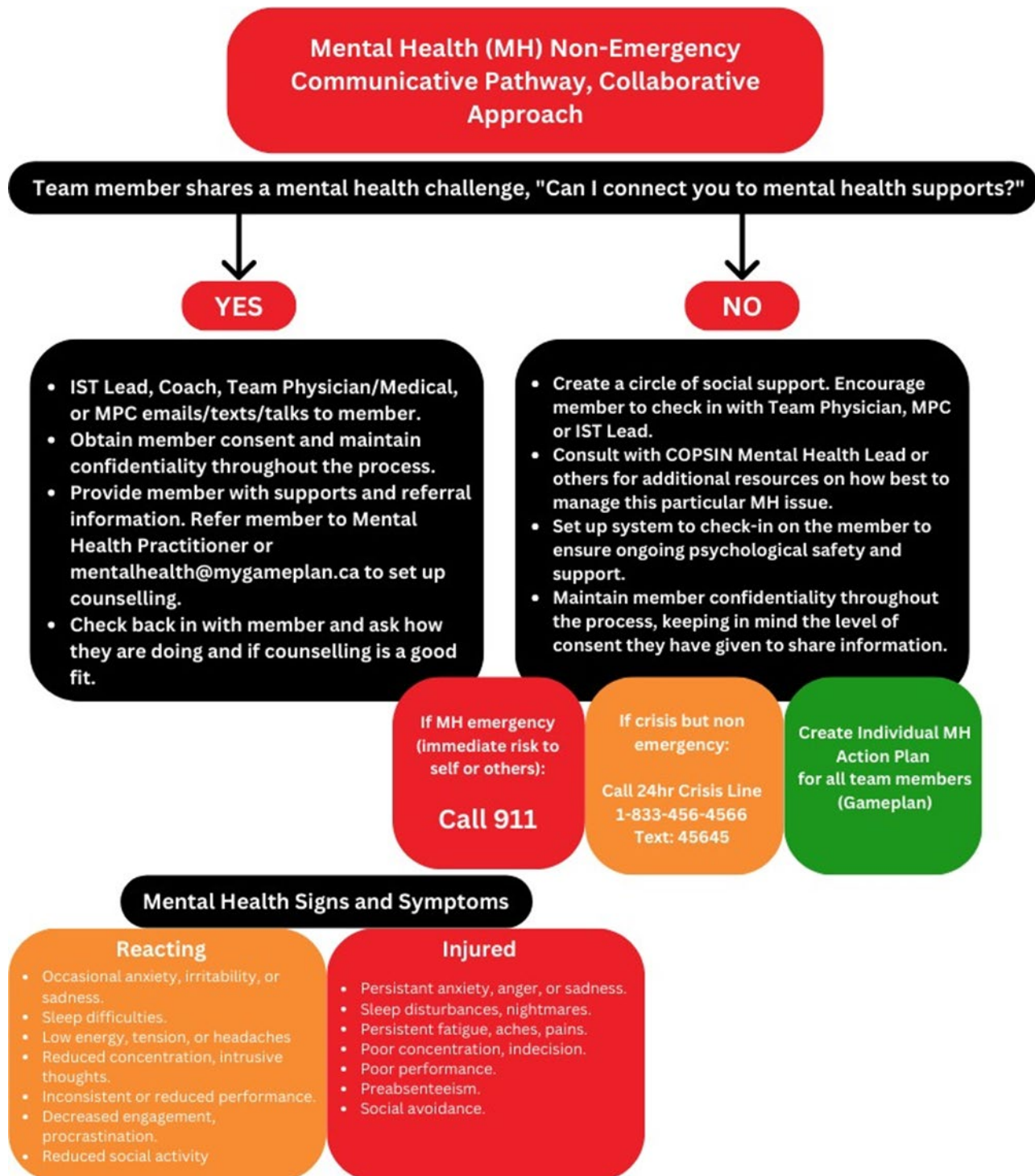
[Stop, Breathe, Think: Meditation app – Mindfulness](#)

[Boosterbuddy app – Self-care, time management/organization, cognitive strategies](#)

[Forest app – Focus & productivity](#)

[Bipolar Wellness Centre – Self-help website for people experiencing bipolar symptoms](#)

Appendix D Flowchart of Mental Health Non-Emergency and Emergency Responses



Mental Health (MH) Emergency Pathway

Team member is deemed a threat to self, others, or is suicidal. Member could also be evaluated to have a sudden and severe change in behaviour and to be in a constant state of anxiety, depression or mania.

CALL 9-1-1

Stay with the individual (if it is safe for you to do so) physically or through the communication platform being used. Connect individual with emergency personnel and have them taken to nearest emergency room if appropriate.

CONNECT

Connect with sport physician to liaise between NSO and Emergency Services. Maintain confidentiality of team member as much as possible.

RETURN TO PLAY PLAN

In consultation with the team member, a treatment and communication plan will be constructed to fully integrate the individual within the DTE. Clear standards for wellness will be documented and evaluated by sport physician. Consideration of the roles and support of team personnel in return to play process will be made.

TREATMENT/COMMUNICATION MANAGEMENT PLAN

In consultation with the team member, NSO medical personnel may oversee an individualized treatment plan. Concurrently a communication plan will be constructed in consultation with the individual to maximize support for re-entry to the DTE.

CASE RESOLUTION AND FOLLOW UP

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, and/or athletes to be facilitated by Mental Health care practitioner.

Appendix E Pre-Travel Mental Health Emergency Action Plan Form

ROLE	NAME	CONTACT INFORMATION
Emergency Response Lead	Name of lead or designation/role for broader applicability (e.g., Athletic Therapist, Physiotherapist, Team Physician, Mental Health Practitioner, Mental Performance Consultant).	
Secondary Responder	Name/role of the individual who steps in if the lead person is unavailable.	
Tertiary Responder	Name/role of the individual who steps in if the secondary person is unavailable.	
WORK THROUGH THE FOLLOWING CONSIDERATIONS:		NOTES
Is a list of emergency contact numbers available for all Shooting Federation of Canada members on this trip?		
Are there any safety concerns at the local emergency care centers?		
Who will go with the individual in crisis to hospital and advocate on their behalf?		
Who will stay with them if hospitalization is not possible?		
Who will be the main point of contact for hospital care providers?		
Who will contact the individual's Emergency contacts?		
Who will follow up with the individual in crisis following discharge?		
Who will communicate with other Shooting Federation of Canada members about the care of the individual in crisis? (Remember confidentiality is key, share minimal information.)		
CONTINUITY OF CARE		NOTES
Who will be involved in coordinating the individual's care, recovery, and return-to-play plan?		
Does the individual in crisis have a mental health practitioner for support?		
If no support is available, what steps need to be taken to access a mental health practitioner through the national pathways?		
Who will facilitate this conversation if follow-up is needed with the individual in crisis?		
Name and Address of Local Hospital		

Appendix F What (Not) To Say or Do in Case of Emergency – Managing a Mental Health Crisis or Disaster

When providing support for a mental health crisis, it is important to follow established guidelines and principles. Each situation will be unique, and it is important to remain flexible and determine which steps best fit the particular incident.

The following recommendations have been adapted for Shooting Federation of Canada from resources from Psychological First Aid – Canadian Red Cross (Look, Listen, Link, Live), and the National Child Traumatic Stress Network (NCTSN-USA) & National Centre for PTSD, Critical Incident Stress Management (CISM), Critical Incident Defusing Protocols, the Canadian Foundation for Trauma Research and Education (CFTRE), and Crisis and Trauma Research Institute (CTRI). As well as many practical, evidence-based best practices.

Crisis Response Action Plan (4 Steps)

STEP 1: LOOK – CONTACT AND ENGAGEMENT

Aim to determine what has occurred. Who needs mental health support? Who will approach and talk to the person in need of support: teammate, coach, support staff, team psychologist, team physician, or administrator?

WHAT TO DO...	WHAT TO SAY...
<ol style="list-style-type: none"> 1. Stay calm, open, and approachable. 2. Use self-regulation and grounding techniques for yourself. 3. Assess the situation – Listen! 4. Be confident, kind, and compassionate. 	<ol style="list-style-type: none"> 1. <i>“I’m here for you.”</i> 2. <i>“I want to make sure you are ok.”</i> 3. <i>“Can you tell me what happened/is happening?”</i> 4. <i>“How are you doing?”</i> 5. <i>“I hear you.”</i> 6. <i>“How is your mental health?”</i>
<p>DON’T say <i>“I understand”</i> – no one can fully understand the lived experience of another.</p> <p>DON’T inhibit the conversation by trying to pump them up or give meaningless positives or platitudes such as <i>“Tomorrow is a new day,” “There is nothing to worry about,”</i> and <i>“Keep your chin up.”</i></p> <p>DON’T hijack the conversation by making it about your own experiences.</p>	

STEP 2: LISTEN – SAFETY, COMFORT, STABILIZATION.

Aim to restore physical and psychological safety and provide emotional reassurance/comfort.

WHAT TO DO...	WHAT TO SAY...
<ol style="list-style-type: none"> 1. Find a quiet, safe space to be and/or talk. 2. Give a choice of where to talk, if possible. 3. Be on the same eye level – sit if they are sitting, stand if they are standing. 4. Walking and talking works to regulate the nervous system. 5. Use the rule of two for backup support and Safe Sport protocols (another person in the background, aware of what is happening). 6. Do not be surprised if the individual can't talk about what is happening – the brain's speech center starts to power down in crisis. 7. Limit the impacts of further trauma by ensuring the environment is free from overwhelming images, sounds, and reminders – limit replaying on social media or news feeds. 8. Provide basic needs – water, warmth, snacks, shelter. 9. Actively listen. 10. Reinforce safety. 11. Have a designated support person stay in proximity. 12. Answer questions honestly with accurate and up-to-date information. 	<ol style="list-style-type: none"> 1. <i>"I am here for you."</i> 2. <i>"I've got your back."</i> 3. Give a limited choice: <i>"Do you want to be/talk here or go over there?"</i> 4. Reflect, paraphrase, and summarize what you hear: <i>"Sounds like you are saying that ..."</i> 5. Use empathy – validate emotions: <i>"No wonder you are frustrated, upset, scared, worried..."</i> 6. Normalize: <i>"It's normal to react this way, in this kind of circumstance."</i> 7. Provide containment: <i>"I want to ensure you are emotionally safe."</i> 8. Reassure: <i>"Together, we are going to come up with the best possible plan for you". We care about you, and we want the best for you."</i>

<p>13. State what to expect next, if known.</p> <p>14. Continue to provide information updates.</p>	
<p>DON'T bombard with questions – <i>“Who? What? When? Why? Where?”</i></p> <p>DON'T panic if what you hear is overwhelming – in fact, reflect that back to the individual – <i>“No wonder you feel overwhelmed right now.”</i></p> <p>DO let the individual know you will do your best to come up with a plan, with and for them.</p>	

STEP 3: LINK TO IMMEDIATE RESOURCES

Aim to provide support so that individuals can feel safe and secure and can self-regulate and cope. Providing a sense of psychological “home” and comfort, or even physically going home, has been shown to reduce trauma effects.

WHAT TO DO...	WHAT TO SAY...
<ol style="list-style-type: none"> 1. Encourage social connections with support people: family, friends, teammates, and community support. 2. Identify current specific needs. 3. Collaborate with the individual on an action plan. 4. Provide 2 or 3 helpful choices for the plan (e.g. “Do you need to stay here or go back to the hotel?”) 5. Give info on typical signs and symptoms of crisis to normalize: <ol style="list-style-type: none"> a. Cognitive confusion b. Difficulty in decision-making c. Irritability, numbness, avoidance 	<ol style="list-style-type: none"> 1. “Let’s make a plan together; even though I know your brain might be a bit scattered right now, I can help you with that.” 2. “Who is one of your best supports?” “Let’s contact them.” 3. “Where is the best place for you to be right now?”
<p>DON’T have the individual make significant decisions, especially, if they are shutting down or seem tired, confused, or overwhelmed.</p>	

STEP 4: COPING STRATEGIES, RESILIENCE & HOPE.

Aim to reconnect the individual to their own internal coping resources, resilience, hope, and external adaptive strategies and supports.

WHAT TO DO...	
<ol style="list-style-type: none"> 1. Suggest talking to others. 2. Encourage adequate rest and sleep, hydration, and recovery. 3. Suggest maintaining a normal schedule. 4. Ask which coping methods have worked for them in the past. Canadian 5. Suggest walking outdoors or being in nature. 6. Be patient, understanding and tolerant. 7. Encourage movement and music - stretching, yoga or dance. 8. Practice relaxation or mindfulness techniques. 	<ol style="list-style-type: none"> 9. Encourage breathing exercises. 10. Discourage drugs, alcohol, other Substances. 11. Discourage extreme avoidance. 12. Make a referral for counselling – local Resource, team psychologist or the Centre for Mental Health & Sport 13. Provide a list of resources (See Appendix C For Resource). 14. Use Graduated Return to Sport if necessary.

APPENDIX G [Athlete Self-Care Plan](#)

Click link for a fillable roadmap aimed to prevent mental health crises.

PROGRAM	DELIVERY	DESCRIPTION
<p>Mental Health First Aid</p> <ol style="list-style-type: none"> 1. Basic 2. Persons who interact with youth 3. First Nations 4. Inuit 	In-person or Virtual	<p>Two-day workshop that teaches participants to engage confidently where a person may be a danger to themselves or others, provide help to prevent the mental health problem from developing into a more serious state, and promote recovery of good mental health.</p> <p>Click for more Information</p>
<p>Applied Suicide Intervention Skills Training (ASIST)</p>	In-person	<p>Two-day intensive, interactive, and practice-dominated course designed to help individuals recognize the risk of suicide and learn how to intervene to prevent the risk of suicidal thoughts from becoming suicidal behaviours.</p> <p>Click for more Information</p>
<p>Livingworks Start</p>	Virtual	<p>90-minute online intervention that teaches trainees to recognize when someone is thinking about suicide and connect them to help and support.</p> <p>Click for more Information</p>
<p>Livingworks Safe Talk</p>	In-person	<p>Four-hour face-to-face workshop that teaches participants how to prevent suicide by recognizing signs, engaging someone, and connecting them to an intervention resource for further support.</p> <p>Click for more Information</p>
<p>Lifeworks Understanding Suicide Workshop for Leaders</p>	In-person or Virtual	<p>Half-day instructor-led workshop that teaches leaders to recognize the risk factors and warning signs of suicide, better understand protective factors, and apply strategies to help colleagues/loved ones get professional help.</p> <p>Click for more Information</p>

**Lifeworks understanding suicide
webinar**

Virtual

1-hour instructor led online intervention that teaches participants to recognize key risk factors and warning signs of suicide, apply tips and strategies to assist colleagues in crisis and connect them with the available support.

[Click for more Information](#)

Appendix H Mental Health Emergencies and Suicide Education Programs

Appendix I Critical Incident Response Plan and Psychological First Aid

Adapted from: Crisis intervention Approach for Sport developed by Dr. Karen MacNeill, Frank Van den Berg, and Roger Friesen (2013)

Psychological First Aid is an effective person-centered approach to assist people in the aftermath of a critical/traumatic incident, such as natural disaster, major accident, significant loss, or death, (threat of) violence/assault, being the first on scene. Consultation and education are designed to reduce the initial distress caused by critical incidents, foster short- and long- term adaptive functioning and coping, and facilitate return-to-sport/competition intentions.

Support resources and interventions are specifically tailored to the circumstances and needs of the people involved, following best practices and protocols for critical incident stress management.

Objectives:

- To bring people (team) together, and connect socially & purposefully following a crisis, major event and/or disruption to normal routine.
- To support each other and mitigate the impacts that major events may have on the group.
- To provide a safe environment in which people are able to share and vent their feelings, experiences, and concerns.
- To provide accurate and factual information (with discretion regarding sensitive or upsetting details- and should be informed by NSO)
- To acknowledge, confirm, and normalize people's reactions, whether similar in nature or different from each other.
- To offer strategies for reduction of cognitive, emotional, and/or physiological symptoms
- To assess individual and group needs that will inform future planning, support, and resourcing.

Ensure an experienced and qualified facilitator can assist the Emergency Response Team in the following process (abbreviated):

1. Preparation

- Identify roles and responsibilities within the ERT. Who will lead if a critical incident should occur, who are the people you will deploy to the critical incident site?
- Name individual (leaders, support staff) who will need to receive appropriate training (e.g., psychological first aid, skills for psychological recovery).
- Develop a communication protocol.
- Who needs to be informed of the situation, and who do they need to contact?
- How will the lead communicate and provide updates?
- Prepare a detailed contact information document.
- What is the social media plan? What is the media plan?
- Develop plan and share document/checklist.

2. Assessment and plan response

The assessment phase and response plan development will utilize the following structure:

- Gather information to understand context of critical incident: What happened? When and where did it take place? How many people are affected (directly and indirectly), and who are they? What is the severity of the incident and impacts?
- Needs and concerns: What are the current needs and concerns of team members? Are there any 'at risk' members that need special attention? What are the priorities?
- Supports and resources: Who is providing for basic needs like food, hydration, rest, and accommodation (may just be someone to provide reminders)? What support is currently available to those affected? How can they access this support (e.g., link with expert, provide phone for team to connect with family members)? What resources does the team, and its' members have (coping skills of elite athlete, strength of team, community, etc.)?
- Safety: assess both internal and external risk for personal and team safety.
 - External: What dangers may be in the environment? Are there areas to avoid entering because they are not secure or not allowed? Is the competition site safe to compete in?
 - Internal: Is anyone struggling to cope and take care of their basic needs? Is anyone hyper-agitated or unable to calm themselves? Is anyone demonstrating risky behaviors?
- Determine nature of support needed and how to implement (e.g., what interventions are needed, time, place, individual vs. group intervention).
- Designate roles and responsibilities: Identify who is the contact person of group impacted, identify who is in charge and get contact information, designate, and communicate roles of ERT.
- Revisit Communication Protocol and outline plan for communication/ updates given current logistics.
- Prior to implementing response plan have a formal briefing with ERT members that will be involved in response, key leads and associated members impacted by situation.
- Consult with peers and/or crisis intervention resource/expert regarding intended plan.
- Re-connect with contact person and key leadership personal as described above to provide update, confirm logistics and timelines.

3. Respond and reassess

- Implement communication protocol, contact/update key individuals, reaffirm roles/responsibilities. Know your limits and recognize when a trained professional is needed and reinforce the importance of self-care.
- Respond: implement key principles of crisis intervention as needed and planned.
- Safety – (both internal and external) bring people to a safe place, provide accurate and organized information to help manage inaccurate perceptions and feeling of threat,

encourage limit exposure to panicked discussion, news and media that can create misappraisal of traumatic events.

- Calming – Help individuals solve concerns, give updated and accurate information, provide psychoeducation on normal reactions to abnormal events, try to limit stimulus, and encourage use of relaxation activities.
- Resource and empower – identify and emphasize resources, skills, strengths, and capacity of individual members of team that they can use to get through this situation (e.g., What strengths do people have, how are people coping positively, what resources/ strengths does this team have as a collective)
- Connectedness – Help individuals to identify and link to sources of social support (loved ones, teammates, friends), encourage, and foster a sense of support, respect individual differences.
- Hope – Revisit strengths that they have as individuals and a team, identify opportunities that may exist in this situation.
- Consider what other interventions or referrals (current and post/ follow-up) are required, based on on-going assessment of needs, such as:
 - Psychoeducation to normalize reaction (validate, normalize, reframe- normal reaction to abnormal event)
 - Group meeting to equalize information- everyone has accurate facts and same story.
 - Psychological defusing (as per CISM protocol) to enhance normalized reaction, reframe, restore cognitive processes, equalize information,
 - Referral to psychologist- during event or after event in follow-up week/months post event.
- Implement media plan.

4. Reintegration in performance setting and follow-up

- Assess scenarios, demands and training/competitive schedule.
- Adjust and/or re-affirm performance goals/objectives.
- Adjust focus, performance, and distraction control plan.
- Assess increased risks resulting from event (risky behavior, lack of focus etc.) and determine if safe to proceed with competition.
- Identify what follow-up is needed post competition (e.g., monitoring, referral etc.)

Typical Response to Traumatic Events

There are a range of reactions that can emerge following a critical incident or traumatic event. This anxious or stress response is your body's physical and psychological response to anything you perceive as overwhelming. It is important to remember that trauma or stress reactions are normal reactions to abnormal situations. A typical reaction to a traumatic event may include the following symptoms:

Stress Warning Signs and Symptoms	
Cognitive Symptoms	Emotional Symptoms
<ul style="list-style-type: none"> ▪ Memory problems and confusion ▪ Difficulty concentrating, intrusive thoughts ▪ Difficulty with decision-making, not able to think as quickly or easily as usual ▪ Seeing only the negative ▪ Anxious or racing thoughts ▪ Worry and rumination ▪ Disorientation ▪ Self-blame <p>Positive responses</p> <ul style="list-style-type: none"> ▪ Determination and resolve, sharper perceptions, courage, optimism, faith 	<ul style="list-style-type: none"> ▪ Heightened anxiety, fear, or shock ▪ Irritability, or short temper ▪ Feeling overwhelmed, sad ▪ Feeling numb or detached ▪ Sense of loneliness and isolation ▪ Depression or general unhappiness ▪ Moodiness, mood swings, or intense reactions ▪ 'Survivor guilt' or feelings of shame <p>Positive responses</p> <ul style="list-style-type: none"> ▪ Feeling involved, challenged, mobilized and Alive
Physiological Symptoms	Behavioral/ Social Symptoms
<ul style="list-style-type: none"> ▪ Headaches, other aches, and pains ▪ Nausea, upset stomach, diarrhea ▪ Dizziness or fainting ▪ Chest pain, rapid heartbeat/breathing ▪ Fatigue ▪ Agitation, over-excitability, restlessness ▪ Exaggerated startle response ▪ Muscle tension <p>Positive responses</p> <ul style="list-style-type: none"> ▪ Alertness, readiness to respond, increase Energy 	<ul style="list-style-type: none"> ▪ Loss of appetite, eating more or less ▪ Hyperactivity or less activity than usual ▪ Insomnia: inability to fall asleep or stay asleep, disrupted sleep, sleeping too much ▪ Extreme withdrawal, social isolation ▪ Procrastinating or neglecting responsibility ▪ Avoidance of activities or places ▪ Self-medication <p>Positive responses</p> <ul style="list-style-type: none"> ▪ Social connectedness, altruistic helping Behaviors

Common negative reactions that may continue over time include:

Intrusive reactions

- Distressing thoughts or images of the event while awake or dreaming.
- Upsetting emotional or physical reactions to reminders of the experience (exposure distress).
- Feeling like the experience is happening all over again (flashbacks).

Avoidance and withdrawal reactions

- Avoid talking, thinking, and having feelings about the traumatic event.
- Avoid reminders of the event (people or places connected to what has happened).
- Restricted emotions, feeling numb, feeling detachment from others.
- Loss of interest in usually pleasurable activities.

Physical arousal reactions

- Constantly being on the lookout for danger, startling easily, or being jumpy.
- Irritability of outbursts of anger, feeling 'on edge.'
- Difficulty falling or staying asleep, problems concentrating or paying attention.

Factors that can help and hinder the management of common reactions

What can HELP	What can HINDER
<ul style="list-style-type: none"> • Using calming strategies (breathing, mindfulness, soothing music) • Getting support or spending time with others • Engaging in positive distracting activities • Lots of rest and taking breaks • Healthy meals and hydration • Exercising in moderation • Keeping a journal • Seek counselling as needed • Self-monitoring- be aware of responses 	<ul style="list-style-type: none"> • Using alcohol or drugs to cope • Extreme avoidance of thinking or talking about the event • Violence or conflict • Overeating or not eating • Extreme withdrawal from family or friends • Not taking care of yourself • Doing risky things • Withdrawing from pleasant activities • Excessive TV or computer games

Traumatic Stress Management Strategies

- **Self-monitoring and normalization**- be aware of physical responses, negative thoughts, emotional reactions and rushed behaviors. Normalize these reactions as part of common traumatic stress response.
- **Sleep**- Get adequate rest, take short power naps as needed, implement sleep hygiene strategies.
- **Calming strategies and relaxation**- Deep belly breathing, mindfulness, soothing music.
- **Practice helpful thinking**- Be aware of what you are saying about the traumatic event and identify and practice more helpful styles of thinking.
- **Social support**-Reach out for support and spend time with friends/ family that help to reduce sense of isolation.
- **Exercise**- go out for a walk to change the scenery and get the blood flowing.
- **Fun and meaningful activities**- Distract yourself from your reaction by engaging in hobbies, helping others, re-establishing routines, and/or taking part in satisfying activities.
- **Nutrition**- manage caffeine and alcohol intake, keep healthy snacks on hand.
- **Other**- use helping coping strategies that have worked for you in the past.

Resources

- Helpguide.org- information on post-traumatic stress responses, grief reactions, and sleep hygiene tactics
 - <https://www.helpguide.org/articles/ptsd-trauma/ptsd-symptoms-self-help-treatment.htm>
 - <https://www.helpguide.org/articles/sleep/getting-better-sleep.htm>
 - <https://www.helpguide.org/articles/grief/coping-with-grief-and-loss.htm>

(Stress resource prepared/reviewed by Dr. Karen MacNeill, Jeanne Leblanc, and Frank van den Berg)

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