

To Whom it May Concern:

With increased attention on the mental health of student-athletes in recent years, the NCAA, athletic conferences, and colleges/universities, have emphasized creating environments that promote mental wellness and help-seeking ([NCAA, 2021](#)). Current NCAA data indicates student-athletes reported mental health concerns 1.5 to 2 times higher than prior to 2020 ([NCAA, 2022](#)). During a similar arc of time, general population college students presented to campus counseling centers at an alarming rate - a 69% increase in demand over a ten year period (CCMH, 2018; [Abrams, 2020](#))

This increased focus on psychological wellness has led to the rapid growth of positions created for Licensed Mental Health Providers (LMHPs) dedicated to mental health care for student-athletes. It is important to consider LMHPs with various training backgrounds which may ensure a more culturally inclusive pool of applicants. With recent calls from the [Transformation Committee](#), as well as [past legislation](#), many university and athletic administrators at NCAA member institutions are, or soon will be, engaged in creating or expanding these positions. We recognize shareholders participate with varying experience and knowledge about college counseling, considerations for psychological service delivery within college athletics, and/or a framework for a successful, sustainable system for the LMHP. In the past, many position descriptions included responsibilities and tasks overloading the clinical capacity of individual providers, resulting in frustration for LMHPs and the people to whom they are accountable. Many LMHPs currently in these positions report high levels of overwhelm and frequently think about leaving their positions (CCSPA, 2023).

To help mitigate potential frustrations and problems associated with job searches, hiring processes, and clinician burnout, LMHPs from the Clinical/Counseling Sport Psychology Association (CCSPA) created a small series of white papers. The current paper is to help decision-makers & hiring committees create tenable position descriptions for LMHPs responsible for overseeing student-athlete psychological wellness & service delivery.

This paper is for shareholders and professionals outside the milieu of mental health who are responsible for creating job descriptions and are looking to hire into those positions. It discusses:

- Considerations and goals for shareholders in the process of creating position descriptions
- Performance indicators and accountability structures for professionals filling these positions
- Where a position might be administratively and/or physically located
- Creating environments within athletic departments that promote wellness
- Legal and ethical considerations unique to mental health service delivery
- Student-athlete financial and insurance considerations
- Appendix including important questions to help generate discussions for hiring committees about setting priorities and job structures for positions.

Included in this paper is an executive summary. After the summary, there is a detailed discussion of each topic. Links to more information for those interested in exploring each topic further are provided in the summary.. As mentioned above, an appendix with several questions As LMHPs who currently occupy – or have significant experience in – these positions, we strongly encourage reviewing the recommendations as you begin, or seek to maintain, these valuable LMHP positions within your institutions. For questions regarding this paper, please contact Dr. Tom Golightly (tom_golightly@byu.edu).

Best,
Clinical/Counseling Sport Psychology Association (CCSPA)
Ad-hoc Committee for Position Description White Papers

**Clinical/Counseling Sport Psychology Association (CCSPA)
Ad-hoc Committee for Position Description White Papers**

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Positions for Licensed Mental Health Providers Designated to Work with Student-Athletes

Executive Summary

In recent years, the NCAA, athletic conferences, and colleges and universities, have placed a greater emphasis on creating environments promoting mental wellness and help-seeking ([NCAA, 2021](#)). In the 2021 NCAA Student-Athlete Well-Being Survey, student-athletes reported mental health concerns 1.5 to 2 times higher than reported prior to 2020 ([NCAA, 2022](#)). One positive result of the broader, increased attention on psychological wellness is the rapid growth of professional positions created for Licensed Mental Health Providers (LMHPs) with specific responsibilities to provide care for student-athletes. In the past, many of these position descriptions, written by well-intended professionals with various experience and knowledge of mental health service delivery, often include responsibilities and tasks that overload the clinical capacity of an individual provider and may frustrate LMHPs involved with service delivery and the people to whom they are accountable. Many clinicians who currently fill these positions have reported high levels of overwhelm and frequently thinking about leaving their positions (CCSPA, 2023). To help mitigate the potential frustrations and problems associated with job searches, hiring processes, and clinician burnout, LMHPs from the Clinical/Counseling Sport Psychology Association (CCSPA) created the current paper.

As Athletic Departments expand the role of mental health into their resources, it is important to be intentional in the integration of an LMHP position within established athletic department, university, and community systems. Each setting is unique, and shareholders are invited to examine what is most beneficial for their specific institution. This paper highlights important considerations to increase the likelihood of successful integration and sustainability with an LMHP position. Brief summaries of each section are provided below. Links to more in-depth discussion of each topic are included in the heading and all together at the end of summary. Important questions and shareholder considerations are outlined at the end of each section and compiled in the [Appendix](#).

[Considerations for shareholders before creating the position descriptions](#)

The first recommendation is for administrators and shareholders to begin by outlining specific goals and objectives before creating the position descriptions. Descriptions should be informed by department needs and NCAA Best Practices. Preferred qualifications for applicants and common sub-specialties for LMHPs

working with student-athletes should be outlined. Other items that an athletic department should intentionally consider prior to hiring an LMHP, include: 1) identifying shareholders and conducting a needs assessment to better understand unique demands of your system; 2) clarifying Key Performance Indicators (KPIs) for job performance and evaluation of the position/department; 3) defining the qualifications and credentials to meet the needs of the KPIs and align with [NCAA Best Practice guidelines](#); and 4) LMHPs hired to fill these positions can appropriately treat and support student-athletes from underrepresented or historically marginalized populations (including, but not limited to, considerations around race and ethnicity, gender, socioeconomic status, and sexual orientation); and 5) anticipating service growth/having a plan for scalability of services.

Performance indicators and accountability structure

As we advocate shifting how we conceptualize, construct new, and re-imagine current job descriptions that are more long-term tenable for LMHPs working with student-athletes, it stands to reason that we commensurately shift how we discuss and measure accountability and effectiveness of the individuals laboring in these positions and programs. Redefining direct service to include more activities (e.g., screenings, prevention, case management, consultation) than therapy hours and number of clients treated is recommended. These activities should fall in line with outlined department goals for the position and/or best practices recommended by the NCAA.

Where a position might be administratively and/or physically located

As LMHP positions are created, administrators need to thoughtfully determine where the position will be administratively housed. When adding an LMHP to your athletic/sports medicine department there are three primary models to consider centering around where the professional is housed: 1) within the athletic and/or sports medicine department; 2) within the university counseling center (UCC); and 3) as a contracted community professional. Identifying the model of best fit for your institution is important as each has its own benefits, challenges, and considerations.

Environments which promote wellness

As we consider growing needs of collegiate athletic mental health services, it is likely that individual demands will continue to outpace the resources of LMHPs. Creating a culture of normalizing, destigmatizing, and supporting mental health is critical, and as such, dedicated time and funding from athletic departments to support these endeavors is warranted. This section outlines the need to conduct evidence-based training programs for non-clinicians, the value of ongoing education/discussion among athletic department staff, and the need to establish a group of shareholders from various professional backgrounds within the athletic department to support the mental health of student-athletes.

Legal and ethical considerations

Mental health professionals are beholden to ethical and legal guidelines that influence the set-up, policies, procedures, and practices used as they provide services to student-athletes and athletic departments. These ethical and legal guidelines serve to not only help practitioners avoid harming clients, but also to guide professional practice in a manner that does the most good to those they serve ([Aoyagi & Portenga, 2010](#)). Thus, when creating and sustaining these positions, it is important to be mindful of how these obligations influence clinician roles, department set-up, and communication within and throughout the department. Areas to consider include access to at least one medical center to support mental health needs that may arise, record keeping, privacy and confidentiality, scope of practice, ongoing professional development (including funding), and accessibility.

Financial and insurance considerations

It is prudent to consider the financial and insurance coverage situations of student-athletes if they need treatment outside of the university LMHP. With increase in demand for mental health treatment and need for specialized services or higher levels of care, utilizing providers in the surrounding community is often necessary. Insurance policies vary greatly in their coverage of mental health services in the community.

Several considerations about engaging treatment with providers in the community are discussed. Advanced planning is needed when student-athletes hold insurance policies with minimal or no mental health coverage.

Quick links to in-depth information:

[Considerations for shareholders before creating the position descriptions](#)

[Performance indicators and accountability structure](#)

[Where a position might be administratively and/or physically located](#)

[Environments which promote wellness](#)

[Legal and ethical considerations](#)

[Financial and insurance considerations](#)

[Appendix – Questions for Shareholder Consideration](#)

Conclusion

As LMHPs who currently occupy – or have significant experience in – these positions, we strongly encourage reviewing these recommendations as you create, expand, and/or maintain these important positions within your university communities. Spending time to be thoughtful about the priorities, structure, success measures, and the impact on the department culture will be valuable, and potentially avoid frustrations and burnout for shareholders and LMHPs alike. For questions regarding information provided in this paper, please contact Dr. Tom Golightly (tom_golightly@byu.edu).

Clinical/Counseling Sport Psychology Association (CCSPA)
Ad-hoc Committee for Position Description White Papers

Considerations for Shareholders before Creating the Position Description

In an effort to help athletic departments at member institutions, the [NCAA created a Best Practices](#) document outlining what a comprehensive model of psychological services might look like, with four best practices outlined. Important questions and shareholder considerations in this area are outlined at the end of this section and in the [Appendix](#). Adequate time and funding considerations should be given at the outset of creating a position for a LMHC. The first recommendation is that individuals providing services be licensed in a psychology-related field (e.g., clinical/counseling psychologist, social worker, marriage and family therapist, licensed mental health counselor, etc.). The minimum standard of a provider should be a credential that demonstrates them to be a licensed mental health professional (LMHP). The second practice includes specific mental health Emergency Action Plans (EAPs) to be created for referring student-athletes to psychological care when challenges arise. Department personnel should know how and where to direct a student-athlete that is struggling in urgent and non-urgent situations. The third recommended practice involves a plan for early identification of those that might need services through pre-participation screenings with validated and reliable psychological screening tools. The final best practice is ongoing education of athletic department personnel and student-athletes in order to establish wellness-promoting environments.

A thorough discussion of these best practices principles is outside the scope of this paper, though additional information can be found on the [Sports Science Institute website for Mental Health Best Practices](#). What is relevant to this discussion is that it might not be possible to implement all of the best practices with one full-time LMHP. It may be beneficial to the department looking to establish a position for a LMHP to outline the goals, needs, and priorities of the department that need to be met with this initial hire. Prioritizing what shareholders determine to be the priority and want to do well, knowing that not all of these practices may be implemented right away, may be helpful to the process. It is advised to have a long-term strategic plan to eventually implement all the best practices.

Ideally, the LMHPs filling these positions will not only have a working knowledge about how to implement NCAA Best Practices, but will also have significant training, experience, and competencies to meet the psychological needs of student-athletes. These competencies include appropriate theoretical knowledge of clinical work with student-athletes, specialized training/supervised experiences in mental health counseling with this sub-population, and knowledge of how to promote flourishing in sport activities through mental performance training. LMHPs hired to fill these positions are also trained to address multicultural concerns that align with the demographics of both highly represented or privileged populations, as well as underrepresented or historically marginalized populations. This includes, but is not limited to, considerations around race and ethnicity, gender, socioeconomic status, and sexual orientation. These professionals will know how to build and maintain relationships to maximize visibility and availability with each sport program and support service within an athletic department.

Many departments are looking for comprehensive service delivery and wellness programming. Some desire a more specialized focus on substance abuse, diversity and inclusion, preventive programming, or other areas. As mentioned above it might be overwhelming to the individual to add or include additional responsibilities on top of trying to implement an effective system of service delivery. Any sub-specialty focus should be considered in discussion about priorities and department needs.

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Questions for Shareholder Consideration before Writing Job Description

Components of a Successful Program

1. Direct Service Provision (with student-athletes and other staff)
 - a. Provision of therapy services

- b. Prevention: large and small-scale programs
 - c. Early detection of mental health concerns and referral
 - d. Crisis Intervention
 - e. Consultation with Sports Medicine
 - f. Consultation with Department staff, including coaches and administrators
 - g. Serving on Department or University committees
 - h. Assessment
 - i. Case management and transitional care
- 2. Indirect Services
 - a. Professional Development
 - b. Supervision (receiving or providing)
 - c. Treatment Planning (especially to support transfer of care and case management)

Education, Training, and Experience of the LMHP

1. What training and expertise does the LMHP have? Are they a licensed (or license eligible) mental health professional?
2. In what specialty services do they have training? Specialty services may include ADHD assessment, personality assessment, treating eating disorders, treating substance use concerns, etc.
 - a. If you want the LMHP to provide specific services, is it viable to provide those services on campus?
 - a. You may want to consult with legal counsel or other mental health providers on campus (such as the counseling center) to see what is possible.
3. Does the LMHP have the Certified Mental Performance Consultant® (CMPC) credential?
 - a. Does the LMHP have any training, education, and certification in sport performance/mental performance skills?
 - b. If the LMHP does not have training, education, or certification in this area, are there opportunities to obtain this training and consultation? This may require additional finances and administrative time.

Mental Health Best Practices

1. Managing Crises
 - a. What is your institution's Mental Health Plan, including Mental Health Emergency Action Plan (MHEAP)?
 - b. How are mental health crises currently handled? Is the LMHP the best option for managing crises?
 - i. Typically, if the LMHP is the only provider for athletics or if they are contracted, they are not the best person to manage crises due to lack of accessibility. Therefore, coordination with the institution's university counseling center may be necessary.
2. Referral Procedures
 - a. How are non-crisis (routine) referrals to mental health currently handled?
 - b. How are referrals to off-campus professionals handled?
 - c. When you provide mental health training, what is your plan to respond effectively to increased referrals (due to increased awareness)?
 - d. When you complete pre-performance mental health screenings, what is your plan to respond to the number of referrals resulting from these screenings?
3. Pre-Performance Examination (PPE): Mental Health Screens
 - a. What is your current policy and procedure for pre-performance mental health screening?
 - b. What is the plan for early identification for those who may benefit from services?
4. Education and Training

- a. What trainings are student-athletes and personnel already getting? What additional topics should be discussed?
- b. Are there mental health awareness trainings that can be provided to non-LMHPs (e.g. QPR, Mental Health First Aid)? Who is trained on your campus to provide that? Can you contract with someone outside your institution to provide these trainings?
- c. What policies are in place (institutionally & within the Athletic Department) regarding required education? Where do you align and do things differently? If things are done differently than the institution as a whole, what is the rationale?
- d. Establishing Wellness Promoting Environments (to include training)
- e. Is there a peer educator or mentorship program to provide mental health information to incoming & established student-athletes?
- f. How are wellness promoting environments considered in your mission statement? How are these variables considered during recruitment, promotion, advertising, etc.?
- g. What other entities within or outside of the institution could assist the LMHP with promoting wellness within the Athletic Department?
- h. What policies are in place regarding reporting guidelines for concerns regarding wellness promoting environments? How are these communicated to student-athletes and personnel?

Performance Indicators and Accountability Structure

As we advocate shifting how we conceptualize and construct new (as well as re-imagine current) positions that are more long-term tenable for licensed mental health practitioners (LMHPs) working with elite athletes, it stands to reason that we commensurately shift how we discuss and measure accountability, contributions, and ultimately, the effectiveness of the individuals laboring in these positions and programs. Important questions and shareholder considerations in this area are outlined at the end of this section and in the [Appendix](#). Heretofore, LMHP's generally measured and discussed one sole aspect of their programs/positions with administrators and stakeholders - hours of therapy conducted with athletes in office. This number indicated a percentage of student-athletes utilizing counseling sessions, which demonstrates one aspect of effectiveness. However, utilization rates are insufficient to effectively measure service delivery - too narrow in scope to fully capture the quality of a program ideally designed to provide a variety of psychological services to the athlete population.

As mentioned above, the psychological needs of an athletic department, and the student-athletes in them, go well beyond responding to the demand for individual therapy. Recent job descriptions are outlining a variety tasks required of LMHPs outside of therapy provided by LMHPs occupying these positions, including: crisis intervention; early identification programs; large, and small-scale preventive programming; consultation with sports medicine, department staff, coaches, and administrators; assessment; case management; and transitional care. All of these activities should be considered direct service delivery. Another area of expansion of job tasks include earmarking time for professional development, including continuing education and ability to supervise clinicians-in-training, in order to create qualified professionals to meet the current and future demand for LMHPs with this specific sub-specialty. Discussions about effectiveness and/or accountability should include measurements on all of the various direct service and training roles involved in the provision of clinical sport psychology services.

Administrators and LMHPs who are part of these psychological service delivery programs should shift how they discuss and report effectiveness of their programs to include more of the direct service roles and responsibilities being described for their positions. Above and beyond the measure of direct services provided through number of sessions and individuals seeking services, professionals should lead discussion centered on: number and type of prevention programming with student-athletes; number of screenings conducted and referrals to care provided; number of crisis intervention sessions with individuals and teams; consultations conducted with administrators, staff, and coaches; the number of individuals aided in finding services out of network; potential creation of groups and utilization numbers how many individuals have transitioned to maintenance care; and amount of time spent supervising professionals in training. Data from student-athlete exit interviews, wait times, and clinical outcome measures could also be relevant measures of how a clinician or system is working. Being more inclusive with these measures will lead to a more comprehensive discussion regarding how well the service delivery program and the LMHPs in it are meeting the needs of individuals and teams within the department.

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Potential Questions to Consider Regarding KPI's

Recommended Comprehensive Assessment of Services

1. Assessing Direct Services
 - a. Number of individual and group therapy sessions and number of students served
 - b. Types of programming offered

- i. Success of programming (evaluation data)
 - c. Types of services offered, including crisis intervention, case management, mental health screenings, consultations, etc.
 - i. Consider also gathering data related to number of students, hours of service, etc.
 - d. Number of students served through support of case management and transitional care and the effectiveness of getting them connected (e.g., wait times, duration of services)
- 2. Assessing Indirect Services
 - a. Hours and types of professional development and how the information was utilized in progressing the knowledge/experiences of the LMHP
 - b. Hours of receiving and/or providing supervision or consultation with other professionals
 - c. Could include data on how this impacts the success of the position (i.e. the importance and function)
 - d. Hours of treatment planning (including coordinating services, helping to identify service providers to transition care, and coordinating with off-campus providers)
- 3. Process of formative and summative assessment of position
 - a. What assessments are in place to assess direct and indirect services?
 - b. Who reviews this assessment data?
 - c. When is the assessment data reviewed?
 - d. Who is responsible for making potential changes based on what the data reveals?
 - e. How can the various roles of an LMHP be prioritized and expanded to include more than just direct provision of services?

Where the position might be housed/located

When adding a LMHP to your athletic/sports medicine department there are three primary models to consider centering around where the professional is housed: 1) within the Athletic and/or Sports Medicine Department; 2) within the University Counseling Center (UCC); and 3) as a contracted community professional. Important questions and shareholder considerations in this area are outlined at the end of this section and in the [Appendix](#). Identifying the model that is the best fit for your organization is important because each has its own benefits, challenges, and considerations. Primary factors are listed in the table below:

LMHP Options	Potential Benefits	Potential Considerations
Within the Athletic and/or Sports Medicine Department	<p>Athletes have easy access to services</p> <p>Consultation with Sports Medicine is easier</p> <p>Supports holistic approach to healthcare for student-athletes recommended in NCAA Mental Health Best Practices</p> <p>Supports development and maintenance of policies and procedures that comply with NCAA and institution guidelines (e.g., Mental Health Emergency Action Plans)</p> <p>LMHP is immersed within the system, thus promoting familiarity</p> <p>LMHP can establish working relationships with athletic trainers, team physicians, coaches, compliance, administrators, and other campus partners</p> <p>LMHP has access to practices, games, department trainings, etc.</p> <p>LMHP can be embedded into various teams promoting understanding of unique cultures</p> <p>LMHP can be visible throughout the department, thus reducing stigma and integrating mental health within the system</p>	<p>LMHP may have limited support for ethical consultations with colleagues, especially if there is only one LMHP in the department</p> <p>LMHP cannot see all student-athletes referred to mental health services for a variety of reasons, many of which are guided by the LMHPs ethical principles and scope of practice</p> <p>LMHP may not have adequate administrative support for scheduling, paperwork, etc. Therefore, they need dedicated time to perform these tasks.</p> <p>LMHP is likely responsible for creating and sending intake paperwork to student-athletes, which again calls for dedicated time to complete these tasks.</p> <p>Finding space for the LMHP to see athletes on an individual basis. Important considerations include privacy and soundproofing of office space.</p>
Within the Counseling Center	<p>LMHP will have administrative support to assist with paperwork, scheduling, faxing, and incoming phone calls/requests</p> <p>LMHP will have access to other LMHPs within the counseling center, which provides a streamlined process to refer student-athletes to colleagues who may be better suited to address the student-athlete</p>	<p>UCCs provide services to all students at an institution and student-athletes may want more private space since they are easily identifiable</p> <p>Athletes may want a separate way to contact the sport psychology provider directly</p>

	<p>needs; less cumbersome for the student to transfer to another provider within the center</p> <p>Easy on-campus access</p> <p>Policies and procedures already in place, usually approved by institution's legal team</p> <p>Usually access to a private space with a secure waiting room away from athletics personnel</p>	<p>Athletes may be wary of the paperwork necessary to initiate an intake appointment</p> <p>The established policies and procedures may need to be reviewed and modified to meet the needs of athletics, which can create a new dynamic within the counseling center</p> <p>Counseling centers may offer a limited number of sessions or serve as a "starting point" to connect to off-campus resources. Will the LMHP working with athletics also follow this model?</p> <p>Some UCCs allow clinicians to see clients during flexible hours (e.g., 7pm), whereas others do not allow clients to be seen outside business hours (e.g., 8am to 4:30pm).</p>
Contracted with a LMHP in the community	<p>May have administrative support for assistance with paperwork, scheduling, faxing, taking incoming calls, etc.</p> <p>May have more flexibility with how they spend their time in department (based upon established contracts)</p> <p>Decreased cost for the institution (e.g., institution does not pay for benefits for contracted employee)</p> <p>The LMHP may have an established referral system (if within a hospital, private practice with multiple clinicians, etc.)</p>	<p>Need to negotiate logistics (where is EMR stored, how do athletes contact the professional, what university resources are available, how are crises handled, etc.)</p> <p>Contracted employee may have fewer or specific hours dedicated to the position, which may limit opportunities for student-athletes to interact with and/or see the LMHP</p> <p>It is necessary to consider whether these contracted hours bring the LMHP on-campus or if all contracted services will be provided off-campus.</p> <p>The contracted person may need to refer to another professional. How is that handled? Who pays? How does the student-athlete connect to the next professional?</p>

The NCAA Sport Science Institute (SSI) [Mental Health Best Practices \(2020\)](#), recommends that the LMHP collaborate with sports medicine to form an interdisciplinary team of healthcare professionals to address student-athlete health. Professionals may include the LMHP, team physicians, athletic trainers,

dietitians, and other healthcare professionals (NCAA SSI, 2020). The integration of the LMHP varies based on whether they are housed within the Athletic Department, contracted, or within the UCC.

For successful integration, it is necessary to identify the following:

1. Who the LMHP reports to;
2. Who is responsible for the development and approval of policies and guidelines as it relates to student-athlete mental health;
3. The role of the LMHP within the interdisciplinary team; and
4. How protected health information is stored, used and shared.

If the LMHP is within the UCC (directly reporting to the UCC director), additional communication about how Athletics and the UCC can work together effectively may be necessary, as policies of the UCC may not be consistent with policies related to student-athlete health.

Prior to the start of this position, it is also essential to identify how mental health crises will be managed. For example, is the LMHP expected to manage all mental health crises for student-athletes, are these referred to the UCC, or is a hybrid (or alternative) model considered? If you have only one LMHP responsible for all mental health crises, know that the individual cannot guarantee 100% availability. Therefore, there is merit to utilizing existing crisis resources or working to identify alternative models supporting 24/7 crisis availability.

Having a LMHP serving student-athletes within the Athletic Department or UCC does not guarantee that the LMHP will be the best provider for all student-athlete needs. It is common for student-athletes to be referred off-campus when the LMHP is not able to work with them due to scope of practice, availability, etc. Therefore, some student-athletes may benefit from working with another campus professional, referral to an off-campus resource, or referral to a higher level of care outside the institution.

It is necessary to evaluate your community, institutional, and departmental resources when considering the viability and logistics of integrating a LMHP into your athletic department. Therefore, Appendix A lists questions to guide discussions regarding integration of a LMHP within your institution and/or department.

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Shareholder Questions for Where a Position Might be Administratively and/or Physically Located

If in the LMHP is in the Athletic Department

1. Where will the LMHP office be located?
2. Is there a private area to wait for a meeting?
3. What is pedestrian traffic like near that office? Noise level? Can someone hear the conversation if standing outside the door?
4. Is it within an athletic building? Easy to access from athletic buildings/fields?

If the LMHP is Within the UCC

1. Is the UCC near athletic facilities on campus?
2. Is there a separate waiting room for athletes, as they may be easily recognized in campus waiting rooms and risk their confidentiality being compromised?
 - a. If not, how will student-athlete privacy be maintained?
3. Do student-athletes complete the same paperwork as non-athletes? (There are often several sport-specific factors that are important to consider when working with student-athletes.)

4. Does the LMHP have the ability to attend practices, be visible within the department, and complete prevention work within athletics?
5. What is the scheduling process for a student-athlete?
6. Do the policies and procedures for athletics align with the UCC policies and procedures? Where are the inconsistencies and how does this impact student-athlete care?

If the LMHP is Off-Campus

1. Is there adequate and affordable transportation to get to appointments?
2. Does the provider offer telehealth services? If so, is there a private space/office on campus that can be reserved for students who do not have their own private space for telehealth meetings?
3. If the LMHP is not on campus full-time, what are the ideal days/hours to be on campus? For example, Friday is often a travel day for sports, whereas many teams are often on campus on Tuesdays.
4. How can student-athletes schedule with this professional? Is there an administrative person that can answer phones throughout the day? Is there an opportunity for HIPAA-secure online scheduling?
5. What is the intake process/paperwork for student-athletes?
6. Other than providing services, how can the LMHP be accessible? Consider factors such as attending practices, coordinating prevention work with teams, etc. Is the LMHP compensated for this time within the contract?

Environments Promoting Wellness

As we consider the growing needs of collegiate athletic mental health services, it is likely that individual demands will continue to outpace the resources of LMHPs. Creating a culture of normalizing, destigmatizing, and supporting mental health is critical, and as such, dedicated time and funding from athletic departments to support these endeavors is warranted. Important questions and shareholder considerations in this area are outlined at the end of this section and in the [Appendix](#). This section will discuss the need to conduct evidence-based training programs for non-clinicians, the value of ongoing education/discussion among athletic department staff, and the need to establish a group of stakeholders from various professional backgrounds within the athletic department to plan and support the mental health of student-athletes.

As we consider the growing needs of collegiate athletic mental health services, it is likely the demands will continue to outpace the resources of LMHPs. It is of paramount importance that intercollegiate athletic departments move towards a holistic, systemic approach to create an environment that fosters mental health and supports the mental health care efforts of the LMHPs. An important protective factor in collegiate athletics is the potential for numerous touchpoints that can play a role in identification, referral, and support of a student-athlete struggling with mental health. [Purcell et al. \(2019\)](#) propose a framework shaped by an ecological model and prevention and early intervention model, with an emphasis on developing mental health literacy in athletic departments and providing training to coaches and key staff to serve as “navigators” in identifying and referring student-athletes who may be struggling.

Investing in mental health training for coaches, administrators, and student-athlete-facing staff is a way to foster a mental health supporting culture through awareness and a deeper understanding of mental health and mental illness. In addition, it allows for early identification, comfort with conversations about mental health, and the skills for an effective referral. There are well-established evidence-based training programs for non-clinicians, such as Question, Persuade, Refer ([QPR](#)) and Mental Health First Aid ([MHFA](#)). QPR is a brief program (60-90 minutes) that focuses on suicide prevention, based on recognizing warning signs of a suicide crisis and training “gatekeeper skills” of active listening, ask clarifying questions, and making an appropriate referral. MHFA is a more extensive 8-hour program that takes participants through 5 mental health modules (depression and mood disorders, anxiety disorders, trauma, psychosis, substance use disorders) and teaches a 5-step action plan and specific interventions. In addition, custom mental health training may be created by LMHPs at their institutions to meet the specific needs of their department and to focus more specifically on athlete mental health. It is beneficial to develop robust training programs with effective facilitators to offer training opportunities on a regular basis to coaches and staff. Becoming trained as a facilitator or developing a training is quite time intensive, as is providing the training opportunities to coaches and staff. It is important to acknowledge the need for dedicated time and funding for this work and to recognize that this work falls under the category of direct service for LMHPs. Of note, non-clinicians (athletic trainers, student-athlete development staff, etc.) can be trained as facilitators and bring a relatable presence in addressing these topics. These trainings should also be considered for peer education with SAAC and other groups of student-athletes. While the training and offering of programs takes significant time and energy, it is a proactive investment in the mental health of student-athletes and can support the work of the LMHP(s). In line with these efforts, the LMHP may take on outreach and education to coaches and staff through coach and staff meetings, facilitating roundtable discussions, providing Lunch and Learn and similar learning opportunities, and identifying outside speakers.

It is critical that the LMHPs do not work in isolation and have colleagues across the athletic department and campus that they are able to collaborate with in a variety of ways. Setting up interdisciplinary groups is an important component of a holistic care model. This may take the form of mental health focused treatment teams that include medical staff or more broad groups that include sports medicine, academics, strength and conditioning, student-athlete development, administration, etc. to bring together unique

perspectives and opportunities for the integration of mental health across all areas of the athletic department. These efforts, along with training and education of coaches and staff, are invaluable in creating a culture of normalizing, destigmatizing, and supporting the mental health of student-athletes and providers will benefit from dedicated time and funding to support these endeavors.

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Shareholder Considerations for Creating Environments that Promote Wellness

Collaborating with Sports Medicine

1. What is the current role of athletic trainers as it relates to student-athlete mental health?
2. How will your LMHP coordinate care with team physicians? Are there logistics to consider if your team physicians are employed by outside entities (i.e., contracting with the Athletic Department)?
3. What current policies/procedures are in place to support mental health?
 - a. Who develops and revises the department's mental health plan?
 - b. Does the emergency action plan (EAP) include mental health? Eating disorders? Alcohol and other drugs? Pre-participation evaluations/mental health screening? ADHD identification and referral?
4. Has your athletic training staff completed evidence-based training on how to identify, discuss, and respond to student-athlete mental health concerns and/or crises?
5. How are mental health concerns discussed with coaches, and what are the policies and guidelines related to this flow of information?

Collaborating with Mental Performance Consultants

1. If your institution utilizes mental performance consultants (e.g., Certified Mental Performance Consultants ®; CMPCs) and the LMHP in question is also trained to provide sport psychology (aka, mental performance) services, how do mental performance consultants and LMHPs collaborate?
 - a. Consider mental performance consultants employed by the athletic department and/or contracted to work with specific athletes and/or teams.
2. How are these roles differentiated (e.g., who takes what referrals, who works with what teams)? How are the defined roles communicated to student-athletes?
3. How is confidentiality handled in each role?
4. How are mental performance consultants trained to identify and refer student-athletes experiencing mental health concerns? How are athletes referred to qualified mental health professionals?

Collaboration with Other On-Campus Mental Health Resources

1. What offices on campus serve student mental health (UCC, graduate school training center, etc.)?
 - a. Do they serve graduate students?
 - b. Is there a fee?
 - c. Is there a session limit?
 - d. Do they manage crises?
 - e. What are the days/hours of operation?
 - f. Are there certain diagnoses that are best served off-campus? If so, identify resources that student-athletes can use?
2. Is your UCC accredited by IACS?
 - a. If your LMHP is housed within the UCC, how will they abide by accreditation standards?
 - b. Are there any standards that conflict with NCAA best practices or desired function within athletics, and if so, how will those conflicts be resolved?

3. If your institution has a strategic plan or systemic approach to student mental health, how will the LMHP be integrated into this plan?
 - a. What is included in the plan already?
 - b. How are student mental health concerns managed academically? In the residence halls? Office of Disability Services?
4. If there is a LMHP in or contracted with the Athletic Department, how will a collaborative relationship with on-campus UCC services be created and/or maintained?
5. How will the Athletic Department communicate that the LMHP working with Athletics is one of many mental health treatment resources available to student-athletes (i.e., student-athletes are not “required” to see this individual)?
6. How will Athletic Department staff (e.g., coaches, sports medicine, administrators) support referrals to mental health professionals (within and outside the Athletic Department)?
7. If sessions offered by the LMHP within the department are at no cost to student-athletes, and a student-athlete is referred to an outside mental health professional, several logistics must be considered and managed:
 - a. Transportation to appointments
 - b. Payment of services
 - c. Coordination of care with sports medicine
8. What are current gaps in services that are not fulfilled by on campus or off-campus resources? What are the short- and long-term plans to reduce these service gaps?
9. If policies reference on-campus mental health services, do offices involved know their role, consent to that role, and work with the Athletic Department to fulfill that role?
 - a. For example, if an alcohol-related violation is referred to the UCC, do UCC staff know their role, expectations, and how and what to communicate with the Athletic Department?
10. What does the flow of communication look like between the UCC and LMHP for Athletics? Is there any collaboration?
11. Is the UCC aware of policies related to mental health for student-athletes? Can they guide student-athletes according to those policies?
12. If the UCC manages campus-wide crises, what is the flow of communication with Athletics if a student-athlete is involved?

Collaboration with Community Resources

1. What mental health resources are available for student-athletes on- and off-campus? Are these resources accessible by walking, bus, or other affordable transportation?
2. Do any resources offer telehealth services? If so, it may be beneficial to consider resources outside of the immediate community (e.g., state-wide resources).
3. What psychiatry services are available on- and off- campus for student-athletes?
4. What resources are available for specialty services, such as eating disorder evaluation & treatment, substance use evaluation & treatment, ADHD assessments, etc.?
 - a. Given the specialty nature of these services, it may again be beneficial to consider resources outside of the immediate community (e.g., state-wide).
 - b. Does your department have a contract with a hospital or medical clinic? If so, are mental health services included in that contract?

Legal and Ethical Considerations

Beyond institutional, conference, and NCAA policies, Licensed Mental Health Professionals (LMHPs) are beholden to ethical and legal standards that guide the practice of mental health service provision (e.g., state law, American Psychological Association, American Counseling Association, etc.). These ethical guidelines serve to not only help practitioners avoid harming clients, but also to guide professional practice in a manner that does the most good to clients (Aoyagi & Portenga, 2010). Thus, when creating and sustaining these positions, it is important to be mindful of how these obligations influence clinician roles, department set-up, and communication within and throughout the department. Important questions and shareholder considerations in this area are outlined at the end of this section and in the [Appendix](#).

It is recommended that the goals of these positions are to serve in improving student-athlete wellbeing, consistent with NCAA Mental Health Best Practices of creating health-supporting environments. In as much as is possible, LMHPs should have autonomy in providing care for student-athletes, as there may be cases where organizational hopes differ from outcomes that are the overall best for the student-athlete's well-being (e.g., continued participation in sport at the university vs. retiring from sport or transferring institutions.) It is recommended that, when creating and sustaining these positions, there is clarity on "who is the client" (e.g., the organization as a whole, a specific team, the student-athlete) to provide direction and to avoid conflicts of interest as much as possible. The remaining sections in this paper serve to outline legal and ethical considerations to considering creating and sustaining these positions. This section is meant to serve as a general guideline to consider rather than an exhaustive list of all potential legal and ethical concerns that could arise in the development and sustainment of these positions.

Confidentiality and Privacy

Confidentiality is a cornerstone of the practice of mental health care, as confidentiality creates a sense of safety in disclosing information that student-athletes may not feel comfortable or may not be able to disclose to other athletic department staff members without triggering follow-up (ex., sexual assault). Creating clear expectations for communication within the department is paramount, which begins with clarifying the department set-up of who is in the circle of confidentiality (e.g., only mental health providers within athletics, medical staff if LMHPs are embedded within sports medicine, counseling center staff if providers are counseling center employees, etc). Information about who has access to mental health information, with whom LMHPs can communicate within the department, and any limits of confidentiality should be clearly outlined in the informed consent process and reiterated throughout the course of the therapeutic relationship as needed. Additionally, it is not uncommon for LMHPs to be an exception to mandated reporting requirements expected of other employees of the institution (e.g., Title IX, NCAA violations) if this information is learned as part of their confidential role in the department. This exception occurs as LMHPs are governed by state licensing laws and ethical guidelines that define confidentiality and its exceptions for LMHPs. Please note that LMHPs may still be required to report NCAA or other violations if they learn of this information outside of their confidential role within the department. Discussions between LMHPs, Compliance staff, the LMHP's direct report, and General Counsel may be beneficial to clarify these exceptions and other ways in which confidentiality is structured among any other ethical and legal issues that may arise.

Electronic medical records are a key component of effectively supporting student-athlete mental health. It is important to understand that student-athletes are not always afforded the same opportunity for privacy and confidentiality as non-athlete college students for a number of reasons. Therefore, privacy and confidentiality should be taken into consideration when gauging and understanding which pathway is best to follow to determine a proper electronic medical record (EMR) system. Ideally, an EMR that can ensure that the only ones who can access it are the LMHPs is the best option. There are a number of EMR systems that allow providers to appropriately track and generate the appropriate information and records

needed for effective work – Titanium Software®, Simple Practice®, TherapyNotes®, and Pyramed® are a few examples.

Office space for embedded clinicians or departments is also a significant consideration given the nature of the collegiate athletic system. Because of the importance of privacy and confidentiality in clinical mental health work, it is important that the office space for clinicians abides by certain guidelines as closely as possible. First, the accessibility of the office space in relation to proximity to other support services is an important consideration. While there has been much improvement in decreasing the stigma that may exist for student-athletes seeking mental health support, it is still important to ensure that the office space is in a location that student-athletes can enter and exit privately (or with as little visibility as possible). Second, the characteristics of the office are important – namely, enough physical space for any athlete to be able to comfortably receive services and the capacity for the space to be as close to soundproof as possible. There are additional considerations; however, those should be considered in a secondary nature to the accessibility and confidentiality.

Competency, Referral Networks, and Specialized Services

When forming an embedded clinician position and/or department to provide clinical mental health and/or sport performance psychology services to student-athletes, it is important to develop and maintain relationships with external clinicians or agencies. While having an embedded LMHP(s) is a key component in addressing student-athlete mental health needs, relationships with external clinicians or agencies enhance the services provided because they allow access to a broader range of clinicians and clinical presentations that can be addressed and ensure that clinicians are able to consistently provide support within their scope of practice. Many of these relationships are maintained on a referral basis, and can be maintained contractually should the need arise.

Related to scope of practice, competency is also to be considered from a legal and ethical standpoint in departmental expectations for LMHPs. LMHPs are only able to provide services for which they are competent. As such, it is not realistic to expect that one provider will be ethically able to provide all services for a department as some services may fall outside their scope of competence. Establishing a referral network is key to ensure that student-athletes are connected to appropriate providers if student-athletes need specialized care not offered by in-house or contracted clinicians.

Ongoing professional development is an integral way in which providers continue to increase competency over the course of their career. As such, continuing education is important for any professional working in the collegiate athletic space. For mental health clinicians working with student-athletes, there are three professional organizations that serve as professional homes for many of the practitioners doing this work: Clinical/Counseling Sport Psychology Association (CCSPA), American Psychological Association, Division 47 (APA), and the Association for Applied Sport Psychology (AASP). Each of these organizations provide conferences and other professional spaces and pathways that facilitate professional growth and development. Additionally, maintenance of state-issued clinical licenses mandates continuing education as part of the renewal process. It is important that athletic departments support involvement in these organizations and spaces as much as possible.

To ensure that student-athlete mental health is addressed holistically, it is important that the athletic department or Department of Sports Medicine ensure access to at least one medical center to support mental health needs that may arise. These mental health needs include, but are not limited to: psychotropic medication, hospitalization for mental health crises, levels of treatment that are case specific or exceed that which the department or clinician can provide. While a contract is not often utilized in these circumstances, it is important for relationships to be established so that when the need arises, each entity is clear on the process to ensure that the student-athlete's care is provided to the highest quality.

These aspects include but are not limited to privacy, athletic department policy, university policy, exchange of information, points of contact, clarity of billing and payment processes.

Services provided in-house when there is an embedded clinician or department are provided free of additional charge to student-athletes. Many embedded clinicians or embedded departments do not charge no-show fees for student-athletes because of their constantly changing schedules and lack of autonomy over their time. However, there are some clinical presentations and some cases that are more effectively treated by care off-campus. Some of these cases and examples include, but are not limited to: eating disorders, anxiety/depression that significantly impacts daily functioning, substance use and abuse, and ADHD or other psycho-diagnostic testing. Even with an established relationship with outside providers, agencies, or organizations, it is important to determine the amount of financial responsibility that the athletic department covers, insurance covers, and that the student-athlete covers. Because of the possibility of student-athletes attending and competing at an institution outside of their home state, their own insurance may not effectively cover or appropriately supplement the charges for certain types and levels of treatment. This is a context that is best to understand as early as possible in each individual case/situation.

Technology and Access to Care

Ensuring that mental health clinicians working in college athletics have the appropriate technology is an instrumental part of setting them up for success while abiding by legal and ethical guidelines and best practices. Since March 2020, there has been an increase in the amount of telehealth services provided, especially around clinical mental health. Research has shown little difference between the effectiveness of counseling services provided electronically compared to services provided in-person ([Bulkes, et al., 2022](#); [Connolly, et al., 2022](#)). Although society has returned to a place where the majority of the services provided are in-person, many departments and providers have opted to maintain a telehealth platform because of the increase in accessibility that it provides for potential clients. It is important to ensure that any telehealth services provided by a clinician and client/potential client occur over a HIPAA-secure platform.

Additionally, we know that college athletics is a year-round non-stop operation where many employees work non-traditional hours. While that may remain true for mental health clinicians or embedded departments, it is important to think appropriately about the ways and levels of access that different individuals in the collegiate athletic system have to these individuals and how the information and contents of their job must uphold appropriate boundaries as well. If an employee or department is embedded within an athletic department, it is important that they have a university-issued computer. Many individuals opt to utilize a laptop due to the dynamic nature of the work and needing to work out of several locations. Additionally, athletic departments and staff members that utilize telephone communication for an embedded clinician or department often support an office phone or a separate cell phone line. Generally, student-athletes do not have access to the separate cell phone line of a provider. If they do, it is explicitly understood that it is solely used for scheduling and rescheduling purposes. Boundaries around appropriate use of phone, e-mail, and/or text (if applicable) for contacting a provider in such cases should be explicitly discussed when setting up roles, communicated to the student-athlete and relevant athletic department staff, and reiterated as necessary throughout the therapeutic process.

Seeking care and support outside of traditional business hours generally has its own policies and procedures established by the clinician or the athletic department. A provider cannot guarantee 24/7 availability and, as such, policies and procedures should have several layers of back-up to respond to mental health emergencies in the case that an individual provider is unavailable, such as University Counseling Center crisis resources.

Overall, LMHPs provide a unique service to Athletic Departments which may necessitate unique ethical and legal considerations compared to other department positions. Early consultation with appropriate stakeholders is recommended to ensure departments are set-up for success including medical staff, LMHPs, General Counsel, Compliance, and other departments as appropriate.

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Shareholder Questions for Legal and Ethical Considerations

Professional Collaboration

1. How can the LMHP gain access to peers/colleagues within and outside of the organization/institution for support? Is there a fee for this consultation/support? If so, who pays this fee?
2. What community resources can help fill in the gaps of services not provided on campus?
3. What medical center can the department/institution partner with to ensure healthcare needs are met if they arise? This may include a conversation with General Counsel, and could include a Memorandum of Understanding (MOU) between the institution and the medical center.
4. In developing relationships with a medical center, consider how privacy, Athletic Department policy, University policy, exchange of information, points of contact, clarity of billing, and payment processes will be handled.

Electronic Medical Records

1. It is recommended that LMHPs be the only personnel to access mental health records
2. What EMR system will be used to store data? How is the data going to be secured? If the EMR is accessible for the LMHP at home, how is that data secured?
3. If there is an issue with the EMR, and technical support is required, who is the contact person from within the University information technology team that can provide support? Does this person sign a document ensuring confidentiality?
4. What are the state laws regarding record retention?
 - a. This is important in the event that you switch EMRs. You will need to maintain the records in the previous EMR for the length specified by state law.

Legal & Ethical Considerations Pertaining to Practice

1. Who is the client (student, institution, organization, etc.)?
2. Professional Development
 - a. Is the LMHP linked to financial resources to ensure professional training, education, and consultation related to working within sport settings?
3. Competency
 - a. What are the practice competencies of the identified LMHPs for student-athletes?
 - b. How will referrals be handled if an athlete presents with an issue outside of the LMHP's scope of competence?
 1. LMHPs are solely responsible for discerning whether they can effectively provide competent treatment to a student-athlete regarding their needs
4. Confidentiality
 - a. Who has access to mental health information?
 - b. How is healthcare information shared within sports medicine? How is that communication documented?
 - a. How are issues of confidentiality discussed and resolved?
5. Discussions between LMHPs, Compliance staff, the LMHP's direct report, and General Counsel may be beneficial to clarify exceptions and other ways in which confidentiality is structured among any other ethical and legal issues that may arise.
 - a. Is the LMHP's office accessible and in a space that allows for private enter and exit?

- b. Is there a waiting room to quietly wait for a scheduled meeting?
 - c. Is the LMHP's office soundproof? What measures can be taken to ensure that others in a hallway or office cannot hear the private conversations inside the office?
6. Boundaries
- a. How can students access mental health care through the LMHP?
 - b. Although some sports medicine staff, including athletic trainers, provide cell phone numbers to student-athletes, LMHP's generally don't provide this level of accessibility in order to maintain a good standard of practice.
 - c. How and during what hours can students reach the LMHP? How is this communicated to students?
 - d. What is the policy around after-hours care and how to access a LMHP for urgent needs?
 - e. What is the flow of communication to access an LMHP after hours?
 - f. What policies has the LMHP outlined with respect to contacting them via various modalities?
 - g. This is likely covered in Informed Consent and can be reinforced throughout the department.

Financial and Insurance Considerations

Given the increased mental health and well-being needs of student-athletes and others in the sport ecosystem (e.g., coaching staff), some student-athletes may benefit from meeting with LMHPs outside of the athletic department. Important questions and shareholder considerations in this area are outlined at the end of this section and in the [Appendix](#). These may be direct referrals to community professionals or through contractual relationships. When working with community professionals, an important consideration is payment. Specifically, how are these LMHPs paid and who pays for these services? Many conversations center around whether student-athletes are required to have insurance, and if so, important considerations include who pays for premiums or if there is a student health insurance coverage plan. It is also necessary to identify if the policy includes coverage for mental health treatment, such as individual therapy and psychiatry services (medication management). There may also be special considerations for international student-athletes.

Even if student-athletes are required to have insurance, there are several factors to consider when referring to LMHPs. One of the biggest considerations is whether the LMHP takes insurance and/or is in network with the specific insurance plan in question. There will also be deductibles and copays, so outlining who pays these (e.g., the student-athlete, the athletic department) is important. If the athletic department pays for these, having the bills go to the student-athlete who then brings them to someone for payment (e.g., insurance coordinator) is often a helpful route. The athletic department also needs to consider if they cover all levels of care (e.g., medication management, individual therapy, residential treatment, psychiatric hospitalization) or only certain types of treatment.

If student-athletes are not required to have insurance coverage or if the coverage they have does not provide adequate financial assistance to cover mental health treatment costs, there is merit to identifying free or reduced-fee mental health treatment that they can access. This may include but is not limited to graduate student training clinics or community mental health centers. Athletic departments may also have a student support fund that can be used to pay for mental health treatment. Speaking with the individual involved with coordinating the finances of the Athletic and/or Sports Medicine department can help clarify how one accesses these funds. Communicating the criteria to access and/or request use of this money is important.

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Shareholder Considerations for Financial and Insurance Obligations:

Materials and Support for LMHPs

1. How will funds be obtained to pay for the LMHP's professional development, training courses, consultation/supervision, and certifications?
2. Will there be administrative support (i.e., non-student workers) for the LMHP?
 - a. If there is no administrative support to manage paperwork, phone calls, scheduling, etc., how will this impact the LMHP's time and availability to provide direct services to the student-athletes and department as a whole?
3. How will funds be obtained to support getting the necessary and required equipment for the LMHP's position? Consider the following list:
 - a. Record keeping system
 - b. Private fax or HIPAA-secure online document sharing mechanism
 - c. A HIPAA-secure telehealth platform (if offering telehealth appointments)
4. Administrative support (e.g., answering phone calls, scheduling appointments)
 - c. Secure/locked file system that meets state law security requirements
 - d. Secure/quiet office space/location

- e. Copy machine (if within Athletic Department, consider a private machine to secure health related data)
- f. Shredder for confidential documents

Insurance and Cost of Services

1. Are student-athletes required to have health insurance? Does the required level of insurance include services for behavioral health?
2. Do student-athletes have an option to purchase a student health insurance plan?
 - a. What is the cost of that plan?
 - b. What behavioral health services are covered and at what rate (therapy, medication, hospitalization, intensive outpatient care)?
 - c. What are the gaps in service that are not covered?
3. If a student-athlete has out-of-state insurance, what services, if any, are covered in the state of the institution? How will that impact accessibility and cost?
4. How do student-athletes get reimbursed for services? Who is the contact person for these insurance claims and payments?
5. What services is the department willing/able to cover (outpatient services, partial hospitalization, hospitalization, psychiatry/medication, etc.)?
6. Who will cover the cost of insurance deductibles and/or co-pays if insurance is utilized?
 - a. This is especially important if a student-athlete is referred to off-campus services.
7. If a student requires transportation to get to appointments, how is that handled?
 - a. If they need to pay for city transportation services, who pays for that transportation?
8. If student-athletes don't have insurance, are there low or no-cost services that students can access to get their healthcare needs met (beyond the UCC)?
 - a. Possible service routes to consider: providers offering a sliding fee scale for services, graduate student training clinics, community mental health centers
9. If your department/institution has a fund to help cover healthcare expenses for student-athletes if/as needed, what are the defined criteria to access funds from this account? Does this include behavioral health care?
10. How is behavioral health medical coverage communicated to student-athletes and their families?

Appendix – Shareholder Considerations

Questions for Shareholder Consideration before Writing Job Description

Components of a Successful Program

1. Direct Service Provision (with student-athletes and other staff)
 - a. Provision of therapy services
 - b. Prevention: large and small-scale programs
 - c. Early detection of mental health concerns and referral
 - d. Crisis Intervention
 - e. Consultation with Sports Medicine
 - f. Consultation with Department staff, including coaches and administrators
 - g. Serving on Department or University committees
 - h. Assessment
 - i. Case management and transitional care
2. Indirect Services
 - a. Professional Development
 - b. Supervision (receiving or providing)
 - c. Treatment Planning (especially to support transfer of care and case management)

Education, Training, and Experience of the LMHP

1. What training and expertise does the LMHP have? Are they a licensed (or license eligible) mental health professional?
2. In what specialty services do they have training? Specialty services may include ADHD assessment, personality assessment, treating eating disorders, treating substance use concerns, etc.
 - a. If you want the LMHP to provide specific services, is it viable to provide those services on campus?
 - b. You may want to consult with legal counsel or other mental health providers on campus (such as the counseling center) to see what is possible.
3. Does the LMHP have the Certified Mental Performance Consultant® (CMPC) credential?
4. Does the LMHP have any training, education, and certification in sport performance/mental performance skills?
5. If the LMHP does not have training, education, or certification in this area, are there opportunities to obtain this training and consultation? This may require additional finances and administrative time.

Mental Health Best Practices

1. Managing Crises
 - a. What is your institution's Mental Health Plan, including Mental Health Emergency Action Plan (MHEAP)?
 - b. How are mental health crises currently handled? Is the LMHP the best option for managing crises?
 - i. Typically, if the LMHP is the only provider for athletics or if they are contracted, they are not the best person to manage crises due to lack of accessibility. Therefore, coordination with the institution's university counseling center may be necessary.
2. Referral Procedures
 - a. How are non-crisis (routine) referrals to mental health currently handled?
 - b. How are referrals to off-campus professionals handled?
 - c. When you provide mental health training, what is your plan to respond effectively to increased referrals (due to increased awareness)?

- d. When you complete pre-performance mental health screenings, what is your plan to respond to the number of referrals resulting from these screenings?
3. Pre-Performance Examination (PPE): Mental Health Screens
 - a. What is your current policy and procedure for pre-performance mental health screening?
 - b. What is the plan for early identification for those who may benefit from services?
4. Education and Training
 - a. What trainings are student-athletes and personnel already getting? What additional topics should be discussed?
 - b. Are there mental health awareness trainings that can be provided to non-LMHPs (e.g. QPR, Mental Health First Aid)? Who is trained on your campus to provide that? Can you contract with someone outside your institution to provide these trainings?
 - c. What policies are in place (institutionally & within the Athletic Department) regarding required education? Where do you align and do things differently? If things are done differently than the institution as a whole, what is the rationale?
 - d. Establishing Wellness Promoting Environments (to include training)
 - e. Is there a peer educator or mentorship program to provide mental health information to incoming & established student-athletes?
 - f. How are wellness promoting environments considered in your mission statement? How are these variables considered during recruitment, promotion, advertising, etc.?
 - g. What other entities within or outside of the institution could assist the LMHP with promoting wellness within the Athletic Department?
 - h. What policies are in place regarding reporting guidelines for concerns regarding wellness promoting environments? How are these communicated to student-athletes and personnel?

Potential Questions to Consider Regarding KPI's

Recommended Comprehensive Assessment of Services

1. Assessing Direct Services
 - a. Number of individual and group therapy sessions and number of students served
 - b. Types of programming offered
 - i. Success of programming (evaluation data)
 - c. Types of services offered, including crisis intervention, case management, mental health screenings, consultations, etc.
 - i. Consider also gathering data related to number of students, hours of service, etc.
 - d. Number of students served through support of case management and transitional care and the effectiveness of getting them connected (e.g., wait times, duration of services)
2. Assessing Indirect Services
 - a. Hours and types of professional development and how the information was utilized in progressing the knowledge/experiences of the LMHP
 - b. Hours of receiving and/or providing supervision or consultation with other professionals
 - c. Could include data on how this impacts the success of the position (i.e. the importance and function)
 - d. Hours of treatment planning (including coordinating services, helping to identify service providers to transition care, and coordinating with off-campus providers)
3. Process of formative and summative assessment of position
 - a. What assessments are in place to assess direct and indirect services?
 - b. Who reviews this assessment data?
 - c. When is the assessment data reviewed?

- d. Who is responsible for making potential changes based on what the data reveals?
- e. How can the various roles of an LMHP be prioritized and expanded to include more than just direct provision of services?

Shareholder Questions for Where a Position Might be Administratively and/or Physically Located

If in the LMHP is in the Athletic Department

1. Where will the LMHP office be located?
2. Is there a private area to wait for a meeting?
3. What is pedestrian traffic like near that office? Noise level? Can someone hear the conversation if standing outside the door?
4. Is it within an athletic building? Easy to access from athletic buildings/fields?

If the LMHP is Within the UCC

1. Is the UCC near athletic facilities on campus?
2. Is there a separate waiting room for athletes, as they may be easily recognized in campus waiting rooms and risk their confidentiality being compromised?
 - a. If not, how will student-athlete privacy be maintained?
3. Do student-athletes complete the same paperwork as non-athletes? (There are often several sport-specific factors that are important to consider when working with student-athletes.)
4. Does the LMHP have the ability to attend practices, be visible within the department, and complete prevention work within athletics?
5. What is the scheduling process for a student-athlete?
6. Do the policies and procedures for athletics align with the UCC policies and procedures? Where are the inconsistencies and how does this impact student-athlete care?

If the LMHP is Off-Campus

1. Is there adequate and affordable transportation to get to appointments?
2. Does the provider offer telehealth services? If so, is there a private space/office on campus that can be reserved for students who do not have their own private space for telehealth meetings?
3. If the LMHP is not on campus full-time, what are the ideal days/hours to be on campus? For example, Friday is often a travel day for sports, whereas many teams are often on campus on Tuesdays.
4. How can student-athletes schedule with this professional? Is there an administrative person that can answer phones throughout the day? Is there an opportunity for HIPAA-secure online scheduling?
5. What is the intake process/paperwork for student-athletes?
6. Other than providing services, how can the LMHP be accessible? Consider factors such as attending practices, coordinating prevention work with teams, etc. Is the LMHP compensated for this time within the contract?

Shareholder Considerations for Creating Environments that Promote Wellness

Collaborating with Sports Medicine

1. What is the current role of athletic trainers as it relates to student-athlete mental health?
2. How will your LMHP coordinate care with team physicians? Are there logistics to consider if your team physicians are employed by outside entities (i.e., contracting with the Athletic Department)?
3. What current policies/procedures are in place to support mental health?
 - a. Who develops and revises the department's mental health plan?

- b. Does the emergency action plan (EAP) include mental health? Eating disorders? Alcohol and other drugs? Pre-participation evaluations/mental health screening? ADHD identification and referral?
4. Has your athletic training staff completed evidence-based training on how to identify, discuss, and respond to student-athlete mental health concerns and/or crises?
5. How are mental health concerns discussed with coaches, and what are the policies and guidelines related to this flow of information?

Collaborating with Mental Performance Consultants

1. If your institution utilizes mental performance consultants (e.g., Certified Mental Performance Consultants ®; CMPCs) and the LMHP in question is also trained to provide sport psychology (aka, mental performance) services, how do mental performance consultants and LMHPs collaborate?
 - a. Consider mental performance consultants employed by the athletic department and/or contracted to work with specific athletes and/or teams.
2. How are these roles differentiated (e.g., who takes what referrals, who works with what teams)? How are the defined roles communicated to student-athletes?
3. How is confidentiality handled in each role?
4. How are mental performance consultants trained to identify and refer student-athletes experiencing mental health concerns? How are athletes referred to qualified mental health professionals?

Collaboration with Other On-Campus Mental Health Resources

1. What offices on campus serve student mental health (UCC, graduate school training center, etc.)?
 - g. Do they serve graduate students?
 - h. Is there a fee?
 - i. Is there a session limit?
 - j. Do they manage crises?
 - k. What are the days/hours of operation?
 - l. Are there certain diagnoses that are best served off-campus? If so, identify resources that student-athletes can use?
2. Is your UCC accredited by IACS?
 - a. If your LMHP is housed within the UCC, how will they abide by accreditation standards?
 - b. Are there any standards that conflict with NCAA best practices or desired function within athletics, and if so, how will those conflicts be resolved?
3. If your institution has a strategic plan or systemic approach to student mental health, how will the LMHP be integrated into this plan?
 - a. What is included in the plan already?
 - b. How are student mental health concerns managed academically? In the residence halls? Office of Disability Services?
4. If there is a LMHP in or contracted with the Athletic Department, how will a collaborative relationship with on-campus UCC services be created and/or maintained?
5. How will the Athletic Department communicate that the LMHP working with Athletics is one of many mental health treatment resources available to student-athletes (i.e., student-athletes are not “required” to see this individual)?
6. How will Athletic Department staff (e.g., coaches, sports medicine, administrators) support referrals to mental health professionals (within and outside the Athletic Department)?
7. If sessions offered by the LMHP within the department are at no cost to student-athletes, and a student-athlete is referred to an outside mental health professional, several logistics must be considered and managed:
 - a. Transportation to appointments

- b. Payment of services
 - c. Coordination of care with sports medicine
- 8. What are current gaps in services that are not fulfilled by on campus or off-campus resources? What are the short- and long-term plans to reduce these service gaps?
- 9. If policies reference on-campus mental health services, do offices involved know their role, consent to that role, and work with the Athletic Department to fulfill that role?
 - a. For example, if an alcohol-related violation is referred to the UCC, do UCC staff know their role, expectations, and how and what to communicate with the Athletic Department?
- 10. What does the flow of communication look like between the UCC and LMHP for Athletics? Is there any collaboration?
- 11. Is the UCC aware of policies related to mental health for student-athletes? Can they guide student-athletes according to those policies?
- 12. If the UCC manages campus-wide crises, what is the flow of communication with Athletics if a student-athlete is involved?

Collaboration with Community Resources

- 1. What mental health resources are available for student-athletes on- and off-campus? Are these resources accessible by walking, bus, or other affordable transportation?
- 2. Do any resources offer telehealth services? If so, it may be beneficial to consider resources outside of the immediate community (e.g., state-wide resources).
- 3. What psychiatry services are available on- and off- campus for student-athletes?
- 4. What resources are available for specialty services, such as eating disorder evaluation & treatment, substance use evaluation & treatment, ADHD assessments, etc.?
 - a. Given the specialty nature of these services, it may again be beneficial to consider resources outside of the immediate community (e.g., state-wide).
 - b. Does your department have a contract with a hospital or medical clinic? If so, are mental health services included in that contract?

Legal and Ethical Considerations

Professional Collaboration

- 1. How can the LMHP gain access to peers/colleagues within and outside of the organization/institution for support? Is there a fee for this consultation/support? If so, who pays this fee?
- 2. What community resources can help fill in the gaps of services not provided on campus?
- 3. What medical center can the department/institution partner with to ensure healthcare needs are met if they arise? This may include a conversation with General Counsel, and could include a Memorandum of Understanding (MOU) between the institution and the medical center.
- 4. In developing relationships with a medical center, consider how privacy, Athletic Department policy, University policy, exchange of information, points of contact, clarity of billing, and payment processes will be handled.

Electronic Medical Records

- 1. It is recommended that LMHPs be the only personnel to access mental health records
- 2. What EMR system will be used to store data? How is the data going to be secured? If the EMR is accessible for the LMHP at home, how is that data secured?
- 3. If there is an issue with the EMR, and technical support is required, who is the contact person from within the University information technology team that can provide support? Does this person sign a document ensuring confidentiality?
- 4. What are the state laws regarding record retention?
 - a. This is important in the event that you switch EMRs. You will need to maintain the records in the previous EMR for the length specified by state law.

Legal & Ethical Considerations Pertaining to Practice

1. Who is the client (student, institution, organization, etc.)?
2. Professional Development
 - a. Is the LMHP linked to financial resources to ensure professional training, education, and consultation related to working within sport settings?
3. Competency
 - a. What are the practice competencies of the identified LMHPs for student-athletes?
 - b. How will referrals be handled if an athlete presents with an issue outside of the LMHP's scope of competence?
 1. LMHPs are solely responsible for discerning whether they can effectively provide competent treatment to a student-athlete regarding their needs
4. Confidentiality
 - a. Who has access to mental health information?
 - b. How is healthcare information shared within sports medicine? How is that communication documented?
 - c. How are issues of confidentiality discussed and resolved?
5. Discussions between LMHPs, Compliance staff, the LMHP's direct report, and General Counsel may be beneficial to clarify exceptions and other ways in which confidentiality is structured among any other ethical and legal issues that may arise.
 - a. Is the LMHP's office accessible and in a space that allows for private enter and exit?
 - b. Is there a waiting room to quietly wait for a scheduled meeting?
 - c. Is the LMHP's office soundproof? What measures can be taken to ensure that others in a hallway or office cannot hear the private conversations inside the office?
6. Boundaries
 - a. How can students access mental health care through the LMHP?
 - b. Although some sports medicine staff, including athletic trainers, provide cell phone numbers to student-athletes, LMHP's generally don't provide this level of accessibility in order to maintain a good standard of practice.
 - c. How and during what hours can students reach the LMHP? How is this communicated to students?
 - d. What is the policy around after-hours care and how to access a LMHP for urgent needs?
 - e. What is the flow of communication to access an LMHP after hours?
 - f. What policies has the LMHP outlined with respect to contacting them via various modalities?
 - g. This is likely covered in Informed Consent and can be reinforced throughout the department.

Financial and Insurance Considerations

Materials and Support for LMHPs

1. How will funds be obtained to pay for the LMHP's professional development, training courses, consultation/supervision, and certifications?
2. Will there be administrative support (i.e., non-student workers) for the LMHP?
 - a. If there is no administrative support to manage paperwork, phone calls, scheduling, etc., how will this impact the LMHP's time and availability to provide direct services to the student-athletes and department as a whole?
3. How will funds be obtained to support getting the necessary and required equipment for the LMHP's position? Consider the following list:
 - a. Record keeping system
 - b. Private fax or HIPAA-secure online document sharing mechanism
 - c. A HIPAA-secure telehealth platform (if offering telehealth appointments)

4. Administrative support (e.g., answering phone calls, scheduling appointments)
 - a. Secure/locked file system that meets state law security requirements
 - b. Secure/quiet office space/location
 - c. Copy machine (if within Athletic Department, consider a private machine to secure health related data)
 - d. Shredder for confidential documents

Insurance and Cost of Services

1. Are student-athletes required to have health insurance? Does the required level of insurance include services for behavioral health?
2. Do student-athletes have an option to purchase a student health insurance plan?
 - a. What is the cost of that plan?
 - b. What behavioral health services are covered and at what rate (therapy, medication, hospitalization, intensive outpatient care)?
 - c. What are the gaps in service that are not covered?
3. If a student-athlete has out-of-state insurance, what services, if any, are covered in the state of the institution? How will that impact accessibility and cost?
4. How do student-athletes get reimbursed for services? Who is the contact person for these insurance claims and payments?
5. What services is the department willing/able to cover (outpatient services, partial hospitalization, hospitalization, psychiatry/medication, etc.)?
6. Who will cover the cost of insurance deductibles and/or co-pays if insurance is utilized?
 - a. This is especially important if a student-athlete is referred to off-campus services.
7. If a student requires transposition to get to appointments, how is that handled?
 - a. If they need to pay for city transportation services, who pays for that transportation?
8. If student-athletes don't have insurance, are there low or no-cost services that students can access to get their healthcare needs met (beyond the UCC)?
 - b. Possible service routes to consider: providers offering a sliding fee scale for services, graduate student training clinics, community mental health centers
9. If your department/institution has a fund to help cover healthcare expenses for student-athletes if/as needed, what are the defined criteria to access funds from this account? Does this include behavioral health care?
10. How is behavioral health medical coverage communicated to student-athletes and their families?

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