



**Queensland  
Government**

**Queensland Academy of Sport**

**Stronger, Smarter, Fairer**

## **Athlete Wellbeing Framework**

**Performance Health  
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## 1. Background

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

Whilst training and competing at an elite level, athletes participating in QAS managed programs operate in a stressful environment. The QAS strives to proactively enhance the wellbeing of individual athletes through ongoing welfare education programs. Concurrently, the QAS recognises that individual athletes may not always have sufficient or effective coping strategies to manage the associated stress of being an elite athlete. **As a duty of care, the QAS recognises the responsibility of providing a professional case management plan for the protection and enhancement of an athlete's well being**

The QAS Wellbeing Framework provides guidelines for the appropriate assessment, management and reporting procedures to support the well being needs of each individual athlete case.

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 to ensure risk factors and behaviours that might impact an athlete's well being are professionally supported by:

1. Mobilisation and coordination of the necessary resources (both within and outside QAS) for effective athlete support and management.
2. Ensuring that QAS coaches, staff, consultants and performance health service providers are sensitive to the processes involved in the early identification of risk factors for athletes.
3. Provision of a protocol for QAS coaches, staff, consultants and performance health service providers that guide their actions after having identified a potential athlete.
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. Risk Factors and Behaviours

Risk behaviours are defined as 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
- disordered 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. Assessment of Risk Factors to the Wellbeing of an Athlete**

The 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 risk factors to the wellbeing of athletes participating in QAS managed programs 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)
- Performance Health Senior Advisor (who will seek advice from discipline specific experts)
- Head Coach (if appropriate)
- Designated Performance Health service providers (case dependent).

A Case Manager, usually the High Performance Director 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 intervention 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 intervention/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)**

The QAS has an responsibility to implement an effective protocol for the management of risk factors/behaviours that might impact an athlete's well being. This includes appropriate resources and support for athletes to ultimately enhance their well being.

Within this protocol, it is recognised that many athletes participating in QAS managed programs 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 intervention 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 an agreed intervention or have difficulty complying with components of the support program developed by the Case Manager.

It may also be 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 Transition Program**

All athletes who are deemed unable or unsuitable to continue their QAS involvement 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 Personal Excellence unit following the completion of their engagement with the QAS – for a period of 12 months. This debriefing is particularly important for those athletes whose engagement with the QAS finishes prematurely for reasons of illness/injury, 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 Personal Excellence 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 Ethical Considerations and Guidelines**

### **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 intervention and management goals for each specific case.

### **Responsibility and Limitations**

#### **8.4 QAS Wellbeing 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 Performance Health will be responsible for the continued development and delivery of these educational programs.

#### **8.5 QAS Limitations**

Whilst every attempt will be made by QAS to provide appropriate assistance, there will be occasions where athletes participating in QAS managed programs cannot or will not adhere to the recommended intervention 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 an athlete's recommended intervention 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**

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 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](http://www.crisissupport.org.au)
  - 10am – 8.30pm (EST) telephone counselling service
- **Websites:**
  - Lifeline: [http://www.lifeline.org.au/find\\_help/suicide\\_prevention](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: Checklist - What to do if you think an athlete is suicidal.

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

### **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
- Performance Health Senior Advisor
- Relevant QAS Performance Health service providers (working with that athlete’s sport program)



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 3: - The Athlete Wellbeing Review Process

If a member of the Athlete Wellbeing Review Panel receives notice that an athlete’s wellbeing may be at risk, then the following procedure must be followed:

<b>Step 1: Review the information provided by the referrer</b>		
	Yes	No
Is the athlete experiencing suicidal thoughts?		
If, YES, go directly to “ <b>What to do if you think your athlete is suicidal</b> ” (Appendix 1 & 2). If, NO, proceed to Step 2.		
<b>Step 2: Assessment of Athlete’s Well Being</b>		
	Yes	No
2.1 Is there sufficient information to assess risk factors to athlete’s wellbeing?		
If, YES, go directly to STEP 5 “Case Review Conference. If, NO, proceed to Step 3.		
<b>Step 3: Further Information Required</b>		
3.1 The information is best sought by:		
3.2 The information will be further reviewed on		
<b>Step 4: Initial Intervention Assessment</b>		
	Yes	No
4.1 Is the athlete’s overall wellbeing still at risk despite initial intervention ?		
If, YES, proceed to step 5 ‘Is a Case Conference Required’? If, NO, proceed to step 8 <i>Would you always go to a Case Review?</i>		
<b>Step 5: Advisory Panel - Case Review</b>		
5.1 Date of review -		
5.2 Review Panel Members:	Yes	No
High Performance Director -		
Performance Health Senior Advisor -		
Relevant QAS sport program Performance Health Service Providers		
5.3 Panel Recommendations:		
<b>Step 6: Intervention Strategy</b>		
6.1 Case plan:		
6.2 Individuals involved in Plan	Yes	No
Case Manager:		

Appendix 2: Procedural Forms – Review Panel

Athlete Agreement		
Head Coach		
Sport Program Medical Practitioner		
External Consultant		
6.3 Duration		
6.4 Manage information flow		
6.5 Arrange and Co ordinate Referral		
<b>Step 7: Advisory Panel - Evaluation of Intervention and Outcome</b>		
7.1 Date of review -		
7.2 Review Panel Members:	<b>Yes</b>	<b>No</b>
High Performance Director -		
Performance Health Senior Advisor -		
Relevant QAS sport program Performance Health Service Providers		
	<b>Yes</b>	<b>No</b>
7.3 Was the intervention strategy success?		
7.4 Further Panel Recommendations:		
<b>Step 8: Close Case or Refer to Executive Director</b>		

### Appendix 4 - The Athlete Wellbeing Process for Coaches

QAS management, staff, contractors and Performance Health service providers require a set of guidelines directing the management of genuine at risk factors to an Athlete’s Health and Wellbeing. The QAS Athlete Wellbeing Framework details the steps that should be taken when risk factors are identified that might impact the athlete’s well being.

<p><b>Step 1: Is your athlete’s wellbeing at risk?</b></p> <p><b>Does your athlete display:</b></p> <ul style="list-style-type: none"> <li>• Disordered eating / weight control behaviours <span style="float: right;"><input type="checkbox"/></span></li> <li>• Self injury/harm behaviours <span style="float: right;"><input type="checkbox"/></span></li> <li>• Prolonged and unexplainable withdrawal / depression <span style="float: right;"><input type="checkbox"/></span></li> <li>• Burnout / overtraining <span style="float: right;"><input type="checkbox"/></span></li> <li>• Substance abuse <span style="float: right;"><input type="checkbox"/></span></li> <li>• Prolonged reaction to a significant life event <span style="float: right;"><input type="checkbox"/></span></li> <li>• Increased incidence of injury <span style="float: right;"><input type="checkbox"/></span></li> <li>• Suspected clinical disorder (eg aggressiveness, psychosis) <span style="float: right;"><input type="checkbox"/></span></li> <li>• Indication of physical, sexual, psychological abuse <span style="float: right;"><input type="checkbox"/></span></li> <li>• Do you have other indication that an athlete is ‘at risk’? <span style="float: right;"><input type="checkbox"/></span></li> <li>• <b>Does your athlete report suicidal thoughts?</b> <span style="float: right;"><input type="checkbox"/></span></li> </ul> <p style="color: red; font-weight: bold;">IF YES, go directly to “What to do if you think your athlete is suicidal” (Appendix 1 &amp; 3).</p> <p style="color: red; font-weight: bold;">Ticking any of the above boxes indicates that you <u>may</u> be dealing with risk factors that might impact an athlete’s wellbeing.</p>	
<p><b>Step 2: Contact a member of the Athlete Wellbeing Review Panel</b></p> <ul style="list-style-type: none"> <li>• High Performance Director <span style="float: right;"><input type="checkbox"/></span></li> <li>• Performance Senior Advisor <span style="float: right;"><input type="checkbox"/></span></li> </ul> <p>A Case Conference will then be convened.</p>	<p>YES</p>
<p><b>Step 3: Attend Case Conference if required</b></p>	
<p>COMPLETED <input type="checkbox"/></p>	

**Appendix 5 – Athlete Wellbeing Framework Overview**

