

IN MY FEELINGS: DIVISION I STUDENT-ATHLETE SEEKING MENTAL HEALTH SUPPORT

Pietro A. Sasso

Stephen F. Austin State University

Shelley Price-Williams

University of Northern Iowa

Brianna McCarthy

University of Louisville

Abstract

Division I student-athletes navigate tensions between athletic performance and academic obligations against their own private experiences. These various challenges specific to student-athletes potentially result in various mental health challenges, which athletic departments and their staff struggle to address. The purpose of this study was to explore the experiences of traditional undergraduate student-athletes navigating mental health and related support services. This qualitative study found that student-athletes seek informal support for a variety of mental health issues in which they describe a fear of stigma, vulnerability, or “weakness” as nonacceptance of professional counseling. Implications for practice encompass suggestions for increased support of student-athlete mental health, including educational programming and collaborative efforts with university counseling services.

Please direct inquires about this manuscript to: Pietro Sasso, Pietro.Sasso@sfasu.edu

The National Collegiate Athletic Association (NCAA) accounts for approximately 500,000 students who participate in intercollegiate athletics with several hundred institutions at the Division I level (NCAA, 2018). This student involvement opportunity can be a rewarding experience, but athletes' continued participation in intercollegiate athletics could result in adjustment problems, emotional concerns, and psychological distress during their time in college (Watson, 2005). Student-athletes experience college differently than their non-athlete peers as athletes have responsibilities for competition, performance, and academics (Moreland et al., 2018). These obligations can facilitate tensions, which may result in mental health challenges. However, mental health stigmatization and lack of consistency in mental health support to student-athletes remains a challenge in college athletics.

The stigma surrounding mental health inhibits athletes from seeking help. Many athletes hold beliefs they should be able to cope with it on their own or that seeking counseling expresses as "weakness" (Putukian, 2016; Sudano et al., 2017; Turner, 2016). Moreover, organizational barriers prevent student-athletes from seeking mental health assistance, such as the lack of on-site services (Sharpe, 2014; Sudano & Miles, 2017), a safe physical space for emotional expression (Taylor, 2014), and an organizational infrastructure for care (Sharpe, 2014). There is a lack of literature on mental health and college athletics (Sudano & Miles, 2017). Even further, there is a scant literature focused on minority athletes, who are a higher risk for mental health concerns (Ballesteros et al., 2020). More research is needed to understand the experiences of college athletes with mental health, organizational barriers to help-seeking behaviors (Moreland et al., 2018; Sudano & Miles, 2017), and the effects of beliefs on wellness (Turner, 2016). It is acknowledged that some athletic programs support student-athlete mental health and combat the stigma of mental health, (Klenck, 2014; Sudano & Miles, 2017). However, a deeper conceptualization

of how athletes experience mental health and seek support remains unexplored.

Although student-athletes are provided some wrap-around supports from athletic staff, this stigma may prevent student-athletes from seeking support. The perception of mental health challenges for college athletes includes discomfort with the health professionals (Barnard, 2016; Kaier et al., 2015; Moore, 2017; O'Connor et al., 2010) and a negative perception of mental health challenges by athletes which restricts them from using formal mental health supports (Moreland et al., 2018). Given the nature of the student-athlete experience at higher education institutions, mental health deserves primacy amongs other holistic aspects of their experience. The purpose of this descriptive phenomenological qualitative study was to explore the ways in which Division I undergraduate students-athletes experience mental health and seek support.

Literature Review

To first understand the mental health concerns of athletes in college environments, literature was explored centering the barriers to seeking mental health counseling and patterns of support seeking behavior. Patterns of mental health described challenges among student-athletes such as anxiety and depression. Research about helping patterns also identified sources of support. The research also highlights resistance towards some of these proactive help seeking behaviors to negotiate mental health challenges.

Student-Athlete Mental Health

Athletes are more at risk for mental health problems than their non-athlete peers, including depression, substance abuse, alcohol abuse, and disordered eating (Moore, 2017; Turner, 2016). There are differences in the ways non-athletes and student-athletes experience mental health and seek supports (López & Levy, 2013; Watson, 2005). High-performing student-athletes who make an

all-conference team, are less likely to report that they have symptoms of a negative mental health (Cromer et al., 2017). Kaier et al. (2015) reported that 10-15% of collegiate athletes experience mental health challenges significantly enough to qualify for psychological services. They are perceived as more likely to intersect with mental health because of the amount of stress they encounter related to their experience as a student-athlete (Kaier et al., 2015). When treating athletes anxiety and depression, athletes will often demonstrate comorbidity (show symptoms for another diagnosis) such as obsessive-compulsive disorder (OCD) (Cromer et al., 2017).

Student-athletes experience psychological disturbances caused by stressors that are related to the demands of the competitive sport and competition (Barnard, 2016). These stressors include academic challenges, travel, time compression, or even competition pressure if they experience injuries which require rehabilitation (Kaier et al., 2015). Additionally, suicidal ideation is a significant concern among student-athletes (Moore, 2017). Self-identification as a “jock,” is associated with depression/suicidal behavior outcomes (Miller & Hoffman, 2009).

Depression is the most common challenge for student-athletes (Sudano et al., 2017). Moore (2017) found that about 33% of Division I athletes identify themselves with depression, 23% of Division I athletes met the criteria for clinical help for their depression, and 26% of all college athletes felt that they needed mental health treatment. Women student-athletes self-report higher frequency of episodic depression than non-athletes (Armstrong & Oomen-Early, 2009) and eating disorders (Greenleaf et al., 2009), particularly at the Division I level.

Depression, disordered eating, substance misuse, and suicidal ideation are alarming concerns from collegiate athletes considering their lack of mental health services utilization (Moore, 2017; Turner, 2016). This lack of engagement with support services such as counseling among ath-

letes also impacts their mental health as they navigate performance, career transition, and personal life issues (Turner, 2016). Student-athletes' perceptions of mental health impact their disclosure and use of services. This lack of targeted and directed support for student-athletes is also an issue of salience as indicated by additional research.

Student Athlete Support Seeking Patterns

There are barriers to accessing support as student-athletes are hesitant in seeking help for their mental health (López & Levy, 2013). Also, the stigma of mental health is a barrier for athletes to seek treatment (Moreland et al., 2018). The stigma surrounding mental health could contribute to the perceived and actual expectation for mental toughness within athletics, but it could also contribute to the athletes' perceptions about seeking help (Kaier et al., 2015; Moore, 2017). Coaches along with the supporting athletic staff believe and teach athletes to demonstrate mental toughness, which results in athletes' minimizing the symptoms of their mental health concerns (Moore, 2017). In addition, athlete's attitudes and perceptions can be influenced by stakeholders such as coaches or graduate assistants (Moreland et al., 2017).

College athletes are taught to believe that it creates “good” team culture if they are mentally tough (Moore, 2017). Athletes feel they will be seen as weak or as a failure if they disclose their mental health (Moore, 2017). Student-athletes are socialized into masculine norms and those on teams with more hypermasculine cultures are less likely to seek mental health supports (Steinfeldt & Steinfeldt, 2012). These sorts of masculine norms and mental health stigma are more common on football teams (Steinfeldt et al., 2009).

Therefore, student-athletes have a difficult time recognizing their own mental health symptoms or when they should seek help; they often do not know if what they are feeling is normal or abnormal because of the stress they encounter daily (Moore, 2017; Putukian, 2016). This uncertainty about mental health status from an athlete can

suppress mental health disclosure which Sharpe (2014) identified as a major challenge. However, when student-athletes do seek supports, there are often additional concerns about perceptions by others.

Student-athletes frequently refuse to seek help from mental health professionals because of the public perceived stigma (PPS) that surrounds mental illness (Kaier et al., 2015; Sharpe, 2014). Mental health professionals have been found not to discriminate towards athletes based on their mental health status (Barnard, 2016). However, athletes are still concerned about the PPS with counseling (Kaier et al., 2015). Division I athletes are more vulnerable to the fears of PPS with being in the public eye than Division II or III athletes regardless of team or individual sport (Kaier et al., 2015). Male and female Division I athletes cite extreme pressures to perform and fear PPS more because they feel counseling will negatively impact their athletic performance or reduce their playing time (Kaier et al., 2015). Athletes are also worried about how they think others view them on campus, so they will also seek more informal supports of other staff (Kaier et al., 2015).

In place of counselors, physical therapists and athletic trainers support student-athlete mental health by creating short-term goals and helping them manage their anxiety and emotions when overcoming an injury (Arthur-Cameselle & Baltzell, 2011; Clement et al., 2013; Zakrajsek et al., 2016). These services are limited as less than half of athletic trainers use screening instruments to assess mental health of athletes (Sudano & Miles, 2017). Student-athletes are also concerned about privacy and confidentiality when they seek a mental health counselor and negative stigmas may prevent utilization (Barnard, 2016; Kaier et al., 2015). They worry that this may reduce their “playing time,” athletic scholarships, and relationships with their teammates, and be a disappointment to their coaches (Moore, 2017).

Student-athletes feel more comfortable seeking services that are related to academic and ath-

letic growth and are more likely to feel less comfortable seeking services that are related to their mental health (Moore, 2017). They also prefer same-gender counselors (López & Levy, 2013) and athletic trainers for “intimate-area” injuries (O’Connor et al., 2010), but both prefer a female counselor for depression (Lubker et al., 2012; Maniar et al., 2001). Student-athletes also demonstrate preferences for mental health counselors based on familiarity with their specific sport, gender, and age (López & Levy, 2013). They hold primacy for those that had a sports-related background (Moreland et al., 2018). Student-athletes are more likely to seek professional mental health counseling if the barriers of time and social stigma are reduced (López & Levy, 2013). Other factors improve this if there is support from others, strong relationships with the mental health professional, positive interactions with the provider, and positive social support (Gulliver et al., 2012).

Mental health challenges carry a stigma that is directly related with the underutilization of mental health services (Kaier et al., 2015). Thus, student-athletes are less likely to seek supports, even though they are increasingly more vulnerable than their non-athlete peers because of their academic competition or schedule compression, competitive pressure, and masculine culture regardless of gender. Past studies are typically quantitative and describe student mental health and individual perceptions as barriers to seeking support. However, some research suggests that this is particularly problematic at the Division I level (Watson & Kissinger, 2007). To gain a deeper understanding, this phenomenological qualitative study further explored experiences with mental health and supports among student-athletes at the Division I level.

Methods

Research Design

This was a descriptive phenomenological qualitative study (Patton, 2012) which explored

the ways in which undergraduate student-athletes seek mental health support at mid-sized, Division I institutions. This research design was selected because it centers participant voice, which allows the researchers to empathically listen to how they describe their experiences and engage in meaning making (Giorgi, 2009). Similar approaches have been used to develop a nuanced understanding of student-athlete mental health (Gulliver et al., 2012; Putukian, 2016) at the Division I level. Findings were conceptualized through the interpretive relativist ontology paradigm in which epistemology assumes that the researcher cannot separate themselves from what they know (Patton, 2012). This study was guided by the following research questions: (1) How do Division I student-athletes describe their experiences with mental health?; and (2) How do Division I collegiate student-athletes use any mental health supports?

Positionality

In qualitative methodology researchers should disclose their biases and perspectives (Patton, 2012). All three of the authors are active student affairs educators and researchers. All three have previously served as athletic academic advisors and identify as heterosexual, cisgender scholar-practitioners. The first author identifies as Latino male, the second author is a White woman, and the third is a biracial woman. The authors acknowledge their own experiences in supporting those with mental health challenges as wounded-healers. Therefore, positionalities may limit their perspectives and require them to continually deconstruct internalized oppression, which promote healing, student learning, and development.

Participants

Participant recruitment was facilitated using snowball sampling using procedures outlined by Jones et al. (2014) for historically marginalized and underrepresented populations to construct an intentional purposive sample ($n = 8$). Inclusion criterion included active undergraduate stu-

dent-athlete status in good academic standing. Each of these participants was assigned a pseudonym to ensure confidentiality (see table 1). All participants were student-athletes from two different Midwestern “mid-major” Division I institutions and represented five sports. No participants were on the same team at their institution. Most of these students originated from major urban centers across the Midwest.

Data Collection

Participants were solicited through email after referral until there was saturation of the data as suggested by Patton (2012) which occurs when no new data is obtained and there is “data satisfaction.” A semi-structured interview guide with probing questions varied slightly between participants depending on comfort level and rapport during each individual interview which lasted approximately 60 minutes. The topics explored through the interview guide were informed by previous research related to mental health support seeking patterns (Gulliver et al., 2012). Clarification of meaning was used when vague language was introduced by the participants or when they used institutional specific vernacular. Participants were interviewed by a singular primary researcher in which results were not a single or double-blinded to the other study researchers. Interviews took place on campus to facilitate increased authenticity of responses in which they were presented with a standard informed consent form. Transcription of the interviews was performed by a professional third party for data analysis.

Data Analysis

To explore experiences with mental health, the descriptive psychological phenomenological method was selected. This method is, “more appropriate for psychological analyses of human beings since the purpose of psychology as a human science is precisely the clarification of the meanings of phenomena experienced by human persons” (Giorgi, 2009, p. 98). Data analysis followed

the five-step process which begins with bracketing of a *priori* knowledge and assumptions, then concludes with imaginative variation to distinctively explicate the structures of participant experiences as organizing heuristic (Giorgi, 2009). Within this approach, the “voice” of the participant is sacrosanct, in that, their viewpoint should not be abstracted in their own meaning making of experiences. Three levels of coding were used to generate final themes through interpretive phenomenological analysis (Giorgi, 2009). Meaning units were identified through initial coding, which begins as line-by-line open coding, secondary coding used axial coding in which open codes are grouped into more abstract/complex categories, and then selective coding was used to collapse themes (Patton, 2012). The following Jones’ et al. (2014) trustworthiness strategies were employed: (1) an external auditor who was a retired university professor from a student affairs graduate program with a *priori* experience and knowledge in that area; (2) a subject matter expert who assisted in reviewing and questioning the main themes and questions to clarify researcher bias; and (3) member checking using the interview transcript data.

Findings

Each participant shared their experiences and perspectives with mental health and described the different ways in which they sought support. Student-athletes sought informal support and often felt pressured to hide their mental health to not appear as “weak.” They highlighted a larger culture of silence about the issue within athletics which may influence their learning.

Got Me in My Feelings

The student-athlete participants described the time demands of being a Division I college student-athlete. The participants revealed that many mental health concerns stemmed from adjusting to the rigor and demand of intercollegiate athletics, managing their time between their ath-

letic and academic responsibilities, and living up to the expectations of others. The participants in this study shared that being a Division I collegiate student-athlete was a distinctive experience compared to other college students as, “with college it’s like it’s a 24/7 type of job... I guess you have more riding on it...”

Participants discussed both positive and negative “pressures” associated with their experience which was aptly described by participant H as, “Like anything else there’s kind of ups and downs with it. I think to have an opportunity to do it, especially the sport you love, is awesome. At times it can be tough...” One the more salient challenges that student athletes cited was their compressed schedules which they cited caused significant pressures for them, leading to anticipatory anxiety. Participant B shared:

And, you know, it’s a full-time commitment...I feel stressed all the time, but it just feels like everything is moving at 100 miles an hour, and you’re expected to do everything at 100 miles an hour, but your body is going at two miles an hour if that makes sense as an analogy. I just – I’m not keeping up with everything around me, and it just – a lot of anxiety, and it’s just very hard to try to stay calm.

Their initial stress was just getting playing time or their transition to college. All participants disclosed that they had to adjust to both athletics and academic obligations. Participant C stated:

...but when you get to college it’s a huge reality and gut-check I feel like because you’re the best one on your team usually when you’re going to college. Then when you get to college and realize that, hey, everyone who is in college was the best ones on their teams in high school.

Student-athlete participants reported that at a young age, through participation in sport, they were taught to be tough and push through adversity. As a result, participants viewed seeking help,

as a sign of weakness. Participant E explained that the expectation of being a student-athlete is to be tough and dealing with mental health challenges would portray her as “weak.”

...as an athlete in general, you’re expected to be tough, that’s one of the reasons that you play sports, you’re expected to always win and excel...So, as a student-athlete, you’re representing more than just yourself. So, sometimes in society, a mental illness is deemed as weak, and that’s just not the type of stereotype that we’re used to having.

Participants felt that societal standards heavily influenced their perception of mental health. All male participants expressed that they were taught to be tough and not show emotion, which would also result in being perceived as weak.

Men are supposed to be really masculine, I guess. It’s kinda – it’s seen as weak – or it’s not even seen as weak, it’s kinda like this seed that’s planted in our minds that, if you’re going through something with sports or anything else, it’s kinda weak to speak to somebody like coach or somebody else, because you’re a man, you’re supposed to deal with it...So, I think that’s what it is. It is definitely that. I dunno about females...

Male athletes did not want to appear vulnerable and felt any emotions such as crying or would make others think they were a less capable competitor. Women athletes also expressed the same sentiments, but often privately expressed emotions. Both men and female felt they had to strong despite their various schedule pressures and to always “push through.”

I Thought You Were the One from The Jump That Confirmed It

The student-athletes in this study expressed that they typically sought informal supports, rather than more formal supports such as the counseling center. They often spoke to their assistant coaches, graduate assistants, physical trainer, and

the sports psychologist for support about mental health issues. Mostly they suggested they discussed performance issues, but also confided in them about their anxiety, episodic depression, and interpersonal relationships. They all often went to the same athletic staff member from “the jump off” as cited by Participant F. Other participants cited they spoke to their parents as a source of support. However, when student-athletes confided in others, it was to indicate they “had everything under control.” Participant B stated that:

...I feel like there is again a lot of pressure, and then they don’t want to be embarrassed. They don’t want people to know that they have problems, or that they’re depressed, or they have anxiety. That’s just something that you don’t want people to know when – maybe they’re just too afraid – even for me personally, I don’t want people to know that I get upset or depressed about things sometimes. So, it just kinda not admitting to it. It’s hard.

Participants explained that they felt supported by athletic department staff but understood that many of them may lack the experience or knowledge in helping with mental health concerns. However, like having coaches available for various needs, the student-athlete participants felt that most of their needs can be met within the department of athletics. The participants reported that they rarely sought support or resources outside of the athletic department.

Formal supports for student-athletes were intimidating and made them feel like a failure. It suggested to them that they were “weak.” The student-athlete participants reported to know little about counseling services on campus. The participants revealed that they do not utilize this resource at their institution, nor had they heard of their athlete peers using it. Participants discussed that some of the reasons for not using counseling services were that they knew little about this service, were unable to locate this resource on campus, and they would not feel comfortable using the

services for fear of judgement from their peers. None of the participants had ever been to counseling.

There was a distrust of mental health counselors in which participants also cited a lack of availability because of their busy schedules. They admitted that they had no idea about all the programming or services in a counseling center, the hours, or location. The student-athletes participants reported they would not use counseling services, because they would not feel comfortable. Participants revealed that there is reservation in the thought of talking to someone they do not know about very personal topics. Participants also did not like to talk to others about problems in general out of fear of being judged. Participant G shared:

I don't like feeling like I'm being judged. And I also just don't like talking to random people that I don't know that well about my problems, so it would take a lot for me to actually go.

One participant attempted to go to counseling, but then walked out. They stated:

They probably think of it like a – probably like a shrink trying to fix them or something like that. I mean, that's how I thought about when I first came in. I mean they – I feel like a lot of them probably see it as – I don't know – as a weakness, I don't know. That's probably what I felt like when I first walked in. It was like – I felt like it was me surrendering and labelling myself, "alright, I have this, I have something wrong," which I think can help, but it's also a sign – it's – you don't want to admit it.

The student-athletes shared the fear of how so many different individuals would react if they knew they were going to counseling and how that would impact their future. Participants also recognized the small community of student-athletes that exists and the pressure to preserve your dignity in front of those individuals for fear of nega-

tive reprisal and judgement from within members of this community. The students often responded with, "what will others think..." and then named specific teammates. Participant F expressed this worry with, "I think just the constant fear of how other people are going to judge you or perceive you and how you feel like it will impact your future."

Participants felt that student-athletes experience pressure and embarrassment in admitting they struggle with their mental health. Participants reported the concern of others "catching" them going to counseling services. However, in seeking informal supports, student-athletes also worried about how it impacts their playing time. Participant C added, "... but that can be tough at times because the coach, they can see that as someone that's not really healthy and shouldn't play or stuff like that....".

The student-athletes discussed their social stigma towards mental health and were uncomfortable with counseling. They did want anyone to know they might be experiencing mental health challenges because they feared they would be judged. There were apprehensions about any public mental health issues. The athletes instead discretely used informal support systems that were immediately available to them to navigate their mental health challenges.

I See That You've Been Learning

Participants reported that being a college student-athlete also comes with great academic responsibilities. These students-athletes recognized that they were expected to excel in the classroom just as much as they did on the athletic field. Falling below designated NCAA academic standards could render these students ineligible from participating in athletics. They struggled to find the balance between academics and athletics. For example, participants experienced anxiety not knowing what their academic schedule and demands look like prior to each semester and found it difficult to exceed in the classroom when missing class due to athletic participation. Several shared examples

of missing class and having to track down notes, causing them more stress.

They also felt as if mental health warrants further attention and that they were marginalized in the larger university initiatives to address other issues on campus. Participant A added, “But they kinda overlook student-athletes, I guess, in the aspect of we’re supposed to be strong athletes...” Participants expressed the need for mental health to be discussed and how athletic departments encourage them to simply ignore and persist through the mental health issue. Participant G stated:

I think that a lot of student athletes view having mental health issues or addressing these mental health issues as weak, but then the people that do address them are applauded, but that doesn’t – that applauding doesn’t – is not spread throughout the entire athletics program. I think a lot of times they tell us to just push through it and that it’ll be fine, but in reality it’s not, and sometimes we do need help.

The student-athlete participants in this study revealed that neither the topic of mental health, nor the resources and support, are discussed within their athletics department. All of the student-athletes believed that their athletic department neither showed student-athletes where to go for mental health support, nor openly discussed the topic of mental health. Participants believed there is a mental health stigma that exists within the department of athletics at their university. These individuals perceived mental health issues and concerns as having a problem and being weak. Participant E stated: “...because it’s not widely done and widely talked about and it’s not – doesn’t really have a high acceptance within athletics programs, people don’t do it a lot.”

Participants all expressed wanting to better understand mental health because in athletics they felt if they better understood, they could find better approaches to discretely cope with it and still appear “strong.” One participant believed that student-athletes were not aware of the informa-

tion about mental health. Participant noted this as, “It may not just be brought up enough, and I don’t know about if student athletes know about the awareness.” Participants encouraged institutions and athletic departments to discuss the topic of mental health to make student-athletes more comfortable talking about it in effort to break the stigma and culture of silence.

I feel like just the best way is keep bringing it up and just making them feel comfortable about talking about it because it’s such a taboo topic. But I feel like a lot of colleges, especially here, they’re being better about talking about this, bringing in speakers...But I feel like just being able to make it less taboo and more open about talking about it, I feel like that could help some people come forward and actually get it fixed.

Participants expressed a need for greater awareness, normalization of mental health, and were open to learning more about it. Mental health awareness was not formalized into any programming or outreach as they described daily frustrations negotiating their academics and athletic competition. The student-athletes were expected to conform to an organizational culture that avoids acknowledgement of mental health and did not feel safe openly discussing their personal mental health challenges with most athletic staff.

Discussion

Division I student-athletes perceived their anxiety and depression or other mental health issues as a weakness. They shared tensions of schedule compression and pressures to be strong; this perception was congruent with traditional gender roles. Participants also suggested their athletics departments did not encourage open discussion of mental health and highlighted a hypermasculine culture. They spoke of being nervous to seek support from direct authority. The student-athletes shared a perceived social stigma as well as fear of potential negative consequences, such as losing

playing time. Instead, the student-athletes seek informal support from athletics trainers, parents, or the sports psychologist or engage in avoidance as a coping strategy.

The participants addressed the first research question through their description and exploration of the intersection of student-athlete and mental health. The student-athletes in this study appeared reluctant to disclose their own experiences with mental health for fear of personal self-stigma, but disclosed experiences with anxiety and stress mostly related to their schedule compression and athletic competition. The ways in which they accessed supports addressed the second question in which the student-athletes only engaged with informal supports. Participants had negative perceptions about mental health counseling because of stigma. These salient findings support and build on previous research (Beauchemin, 2014; Clement et al., 2013).

This also furthers existing research which suggested that athletic departments lack available supports with dedicated mental health professionals as students in the study identified not having available formal supports (Kroshus, 2016). The primary finding from this study suggested that student-athletes reported fewer positive attitudes towards seeking help. This is comparable with existing research which compares their non-athlete peers and held associated stigma with mental health and counseling services (Beauchemin, 2014; Komiya et al., 2000; Vogel et al., 2007; Watson, 2005). This stigma of seeking mental health counseling is particularly salient for students of color (Masuda et al., 2012). The participants often expressed preference to seek support from the sports psychologist as student-athletes were more willing to consult with sport professionals (López & Levy, 2013; Maniar et al., 2001).

The student-athletes in this study were apprehensive about self-stigma as well as public perceived stigma which served as barriers to seeking formal support (Masuda et al., 2012). Gulliver et al. (2012) found that stigma was a significant

perceived barrier in addition to lack of education about mental health and negative past experiences of seeking help in a sample of high-achieving student-athletes. Student-athletes in this study cited they did not want to appear vulnerable or “weak” to disappoint their coach (Moore, 2017), describe the environment as a hypermasculine culture (Steinfeldt & Steinfeldt, 2012), and did not want to disappoint their teammates (Moore, 2017). Findings from this study also highlighted the significance of the role of an athletic trainer in the lives of collegiate athletes. It is stressed that the athletic trainers are identified by students as student-facing informal supports (Clement et al., 2013). This study highlights important implications for practice.

There are both individual and cultural barriers that should be addressed to better support access to mental health support for student-athletes. Individual barriers included underutilization of counseling services because of discriminating preferences for a sports professional or former athlete and discomfort with discussing personal topics with unfamiliar individuals. Some institutions lack the appropriate services that athletes often need, such as confidentiality, cultural sensitivity, and convenient services to the athlete (Moreland et al., 2018). Therefore, institutions should consider complementing a clinical sports psychologist with either a specific counselor or provide blocks of availability for student-athletes, depending on university resources.

One cultural barrier was that participants described a hypermasculine socialization in which self-disclosure of mental health is perceived as a “weakness.” Therefore, cross-functional area collaboration on educational programming should center addressing mental health normalization and mental health stigma specifically with athletic departments (Ballesteros et al., 2020; de Souza et al., 2019; Klenck, 2014; Turner, 2016). Introductions of college student-athletes to the role of campus counseling services should be included as part of a mental health educational program (Klenck, 2014). Through collaborative efforts with univer-

sity counseling services (Klenck, 2014; Sudano & Miles, 2017), higher education institutions can work toward breaking down the mental health stigma (Sharpe, 2014) and altering the perception of mental health support among student-athletes as well as athletic department staff.

Researchers found that the participants frequently used informal supports, particularly the athletic trainers. Such staff should be trained in counseling micro skills to be aware of the psychological status of their athletes to triage or refer them to counseling services (Clement et al., 2013; de Souza et al., 2019). The NCAA also provides guidance on additional best practices that emphasizes the need for mental health providers and supports to be easily accessible to all student-athletes (Sudano et al., 2017). The NCAA strongly encourages institutions to employ a mental health professional relating to sport psychology; this could even be a certified athletic trainer who specializes in mental health (Zakrajsek et al., 2016).

There are limitations associated with the study and its findings. This study featured a heterogeneous sample drawn only from Division I institutions located in the Midwest. This may limit the transferability of the sample. The researchers of this study are faculty members and may have a *priori* participant knowledge which may have influenced the responses of the participants. Also, some participants may have selectively disclosed because of fear of stigma. Given these considerations, the results are not necessarily transferable across all student-athlete populations and their experiences with mental health and seeking support. Future research should address the limitations of this research study and explore mental health and support services among specific populations of student-athletes, particularly among students of color.

Conclusion

This study explored how Division I student-athletes describe their experiences with men-

tal health and seek support. Student-athletes in this study coped with generalized anxiety, episodic depression, and stress from their schedule compression but sought informal support because of the fear of stigma. Attempts to formalize the ways in which student-athletes seek mental health support should continue to be grounded in the findings of this study, NCAA practice recommendations, and additional research. Understandably, constraints within institutional resources and funding vary at each campus and may limit the capacity for such support. However, initiating the conversation about mental health among student-athletes will introduce the reality for student-athletes and dissipate the associated stigma. Additional research should examine how student-athletes of different genders and multiple identities navigate mental health and support services across collegiate athletics at different division levels.

References

- Armstrong, S. & Oomen-Early, J. (2009). Social connectedness, self-esteem, and depression symptomatology among collegiate athletes versus non-athletes. *Journal of American College Health, 57*, 521-526. DOI: 10.3200/JACH.57.5.521-526
- Arthur-Cameselle, J.N., & Baltzell, A. (2011). Learning from collegiate athletes who have recovered from eating disorders: Advice to coaches, parents, and other athletes with eating disorders. *Journal of Applied Sport Psychology, 24*(1), 1-9. <https://doi.org/10.1080/10413200.2011.572949>
- Ballesteros, J. & Tran, A. G. T. T. (2020). Under the face mask: Racial-ethnic minority student athletes and mental health use. *Journal of American College Health, 68*(2), 169-175. <https://doi.org/10.1080/07448481.2018.153>
- Barnard, J. D. (2016). Student-athlete's perceptions of mental illness and attitudes toward help-seeking. *Journal of College Student Psychotherapy, 30*(3), 161-175. <https://doi.org/10.1080/87568225.2016.1177421>
- Beauchemin, J. (2014). College student-athlete wellness: An integrative outreach model. *College Student Journal, 48*(2), 268-280.
- Clement, D., Granquist, M. D., & Arvinen-Barrow, M. M. (2013). Psychosocial aspects of athletic injuries as perceived by athletic trainers. *Journal*

- of *Athletic Training*, 48(4), 512-521. <https://doi.org/10.4085/1062-6050-48.3.21>
- Cromer, L., Kaier, E., Davis, J.L., Stunk, K., & Stewart, S.E. (2017). OCD in college athletes. *The American Journal of Psychiatry*, 174(6), 595-597. <https://doi.org/10.1176/appi.ajp.2017.16101124>
- de Souza, N. L., Esopenko, C., Conway, F. N., Todaro, S. M., & Buckman, J. F. (2019). Patterns of health behaviors affecting mental health in college athletes. *Journal of American College Health*, Ahead-of-Print, 1-8. DOI: 10.1080/07448481.2019.1682591
- Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserlian approach*. Duquesne University Press.
- Greenleaf, C., Petrie, T. A., Carter, J., & Reel, J. J. (2009). Female collegiate athletes: Prevalence of eating disorders and disordered eating behaviors. *Journal of American College Health*, 57(5), 489-496. DOI: 10.3200/JACH.57.5.489-496
- Gulliver, A., Griffiths, K. M., & Christensen, H. (2012). Barriers and facilitators to mental health help-seeking for young elite athletes: A qualitative study. *BMC Psychiatry*, 12(157), 1-14. <https://doi.org/10.1186/1471-244X-12-157>
- Jones, S. R., Torres, V., & Arminio, J. (2014). *Negotiating the complexities of qualitative research in higher education: Fundamental elements and issues* (2nd ed.). New York, NY: Routledge.
- Kaier, E., Cromer, L. D., Johnson, M. D., Strunk, K., & Davis, J. L. (2015). Perceptions of mental illness stigma: Comparisons of athletes to nonathlete peers. *Journal of College Student Development*, 56(7), 735-739. <https://doi.org/10.1353/csd.2015.0079>
- Klenck, C. (2014). Best practices for athletics departments. In G. T. Brown, B. Hainline, E. Kroshus, & M. Wilfert (Eds.), *Mind, body, and sport: Understanding and supporting student-athlete mental wellness*. NCAA. <http://www.ncaapublications.com/productdownloads/MindBodySport.pdf>
- Komiya, N., Good, G. E., Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counseling Psychology*, 47(1), 138-143. <https://doi.org/10.1037/0022-0167.47.1.138>
- Kroshus, E. (2016). Variability in institutional screening practices related to collegiate student-athlete mental health. *National Athletic Trainers' Association*, 51(1), 389-397. <https://doi.org/10.4085/1062-6050-51.5.07>
- López, R. L., & Levy, J. J. (2013). Student athletes' perceived barriers to and preferences for seeking counseling. *Journal of College Counseling*, 16(1), 19-31. <https://doi.org/10.1002/j.2161-1882.2013.00024.x>
- Lubker, J. R., Visek, A. J., Watson II., J. C., & Singpurwalla, D. (2012). Athletes' preferred characteristics and qualifications of sport psychology practitioners: A consumer market analysis. *Journal of Applied Sport Psychology*, 24(4), 465-480. <https://doi.org/10.1080/10413200.2012.694968>
- Maniar, S. D., Curry, L. A., Sommers-Flanagan, J. Walsh, J. A. (2001). Student-athlete preferences in seeking help when confronted with sport performance problems. *The Sports Psychologist*, 15, 205-223. <https://doi.org/10.1123/tsp.15.2.205>
- Masuda, A., Anderson, P. L., & Edmons, J. (2012). Help-seeking attitudes, mental health stigma, and self-concealment among African American college students. *Journal of Black Studies*, 43(7), 773-786. <https://doi.org/10.1177/0021934712445806>
- Miller, K. E., & Hoffman, J. H. (2009). Mental well-being and sport-related identities in college students. *Sociology of Sport Journal*, 26, 335-356. <https://doi.org/10.1123/ssj.26.2.335>
- Moore, M. (2017). Stepping out of their comfort zone: Perceptions of seeking behavioral health services amongst college athletes. *Journal of Issues in Intercollegiate Athletics*, 1(Special Issue), 130-144. http://csri-jiaa.org/wp-content/uploads/2017/07/JIAA_2017_SI_08.pdf
- Moreland, J. J., Cox, K. A., & Yang, J. (2018). Collegiate athletes' mental health services utilization: A systematic review of conceptualizations, operationalizations, facilitators, and barriers. *Journal of Sport and Health Science*(1), 58-69. <https://doi.org/10.1016/j.jshs.2017.04.009>
- National Collegiate Athletic Association (NCAA). (2018). *NCAA Public Home Page - NCAA.org*, National Collegiate Athletic Association. Retrieved from www.ncaa.org
- O'Connor, C., Grappendorf, H., Burton, L., Harmon, S. M., Henderson, A. C., & Peel, J. (2010). National collegiate athletic association division I football players' perceptions of women in the athletic training room using a role congruity framework. *Journal of Athletic Training*, 45(4), 386-391. <https://doi.org/10.4085/1062-6050-45.4.386>
- Patton, M. Q. (2012). *Qualitative research and evaluation methods* (3rd ed.). Sage.
- Putukian, M. (2016). The psychological response to injury in student athletes: A narrative review with a focus on mental health. *British Journal of Sports Medicine*, 50(3), 145-148. <https://doi.org/10.1136/>

- bjsports-2015-095586
- Sharpe, R. (2014). Solving the mental health puzzle. In G. T. Brown, B. Hainline, E. Kroshus, & M. Wilfert (Eds.), *Mind, body, and sport: Understanding and supporting student-athlete mental wellness*. NCAA. <http://www.ncaapublications.com/productdownloads/MindBodySport.pdf>
- Steinfeldt, J. A., & Steinfeldt, M. C. (2012). Profile of masculine norms and help-seeking stigma in college football. *Journal of Sport, Exercise, and Performance Psychology, 1*(1), 58-71. <https://doi.org/10.1037/a0024919>
- Steinfeldt, J. A., Steinfeldt, M. C., England, B., Speight, Q. L. (2009). Gender role conflict and stigma toward help-seeking among college football players. *Psychology of Men & Masculinity, 10*(4), 261-272. <https://doi.org/10.1037/a0017223>
- Sudano, L. E. & Miles, C. M. (2017). Mental health services in NCAA Division I athletics: A survey of head ATCs. *Sports Health, 9*(3), 262-267. DOI: 10.1177/1941738116679127
- Sudano, L. E., Collins, G., & Miles, C. M. (2017). Reducing barriers to mental health care for student-athletes: An integrated care model. *Families, Systems, & Health, 35*(1), 77-84. <https://doi.org/10.1037/fsh0000242>
- Taylor, A. (2014). Game face is not the only face. In G. T. Brown, B. Hainline, E. Kroshus, & M. Wilfert (Eds.), *Mind, body, and sport: Understanding and supporting student-athlete mental wellness*. NCAA.
- Turner, M. J. (2016). Rational emotive behavior therapy (REBT), irrational and rational beliefs, and the mental health of athletes. *Frontiers in Psychology, 7*, Article 1423. <https://doi.org/10.3389/fpsyg.2016.01423>
- Vogel, D. L., Wade, N. G., Hackler, A. H. (2007). Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. *Journal of Counseling Psychology, 54*(1), 40-50. <https://doi.org/10.1037/0022-0167.54.1.40>
- Watson, J. C. (2005). College student-athletes' attitudes toward help-seeking behavior and expectations of counseling services. *Journal of College Student Development, 46*, 442-449. <https://doi.org/10.1353/csd.2005.0044>
- Watson, J. C., & Kissinger, D. B. (2007). Athletic participation and wellness: Implications for counseling college student-athletes. *Journal of College Counseling, 10*(2), 153-162. <https://doi.org/10.1002/j.2161-1882.2007.tb00015.x>
- Zakrajsek, R. A., Martin, S. B., & Wrisberg, C. A. (2016). National collegiate athletic association division I certified athletic trainers' perceptions of the benefits of sport psychology services. *Journal of Athletic Training, 51*(5), 398-405. <https://doi.org/10.4085/1062-6050-51.5.13>

Table 1*Participant Demographics*

<u>Participant</u>	<u>Race/Culture</u>	<u>Gender</u>	<u>Academic Level</u>	<u>Sport</u>	<u>Redshirt</u>
Participant A	White	Female	Senior	Track & Field	Yes
Participant B	Bi-Racial (African American/White)	Female	Junior	Volleyball	No
Participant C	African	Male	Sophomore	Basketball	No
Participant D	White	Male	Junior	Golf	No
Participant E	African American	Female	Junior	Basketball	No
Participant F	Multiracial (White, Black, French Creole)	Male	Sophomore	Baseball	No
Participant G	African American	Male	Sophomore	Track	No
Participant H	White	Female	Freshman	Volleyball	No
