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Designing a specialized mental health care service delivery model for competitive athletes within the Canadian Centre for Mental Health and Sport (CCMHS)

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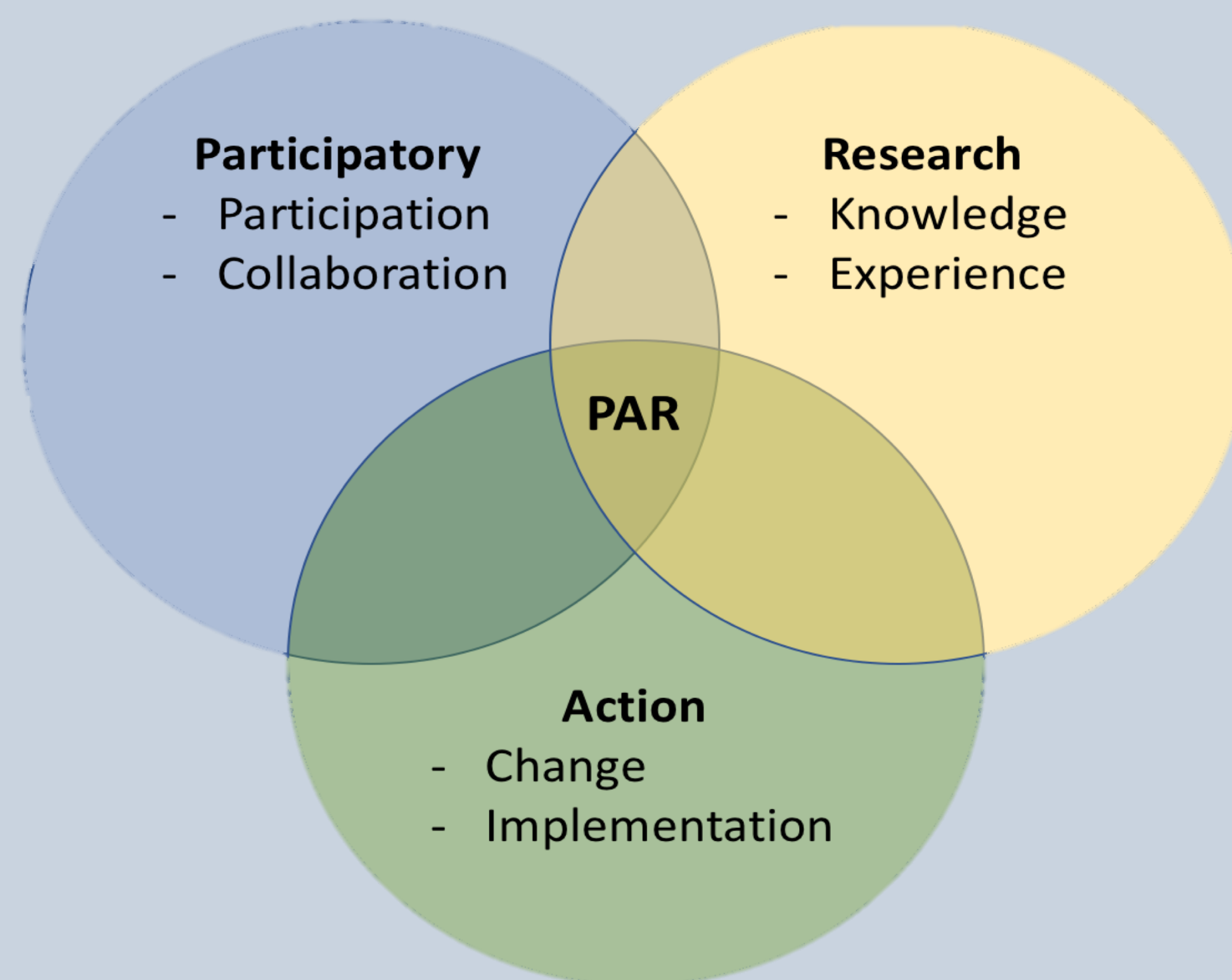


Introduction

Given the special considerations and challenges involved in diagnosing and treating mental illnesses in athletes (Glick & Horsfall, 2009), practitioners with competencies in both sport and mental health are best suited to address athletes' psychological needs (Uphill, Sly, & Swain, 2016). However, very few clinical psychologists and psychiatrists in Canada specialize in sport, representing a significant gap in mental health care service provision for Canadian athletes. This provided the rationale for conducting the current study, which stems from the first phase of a larger project that is bringing together multiple expert stakeholders to design, implement, and evaluate a specialized mental health care service delivery model for athletes, integrated within the Canadian Centre for Mental Health in Sport (CCMHS). The CCMHS will be the first Centre in Canada to prioritize both the mental health and performance of competitive athletes in its education and treatment initiatives. Guided by Participatory Action Research (PAR) methodology, 18 stakeholders with expertise in the areas of sport, psychology, health, counselling, research, and management collaborated to (a) perform an environmental scan of the current Canadian sport and mental health care contexts, and (b) to imagine a mental health service delivery model for competitive and high-performance athletes that could feasibly be implemented in the Canadian setting. These findings are currently being used to conceptualize the service delivery model that will be piloted within the CCMHS during the next phase of the project.

Methods

Given the scale of the project, and expertise required to bring the CCMHS to fruition, a collaborative style of research (i.e., PAR) was deemed the most appropriate approach. The primary epistemological assumption of PAR is that knowledge is "embedded in the lives and experiences of individuals" (Borg, Karlsson, Kim, & McCormack, 2012). Considered *experts by experience* (Cromby, Harper, & Reavy, 2013), co-researchers are involved in the co-production of knowledge with the aim of improving practice (Cook, 2012). Over the course of a 2-day summit, data were collected with 18 stakeholders (11 women, 7 men) who were purposively chosen to provide diverse perspectives. Stakeholders engaged in small and large group discussions to explore (a) the availability and effectiveness of mental health care provision for Canadian athletes, and (b) the strengths, weaknesses, opportunities, and threats associated with the creation of the CCMHS and integrated multidisciplinary model. These data formed the foundation for a Group Concept Mapping exercise (Burke et al., 2005), in which the stakeholders produced statements that described the elements that should be included in an athlete-specific mental health care model implemented within the CCMHS. Statements were sorted and rated based on importance. Six categories of statements emerged: (1) service delivery, (2) communications and promotion, (3) partnerships, (4) education and training, (5) business, policy and operations, and (6) research. Three research assistants took notes throughout data collection to document the participatory process to ensure accuracy and enhance trustworthiness.



Results

Data emerging from the environmental scan can be summarized as follows:

Athletes have mental health care needs, but face significant barriers when seeking and receiving care. These barriers are driven by the same systemic weaknesses that impact all Canadians, in addition to sport-specific factors that can render traditional care ineffective.

The following are selected statements from the service delivery category:

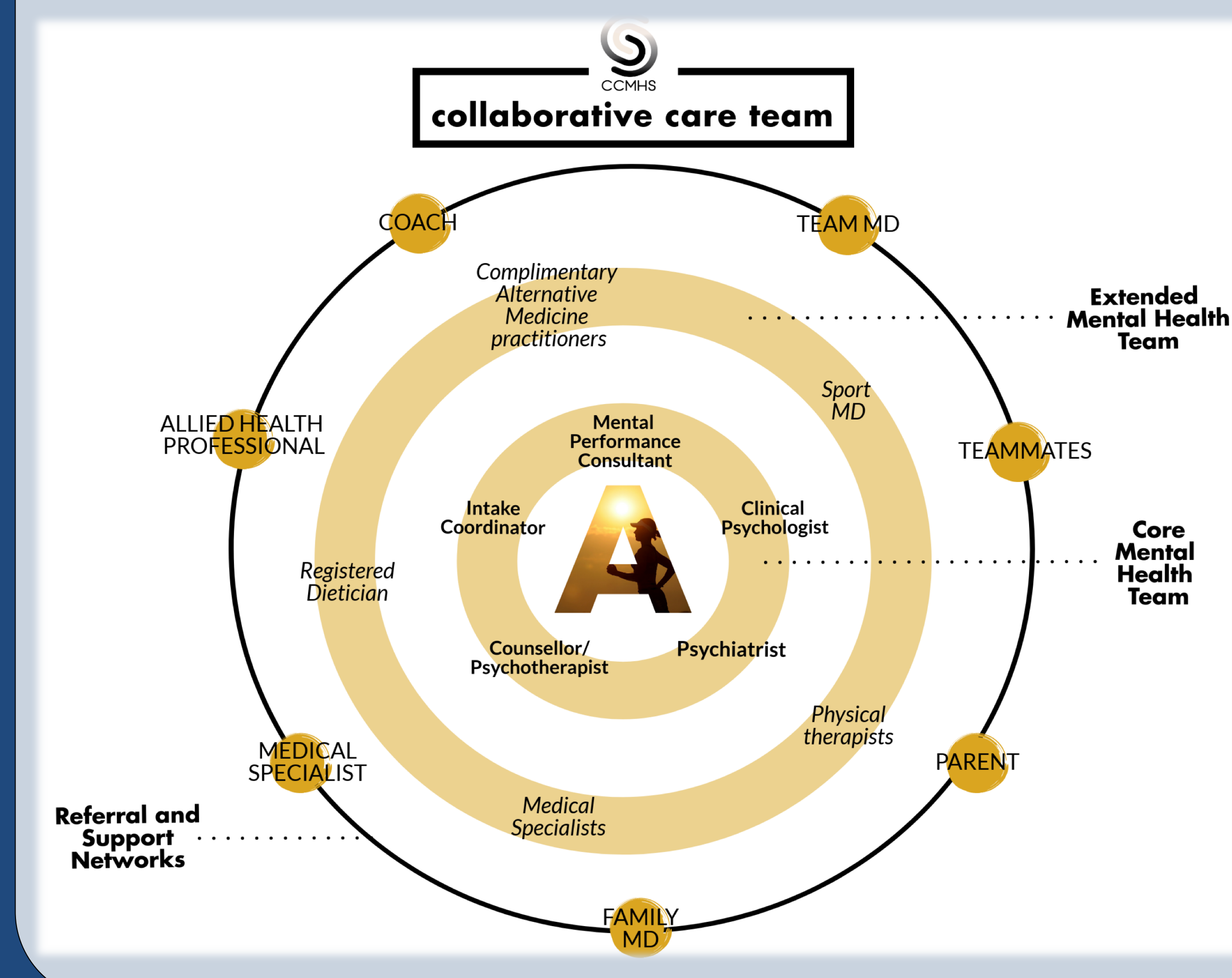
Statement	Average imp.
Practitioners in the CCMHS should have dual competency in clinical experience AND sport	4.6875
Create multidisciplinary team including psychiatrists, psychologists, psychotherapists and mental performance consultants	4.6875
Include well trained multidisciplinary service providers delivering evidence-based care, ideally with multicultural competencies and MH/sport	4.625
Provide evidence-based care based on current research	4.625
Establish standardized eligibility criteria to access services within CCMHS and referral plan for those who don't meet the criteria	4.5625
Establish structure, frequency, duration, parameters of care for multidisciplinary service delivery model	4.5625

The Group Concept Mapping also included three other major categories of statements relating to the success of the CCMHS. Each category's top statement is listed below:

Business, policy, and operations: Develop a comprehensive business plan and funding model, that includes fundraising, billing, grants and donations

Communication and promotion: Develop user-friendly website that clearly identifies target audiences on website (ex. athletes, coaches, parents, service providers)

Partnerships: Create strategic partnerships with key organizational stakeholders to elevate profile and procure funding for CCMHS



Discussion

The average importance rating of each statement (possible range: 0-5) represents the group's collective perception of how important each element is to establishing the CCMHS. These ratings aided project managers in deciding which statements to prioritize for action. Given the novelty of the collaborative care model that emerged, I will focus my discussion on the statements within the Service Delivery cluster. The results of the environmental scan revealed that the sport context creates a need for practitioners with dual competencies in both clinical psychology and sport. Given the scarcity of clinicians with this expertise, a collaborative care model was recognized as the most effective way to deliver appropriate mental health care to competitive and high-performance athletes. Specifically, the collaborative care team will need to be able to address clinical and sub-clinical symptoms of mental illness, as well as strategies to improve athletic performance. In addition to an understanding of both sport and psychology, cultural competence was viewed as an important skill for practitioners to develop given the diversity of the Canadian context.

Conclusion

Through an environmental scan and Group Concept Mapping exercise, stakeholders identified the essential characteristics of quality athlete-specific mental health care and developed the skeleton of what will become the Canadian Centre for Mental Health and Sport. With 7.2 million Canadians regularly engaging in sport (Heritage Canada, 2013), and one in five people experiencing mental health disorders per annum in Canada (Smentanin et al., 2011), there could be as many as 1.4 million athletes struggling with mental health challenges each year and requiring timely and appropriate mental health care. These individuals face many barriers to care, including sport-specific factors that result in a lack of available and appropriate mental health services. For this reason, a specialized, multidisciplinary collaborative care team and model of service delivery is at the heart of what makes the CCMHS innovative and unique.

Future Directions

A pilot program in partnership with the uOttawa High Performance Centre, Ottawa REDBLACKS, 67's and Fury is targeted to launch in September of 2018. This presents the opportunity to evaluate the effectiveness of the mental health service delivery model designed by stakeholders, make modifications as necessary and ideally, expand the model to other geographic centres of Canada.

Acknowledgments

First, I would like to thank Krista Van Slingerland and Natalie Durand-Bush for the opportunity to participate in this amazing, ground breaking project. Their initiative is inspiring and I hope to continue working alongside the CCMHS in any way possible. Furthermore, I would like to thank the stakeholders, who offered great advice, and were key in the success of the PAR. Lastly, I would like to thank the UROP program and its members, as without them, none of this would be possible.

