



Athlete Wellbeing Framework

**Sports Medicine Department
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1. Background

The Queensland Academy of Sport (QAS) advocates a duty of care environment where the wellbeing of all scholarship athletes is nurtured and protected.

Whilst training and competing at an elite level, QAS athletes operate in a stressful environment. Concurrently, QAS athlete's coping skills may not always be sufficient or effective in managing these stresses or the stressors that cause them. **As a duty of care, QAS is conscious to identify and assist those athletes who demonstrate behaviours which place their wellbeing at risk.**

The QAS Wellbeing Framework provides guidelines for the appropriate identification, diagnosis, management and reporting procedures to be put in place for each situation.

As the QAS relies on a wide range of scientific, medical, para-medical and counselling professionals, the overall responsibility for the operation of the Wellbeing Athlete Framework rests with the High Performance Directors and Executive Director of the QAS.

2. Framework Purpose/Objective

The aim of this framework is to establish a structured and professionally supported management plan that ensures QAS Athletes identified as at risk are professionally supported via:

1. Mobilisation and coordination of the necessary resources (both within and outside QAS) for effective athlete support and management.
2. QAS coaches, staff, consultants and network providers are sensitive to the processes involved in the early identification of athletes.
3. Provision of a protocol for QAS coaches, staff, consultants and network providers that guides their actions after having identified a potential athletes.
4. Provision of a protocol which will serve as the framework for the continued multi-disciplinary support and treatment of at risk athletes and to maintain appropriate documentation of individual athlete progress.
5. Provision of a protocol for the transition and/or hand-over of the at risk athlete back into their normal servicing arrangements.

3. At Risk Behaviours

At risk behaviours are defined as dysfunctional behaviours that may jeopardise an athlete's welfare in the short or long term. These behaviours may be varied and could include some or all of the following:

- increased incidence of injury/career threatening injury
- burnout/overtraining
- abnormal eating/weight control behaviours
- relocation problems (including adjustment difficulties, extended "homesickness")
- substance misuse and/or abuse

- suspected clinical disorders (e.g. aggressiveness, self-harm, psychoses)
- grief or post trauma reactions
- prolonged and unexplained depression/withdrawal
- suicidal thoughts and/or actions
- indication of physical, psychological and/or sexual abuse

4. Identification of Athletes

QAS acknowledges the team nature of elite sport (including the unique relationship between athlete and coach) and the need to provide athletes with specific multidisciplinary support and treatment.

The identification of QAS athletes whose wellbeing may be at risk can involve observations, assessment and interpretation of information gained by a range of QAS staff and support personnel who interact on a regular basis with the athlete. For example:

- QAS coaches
- QAS support staff and external consultants
- QAS athlete's family
- Other QAS athletes

5. Support for Athletes

The most effective support for and the management of athletes is provided by the establishment of a multi-disciplinary support team (known as the Athlete Wellbeing Review Panel) comprised of:

- High Performance Director (Chair)
- Specific SM Senior Advisor (case dependent)
- Head Coach (if appropriate)
- Designated Sports Medicine providers (case dependent).

A Case Manager, usually the HPD or nominated delegate will be appointed.

5.1 Athlete Wellbeing Review Panel Responsibilities

Members of the Panel have the responsibilities of ensuring that the appropriate referral decisions are made and treatment options are provided.

The Chair of the Review Panel also has the responsibility of advising the QAS Executive Director of progress towards case management goals in addition to providing advice as to appropriate actions in the event of challenges arising during the treatment/case management of the QAS athlete.

5.2 Case Manager's Responsibilities

The Case Manager will be responsible for the following:

1. Establishment and maintenance of a file that includes the management plan and actions taken with respect to the athlete. This file should detail notification dates, assessment details, management team meeting dates and key documentation regarding actions and recommendations.
2. Facilitate meetings of the multi-disciplinary management team with relevant QAS staff and/or external consultants.
3. Maintain an information flow between case management and the members of the Athlete Wellbeing Review Panel and the QAS Head Coach.
4. Inform athlete's parents or guardian where the athlete is under the age of 18.
5. Arrange and/or coordinate referrals (within and outside the QAS as required) and provide appropriate background briefings.
6. Evaluate effectiveness of case management in consultation with the Athlete Wellbeing Review Panel.
7. Liaise with the QAS Executive Director, the appropriate members of the Athlete Wellbeing Review Panel, and /or Head Coach and where necessary.
8. Brief other 'need to know' staff regarding the ongoing need for support of the athlete (for example, appropriate things to say, ways of coping, emergency contact numbers, etc...).

6 Responsibilities of the QAS (coaches, consultants, staff)

It is acknowledged that the QAS has an unequivocal responsibility to implement an effective protocol which identifies appropriate resources and treatment/support for athletes whose wellbeing is at risk. It is also recognised that many QAS athletes have non-QAS medical and other support networks, and that the identification of the wellbeing status of an athlete may not always be made by QAS personnel.

While every attempt may be made to provide appropriate assistance, there will be occasions where athletes cannot or will not adhere to the recommended treatment or support program. Therefore, a limitation of the program could be the athlete's agreement to commit to their proposed support program and management plan.

Through the progress report system established by the Athlete Wellbeing Review Panel, QAS Management will be able to facilitate decisions on appropriate action should an athlete refuse to comply to agreed treatment directions or have difficulty complying with components of the support program developed by the Case Manager.

It maybe necessary to refer athletes to external professional staff. Such referrals may involve the complete transfer of the case management responsibilities, and others may continue under the management of the QAS Athlete Wellbeing Review Panel. In either event QAS will facilitate the establishment of a professional treatment and support program.

7 QAS Athlete Debriefing Program

All athletes who are deemed unable or unsuitable to continue their QAS scholarship will be debriefed in order to facilitate an effective transition from QAS back to a regional or home sporting program. They will additionally be offered advice on career and education by the ACE unit following the completion of their scholarship – for a period of 12 months. This debriefing is particularly important for those athletes who must relinquish their scholarship early and/or are informed that their scholarship will not be renewed because of unsatisfactory performance or where an athlete decides not to return because of personal dissatisfaction.

The debriefing process can be conducted individually or in group settings as appropriate, by the QAS Head Coach or delegate. The ACE staff will provide the program resources to Head Coaches to facilitate the process. Athletes will be advised as to any perceived need for follow up and referred to appropriate local area practitioners from a coaching or sports science/medicine perspective.

8 Issues

8.1 Confidentiality

Given the extremely personal, complex and sometimes volatile nature of situations where an athlete's wellbeing is at risk, confidentiality is essential. A file will be established on each case, and the responsibility for maintenance and security of this file rests with the Case Manager. Specific case information will be restricted to the Athlete Wellbeing Advisory Panel. The athlete's file will be subject to the Freedom of Information (FOI) Act 1992. Please note that the FOI Act contains exemptions for material relating to the personal affairs (including ill health) and the material communicated in confidence.

8.2 Labelling

There are potential legal and medical implications associated with the labelling of athletes involved in the QAS Athlete Wellbeing Program. It is important to recognise that a diagnostic category or label is nothing more than a professional/clinical description that leads to a recommended treatment. It is not a descriptive label for the athlete and under no circumstances should it be used in an accusatory, threatening and/or other inappropriate manner.

8.3 Reporting

It is the responsibility of the Case Manager to advise the Athlete Wellbeing Review Panel of the progress towards achievement of the treatment and management goals for each specific case.

8.4 Responsibility and Limitations

8.5 QAS Preventative Education Programs

Specific athlete welfare education programs detailing the Athlete Wellbeing Program framework will be provided to QAS coaches and staff as an integral part of the QAS induction program for all athletes. QAS Sports Medicine will be responsible for the continued development and delivery of these educational programs.

8.6 QAS Limitations

Whilst every attempt will be made by QAS to provide appropriate assistance, there will be occasions where QAS athletes cannot or will not adhere to the recommended treatment or support program. Therefore one of the limitations of the program could be the athlete's agreement to commit to the proposed support program.

Should an athlete refuse or have difficulty complying with the recommended treatment directions, the QAS Executive Director will decide upon appropriate actions via the Athlete Wellbeing Review Panel progress reports and recommendations. Additionally, if a QAS athlete's recommended treatment program is unsuccessful, the Review Panel will review and recommend to the QAS Executive Director alternative plans and actions.

Appendix 1: What to do if you think an athlete is suicidal

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Suicide is an increasingly important issue. In Australia, approximately six people a day die from suicide. Recent research demonstrates that these figures represent a higher cost to lives than does the road toll and deaths as a result of homicide. These figures alone underline the importance of acknowledging that it is an issue that the QAS needs to address.

Australia has one of the highest per capita rates of suicide in the world. Whilst it is not possible to prevent every suicide, the aim of suicide prevention is to identify suicidal individuals early and encourage them to access the variety of services available.

At some stage in their careers, coaches are likely to encounter athletes who are suicidal. Often the pressures on athletes are very great, and perceived or real failure in sporting performance can have a devastating effect. Some athletes recover successfully, whilst others do not. Therefore it is important that coaches are aware of the issues relating to suicide, the importance of early intervention, and what to do if you are presented with an athlete contemplating suicide.

Your role if you notice depression or other symptoms (listed below) with your athlete:

Talk to the athlete – Ask them the life-saving question:
“Are you thinking of hurting, harming or killing yourself?”

Being aware of suicide - what to look out for:

- sudden changes in relationships (e.g. disruptive behaviour)
- sudden change in weight
- apathy about dress or appearance
- giving away meaningful possessions
- sudden and striking personality changes and changes in mood
- development of extreme dependency
- depressive tendencies: feelings of guilt, failure and hopelessness
- unrealistic expectations held of self
- statements such as “I wish I were dead”, “No-one cares if I live or die”
- major disappointment or humiliation – sport or otherwise
- major stressor – e.g. death of a loved one, break-up with partner, family dysfunction, parental conflict

What to do if an athlete mentions suicide:

- talk to the athlete
- talking about suicide will NOT encourage suicide attempts
- you don't have to be a qualified mental health practitioner to provide support for someone – providing support is key to helping individuals who are contemplating suicide
- be willing to listen and discuss the issue of suicide openly and frankly
- show interest, concern and a willingness to help

Appendix 1: What to do if you think an athlete is suicidal

- avoid arguing that suicide is not an option, don't moralise confront or challenge the person
- avoid allowing yourself to be sworn to secrecy
- convey a message of hope
- inform the person you must act on the information and inform others
- get help from mental health professionals
- give 24-hour emergency numbers to the individual and other significant people
- suggest some of the contact websites/phone numbers listed below
- encourage open communication
- establish a plan for what is to happen next – following the advice from the support services contacted

Who to Contact:

- For crisis calls – the nearest hospital should have a crisis team or Mental Health professional who can suggest your best course of action. Check the index in the front of the White Pages under Community Services.
 - When calling the hospital, ask
“Can I please speak to a member of the Mental Health Crisis team?”
 - When explaining your situation you may say
“I know someone who is seriously contemplating suicide and is in need of immediate help”
 - If the crisis team cannot help you, they will be able to suggest the best steps to take
- Refer to a support staff member who can address any concerns and/or assist in finding help for the individual of concern
- Contact the athlete's local community health centre. Check the index in the front of the White Pages under Community Services.
- **Lifeline: 131 114**
 - Website: <http://www.lifeline.org.au/>
 - 24 hour telephone counselling service
 - can be contacted anonymously
- **Kids Helpline: 1800 551800**
 - Website: <http://www.kidshelp.com.au>
 - Telephone and online counselling for younger individuals – 5 to 18 years of age
- **Suicide Call Back Service: 1300 659 467**
 - Website: www.crisissupport.org.au
 - 10am – 8.30pm (EST) telephone counselling service
- **Websites:**
 - Lifeline: http://www.lifeline.org.au/find_help/suicide_prevention
 - Beyond Blue: <http://www.beyondblue.org.au>
 - Living is for Everyone: <http://www.livingisforeveryone.com.au/>

Appendix 2: Procedural Forms – Review Panel

Appendix 2: - The Athlete Wellbeing Review Panel Process for Members

If a member of the Athlete Wellbeing Review Panel receives notice that an athlete's wellbeing may be at risk, then all the members of the Athlete Review Panel should meet:

- High Performance Director
- Medical Senior Advisor
- Psychology Senior Advisor
- Relevant QAS Squad Providers

Step 1: Review the information provided by the referrer

Is the athlete experiencing suicidal thoughts? YES

IF, YES, go directly to **“What to do if you think your athlete is suicidal”**
(Appendix 1 & 3)

Is the athlete's wellbeing at risk and there is no immediate threat? YES

Follow the Steps Below:

More information is required before further actions can be taken. YES
This information is best sought by: _____
The situation will be further reviewed on: _____

The athlete's wellbeing is not deemed at risk no further action is required.

Is the athlete's wellbeing at risk and there is no immediate threat?

Step 2: Is a Case Conference Required? YES
The case conference has been arranged for: _____

Appendix 3: Procedural Forms – Coaches (Suicide Risk)

Appendix 3: What to do if you think an athlete is suicidal.

If your athlete is experiencing suicidal thoughts, it is important that you follow the steps below immediately.

Step 1: Call the local Mental Health Crisis Team COMPLETED

Tell them: “I know someone who is seriously contemplating suicide”.

If they cannot help you they will be able to suggest the best steps to take. The number of the local Mental Health Crisis Team can be found in the front of the White Pages under Community Services in the front of the phone book.

Step 2: Provide the athlete with the phone number of the local Mental Health Crisis Team COMPLETED



Step 3: Contact a member of the Athlete Review Panel COMPLETED

- High Performance Director
- Medical Senior Advisor
- Psychology Senior Advisor
- Relevant QAS Squad Providers



A Case Conference will then be convened.

Step 4: Ensure the athlete is currently in, and is going to a safe environment COMPLETED



Make sure the athlete is around supportive people.

Ask the athlete where they are, who they are with and where they are going. If the athlete is unable to remain in a safe environment, stay with them until you contact the Mental Health Crisis Team. If you are not physically present with the person, and cannot get to them quickly, let the Mental Health Crisis Team know that the person is alone. See if someone else can sit with the person until the Mental Health Crisis Team arrives and takes over responsibility for the situation and athlete’s wellbeing.

If there is immediate risk to a person’s safety for any reason, please call the police on 000.

Appendix 4: Procedural Forms – Coaches (Athlete Wellbeing Process)

Appendix 4 - The Athlete Wellbeing Process for Coaches

QAS management, staff, contractors and network service providers require a set of guidelines directing the management of genuine at risk athlete situations. The QAS Athlete Wellbeing Framework details the steps that should be taken when an athlete's wellbeing is considered to be at risk.

Step 1: Is your athlete's wellbeing at risk?	
Does your athlete display:	YES
• Abnormal eating / weight control behaviours	<input type="checkbox"/>
• Self injurious behaviours	<input type="checkbox"/>
• Prolonged and unexplainable withdrawal / depression	<input type="checkbox"/>
• Burnout / overtraining	<input type="checkbox"/>
• Substance abuse	<input type="checkbox"/>
• Prolonged reaction to a significant life event	<input type="checkbox"/>
• Increased incidence of injury	<input type="checkbox"/>
• Suspected clinical disorder (eg aggressiveness, psychosis)	<input type="checkbox"/>
• Indication of physical, sexual, psychological abuse	<input type="checkbox"/>
• Do you have other indication that an athlete is 'at risk'?	<input type="checkbox"/>
• Does your athlete report suicidal thoughts?	<input type="checkbox"/>
IF YES, go directly to "What to do if you think your athlete is suicidal" (Appendix 1 & 3).	
Ticking any of the above boxes indicates that you <u>may</u> be dealing with an athlete whose wellbeing is at risk.	
Step 2: Contact a member of the Athlete Wellbeing Review Panel	
	COMPLETED
• High Performance Director	<input type="checkbox"/>
• Relevant Sports Medicine Senior Advisor	
A Case Conference will then be convened.	
Step 3: Attend Case Conference if required	
	COMPLETED
	<input type="checkbox"/>
Step 4: Ensure the Athlete is notified of the steps you have taken	
	COMPLETED
	<input type="checkbox"/>

Appendix 5: Athlete Wellbeing Framework Overview

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