Developing a Mental Health Emergency Action Plan for our Athletes

Cindy J. Chang MD
Clinical Professor
Depts. of Orthopaedics/Family & Community Medicine
Past President, AMSSM
Disclosures

- I have no disclosures

Later, those who knew the ligament would describe her as “friendly”, and “the quiet type.” Not at all the kind you’d expect to suddenly just snap.
Objectives

- Describe the relationship and interdependency between mental health and physical health in athletes

- Identify why it is important to be alert for mental health issues and psychosocial factors affecting your athletes

- Determine the key members of the Mental Health care network and the key components of a Mental Health Emergency Action Plan
“WYSIWYG”

What about these athletes? Why is this topic important?
The biopsychosocial model of health

**Biological**
- physical health
- disability
- genetic vulnerabilities
- drug effects
- temperament
- IQ
- self-esteem

**Mental Health**
- family relationships
- trauma
- coping skills
- social skills

**Social**
- peers
- family circumstances
- school

AMSSM Position Statement

Mental Health Issues and Psychosocial Factors in Athletes: Detection, Management, Effect on Performance, and Prevention

- Personality issues
- Athletic culture
  - Sexuality and gender issues, hazing, bullying, sexual misconduct
- Transition from sport, psychological response to injury and illness, self-medication in response to injury/illness, sleep disorders
- Eating disorders, depression/suicide, stress/anxiety, overtraining, AD/HD
Athletics can at times be a double-edged sword

- Participation has many benefits…but the very nature of competition can provoke or expose specific psychological issues in athletes.

- Certain personality traits can aid in athletic success…yet those same traits can also be associated with mental health disorders.

- The athletic culture can impact performance and psychological health through its effect on existing personality traits and mental health disorders.
Mental Health Issues and Psychological Factors in Athletes

- **Personality Issues - Detection**
  - No single personality profile predicts athletic success or failure

  - *Perfectionism* is an achievement-related personality trait; includes the setting and pursuit of excessively high standards of performance together with overly critical self-evaluations
    - Positive ➞ underlying motivation to obtain a favorable outcome
    - Negative ➞ seeks to avoid adverse consequences

  - **Athlete identity** is the degree to which an athlete views themselves within the athletic role and looks to others for confirmation of that role
    - If *high*, a/w positive outcomes (better performance) and negative outcomes (overtraining, use of PEDs, depression).

Mental Health Issues and Psychological Factors in Athletes

Sexuality and Gender Issues

- Across genders, sexual minority student-athletes report experiences of negative mental health and mental health harm in the last 12 months in significantly greater number than heterosexual peers.
- Male athletes who identify as gay are at greater risk for harassment and abuse in sport.
- Elite athletes and individual sport athletes may not be as bound by a team culture or predetermined and/or unspoken team rules.
  - may be more comfortable revealing their sexuality.

Mental Health Issues and Psychological Factors in Athletes

- **Hazing**
  - 25% of high school athletes report their first incident occurring before the age of 13
    - Rates of hazing in sport ranged from 5% - 17.4% in middle schools and 17.4% - 48% at the high school levels
  - 74% of student-athletes experienced at least one form of hazing while in college
  - 71% of those who experienced hazing reported awareness of negative consequences, including relationship difficulties and physical and psychological symptoms

Mental Health Issues and Psychological Factors in Athletes

- Bullying
  - 12% of male and 4% of female NCAA student-athletes reported receiving negative or threatening messages from fans via social media
    - Black student-athletes reported receiving negative or threatening messages at twice the rate of white student-athletes
  
  - If bullying severe, may contemplate and/or attempt suicide, exhibit poor psychosocial adjustment, experience difficulty with academics that once came much easier, or display rebellious behaviors such as skipping practices or misusing substances.

Mental Health Issues and Psychological Factors in Athletes

- Sexual Misconduct
  - The pre-elite athlete is more likely to tolerate inappropriate behaviors rather than compromise pending achievement.
  - Those who specialize at a younger age, particularly around puberty, have been found to be highly vulnerable to sexual abuse.
  - 2% to 22% of children and teens are victims of sexual abuse through sport; 98% of cases are perpetrated by those in positions of power (coaches, teachers, instructors)

Mental Health Issues and Psychological Factors in Athletes

- Sexual Misconduct

- Victimized athletes may present with various non-specific and recurrent medical and somaticizing concerns
  - headaches, lethargy, sleep disturbances, bed wetting, acting out or engagement in risky behaviors, self-harm, weight fluctuations, and poorer general health satisfaction

- Previous sexual abuse results in an increased risk of developing a wide array of psychiatric conditions and substance abuse

Marks S et al. BJSM 2012
Mental Health Issues and Psychological Factors in Athletes

- Psychological Response to Injury and Illness

- May trigger and/or unmask mental health disorders including depression, suicide, anxiety, gambling, disordered eating/eating disorders, and substance use/substance use disorders.

- Injured athletes report a higher level of symptoms of depression and generalized anxiety disorder (GAD) compared to non-injured athletes.

Mental Health Issues and Psychological Factors in Athletes

- Self-medication in response to injury/illness
  - Evidence of self-medication can include uncharacteristic behavioral changes such as arriving for practice too early or too late, missing training altogether, or frequent heightened conflict with teammates
  - ~23% of NCAA student-athletes used prescription pain medication in the past year, with an additional 6% reporting use of these substances without an actual prescription
  - High school student-athletes involved in one competitive sport are at a greater risk of being prescribed, misusing, and being approached to divert opioid medications

Mental Health Issues and Psychological Factors in Athletes

- Eating Disorders/Disordered Eating
  
  - **Female Athlete Triad** -- the relationship between energy availability, menstrual function, and bone health
  
  - **Relative Energy Deficiency in Sport (RED-S)** -- the impact of energy deficiency on physiological function including, but not limited to, metabolic rate, menstrual function, bone health, immunity, protein synthesis, and cardiovascular health

De Souza MJ et al. CJSM 2014, Mountjoy M et al. BJSM 2014
- **Eating Disorders/Disordered Eating**
  - Female athletes have been shown to have different factors contributing to onset of ED compared with non-athletes

  - Both groups had increased risk with low self-worth, peer issues, and comorbid psychiatric disorders

  - Athletes had sport-specific factors such as performance pressure, team weigh-ins, and injuries

Arthur-Cameselle J et al. Eat Disord 2017
Mental Health Issues and Psychological Factors in Athletes

- **Depression**
  - 23.7% of college athletes reported clinically significant depressive symptoms over a 5 year time period
  - In available studies of depression in college athletes by gender, female athletes are twice as likely to report clinically significant depression symptoms compared to male athletes

Wolanin A et al. BJSM 2016, Yang J et al. CJSM 2007
Addresses select psychological issues and focuses on issues related to the team physician and their role in recognizing athletes at risk and \textit{providing referrals for additional care}. 
Teamwork is important

- The team physician, athletic trainer, and other members of the **athletic care network** should
  - have knowledge of and be involved with the identification & collaboration with the **Mental Health (MH) care network**
  - encourage, coordinate and facilitate referrals to a member of the MH care network as part of a comprehensive treatment plan

- Critical that both networks have clear, established guidelines of how to best communicate in order to optimize the treatment of the athlete
What is the Mental Health (MH) care network?

- clinical or counseling psychologists
- neuropsychologists
- psychiatrists
- licensed clinical social workers
- psychiatric MH nurses
- licensed MH counselors
- primary care physicians with core competencies to treat MH disorders
Who is a Sports Psychologist?

- A proficiency acquired after a **doctoral degree** in one of the primary areas of psychology and **licensure** as a psychologist

- Should not be confused with those who have earned a doctoral degree in sport psychology, but are **not licensed** psychologists

**Applied Sport Psychology** – teaching skills to enhance athletic performance

**Clinical Sport Psychology** - combines mental training strategies from sport psychology w/ psychotherapy to help those with mental health issues

**Academic Sport Psychology** – more of the teaching at colleges and universities and conducting research.

https://careersinpsychology.org/becoming-a-sports-psychologist  Accessed 5/8/19
Who is a Sports Psychologist?

“Certificate of Advanced Study”

“Masters and PhD in Kinesiology, with a special emphasis in sports psychology”

Not licensed in clinical psychology
Eliminate Barriers to Care

- Normalize health-seeking behaviors by normalizing discussions about mental health disorders

- Screen for depression, anxiety, eating disorders, substance use, and sleep as part of the PPE for sports

Accessed 5/8/19
Mental health screening an opportunity for those who work with young people

- 50% of all mental health disorders show first signs younger than 14 yoa

- 75% of mental health disorders begin before 24 yoa

- <20% of children and adolescents with diagnosable mental health problems receive the treatment they need

‘Anyone Can Save a Life’
http://www.anyonecansavealife.org/

• FREE Emergency Action Plan (EAP)
• Creates an awareness of emergency medical situations
  • Some seemingly healthy students can collapse without warning
• Strengthens the Chain of Survival
• Teaches a valuable “Life Skill”
• Teaches a future generation of responders
What about a Mental Health Emergency Action Plan?

- Creates an awareness of mental health emergency situations
  - Some seemingly mentally healthy students can have psychological and mental health concerns and even be in crisis
National Athletic Trainers’ Association Position Statement

International Olympic Committee consensus statement: harassment and abuse (non-accidental)

International Olympic Committee consensus statement

Position Statement

Attention Deficit Hyperactivity Disorder and the Athlete: An American Medical Society for Sports Medicine Position Statement

Interassociation Recommendations for Developing a Plan to Recognize and Refer Student-Athletes With Psychological Concerns at the Secondary School Level: A Consensus Statement

- Education about mental disorders in young adults
- Recognition of psychological concerns in student-athletes
- Referring student-athletes for psychological concerns
- Mental Health Emergencies and Catastrophic Incidents
  - Develop an EAP in the event of an emergency stemming from a mental health incident
  - Develop a crisis counseling plan after a catastrophic incident
Interassociation Recommendations for Developing a Plan to Recognize and Refer Student-Athletes With Psychological Concerns at the Secondary School Level: A Consensus Statement

- Building a plan for the recognition and referral of the student-athlete with psychological concerns
  - Establish the need with administration
  - Write an initial draft of the EAP
  - Share the draft for feedback and approval
  - Distribute to all people involved in the EAP for referral
  - Review the EAP annually and update as needed
  - Provide a psychological-health educational component to student-athletes and their families

Neal TL et al JAT 2015
Interassociation Recommendations for Developing a Plan to Recognize and Refer Student-Athletes With Psychological Concerns at the Secondary School Level: A Consensus Statement

- Confidentiality and Legal Considerations
  - Expectation must be made clear (especially those < 18 yo) that even if they do not want the information shared, the AT may be obligated to notify school officials and/or local authorities about the situation
  - Parental rights and notification
  - School policies and protocols including members and contact information of campus crisis intervention team
  - County regulations/state and federal laws re: mandated reporting
  - Policies specific to employer (e.g. if contracted outside of school)

EMERGENCY SITUATION - POTENTIAL VIOLENCE
Refer to NATA Inter-Association Recommendations for Developing a Plan to Recognize and Refer Student-Athletes with Psychological Concerns at the Secondary School Level: A Consensus Statement

RECOGNITION
Any ‘yes’ answer should be considered an emergency:
- Am I concerned the student-athlete may harm himself/herself?
- Am I concerned the student-athlete may harm others?
- Am I concerned the student-athlete is being harmed by someone else?
- Did the student-athlete make verbal or physical threats?
- Is the student-athlete exhibiting unusual ideation or thought disturbance that may or may not be due to substance use?
- Does the student-athlete have access to a weapon?
- Is there potential for danger or harm in the future?

MANAGEMENT
If immediate risk to safety:
- Remain calm - maintain calm body language and tone of voice.
- Listen to the student-athlete. Allow him/her to express his/her thoughts. Provide him/her the opportunity to be heard. It’s OK to have a moment of silence between you and the student-athlete.
- Avoid judging the student-athlete. Provide positive support.
- Keep yourself safe - do not attempt to intervene if there is imminent threat of harm or violence.
- Keep others safe - try to keep a safe distance between the student-athlete in distress and others in the area.
- Alert designated school officials and/or colleagues available at that time of day (e.g. school counselor, nurse, school administrator, etc.). Have the school contact the student-athlete’s parents or emergency contact.
- If the student-athlete seems volatile or disruptive, get help from a co-worker or other adult. Do not leave the student-athlete alone, but do not put yourself in harm’s way if he/she tries to leave.
- Follow campus and department protocols and policies.
- If you call 911, provide the following information:
  a. Student-athlete’s name and contact information.
  b. Physical description of the student-athlete (i.e. height, weight, hair and eye color, clothing, etc.).
  c. Description of the situation and assistance needed.
  d. Exact location of the student-athlete.
  e. If student-athlete leaves the area or refuses assistance, note direction in which he/she leaves.

EMERGENCY CONTACT NUMBERS
School Counselor: ____________  Child Welfare/Protective Services: ____________
School Nurse: ____________  Crisis Hotline: ____________
Principal: ____________  Assistant Principal: ____________
Athletic Director: ____________  Other: ____________

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School Nurse:____________________________  Crisis Hotline:__________________________

Principal:_______________________________  Assistant Principal:__________________________

Athletic Director:__________________________  Other:__________________________

EMERGENCY SITUATION - NON-VIOLENT
Refer to NATA Inter-Association Recommendations for Developing a Plan to Recognize and Refer Student-Athletes with Psychological Concerns at the Secondary School Level: A Consensus Statement

- Offer a quiet and secure place to talk.
- Show your genuine concern.
- Avoid judging the student-athlete; provide positive support.
- Provide support and a positive tone. Do not try to solve his or her problem; it is not within your scope as an AT.
- Help the student-athlete understand that he or she is not alone - others have been through this too.
- Listen to the student-athlete. Allow him/her to express his/her thoughts. Provide him/her the opportunity to be heard. It’s OK to have a moment of silence between you and the student-athlete.
- Ask questions that encourage conversation. Asking these important questions will NOT plant the idea in his/her head:
  - Can you tell me what is troubling you?
  - Are you thinking of hurting yourself?
  - Is someone hurting you?
  - Have you thought about suicide? *(see Table A)*
- If the student-athlete is expressing suicidal ideation:
  - Determine if he or she has formulated a plan.
  - Emphasize ensuring the athlete’s safety, while being aware of your own.
  - Do NOT leave the person alone.
- Alert designated school officials and/or colleagues available at that time of day (i.e., school counselor/nurse, school administrator, etc.). Have the school call the student-athlete’s parents or emergency contact.
- You may offer a positive reinforcement, such as: “It took courage for you to disclose this information to me. And, by telling me, it says you want to do something about what is going on. Let’s get you in contact with someone who specializes in this type of situation, so you can get the care you need.”
- Document and communicate your concerns, and refer to the school counselor. School staff may be aware of past or current circumstances that you are not privy to, including abusive home environment, emerging psychological condition/mental illness, etc.

Accessed 5/8/19
Emergency Situation – Non-Violent

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- Avoid judging; provide positive support.
- Provide support and a positive tone. Do not try to solve their problem; it may not be within your scope.
- Help them understand that they are not alone - others have been through this too.
- Listen and allow them to express their thoughts. Provide them the opportunity to be heard.
- It’s OK to have moments of silence.
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Accessed 5/8/19
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- Document and communicate your concerns, and refer to the school counselor.
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Accessed 5/8/19
1. **Ask open-ended questions**
   - You haven’t seemed yourself lately. Is everything going okay?
   - Tell me more…

2. **Gather information**
   1. Example question: “Sometimes when people are (your observations), they are thinking about hurting themselves. Have you thought about that?”

3. **Make a referral based on your concern of their behavior**
   1. Check confidentiality; if allowed by previous S-A agreement, notify athletic trainer, director of sports medicine, and affiliated mental health provider.
4. Respect and understand boundaries and abilities

- Know your comfort level
- Don’t promise secrecy
- Examples
  - “It took courage for you to disclose this information to me. And, by telling me, it says you want to do something about what is going on. The best thing we can do is to inform someone else, such as a mental health provider, who can give you the care you need.”
  - “I want to help you, but this type of issue is beyond my scope as a (physical therapist, athletic trainer). I know how to refer you to someone who can help.”
CONTACT A MENTAL HEALTH CARE PROVIDER

• Make arrangements for appropriate university intervention and aid.
• Call the mental health provider to initiate next steps of care.
• If medical care seems appropriate, head to the nearest hospital or call 911.
• If the student-athlete is expressing suicidal ideation, make a referral for a suicide risk assessment.
  - On-site mental health professional
  - Local hospital
  - Local crisis line/mobile assessment team
  - Suicide hotline: 1-800-784-2433 or (1-800-273-Talk)
Mental Health Emergency Action Management Plan (MHEAMP) should specify:

- Situations, symptoms or behaviors that are considered mental health emergencies.
- Written procedures for management of the following mental health emergencies:
  - Suicidal and/or homicidal ideation.
  - Sexual assault.
  - Highly agitated or threatening behavior, acute psychosis or paranoia.
  - Acute delirium/confusional state.
  - Acute intoxication or drug overdose.

Accessed 5/8/19
Mental Health Emergency Action Management Plan (MHEAMP) should specify:

- Situations in which the individual responding to the crisis situation should immediately contact emergency medical services (EMS).

- Individuals responding to the acute crisis should be familiar with the local municipality protocol for involuntary retention, e.g., if the student-athlete is at risk of self-harm or harm to others.

- Situations in which the individual responding to the crisis situation should contact a trained on-call counselor.

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Mental Health Emergency Action Management Plan (MHEAMP) should specify:

- Identifying trained on-call counselors who will be able to provide direct and consultative crisis intervention.
- The management expectations of each stakeholder within athletics during a crisis situation.
- Specific steps to be taken after an emergency situation has resolved to support the student-athlete who has experienced the mental health emergency.
- A procedure for reviewing preventive and emergency procedures after the resolution of the emergency situation.
- A formal policy for when student-athlete family members will be contacted in the event of a mental health emergency.

Accessed 5/8/19
Mental Health Emergency Action Management Plan (MHEAMP) should specify:

**Communication about mental health management plans:**

- MHEAMPs are provided to all stakeholders within athletics who work with student-athletes, clearly specifying each stakeholder's role in managing a crisis situation.

- Annual communication is conducted with all stakeholders within athletics who work with student-athletes about the importance of reviewing their role in all emergency action plans – specifically the MHEAMP.

- All stakeholders within athletics who work with student-athletes are provided with written instructions about the practitioners to whom student-athletes with potential non-emergency mental health concerns should be referred.

Accessed 5/8/19
Athletics Mental Health Emergency Protocol

Who To Contact: Follow the chart to determine who to contact when faced with a disruptive or distressed student.

Is the student a danger to him/herself or others or for any other reason does the student need immediate assistance?
(e.g. suicide and/or homicide ideation, sexual assault, highly agitated or threatening behavior, acute delirium/confused state, acute intoxication or drug overdose)

- YES
  The student’s conduct is clearly and imminently reckless, disorderly, dangerous, or threatening — including self-harm
  - Call 911 or UCPD at (510) 642-3333 or during business hours: walk student to Counseling and Psychological Services (CAPS) for urgent drop-in crisis assessment and management services.

- I’M NOT SURE
  The student shows signs of distress, but I am unsure how serious it is. My interaction has left me feeling uneasy and/or really concerned about the student.
  - Speak with someone for timely consultation:
    During Business Hours: call Counseling and Psychological Services (CAPS) for consultation (510) 642-9494
    After Hours and Holidays: call the After-Hours Assistance Line to be connected to a live mental health specialist (855) 817-5667

- NO
  I am not concerned for the student’s immediate safety, but he/she is having significant academic and/or personal issues and could use some support.
  - Refer student to an appropriate campus resource:
    Counseling and Psychological Services (510) 642-9494
    Chris McLean, PhD (510) 643-2901 Sports Medicine Liaison
    Sam Tourek, PhD (510) 642-4011 Sports Medicine Liaison

Support for faculty and staff after working with a disruptive or distressed student:
Employee Assistance (510) 643-7754

For complete list of resources, visit bit.ly/2JKRgtm
UNDERSTANDING ATHLETE BURNOUT & MENTAL HEALTH

SIGNS AND SYMPTOMS

- Problems with concentration, memory, or ability to think clearly
- Changes in sleeping (awakening too early or too late)
- Feeling very worried
- Feeling sad, empty, hopeless, or worthless
- Sensitive to sound, light, small and touch
-希望能和现实一起
- Loss of interest in activities you previously enjoyed
- Withdrawing or disconnecting from others
- Feeling like your heart is breaking
- Changes in eating (too much or too little)
- Changes in energy levels and sleep patterns (sleeping during the day and awake at night)

A combination of symptoms lasting longer than a week might indicate a mental health condition.

SIGNS AND SYMPTOMS THAT REQUIRE IMMEDIATE ATTENTION:

- Thoughts or plans of killing or hurting yourself or others
- Hearing voices or seeing things that no one else can see or hear
- Unexplained changes in thinking, speech, or writing
- Being overly suspicious or fearful
- Serious drop in school or work performance
- Change in personality
- Changes that are bizarre or out of character

ATHLETE BURNOUT

Athlete burnout is a syndrome of continual training and sport-related stress, resulting in staleness, overtraining, and eventually, burnout. Many athletes experiencing burnout report feeling trapped by circumstances of their participation.

Signs and symptoms of burnout include:

- Decreasing or diminishing performance or conditions, including strength and stamina losses and chronic fatigue
- Physiological signs such as having a higher resting heart rate and blood pressure
- Cognitive issues such as difficulty concentrating, diminished work in school or employment
- Behavioral signs of suppressed immune system
- Emotional issues such as decreased, flattened, or moody
- Loss of self-esteem, increased anxiety and depression as a result of falling short of sport demands

Best methods to prevent and treat athlete burnout:

- Get a good night’s sleep
- Eat a healthy diet
- Take breaks
- Communicate with your coach

GETTING HELP

There are many resources available to those in need:

- Primary care physician
- Local mental health centers
- Employee assistance programs
- Local Mental Health Resource of Families
- Churches and worship centers

If someone you know is in need of immediate assistance, call 1-800-273-TALK (82555) or go to your local emergency room or call 911.
Sports medicine should mend the mind as well as the body.