



NEEDS / GAP ASSESSMENT TOOL

A guide to assist sport leaders in assessing organizational needs and gaps in the area of mental health.

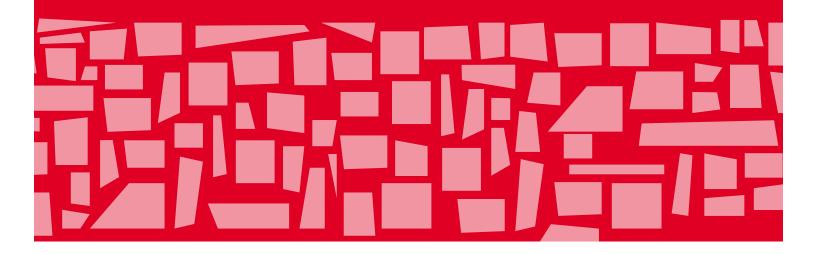


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PURPOSE

The purpose of the Needs / Gap Assessment tool is to guide NSO leaders in identifying and addressing organizational needs and gaps in the area of mental health.

The tool was developed by Game Plan and is aligned with the priorities enumerated within the Mental Health Strategy for High Performance Sport in Canada. Any NSOs that have questions or need support in applying the tool may contact Game Plan's **Mental Health**

Manager, Krista Van Slingerland

DEFINITIONS

Mental Performance

The capability with which individuals use cognitive processes (i.e., attention, decision-making, perception, memory, reasoning, coordination) and mental/self-regulation competencies (i.e., knowledge and skills) to perform in their changing environment. Examples of competencies include goal-setting, planning, motivation, self-confidence, arousal/emotional/attentional control, imagery, resilience, self-talk, stress management, communication, leadership, and evaluation.

Mental Health

A state of psychological, emotional, and social well-being in which individuals are capable to feel, think, and act in ways that allow them to enjoy life, realize their potential, cope with the normal stresses of life, work productively, and contribute to their community.

Mental Health Challenges

Symptoms of mental illness that fall below clinical levels. These symptoms are troublesome to the individual, however, they manage them and do not experience distress or impaired functioning in their personal and professional activities for an extended period of time.

Mental Illness

A health condition characterized by alterations in an individual's feeling, thinking, and behaving, leading to significant distress and impaired functioning in their personal and professional activities. It pertains to all diagnosable mental health disorders such as depression, anxiety disorders, schizophrenia, eating disorders, and substance use disorders.





REFLECTION

1. Does supporting athletes, coaches, and support staff to thrive (i.e., achieve and maintain optimal emotional, social, and psychological well-being) align with your vision, mission, and / or core values as an organization? Use the table below to organize your thoughts.

Strategic Component	Alignment with efforts to support thriving athletes, coaches, and support staff
MISSION	
VISION	
VALUES	
	Strategic Plan help your organization meet its goals?
2. Will integrating mental health initiatives into your s If so, how? Use the table below to organize your thou	ıghts:
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HINT: ARE ANY OF THE FOLLOWING A PRIORITY?

Consider integrating these areas into your answers to question 2.

PERFORMANCE

Mental health is a key input of both mental and physical performance. Mentally healthy athletes, coaches, and support staff are more likely to achieve sustained optimal performance in the workplace, DTE, and competition. Likewise, symptoms of mental illness can impair cognitive and physical performance when individuals are not adequately supported.

Learn more.

SAFE SPORT

Athletes, coaches, and support staff who are involved in, or alleged to be involved in a Safe Sport incident are likely to experience mental health challenges as a result. As an NSO, you are responsible for the health and safety of your people, and ought to have mechanisms in place to support them.

Learn more.

RISK MANAGEMENT

Proactively addressing mental health, preventing distress, and planning for emergencies are strategies to mitigate organizational risk, promote engagement, performance, and sustainability through a focus on mental health.

Learn more.

DIVERSITY, EQUITY, & INCLUSION

Promoting the inclusion and support of athletes, coaches, and support staff who may be struggling, and preventing bullying, harassment and discrimination are important steps towards meeting your organization's commitment to equity, diversity, and inclusion.

Learn more.





CURRENT STATE ASSESSMENT

3. Where is your organization with respect to mental health right now? What are some key indicators that let you know where you stand? Use the check list below to get started.

YES	NO	DON'T KNOW	Assessment, Diagnosis, Treatment, and Recovery
			Do athlete-facing staff know what mental health supports are available to athletes and how to connect athletes to these resources?
			Are the pathways to support consistently communicated to athletes in an effective way? Part of intake; HP program athlete meetings every other month
			Do staff (e.g., HPDs, HPMs, administrators) know what mental health supports are available to them and how to access these resources?
			Do staff (e.g., HPDs, HPMs, administrators) know if / how the organization will support them financially if they choose to access these resources? * HPD does but other non-participant facing staff do not Does the organization have any athlete-screening protocols in place to detect signs and symptoms of mental health challenges / illnesses? Not yet. Identified as a gap through CAAT assessment; to be carried out with CS Does the organization have clear protocols to support athletes experiencing mental health challenges / illnesses to stay-in-sport when it is safe for them to do so? CMO makes this decision with input from MPC & MH practitions.
			Does the organization have clear return-to-sport protocols (e.g., which professional(s) clear athletes to resume activity) to safely re-integrate athletes who have ceased sport due to mental health challenges / illnesses?
YES	NO	DON'T KNOW	Prevention of Mental Health Challenges and Mental illness
			Are athletes, coaches, and support staff aware of the resources (e.g., career, education, skill development) resources available through Game Plan and how to access them?
			Is the organization aware of the risk factors specific to their sport / discipline that can compromise mental health, and exacerbate or trigger mental illness?
			Are known periods of vulnerability (e.g., during and after Games) identified in YTPs and are additional mental health supports available to athletes, coaches, and support staff during these times?
			Have all staff completed Safe Sport Training via the Coaching Association of Canada (CAC)?
			Are athletes, coaches, and support staff aware of the Canadian Sport Helpline, its purpose and how to access it?



YES	NO	DON'T KNOW	Prevention of Mental Health Challenges and Mental illness
			Does the organization have a designated Safe Sport officer?
			Does the organization have a plan in place to support the mental health of athletes, coaches, and support staff involved in instances of / alleged instances of maltreatment?
			Have coaches and support staff received training (e.g., Mental Health First Aid, Suicide First Aid) to recognize and intervene in mental health crisis situations?
			Are athletes, coaches, and support staff aware of the crisis resources available to them (e.g., 24-hour Lifeworks Helpline)?
		DON'T	
YES	NO	KNOW	Promotion of Mental Health
			Have athletes, coaches, and support staff been offered mental health literacy training (e.g., CAC Mental Health in Sport module)?
			Does the organization have access to mental performance consultants ¹ and a plan to implement mental skills training within YTPs?
			Are policies / procedures inclusive? Might they inadvertently contribute to stigma, bullying, or harassment, or discourage help-seeking?
			Does the organization support initiatives within the sport system that contribute to stigma reduction, mental health promotion, or prevention of mental health challenges / illness (e.g., CAC Responsible Coaching Movement, LGBTQ2S+ inclusion training)?
	•	•	hat your organization addresses mental health (e.g., through an Employee audit, having a mental health strategy)? If so, list them below.

1 Mental Performance Consultants (MPCs) hold a masters and/or doctoral degree in sport psychology or a related field. With foundational knowledge and skills in sport sciences, psychology, and counselling, MPCs provide individual or group consultations geared toward improving sport performance, team processes, and overall functioning and well-being. MPCs working within the HP system should be professional members of the Canadian Sport Psychology Association





DESIRED FUTURE STATE DEVELOPMENT

5. Ideally, where would your organization like to be in its address of mental health? The chart below suggests varying future targets NSOs might strive to meet, and the likely level of resource input required to achieve them. Make additions so that the targets are specific to your organization and measurable (e.g., add numeric / percentile targets).

PRIORITY AREA

ASSESSMENT,
DIAGNOSIS,
TREATMENT &
RECOVERY

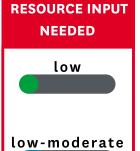
TARGET

Athletes, coaches, and support staff are aware of the mental health supports available to them at no cost

Stay-in-play protocols are developed and / or implemented for athletes experiencing mental health challenges or mental illness

Return-to-play protocols for athletes experiencing mental health challenges or mental illness are developed and / or implemented

Screening protocols to detect signs and symptoms of mental health challenges / illnesses are developed and / or implemented



low-moderate

moderate

PRIORITY AREA

PREVENTION OF MENTAL HEALTH CHALLENGES AND MENTAL ILLNESS

TARGET

Athletes, coaches, and support staff are aware of the Game Plan (GP) resources available

Sport specific factors that can compromise mental health, and exacerbate or trigger mental illness have been identified

Known periods of vulnerability have been identified in YTPs

Athletes, coaches, and support staff are aware of the Canadian Sport Helpline, its purpose and how to access it

Athletes, coaches, and support staff are aware of the crisis resources available

A plan / resources / supports have been implemented to address known periods of vulnerability

RESOURCE INPUT NEEDED

low

low

low

low

low

low-moderate





PRIORITY AREA

PREVENTION OF MENTAL HEALTH CHALLENGES AND MENTAL ILLNESS

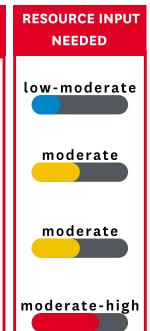
TARGET

Athletes, coaches and support staff have received crisis intervention training (e.g., Mental Health First Aid, Mental Health 101)

A plan / resources / supports have been implemented to address sport-specific factors that can compromise mental health, and exacerbate or trigger mental illness

A protocol to support athletes, coaches and support staff involved in instances of / alleged instances of maltreatment has been developed / communicated

A Safe Sport officer has been designated or hired within the organization



PRIORITY AREA

PROMOTION OF MENTAL HEALTH

TARGET

Athletes, coaches, and support staff have received mental health literacy training

Policies / procedures have been reviewed and modified to ensure they don't inadvertently contribute to stigma, bullying or harassment, or discourage help-seeking

An MPC has been hired / contracted to implement mental skills training with athletes

RESOURCE INPUT NEEDED
low
low
moderate-high

6. Are there any other mental health targets you'd like to hit (e.g., increase support for psychological services offered through EAP, develop a mental health strategy specific to your sport)? Write them below:

 ,	





BARRIERS TO DESIRED FUTURE STATE

7. Are there any barriers preventing your organization from reaching its desired future state when it comes to mental health?

MICROSYSTEMIC FACTORS
Barriers at the individual level (e.g., the attitudes/beliefs of athletes, coaches, or support staff)
EXOSYSTEMIC FACTORS Barriers at the organizational level (e.g., human resource capacity, sport rules)
MACROSYSTEMIC FACTORS Barriers at the sport system level (e.g., funding priorities, system organization)





PLAN OF ACTION

8. How will you close the gaps between your organization's current and desired future states, and meet the targets related to mental health that you've identified?

When do you want to meet your targets? What resources are required? Who can help?

TARGET	YEAR	ACTIONS / RESOURCES NEEDED

Do you need support using this tool or implementing your plan? Contact Game Plan's Mental Health Manager, Krista Van Slingerland

FACT SHEET: MENTAL HEALTH AND SPORT PERFORMANCE

Mental health is a key input of both mental and physical performance. Mentally healthy athletes, coaches, and support staff are more likely to achieve sustained optimal performance in the workplace, DTE, and competition.

MENTAL HEALTH

Mental health can be understood as the sum of an individual's emotional, social, and psychological well-being. More specifically, mental health is characterized by a state of well-being in which individuals are capable to think, feel, and behave in ways that allow them to enjoy life, realize their potential, cope with the normal stresses of life, work productively, and contribute to their community.

- Research shows that athletes with greater levels of well-being are more likely to thrive in their competitive environment ³
- Flourishing mental health is foundational to positive mental performance. High levels of mental health has been noted by Mental Performance Consultants (MPC) as necessary for the uptake, retention, and application of mental skills training
- Levels of health (positive physical, mental, and social well-being) impact individuals' ability to adapt and respond to challenges and stressors within and outside of sport⁵
- Within training and competition, performance outcomes are determined by a number of cognitive, affective, physiological and behavioural processes that are impacted by both internal factors (e.g., level of mental health, mental skills) and external factors (e.g., competition environment, weather)⁶
- Physical and psychological stress impact athletic performance and can hinder training, transitions, team functioning, and rehabilitation following injury if not adequately managed⁶
- Physical and mental health are inextricably linked. Physical challenges (e.g., sport injury, intense training loads) impact athlete's mental health, and conversely challenges to athletes' emotional, social, and psychological well-being have repercussions in the physical domain
- Sport psychology interventions (e.g., mindfulness-based, resilience-focused) facilitated by an MPC can contribute to or maintain athletes' mental health and act as a buffer against distress ⁵





FACT SHEET: MENTAL ILLNESS AND SPORT PERFORMANCE

Symptoms of mental illness can have a detrimental impact on cognitive and physical performance when individuals are not adequately supported.

MENTAL HEALTH CHALLENGES

Symptoms of mental illness that fall below clinical levels. These symptoms are troublesome to the individual; however, they manage them and do not experience distress or impaired functioning in their personal and professional activities for an extended period of time.

MENTAL ILLNESS

A health condition characterized by alterations in an individual's feeling, thinking, and behaving, leading to significant distress and impaired functioning in their personal and professional activities. It pertains to all diagnosable mental health disorders such as depression, anxiety disorders, schizophrenia, eating disorders, and substance use disorders. ^{7,8}

- High performance (HP) athletes experience mental illness at a similar rate to the general population (20% of Canadians annually)^{9,10}
- HP athletes are particularly susceptible to certain mental illnesses (e.g., eating disorders) due to their sport participation^{9, 11}
- Symptoms of mental illness (e.g., Depression, Anxiety, ADHD) can impair the cognitive and physiological processes that contribute to athletes' performance, increase the risk of injury (including concussion), and slow the process of recovery 12, 13, 14, 15
- Factors specific to HP sport environments (e.g., body composition norms, maltreatment, injury, public notoriety, pressure to perform, lack of financial support, travel schedules that impair optimal sleep, transitions) can increase athletes' risk of experiencing mental health challenges and mental illness^{16, 17}
- With adequate support, many athletes can safely remain in sport and thrive in training and competition while managing mental illness.
- In some cases the safest course of action may be to temporarily cease training and competition until the athlete has adequately recovered a decision that should be made by the athlete in concert with a qualified health professional.





FACT SHEET: MENTAL HEALTH AND MALTREATMENT IN SPORT

Athletes, coaches, and support staff who are involved in a Safe Sport issue are likely to experience mental health challenges as a result.

MALTREATMENT

Maltreatment is an umbrella term that refers to: all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to health, survival, development or dignity in the context of a relationship of responsibility, trust or power ¹⁸

- A significant proportion of current (67%) and former (76%) National Team athletes reported experiencing maltreatment in sport in a recent study, most prevalently psychological harm and neglect.¹⁸
- Coaches, peers, HPDs and sport administrators were the most often cited source of maltreatment ¹⁸
- The experience of maltreatment is associated with lasting negative mental health outcomes such as engaging in self harm, disordered eating, and experiencing eating disorders, Post Traumatic Stress Disorder, and suicidal ideation 18,19
- The mental health impacts of maltreatment can last long beyond the experience itself, affecting quality of life and well-being for years following the incident(s)^{18, 20}
- Only 19% of current Canadian National Team athletes and 9% of retired athletes felt supported by their sport organization while receiving help for a mental health concern. ¹⁸
- The fear of being accused of maltreatment is a stressor reported by coaches, adding to the myriad of other factors (e.g., overwhelming coaching workload, tenuous job security, management of the Olympic / Paralympic cycle) identified as significant sources of stress by high-performance coaches ²¹⁻²⁵
- Although the majority of maltreatment research has focused on the experiences of athletes, anecdotal evidence suggests that there are mental health implications for those who are, alleged or actual, perpetrators of maltreatment. These individuals may may also require mental health support

The <u>Canadian Sport Helpline</u> is available to victims and witnesses of harassment, abuse or discrimination in a sport setting.

Phone or text message: 1 888 83SPORT / 1 888 837-7678





FACT SHEET: MENTAL HEALTH AND RISK MANAGEMENT

Proactively addressing mental health, preventing distress, and planning for emergencies are strategies to mitigate organizational risk, promote engagement, performance, and sustainability through a focus on mental health.

MENTAL HEALTH PROMOTION

An effective positive approach involving policies and practices that enhance the capacity of individuals and systems to develop and sustain positive mental health.

PSYCHOLOGICAL SAFETY

The extent to which members of a team believe that the team is safe for interpersonal risk-taking (e.g., asking for help, admitting one's errors, seeking feedback).³¹

- Sport organizations have a duty of care to their athletes, coaches and support staff to protect their mental health and psychological safety in the workplace (e.g., office, DTE, competition environment)³²
- This organizational duty of care can be met through mental health promotion, distress prevention, and emergency planning
- Improving and protecting psychological well-being and safety in the sport workplace contributes to (a) risk mitigation, (b) cost effectiveness, (c) recruitment and retention of athletes, coaches, and staff, and (d) performance and sustainability 33
- Psychological safety is associated with team resilience, athlete satisfaction, and team performance, and protects against burnout ³⁴
- Promote mental health: Take steps to enhance the capacity of athletes, coaches, and support staff to effectively develop and maintain positive mental health (e.g., offer mental health literacy training, institute policies that promote work-life balance, support athletes' holistic development)
- Prevent distress: Minimize general (e.g., management practices characterized by a lack of transparency, unsupportive organizational culture) and sport-specific (e.g., potentially harmful body norms and ideals, harmful / maladaptive coaching practices, unsupportive team culture) factors known to contribute to compromised mental health
- Emergency planning: Developing a plan in case of a mental health emergency (e.g., suicidal ideation, mania) will allow you to effectively and compassionately react in the moment to keep your athlete, coach, or staff member safe





FACT SHEET: MENTAL HEALTH, DIVERSITY, EQUITY, AND INCLUSION

Recognizing the social determinants of health that may contribute to compromised well-being, promoting the inclusion and support of athletes, coaches, and support staff who may be struggling, and preventing bullying, harassment and discrimination are important steps towards meeting your organization's commitment to equity, diversity, and inclusion.

MENTAL HEALTH

Mental health can be understood as the sum of an individual's emotional, social, and psychological well-being. More specifically, mental health is characterized by a state of well-being in which individuals are capable to think, feel, and behave in ways that allow them to enjoy life, realize their potential, cope with the normal stresses of life, work productively, and contribute to their community.

- Marginalized communities experience greater mental health challenges compared to non-marginalized communities due to the unique stressors and challenges they face.²⁶
 For example:
- In addition to sport-specific stressors that have the potential to compromise their well-being, Paralympic athletes can experience a range of disability-specific stressors as well²⁷⁻²⁸
- Racialized athletes face a host of unique stressors and challenges (e.g., systemic racism, micro-aggressions) not experienced by their White peers that contribute to an increased risk of depression and suicidal ideation ²⁹
- Sport environments / cultures can be uniquely challenging to the mental health of LGBTQ2S+ and non-binary athletes and coaches, given that research shows they may disproportionately face rejection by peers, harassment, pressure to drop out of sport, and underperformance compared to heterosexual and cisgender sport participants.³⁰
- Female athletes may face barriers not experienced by their male peers (e.g., pay inequity, sexualization, returning to sport following pregnancy) that can compromise their well-being
- Recognizing and addressing the barriers and challenges faced by marginalized athletes, coaches, and support staff will contribute to improved mental health outcomes for these groups
- Mental illness is a recognized disability under provincial Human Rights legislation; athletes coaches and support staff experiencing mental illness have the right to be free from abuse, harassment, and discrimination





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Game Plan, which is proudly powered by Deloitte, was developed in collaboration with Sport Partners at the Canadian Olympic Committee, the Canadian Paralympic Committee, Sport Canada and Canadian Olympic and Paralympic Sport Institute Network (COPSIN). Game Plan's stakeholders work together to provide athletes with the support and resources they need to thrive on and off the field of play.

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