

CRITICAL INCIDENT RESPONSE GUIDE

A mental health and wellbeing guide for sporting organisations impacted by a critical incident.



Government of **Western Australia**
Mental Health Commission

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Acknowledgement of Country

We would like to pay our respect and acknowledge the Traditional Custodians of country throughout Australia and their connections to land, sea and community.

We pay our respect to their Elders past and present, and extend that respect to all Aboriginal and Torres Strait Islander peoples today.



CONTENT WARNING

We advise that information regarding suicide and self-harm is referenced in this guide. Therefore, some readers may find certain sections of this content difficult or distressing. You are encouraged to consider your needs, and mental health and wellbeing in accessing this material.

If this content provokes any distress or concerns, please consult a trusted health professional or to seek assistance call:

Mental Health Emergency Response Line

Metro – 1300 555 788
 Rural – 1800 676 822
 RuralLink – 1800 552 002

Provides 24-hour telephone service for people experiencing a mental health crisis.

Lifeline

13 11 14

Provides 24-hour crisis counselling, support groups and suicide prevention services.

Beyond Blue

1300 224 636

Free telephone and online counselling service is open 24/7 for everyone in Australia.

Alternatively, visit the True Sport – Community Links webpage for more support services.

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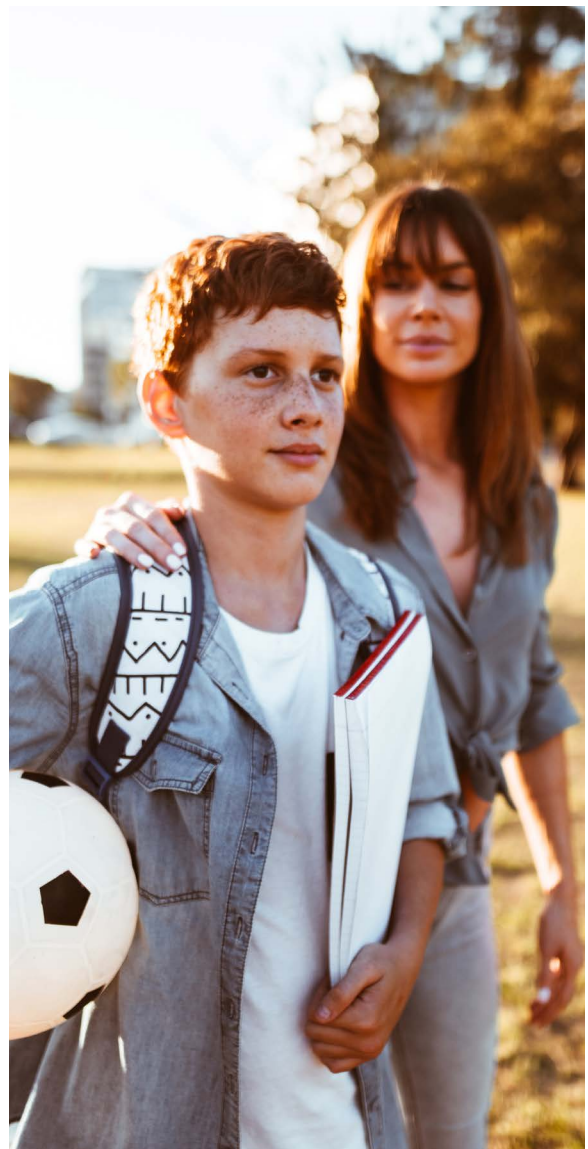
INTRODUCTION

Sport plays a vital role in Western Australia, bringing together people from all walks of life to form a range of different sporting communities.

When people experience a crisis, they often come to their sporting communities for support, whether the crisis or incident was sport related or not. Sport leaders, administrators and volunteers can find themselves being asked to provide mental health support and guidance to members which can often be outside their expertise.

This guide provides steps for sporting organisations to take in response to a critical incident whilst helping to protect and maintain the mental health and wellbeing of the sport community.

It is important to understand that this Guide does not replace the role of professional mental health services, or other counsel, in assisting individuals with grief and distress when confronted with a critical incident within their sport community.



RECOMMENDATIONS WHEN IMPLEMENTING THIS GUIDE

This Guide:

- 1 Outlines clear and practical steps and resources for sporting organisation leaders to take to support the mental health and wellbeing of community members following a critical incident.
- 2 Includes suggested timeframes for response, templates, scripts, and advice on how to access additional mental health and wellbeing support resources; and
- 3 Is supported by the **Critical Incident Response Plan** that provides checklists, and templated documents to action and record all the steps outlined in this Guide.

Importantly, the information is designed to be flexible and adapted to the needs of the unique circumstances of the critical incident. As such, organisational leaders should adjust their response to suit the specific situation.

Specifically, it is recommended that:

- This Guide and its associated resources are used in conjunction with any guidance provided by mental health services, legal advice or other engaged consultants.
- Organisations should review the **Critical Incident Response Plan** once per year to ensure it remains fit-for-purpose and ensure any required updates are made.
- The Critical Incident Response Team, coaches, team managers, volunteers, or staff do not take on the role of a psychologist or mental health professional. Implementing the steps in this Guide is about providing a helpful response to a critical incident that has the potential to impact the mental health and wellbeing of the community. The goal is to ensure the organisation creates a supportive environment and provides support through connecting, or encouraging individuals and the broader organisation to connect with any mental health and wellbeing services that may be needed.

Additional resources supporting the implementation of this Guide are:

- **Critical Incident Response Plan Template:** Provides a usable template to develop a response plan based on the information provided in this Guide.
- **Critical Incident Communication Tipsheet:** Best practice advice on how to communicate about critical incidents relating to mental health.
- **Communication Templates:** Customisable templates with appropriate and safe wording that can be adapted for a range of scenarios.
- **Where to Seek Help:** A one page list of links to further resources and mental health service providers that can be shared with the community.
- **True Sport - Community Links:** Detailed webpage providing information and links to a number of mental health service providers suitable for a sporting context.

PURPOSE

This Guide is designed to assist State Sporting Associations (SSAs), clubs and other sporting organisation leaders to provide guidance and support to their members following a critical incident that may impact the mental health and wellbeing of their sports community.

OVERVIEW OF THIS GUIDE

This Guide is organised into three parts:

PART 1

DEVELOPING A CRITICAL INCIDENT RESPONSE PLAN

Provides information on how SSAs, clubs and other sporting organisations can develop a **Critical Incident Response Plan**.

Part 1 contains a step-by-step guide and templates to:

- Establish a Critical Incident Response Team.
- Define a critical incident.
- Outline the Critical Incident Response Team's roles and responsibilities.
- Identify external support agencies; and
- Document a **Critical Incident Response Plan**.

PART 2

RESPONDING TO A CRITICAL INCIDENT

Outlines how to respond to a critical incident to effectively support the mental health and wellbeing of the sports community following a critical incident.

Part 2 contains a step-by-step guide to provide guidance to SSAs, clubs and sporting organisations on the appropriate actions to take in the first 24 hours, first week, the first month and the long-term period when responding to a critical incident. A customisable **Critical Incident Response Plan** and **communication templates** that can be adapted for a range of scenarios are also provided to supplement this Guide and can be found in the **Critical Incident eToolkit for Mental Health and Wellbeing**.

PART 3

ADDITIONAL CONSIDERATIONS

Includes considerations to meet the needs of unique circumstances during the management of a critical incident.

Part 3 provides considerations for when the incident involves sensitive scenarios such as suicide, or when it impacts particular groups, such as young individuals or other vulnerable or at-risk populations. This ensures that an appropriately tailored and empathetic response is provided to meet the needs of different groups and circumstances.

PART 1

DEVELOPING A CRITICAL INCIDENT RESPONSE PLAN



DEVELOPING A CRITICAL INCIDENT RESPONSE PLAN

When an SSA, club or other sporting organisation experiences a critical incident, immediate action is required to support and maintain the mental health and wellbeing of the sporting community.

It is highly recommended that sporting organisations prepare a **Critical Incident Response Plan** for mental health and wellbeing to call upon when needed. This will assist organisations in taking the necessary steps when an incident occurs to ensure that effective support for mental health and wellbeing is provided.

Remember, a templated [Critical Incident Response Plan](#) is provided as an example in the additional resources.

WHO IS RESPONSIBLE?

The responsibility and accountability for developing a **Critical Incident Response Plan** would typically sit with an organisation's leadership group. However, depending on the size of the organisation, competing priorities, resources, and skill sets – this task may be delegated to other groups. It is important that the Plan is endorsed by the organisation's leadership and the delegated person is empowered to enact the Plan in times of crisis without delay.

The primary goal of the [Critical Incident Response Plan](#) is to outline who is in the Critical Incident Response Team, what their role is, and actions that need to be taken should the Critical Incident Response Plan be activated.

WHAT ARE THE STEPS IN DEVELOPING A CRITICAL INCIDENT RESPONSE PLAN?

Developing the [Critical Incident Response Plan](#) requires 5 simple steps:

1

Establish a Critical Incident Response Team.

2

Define a critical incident.

3

Outline the Critical Incident Response Team's roles and responsibilities.

4

Identify external support agencies.

5

Document the [Critical Incident Response Plan](#).

1

ESTABLISH A CRITICAL INCIDENT RESPONSE TEAM

A Critical Incident Response Team is a group of people dedicated to managing the SSA, club or sport organisation's response to a critical incident.

First and foremost, the organisation's leadership, together with any other key personnel, should identify 3 to 5 key individuals who will make up the Critical Incident Response Team. Members may need to change depending on the nature of the incident and member's experience, relationships or if personally impacted by the incident. It is important that members' wellbeing is protected as a priority, and that they have the ability to opt out of the Critical Incident Response Team if involvement has the potential to negatively impact them.

These individuals should be able to handle high-pressure situations, have a set of existing skills and experiences, or can engage in training, to develop crisis response capability, be trusted to make sound decisions in the interest of the sport community, and have a compassionate and calm nature.

If possible, it is recommended that the Critical Incident Response Team is led by a senior member of the organisation who is able to make executive decisions on behalf of the organisation relating to the critical incident that has the potential to impact mental health and wellbeing. This is so the Critical Incident Response Team can act quickly without approval processes delaying response times. Other Critical Incident Response Team members may come from any level of the organisation depending on an individual's skill sets, experience, and knowledge. A Mental Health Champion, if one has been appointed, and a mental health professional who is either internal or external to the organisation, is also advised.

A Mental Health Champion is a nominated person/role in a sporting organisation or club who leads the way in creating and promoting supportive environments to help achieve positive mental health and wellbeing outcomes for their sporting community. They provide support and direction on mental health and wellbeing matters as well as help drive positive culture.

2

DEFINE A CRITICAL INCIDENT

It is important to have a clear sense of the circumstances under which a critical incident response related to mental health and wellbeing is activated.

As such, the **Critical Incident Response Plan** should clearly define what constitutes a critical incident for your organisation. Examples may include a death, serious injury, allegations and/or substantiation of misconduct or abuse that either directly or indirectly is associated with the organisation, a natural disaster, catastrophic destruction of property, or any other event relevant to your sporting community that may have a significant impact on members' mental health and wellbeing.

HELPFUL HINT

So what is the role of the Team Leader as an escalation point?

An escalation point is the best person to answer questions and manage the incident response on behalf of the organisation (who members should contact for answers and guidance). The Team Leader is often the most appropriate person in response to a critical incident as others may not have the knowledge, skill set, confidence or authority to make a decision on behalf of the organisation. In these circumstances, members of the Critical Incident Response Team, or internal and external stakeholders may take an issue to the Team Leader. The Team Leader will then troubleshoot complex issues, make critical decisions, mobilise resources, coordinate with various teams, and communicate with parties both inside and outside the organisation to facilitate resolution of the escalated issue.

3

OUTLINE THE CRITICAL INCIDENT RESPONSE TEAM'S ROLES AND RESPONSIBILITIES

Each member of the Critical Incident Response Team should have a clearly defined role and responsibilities.

Team Leader

Provides the overall leadership and coordination of the response:

- Initiates and actions the **Critical Incident Response Plan**.
- Reviews and adjusts the **Critical Incident Response Plan** as required.
- Confirms the Critical Incident Response Team members including availability, adjusts the Critical Incident Response Team if required, and confirms Critical Incident Response Team roles and responsibilities including reallocating tasks as required.
- Coordinates the **Critical Incident Response Plan** and is the central point of contact for the Critical Incident Response Team.
- Provides ongoing updates and direction to the Critical Incident Response Team.
- Functions as an escalation point for the Critical Incident Response Team, and internal and external stakeholders.
- Provides Board/Executive/Committee/State/National Bodies updates.
- Ensures regular “check-ins” on the mental health and wellbeing of the Critical Incident Response Team are conducted.
- Organises and facilitates up skilling and training of team members as appropriate for the organisation’s context and resources.
- Documents the incident response.
- Coordinates post incident debrief/review.

Communication Officer

- Selects relevant **Communication Templates** and customises them to prepare emails, statements and/or scripts for distribution.
- Coordinates and schedules communications with timeframes in the **Critical Incident Response Plan**.
- Retrieves the **Where to Seek Help** document (located on the SportWest website as part of the **Critical Incident eToolkit for Mental Health and Wellbeing**) and **True Sport – Community Links** webpage.

Internal Liaison Officer

- Key contact point for internal members/stakeholders.
- Distribute communications to SSA/club community.
- Escalation point for staff/volunteers/coaches/players/parents.
- Coordinate a support session (e.g. such as an optional community gathering if this has been determined as appropriate and is in consultation with the individual(s)/family(s)/caregiver(s) involved).
- Communicate changes to any SSA or club events, such as training or competition schedules.

External Liaison Officer

- Prepares and plans all communications.

A mental health support professional has specific training or qualifications in nursing (mental health), psychology (registered psychologist), occupational therapy, social work (accredited in mental health) or medicine (for example a GP).

- Organise mental health support professional(s).
- Liaises with professional mental health support services and providers.
- Initial contact point for enquiries that are from entities external to the organisation. For example, contact from the media or authority bodies.
- Sends communications to entities external to the organisation such as organisations/individuals providing professional support, other clubs, the media, or authority bodies.
- Serves as the escalation point for others to refer enquiries to that are from external entities such as the media, authority bodies or other clubs.

Other

- Administrative/additional support as delegated by other roles.

It is recommended that members of the Critical Incident Response Team are confirmed on an annual basis with any necessary adjustments made to the **Critical Incident Response Plan** template as needed (for example, updating contact details).

4**IDENTIFY EXTERNAL SUPPORT AGENCIES**

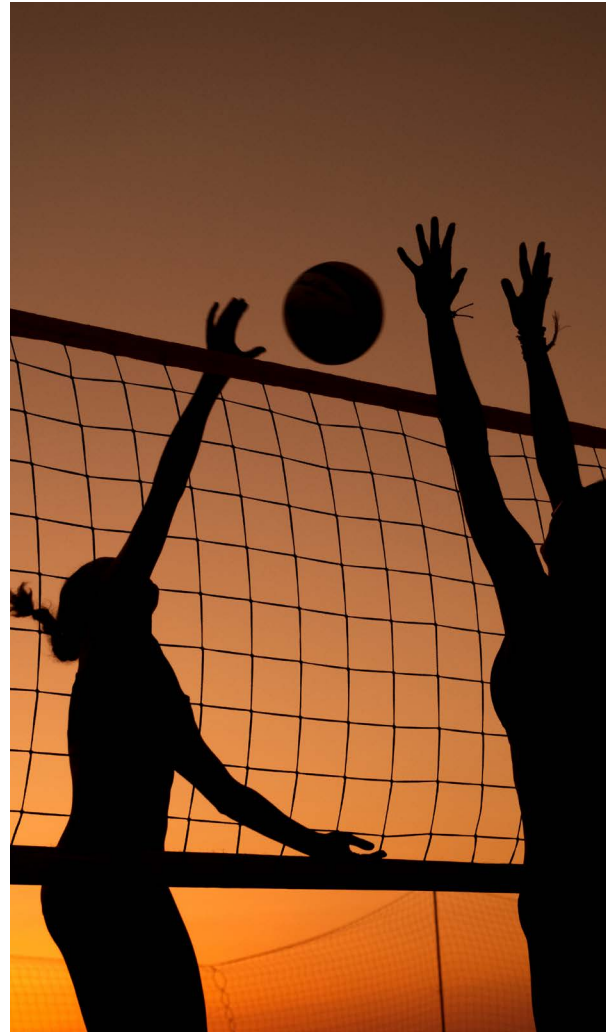
Raise the awareness of external mental health and wellbeing support services that members can contact during and/or following a critical incident. This may include any Employee Assistance Programs (EAP) or Volunteer Assistance Programs (VAP) available, or other known organisations that members can be referred to such as those listed on the [True Sport – Community Links](#) page.

5**DOCUMENT THE CRITICAL INCIDENT RESPONSE PLAN**

It is important to have a written record of the **Critical Incident Response Plan** – ensuring it is clear, concise, and easy to follow.

You can find a simple and easy to use **Critical Incident Response Plan** template in the Supporting Documents section of the **Critical Incident eToolkit for Mental Health and Wellbeing** that accompanies this Guide. This document will assist you to get this in place for your organisation easily and efficiently.

Remember, by its nature, a critical incident will occur unexpectedly. There will be strong emotions and time pressures. The organisation's response in the first few hours has the opportunity to significantly and positively impact the mental health and wellbeing of your sporting community. By having a Plan in place, you're ensuring your community is equipped to navigate challenging times as well assisting in fulfilling the legal and ethical responsibilities of some organisations.



TOP TIPS

- **Review and update the Critical Incident Response Plan**

Revisit and update the Critical Incident Response Plan on an annual basis and/or following a critical incident review process to keep it current and relevant. As part of this process, it is recommended to always seek feedback from key stakeholders to make necessary improvements.

- **Learning and development**

Depending on the size of the organisation, competing priorities, resources, skill sets, and available budget or access to funding or grants – consider sending a member(s) of the Critical Incident Response Team for online or face-to-face critical incident response training.

- **Think ahead**

Remember – if you have a Critical Incident Response Plan prepared – this will be a seamless process of contacting individual(s) and/or organisations that you have an existing relationship with and have their contact details on hand.

PART 2

RESPONDING TO A CRITICAL INCIDENT



RESPONDING TO A CRITICAL INCIDENT

A critical incident encompasses a range of events such as the death of a club member, community crisis, or assault. The response to such incidents within the sporting community can be daunting due to the unique aspects of each situation that require distinct approaches which need to be considered. This Guide and associated **Critical Incident Response Plan** is primarily designed for addressing situations involving serious injury, death, or other community crises that could affect the mental health and wellbeing of anyone impacted.

Incidents such as physical or sexual assault, racism, legal issues, or other private matters necessitate specialised response and management. Considerations for these matters are dealt with in Part 3 – Additional Considerations in this Guide.

As such, the information below offers guidance for the emotional and social response to a critical incident, with a focus on supporting the mental health and wellbeing of the sports community.



THE FIRST 24 HOURS

In the first 24 hours following a critical incident in a sports community, it is recommended that a dedicated Critical Incident Response Team take the following actions.

1 Confirmation of the incident

- Manage the health, safety and wellbeing of anyone directly involved including ensuring immediate services are provided. This could include engaging emergency services, relevant authorities, contacting your internal mental health and wellbeing support personnel, or reaching out to the agencies identified in a [Critical Incident Response Plan](#).
- Gather and verify all available information about the incident from reliable sources as appropriate.

2 Contact the individual(s)/ family/caregiver(s) involved

- When engaging directly with the affected individual(s), family members, caregiver(s) and/ or close friends, it is important to remember that they will be experiencing a broad range of intense emotions.
- Some helpful things to remember are:
 - Provide condolences.
 - Gain permission – it is important to determine what the individual(s)/family/caregiver(s) are comfortable sharing and how they want the incident referred to.

Explain why informing members is helpful to:

 - Reduce untrue or false information being shared.
 - Allow members to process, grieve, understand the situation better, and seek support if needed; and
 - Inform members of how the individual(s), family or caregiver(s) wish to handle the situation and be treated.
- Ensure you have their consent for any activities you plan to undertake surrounding the incident involving their loved one.

- Confirm how they want others to interact with them. For example, does the individual(s)/family/ caregiver(s) want privacy at this time or are they comfortable to be contacted?
- Provide the sport organisation key contact (i.e. the responsible Critical Incident Response Team member).
- Explain what support the organisation has available to the individual(s)/family/caregiver(s).
- Provide the [True Sport – Community Links](#) webpage and where to get help and information such as the [Where to Seek Help](#) document that is part of the [Critical Incident eToolkit for Mental Health and Wellbeing](#).
- Remember, individuals, family members, caregivers and/or close friends may not be ready to speak with their SSA, club or sporting organisation. In this case, you can ask if there is a representative they would like the organisation to liaise with on their behalf, or if it is okay for the sporting organisation to check in at a later date.
- While they may not feel up to it, individuals, family member(s), caregiver(s) or representative(s) can be invited to be involved in the response, or at least to be consulted regularly. This way you can ensure that loved ones' sensitivities and needs are considered.

3

Activate and meet with the Critical Incident Response Team

- Contact the Critical Incident Response Team and arrange a video conference or face-to-face meeting.
- Confirm the Critical Incident Response Team members availability to assist with coordinating the **Critical Incident Response Plan**.
- Adjust the Critical Incident Response Team if required. This includes if a Critical Incident Response Team member(s) is directly affected by the incident or due to the nature of the incident, chooses to opt out of being part of the Critical Incident Response Team.
- Confirm the Critical Incident Response Team roles and responsibilities including reallocating tasks as required.
- Review and adjust the **Critical Incident Response Plan** as required.
- Assess any immediate needs and risks. This will involve any immediate support needs or potential risks. This could include safety issues, mental health and wellbeing needs, emotional support, considering any known at-risk or vulnerable members, or possible media attention.
- Plan action for the next 24 hours with a specific task list and with a responsible person in place for each task. Importantly, this should include:
 - Identifying stakeholders that should be informed of the incident. This could include relevant authorities, members, governing bodies, and/or facility owners.
 - Ensuring individuals/family/caregivers(s) or loved ones have provided consent for any actions/communications, noting it's important to include any culturally sensitive considerations relevant to the person/family/caregiver(s) in question.
- Identifying the scripts and/or emails that will be part of the communication strategy. Customisable **communication templates** are available in the Supporting Documents section of the **Critical Incident eToolkit for Mental Health and Wellbeing** that accompanies this Guide. These documents will assist you to get communications in place easily and efficiently.
- How to best respond to any enquiries from external parties including any media enquiries.
- Detail the communication plan with timeframes by listing what and when you intend to send information to relevant stakeholders.
- Confirm and plan for organising a time and space for the community to come together (if this has been determined as appropriate and is in consultation with the individual(s)/family(s)/caregiver(s) involved).
- Provide the Critical Incident Response Team with the **Where to Seek Help** document (located on the True Sport website as part of the **Critical Incident eToolkit for Mental Health and Wellbeing**) and **True Sport – Community Links** webpage link. This is for the Critical Incident Response Team to ensure they have access to resources to provide to others as needed.
- Incorporate opportunities for the Critical Incident Response Team to reflect on their own mental health and wellbeing, and share the **Looking After Yourself Tipsheet**.
- Schedule follow-up Critical Incident Response Team Meeting(s) within the next 24 to 48 hour period.



4

Notify key stakeholders/ personnel

Communicate information to key stakeholders such as Board Members, Committee Members, and Executives. It may also be necessary to communicate with coaches or team managers if training or competition schedules need to be managed. Remember that this communication should be calm and compassionate, and consider all privacy, confidentiality, and legal obligations as well as the direction and permissions of the family, caregiver(s) and/or individual(s) involved.

5

Engage community mental health and wellbeing support

- Distribute the [True Sport - Community Links](#) and [Where to Seek Help](#) resources which lists mental health and wellbeing support services.
- Contact the appropriate mental health service providers to provide assistance to the Critical Incident Response Team, directly affected individuals and broader community as required. This could be grief counsellors, psychologists, postvention suicide response professionals or other qualified mental health and wellbeing professionals.
- Brief providers on the incident and engage both their expertise and experience in your response and assistance with supporting affected team members, including being available for any gatherings, training or competitions that are planned. This may be in-person, via a hotline, or in group settings.

6

Action the communication plan

- Prepare the scripts and/or emails that will be part of the planned communications and record who is sending what in the [Critical Incident Response Plan](#). As noted in Step 2, the Supporting Documents section of the [Critical Incident eToolkit for Mental Health and Wellbeing](#) can be used to assist with developing these. These [communication templates](#) will assist the responsible Critical Incident Response Team member to get this in place for the SSA, club or other sporting organisation.
- The communication plan should outline how, when, and what information will be disseminated. At the first Critical Incident Response Team meeting, begin sharing information accordingly. Recording this information in the [Critical Incident Response Plan](#) allows for all response details to be kept in the one document and visible to all Critical Incident Response Team Members.
- Ensure the communication is sensitive, respectful, and mindful of privacy, legal considerations, and the individual, family or caregiver's wishes.

7

Document actions taken

Keep a clear record of the actions taken and decisions made in the first 24 hours of the response to the incident for future reference and potential review. This can be as simple as using your [Critical Incident Response Plan](#) template as a record. Check off tasks as they are completed and make note of any issues or unexpected complications that arise.

HELPFUL HINT

For more information on guidance for effective critical incident communication see the [Critical Incident Communication Tipsheet](#) in the Supporting Documents section of the [Critical Incident eToolkit for Mental Health and Wellbeing](#).

TOP TIPS

Principles of critical incident communication

- Make communication timely, clear, concise, factual, direct as well as warm and compassionate. Providing the above information is important to:
 - Reduce gossip, rumours or misinformation.
 - Allow members to process, grieve, understand the situation better and seek support if needed.
 - Inform members of how the individual, family or caregivers wish to handle the situation and be treated.
- Always seek affected family/caregivers' and/or individual(s)' direction and permission. All actions by the sporting organisation must respect the direction of the family/caregivers and ensure those affected are comfortable with all subsequent actions – including the content and sharing of any internal and/or external communication. For example, with permission from the family, the statement around a death is that the individual has died.
- Seek and follow mental health professional and/or legal advice if/as needed.
- Always include direction to information on support services (such as those provided on the [True Sport – Community Links webpage](#)).
- If the incident is a death by suicide, ensure messages do not:
 - Include information about the time, place, location and method.
 - Provide a reason(s) for the suicide.
 - Include messaging that makes suicide seem to be a way of solving the problems someone may or may not have been dealing with.
 - Romanticise or glorify any circumstances around the death.
 - Neglect to consider any relevant cultural and religious matters.

THE FIRST WEEK

1

Critical Incident Response Team meeting

Hold the second Critical Incident Response Team meeting via telephone, video conference or face-to-face.

The purpose of this meeting is to review actions to date, plan for the next steps, and for the Critical Incident Response team to informally check in with one another and promote help-seeking behaviours, and provide practical and emotional support for each other.

A suggested agenda would be:

- Critical Incident Response Team mental health and wellbeing check-in.
- Updates on incident information.
- Updating action items.
- Finalise arrangements for the time and space for the community to come together (if this has been determined as appropriate and is in consultation with the family(s)/caregiver(s) and/or individual(s) involved).
- Begin planning for the next month and then long-term response to the incident. This may include discussion around memorials, investigations, changes to safety protocols, and ongoing psychological support. Notwithstanding the importance of facilitating a return to normalcy – it may also encompass temporary selective changes to routines, or increased focus on mental health and wellbeing within the community.
- Schedule the next Critical Incident Response Team meeting for the end of the first week.

2

Liaise with family/ caregiver(s) and other affected individuals (as applicable)

Engage with the family/caregiver(s) and/or directly impacted individuals to understand their wishes and needs. This may include the family/caregiver(s) of an injured or deceased individual, or persons directly involved in the incident.

Liaison may include:

- If relevant due to a death being involved, seeking direction from the family/caregiver(s) regarding any involvement of the organisation in respect of funeral attendance.
- Discussing any practical help such as fundraising or other club resources or expertise. **(Note: Additional considerations are required in response to a suicide which is explained in Part 3 of this Guide.)**
- Any types of support that would be appreciated and could be facilitated by the sporting community.
- Whether the family/caregiver(s) want to receive communications from a spokesperson from the organisation, or would appreciate multiple messages of support from the community. Alternatively, those affected may prefer to be left alone and given privacy for a time.

3

Bring the organisation together (as applicable)

It is important for the mental health and wellbeing of the community to, if appropriate, arrange a location where members of the community can come together to grieve, express their feelings, or just be together in a supportive environment.

The purpose of a get-together is to provide support and relevant information such as support services or to explain the planned response from the organisation. It is advised that alcohol is not provided and professional services are in attendance if possible. Always provide links to additional services such as those listed on the [Where to Seek Help](#) document.

See the Top Tips section on p.22 for more information on communication and organising the get-together.

4

Support a return to normalcy

Work towards gently reintroducing regular routines or activities in the sports community while continuing to provide necessary support to members and understanding that healing takes time. This may include returning to work, meetings, regular training, or competitions. Encouraging a 'return to normalcy' is helpful for individual and collective mental health and wellbeing – but must be guided by each individual and what feels right for them. Individuals have a choice to the extent that they engage in this 'return to normalcy' and when they do this. It is recommended that choices around this are respected and supported.

It may be appropriate to encourage and support activities within the regular routines that individuals or groups wish to do, as long this is done respecting all affected parties' thoughts and feelings. This supports a healthy incident response process and has an important positive impact on individual's short-term and long-term mental health and wellbeing.

As normal routines are restored, it may be appropriate for organisation leadership, coaches, or team managers to acknowledge what the community is continuing to experience either on a group or individual basis. It is important that a supportive environment is created and help-seeking behaviour is promoted.

An example of how to do this with a group might be to say:

"I know some of you are continuing to deal with our recent events. It is normal to feel a whole range of emotions such as sadness, hopelessness, or anger. It is equally normal to be feeling completely okay. We are all impacted in different ways, and everyone deals with things differently. If you, or someone you know, may need extra support at this time, I have some information here for you to take or you can visit the [True Sport - Community Links](#) webpage which includes a range of mental health and wellbeing support services."

An example of how to do this with an individual might be to have a quiet private word and say:

"I just wanted to check-in on how you are travelling with our recent events?"

Then, depending on the response, encourage help-seeking behaviours, provide information on how to get help, and/or let the person know you are available as needed.

In addition, take note of anyone who would normally be expected to attend but did not attend. Ensure that someone is allocated with the task of following up with the individual(s) after the get-together. List these actions in the [Critical Incident Response Plan](#).

In the event of a death, after proper consultation and careful timing, collect the personal belongings of the deceased. Engage the right personnel for this task, and plan to deliver these items to the family members as per their directives, or to the authorities when required.

5

Continued communication

Keep lines of communication open with the affected individual(s) or families/caregiver(s), and the broader sports community.

As appropriate, update relevant clubs, State, or National Bodies and/or relevant organisations, groups, teams and/or individuals either in relation to the incident or normal organisation activities regarding:

- Any new developments.
- Changes to existing plans.

Always include ongoing reinforcement of available support services including providing the [Where to Seek Help](#) document.

TOP TIPS

Bringing the organisation together

- The purpose of bringing the organisation together is to provide a safe place for the community to grieve and connect. Importantly, it is a space where the community can be informed about the resources and mental health and wellbeing support services that are available to them, as well as to have qualified support available where possible.
- Ensure the get together is arranged in consultation with the family(s)/caregiver(s) and other directly affected individuals.
- Wherever possible, choose a space that is private, quiet, and comfortable.
- Prepare and provide information on how to seek mental health and wellbeing support.
- Arrange for internal or external professional mental health and wellbeing support services to be available throughout the get-together.
- Ensure organisation leadership is present.
- Provide light refreshments such as tea and coffee.
- Use caution when providing members with a platform to speak or present to others. While it is critical to allow people to grieve, it is important that people in an emotional state do not unintentionally cause harm. Providing speakers with the [Critical Incident Communication Tipsheet](#) can help with this.
- Ensure organisational leaders are prepared to answer questions and that responses are aligned with the agreed messaging. Make leaders aware that for any complex questions or unknown answers, referrals and escalations are to be made to either the appropriate Critical Incident Response Team escalation points, or mental health and wellbeing support personnel. It is okay to admit that you don't know or have the answer. For example, they might say:

"I am not too sure about that one. I do know that a Critical Incident Response Team member (or refer to professional support individual's name) might be able to help. Let me find out for you/take you to them so we can help you with that."
- Take note of anyone who would normally be expected to attend but did not attend. Ensure these individual(s) are followed up with after the get-together.
- It does not matter who and how many people attend (with the exception of anything that would be counterproductive to the purpose of the gathering, this may include media and/or other individuals where their attendance would not be appropriate to the circumstances). What matters is that the space has been created for those who want to come together and connect, provide and receive support, and/or grieve in this way. This type of gathering does not suit everyone and that is okay.

6 Continued monitoring

Keep an eye on the sports community members' mental health and wellbeing.

This may involve proactively checking-in on individuals or groups, asking leaders, coaches, or teams managers for feedback, looking for signs of distress and ensuring those individuals receive appropriate support. The **Recognising Low-Wellbeing or a Mental Health Issue Factsheet** available in the **True Sport eToolkits** may help with this.

Whilst looking out for each other is everyone's responsibility, it is important that members know who they should speak to if they are having any issues, concerns or questions to ensure consistency and accuracy of messaging. Assigning this particular responsibility can be designated to the Critical Incident Response Team's Internal Liaison Officer role and/or Mental Health Champion if there is one appointed. This Critical Incident Response Team Member will ensure the **Where to Seek Help** document is available and direct members to professional services.

7 Provide ongoing support services

Ensure that support continues to be available to those affected. This could be done through promoting the **Where to Seek Help** document and the **True Sport - Community Links** webpage, making it readily accessible around the organisation. This will ensure counselling services, group sessions, hotlines, or other resources are available. The best way to provide this ongoing

support is through the assistance of professional mental health and wellbeing support services listed on these resources, or that you may have previously engaged with or sourced locally. If you have a Mental Health Champion, they can help link professional support services or identify supports that may already be in place within the organisation.

It is also important to consider identified groups or teams who are at particular risk and checking in on them on a regular basis.

8 Coordination with external entities (if applicable)

Continue to liaise with external entities such as law enforcement and mental health professionals. Ensure that their involvement is coordinated, and beneficial to the community's healing process rather than disruptive or intrusive.

9 Document/Record keeping

Continue to record all actions taken by the Critical Incident Response Team and complete any incident reports required by the organisation's policies and

procedures, or to adhere to any external mandatory requirements. Ensure that all documents related to the critical incident are properly filed and that more than one person is able to access files in case the member responsible for record keeping leaves the organisation in the future.

THE FIRST MONTH

In the first month following a critical incident in a sports' community, the emphasis should be on fostering healing, recovery, and resilience to support the immediate and long-term mental health and wellbeing of those directly affected and the wider sport community.

This is done through raising awareness of available support services, continuing open and regular communication, and planning for any longer-term initiatives related to the incident.

During this period the Critical Incident Response Team plays a very important role in supporting the sports community. Regular meetings and associated actions will ensure an ongoing response to the incident and provide practical assistance, and mental health and wellbeing support that may be required.



1 Provide ongoing support

Continue to monitor the effectiveness of support services that are being made available and adjust these services as needed based on the community's needs and feedback.

Providing ongoing support is a tricky balance between appreciating that everyone has been affected to different degrees, respecting an individual's grief and adjustment process, identifying people who may require extra assistance, and ensuring people both feel supported and have access to the mental health and wellbeing support services if needed.

Some suggestions on ways to provide ongoing support in the first month are:

- Raise the awareness, and promotion of resources to SSA staff, club or other sporting organisation members which outline steps on **where to seek help**.
- Send an email to relevant organisational members to look out for warning signs that someone might benefit from a check-in or encouragement to seek additional support. Some signs that someone may be experiencing poor mental health or wellbeing are:
 - Changes in behaviour.
 - Lack of or poor attendance where the individual's presence would normally be expected; or
 - Decreased performance.

Sharing the **Recognising Low-Wellbeing or a Mental Health Issue Factsheet** available in the **Sport Administrator eToolkit for Mental Health and Wellbeing** can help with this.

The email may say:

Given our recent events, please remember to look out for any warning signs that someone may need some mental health and wellbeing support.

The sorts of things you may notice are:

- ***Changes in behaviour.***
- ***Lack of or poor attendance where the individual's presence would normally be expected; or***
- ***Decreased performance.***

Please find attached the Recognising Low-Wellbeing or a Mental Health Issue Factsheet available in the Sport Administrator eToolkit for Mental Health and Wellbeing to help with this.

If you do notice this, we encourage you to check-in with them directly to ask "Are you doing okay and is there anything that I can do to help?", and if necessary, direct them to the appropriate mental health and wellbeing support resources listed in the True Sport - Community Links webpage.

- Reaching out to those directly impacted or identified as high risk via a quick phone call, text or email in a caring and unobtrusive manner. For example, this might be approached by communicating something like:

"We/I don't want to intrude and I hope it is okay to reach out and touch base. We/I just wanted to let you know that we continue to think of you and remain available as needed. We/I also wanted to check-in on how you are going under the circumstances and if there is anything we/I can do to assist at this time?"

- In consultation with the appropriate mental health and wellbeing professional and/or services, consider holding mental health wellbeing session(s) on topics such as:
 - Looking after your mental health and wellbeing.
 - Understanding grief and loss.
 - How to support others.
- Organisations are encouraged to ensure any providers engaged follow best practice and are suitable for the specific needs of the community. The **Assessment Criteria for External Mental Health Programs and Service Providers** is available as part of the **Critical Incident eToolkit for Mental Health and Wellbeing** and provides guidance on what to consider when selecting a mental health service provider.

Session(s) such as these:

- May be offered to select target groups or provided to the whole community.
- Attendance and/or participation should always be optional.
- Must be customised to consider specific factors, such as the age of participants, while also accounting for cultural considerations.
- Should be facilitated by qualified and experienced mental health and wellbeing professionals who utilise an evidence-based approach.
- Should always provide additional support service details that members can contact afterwards, such as those listed on the **True Sport - Community Links** webpage.

2

Funeral attendance (if relevant)

Whether or not to attend a funeral is a deeply personal matter and choice. It will depend on factors such as the family/caregiver(s)' wishes, personal preferences, relationship to the deceased, and cultural considerations.

From an organisation perspective, presence at the funeral on either a representative, team or club level should be done in consultation with the family/caregiver(s) to ascertain whether the funeral is a public or private service, and if they have any preferences regarding the organisation's involvement.

3

Ongoing communication

Regular communication over this first month helps to maintain an open dialogue about mental health and wellbeing, and provides an opportunity to remind people about the available health and wellbeing services available, and to promote help-seeking behaviours.

Regularly communicate with the community to update them on:

- Relevant developments related to the incident.
- Funeral arrangements with details on involvement (in consultation with the family/caregiver(s)).
- Changes to meetings, functions, or other events.

Remember to use discretion on who is communicated with and when. Some communication will be relevant to particular groups, other messaging will be relevant to the entire organisation. It is important for the Critical Incident Response Team to use their best judgment regarding the frequency and method of this ongoing communication. If the Critical Incident Response Team is unsure, seek further guidance from the support services that have been engaged.

Be mindful of individuals within the organisation who had no connection with the incident or individual(s) involved. Keep them included so they do not feel isolated or excluded by the impact of the incident on the organisation or other's grief.

4

Plan for long-term support

Develop a plan to provide long-term support to the community.

It is recommended to consider:

- Intermittent communication around the mental health and wellbeing support services which are available.
- Ongoing monitoring of the health and wellbeing of individuals directly impacted, high risk individuals and the broader community.
- How family/caregiver(s) and other particularly impacted individuals will continue to be supported.
- Initial discussions on plans for milestones dates and anniversaries.
- The nature of any ongoing communication.
- The benefit of providing mental health and wellbeing sessions through appropriately qualified professionals.
- How the critical incident review will be finalised, communicated and any recommendations implemented.

HELPFUL HINTS

Who could a high risk individual be?

Examples of individuals who may be considered at higher risk than others of being impacted by a critical incident are:

- Someone with a known or suspected mental health or wellbeing issue.
- Individuals with limited support networks.
- Some vulnerable populations such as young people.

5

Reflections and learnings

Towards the end of the first month following a critical incident, it is recommended that a process of reflection and learning is initiated. This internal review would be led by the Team Leader of the Critical Incident Response Team, in collaboration with its members and other key relevant stakeholders such as the Board, Committees, the Executive, Clubs, State or National bodies.

Welcome and source respectful feedback from all individuals involved regarding how the **Critical Incident Response Plan** and the organisation's protocols could be improved.

It is important that any insights or feedback are documented, and specific changes and improvements are actioned. This could include updates to the **Critical Incident Response Plan** or adjustments to other policies and procedures to improve the management of future incidents.

It is recommended that the outcome of this review is transparently shared with key relevant stakeholders such as the Board, Committees, the Executive, Clubs, State or National Bodies.

6

Document/Record keeping

It is important at this stage to continue to record all actions taken by the Critical Incident Response Team and ensure that all documents related to the critical incident are properly filed.

HELPFUL HINTS

Memorial and Acknowledgement Activities

All memorial and acknowledgement activities must be approved and organised in consultation with the family/caregiver(s) and individuals directly involved.

Depending on the nature of the incident as to whether the organisation is responding to a death or significant injury – a broad range of memorial and acknowledgement options are possible (see p.29).

It is important to consider the appropriateness or otherwise of any permanent memorial, monument or other events. While a permanent memorial may be significant and suitable in some instances, it is important to consider any unintended glorification, harm or distress such a monument could cause depending on the nature of the incident (especially if relating to suicide). If the memorial or acknowledgement is permanent – decide whether the location is in a frequented common place or somewhere more private.

Response to suicide requires some additional considerations outlined in Part 3 of this Guide and supporting documents.

LONG-TERM SUPPORT

In the long-term, following a critical incident in a sports community, the dedicated Critical Incident Response Team should focus on raising the awareness of support services and promoting a culture of mental health and wellbeing to support members.

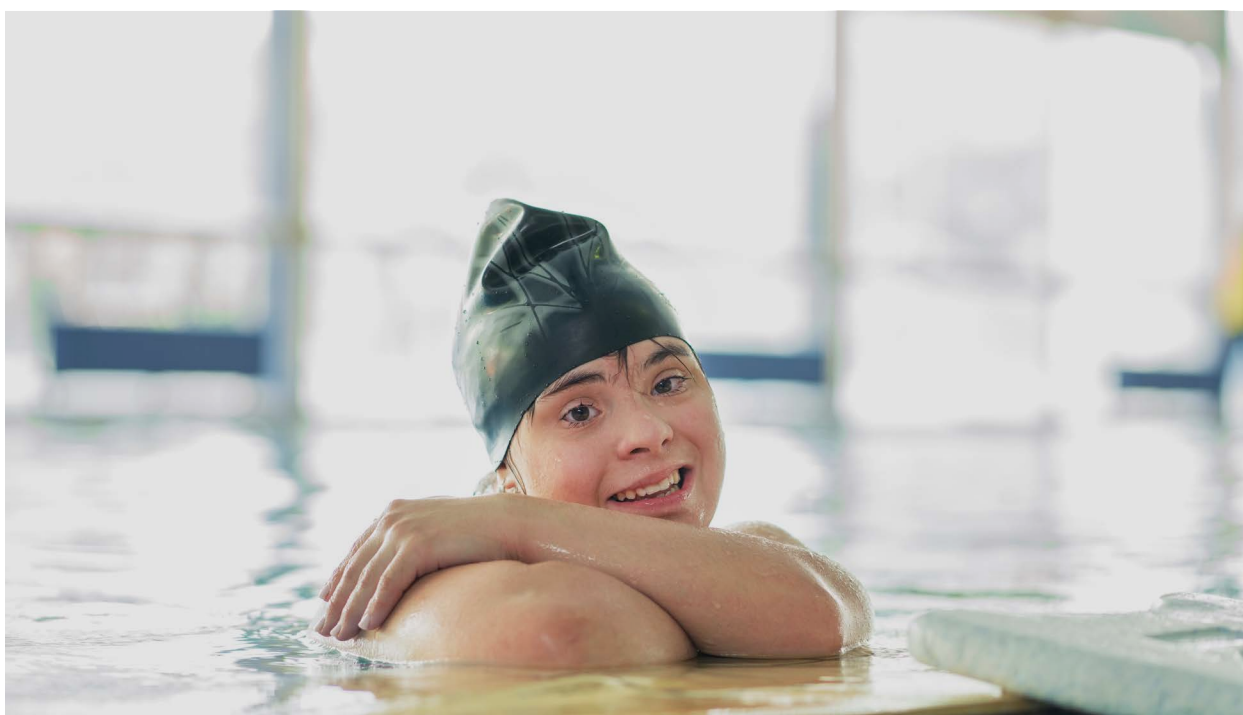
1 Maintain ongoing support

As time moves on from the incident, it is important for the organisation to continue to promote mental health and wellbeing support services which are available to the community.

Activities around this space may include:

- Keeping in touch with directly affected individuals. This could involve:
 - Seeking direction on what level of support and communication is desired from the organisation moving forward.
 - Offering practical assistance such as contributing to occasional meal support.
 - Planning and coordinating plans for actions for long-term support such as scheduling when the organisation is going to reach out to those who were directly impacted by the incident again.
- Continuing to monitor individuals who were directly impacted, are at-risk, and the broader community in general. In the event that someone is identified as needing support, direct them to their GP or other trusted health professional and/or provide them with the **Where to Seek Help** document.
- Direct them to the **True Sport - Community Links** webpage and resources outlining available mental health and wellbeing support services.
- Periodically circulating information on mental health and support services to promote help-seeking behaviours to the whole sporting community.

Remember, it is not the Critical Incident Response Team's role, nor the responsibility of coaches, team managers, volunteers, or staff to provide counselling or professional mental health support. Providing support is about connecting individuals and the broader organisation together, or encouraging them to connect with any other support that may be needed.



2 Continue communication

Continue to keep individuals who were directly impacted and/or the community informed of any relevant updates. For example, this may be messaging around:

- Updating how individuals directly involved are going (with permission and whilst maintaining all relevant privacy and confidentiality obligations).
- Reflecting on the organisation's progress and response and promoting ongoing unity, spirit and resilience within the organisation and amongst members.
- Where appropriate and whilst maintaining all privacy and confidentiality obligations, sharing information on the progress of police or other regulatory body investigations, or coronial inquiries.
- Notifying of potential media attention, that might unsettle individuals and affect their mental health and wellbeing.

3 Memorials and acknowledgements (if applicable)

If a memorial or acknowledging event(s) is appropriate, plan if and how the events and/or forthcoming milestones – such as '1 month' or '1 year' anniversaries will be acknowledged.

These milestones can be a difficult time for those directly involved and the wider community. It is normal for milestones such as '1 week', '1 month', or '1 year', along with events like birthdays or holiday periods to cause intense feelings.

As such, it is important to acknowledge this directly and promote mental health and wellbeing help-seeking behaviour around these periods.

Appropriate memorial and acknowledgement options may include:

One Time Memorials or Acknowledgements

- **Moment of Silence:** Hold a moment of silence in honour of the individual(s).
- **Special Game or Event:** Host a special game or event dedicated to the individual(s).
- **Memorial Service:** Organise a memorial service. This can provide a space for the community to come together again and connect and support each other.
- **Fundraiser:** Host a fundraiser in the individual's name, with proceeds going to an appropriate and relevant charity.

Permanent Memorials or Acknowledgements

- **Dedicated Memorial Space:** Designate a specific area within the sports facility or grounds as a dedicated memorial space. This could be a quiet garden, a plaque, or a memorial bench where individuals can come to remember and reflect.
- **Memorial Tournament/Event:** Establish an annual memorial tournament or event in the name of the individual(s). This keeps their memory alive and can also serve as a community-building activity.
- **Scholarship or Award:** Create a scholarship or award in the name of the individual(s). This could provide funding for promising athletes, recognise exceptional sportsmanship, or reward outstanding contributions to the organisation or community.
- **Naming Rights:** Dedicate or rename a portion of the facility, a sports field, or even a tournament after the individual(s). This permanent tribute is a daily reminder of their lasting impact.
- **Physical Memorial:** Install a plaque, or other physical object in a visible location. This can serve as a symbol that represents spirit or contributions.

Requests for fundraising or certain memorial or commemorative event(s) may not always be considered appropriate or in the best interests of the majority for healing and recovery. It is recommended that the Critical Incident Response Team and other organisation leadership critically evaluate such requests. Factors to consider will be the organisation's existing history and protocols around memorials or commemorations.

4

Cultivate a culture of mental health and wellbeing

- Encourage a culture that frequently and openly addresses and supports mental health and wellbeing, reduces stigma, and promotes help-seeking behaviours.
- Consider appointing a Mental Health Champion if there is not one in place within the organisation already.

- Offer mental health and wellbeing sessions on understanding trauma, understanding and promoting mental health and wellbeing, and resilience. It remains important that sessions are provided by qualified professionals and are evidence-based, and delivered in a way that is appropriate for the target audience.

5

Finalise and implement critical incident review

Following the initiation of a review of the critical incident in the first month, it is important that the review is finalised, communicated to relevant stakeholders and any recommendations implemented.

The implementation of the review's recommendations remains the responsibility of the Critical Incident Response Team, however, depending on the nature of these recommendations, relevant Boards, Executives, and Committees may need to assume the role of executing certain actions and taking ultimate accountability for them.

6

Document/Record keeping

Documenting and recording long term actions taken in response to the incident remains important at this stage of the critical incident response process.



PART 3

ADDITIONAL CONSIDERATIONS



ADDITIONAL CONSIDERATIONS

SUICIDE

When a member or associate of the sport community has died by suicide, careful consideration of the response by the sport organisation is essential. If the critical incident response is not based on best practice guidelines, it has the potential to inflict further harm onto the sport community and lead to unintended consequences.

It is important to use preferred terminology when discussing a suspected death by suicide, particularly as it is a public health issue with ripple effects for many in our communities. People affected by a death by suicide are vulnerable and it is important that language is mindful of the sensitive nature and to remain factual. A death will be different for every person affected and careful planning and management will be important as memorials, fundraising and commemorations can be perceived as glamorising or sensationalising a death, and are usually not recommended.

It is important that SSAs, clubs and sport organisations ensure:

- The privacy and wishes of the family/caregiver(s) are respected and seek their permission regarding what information can be shared with others.
- A focus on providing immediate and long-term mental health support to affected individuals with an emphasis on those at-risk.
- Use of appropriate language when discussing suicide. See the [Critical Incident Communication Tipsheet](#) which contains specific tips for discussing suicide.

- Ensure anyone speaking to other members publicly has some evidence-based resources or appropriate training before discussing suicide. Well-meaning members who are grieving may inadvertently cause distress or sensationalise the issue.
- Suicide is not inadvertently glamorised by the language used to describe it. For example, do not discuss the method or location of the incident.
- Open discussions about mental health and wellbeing are encouraged to reduce stigma and promote help-seeking behaviours.
- Raise the awareness of mental health and wellbeing services or programs which are available to support the community.

For more information on guidance for communication when someone has died by suicide, see the [Critical Incident Communication Tipsheet](#).

OFF SEASON/OUT OF TRAINING OR COMPETITION PERIOD

When an incident occurs during off season/out of training or competition period, it is recommended that this Guide continues to be followed with the relevant adjustments.

Considerations for adjustment may include:

- Methods of communication.
- Ensuring mental health and wellbeing support can be provided remotely.
- The timing and nature of any planned gatherings.

HELPFUL HINTS

Who could an at-risk individual be?

Examples of individuals who may be considered more at-risk than others of being impacted by a suicide are listed below.

Remember, these factors and combination of factors should be used to help identify people who might be at higher risk, and to ensure that they have the necessary support and resources, rather than to stigmatise or stereotype them.

- Individuals with a prior suicide attempt or other self-harming behaviours.
- Someone with a known or suspected mental health or wellbeing issue.
- People who have a family history of suicide or mental health issues.
- People who are currently grappling with stressful life events such as being in financial distress, unemployment, relationship challenges, life transition adjustments, legal issues, or homelessness.
- Individuals who are dealing with chronic pain or another major physical illness.
- People who have alcohol or other substance use concerns.
- Individuals with limited support networks.
- Some vulnerable populations such as young people, the LGBTIQ+ community, veterans, and the indigenous population.
- Individuals who have access to lethal means such as firearms (e.g. those living in regional, rural and remote areas) or medications.

It's important to note that while these factors increase risk, they do not guarantee that an individual will experience suicidal thoughts or behaviours or experience a mental health and wellbeing issue in response to a suicide in their community. Many people with these risk factors live healthy, productive lives. Suicide prevention efforts aim to reduce these risk factors when possible and increase protective factors, such as access to effective mental health care, supportive relationships, problem-solving skills, and coping strategies.



INDIRECT ORGANISATION RESPONSE – WHEN A CRITICAL INCIDENT OCCURS WITHIN THE BROADER SPORT COMMUNITY

- Within the tight-knit structure of sporting organisations, personal and professional relationships often transcend club or team boundaries. Consequently, an incident in one related setting can resonate deeply across the broader sporting community, creating a ripple effect of emotional reactions. As such, it is important to understand that members of the sporting community may also be impacted by the incident.
- Therefore, when a critical incident occurs within the broader sport's community it is recommended that the incident is recognised, that this interconnectedness is acknowledged, the potential impact on the collective wellbeing is addressed, and steps are taken to support mental health and wellbeing within the organisation.
- As such, the organisation is encouraged to:
 - Reach out to the leadership of the affected members or organisation and offer words of support.
 - Follow the wishes of the organisation or members in terms of outside involvement.
 - Communicate within your organisation or members to:
 - Provide any relevant incident information to ensure the organisation is informed in a timely and accurate fashion.
 - Share that a message of support has been sent to the impacted organisation and what opportunities there are to be involved that have been extended.
 - Acknowledge the impact on the community's mental health and wellbeing.
 - Extend support to those directly affected by the incident.
 - Provide information on how to seek help such as the [Where to Seek Help](#) document.
 - Maintain regular schedules where possible.

CULTURAL

Understanding and accommodating cultural practices in response to a critical incident such as a death, serious injury, allegations and/or substantiation of misconduct or abuse that is either directly or indirectly associated with the organisation is paramount, as these practices can significantly vary. As part of the organisation's response, it's important to respectfully solicit guidance about cultural and spiritual customs from the family, caregiver(s), community elders, or religious leaders. This approach ensures that the critical incident response takes such factors into consideration and remains sensitive to cultural nuances.

If an organisation lacks confidence in appropriately managing responses in the context of cultural diversity, it is advised that guidance is sought from a representative of the pertinent cultural or religious group. Alternatively, consulting with a mental health agency experienced in culturally sensitive responses to critical incidents can be beneficial. The most helpful source of cultural knowledge is often members of the affected person's family. Culture is rarely one thing for all people from a certain cultural group, hence family members – either close or extended – may be the best people to consult about important cultural issues. If language is an issue, the national [Translating and Interpreting Service](#) (TIS) can be used.

Emphasising cultural sensitivity and awareness is to acknowledge the varied beliefs and customs surrounding death. By doing so, we can aid the grieving process for those impacted by a critical incident, fostering an environment of respect and understanding.

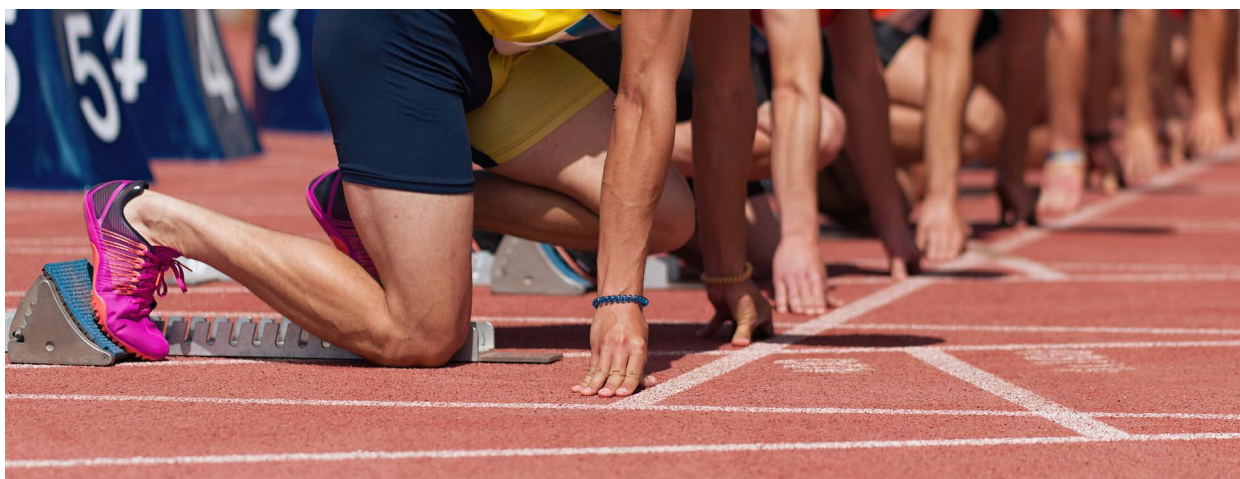
AGE

In responding to a critical incident, it's crucial to consider the age of those impacted, as comprehension of such events can differ greatly across different stages of development. This consideration is particularly important when dealing with young individuals, some who may not fully grasp the full concept or gravity of the incident. It's critical to approach the topic with sensitivity and to ensure that the information is age-appropriate and conveyed in a way that respects their level of understanding.

Factors for the Critical Incident Response Team to consider while supporting the mental health and wellbeing of children and adolescents after a critical incident:

Family Involvement	Information Sessions	Previous Experiences	Questions and Understanding	Protective Measures
It is usually more suitable for the families/caregiver(s) of children and adolescents to inform their children about the incident. Communicating through parents/caregiver(s) is recommended. It is important to provide families/caregiver(s) with resources and guidance which can help them to approach this difficult conversation in a supportive and understanding manner.	Providing a group information and support session can be highly beneficial, however, parents/caregiver(s) must be included in any information sessions. This is to ensure that there is a dedicated adult present to support younger community members providing a familiar, comforting presence during difficult discussions.	Some children and adolescents may have prior experiences of loss, such as the separation of parents, death of relatives, or frequent relocations. These experiences can affect their ability to cope with confronting circumstances, making it essential to offer them additional support.	Young people often seek to make sense of the incident or have a need to understand the incident more deeply. This often leads to numerous questions. It's crucial to address these questions honestly yet delicately, taking care not to provide any potentially distressing details about the incident.	It's considered harmful to the wellbeing of young people to share explicit details about a critical incident. Therefore, it's vital to maintain a balance between honesty and protection when communicating with them about the incident.

If age considerations are a notable factor in the incident, the Critical Incident Response Team should seek professional guidance from an experienced and qualified mental health and wellbeing professional to navigate the critical incident response in the appropriate fashion.



VULNERABLE OR AT-RISK POPULATIONS

At-risk or more vulnerable communities, including but not limited to LGBTIQ+, Aboriginal and/or Torres Strait Islander, people living in regional, rural and remote areas, and individuals of a lower socio-economic status or immigrant groups often face increased rates of mental health and wellbeing issues. This is influenced by a range of complex factors, such as experiences of discrimination, violence, exclusion, and past trauma. These challenges may be exacerbated in the aftermath of a critical incident, emphasising the need for sensitive and proactive support.

Specifically, the response may need to consider the following actions to look after the mental health and wellbeing of at-risk or more vulnerable populations:

Engage Community Representatives	Targeted Check-Ins	Increased Support	Inclusion and Respect
Reach out to representatives or leaders from the vulnerable communities involved to provide guidance to your organisation's response and to better understand the unique needs and experiences of these groups.	Arrange for direct follow-up with known individuals from these communities who might be particularly affected. This action helps to express your concern, offers a source of support, and opens lines of communication for further help.	Consider increasing mental health and wellbeing support services availability to these groups during this time, including professional and specialised mental health and wellbeing services or group support meetings.	Ensure that an inclusive and respectful critical incident response is fostered through a sensitivity to the diverse experiences of its members.

SOCIAL MEDIA

Organisational leadership and the Critical Incident Response Team may need to give special consideration to the use and management of social media in the critical incident response.

While social media platforms can serve as powerful tools following a critical incident, offering an accessible medium for support messages and mental health and wellbeing promotion, they require careful management.

Their ability to rapidly disseminate information to the sports community makes them valuable, but this feature must be utilised with care, due consideration and responsibility.

All posts and communications should maintain an appropriate tone of respect and empathy, focusing on positivity and unity. Highlighting this to members in initial communications can help to avoid inadvertent harmful messages being shared.

Further, it is important to monitor the activity on these platforms, swiftly addressing and removing any content that is inappropriate, disrespectful, or potentially harmful to mental health and wellbeing. Additionally, social media can be a platform for users to express their feelings and offer support to each other, contributing to a sense of community. By maintaining vigilance and control, these platforms can be effectively utilised while minimising potential harm or distress.

INTERSTATE OR OVERSEAS

Critical incidents may occur in an interstate or overseas context, or significant affected individuals might be interstate or overseas at the time of the incident.

In such circumstances, the Critical Incident Response Team's approach needs to be adapted accordingly.

First and foremost, the principles and process of the Critical Incident Response Guide for Mental Health and Wellbeing remain the same for this context. The focus should be on communication and raising the awareness of mental health and wellbeing support services to members of the sporting community.

Items for consideration in such circumstances may include:

- Contacting the travel agent to make immediate arrangements for prompt return journeys if relevant.
- Initiating remote or in-person support for the affected individuals.
- In cases where affected individuals remain interstate or overseas, establish strong communication channels with the leaders of these groups and arrange mental health and wellbeing support.
- Delaying any planned gatherings.
- Leveraging teleconference technologies to include affected individuals in any gatherings who remain interstate or overseas.
- Implement a process for ensuring communication is maintained with all relevant parties.



SELF-CARE

Being involved in a response to a critical incident can be stressful, time consuming, tiring and emotionally exhausting. When you are part of the Critical Incident Response Team, it is important to think about your own, and the Critical Incident Response Team's, mental health and wellbeing along the way.

Here are some suggestions to maintain your own mental health and wellbeing while taking care of others through a particularly difficult time:

Brief and debrief regularly with others in the Critical Incident Response Team. If you are a one-person or small Critical Incident Response Team – discuss your experiences with a capable and trusted colleague, family, or friend (whilst maintaining all necessary confidentiality).

Take time out. This includes taking a break from your responsibilities if you need to.

Set appropriate boundaries. You don't have to say yes to all requests.

Write a list of things that you need to do. Be kind to yourself as you work through this as best you can.

Engage in your regular exercise or preferred physical activities.

Prioritise getting enough sleep.

Eat well and avoid harmful levels of alcohol.

Keep participating in your hobbies or activities that bring you joy and fulfilment.

Practice mindfulness and meditation techniques.

Practice deep breathing techniques. An example of this is the 5X5X5 Breathing Technique. To do this technique you inhale for a count of 5, hold for a count of 5, then exhale for a count of 5, and you do that 5 times.

Relax your face then body muscle by muscle. This is called Progressive Muscle Relaxation or PMR. You do this by lying down and gently sequentially tensing each large muscle group for 5 seconds, then relaxing.

Spend time outdoors in nature.

Get some sunshine – while staying sun smart!

Seek your own professional mental health and wellbeing support.

View the [True Sport – Community Links](#) webpage for a range of support services available.





Mental Health & Wellbeing Initiative

Visit the [True Sport – Mental Health and Wellbeing](#) website for more resources and support for your sporting community.



In an Emergency Dial 000

For support call Lifeline 13 11 14

or visit [True Sport – Community Links](#) for more services.