Ontario Artistic Swimming (OAS) Mental Health Emergency Action Plan

Purpose

This Mental Health Emergency Action Plan (MHEAP) outlines the steps to follow when a mental health emergency occurs during, or outside of OAS-sanctioned activities when such emergency affects relationships within OAS. The purpose of this plan is to support the health, safety, and well-being of participants (athletes, coaches, officials, volunteers, and staff) during a mental health crisis, provide procedures for recognizing, responding and referring individuals in distress, while recognizing OAS's limited capacity as a largely volunteer-based organization.

Scope

This MHEAP applications to all OAS events, practices, competitions and organizational activities to address mental health emergencies such as suicidal ideation, panic attacks, severe anxiety, psychotic episodes or unsafe behavior.

Guiding Principle

OAS's role is to recognize, respond, and refer. OAS personnel are not mental health professionals and are not expected to assess or treat mental health concerns. Their responsibility is to ensure immediate safety, provide compassionate support, and connect individuals to qualified professionals.

1. **Recognize**

A mental health emergency may include, but is not limited to:

- Suicidal thoughts or behavior
- Self-harm or risk of harm to others
- Acute psychosis, paranoia, or confusion
- Extreme emotional distress or panic attacks
- Intoxication, overdose, or violent behavior

Signs may include:

- Verbal cues: expressions of hopelessness, suicidal thoughts or extreme distress.

- Behavioral cues: withdrawal, agitation, erratic behavior, or refusal to participate
- Physical cues: panic symptoms (shortness of breath, shaking), disorientation, or collapse

Signs may be communicated directly (verbal disclosure) or observed through behavior. Anyone witnessing or informed of such a situation should act immediately.

2. Immediate Response Protocol

- Ensure Safety
    - Remove individual from water or unsafe environment and find a quiet space if possible.
    - Stay calm and use non-judgmental, supportive language

- Assess Urgency
    - If there is an imminent risk of harm -> Call 911 immediately
    - In non-imminent but serious -> Contact local crisis line
        - Ontario Mental Health Helpline: 1-866-531-2600

- Providing Support
    - Stay with the individual until professional help arrives
    - Engage a trusted adult (coach, staff or volunteer) to provide additional support
    - Avoid promises of confidentiality is safety is at risk

- Communication
    - Express care and concern: "I'm concerned about you and want to make sure you get support."
    - Listen without judgement. Do not attempt to counsel or diagnose
    - Explain that you will connect them with professionals who can help
    - Notify an OAS staff member
    - Inform parents/guardians if person requiring support is under 18
    - Document incident in a report

3. Refer

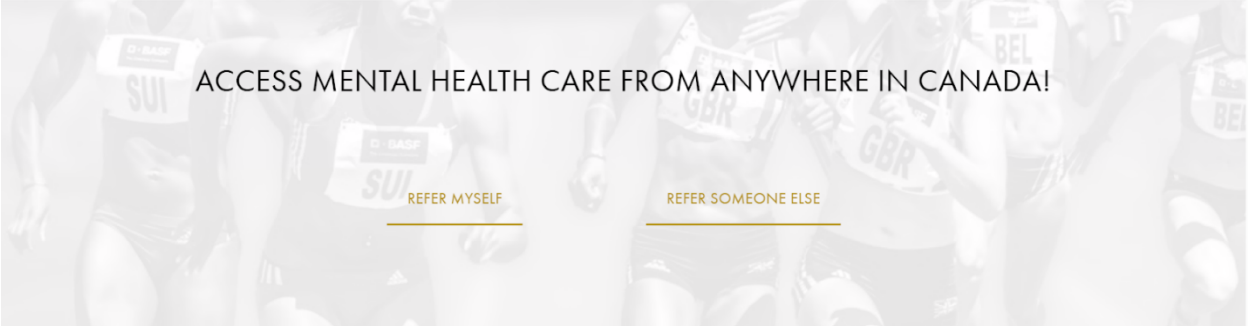
OAS does not maintain an internal Mental Health Emergency Response Team (MH-ERT). Instead, OAS uses an external referral model to ensure professional, timely, and confidential support.

<u>Primary referral pathways:</u>

Canadian Centre for Mental Health and Sport (CCMHS)
Website: www.ccmhs-ccsms.ca
Email: info@ccmhs-ccsms.ca
Phone: 613-702-0339

The CCMHS provides sport-focused clinical support and crisis referral services.

If you scroll down on the CCMHS landing page, you'll find the referral links below located at the bottom of the page.



Local Crisis Services or Hospitals:
If CCMHS is unavailable, contact a local crisis line, hospital emergency department, or 988 (Canada's National Suicide Crisis Helpline).

Centre for Addiction and Mental Health (CAMH) Crisis Resources:

https://www.camh.ca/en/health-info/crisis-resources

4. After referral:

- Forward the incident report to the Executive Director.
- The Executive Director may follow up to provide appropriate organizational support.

5. Roles and Responsibilities

All OAS Personnel will use their best efforts:

- Recognize signs of distress, ensure safety, and make referrals.
- To comply with this MHEAP

Executive Director (or Delegate):

- Maintain records of incidents (confidentially and securely).
- Liaise, if necessary, with CCMHS and other professional supports as needed and permitted by law.

CCMHS / External Professionals:

- Provide assessment, crisis intervention, and follow-up care.

6. Risk Management and Legal Considerations

- OAS personnel do not provide clinical advice, assessment, or treatment.
- OAS's duty of care is limited to ensuring safety and facilitating referral to qualified professionals.
- Maintaining incident reporting .
- OAS will provide staff and volunteers with brief annual training on the Recognize–Respond–Refer model.
- Review incident with OAS personnel to make any necessary changes to this MHEAP.

7. Summary of Emergency Steps

1. **Recognize:** Identify warning signs or reports of a mental health emergency.
2. **Respond:** Ensure immediate safety (call 911 if necessary); provide calm, supportive presence.
3. **Refer:** Connect the individual to CCMHS, a crisis line, or emergency services.
4. **Report:** Document and notify the OAS Executive Director.

In any situation where there is uncertainty — error on the side of safety. Call 911.

8. Liability

OAS shall not be liable for any OAS personnel or other individual's use or interpretation of this MHEAP. Further, none of OAS's members, directors, officers, employees, agents, representatives and other individuals involved in any way in the administration of this MHEAP shall be liable to any other individual in any way, in relation to any lawful acts or omissions committed in the honest application, administration, and/or enforcement of this MHEAP.

Ontario Artistic Swimming Return-to-Sport (RTS) Protocol following a Mental-Health Incident

Core Principles

- Safety first. If risk re-emerges at any point, pause progression and re-refer (911 if imminent risk).
- Clinical-led. Treating clinician(s) set readiness and restrictions; OAS implements them as directed by treating clinician.
- Individualized & reversible. No fixed timelines; progress can move forward or back based on response.
- Privacy by default. Share only what's necessary to keep the participant safe and supported.

Roles & Decision Authority

- Treating clinician(s): Assess readiness; provide return-to-training/competition guidance and restrictions.
- Athlete: Participates in planning; provides consent for any information sharing.
- OAS Executive Director (or delegate): Confirms RTS plan implementation details with the coach/club. The Executive Director/delegate is the OAS decision authority on RTS, in collaboration with the Coach/Club.

Required Before Any Return

1. Clinical Accommodation Note (from the treating professional) stating:
   - Fit to begin graded RTS Stage 1 (below), OR fit to resume at a specified stage.
   - Any restrictions (e.g., travel limits, training load, environmental triggers).
   - Monitoring flags that require pausing or re-assessment.

2. Informed Consent & Information Sharing (athlete/parent if minor):
   - Minimum disclosure to Executive Director/delegate and primary coach about restrictions & emergency steps.

3. OAS RTS Plan on File (one page, signed by Executive Director/delegate and coach):
   - Stage start point, check-ins cadence, named supports, documentation location.

Graded RTS Stages (Progress when ALL stage criteria met for 24–72 hrs without red flags)

Stage 0 – Stabilization & Planning (Off-sport)

- Activities: Medical/psych follow-up, sleep/nutrition routine, light daily function.
- Progression criteria: Clinical clearance; athlete expresses readiness; safety plan in place.

Stage 1 – Light Re-Engagement (Non-physical / Admin)

- Activities: Team meetings (optional), solo video review, light goal-setting.
- Monitoring: Mood logs or brief daily check-in (2–3 min) with designated person.
- Progression criteria: No symptom worsening; adherence to routines; coping skills engaged.

Stage 2 – Individual Light Activity (No intensity/pressure)

- Activities: Gentle mobility, stretching, easy dryland; short, non-timed pool drills if appropriate.
- Constraints: 15–30 min; 1:1 or very small group; no spectators/pressure.
- Progression criteria: Stable mood, sleep remains adequate, no panic or significant distress during/after.

Stage 3 – Guided Training with Modifications

- Activities: Low-to-moderate pool sessions; partial sets; no judged/run-through pressure.
- Constraints: Limit volume and complexity; planned breaks; trigger management (noise, crowds).
- Progression criteria: Tolerates 2–3 sessions; symptom self-management effective; no new red flags.

Stage 4 – Full-Practice Return (With Guardrails)

- Activities: Regular practice, controlled drills/run-throughs.
- Guardrails: Avoid known triggers where possible; pre-agreed “pause” signal; travel/load adjustments.
- Progression criteria: Sustained stability across typical weekly load; coping plans used as needed.

Stage 5 – Return to Competition

- Prerequisites: Clinician endorses competition readiness; athlete consents;.
- On-day plan: Quiet space identified; check-in pre/post; emergency steps readily available.

At any stage: If red flags appear—e.g., suicidal ideation, severe panic, functional collapse—pause and re-refer immediately. If imminent risk, call 911.

Monitoring & Check-Ins

- Cadence: At least once per stage (brief), plus 24–48 hrs post-progression.
- What to check: Sleep, appetite, mood/affect, anxiety/panic occurrence, training tolerance, trigger exposure.
- Who checks: Treating clinician(s) reports to Coach or designated staff; Executive Director/delegate provided with periodic summary (no clinical details).

Reasonable Accommodations (Examples)

- Training: Reduced volume, fewer run-throughs, flexible start/finish windows, quieter lanes/space.
- Competition: Later call times, designated calm area.
- Travel: Rooming preferences, shorter trips, proximity to supports, control over schedule buffers.
- Environment: Earplugs/quiet breaks, predictable routines, limited debrief intensity.

Documentation & Privacy

- Files kept by Executive Director/delegate (restricted access): RTS plan, clearance notes, stage check-ins, any incident reports.
- Minimum necessary sharing with coaches/managers (restrictions, guardrails, emergency steps)—not diagnoses.

Stop/Pause Criteria (Any Stage)

- Emergence/re-emergence of suicidal ideation, self-harm risk, or violent ideation → 911 if imminent.
- Inability to function in training despite accommodations.
- Clinician or athlete withdraws RTS clearance/consent.
- Coach/Executive Director observes significant deterioration or unmanageable triggers.
- Coach/Executive Director feels the matter has become unmanageable within their capacity and duty to accommodate.

Dispute or Concern Process

- If the athlete/parent or coach disagrees with RTS decisions: escalate to Executive Director/delegate for review with the treating clinician.

REFERENCES

The Return-to-Sport (RTS) protocol and related recommendations were developed using guidance, standards and interpretation from the sources listed below, alongside reviews by legal counsel and Canada Artistic Swimming.

1. National Mental Health Strategy for High Performance Sport in Canada (2021) – led by the Canadian Centre for Mental Health and Sport (CCMHS) and the Canadian Olympic Committee; it outlines the "Recognize–Respond–Refer–Reintegrate" model for athlete mental-health management and emphasizes clinician-led return-to-training decisions.

   https://athletics.ca/wp-content/uploads/2021/07/Mental-Health-Strategy-for-High-Performance-Sport-in-Canada-EN-2021.pdf

2. CSIO / OHPSI mental-health policy expectations – public program materials describing the requirement for every OHPSI-funded PSO to maintain a Mental Health Emergency Action Plan and Return-to-Play/Return-to-Train process, coordinated with qualified professionals, as part of their Safe Sport obligations.

   https://csiontario.ca/resource/individual-mental-health-action-plan/
   https://csiontario.ca/resource/return-to-sport-guideline/

3. Sport Medicine & Science Council of Canada and CCMHS guidance on graded return-to-sport following mental-health or psychological-injury episodes, which parallels concussion RTS frameworks (staged progression, symptom monitoring, clinician clearance, and flexible pacing).

   NSO Sharing Centre:
   https://nso.olympic.ca/return-to-and-removal-from-sport-guidelines-due-to-mental-health-concerns/#:~:text=Developed%20in%20collaboration%20with%20mental%20health%20experts%2C,from%20sport%20due%20to%20mental%20health%20concerns.

   Game Plan: Return to Sport:
   https://drive.google.com/file/d/1sr5jqRCztZlPlC3bNBQOYZYUifpSPTkj/view

4. Safe Sport and risk-management principles derived from Canadian Sport Law and UCCMS frameworks, focusing on role clarity, privacy, documentation, and duty-of-care limits for volunteer-based PSOs.

https://cces.ca/mental-health-services-program