

# **Mental Health Strategy**

## **Shooting Federation of Canada**

### **Crisis Response Action Plan**



**Susan Cockle M.A**  
**Registered Psychologist**  
**Mental Performance Consultant**  
**September, 2020**

## TABLE OF CONTENTS

What is Mental Health? . . . . .	3
Mental Health in Canadian Sport . . . . .	5
<b>Mental Health Crisis - Risk to Self or Others</b> . . . . .	7
"Are you suicidal?" . . . . .	7
When to call 911? . . . . .	9
When not to call 911? . . . . .	10
<b>Suicide Prevention Action Plan:</b> . . . . .	10
<b>Crisis Response Action Plan:</b> . . . . .	12
<b>Step 1: Contact and Engagement.</b> . . . . .	12
What to Do . . . . .	12
What to Say . . . . .	13
<b>Step 2: Safety, Comfort &amp; Stabilization</b> . . . . .	13
What To Do . . . . .	13
What to Say . . . . .	14
<b>Step 3: Link to Immediate Resources.</b> . . . . .	15
What To Do . . . . .	15
What to Say . . . . .	16
<b>Step 4: Coping Strategies, Resilience &amp; Hope</b> . . . . .	17
What To Do . . . . .	17
<b>Graduated Return to Sport</b> . . . . .	19
<b>Graduated Steps – Firearm Reintegration:</b> . . . . .	20
Appendix A: Information for Police: . . . . .	24
Appendix B: 3 Self-Regulation Techniques . . . . .	25
Appendix C: Common Stress Reactions to Disaster or Trauma . . . . .	26
Appendix D: Mental Health Hygiene Strategies . . . . .	28
Appendix E & F: Resources in Canadian Sport & Summary Graphic . . . . .	29 & 30

**MENTAL HEALTH** challenges, injuries, disorders and crises, interfere with optimal psychological functioning, hamper athletic performance and can have long lasting negative effects, both physically and mentally, if not handled appropriately.

**This Mental Health - Crisis Response Action Plan, and accompanying Managing Mental Health Slide Presentation will serve as resources for all SFC members; athletes, coaches, integrated support team, officials, and administrators.**

**The purpose is to;**

- a. Effectively manage mental health emergencies, crises and response to disasters.**
- 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.**

## **What is Mental Health?**

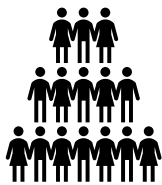
**According to the World Health Organization (2014), mental health is,**



**“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 national sport system in Canada, 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 maintain a state of well-being in which all members of SFC can cope with the normal stresses of our sport, can work, train and perform productively and are able to make a contribution within our sport community and within the greater community in Canada.

## 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 full-blown mental health breakdown and some 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 you have 25 members on a team, you can expect 5 to be experiencing mental health difficulties at any given point in time, within one calendar year.

Athletes, coaches, support staff, officials and administrators, in our Canadian sport system, are under intense stress and pressure to perform. Although participation in sport, and high performance sport in particular, does develop practice and skills in mental performance, which can aid mental health, such as; managing distractions, increasing focus, developing confidence, dealing with set-backs, developing self-regulation practices, focusing on mental rest and recovery etc., the pressures and rigours of training and competition, plus the sport system itself, can take a toll on mental health.

## Mental Health in Canadian Sport



**Stress and pressure can impact emotions, behaviours, thoughts and ability to cope. When high performance stakes are high, it becomes less likely that athletes, coaches, support staff or administrators come forward with their mental health concerns. This hesitance is 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;

<ul style="list-style-type: none"> <li>• <i>Isolation</i></li> <li>• <i>Loneliness</i></li> <li>• <i>Self-worth attached to performance</i></li> <li>• <i>Comparison to others</i></li> <li>• <i>Injuries</i></li> <li>• <i>Poor performance</i></li> <li>• <i>Overthinking</i></li> <li>• <i>Lack of control</i></li> <li>• <i>Retirement</i></li> <li>• <i>Loss of team or coach</i></li> <li>• <i>Family/Personal tragedies</i></li> <li>• <i>Moving to new locations</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Lack of financial support</i></li> <li>• <i>Change, chaos, uncertainty within the sport</i></li> <li>• <i>Team selection and de-selection</i></li> <li>• <i>Team dynamics</i></li> <li>• <i>Sport politics</i></li> <li>• <i>High performance pressure</i></li> <li>• <i>Others' success</i></li> <li>• <i>Inadequate mental health support</i></li> <li>• <i>Lack of confidentiality</i></li> </ul> <p><i>(Natalie Durand-Bush PhD, Krista Van Slingerland PhD (can), Canadian Centre for Mental Health and Sport)</i></p>
---	---

Due to the systemic pressures within the sport system, it can be inferred that coaches, integrated support staff, officials and administrators also experience some of these contributing factors and resulting mental health difficulties. If these factors go unchecked and are combined with personality, hereditary and environmental factors, it could lead to mental health injury, breakdown or even crisis.

Recently, more and more athletes have come forward to publicly express their own personal struggles with their mental health and in particular depression and suicidal thinking, in part due to the rigours of the sport system.

This then, requires a **Crisis Response Action Plan** to inform our plan of action should such an event arise with any member(s) of the Shooting Federation of Canada.

**MENTAL HEALTH CRISIS** and in particular suicide attempt or completion, creates devastating and lasting impacts on individuals, families and communities. **Suicide is preventable** and it is important that we all know the steps to take to offer best possible support to prevent a mental health crisis, including suicide. According to the Mental Health Commission of Canada, suicide is one of the leading causes of death in both men and women, from adolescence to middle age. In the event of mental health crisis, including risk to self and others, the following steps should be taken.

## **Suicide Prevention Emergency Protocol - Risk to Self or Others**

Do not hesitate or be afraid to ask the following questions. It does not make the situation worse. In fact, it can help reduce stigma and make it easier on the person who is potentially suicidal to come forward to receive help.

### **Ask:**

**“Are you suicidal?”**

**“Do you have a plan to harm or kill yourself?”**

**“Can you keep yourself safe?”**



## When to call 911?

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

- 1. Call 911 or have member go to nearest emergency room.**
- 2. State to 911 operator;**
  - a. what is happening*
  - b. who is at risk*
  - c. how they are at risk (in possession of means to harm - including a firearm)*
  - d. where the member is located*
  - e. how emergency services can contact and locate member*
- 3. Ask member to surrender any means they may have to inflict immediate harm.** (“sharps” – knives/razors, pills, drugs, firearms etc.)
- 4. Stay with the member until physical and psychological safety is restored.**
- 5. If possible, provide police “Information for Police Handout” (Appendix A)**





## 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;**

- a. are able to surrender plans and means of suicide \***
- b. can de-escalate risk to self and others**
- c. 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; VPHP, 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.**

**In a calm, swift, confident and compassionate manner, follow the action steps below:**



## **SUICIDE PREVENTION ACTION PLAN:**

1. **Safety first. Trusted, support person stays with SFC member at risk and/or have member *text 456-45* or *Call 1 (833) 456-4566 Suicide Prevention Hotline.***
2. **Contact SFC team physician and/or psychologist, and VPHP (Lisa Deneka .....)** to inform them of the crisis situation, and to ensure a safety/wellbeing plan is made with the SFC member.
3. **VPHP, 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, Physician, Teammate).**
4. **VPHP, 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.**
5. **If member at risk, is at home, VPHP 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.**
6. **The VPHP, or Designate, will reduce contagion of the crisis by providing basic information to others within SFC, if they are present and already aware of the crisis. 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.**

7. **The VPHP, or Designate, will continue to consult with the psychologist or team physician to stay up to date on situation specific next steps.**
8. **The VPHP, or Designate, will follow the steps below to continue to manage a mental health crisis 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 crisis and subsequent compromise in psychological functioning, all measures will be put in place for successful return to sport. (See p. 18 Graduated Return to Sport Following Mental Health Crisis)***

## **Managing a Mental Health Crisis or Disaster**



**Mental health crises include exposure to emergencies, disasters or acute trauma such as; accidents, death, injury, tragic incidents or abuse.**

**\*Note: if member is suicidal or is at risk to self or others, see above - Suicide Prevention Emergency Protocol.**

When providing support in 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 ascertain which of these steps best fit the particular incident at hand.

The following recommendations have been adapted, for the Shooting Federation of Canada, from resources from Psychological First Aide - 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 practical, evidenced-based best practices of the author, who has been managing crises as a registered psychologist since 1994.

## **Crisis Response Action Plan:**

### **STEP 1: LOOK - CONTACT AND ENGAGEMENT.**

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

#### **WHAT TO DO...**

- 1. Stay calm, open and approachable*
- 2. Use self-regulation and grounding techniques for yourself (See Appendix B)*
- 3. Assess the situation – Listen!*
- 4. Be confident, kind and compassionate*

## WHAT TO SAY...

1. *"I'm here for you"*
2. *"I want to make sure you are ok"*
3. *"Can you tell me what happened or what is happening?"*
4. *"How are you doing?"*
5. *"I hear you"*
6. *"How is your mental health?"*

**DON'T** say "I understand" – no one can fully understand the lived experience of another.

**DON'T** inhibit the conversation by trying to pump someone up and give meaningless positives or platitudes, such as, "tomorrow is a new day", "you have nothing to worry about", "keep your chin up".

**DON'T** hijack the conversation by making it about your own experiences.

## STEP 2: LISTEN - SAFETY, COMFORT, STABILIZATION.



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

## WHAT TO DO...

1. *Find a quiet, safe space to be and/or talk.*
2. *Give choice 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 also works to regulate the nervous system.*
5. *Use the rule of two – for backup support and safe sport protocols (one other person in background, aware of what is happening).*
6. *Don't be surprised if the individual can't talk about what is happening - the speech centre of the brain starts to power down in crisis.*
7. *Limit the impacts of further trauma, if necessary, by ensuring the environment is free from overwhelming images, sounds, reminders – limit replaying on social media or news feeds.*
8. *Provide basic needs, if needed - water, warmth, snack, shelter.*
9. *Actively listen.*
10. *Reinforce safety.*
11. *Have a designated support person stay in close proximity throughout.*
12. *Answer questions honestly with accurate and up to date information.*
13. *State what to expect next, if known.*
14. *Continue to provide information updates.*

**DON'T** bombard with questions – Who? What? When? Why? Where?

**DO** listen.

### **WHAT TO SAY...**

1. *"I am here for you"*
2. *"I've got your back"*
3. *Give limited choice: "Do you want to be/talk here or go over there?"*
4. *Reflect back, paraphrase and summarize what you hear: "Sounds like you are saying that ..."*

5. *Use empathy - validate emotions: "No wonder you are frustrated, upset, scared, worried..."*
6. *Normalize: "it's normal to react this way, in this kind of circumstance".*
7. *Provide containment: "I want to make sure you are emotionally safe".*
8. *Reassure: "Together, we are going to come up with the best possible plan for you".*
9. *"SFC cares about you and we want the best for you".*

**DON'T** panic if what you hear is overwhelming – in fact reflect that back to the individual – “No wonder you feel overwhelmed right now.”

**DO** let member know you will do your best to come up with a plan, with and for them.

### **STEP 3: LINK TO IMMEDIATE RESOURCES.**



**Aim to provide supports so SFC members can feel safe, secure, 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...**

1. *Encourage social connections with support people; family, friends, teammates, community supports.*

2. *Identify current specific needs.*
3. *Collaborate with the SFC member on an action plan.*
4. *Give information on typical signs and symptoms of crisis, especially in order to normalize;*
  - *Cognitive confusion*
  - *Difficulty in decision making*
  - *Irritability, numbness, avoidance*

(see **Appendix C: Common Reactions to Disasters and Trauma**)

### **WHAT TO SAY...**

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?"*

**DON'T** have member make decisions, if the member is shutting down or just seems tired, confused or overwhelmed.

**DO** offer 2 or 3 helpful choices in a drop-down, menu-like format e.g. "Do you need to stay here or go back to the hotel?", "Would you like x-athlete or y-support staff to stay with you?" "Here is some water and a recovery drink for you – help yourself."



## STEP 4: COPING STRATEGIES, RESILIENCE & HOPE.



**Aim to reconnect member to their own internal coping resources, resilience and hope, as well as external adaptive strategies and supports.**

### WHAT TO DO...

1. *Suggest talking to others.*
2. *Encourage adequate rest, sleep, hydration and recovery.*
3. *Suggest maintaining a normal schedule.*
4. *Ask which coping methods have worked for them in the past.*
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.*
9. *Encourage breathing exercises.*
10. *Discourage drugs, alcohol and other substances.*
11. *Discourage extreme avoidance.*
12. *Make a referral for counselling – local resource, team psychologist or Canadian Centre for Mental Health & Sport.*
13. *Provide list of resources (See **Appendix D: Resources**).*
14. *Use **Graduated Return to Sport** if necessary (see below).*

## After the Crisis:



**Coach, teammates, or integrated support staff engage in regular check-ins with the member.**

Ask the SFC member how they are doing and listen! Human contact, caring and connection are all difference making, can prevent long term negative effects, and can help speed up emotional and psychological recovery.

Acts of compassion indicate to the member that they matter to SFC and are significant as a human, beyond sport, and not just as an athlete or coach etc.

It also provides the message that we all need support following a mental health crisis and we will not be alienated, stigmatized or consequenced for such.

**If training or competing needs to be suspended, as recommended by the member, psychologist or team physician, due to the severity of the crisis and subsequent compromise in psychological functioning, all measures will be put in place for successful, graduated return to sport (see below).**



## **Graduated Return to Sport – Following Mental Health Crisis**

SFC will consult with psychologist, psychiatrist, or registered mental health professional, to implement situation specific graduated return to sport guidelines. Collaboration with MPC, IST, head coach and/or teammates will allow for fully integrated return to sport.

SFC member will be given control and self-efficacy over the pace and intensity of each portion of the return to sport, and will be encouraged to; maximize support, 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, which could result in further psychological break-down and injury.

### **GRADUATED RETURN TO SPORT – POST ACUTE PSYCHOLOGICAL INJURY OR CRISIS STEP BY STEP GUIDE:**

- 1. SFC member needs to be cleared for return to daily training environment (DTE) and/or competition, by team physician, medical lead and/or psychologist, if training or competing was suspended, due to severity of mental health crisis and resulting compromise in psychological functioning.*
- 2. The initial return to the daily training environment (DTE) can be coordinated to ensure the psychologist is present, if necessary,*

- to ensure management of potential anxiety and emotional triggers (in person on the range).*
- 3. Member is encouraged by mental health professional to identify potential triggers in the DTE (people, objects, sounds, smells, movements). Create a graduated exposure plan with accompanying self-regulation strategies in order to prevent over-triggering and overwhelming of the central nervous system.*
  - 4. Return to the range should be facilitated in a structured, step-by-step format including collaboration with coach, MPC and/or teammates.*
  - 5. If possible, consider the member attending the range off-hours to afford some privacy when returning to this environment.*
  - 6. Add restorative, self-regulating movements into pre-training routine, warm-up, cool-down, or post-training routine, such as, bi-lateral movements - swaying, rocking, or singing, music, dancing, drumming, yoga have all been shown to decrease maladaptive psycho-physiological impacts of trauma.*
  - 7. Pay close attention to body language and words said of the member and ensure self-regulation is happening, prior to progressing to next step.*
  - 8. Remain compassionate, patient, and encouraging, while following high performance sport expectations and training regimes.*

## **POTENTIAL GRADUATED STEPS – FIREARM REINTEGRATION: \***

- 1. Build trust between member and person assisting with return.*
- 2. Create discussion around any new limitations since they last used a firearm. (i.e., injury – psychological or physical that will change some of their activities on the range either temporarily or permanently).*
- 3. Problem solve for potential changes prior to range exposures to prevent disappointment or setbacks. This will help member feel mentally prepared for the changes that have occurred. (i.e., A*

- change in vision, clarity or focus, a change in dexterity in the hands, or a change in ability to concentrate, etc.)*
4. *Exposure to the range setting.*
  5. *Exposure to an unloaded firearm.*
  6. *Break-down of firearm to individual pieces.*
  7. *If break-down of firearm into pieces is not possible, go through the process of cleaning the firearm as an option for refamiliarization.*
  8. *Dry manipulations with no ammunition.*
  9. *Live fire.*
  10. *Consider providing some options for shooting exercises or drills that are fun. Work toward more of a return to the activities they would normally participate in at the range.*

***\*Firearm reintegration suggestions provided by Sgt. Glen Klose and Sgt. Colleen Mooney – Resilience and Reintegration Unit – Edmonton Police Force, in consultation with the CFO - Chief Firearms Officer).***

***Note: If a firearm 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.***

## Preventing a Mental Health Crisis:



### *Recommendations for Best Practice:*

1. Create a culture of psychological health and safety.
2. Make it clear it's safe and ok to talk about mental health.
3. Lead by example – take care of your own mental health.
4. Provide support and resources on a regular basis.
5. Encourage good mental health hygiene (See Appendix E).
6. Have a licensed mental health professional (psychologist, psychiatrist, certified clinical counsellor) who specializes in sport, assigned to your organization that you trust and who can get to know your sport, the athletes, coaches and administrators, as well as help manage mental health crisis response protocols.
7. Work with your mental health professional collaboratively, to maximize mental health within the SFC environment, while allowing them to maintain professional confidentiality with members.

## Conclusion:

Mental health services are only as good as the relationships of safety and trust that are developed between practitioner and members of an organization. Time needs to be invested in getting to know and trust your mental health professional and vice versa.

**Mental health check-ins and workshops can be done when the team is together in person, in the DTE, at training camps, or competitions, as well as remotely throughout the year. These mental health services can work collaboratively, in conjunction with mental performance services and are not a replacement for such.**

**When we de-stigmatize mental health, make mental health a normal and expected part of the sport culture, invest in mental health - as well as mental performance, have a safe and confidential person to trust with mental health concerns, and swiftly create effective action plans in high stress, crisis and return to sport situations, we can optimize mental health delivery, and help prevent mental health injury and mental health crises within our Canadian sport system.**

## Appendix A:

### **INFORMATION FOR POLICE: ASSISTING IN A CRISIS SITUATION WITH REMOVAL OF FIREARMS**

- 1. Officer-safety is paramount.*
- 2. Continue to operate within your police organization's policies and provincial / federal laws.*
- 3. When dealing with members of a shooting sport, know that their identity may be closely tied to their sport and their firearms. Removal of these items may come with a heavy emotional attachment.*
- 4. 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.*
- 5. Explain that the removal of the firearms is for public safety (self and others) and that the firearms will be returned once the situation / crisis has been resolved.*
- 6. Get the individual forward-thinking. Thinking about the future and that this should be a temporary precaution.*
- 7. Ensure that the individual knows that the firearms will be handled respectfully and will be cared for.*
- 8. Ensure the individual / family members know how the return of the firearms will be handled. This will help eliminate concerns up front.*

Sgt. Glen Klose, Resilience and Reintegration Unit – Edmonton Police Force



## Appendix B:

### 3 GROUNDING & SELF-REGULATION TECHNIQUES



#### 1. "Head" – manage your self-talk.

Unhook from any doubting, limiting or anxious thoughts. Instead tell yourself; "I've got this", "I can do this", "Bring it on", "I'm ready" "I will get this job done". If unhelpful thoughts show up again – just notice them, let them pass you by and repeat your effective self-talk.



#### 2. "Heart" – breathe, decrease your heart rate.

Use your favourite breathing technique. Focus on the exhale to elicit a relaxation response in your brain and body, and help you focus and think more clearly. E.g. Exhale all the way (through mouth) - inhale (through nose)- hold – for 3, 2, 1 - exhale again (mouth) and repeat 3-5 times.



#### 3. "Feet" – connect with your body, relax your muscles.

Start at the top of your head and body scan all the way down to your toes. Notice and accept any sensations within your body, or do a squeeze/ release of the muscles on the way down, or stretch out or roll your shoulders. Pay particular attention to your feet and push them into the ground. Remind yourself that you are rooted and connected. Stay in this moment. "Be where your feet are".

## Appendix C:

### Common Stress Reactions to Disasters or Traumatic Events:

(Psychological First Aide – National Centre for PTSD, National Child Traumatic Stress Network)

#### ***Intrusive Reactions***

- *Thoughts*
- *Images*
- *Dreams*
- *Nightmares*

#### ***Avoidance Reactions***

- *Avoid reminders to protect from distress*
- *Avoid talking, feeling thinking about the incident*

#### ***Physical Arousal***

- *Heightened startle reflex*
- *Jumpy*
- *Irritable*
- *Anxious*
- *Teary*
- *Difficulty sleeping*
- *Low appetite*
- *Difficulty focusing*
- *Cognitive Impairment*

#### ***Emotional Reactions***

- *Fear*
- *Depression*
- *Low mood*
- *Lack of motivation*
- *Lack of purpose*
- *Sometimes thoughts of suicide*
- *Numbness*
- *Worthlessness*

### **Physical Reactions**

- Headaches
- Dizziness
- Nausea
- Increased heart rate
- Tightness in chest
- Increased hyperventilation
- Bowel problems
- Muscle aches

### **Grief Reactions**

- Sadness
- Anger
- Guilt
- Regret
- Loss
- Missing/Longing
- Wishes to see deceased again

### **Traumatic Grief**

- Focus on circumstances of death
- Focus on how death could have been prevented
- Think repeatedly of what last moments were like
- Focus on who was at fault

### **Common Contributors to Traumatic Stress Reactions**

1. **Trauma Reminders** – triggers of sights, sounds, places, smells, specific people, time, locations and feelings.
2. **Loss Reminders** – situations which bring up loss of loved one.
3. **Change Reminders** – how life has changed as a result of the trauma e.g. people, places, things, routines, activities, hardships
4. **Hardships** – stressful changes or adversities

**Appendix D:****MENTAL HEALTH HYGIENE STRATEGIES:**

Spend time in nature.



Be mindful. Stay in this moment now.



Go for a walk, run, ride or work-out.



Practice gratitude.



Journal your thoughts and feelings.



Practice breathing.



Listen to uplifting music.



Find ways to be creative and play.

Limit self judgements –  
be compassionate to yourself.Rest, recover and  
manage your sleep.

Dance, sing, laugh.

Eat well - limit  
alcohol and caffeine.

Spend time with furry creatures.

Remind yourself of ways  
you've coped in the past.Connect with those you care about  
and who care about you.If struggling –  
reach out for support.

## Appendix E:

### RESOURCES IN THE CANADIAN SPORT SYSTEM:

Suicide Prevention Helpline **Call 1 (833) 456-4566 or Text 456-45**

- The 24h mental health crisis line  
**1-866-996-0991**  
[crisisline.ca](http://crisisline.ca)

- The 24h Morneau Shepell hotline  
**1-844-240-2990**



- **Your team doctor**  
Available as part of the Canadian Olympic and Paralympic Sport Institute Network (COPSIN)

- **Your Game Plan Advisor**  
[mygameplan.ca](http://mygameplan.ca)

- **The Canadian Centre for Mental Health and Sport (CCMHS)**  
[ccmhs-ccsms.ca/self-referral-form](http://ccmhs-ccsms.ca/self-referral-form)
  - 613-454-1409 ext. 2090
  - [info@ccmhs-ccsms.ca](mailto:info@ccmhs-ccsms.ca)

- **Your COPSIN Mental Performance Lead**

- **Your Mental Performance Consultant**  
[cspa-acps.com/professional-members](http://cspa-acps.com/professional-members)

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



**GAME PLAN**  
**PLAN DE MATCH**

\*National Alliance on Mental Illness

ILLUSTRATIONS: FREEPIK

Appendix F: Summary Graphic

