Mental care after diving accidents

Dear reader

In 2018, the board of CMAS Europe discussed the problems regarding the aftercare with respect to diving accidents. It was noted that in general sufficient attention to the actual victim was provided, but at the same time, other people involved with the accident, were more or less ignored. As it is also known that serious mental problems can originate from traumatic events. It was well understood by the board that there should be more consideration should be given to this matter.

The Medical Committee of CMAS supported this thought. In the 2018 General Assembly of CMAS Europe, the project *mental coaching after serious diving accidents* was presented to its members. After further clarification and discussion, the plan was adopted by the assembly.

It was soon made clear that most of the federations did not have a program course of action, how to act in such situations. Only the Flemish federation of Belgium (NELOS) had long-term experience on this field. For that reason, we used their knowledge to make a program that could serve as an example for other federations. Of course, as each country has his own laws, rules, habits, professionals and cultural differences, the content of this work is likely to be adapted to its own needs. On the other hand, people are and act, in many ways the same so o a lot of the experiences from Flanders are expected to apply to all.

The first part consists of the more theoretical principles on which mental coaching is based. In the second part contains a model how to organize this kind op care-taking based on the experiences of the NELOS. Furthermore, members of the medical committee of CMAS argued the concepts and provided their remarks and suggestions.

Exactly after one year, on the General Assembly 2019 in Monaco, the board of CMAS Europe was able to present the results to the federations. Thanks to the vast experience and effort put forwards by the volunteers of the Belgian mental coaching team we can now make the results accessible for the international community. Two members of that team, Veerle Levecke and Elfrie van Poppelen, had the honour to present the result to the European assembly. In the General Assembly of CMAS world, the president Anna Arzhanova introduced the program, not only for Europe, but beneficial for all the federations of CMAS. Immediately following the presentation several countries expressed their intention to introduce the program in their own federation. They asked the board and the authors to support them in doing so.

This is exactly what I ask you to do as well. Adopt this program and ask your medical commission to make it suitable for your own federation. Diving accidents are not our favourite conversation topic, but our divers should know that we take care for in case they happen. Especially our CMAS-federations, with its dedicated volunteers, have the opportunity to maintain such a system. I see this as a unique selling point for the non-commercial diving federations.

John Geurts, MD
Chairman Medical Committee CMAS
Vice-president CMAS Europe

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Preface

1. Purpose of this document

To provide the diving federations and diving clubs of CMAS an insight into how the care of divers can be organised after a diving incident (diver emerges from the water with an unpleasant feeling) or after a diving accident (barotrauma, excess pressure in the lungs, decompression, etc.).

2. What is the problem

As long as people dive, accidents can occur. Diving federations have a long-standing tradition of treating only the medical aspects. By means of training, we try to avoid accidents,

and if they happen, we know what to do (oxygen treatment, evacuation, etc.). However, in addition to medical problems, accidents may throw people seriously out of their mental equilibrium.
Initially, attention is paid to the medical treatment of the victim. But who/what is left out? The mental aspects of the victim and those around him!

As a diving federation, it is difficult to collect statistics on this matter, but it is obvious that, because of the above situation, divers would abandon the sport of diving. Of course, this is really a pity on a human level, and for the federation/diving clubs who invest a lot of energy in training divers.

Another aspect is that if there are fatal accidents, this gets into the news. This represents negative PR for our sport. Through our mental coaching team, we can clearly demonstrate to the outside world - and hence to potential divers – that you have a safety net, paying attention to and providing processes for individual divers and diving clubs.

Because with a number of simple techniques, a mental coach can act as a bridge between the divers and professional care takers. As the coaches are themselves divers, they speak the same language and are familiar with the technical side of diving. They can better identify with the situation and understand why a passionate diver suddenly gets scared of diving. An all at a relatively low cost.

Thanks to a mental coaching team, the diving community finds a place for the people affected and their loved ones, where they can go with their questions, and especially with their wide range of emotions. In this way, the diving federation makes it clear that a diver who has been affected does not remain alone after an incident.

3. Definition of mental coaching

Psychosocial care after a diving mishap (this may be a diving accident or a diving incident), is provided by volunteers from the mental coaching team (MCT) and consists of four stages.

In the initial stage is the first psychosocial relief activity directly after a diving mishap (usually by a rescuer who is a diver and also trained by the mental coaching team). The purpose of this relief is to reduce the initial sense of stress and to identify the psychosocial needs (who needs to be informed? …). If it turns out that after the first intervention, the diver suffers from long-term complaints, such as sleep problems, behavioural changes, eating disorders or concentration difficulties, it is best to refer them to the mental coaching team. The MCT can then set up a short support procedure. If this counselling process proves insufficient, the MCT will refer to person for professional assistance, such as a psychotherapist, mental health centre or a centre for general welfare work. Finally, the MCT will contact the affected person after an intervention to verify whether the intervention has proved adequate. In the event of a fatal accident, a club-level debriefing can be organised.

Theoretical basis of mental coaching – care model for mental coaching

1. Introduction

Diving is a sport that involves risks. Every diver runs the potential risk of having a diving accident. A diving accident can occur at any time during a diver's career, and may or may not have a clear cause.

A diving accident can be a drastic event. Some situations are life-threatening or may have a fatal outcome. This shocking occurrence can strongly influence a diver's daily life with serious medical, psychological, social, family and professional consequences. For some divers, this shocking event may form the basis for their developing post-traumatic stress disorder (PTSD). This is a serious psychological disorder with consequences for daily functioning and damage to certain areas of the brain. Emotional stress is not always visible like a physical trauma, but emotional stress may also be a painful occurrence with consequences for the functioning of those affected, and may hinder them in their ability to operate on a daily basis.

In any case, diving requires a major adjustment in our behaviour. As divers, we must be resistant to stress, we must be able to analyse difficult situations and act appropriately. How a diver deals with a diving incident or accident is determined by his resilience. **Resilience** determines a diver's ability to handle a stressful situation. It is the ability to maintain optimal performance during a stressful situation and to restore things positively afterwards, while still maintaining motivation for diving.

Resilience in the underwater world

The possibility of someone developing post-traumatic stress disorder depends on various factors. The response to such an event depends on:

- the personality of the diver and his psycho-emotional vulnerability (such as stress resistance, skills in finding solutions, pre-existing "baggage" of vulnerability)
- strengths such as being positive, hopeful and forward-thinking, his social network, resilience
- how the person responds to anxiety

When people are confronted with a drastic event, the body instinctively switches to primal responses, such as: fight, or freezing. It is important to know that when we are in such a state, it is difficult for us to think clearly.

Until quite recently, the operation of the mental coaching team was developed on the basis of an earlier traditional emergency care model (we have to help the victim) supplemented with the experience of members of working groups from their professional backgrounds or experiences as a mental coach. These good practices were supplemented by findings from scientific research in trauma care and the development of post-traumatic stress disorder. Post-traumatic stress disorder is the development of pathological behaviour after a shocking event, such as a diving accident. In addition, other pathologies may develop following a diving accident, such as psychosomatic disorders, depression, dependency disorders.

To be quite clear, the mental coaching team does not deal with these pathological behaviours (including post-traumatic stress disorder)! We attempt to reduce the impact of a diving incident and to ensure that things don't develop that far.

2. Hoffboll model

Within the recent views about trauma care, the resilience model of Hoffboll plays a central role. An important advantage of this model is that it can be performed by volunteers, not necessarily trained in trauma care.

The resilience of a diver is influenced by **(1)** personal characteristics, **(2)** support from the home environment, **(3)** diving club, **(4)** diving federation, **(5)** mental coaching team.

Factors influencing a diver's mental resilience

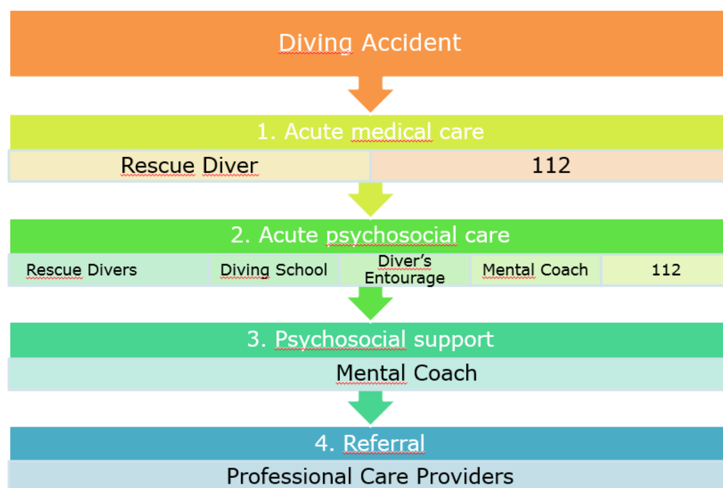
1. The diver with his personal characteristics: the way a diver deals with setbacks is also determined by how resilient someone is. How can a diver look after himself, does he know his personal limitations, can he put a stressful situation in perspective and place it within the context of diving as a sport? How will a diver go about solving problems, how mature is he in sharing his experiences of a diving incident/accident with other divers or his family? How optimistic is he?

2. Support from the home environment: the extent to which a diver receives support from his family and friends is an important factor. Strong social ties ensure that a person is not isolated but is supported while coming to terms with such a drastic event.
3. Support from the diving club: in addition to family support, support from the diving club is also an important anchor for a positive recovery. The extent to which a club encourages and maintains cohesion and comradeship amongst the members promotes recovery. The diving club also has an important task in providing correct and unambiguous communication and by nipping in the bud any gossip about a diver after a diving incident or accident.
4. The diving federation: Together with the team, the federation has an important task in continuing to set mental care after a diving incident or accident high on the agenda, and also in regarding it as a fully-fledged part of integral medical (physical) and mental care.
5. Mental coaching team: The resilience of a diver can be increased with the support of the mental coaching team

3. Five factors to strengthen resilience

How can these five factors together strengthen the resilience of a diver after a diving incident/accident?

Please consider the flow chart showing the different stages for the provision of acute medical and mental care.



Flow chart showing who provides what kind of help and when

Before starting with mental care, a diver care-provider, a buddy or a family member should make sure that all acute medical needs have been resolved or are under control. (1)

The first step in mental care is to recognise the mental needs after a diving incident/accident. Some examples of mental needs are: the affected person may need to get the event out into the open, have questions about the incident/accident, suffer from guilt feelings.

Here, we can distinguish between **two forms** of mental care: acute psychosocial care (2). This is care in which the accent is placed upon the interaction between the behaviour of a person and response to their environment. The second form of mental care is psychosocial support (3). This is support with the psychological and emotional consequences, and the social consequences (family relatives, relationships, work) following a diving accident.

One important added value of the model is that it can be carried out by non-professional care providers, such as in our case: the buddy, the diving first-aider, another diver, family or friends. If persistent complaints continue, such care-provider may, with the approval of the affected person, refer him/her to the mental coaching team.

4. First form of mental care: acute psychosocial care

We can now zoom in closer to the first form of mental care, namely acute psychosocial care. There are five ways of increasing the resilience of a diver.

1. Creating safety

Promoting a sense of safety is necessary in order to limit the stress of that particular moment. Here, we distinguish between physical and psychological safety. Under physical needs, we mean survival needs and basic medical needs (First-Aid, …), need for protection. In the case of psychological safety, it is important that the volunteer care-provider emphasises to the person affected that he/she is safe. This can be done by giving information about the event and about the caregiver's own role as a volunteer. In this phase it is important that the person concerned gains confidence in him/her.[1]

2. Rest

Stress and anxiety are normal instinctive responses that prepare the body for responding and surviving. They can become a problem if they continue after a shocking event, once the person affected is in safety. Lack of rest prevents people from using their resilience. They cannot assess the situation, absorb or process new information, and it is difficult to set priorities. Calming the affected person down is an extremely important task. It is important that the volunteer himself remains calm and radiates calmness. We bring the affected person into a quiet environment. We give him a chance to express their feelings about the event.

[1] volunteer care-provider = buddy, diving first-aider, other divers present or passers-by, friends, family, ...

3. Self-reliance

It is better if affected persons can do things for themselves! A different consequence of a shocking event is loss of control. The affected person feels helpless. You can increase resilience by returning control to the person again. You can do this by stimulating self-reliance. Self-reliance is about everything that people can do for themselves, in their own familiar way. In spite of the shocking event, the affected person remains capable of doing things using his own knowledge and skills (informing the family him/herself, informing bystanders/the diving club). This means he is not a defenceless victim, but plays an active role after the shocking event. As a support provider, you would better positioning yourself in the background, and offering support where necessary, instead of taking things into your own hands.

4. Connectedness

It is essential to be able to rely on a network in order to cope with a shocking event. The bystanders are important people for those affected. The sooner an affected person sees a familiar face, the better. Connecting with as many people who have possibly been affected may make an important contribution during the phase of providing follow-up care. During the period after the diving accident/incident, it is important to pay sufficient attention to individuals who do not have a social network. They run the risk of developing problems in processing the situation.

5. Creating a perspective for the future

This aspect does not form part of the acute care, but is for a later stage. Here, it is important to support the affected person so that he can take up his sport again, renew his pleasure in his hobby. How can these people regain sufficient confidence to practice their sport?

5. Second form of mental care: psychosocial support

Now we will zoom in on the second form of mental care, namely psychosocial support. After the acute care (1 week, or some months later), a person affected may develop additional problems, such as difficulty in sleeping, withdrawing from the club, irritability, ceasing to dive, reliving the incident or accident, anxious behaviour, depressed behaviour, problems in relationships or at work … It is important that such signals are picked up within the club and observed. Such signals indicate that the person affected needs more time to process the event. During this phase, it is important that persons of trust, together with the diver concerned, find out what needs exist and how they

can be addressed. The mental coaching team can provide support here through individual conversations, as may have been indicated in a possible referral to the mental coaching team.

Model how a federation can organise mental coaching

1. Why set up a mental coaching team?

The mental coaching team of the Flemish Diving Federation, NELOS was set up by the medical commission in response to a number of diving accidents which occurred rapidly after one another in 2005. It was because of these difficult cases that the doctors realised that divers or surviving relatives were in need of psycho-social support in order to avoid or mitigate post-traumatic stress disorder (PTSD). This is when it was decided to work with a psychologist/trauma specialist from the police. The first emergency assistance model was based on the way in which the police work.

All people survive on 3 basic illusions

1 I am invulnerable
2 My world is predictable
3 Life is meaningful

A diving accident can damage 1 of 3 basic illusions, and possibly cause a post traumatic stress syndrome (PTSS)

A Mental Coach can help to avoid PTSS

(People have 3 basic illusions: I am invulnerable, my world is predictable, all things in life are meaningful). And if 1 of these basic illusions is damaged, there is a chance of developing PTSD)

In the first stage after a diving incident or accident, we seek to limit the impact on the people concerned. The purpose of our initial care provision is that the person concerned and those about him/her should be able to take matters again into their own hands as quickly as possible.

In short: “if you have had a bad diving experience, we are there for you and those near you, in order to assist in strengthening your mental resilience”.

2. Organigram & budget

The mental coaching team reports to the medical commission. The annual budget mainly consists of reimbursement for travel mileage for the coaching members to attend interventions. This is an allocated budget and must be justified before the board of directors. We have consciously chosen not to have the reimbursements coming via the insured diver, because this would present a higher barrier against people contacting us.

3. Insurance and privacy

The interventions of our mental coaches themselves are covered by the insurance of the federation. We act in accordance with the General Data Protection Regulations and

other privacy regulations with respect to holding the personal data of the people concerned. People affected by a diving accident must submit a statement with a medical certificate to NELOS within a specified period. This declaration is forwarded to the insurance company and to our Safety Committee. Both these organisations may only use such documents for the investigation carried out regarding this particular accident. No specific information about this may be transferred to third parties.

4. Code of professional ethics

The MCT falls entirely under the obligation of confidentiality that applies to all doctors and nursing staff. This is one of the reasons why it is advisable to place the mental coaching team under the medical commission. A victim can share his problem with whomever he wants, but the mental coaches must ensure that such persons are never those who share documents or verbal statements with third parties.

5. Activities

A referral to the mental coaching team can be carried out via a central notification point (reachable 24/7). We may also be contacted via referral from (diving) doctors, the decompression chambers or managers of diving schools. The mental coaching team will then contact the victim after (indirect) permission. The management of the MCT will choose the best support worker depending on the region, availability, his experience in mental coaching or the wish of the affected person (support by one of the instructors, or preferably not). The coach must contact the person in need within 24 hours. We will never force our support on anyone. This is not productive, because the person concerned must want to be supported in order to achieve results. This is why we work "on demand".

Our service consists of:

a. Individual support by means of a number of telephone conversations or face-to-face contacts.
In such conversations, an attempt is made to find the best way to give back control of the situation to the person concerned. During these conversations, any additional needs are identified, and additional symptoms observed. Furthermore, it is also an important ask to refer the person concerned to professional care providers (for example, a psychologist or GP) if the person shows symptoms of post-traumatic stress disorder.

b. Club debriefing

This usually happens after a fatal accident, at the request of the diving buddy, family or club. Divers, people affected (directly or indirectly) and family members can be encouraged on this occasion to share their emotions and experiences in a group. The aim of the club debriefing is, in the first instance, to reduce the stress of those affected and of those present, and also to create a connection between the people affected. We also help to provide space for and gain clarity about a number of feelings.

During the debriefing, the mental coaching team acts as a facilitator. This means that we guide the session, but do not interfere with the content.

This type of group debriefing proceeds in 7 phases (see Appendix 1)

c. Training for diving first-aiders

The mental coaching team also gives a session during the course for diving First-Aiders. This course is organised by the Medical Commission in collaboration with the Diving Training Committee. The aim of this course is to train divers and non-divers in order to guarantee "safety all round", or "first aid for diving accidents". In this 7-part series of lessons, space is also provided for the subject "mental first aid in diving accidents"

6. Number of cases

Since its foundation in 2005, this team has handled 78 cases, 32 of which were the result of a fatal accident. These were not 32 victims with a fatal outcome, but 32 cases. Some fatal accidents had such a large impact on a club or several clubs at the same time that they resulted in multiple cases. To put things into perspective: within NELOS there are around 80 reported accidents per year, of which 45% are minor accidents (fractures, bruising), 20% decompression accidents, 34% barotrauma, 1% fatality. Only the cases of decompression, barotraumas and fatalities are brought to the mental coaching team.

In other words, of the 44 accidents, 8% (on average 6 cases per year) of those affected are referred to the mental coaching team.

7. Follow-up and closure of a case

During the first week, the mental coach maintains intensive contact by telephone, face-to-face or email. Then the intensity is reduced in consultation with the affected person from 1x per week, to 1x per fortnight, 1 x per month.

The file is closed precisely 1 year after the diving accident, after one last contact. On average, five contacts are made with each affected person.

8. The coaches

A team consists of some 10 volunteer coaches for 10,000 members.

The coaches are screened primarily for a good basic attitude for providing assistance

- Empathic capability, able to listen well,
- Is able to ask open questions and dares to do so,
- Is able to recognise/acknowledge and identify feelings,
- Discretion, no prejudices,
- Able to guide a conversation,
- Able to question him/herself sufficiently, while inspiring confidence, thus retaining a suitable balance,
- Able to set limits.

10 coaches for 10.000 members	**Team is a mix of** **Instructors / non instructors** **Male / female** **Professionals / non-professionals**
24 / 7	
Intervention within max. 2 days	

Other preconditions are:

- To be a diver and a member of the diving federation, irrespective of certification
- To have sufficient time and availability to react quickly to requests for help.

The professional background and formal qualifications of the candidate coach are not important. Also, no experience is required in first aid.

It is nice to have a number of psychologists or workers from the emergency services (fire-fighters, paramedics, …) in the team.

Mainly, we expect there to be a number of basic characteristics that are supplemented by specialised and continuous training. Any candidates who, after six months, do not appear to be fulfilling expectations are, after feedback, kindly encouraged to leave the team.

9. Training the coaches

In addition to the actual cases, there are 2-3 supplementary training courses per year. These refreshers consist of learning opportunities in order to gain from the experience gathered from other people's cases, together with additional training. Training can have many topics depending on the needs of the team at the time. One could think of a role-play concerning: "The first telephone call", "The first face-to-face meeting" or "A group debriefing". Other topics that might be discussed: How to define a problem together with the person concerned, promoting the self-reliance of the person concerned, when and how to refer people, gaining insight into and improving one's own performance, attending to one's own needs (recognising and managing one's own stress as a voluntary first-aider).

10. Follow-up care for the coaches

Besides caring for the diver and his entourage, the MCT is concerned about its own voluntary coaches. Volunteers are key figures within NELOS and consequently within MCT. It is an important value within MCT to care for volunteers who have carried out an intervention after a diving incident or accident. MCT's care for volunteers consists of two important pillars: (1) the establishment of good interpersonal relationships, and (2) the creation of solidarity between MCT volunteers.

The following issues are central for promoting positive interpersonal relationships:

- Being valued and recognised,
- A balance between human investment and human benefits for the volunteers,
- Search for complementarity between the volunteers,
- Open communication

There is sufficient time and space within MCT to share vulnerability. It can be discussed in confidence within the team. The sharing of painful experiences helps people to discover the meaning and significance of such experiences. The MCT comes together once per quarter. In addition, the recognition and acknowledgement of individual stress signals is also given an important place, depending on the needs of the individual coaches.

Bringing the volunteers together fulfils an important need, namely connectedness. We try to create this connectedness in various ways, such as by follow-up care and additional training. These help people to retain contact and motivation, together with the organisation of informal activities, such diving as a group. Furthermore, we try as much as possible to divide up other tasks (that are typical within the management of a voluntary organisation) not only amongst the Board members, but among the rest of the team. Solidarity is essential for keeping the coaches involved when they may have few actual cases within an operating year.

11. Marketing

There are many ways in which we can let the diving community know about the existence of the team. We have received a location on the website www.nelos.be. We have made ourselves known to various hospitals that have caissons, both in Belgium and in the Southern part of The Netherlands, where we have distributed leaflets. The doctors of the medical commission also have these leaflets. Similarly, the lesson in the course for first-aid divers is

Leaflet of the MCT

very good PR. Every year we inform some 150 divers about our activities and what they should be able to do by way of first aid.

Once per year, we write an article in our national magazine, speak at a medical congress (for divers) or organise regional workshops for diving schools so we can listen to their needs.

Epilogue from the authors

During the first 40 years of sport diving, the activity was practiced by pioneers, on whom we look back with admiration. Diving was a sport mostly for top fit 'macho's' who paid scant attention to the mental aspects of diving. Maybe this generation thought they had less need of such things.

The sport of diving has been viewed positively, and has been somewhat 'industrialised' which makes it more accessible to a larger and, may we say, less sporty public.
In consequence of a number of fatal diving accidents that occurred shortly after one another, and which had great human impact, a mental coaching team was created in the Dutch branch of the Belgian Diving Federation.
The mental coaching team works in a remedial way, and gives individual support to persons affected, supports club debriefings after a fatal accident, and gives training how to supply mental first aid after accidents for diving first-aiders.

To be honest, we have come a long way and there are believers and non-believers in the usefulness of a mental coaching team. It was not obvious to start discussing the mental aspects, but the openness of the latest generations of passionate divers in doing so has emerged to an ever-greater degree.
After 14 years we can proudly say that we have become a respected authority within our federation. This is evident from the fact that we have been given this forum for contacting the diving federations that are our colleagues.
Our next mission is to take a more preventive approach through diving courses. In this way, we can ensure attention is paid to the mental health of the diver, in order to increase awareness of the power of one's own mental resilience.

Dive safely!

Elfrie van Poppelen & Veerle Levecke

Appendices

1. Example guide on group debriefing for a fatal accident

A fatal diving accident has a major impact on a diving club. A group debriefing led by a mental Coach can be very helpful. The purpose of such a debriefing is to bring social calm and to stop the group from inevitable speculation. It also creates connectedness, where people really need it in such a situation and helps to get a grip (self-reliance) on the meaning of life.

Preparation

Make sure beforehand that you have time and space. A group debriefing is not one agenda item of a members' meeting or board meeting. This does not create the right atmosphere or the attention it deserves. A group debriefing is the only item on the agenda and has an official and an unofficial element. After the official debriefing, go and take some drinks together so that the coaches can mingle with the really important people.

A group debriefing is facilitated by the mental coach. The story is preferably told by the buddy, supplemented by others. It is good to have several (2 minimum) coaches on site during a group debriefing so that they can address several people.

Tips for the coach before the start:

- When you start, stand up, that automatically requests permission to speak
- Keep it as short as possible, do not hide / accentuate nervousness by too long a speech, the buddy is already on hot coals to tell his story
- When you're done with your story, stand up, walk around, find a drink. In this way you also give the rest permission to do the same.

These are the 7 phases

1. **the introduction phase**, in which the mental coach outlines the course of a debriefing; plus a short introduction to the MCT. Another important goal of the briefing is getting everyone looking in the same direction. "Tonight, we are all going home with the same information, a story that everyone is happy with. Then you can close this issue, you don't have to return to it. This is an important part of the coping process".
2. **the fact phase**, to answer the question: What exactly happened? If the buddy is capable of it, preferably let this person speak. As a coach you guide the process and intervene if people try to condemn, or look for a guilty party. Avoid it becoming an ition.
3. **the thought phase**, in which participants are asked about their first reaction regarding the most radical aspect of the event;
4. **the emotion phase**, in which the participants can vent their emotional reactions to the event.
5. **the symptoms phase**, in which the mental coaches identify with the participants the physical and psychological stress **symptoms** since the event.

The following information can help to provide a framework: traumas can arise because we are confronted with a situation that harms 1 of the 3 basic illusions that people have:

a. invulnerability: it's your neighbor who gets a heart attack and never you, you can safely cross the street, …
b. predictability: you predicted last night that you would wake up tonight; it would surprise you if it started to snow, …
c. meaningfulness: everyone needs things to make sense in their life, ...

6. **the education phase,** in which the participants receive information about useful solution strategies (for example, talking about the accident), and about possible post-traumatic stress reactions, which the debriefers reduce to normal, manageable proportions
7. **the closing phase**, in which the last questions are answered and in which the debriefers provide information about further aftercare options in the event of persistent stress complaints.
   - For example: do you have any further questions? Are there still any issues that are still live?
   - If no more questions arise: Questions are likely to arise later. That is normal. If notice that something is occupying more than usual, then talk to someone about it. You can also contact.
   - Watch out for unexpected reactions from yourself or your colleagues: behavioral changes: if you are normally calm, but are now restless, ...; if you do not feel like eating, or eat too much, have poor sleep or excessive sleep, ... These can all be reactions you will encounter, then talk to someone about it.
   - Here you will also find a brochure with more information and our contact details

Important supporting comments for the mental coach:

- We are going to look for a cause, but it is not always clear. That is it human, that is what we have a need for. But we have to accept that we will not always find the answers.
- Usually we do not know the exact cause of death, even for doctors it is often difficult to find out the principle reason for a death. The police only do an autopsy if there is a presumption of a suspicious death.
- You can positively reformulate certain actions to ensure that the buddy can park his guilt feelings in a positive way.
- Pay attention to who is quiet in the room, behaves strangely, people who seek eye contact with you, but do not come to you spontaneously, …. When you notice this try to contact this person by yourself.
- We are there to facilitate that process: so intervene where necessary (reinforce positive feelings, block guilt feelings), frame things where necessary and then let the process proceed spontaneously as much as possible and say as little as possible. The mental coach is the conductor!

1. Give comfort & trust
2. Give back control
3. Just listen, no inquisition
4. Don't judge a victim
5. Omerta

2. References

To give a feeling what a mental coaching team can mean for a diving federation, three references are given below:

Reference 1

Unfortunately, I have needed to contact the mental coaching team several times.
A first time for two members who went into cardiovascular syncope. The MCT provided support to the members who needed it and were involved in the resuscitation. Together with the mayor, they were a good support when dealing with the press. There were two support sessions then, one shortly after the incident, the next one held on later with many members. The members and the victims who fortunately had not suffered any consequences then discussed the incident. Everyone was able to share their experiences and as a club we have taken a number of points from this to avoid incidents in the future.
A second time for a fatal diving accident. The fellow divers and the family were brought together in a limited group. Both the family and the fellow divers were very pleased with the initiative. It was the moment for the fellow divers to explain to the next of kin what had happened. The fellow divers and relatives did not know each other and were not very well informed about diving. Despite the loss, the family greatly appreciated this and it certainly contributed to the subsequent processing. Personally, I also assisted the relatives in delivering documents to the insurance and communication between the fellow divers, the person who found him, the management of the recreation facility, the police and the public prosecutor's office. Only this last point is not clear due to the new law on privacy.
If I deal with people who have nothing to do with diving, I tell them about mental coaching team, and often look at what our federation is doing. Keep it up!

Reference 2

As far as our club is concerned, the tragic accident of … is fading a bit, but of course we never forget!
We also still have a very positive contact with … 's wife. Next week is our annual club party, and we still invite her. This year she has again registered as one of the first!

To summarize everything, we can say that we have had tremendous support from your listening ear.
Both individually or in a club context, we really benefitted from your commitment, with a listening ear, an encouraging conversation.
In short, IT'S GREAT THAT YOU WERE THERE FOR US !!!!
And once again a big, big thank you for your pressure-free commitment, for all of us.

Reference 3

In fact, we may not have received individual supervision, but that is how it felt.
I have seen you in action twice, once with …, and once during our two star internship course.
It was a consolation anyway that someone (the federation, you, etc.) was ready, even if it was just to encourage us to talk about things. Maybe even a slight pressure to do this (and this is meant in a positive way: a catalyst as it were). After that a large part has to come from ourselves. I think this is a good guide.

Regarding “individual” or not: a diving school / club and its members are also an individual. Throwing in the group sometimes leads to surprising questions about issues that concern individuals and that we as a group or those involved might not think about.
As an example, I would dare to mention the incident at the session in the cafeteria (death of …) in which the daughter wondered what had happened to her father's diving suit. Perhaps something trivial for many, but not for her. A second case that I think is worth considering.

Support in difficult times, at crucial moments, is essential for volunteers who have to do something difficult. This may not have been something that you personally attended to, but it gave us support (and quite a lot!) and could serve as an example for support: when I, … and … went to bring the difficult news to the family, there was someone there from the police trauma team. The fact that we could just go into the background at first and then provide explanations and (meager) comfort already helped us over an immense barrier (literally and figuratively).

3. Contact and help

The latest version of this paper is available on the websites of CMAS world and CMAS Europe.
The original paper is in English but when you have made a translation in your own language, please send us a copy so we can put it on the website. In this way we act as one community to make CMAS stronger.
In order to promote the installation of a mental coaching team, the board of CMAS Europe or the authors of this paper or willing to help or advice on this item.
Contact by way of e-mail

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