



# MENTAL HEALTH FOR ADULTS IN COMMUNITY-BASED SPORTS

A FRAMEWORK OF MENTAL HEALTH RESOURCES AND RECOMMENDATIONS FOR  
ORGANIZATIONS AND ATHLETES



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## I. Preface

The Northeast Ohio Women's Sports Alliance (NOWSA) has consolidated and adapted research, best practices, and procedures from reputable institutions, cited throughout this document, as a functional mental health framework for adults in community-based sport organizations. We recommend these organizations, including their staff, coaches, and participants, revisit this framework annually or before each athletic season to ensure the highest level of safety. This document and its cited resources are subject to updates or revisions as necessary.

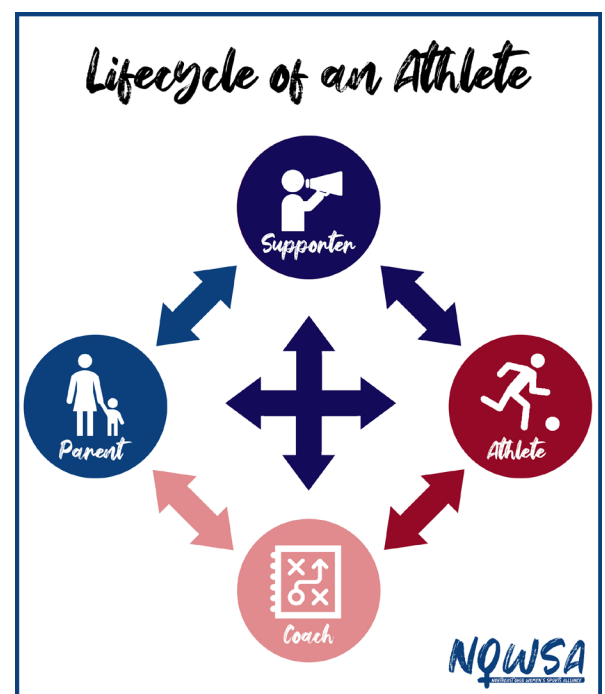




## II. Introduction

The world of community-based, recreational or competitive athletics for adults encompasses a full range of sports, degrees of competitiveness, and participant demographics. Most athletes played sports in their youth and are transitioning to adult community-based sports with the desire to maintain their athletic identity. While many are returning to sport right after high school or college, others may be joining following injury, family building, career changes, or other life transitions. Separation from one's sport or team can manifest in negative ways, such as a decline in physical and mental wellness, loss of support networks and camaraderie resulting in grief and isolation. Sport offers positive emotional, mental, and physical outlets, so the Northeast Ohio Women's Sports Alliance focuses on reducing individual and systemic obstacles to participation and easing transitions. In a 2019 survey of over 100 female athletes between the ages of 18 and 60, the biggest barriers to sport participation were identified as time, financial cost, interpersonal conflicts, and mental and physical health.

Overall wellness is vital for the function and success of an athlete at any level, yet not all components are equally prioritized in athletic settings. Throughout the lifecycle of an athlete, one may experience elevated risk factors and/or reduced protective factors which perpetuate the need for mental health support.



These factors include, but are not limited to:

- Job and financial stress
- Challenges with family and interpersonal relationships
- Self-esteem and confidence
- Social isolation and lack of support
- LGBTQIA+ identity
- Gender/racial/socioeconomic disparity
- Substance use
- Trauma

Although adults may encounter some degree of these stressors throughout their life, neglecting any of these factors can significantly impact one's mental health. Alone, these factors do not always necessitate mental health intervention. However, especially when compounded with the additional pressure of sport involvement, these challenges may manifest as performance-based, interpersonal, emotional, or physical symptoms. Any noticeable concerns or sudden changes in behavior should not be dismissed by community-based sport staff, coaches, peers, or medical professionals.

While the primary duty of sport leaders is to develop skills, win competitions, and ensure success for the program; an equally important role is to understand and promote pathways for support for their members. Organization staff need not be mental health experts to identify when one of their athletes is not behaving like themselves or appear to be in duress. It is within the scope and responsibility of a community-based sport organizer to foster a culture of acceptance and both acknowledge and support the needs of their participants.

Whether or not there is a diagnosis, the issue may be chronic or acute in nature and has the potential to escalate or become an emergency situation at any point in time. During athletic participation, when mental health issues are not often openly talked about, there can be increased risk (Portland State University Department of Athletics and Sports Medicine, 2019).

Much focus centered on mental health in sport tends to “exclude organized recreational sports where the vast majority of individuals participate” (Vella & Swann, 2020, p. 184). Elite sport structures, such as professional and Olympic organizations, utilize a range of integrative



support systems for athletes, including but not limited to, coaches, athletic trainers, physicians, psychologists and social workers. Compare these stable resources to recreational programs, which are often run by volunteers whose accessibility, resources, and barriers to participation are already taxed (Vella & Swann, 2020, p. 184).

Often, community-based or recreational sports participants closely represent the racial and socioeconomic demographics within their locale. Therefore, the gap in mental health education and policy within this structure of sport can further impact the accessibility of services to underserved populations.

NOWSA has identified the need for a functional template in regard to mental health education, policy and support strategies to address this area of community-based and recreational sport. Coaches, strength and conditioning staff, athletic trainers, equipment managers, athletic department staff, teammates and family members should be educated on up-to-date mental health information and safety. This awareness includes warning signs, symptoms and appropriate responses and actions.

Athletes suffering from a mental health issue or illness can be supported by assessing the situation and making the appropriate referral and arrangements. This guide includes some of the signs and symptoms of common mental illnesses that adults can experience. While organizations may not have a medical or mental health professional accessible to them at all times, NOWSA can assist Northeast Ohio organizations through preventative planning and intervention strategies for the mental health needs of athletes.

NOWSA can also connect individuals or organizations to outside referrals for additional professional consultation.

It is important to recognize that this framework and list are not exhaustive and should not take the place of proper diagnosis and treatment by a mental health professional. Athletes should only undergo formal evaluation and treatment with a licensed mental health practitioner who is culturally competent and qualified to provide such services.



## **MENTAL HEALTH FOR ADULTS IN COMMUNITY-BASED SPORTS**

### III. Prevention

The International Olympic Committee clearly identifies the importance of screening for “mental health symptoms and disorders in elite athletes throughout their career to ensure that affected athletes ultimately receive the support and treatment they need” (Gouttebauge et al., 2020, p. 32). The Northeast Ohio Women’s Sports Alliance finds mental health as critical within the needs of all athletes, regardless of their competitive status.

As part of the onboarding and ongoing membership process for an athletic organization, medical and mental health screenings should be conducted for all participants, regardless if they are of active, standby, or practice status. The information collected will be helpful for leadership to maintain safety and mitigate risk for the athletes, coaches, staff, family and fans.



This screening can include:

- A questionnaire during preparticipation paperwork, where participants can self-disclose current and/or past mental health history as well as any prescription medications taken for mental health issues/illnesses. See two such evaluations include Appendix A: Patient Health Questionnaire PHQ-9 and Appendix B: General Anxiety Disorder GAD-7.
- Inclusion on emergency medical forms of any mental health diagnoses and/or medication taken to assist the management and well being for the athlete’s mental health. This form, plus any additional questionnaires or medical information, would be considered protected health information and confidential in nature to be used by leadership only in the event of emergency or medical considerations.
- Utilization of an interdisciplinary team that consists of lead physician, athletic training staff, coaches, director of athletics, mental health clinicians, and other outside professionals as applicable (with permission from athlete/family). Note: in a community-based athletic setting, access to an interdisciplinary team is not always possible, as many organizations are managed by the athletes, volunteers, and/or operating with minimal resources. In the event that an athlete-managed team requires assistance with coordination of care and referrals for additional support, NOWSA can offer contacts with local resources. See Section XI for national resources.

It is recommended that the screening tool have a space for the athlete to provide any specific information that might help if a mental health event occurs. Also, include a statement of purpose when asking athletes to disclose any health information. For example, “This information will only be used and/or accessed to assist in the event of a physical injury that requires further medical assistance OR a mental health emergency that requires a member of the team or organization to seek help on your behalf. You agree that by providing this information, you will not hold this organization liable for breach of confidential information in these circumstances.”

Note that cultural, ethnic and religious differences may impact how an individual views and responds to mental health information and assistance.

Education, prevention, and readiness for encountering physical and/or mental health challenges will promote better outcomes for the individual athlete. Organizations should also be prepared for events that may impact the overall safety and wellbeing of your athletes, staff, supporters and visiting competition.





## IV. Mental Health Definitions

Below are only some reported mental health issues followed by an abbreviated list of symptoms. For the most updated and comprehensive information on diagnostic criteria, please refer to a licensed professional and DSM-V manual.


- Depression
- Anxiety
- Suicidal Ideation
- ADD/ADHD
- Disordered Eating
- Insomnia
- Bipolar Disorder
- Schizophrenia
- Substance Use Disorders
- Post-Traumatic Stress Disorder



**Depression Signs and Symptoms** • Low or sad moods • Irritability or anger • Feeling worthless, helpless and hopeless • Eating and sleeping disturbance (reflected in an increase or decrease) • Decrease in energy and activity levels with feelings of fatigue or tiredness • Decrease in concentration, interest and motivation • Social withdrawal or avoidance • Negative thinking • Thoughts of death or suicide • In severe cases, intent to commit suicide with a specific plan, followed by one or more suicide attempts

**Anxiety Signs and Symptoms** • Feeling apprehensive • Feeling powerless • Having a sense of impending danger, panic or doom • Increased heart rate • Breathing rapidly • Sweating • Trembling • Feeling weak or tired

**Suicidal Ideation Warning Signs** • Extreme depression, withdrawal • Sleeplessness, lowered grades, poor work performance • Giving away personal possessions • Putting affairs in order (goodbye letters, wills) • Suicide threats (verbal, written, nonverbal) • Previous suicide attempts • Acquiring the means to commit suicide (pills, rope, guns, knives, etc.) • A sudden lift in spirits after extreme depression (this can mean a person is relieved that problems will “soon be ended”) • Having a plan for self-harm



**ADD/ADHD Signs and Symptoms** • Inattention • Easily distracted • Forgetful • Difficulty concentrating • Trouble completing school work • Difficulty processing issues • Inability to follow instructions • Hyperactivity • Fidgeting • Excessive talking • Difficulty settling down and concentrating • Impulsivity • Impatient • Frequent conversation interruption • Blurt out inappropriate comments or become emotional without self-control

**Disordered Eating Signs and Symptoms** • Physical/Medical Characteristics • Amenorrhea • Dehydration • Gastrointestinal problems • Hypothermia • Stress fractures and overuse injuries • Significant weight loss • Muscle cramps, weakness or fatigue • Dental and gum problems • Mental/Behavioral Characteristics • Anxiety and/or depression • Claims of “feeling fat” despite being thin • Excessive exercise • Excessive use of restroom • Difficulty concentrating • Preoccupation with weight and eating • Avoidance of eating and eating situations • Use of laxatives and diet pills

**Insomnia Signs and Symptoms** • Difficulty falling asleep at night • Waking up during the night • Waking up too early • Not feeling well-rested after a night’s sleep • Daytime tiredness or sleepiness • Irritability, depression or anxiety • Difficulty paying attention, focusing on tasks or remembering • Increased errors or accidents • Ongoing worries about sleep

**Bipolar Disorder Signs and Symptoms** • Manic Episode • Feeling euphoric • Having a lot of energy • Increased activity levels • Sleeping difficulties • Being agitated or irritable • Having “racing” thoughts • Excessive multitasking • Engaging in risky behaviors • Depressive Episode • Feeling sad, hopeless, or empty • Depleted energy, lethargy, or decreased activity levels • Abnormal sleeping patterns • Anxious thoughts • Difficulties concentrating • Forgetfulness • Excessive or insufficient eating • Suicidal ideation or thoughts of self-harm

**Schizophrenia Signs and Symptoms** • Hallucinations • Delusions • Thought disorders • Movement disorders • Reduced emotion • Depressive feelings • Reduced speaking • Lack of motivation • Difficulty concentrating • Memory issues (particularly working memory) • Poor decision making


**Substance Use Disorders Signs and Symptoms** • Alcohol • Being irresponsible regarding commitments or responsibilities to school, sport and relationships • Consuming alcohol in situations that are dangerous to themselves and others • Stimulant-Type Substances (Amphetamines, cocaine, ephedrine and medication for ADHD) • Shakiness • Rapid speech or movements, difficulty sitting still • Difficulty concentrating • Lack of appetite • Sleep disturbance • Irritability • Marijuana • Red Eyes • Lethargy • Apathy

**Post-Traumatic Stress Disorder Signs and Symptoms** • Flashbacks • Bad dreams • Being easily startled • Feeling tense or “on edge” • Difficulty sleeping • Extra emotional • Anger outbursts • Trouble remembering the details of the traumatic event • Distorted feelings • Loss of interest in activities that one used to enjoy • Avoidance of certain places, people, activities, objects, etc. that reminds one of the traumatic event • Negative thoughts about oneself • Pessimistic outlook on world

(Portland State University Department of Athletics and Sports Medicine, 2019)

**\*\* Any signs/symptoms/behaviors/expressions that an athlete may be of current or potential harm to themselves or others is considered a mental health emergency situation. In such circumstances, follow the Emergency Mental Health Protocol in section VI. \*\***





There are community resources and mobile crisis units that are available to attend to various mental health situations. NOWSA advises organizations to document the local mental health crisis response for their location in emergency planning. Most mental health crises do not require law enforcement.

NOWSA acknowledges that law enforcement intervention does not always result in the safety and support of those involved or attempting to help in the situation.

While law enforcement agencies have begun to employ mental health professionals, this practice is not yet widely utilized and we cannot ensure that the law enforcement agency responding will utilize mental health first aid as the first intervention.

911 may still be the most appropriate option given immediate danger. Clear communication of the mental health crisis specifics to dispatch is essential in these circumstances.

See Section XI, National Resources, for more information about your options.

## V. Non-emergent Mental Health Protocol

A non-emergent mental health event can be summarized as a substantial shift or deterioration of mental health with the absence of obvious immediate risk of harm to self and others. This does not mean that this event is not important, simply that the harm to self and others is not imminent. A non-emergent mental health event can still potentially lead to a mental health emergency.

Some exhibition of changes/deterioration in mood or behavior (as referenced in Mental Health Definitions, section IV) can include: feelings of depression, anxiety, PTSD, ADHD, disordered eating, alcohol or substance use, etc. Note the following protocols should a non-emergent situation arise:

- The person to whom the event is communicated or observed should not leave the affected athlete/s alone.
- If there is an organization mental health professional available onsite or on-call, that person should be contacted to assist in assessing the athlete to determine appropriate steps or referral for care.



● The contact protocol should follow this order:

- City or County Mobile Crisis or Emergency Mental Health line (see XI. National Resources). The Mobile Crisis line can assist in determining whether the person requires immediate assistance.
- The athlete's emergency contact(s) - if given permission from athlete to contact. The emergency contact should be encouraged to help transport and connect the athlete to mental health support as soon as possible.
- The organization's medical and support personnel (athletic training staff, team physician, team psychologist/social worker, etc)
- The head coach and coaching staff may be informed about the athlete's general well being; however, any specific medical information about diagnosis, outcome, and follow up care should only be communicated by the athlete themselves or by others provided the athlete has given such permission.

If the athlete is under the age of 18, a parent/guardian must be contacted prior to any referral or transport. Prior to participation, appropriate communication between the athlete, their adult caregiver, and the organization should take place regarding emergency contact information, protocol and preferred place of treatment.



## VI. Emergency Mental Health Protocol

An emergency mental health event can be summarized as an immediate risk or harm to self or others. Portland State Sports Medicine Department defines this more clearly as, “a situation in which an athlete poses an imminent threat to themselves, others, or property. This can be a verbal, written, and otherwise communicated threat of suicide or self harm, reported feeling of being out of control, inability to make sound decisions, incoherence, or confused or delusional thinking that may endanger them self or others.” Here are the proper steps to address an emergent mental health crisis.



- If the athlete appears or acts violently toward themselves or others, call 911 and/or the local law enforcement and seek immediate assistance. Take steps to protect yourself, the athlete and bystanders from harm. This includes not leaving the athlete alone. If you feel unsafe to be alone with the athlete or feel that you cannot safely keep the athlete out of danger, call 911 immediately.
- Once the athlete is out of the threat of immediate danger, the contact protocol follows these steps:
  - City or County Mobile Crisis or Emergency Mental Health line (see National Resources, section IX), which can assist in determining whether the person requires immediate assistance.
  - Athlete’s emergency contact(s) listed on registration forms. If an athlete is under the age of 18, a parent/guardian(s) is to be contacted in the event of a mental health emergency.
  - Head medical and support personnel (athletic training staff director, team doctor, team psychologist/social worker, etc)
  - Head coach / primary team leader (in the event of a less formal organizational structure).
- After the initial emergency is resolved, mental health resources and referral to a mental health professional should follow. The Northeast Ohio Women’s Sports Alliance can assist in bridging this follow up care by providing brief consultations and information.

Organizations will need to evaluate here whether they will assess the impacted individual with their own internal professionals or request a note from an outside mental health professional stating that the athlete is safe to return to play.

At a minimum, it is recommended to discuss with the athlete the ways in which the organization can support their progress and determine that the athlete is ready for competition.

A Release of Information (template included in Appendix C) can be used for organization staff to communicate with community providers as needed on behalf of the athlete.







## VII. Followup & Ongoing Care

Ongoing mental health care can be provided by licensed professionals in the following fields: clinical social workers, psychiatric mental health nurses, clinical psychologists, psychiatrists, and licensed mental health counselors. Each specialization has their own legal and ethical guidelines, as well as their individual state licensure boards.

Many insurance companies provide a list of approved providers. If the affected individual is uninsured or underinsured, and mental health benefits are not part of their plan, there are potentially reduced or no-cost options for long term care.

Practitioners providing mental health care for athletes should:

- Work collaboratively with team staff, upon written permission from athlete,
- Be professionally licensed with core competence in mental health,
- Have competence in treating athletes from diverse racial, ethnic, gender and other cultural experiences, and
- Have experience in understanding treatment related to athletics.

Sports performance consultants can also be a licensed mental health professional, but in seeking support, an athlete must be clear as to the type of service the provider offers, as their scope of practice and type of care may differ. A sports performance consultant who is not licensed as a mental health provider may provide services that focus primarily on athletic performance enhancement rather than overall wellness. Often, a mental health event or ongoing condition may be seen as either the perpetuating problem or the result of performance-related issues. It can seem natural to seek out a sports performance consultant for this matter. However, unless they are licensed as a mental health professional, they should not be providing mental health treatment to the athlete. Organizations and individuals should ask about the providers' credentials and what they are able to provide within their professional scope of practice prior to any treatment.

A team approach to care could be an option with both the sports performance consultant and mental health professional working together with the athlete to improve overall health and wellbeing. Further, a holistic approach involving the athlete's support network, medical and physical training providers, may assist in instances where intensive intervention and support is needed.

An optimal solution is an integrative team of professionals focused on the health and wellbeing of adult athletes that is easily accessible and attainable through the organization.

As a precaution, it is recommended that each organization have a quick reference document that lists local emergency numbers and community resources while onsite at all practices and competitions.

Note that it cannot be assumed that sites of “away” competition will be prepared for mental health or medical emergencies. Organizations should take appropriate steps to be as informed as possible when traveling.






## VIII. Steps for Organizations

Having actionable steps and knowledge of available resources can help improve outcomes in both non-emergent and emergency events. The following are advised for all community-based teams and organizations. Read the Appendices for supplemental documents.

- Ensure there is an annual evaluation on file for all athletes, including disclosed physical and mental health issues, and emergency contact information.
  - Team leadership should have emergency contact information on hand at all practices and events.
- Establish a problem-solving team by identifying members of the organization who may be utilized in activating the below protocol.
- Determine a procedure/protocol for A) Emergent Events and B) Non-Emergent Events. These steps can apply to both mental or physical health issues.
  - Discuss, in depth, the specific considerations regarding emergency events that acknowledge potential harm of a police-first approach.
  - Identify alternatives based on the sites utilized for practice and competition. Include acknowledgement that at times, 911 may need to be utilized when persons are in immediate danger.
- Document the answers to these organization-specific factors.
  - Who will manage the process, document and follow up?
  - Confidential/secure records management system?
  - Process of communication?
  - How will confidential information be passed along when/if leadership changes? Transition of leadership and disclosure of who has access to confidential personal information is essential.
  - What is the flow of action steps that the protocol will follow in assisting someone in need of mental health support?

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- Organize a response plan for each site that the team utilizes (ex: practice, game, training). The locality may have differing resources and response systems. Identify, at each site, which community resources or responders are available for physical and mental health needs.
    - At away competition, obtain local mental health community resource information by communicating with the home team in advance. Maintain written records and distribute to team leadership.
  - Following a mental health event, attempt to obtain written permission to communicate with appropriate mental health provider(s) to assist with the athlete's return to play, maintain future support, and acquire updated health information that may impact performance or overall safety/wellbeing of self and others.
    - Note that the individual is not required to authorize permission to the organization. In the event that permission is not authorized by the athlete, all providers must take appropriate action to ensure the safety of the athlete, team, and any community members.
    - Timely and accurate documentation of any event is essential. In the event that there is a need for help but the individual is resistant, communication with appropriate support resources such as a mental health crisis line can still be accessed without authorization of the impacted athlete. Authorized permission by the impacted athlete is also not necessary to report a clear intent to harm another person and/or group.
    - Additional reportable issues without the need for authorized permission: child abuse/ neglect, elder abuse/neglect, animal abuse/neglect, knowledge of assault or violence impacting safety of others or the public.
  - Develop and maintain accurate community resources and contacts in the form of a resource manual or database, which is easily accessible by athletes, staff, volunteers, coaches, etc.
  - Create a culture that promotes acceptance of asking for help, vulnerability and prioritizing overall wellness. Leadership should set the example and communicate clear expectations of camaraderie and support. Open discussion of the built-in supportive services that athletes have as part of the organization can promote healthier interactions and may open pathways for athletes to seek help proactively.

The need for help in mental health situations will present differently. Improperly addressing or neglecting to address a mental health situation can lead to an increase in distress for the individual, resulting in loss of ability to participate, personal or other injury/self harm, or even death. Preparedness and knowledge of community resources will be key to the ultimate success of the impacted individual, family, and organization, and overall adult sport community.

## IX. Considerations for Youth Sports

NOWSA is attentive to the transition from youth into adult sports. Mental health considerations for youth differ from adults and the pathways for support include parent/guardian assistance and approval. There are national organizations dedicated to overall wellbeing and safety for youth athletes, including but not limited to, the Positive Coaching Alliance and the National Alliance for Youth Sports. In addition to the standards and practices recommended by the National Alliance for Youth Sports and other national leaders in mental health, athletes, parents, coaches, volunteers, and organizations should receive information and training related to mental health considerations for youth (under 18).

Some barriers to youth access of mental health support include:

- Lack of education or awareness about mental health indications or red flags for youth.
- Uncertainty about where to go for help.
- Concern about how mental health stigma/treatment may impact a youth athlete's prospects or future.
- Hesitation to ask for help due to stigma, not being taken seriously, bullying, etc.
- More emphasis on a success-focused culture rather than a person-focused or wellness-focused culture. (Alliance of Social Workers in Sport - Youth Committee, 2020)



Local health systems, including pediatricians and sports medicine professionals, as well as school support staff and community organizations are available to provide resources for caregivers that can help with mental health considerations for young athletes in various age groups.

Some organizations may have training in place for coaches and volunteers aimed at athlete safety (head injuries, heat-related illness/death, cardiac symptoms, etc). Some may have social or emotional safety training (bullying, creating a culture of positive growth, competition and sportsmanship, etc).

Few youth organizations, so far, include education and awareness of mental health considerations. It is advised that youth organization training for staff, coaches, parents, and volunteers include education on stressors, manifestations of mental health symptoms, red flags for emergencies, and appropriate next steps.

The following are a few of the potential stressors youth athletes may encounter that could impact their mental health (Alliance of Social Workers in Sport - Youth Committee, 2020).

- Over training
- Early specialization
- Identity
- Balancing demands of school, sport and life
- Weight and self-image
- Hazing, harassment, bullying

If an organization does not provide training that prioritizes the health and safety of its youth athletes, then parents/guardians, coaches and volunteers should advocate and push for change. Youth sport organizations require adult buy-in, financial support and ongoing commitment in order to continue operation. Adults have the power and responsibility to promote positive mental and physical health for youth in sports. Community engagement in the form of conversations, increase in transparency and normalization of mental health can create more positive environments in sport where youth athletes can thrive (Johnson Memorial Health, 2015).



## X. Recommendations

The Mental Health for Adults in Community-Based Sports document is intended as a tool for building mental health and safety protocol within adult community-based and recreational athletics. Each organization will require introspective planning for its own specific structure as well as considerations for implementation. Review of organizational standards and protocol is recommended annually or as needed.

The goals of the framework are to increase knowledge of mental health topics, improve preparedness for community-based sport organizations, increase positive outcomes for those involved in mental health events, and normalize conversations about mental health as it relates to overall wellness.

Refer to Appendix D: Community-Based Sports Mental Health Protocol Checklist to guide your organization with tangible next steps.

If you have any questions about this content or how to adapt it to your organization, feel free to contact the Northeast Ohio Women's Sports Alliance at [info@nowsa-ohio.org](mailto:info@nowsa-ohio.org).





## XI. National Resources

[The American Foundation for Suicide Prevention](https://afsp.org) provides referrals to support groups and mental health professionals, resources on loss, and suicide prevention information.

<https://afsp.org> (888-333-2377)

[The National Domestic Violence Hotline](https://www.thehotline.org/) provides 24/7 crisis intervention, safety planning and information on domestic violence.

<https://www.thehotline.org/> (800-799-7233)

[The Suicide Prevention Lifeline](https://suicidepreventionlifeline.org/) connects callers to trained crisis counselors.

<https://suicidepreventionlifeline.org/> (800-273-8255)

[RAINN: Rape, Abuse and Incest National Network](https://www.rainn.org/) is the nation's largest anti-sexual violence organization and operates the National Sexual Assault Hotline.

<https://www.rainn.org/> (1-800-656-4673)

[Don't Call the Police](https://dontcallthepolice.com/)- Community-Based alternatives to police in your city.

<https://dontcallthepolice.com/>

[Veterans Association- Suicide Prevention](https://www.mentalhealth.va.gov/suicide_prevention/) works with community partners across the country to prevent suicide among all Veterans including those who may never come to VA for care.

[https://www.mentalhealth.va.gov/suicide\\_prevention/](https://www.mentalhealth.va.gov/suicide_prevention/)

Crisis Line: 1-800-273-8255 or Text 838255

[Crisis Text Line](https://www.crisistextline.org/) serves anyone, in any type of crisis, providing access to free, 24/7 support via a medium people already use and trust: text.


<https://www.crisistextline.org/>

Text SUPPORT to 741-741

[National Eating Disorder Association \(NEDA\)](https://www.nationaleatingdisorders.org/) supports individuals and families affected by eating disorders, and serves as a catalyst for prevention, cures and access to quality care.

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





[The Trevor Project](https://www.thetrevorproject.org/) provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer & questioning (LGBTQ) young people under 25.  
<https://www.thetrevorproject.org/> (866-488-7386) (24/7)

[NCAA Sport Science Institute- Mental Health Best Practices](https://www.ncaa.org/sport-science-institute/mental-health-best-practices) offers resource-independent recommendations for member schools to support and promote student-athlete mental wellness in partnership with campus stakeholders.  
<https://www.ncaa.org/sport-science-institute/mental-health-best-practices>

[National Alliance on Mental Illness \(NAMI\)](https://www.nami.org/home) provides advocacy, education, support and public awareness so that all individuals and families affected by mental illness can build better lives.  
<https://www.nami.org/home>  
The NAMI HelpLine can be reached M-F, 10 a.m.–8 p.m., ET. (1-800-950-6264)

[Positive Coaching Alliance \(PCA\)](https://devzone.positivecoach.org/browse/Mental%20Health) provides training and resources for coaches, parents, athletes, and leaders to ensure positive youth development through sports.  
<https://devzone.positivecoach.org/browse/Mental%20Health>

[Patient Health Questionnaire \(PHQ\) Screeners](https://www.phqscreeners.com/)- offer clinicians concise, self-administered screening and diagnostic tools for mental health. <https://www.phqscreeners.com/>

## XII. Acknowledgements

Thank you to all those who assisted the Northeast Ohio Women's Sports Alliance in developing the content for this document. Special acknowledgement goes to:

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- Akron Roller Derby
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- Cleveland Aquatic Team
- Cleveland Baron's Women's Hockey
- Cleveland Fusion Tackle Football
- Cleveland Disc Association
- Cleveland Iron Maidens Rugby
- Cleveland Riff Quidditch
- Cleveland Water Polo Club
- Cyrano's Place Fencing
- GameHer
- Hermes Sport and Social
- North Coast Softball
- Notorious CLE Ultimate Frisbee
- Ohio Apollos Quidditch
- Ride Inspired Mountain Biking
- Youngstown Steel Valley Rugby Club





### XIII. Citations

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# XIV. Appendices

## Appendix A: Patient Health Questionnaire-9 (PHQ-9)

### PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING   0   +        +        +         
=Total Score:       

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

<b>Not difficult at all</b> <input type="checkbox"/>	<b>Somewhat difficult</b> <input type="checkbox"/>	<b>Very difficult</b> <input type="checkbox"/>	<b>Extremely difficult</b> <input type="checkbox"/>
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## Appendix B: General Anxiety Disorder (GAD-7)

### GAD-7

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? <i>(Use "✓" to indicate your answer)</i>	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

*(For office coding: Total Score T \_\_\_ = \_\_\_ + \_\_\_ + \_\_\_)*

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## Appendix C: General Release of Personal Health Information - Template

\_\_\_\_\_ I hereby authorize (organization name) \_\_\_\_\_ to request a copy of my records/information (for referral, verbal, written, and/or electronic) from (provider/agency name) \_\_\_\_\_.

AND/OR

\_\_\_\_\_ I hereby authorize (provider/agency name) \_\_\_\_\_ to release relevant records/information (for referral, verbal, written, and/or electronic) to (organization name) \_\_\_\_\_.

Name of Organization: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Provider/Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

For the purpose of providing support during participation with (organization name) \_\_\_\_\_, it is important that communication be allowed for items including, but not limited to, social service and counseling continuity, coordination and/or referral for physical and mental health or related services, acquisition of material resources (such as housing, food, and other basic needs), and relevant, specific purposes below:

\_\_\_\_\_  
\_\_\_\_\_.

This authorization is valid for a period of one (1) year from the date of signature and may be revoked by me in writing at any time. This does not include information which may have been released between the time I authorized the release of information and the time of revocation.

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix D: Community-Based Sports Mental Health Protocol Checklist

Community-based or recreational sports organizations can adopt this checklist to ensure that the mental health of their athletes is appropriately addressed. Please reference the full Mental Health for Adults in Community-Based Sports framework for comprehensive details about how to implement a mental health program into your organization.

- Ensure there is an annual evaluation on file for all athletes, including disclosed physical and mental health issues, and emergency contact information. Leadership should have emergency contact information on hand at all practices, games, and events. If any of players are under the age of 18, be sure you have parent/guardian consent and contact information.
- Obtain written permission to communicate with appropriate mental health provider(s) to assist with an athlete's return to play, future support, and updated medical/health information that may impact performance or overall safety/wellbeing of self and others.
- Develop and maintain a list of accurate community resources and contacts, which is easily accessible by athletes, staff, volunteers, coaches, etc.
- Outline a list of medical and emergency resources for locations where the organization frequently travels.
- Train coaches, staff, and volunteers on the signs and symptoms of mental health challenges and appropriate responses. See the Mental Health for Adults in Community-Based Sports document for a list of common mental illnesses and their symptoms.
- Establish a Problem Solving Team by identifying and training members of the organization who may be utilized in case of a medical or mental health emergency.



Determine protocol for both non-emergent and emergent events, which can apply to both mental or physical health issues. See Health Emergency Procedure template in Appendix E. Here are some questions to consider:

-Who will manage the process, document and follow up? Do you have a confidential or secure records management system?

-How will confidential information be passed along when/if leadership changes?

-What is the flow of action steps that the protocol will follow in assisting someone in need of mental health support?

-How does the process differ at home field facilities and when out of town? Do you have a list of local resources when outside of your home base? Consider asking the opposing team or host organization to provide these for you.

Clearly communicate the emergency protocols between athletes, parents, leadership, and parallel staff such as referees, trainers, etc.

Create a culture that prioritizes safety, overall wellness, acceptance and vulnerability. Discussion of the support that athletes have as part of the organization can promote healthy interactions and empower athletes to proactively seek support prior to an emergency.





## **MENTAL HEALTH FOR ADULTS IN COMMUNITY-BASED SPORTS**

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