

The Prevalence of and Issues Associated with the Help Seeking Behavior among  
College Student-Athletes

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**Dedication**

Boston & Braylen:

This is for us... WE did it!

Don:

Forever and a day longer...

9/17/1974- 11/4/2010

My Parents:

Thank you for being my Why

### **Acknowledgements**

First and foremost, thank you to my advisor, dissertation chair, and amazing mentor Dr. Don Mills. Your guidance, wisdom, and unwavering belief in me has carried me to this point in my journey. I will forever tell stories about the man that believed I could accomplish anything no matter how many times I questioned the logic. Thank you for climbing to the summit alongside me-- there are not enough words to express my overwhelming gratitude.

To my dissertation committee, thank you for your leadership and expertise. I respect you all a great deal- thank you for taking the time and sharing your knowledge with me over the last four years. I am better for having known each of you.

To Kathy Cavins-Tull and Ashley Tull, thank you for being members of my tribe and for not only caring about me and my goals but also taking the time to care for my children while I took on this incredibly challenging feat.

To my inner circle, thank you for sticking by me through this from start to finish. God has blessed me with such wonderful friends- and I treasure each of you in such a special way.

To Trung and Jay... To the summit we climbed- check out this view!

To my mom (Diane), I can't thank you enough. You have read (and re-read) every last page of this dissertation (and every paper before that). Thank you for being on the other end of the phone every time I needed to talk about every last detail (ad nauseam). You are truly the greatest mother a girl could ask for.

We just crossed the finish line daddio!!!! Thank you for cheering me on from the start of the race to the end of the race- I hope I have made you proud. I am the luckiest girl in the world to be able to call you my dad.

To my children, thank you for being so patient while I took on this all-encompassing task. We did this together and that makes it all the more special.

Last but not least, Don. My angel in heaven- my greatest love story. I did it. I really did it. Forever and a day longer. 9/17/1974-11/4/2010

### **Abstract**

Division I student-athletes are faced with unique and sometimes stressful college experiences. They are expected to meet the academic rigors associated with attending college while also excelling in their team sport. And yet, research reported by the NCAA (2016) indicates student-athletes are less likely to seek mental health counseling than their non-athlete counterparts for issues related to depression and anxiety. The hesitation to seek mental health counseling has been attributed to the athletic culture, influences of those close to the student-athlete, and a lack of resources. In order to best assist student-athletes with mental health related concerns, including performance anxiety, one must first hear their narratives. A mixed-methods research study was conducted to explore the prevalence of and issues associated with help-seeking behavior of college student-athletes. The results of this study indicated that while student-athletes struggled with the same mental health concerns of their non-athlete counterparts, they had an increased pressure of maintaining their student-athlete identity. The challenge in addressing their mental health needs was due to the lack of time available for anything other their academic and athletic commitments. The most desired (and possibly most effective) solution in accommodating the emotional and mental health needs of this unique student population was being able to seek mental health services within the confines of the athletic department. This location was found to be a safe place in which student-athletes spent the majority of their time and felt the most connected to the campus, peer group, and stakeholders.

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## **Introduction and Background of the Study**

On January 17, 2014 Madison "Maddy" Holleran left a note and a bag of gifts for her family where they could be easily found in a parking garage in downtown Philadelphia. She wrote, "I thought how unpleasant it is to be locked out, and I thought how it is worse perhaps to be locked in. For you mom...the necklaces...For you, Nana & Papa...Gingersnaps (always reminds me of you)...For you Ingrid...The Happiness Project. And Dad...the Godiva chocolate truffles. I love you all...I'm sorry. I love you" and then jumped off the ninth floor of a parking garage to her death (Egan, 2015, para. 27).

A freshman student-athlete on the University of Pennsylvania (Penn) track team, Maddy Holleran for all intents and purposes appeared to be living the dream. The Instagram photos of Maddy portrayed a young woman who was confident, beautiful, athletic, and presumably happy. Unfortunately, it was all an elusive image. She was living a false reality depicted as perfection on social media.

On November 2, 2013 after placing forty-fourth out of one hundred student-athletes at the Ivy League championship meet, Maddy collapsed. Always a strong finisher, this was unprecedented for Maddy. She held the belief that athletes who collapsed did so because they were ill prepared, not because they were overexerted. But Maddy learned this was not always the case. She was prepared—she was just unable to escape the darkness that surrounded her. She was falling victim to the unseen injury of depression. What her mind could not process, her words tried to articulate as she said, "Mom, I'm just not happy. I'm not right, something is not right" (Fagan, p. 68, para. 2, 2017). The young woman who was once a "star" on the high school track team was no longer crossing the finish line first. Maddy could no longer find fulfillment in what once

brought her joy. Her mother commented, "It started to feel like she didn't see herself as a champion anymore. And she wasn't okay with being good- ever. Good was not good enough" (Fagan, 2017, p. 72).

The academic rigor of Penn was also causing her concern. Maddy confided in her father that she was fearful of failing two of her courses because of the grading curve. To her surprise, Maddy earned a 3.5 GPA her first semester. Her father later said his daughter had lost her confidence and could not give herself credit.

Maddy concluded that in order to be successful in other aspects of her Penn experience, she would need to quit the track team. But quitting was not a word (nor an idea) that Maddy could relate to. She had identified as an athlete for almost her entire life. Who was she if she was not a member of an athletic team? In order to save herself Maddy knew she would need to lose that part of her identity... the part that had once defined her was now the part that was destroying her.

When Maddy returned to Penn for her second semester, she and her mother met with the head track coach Steve Dolan to discuss Maddy quitting the team. She read aloud a thoughtfully crafted two page letter that detailed her struggles during the first semester. One small segment of the letter included, "Thank you for giving me the opportunity to compete for Penn and be a part of the Penn track team, but right now, I'm really not ready to compete. I don't know what the right choice is for me here at Penn, how to be 'happy' again, but I know something needs to change. And if I could pinpoint one aspect of my life leading to where I am now, it would probably be track" (Fagan, 2017, p. 220). The letter went on to apologize for letting others down, but stood firm in her resolve to leave the team in order to find out who Maddy Holleran the person was, not Maddy Holleran the student-athlete.

If only the story would have ended happily there. If only the coach would have said, "Okay, Maddy. I wish you well" and allowed her to exit the room with zero commitment to the Penn track team. If only Maddy would have remained steadfast in her decision to leave the team. The 'if only' narrative could have played out in several different ways with many alternate outcomes. However, the reality of the situation was Coach Dolan allowed her extreme flexibility in practice times, meet schedules, and event types. He further offered to coach her himself due to Maddy not feeling connected to the assistant coach. He encouraged her to first try his proposed solutions before making a final decision to quit the track team. He praised her for her strong abilities and assured her other student-athletes had found the transition from high school to college to be difficult as well. Maddy left the meeting that day as a member of the Penn track team, but also as a defeated young woman. She was in a state of depression that was far greater than any athletic strength that she possessed. The silent injury overtaking every aspect of her psyche was about to be exposed on a grander scale as the final meeting with her track coach hurtled her into a state of despair that would ultimately claim her life.

I showcase Maddy's story not only to draw attention to the reality and significance of mental health concerns among college student-athletes, but also to demonstrate the incongruity between the diagnosis and treatment of physical injuries and the diagnosis and treatment of mental health conditions. If a student-athlete suffers a physical injury it is immediately assessed by countless athletic trainers, team physicians, and outside experts to determine the best course of treatment. Unfortunately, when a student-athlete presents a hidden medical condition (i.e. mental health disorder), it is often not handled with the same sense of urgency (or care). Author Kate Fagan penned, "If most athletic departments' commitment to mental and emotional health were

visualized as a weight room, it would more closely resemble this: a few rusted dumbbells, a cracked mirror, cobwebs, and plenty of open space" (Lozada, 2017, para. 12).

Maddy Holleran was a student-athlete, a scholar, a daughter, an aunt, and a friend. She was beautiful, artistic, creative, determined, and she was depressed. Although we cannot ascertain the exact motivation for Maddy taking her own life, we can study the lives of other student-athletes in order to gain a better understanding of the prevalence of and issues associated with the help-seeking behavior of college student-athletes. It might be too late to save Maddy's life, but there is time to save countless more.

### **Purpose Statement**

The literature maintains that student-athletes access mental health services at a lower rate than other students. The researcher contended this was a result of the environment surrounding the student's identity as an athlete. This study attempted to discern why student-athletes might choose to seek mental health services, and explore the demographics desired when selecting a mental health provider.

### **Guiding Research Questions**

By using quantitative and qualitative methods of research, the researcher provided not only statistical data but also a collection of voices from the student-athletes themselves. The following qualitative research questions were utilized for the study. A sample of the quantitative data that was used in this study and collected by The Healthy Minds Network can be located in Appendix E.

1. What factors encourage student-athletes to seek mental health services?

2. What factors dissuade student-athletes from seeking mental health services?
3. What professional practice and/or personal preferences (including, but not limited to, age, race, location, and expertise) do student-athletes have when seeking a mental health provider?

### **Statement of the Problem**

A 2016 National College Health Assessment underwritten by the American College Health Association (ACHA-NCHA), found that one in three undergraduate students reported “feeling so depressed it was difficult to function” at least once within the past twelve months, and nearly one in ten reported “seriously considering attempting suicide” within the past twelve months (American College Health Association, 2016). The data (which includes the sub-population of student-athletes) would indicate the prevalence of mental health challenges on college campuses is significant.

According to the National Collegiate Athletic Association (NCAA), there are roughly 460,000 student-athletes participating in 24 sports at more than 1,000 colleges and universities across the country. The rate of depression for student-athletes has been found to range from 15.6% to 21% (Proctor & Boan-Lenzo, 2010). Further, research suggests freshman student-athletes are more likely to experience depressive episodes than upper classman teammates (Trojian, 2016). In 2013, the NCAA’s Chief Medical Officer Brian Hainline, proclaimed mental health as the number one health and safety concern for NCAA student-athletes (Williams, 2017).

A Division I student-athlete is faced with a myriad of pressures that might exacerbate a mental illness. They are tasked with being not only a full-time student but also a full-time athlete with commitments to their team, their coach, and their academic institution. A 2016 NCAA

Growth Opportunities, Aspirations and Learning of Students in College (GOALS) survey indicated that Division I student-athletes spent approximately 34 hours a week devoted to their respective sport and 38.5 hours a week dedicated to academic work (NCAA GOALS survey, 2017).

A study conducted at nine colleges and universities with 7,000 students in 2014 indicated the use of mental health services was far less utilized by student-athletes than their non-athlete counterparts. The study showed that approximately 30% of students sought mental health services for significant depression or anxiety, but only 10% of the student-athlete population sought mental health services for the same concerns (Eisenberg, 2014).

In an environment where mental toughness symbolizes strength and asking for help signifies weakness, the attitudes and social norms of college athletic departments could result in mental health services being underutilized. The literature related to the help seeking-behavior of college student-athletes is limited, which can make it challenging to address student-athletes' hesitation to seek mental health services (Lopez & Levy, 2010).

This research study was an exploratory study to discern why student-athletes might choose to seek (or avoid) mental health services, as well as make recommendations for colleges and universities regarding mental health services for student-athletes.

### **Theoretical Framework**

According to Oseguera & Goldstein (2015), "Having theoretical lenses to understand the college athlete experience and the general athletic enterprise is useful to ensure healthy developmental processes of athletes and to understand athletics as an organization and athletes within a given organization" (Comeaux, 2015, p. 61). The theoretical framework of this study employed

the ideas of theorists Turner and Tajfel (Social Identity), B.F. Skinner (Operant Conditioning), and Schlossberg (Transition theory). Turner and Tajfel's social identity theory provided an additional lens for analyzing the data and provided meaning to the lived experiences of the participants. Skinner, however, believed that behavior analysis was best depicted as an inductive approach because the importance is placed on the data rather than theory (Murphy & Lupfer, 2014). Skinner's operant conditioning allowed the researcher to better understand the behavior choices made as a result of their athletic participation. The positive and negative consequences associated with their behaviors allowed the researcher to be able to truly grasp the commitment it took to try to be the best athlete while also trying to manage the everyday responsibilities of a college student. The researcher sought to understand how behavior choices, time management, and support systems motivated the lifestyle choices of student-athletes. Further, the researcher examined Schlossberg's (1989) transition theory in order to provide meaning to the narratives offered by the participants during their anticipated and unanticipated transitions with a concentration on the support (psychological and/or emotional) the participants sought or received during that time to see what, if any, mental health support services were necessary and/or impactful during that time.

### **Social Identity Theory**

Turner and Tajfel's (1979) social identity theory postulates that a person's sense of self is developed through groups in which the person is involved. Further, the group(s) one is affiliated with becomes a significant point of pride and builds self-esteem. The group also provides a social identity and feeling of belonging to the world. This theory was used to show how student-athletes identify themselves based on their athletic team. It provided an understanding of how

student-athletes assimilate into the culture and made choices based on their understanding of the group culture.

### **Operant Conditioning**

B.F. Skinner theorized that operant conditioning is a form of learning that happens as a result of rewards and punishments for behavior. Through operant conditioning, a connection is made between a person's actions and the repercussion of those actions (Cherry & Gans, 2018). This theory provided a better understanding for the behavior choices of the participants and the changes in the frequency of their behaviors as a result of the positive and negative responses associated with their behaviors.

### **Transition Theory**

Schlossberg et al. (1995) defined a transition as "any event, or non-event that results in changed relationships, routines, assumptions, and roles" (p. 27). All students experience countless changes during their college experience that have both short term and long term impacts on their lives. Schlossberg's theory provided awareness into aspects connected to the various transitions experienced by the student-athletes while at college, and the level of impact it had on them during that time (Evans, Forney & Guido-DiBrito, 1998).

### **Methodology**

For the purpose of this study, a mixed methods research design using sequential exploratory data collection was utilized in order to explore the prevalence of and issues associated with help-seeking behavior among college student-athletes. Qualitative research is largely defined as, "any kind of research that produces findings not arrived at by means of statistical procedures or others means of quantification (Strauss & Corbin, 1990, p. 17). While quantitative researchers

attempt to establish something exactly, often through calculation and/or research, qualitative researchers “study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them” (Denzin and Lincoln, 1994, p. 2). Ideally, the utilization of data from both methods would allow for a researcher to provide a more significant interpretation of the data and phenomenon being investigated (Teddlie & Tashakkori, 2003). Quantitative data was gathered using screening surveys to select student-athlete participants. The researcher used descriptive statistical data from The Healthy Minds (2016) survey to inform the qualitative interviews and give evidence to the national data set of the help-seeking behavior of college student-athletes nationwide. Qualitative data was derived from interviews with student-athletes. The interview questions were informed from the national data set from The Healthy Minds survey data.

### **Definitions**

*Intercollegiate athletics* refers to a university-sponsored athletic program in which individual athletes and varsity team sports play against other individual athletes and varsity sports teams from opposing institutions.

*Student-athlete* is a full-time registered student who participates on a university-sponsored sport team.

*Athlete Identity* is the degree to which an individual identifies with the athlete role and looks to others for acknowledgement of that role (Brewer, Van Raalte, & Linder, 1993).

*Mental Illness* is a condition that affects a person's thinking, emotions or behavior (or a combination of each) (American Psychiatric Association, 2017).

*Help Seeking Behavior* is pursuing assistance from professionals who have a recognized and trained professional role in providing appropriate assistance, support and/or treatment (Rickwood, Thomas & Bradford, 2012).

*Revenue generating sports* pertains to primarily NCAA Division IA football and men's basketball teams due to the amount of revenue they produce. The revenue generated is then used to financially assist other university-sponsored sport teams at the university. For the purpose of this study, football and men's basketball are considered revenue generating sports.

*Olympic sports or non-revenue generating sports* are interchangeable by definition but are identified by individual parties in differing ways. The NCAA and various athletic programs use the term "Olympic sports" to indicate a sport program that must rely on the financial assistance of profit-generating teams because they are not financially self-sufficient. These sport programs are referred to by researchers as "non-revenue generating sports" but hold the same meaning.

*Non-student-athlete* refers to an enrolled college student who is not a member of a university sponsored athletic team.

"They," "their," and "them" will be used to indicate both the singular and plural gender-neutral pronoun.

### **Scholarly Significance**

The National Institute of Mental Health [NIH](2017) approximates one in five Americans ages 18 to 25 have a diagnosable mental illness. In addition, approximately three fourths of those experiencing an anxiety disorder will have their first symptomatic experience before they reach 22 years old. Further, according to the Centers for Disease Control and Prevention, eight percent of full-time college students are estimated to have had suicidal thoughts (NIH, 2017). College

athletes are not immune from the pressures associated with college, and in fact, they may be more inclined to experience feelings of depression, anxiety, and thoughts of harm due to the amount of pressure they face as both students and student-athletes. The NCAA noted, “The burden of a packed schedule — loaded with academic and athletic activities — and even injury can lead to depression, anxiety, substance abuse or losing personal identity as an athlete.” The numbers are staggering and yet mental illness still seems to be plagued by secrecy and shame (Rehagen, 2017, para 19).

The research is important because colleges and universities need to gain a better understanding of the unique circumstances student-athletes face in relation to seeking mental health counseling. The ability to foster an environment where student-athletes are able to have conversations with their coaches, athletic trainers, counselors, and advisers in order to gain assistance is the ultimate goal. By providing student-athletes with the opportunity to speak to the issues surrounding mental health help seeking behavior, the researcher was able to provide recommendations to assist student-athletes in need of mental health services and colleges and universities on how to identify and provide these services for their student-athletes.

## Chapter 2

### Literature Review

Mental health challenges can have a major impact on all facets of university life: at the individual level, the interpersonal level, and the institutional level (Kitzrow, 2003). A mental health disorder can affect a student's physical health, emotional well-being, and cognitive and interpersonal functioning. For example, when a student suffers from depression he may experience symptoms that include decreased motivation, low self-esteem, difficulty concentrating, poor decision making, isolation, and potentially suicidal and/or homicidal thoughts (American Psychiatric Association, 2018). As a result, his/her ability to be engaged academically, socially, and emotionally could be stunted.

Although depression and other forms of mental illness could prove to be difficult for any young adult, it might be even more challenging for a student-athlete who is not only responsible for their own needs, but also the needs of coaches, teammates, and institution. The need to be "perfect" while balancing multiple roles could prove to be difficult when dealing with symptoms that include lack of motivation and social isolation. But the question becomes what do student-athletes do when they begin to notice signs of a mental illness? And how can this unique population be best assisted in order to receive the mental health care they need?

This chapter includes information related to college mental health with an emphasis on student-athletes. I examined the history and role of the National Collegiate Athletic Association (NCAA) and the impact their involvement has on college athletes and institutions

### **The National Collegiate Athletic Association (NCAA)**

In order to best understand the student-athlete experience (and the complexities associated with it), it is important to recognize the nuances of the NCAA and its operating system. The NCAA (2017) provides the crucial governance necessary for the ongoing success and cohesiveness of intercollegiate athletics. The NCAA policies and procedures are designed to protect and enhance the student-athlete experience while also benefiting a multitude of colleges and universities.

The NCAA (2017) is a member-led organization of colleges and universities “dedicated to the well-being and lifelong success of college athletes” (What is the NCAA section, para. 1). They currently boast 460,000 student-athletes at 1,123 colleges and universities, with 98 voting athletic conferences and 39 affiliated conferences.

They pledge a commitment to seven core values:

1. The collegiate model of athletics in which students participate as an avocation, balancing their academic, social and athletics experiences.
2. The highest levels of integrity and sportsmanship.
3. The pursuit of excellence in both academics and athletics.
4. The supporting role that intercollegiate athletics plays in the higher education mission and in enhancing the sense of community and strengthening the identity of member institutions.
5. An inclusive culture that fosters equitable participation for student-athletes and career opportunities for coaches and administrators from diverse backgrounds.

6. Respect for institutional autonomy and philosophical differences.
7. Presidential leadership of intercollegiate athletics at the campus, conference and national levels.

(NCAA Core Values section, 2017, para. 1).

### **History of the NCAA**

With the creation of college athletics came challenges sometimes still seen today such as the advent of the need to win at all costs, larger stadiums being built, the recruitment of the best coaches and players, gambling on (and against) teams, and many injuries and several deaths during football games (Jozsa, 2013). Because of the numerous injuries and deaths in football (among other reasons), Princeton created the first faculty committee to obtain authority over the athletic programs and take control from the previously held student authority (Covell, Barr, 2010).

The academic challenges were just as plentiful. Students missed classes for games. They enrolled in one class in order to play, and institutions hired professional athletes to play in games. Allegations of academic misconduct in order to help players remain eligible began to garner the unwanted attention of college administrators (Jozsa, 2013).

The exploitation of student athletes was also a charge raised during the late 19<sup>th</sup> century as colleges and universities began to use revenue from football games to support athletic programs, but not the student athletes responsible for the increase in revenue. This raised the question of whether colleges and universities were more interested in winning games than in educating students (Jozsa, 2013).

During the mid-nineteenth century two university presidents voiced their concern for the continued chaotic discord among intercollegiate athletics. The president of Massachusetts Institute of Technology (Francis Walker) stated, "If the movement shall continue at the same rate, it will soon be fairly a question whether the letters B.A. stand more for Bachelor of Arts or Bachelor of Athletics" (Gurney, Lopiano & Zimbalist, 2017, p. 5 para.1). When speaking to the commercialization of college athletics, the president of Harvard (Charles Eliot) reported "lofty gate receipts from college athletics had turned amateur contests into major commercial spectacles" (Smith, 2011, p. 480, para. 1).

In June of 1905 Henry Beach Needham published a provocative two part article titled *The College Athlete* in McClure's Magazine, condemning college football for its brutality and calling for its demise. This expose brought college athletics to the national stage for debate. In the article, Needham depicted a world where college student-athletes were recruited with lavish gifts and promises of glory. The coaches were alleged to have ordered malicious hits on other players during the game in order to cause serious injury, and fans filled the stands to watch their new favorite pastime come to life in all its violent glory. The article caught the attention of Needham's personal friend and avid college football fan, President Theodore Roosevelt. The U.S. President said he had optimism that the institutions would themselves be able to address the serious problems facing college athletics without "killing the game." But as the number of injuries and deaths increased in 1905, the president of Harvard Charles Eliot called to eliminate football. It was then President Roosevelt who decided to take action (Davis, 2010).

In October of 1905, Roosevelt ordered a meeting with prominent members of the Big Three (Harvard, Princeton & Yale), and the "father of American football" Walter Camp (known to be an influential rule creator). The men devised a statement critical of the disregard for faculty

athletic committee rules and brutality in the sport. They demanded individuals adhere to the rules imposed by their institution. This, however, proved to be unsuccessful as there continued to be (18) deaths during the 1905 season. President Roosevelt explicitly stated, “I demand that football change its rules or be abolished. Change the game or forsake it!” (Carol, Rosner, 2011, p. 51, para. 1).

A subsequent player death occurred during a college football game between New York University (NYU) and Union College in November of 1905. As a result, the Chancellor of NYU Henry MacCracken called for a conference to be held with eastern colleges and universities that had recently played NYU to discuss whether to reform the sport or eradicate it. With a vote of 8-5 the institutions elected to reform college football. A larger conference with an invitation to all football playing colleges and universities was held in December of 1905 in New York City. A total of sixty-eight representatives were in attendance with the goal of revolutionizing college football (Smith, 2011). The conference attendees voted to create a national athletics body called the Intercollegiate Athletic Association of the United States (IAAUS). The organization subsequently changed its name to the National Collegiate Athletic Association (NCAA) in 1910, and the goal of a national governing body was born (Barr, 2008).

The NCAA formed groups and policy committees to create and adopt policies and reform the improper treatment of college athletes and establish new sporting events. They created national championships, established recruiting guidelines and increased academic standards. They also approved legislation to control broadcast rights of basketball and football games. And last but not least, they encouraged and endorsed the increase in women’s programs and representation (Jozsa, 2013).

The NCAA was also the creator of the term “student-athlete.” It was in the book written by former NCAA executive director Walter Byers titled, *Unsportsman like Conduct: Exploiting College Athletes* that Byers wrote, “We crafted the term ‘student-athlete,’ and soon it was embedded in all NCAA rules and interpretations as a mandated substitute for such words as ‘players’ and ‘athletes.’ We told college publicists to speak of ‘college teams,’ not football or basketball ‘clubs,’ a word common to the pros” (Sack & Parseghian, 2012, p. 70, para. 1).

### **Student-Athlete**

Pursuant to the latest 1981-82–2015-16 NCAA Sports Sponsorship and Participation Rates Report, the number of varsity male and female student-athletes participating in NCAA championship sports was at an all-time high, with more than 485,000 participants in 2015-2016. Although the increase in athletic teams allows for more athletic and academic opportunities for young people aspiring to be student-athletes, it also generates more challenges. A student-athlete faces the burden of balancing both academic responsibilities and athletic obligations while being successful in both endeavors. The expectations of those around them, including their family, coaches, professors, the NCAA, and themselves, is more than a non-athlete undertakes when beginning college. A student-athlete might identify himself as a student that also happens to play an intercollegiate sport (student-athlete). Or, conversely, a student-athlete might identify himself as an athlete who happens to be attending college (athlete-student), or maybe a bit of both (Yukhy-menko–Lescroart, 2014).

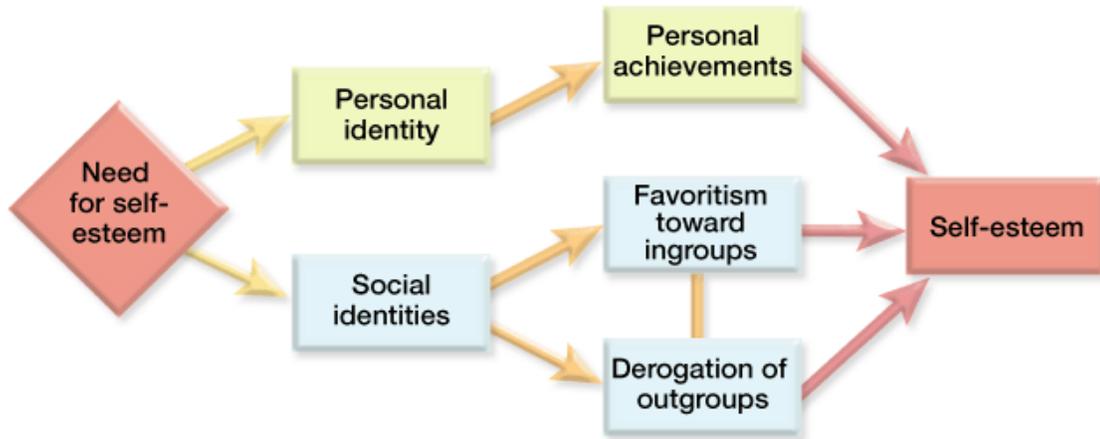
### **Social Identity**

According to Turner and Tajfel's (1986) theory on social identity, an individual's identity is acquired from his membership in groups and social classes. People are motivated to attain a

positive social identity that maintains or enhances positive self-esteem. The central belief of the social identity theory is that society consists of social groups (e.g., gender, race, occupation, religion, nationality). The social identity theory hypothesizes that people shape their social identities based on the groups in which they associate, which subsequently impacts how they behave and respond (Yukhymenko–Lescroart, 2014). Since we often associate with many social groups, it is possible to have several social identities (Roccas & Brewar, 2002).

The theory also asserts that given a new social setting, such as a college campus, individuals might be prompted to think, feel, and act on the basis of their particular social identity (Turner et al., 1987). There are three facets of social identity. First, students have an inclination to group themselves based on how they self-identify. Over time, students are able to delineate obvious and hidden messages about their social identity. Second, as a result, students model their social-view after the way they have interpreted and personalized the overt and covert messages. Third, students then build their self-esteem based on the social-view that has been established (Hoggs & Vaughn, 2002).

Social identity theory asserts that group membership forges in-group/ out-group dynamics based on self-categorization (Gupton, Castelo-Rodriguez, Martinez & Quintanar, 2009). For example, a student-athlete might be perceived as a “dumb jock” by his/her professors and classmates when compared to non-athletes. As a result, the student-athlete might begin to believe that he is not as capable academically as his non-athlete peers and begin to feel alienated. If viewed favorably among peer group, he might feel accepted and worthy of the *student*-athlete title. According to Gupton et al., (2009) “negative messages about an individual’s social identity create an invalidating academic and interpersonal climate (p. 251, para. 2).



Serrano, S., & Lingle, F., 2015, p. 1

Most often student-athletes come to college with many of the same academic goals as their non-athlete peers, but as student-athletes become more immersed in their sport, they frequently find it challenging to actualize their prior academic goals while still meeting their athletic obligations. This can lead to a student-athlete prioritizing one role over the other (Adler & Adler, 1991).

According to Adler & Adler (1991), because student-athletes are subject to the stringent demands of training schedules, limited social interactions outside the team, and differing values, they oftentimes develop a primary athletic identity. Athlete identity has been defined as “the extent to which a person identifies with the role of an athlete” (Oseguera & Goldstein, 2015, p. 69 para. 1). The problem arises however when a student’s identity as an athlete takes precedence over his other identities or when an unexpected event, such as an injury or separation from the team compels him to re-assess his identity (Adler & Adler, 1991). When a student-athlete places great emphasis on his athlete identity, he is at risk of omitting his student identity (Adler & Ad-

ler, 1991). Further, when a student-athlete prioritizes his role as an athlete, he faces the possibility of psychological difficulties should he suffer an injury or separation from the team (Brewer, Van Raalte & Linder (1993).

Having a better understanding of the lived experiences of college student-athletes might provide an opportunity to decrease the negative ramifications potentially faced by student-athletes. A dominant athletic identity is associated with several favorable aspects: a chance to further develop athletic skills, increased awareness of self-identity, and a commitment to athletic prowess (Brewer, et al., 1993). In similar fashion, a strong identity as a student offers many benefits, such as retention, personal development, and the ambition to be academically successful (Evans, Forney, Guido, Patton & Renn, 2010). According to Oseguera and Goldstein (2015) a few of the difficulties that affect how students identify include socialization, time commitments, responsibilities, and psychosocial development. The use of theory can be employed to better inform practices that specifically affect student-athletes.

### **Recruitment of Student-Athletes**

The recruitment of student-athletes is of vital importance to athletic programs in all divisions of intercollegiate athletics. It also provides a potential student-athlete with an up close and personal look at the dual role responsibilities he/she will encounter. The talent selected for any team is tied to wins and losses, earned, and the employment (or lack thereof) of the coaching staff based on their record. As a result, college coaches seek out the best players from across the world to assist in their team's success. The history of recruiting dates back to the 1860s and 1870s when concerns began to arise over the payment of student-athletes and the hiring of professional coaches. During the 1880's, the president of Harvard University even formed an ex-

ploratory committee to examine the practices of providing financial incentives to football recruits. Today recruiting student-athletes is highly regulated and increasingly competitive (Covell & Barr, 2010).

To play college sports with (or even without) a scholarship and to one day make it in the professional leagues is the dream of many children across the country. However, the NCAA reports that of the nearly eight million young people playing high school athletics in the United States, only 460,000 will play on NCAA teams and only a small fraction of those young people will go on to play professionally. According to their own public service announcement, "There are over 400,000 NCAA student athletes, and most of us will go pro in something other than sports" (NCAA, n.d., Student-Athletes section).

To break down the numbers the NCAA reports: Of the 482,629 high school baseball players, 6.9% will play in college and 8.6% of college baseball players will be drafted by Major League Baseball. Of the 541,054 high school men's basketball players, 3.4% will play in college. The number of college men's basketball players drafted by the National Basketball Association is a mere 1.2%. The number of women's high school players is 433,444, but only 3.8% will play in college and 0.9% will be drafted by the Women's National Basketball Association. There are 1,093,234 high school football players in the United States, but only 6.5% will play in college and 1.6% of college football players will be drafted by the National Football League. There are 35,393 high school men's hockey players and 11.2% will go on to play in college. The number drafted from college to the National Hockey League is 6.8%. Further, there are 417,419 men's high school soccer players, but only 5.7% will play in college. Only 1.4% of college men will be drafted by Major League Soccer (NCAA, n.d., Probability of Competing Beyond High School

section). To further illustrate the point of how so few college student-athletes go on to play professional sports, there are more than 325 million people in the United States and roughly 17,000 (approximately .05%) of those are professional athletes (Kissinger & Miller, 2009). Even still, college student-athletes often overestimate their chances at playing professionally. In fact, NCAA President Mark Emmert, affirmed during his 1995 state of the association address (NCAA, Media Center section, 2015);

College athletes often have incredibly unrealistic perceptions of their professional prospects. We know from some of our survey work, for example, that 75 percent of Division I men's basketball players believe they're going to play professional basketball, 75 percent. Fifty percent of Division II men's basketball players believe they're going to play professional basketball, 21 percent of Division III men's basketball players respond to surveys saying I'm going to play professional basketball. How can we help them understand the realities of what that looks like? What can we change to give them a more realistic sense of it? (para. 26-27).

The numbers reported by the NCAA demonstrate the importance of student-athletes earning their college degree as it is evident that most college student-athletes will be required to turn in their college jersey (identity) for a business suit. However, the ability to give up their athlete identity might be easier said than done when these young adults have spent almost all of their lives being recognized for their athletic talents and accomplishments. As Florida State sports psychology professor Gershon Tenenbaum stated, “the idea they will one day play at the professional level is a seed that is planted long before they’re even approached by colleges” (New, 2015, para. 10). He further stated, “It’s a self-bias phenomenon, exacerbated by the level of adu-

lation that surrounds successful athletes. Some athletes may be well aware of the NCAA's research, but this does not alter their belief, because they're thinking, 'I am not a statistic' (New, 2015, para 11).

### **Transition to College**

Thousands of high school graduates are welcomed to college campuses across the country each fall as they leave behind the comforts of home and enter into the uncharted waters of the college experience. They bring with them feelings of hope for the future, excitement in forming new relationships, the fear of failure, increased anxiety over the rigors of college coursework, and the desire to be successful in their pursuits, academic or otherwise (Kidwell, 2005).

Some of the aforementioned high school graduates making the transition to college are bringing something additional with them- the added pressure (and thrill) of being a college student-athlete. Although they face some of the same challenges as non-athletes, they do experience situations unique to the student-athlete population. For example, student-athletes must learn to balance the role of student and athlete. They must become proficient in managing their time in a way that allows them to accommodate both roles. While most non-athletes are permitted to regulate their own academic and social schedules, student-athletes are tightly regimented to the demands of their practice schedule, academic course load (often selected by an athletic advisor), required weight training, mandatory study halls, extensive travel, and promotional events. As a result of the significant time commitment and rigid scheduling, student-athletes are often separated from the general student body and faculty (Jolly, 2008).

Schlossberg defined a transition as "any event, or non-event, [which] results in changed relationships, routines, assumptions, and roles" (Patton, Renn, Guido-DiBrito & Quaye, 2016, p.

37). Transitions might be a result of a change in physical location (e.g., moving to a new city or state), taking on a new social role (e.g., becoming an aunt/uncle), or physiological changes e.g., puberty). One transition might affect any one of the three domains. For example, a student-athlete has a career ending injury and can no longer play on the team resulting in the loss of their student-athlete role, and possible change in physical location (Pearson, Petitpas, 1990).

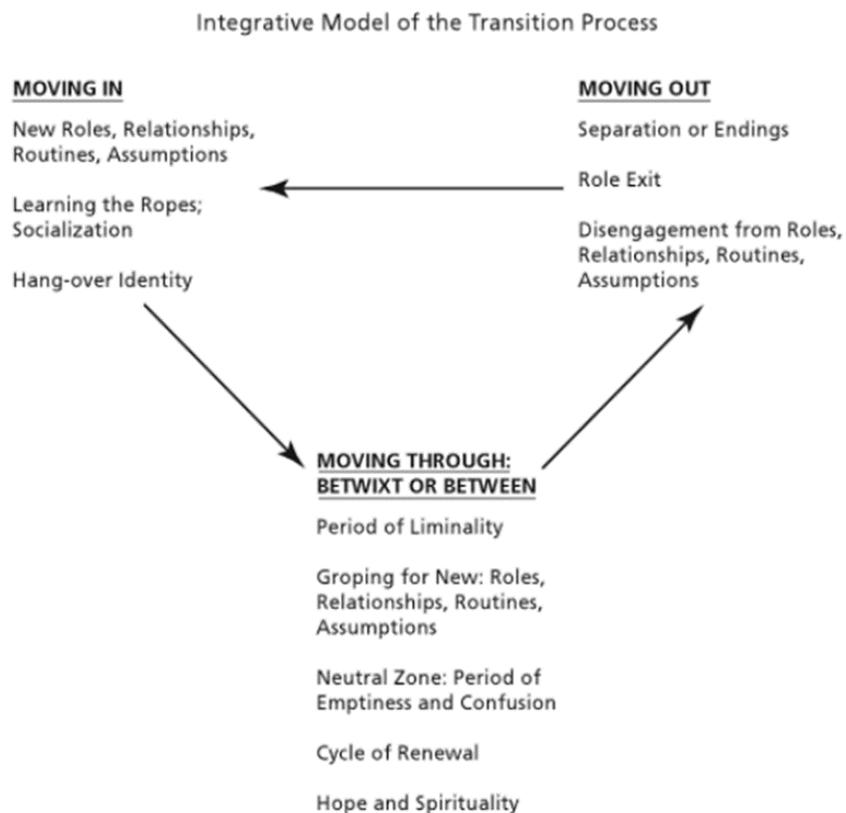
Schlossberg put forth a model naming the following components as those that actuate the characteristics, impact, and outcomes of the transitions (Person & Petitpas, 1990, p. 7):

- The individual (e.g., health, past experience, social status).
- The individual's perception of the transition (e.g., is the transition anticipated or unanticipated and/or well received).
- The characteristics of the setting e.g., the existence and influence of formal and informal support systems, harmful or health-induced physical conditions).

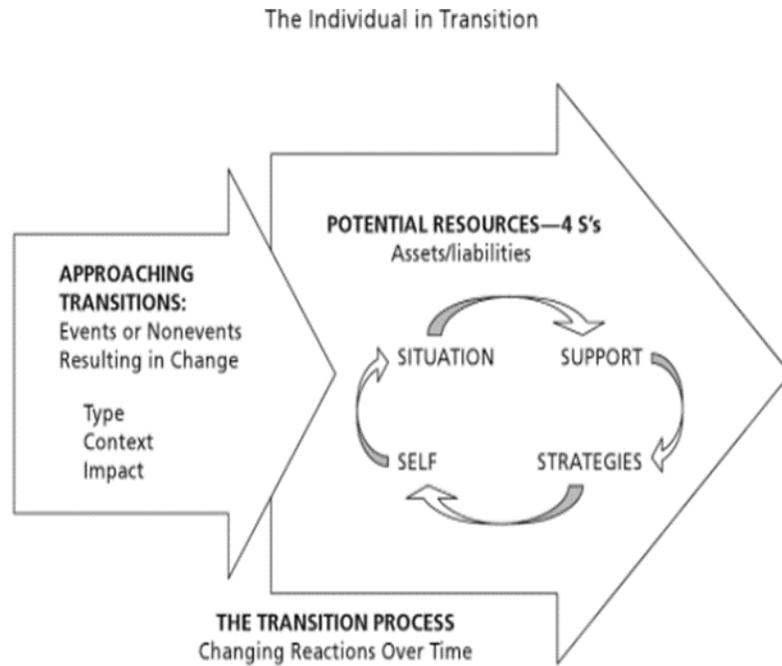
Although the transition from high school to college can be a difficult and sometimes arduous process for all first-year college students (Gayles & Baker, 2015), it is especially true for special populations, including first-generation, at-risk, economically disadvantaged, and student-athletes (Terenzini, Rendon, Upcraft, Millar, Gregg et al, 1994). The college impact theories have recognized a variety of elements that impact the transition from high school as well as the general college experience, including but not limited to educational background, family upbringing, academic and personal goals, obligations/commitments (academic, social, athletic, organizational), interactions with faculty, staff, peers and family, and employment responsibilities (Evans, Forney, et al., 2009). The progression from high school to college is just one of many life transitions that will occur for a student-athlete during their first year. According to Gayles and

Baker (2015), Schlossberg's transition theory is especially useful for "managing anticipated, un-anticipated, and non-event (e.g., anticipated transitions that do not occur) transitions and what changes one might expect relative to relationships, routines, assumptions, and roles" (p. 45, para. 2). An example of an anticipated transition would be a student going to college. An unanticipated transition would be a career ending injury.

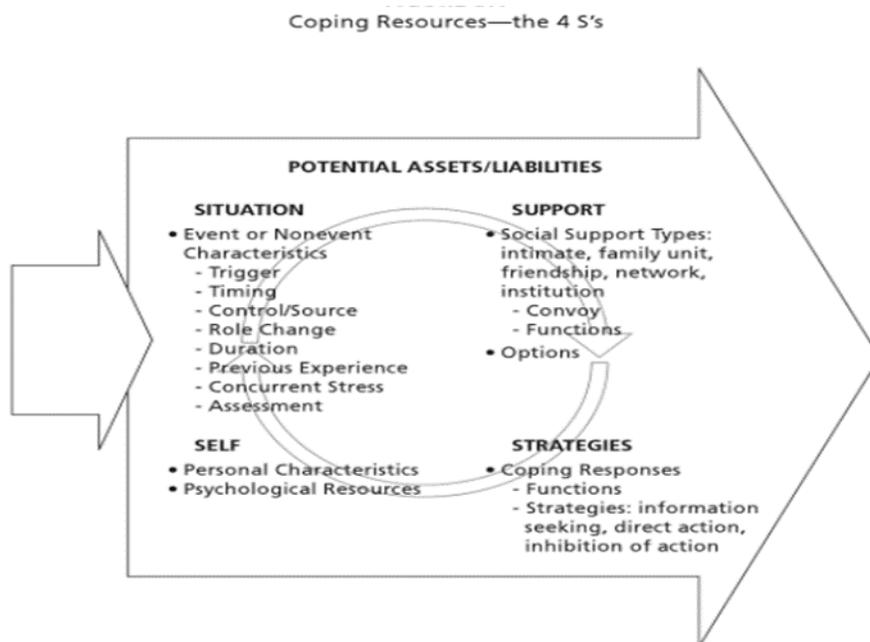
Schlossberg cited moving in, moving through, and moving out as central points along the transition continuum. Schlossberg identified four factors that influence one's ability to cope with a transition and it is referred to as the 4 S's; self, situations, strategies, and supports (Goodman, Schlossberg, & Anderson, 2011).



Anderson, Goodman, Schlossberg, 2012, p. 56



Anderson, Goodman, Schlossberg, 2012, p. 39



Anderson, Goodman, Schlossberg, 2012, p.62

When transitions are anticipated, they allow an individual to take preparatory measures for the upcoming event or life change, thus experiencing less anxiety (Pearson & Petitpas, 1990). Bernice Neugarten theorized that behavior is controlled mainly by a social clock rather than a biological clock. She referred to this as on-time and off-time life events (Schlossberg, 2011). In most cases, an on-time life event, such as the death of an elderly parent, although challenging, would be less difficult than the same circumstance happening at a developmentally untypical point, for instance, a child dying before a parent (Pearson & Petitpas, 1990). Based on Neugarten's theory, Schlossberg (2011) contended the timetables we create for ourselves affect our reactions to our situation - we determine our happiness or discontentment based on what we think (based on our culture) should occur (e.g., being the starting quarterback, graduating in four years, getting married, etc.).

A transition difficult for a student-athlete is one caused by an injury. Although injuries in college sports are not unanticipated, the occurrence of one cannot be accurately foreseen. Further, the shift from competing to not competing is further intensified by the realism the injury could range from short term to career ending. If it's the latter, the student-athlete must come to terms with losing his/her identity as an athlete. If this occurs at the end of the student-athlete's four year tenure, it would be considered more on-time and less upsetting than if the career ending injury were to be during his/her freshman year (Pearson & Petitpas, 1990).

The transition into the physical and social environment can also have a significant effect on the experience of the student-athlete. Imagine a basketball player at an institution with state of the art medical facilities and with superb sports medicine providers suffering an ankle injury and his institution has state of the art medical facilities with superb sports medicine providers and

then contrast his experience to that of a basketball player with the same injury at a different university with subpar medical resources. If an athlete receives good medical care, his/her injury is likely to be more short term and less likely to become a chronic medical condition. As a result, the materialization of an injury-related transition would be diminished and the harshness of others abated (Pearson & Petitpas, 1990).

It is not just the physical resources that could have an impact on a student-athlete encountering an anticipated or unanticipated sport-related transition, but the social characteristics of the environment as well. The good fortune of having individuals around to provide emotional, material, and informational support services in a compassionate (and in a time sensitive way) can help ease the impact of a transition (Pearson & Petitpas, 1990). However, because of the extensive training and travel requirements of student-athletes, the ability to seek support services might be limited.

Access to facilities and support services can prove to be important for a smooth sport-related transition. But what might prove to be equally as important is the attitude of the student-athlete toward seeking and receiving support services (mental health or otherwise). According to Fallon & Bowles (2001), individuals who are agreeable to seek help for their problems experience greater adjustment and less emotional and behavioral problems. Watson (2005) stated "attitudes toward help-seeking are thought to be a reliable predictor of an individual's likeliness to seek out help services when confronted with a distressing or traumatic issue."

## **Operant Conditioning**

Operant conditioning is a type of learning in which the recurrence of a behavior is determined by its consequences (Skinner, 1953). According to Murphy & Lupfer (2014), the term operant is the combination of the words operate and environment. Consequently, according to Murphy & Lupfer (2014), the word operant recognizes a unique category of behavior that “operates on the environment to produce consequences” (p. 222). Positive consequences result in an increase in the frequency of behavior, while negative consequences result in a decrease in the frequency of behavior.

The operant analysis of behavior involves “examining the link between three types of occurrences: antecedents (A), or environmental stimuli; behaviors (B) the individual exhibits; and consequences (C) that ensue from the behaviors and either reinforce or diminish them” (Smith, R.E., 2010, p. 43, para. 4). The relationships that exist between the “if, then what” aspects are called contingencies. It is referred to as the “ABCs of contingencies” (Smith, R.E., 2010):

IF antecedent stimuli (A) are present

AND behavior (B) is enacted,

THEN a particular consequence (C) will occur (p. 43).

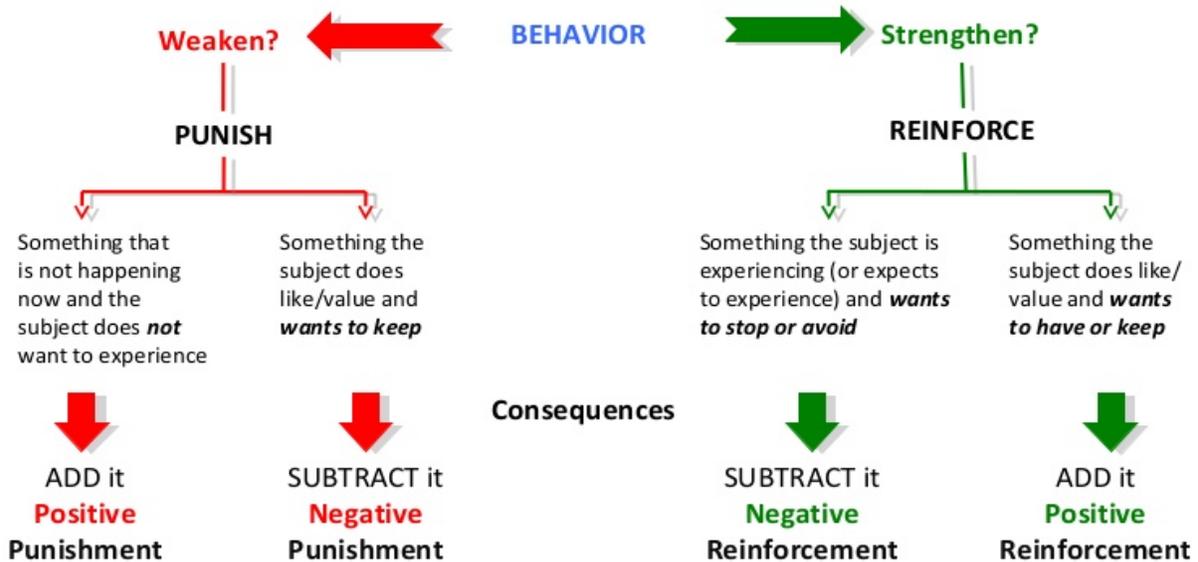
Operant conditioning has four types of consequences (Murphy & Lupfer, 2014). The consequences are categorized into two separate groupings which include reinforcement and punishment. Reinforcement, or the action that increases the frequency of a response, has two types, (1) positive and (2) negative reinforcement. Positive reinforcement is the most well-known operant condition as the behavior results in a “reward.” For it to be considered a positive reinforcement it must come after a behavior (e.g. proper ball handling) with an increase in frequency (Murphy &

Lupfer, 2014). The use of praise and acknowledgment to increase targeted behaviors would be an example of positive reinforcements. Also, the use of financial incentives (e.g. scholarships), an increase in social recognition (e.g. media stories), and the opportunity to engage in favored activities (e.g. playing time) would also be examples of positive reinforcements. Similar to positive reinforcements, negative reinforcements result in an increase in frequency, but the response impedes the negative thing or event from occurring (Murphy & Lupfer, 2014). For example, in sport environments, coaches frequently use verbal acclaim to acknowledge a player when they do well in order to reinforce the behavior- this is considered positive reinforcement. An example of negative reinforcement would be if a tennis coach relentlessly criticized a player's backhand techniques and then became quiet when they noticed the proper technique being used by the player. In that example, the coach is emphasizing the right technique by removing his verbal displeasure when the player used the correct technique in the hopes of increasing the probability of the behavior being repeated (Reinforcement and Punishment, n.d., para. 2).

Positive and negative punishment refers to an action that reduces the rate of a response. A positive punishment comes after a behavior and lessens the likelihood of that behavior (Murphy & Lupfer, 2014). For example, when a basketball coach reprimands a player following a turnover it would be considered a positive reprimand. It *adds* something unpleasant in order to reduce the chances of repeating the behavior. An example of a negative punishment would be a coach benching an athlete for missing a practice. It is an action designed to *remove* something desirable in order to decrease the chance of reoccurring (It's gotta come from inside, 2015, para.15).

## Operant Conditioning

- Identify a behavior that you want to influence in the subject
- Most effective: If attempting to weaken, also identify a replacement (preferred) behavior and reinforce it when it occurs
- Determine what the *subject* values (likes) and dislikes (wants to avoid/stop)
- The subject must associate the consequence with the behavior



As reported by Howard-Hamilton and Sina (2001), a student-athlete often forms their ego identity based on how they perform in their respective sport. The accolades given by coaches, family, and the media for exemplary skills on the field might seem overwhelmingly favorable, but when the only praise the athlete receives is for their athletic performance, their self-confidence becomes predicated on their physical achievements and how often they win. This type of acknowledgement can be dangerous, because it oftentimes hampers a student's overall growth and development due to the abundance of attention focused their athleticism and not the totality of their strengths over the course of his/her college tenure (Howard-Hamilton & Sina, 2001). The findings of this research study will demonstrate that operant conditioning, the simple and straightforward concept that reinforcing a behavior increases the probability of that behavior recurring, can

have both positive and negative implications for a student-athlete's self-worth and behavior modification (Genovese, 2005). The praise for spending extra time practicing and earning additional playing time may involve the use of stimulants to stay awake after spending long hours on the field practicing in order to study for an important exam. Or, it could mean eating considerably less in order to fit in a uniform so they could look "Game Day ready." To the student-athlete the cost/benefit analysis to achievement is most often paved with good intentions.

### **College Mental Health**

The massacres at Virginia Tech University and Northern Illinois University depict the gruesomeness and catastrophic toll that mental health disorders can have on a college campus. Although aberrant to the rule, these tragedies illustrate the need to closely examine the growing number of students in psychological and emotional distress on college campuses.

According to the Bureau of Labor Statistics (2016), almost 70% of 2016 high school graduates in the United States enrolled at a college or university. This is significant because each year 1 in 5 adults (43.8 million people) experience a mental illness (NAMI, 2017). The National Alliance on Mental Health [NAMI] (2017) reports nearly half of all recurrent mental illnesses present by age fourteen. And, three quarters present chronic mental health conditions by the age of twenty-four. This data not only indicates that a large number of young adults are attending college, but it also suggests they are bringing with them more than just their physical luggage. The emotional and psychological conditions (often undiagnosed and/or untreated) are being loosely packed in the anxiety filled minds of eighteen to twenty-four-year old's, masked with a smile and left to be addressed by the overwhelmed and understaffed university counseling centers.

The transition to college from high school can be challenging socially, emotionally, and academically. Studies have shown that untreated mental illnesses can impact a student's academic progress, productiveness, substance use, and personal relationships (Eisenberg, Golberstein & Hunt, 2009) (Kessler, Foster, Saunders & Stang, 1995). A college campus presents a unique setting where students aged 18-24 live, study, and recreate in one place. The typical campus gives students the ability to receive some, if not all, their medical and psychological care, as well as support services within the safe confines of their campus community. According to Eisenberg and Hunt (2010), colleges and universities have the rare ability and functionality to address "one of the most significant public health problems among late adolescents and young adults (p. 3, para. 3).

As Eisenberg and Hunt suggested, mental health concerns among the young adult population are compelling. According to the Annual Center for Collegiate Mental Health Report (2016), participating campus counseling centers saw a record 150,483 students for mental health concerns in 2016, a 50% increase from the year prior. Consistent with years past, anxiety and depression remained as the top presenting mental health concerns. The study also revealed the incidence rates of "threat-to-self" characteristics (non-suicidal self-injury and serious suicidal ideation) increased for the sixth consecutive year.

Similar to the findings of the Association for University and College Counseling Center Directors report, the Association for University and College Counseling Center Directors (2016) annual survey found anxiety to be the leading and most persistent concern among college students (51%), followed by depression (41%), relationship concerns (34%), suicidal ideation (20.5%), self-injury (14%), and alcohol abuse (10%).

Kitzrow (2009) referred to college students as the “sickest” and most at risk subgroup in modern history. While that in itself is a research study, statistics do appear to indicate college students are presenting with more complex issues and at greater frequencies than in years past (Gallagher, 2014). Further, the mental health concerns of college students have caused administrators, staff, and counseling centers to react excessively to some incidents and underestimate other situations due to the complex nature of each case. The subsequent attention being paid to the mental health “crisis” on colleges campuses across the country is generating resources (financial and otherwise) for services once too taboo to discuss.

Having a basic understanding of mental health among young adults, and specifically college students, is helpful. Mental health in young adulthood has impactful effects on various aspects of health and welfare, including substance use, academic achievement, prospective employment opportunities, and relationships (Eisenberg, Gollust, Golberstein & Heffner, 2007). As previously indicated, chronic mental health disorders typically present themselves on or before the age of college attendance, and these difficulties can be triggered or worsened by the trials and tribulations associated with college life. Those problems include sleep disturbances, relationship variances (significant other, roommate, etc.), and academic strains (Kadison, 2004). Colleges and universities have the ability to endorse mental health care among young adults because the institution encompasses numerous facets of students’ lives: academic, health care, housing, and extracurricular activities.

Eisenberg, Golberstein & Hunt (2009) conducted the first study of how mental health predicts academic success during college in a random longitudinal sampling of students. They discovered that depression is an important predictor of lower GPA and higher likelihood of drop-

ping out of college, controlling for prior academic performance and other variables. The link between depression and academic achievement is substantial among students with an anxiety disorder. They further found that students with an eating disorder are also more inclined to have a lower GPA. The roles of depression, anxiety, and eating disorders in college are vital to study, as the frequency of these conditions during late adolescence and young adulthood significantly tops that of most other mental health disorders including Attention Deficit Hyperactivity Disorder (ADHD) (Kessler, Berglund, Demler, Jin, Merikangas & Walters, 2005)

As demonstrated by the Maddy Holleran story, suffering from mental health challenges while in college can impact more than just academics. Being able to understand the mental life of college students requires learning how they participate in their day-to-day lives and give meaning to their lived experiences. A student might begin college with visions of grandeur and then feel let down by the reality of their actual college experience. Rosenbaum & Liebert (2015) indicated,

Students have to manage their own expectations and desires within the context of the rules of the college. This process may involve a number of competing and conflicting influences. Media and movies often valorize parties, romances, and close friendships as the universal college experience. It is thus not uncommon for students to base their expectations on these influences, believing that college should be the best 4 years of their lives, filled with friendships, parties, and academic success, and ending with a job or pursuing an advanced degree. In reality, of course, they often need to deal with a very different experience from such stereotypes (p. 182-183, para. 4).

### **Mental Health in College Athletics**

Data reported by the NCAA showed between 2004-2008 suicides were the third leading cause of death of student-athletes behind automobile accidents and cardiac conditions (Neal, Diamond, Klossner, Morse, Pajak, Putukian, Quandt, Sullivan, Wallack & Welzant, n.d.). However, it was not until January, 2013 that the NCAA introduced Brian Hainline, MD as its first chief medical officer. A neurologist by trade, Dr. Hainline stated "If I were to put a priority, I think [concussions have] to be addressed meaningfully -- we need to get objective bio markers, we need to get that solidified -- but long term, I think student-athlete mental health concerns are even more important" (Noren, 2014, p. 1).

Hainline also reported the number one concern voiced by NCAA members and student-athletes was the mental health and wellness of student-athletes. Hainline declared, "Concussions may be the elephant in the room, but mental health is really, I think, going to be a game changer for the NCAA," he said. "My hope is that mental health is going to become as accessible to every student-athlete as an ankle sprain, and the NCAA is going to take a leadership role in telling the rest of the United States of America how to move away from the pathetic way it handles mental health. And it is pathetic" (New, 2016, para. 2).

In September, 2013, the National Athletic Trainers' Association (NATA) announced the first consensus statement on the psychological concerns of student-athletes. This document was the result of the combined efforts of a ten-member inter-association work group called upon by NATA to formulate a proposal on how to best identify and refer student-athletes with psychological concerns. Prior to NATA's 2013 consensus statement on psychological healthcare, the only mental health related NATA position statement was specific to disordered eating (Preventing,

Detecting and Managing Disordered Eating in Athletes) in 2008 (Neal, Diamond, Goldman, Klossner, Morse, Pajak, Putukian, Quandt, Sullivan, Wallack & Wellzant, 2013).

Shortly after NATA's guidelines were released in November, 2013, the NCAA formed a mental health task force to develop educational programs related to mental health, as well as create specific instructional direction and research criteria for NCAA member institutions. They were further charged with updating the Mental Health Handbook (first published in 2007). The book titled *Mind, Body and Sport: Understanding and Supporting Student-Athlete Mental Wellness* was based on the concurrence of task force participants and produced in March, 2016. Following the publication of the book, members of the mental health task force produced the Inter-association Consensus Document *Best Practices for Understanding and Supporting Student-Athlete Mental Wellness*. The best practices document detailed the four best practices for mental health care in student-athletes; (1) Clinical licensure of practitioners providing mental health care, (2) Procedures for identification and referral of student-athletes to qualified practitioners, (3) Pre-participation mental health screening, (4) Health-promoting environments that support mental well-being and resilience (Kaminski, 2016).

Highlights of inter-association "key components" for addressing and supporting student-athletes with mental health challenges included (NCAA Mental Health Best Practices, 2016):

1. Clinical Licensure of Practitioners Providing Mental Health Care:
  - a. The clinical evaluation and treatment of student-athletes with mental health concerns should be coordinated by the team trainer(s) and team physician(s).  
The evaluation and treatment should be completed by a licensed provider.



- a. Student-athletes should complete a mental health questionnaire during the pre-participation exam. There should be guidelines regarding when to refer a student-athlete for a mental health concern as well as who should make the referral (page 11).
4. Health Promoting Environments that Support Mental Well-Being and Resilience:
    - a. The athletic community should assist in normalizing the mental health seeking behavior of college student-athletes by cultivating an environment that supports the holistic growth of student-athletes. The way in which an athletic department communicates, responds to, and supports mental health challenges will demonstrate its commitment to assisting those with mental health challenges.
    - b. The athletic medical team and the licensed mental health providers should meet on a yearly basis to review the university mental health protocols. This should be done with the support of the team coaches due to their involvement in assisting with creating a culture that encourages and supports seeking mental health counseling.
    - c. Educational material regarding mental health should be distributed to student-athletes and coaches on an annual basis related to self-care, stress management, personal health promotion, signs and symptoms of mental health disorders, bystander intervention programming, and the importance of sleep and well-being.

- d. Coaches and faculty athletic representatives should participate in programming opportunities related to mental health awareness, suicide prevention (Question Persuade Refer training), the importance of creating an environment that fosters personal growth and provides information related to sexual assault, interpersonal violence, and hazing. The coaches should be given information about being empathetic and attentive to a student with a mental health challenge while also being aware of the institutional referral process for student-athletes with a mental health challenge (page 12).

A university (and its athletic department) could create and sustain an environment that openly supports athletes with personal challenges if they were to adhere to the NCAA Best Practices as they have been outlined. Dr. Hainline conceded that although he would like the NCAA Best Practices to be required at all NCAA institutions, the approval process for initiating such a mandate could take many years (Nguyen, Escamilla & Nious, 2016).

It would be optimal to identify a student-athlete's mental health needs prior to the start of each athletic season. The NCAA (Mental Health Best Practices, 2016) encourages the use of pre-participation evaluations for incoming student-athletes at NCAA participation institutions. Ideally, the evaluation would allow athletic trainers, coaches, and student-athletes to be proactive in the treatment of a mental health condition. A research study was conducted to evaluate the screening methods and pre-participation evaluation (PPE) forms at all 347 NCAA Division I institutions. The PPE forms were surveyed for (1) Whether the athlete had a history of any mood disorder or had been seen by a psychiatrist or psychologist, (2) Whether the student-athlete had a family history of depression or other mood disorder, (3) Whether it included any of the NATA recommended mental health screening questions. With a 63% response rate (219 institutions),

the researcher gathered the following; all institutions required the PPE for incoming student-athletes; four institutions (2%) included all recommended screening questions; one hundred and twenty-one institutions (55%) included any recommended mental health screening questions; ninety-nine institutions (45%) evaluated for depression symptoms; 5 programs (2%) used alternative standardized screening tools including the Generalized Anxiety Disorder 7-item (GAD-7) scale, Patient Health Questionnaire (PHQ-9) and the Center for Epidemiologic Studies Depression Scale-Revised (CESD-R); one hundred and fifteen institutions (53%) asked questions related to personal mental health history or prior treatment by a psychiatrist or therapist; 43 institutions (20%) inquired about family mental health history; three institutions (1%) asked whether there was a family history of suicide; and seventy-one institutions (32%) had no mental health questions in their PPE forms. The researcher concluded that NCAA Division I institutions may not adequately screen for depression or other mental health conditions (Galles, 2016).

Based on Galles study and the number of NCAA Division I institutions found not to be adhering to at least one of the Best Practice recommendations instituted by the NCAA, Associate Director for the NCAA Sports Science Institute Mary Wilfert said "intervention cannot come out of the national office because the NCAA is not a medical organization" (Born, 2017, para 4). Despite that, the NCAA mandates medical screenings and trainings for all student-athletes. One such screening is for Sickle Cell Anemia even though that medical condition affects less than 1% of Americans (Ching, 2015). In comparison, suicide is the third leading cause of death among student-athletes. And, the chief medical officer of the NCAA had previously commented that eating disorders kill more women each year than concussions (Nguyen, Escamilla & Nious, 2016). But, when Wilfert was questioned further about the mandated medical interventions for

concussions, despite not being a medical organization, she stated, "Concussions get more attention (than mental health issues) because of the media, the NFL, lawsuits, and Congress..." (Born, 2017, para. 4).

A program is the sum of all its parts. There is no one single element that an institution could "fix" in order to change the cultural and social views of its members. But, if the guidelines are implemented (and adhered to), a significant shift in creating an environment that values mental health care as much as it values physical care could be created. This could revolutionize the way institutions address the mental-health care needs of their student-athlete population.

### **Mental Health Seeking Behavior**

NCAA data (Brown, 2014) indicated student-athletes are less likely to seek mental health counseling than their non-athlete counterparts for issues related to depression and anxiety. The hesitation to seek mental health counseling has been attributed to the athletic culture, influences of those close to the student-athlete, and a lack of resources. To delve further, previous research has illustrated the value of analyzing athletic involvement and student-athlete health practices through a socio-ecological lens. Through this lens, individuals make health care decisions and practice health behaviors while immersed in an intricate social setting. The social setting influences the individual's health care choices which then impacts the social setting. A student-athlete holds his/her own beliefs and opinions related to seeking out mental health services, but the attitudes, opinions, and authority of the stakeholders closest to them (i.e. coaches, teammates, athletic trainers, family members, athletic associations) also influence how or if a student-athlete seeks mental health services and ultimately affects how the student-athlete responds to mental

health challenges and crises. Using this same lens, if more student-athletes choose to utilize mental health services, theoretically, it should impact the cultural views of the involved stakeholders and responses to those seeking mental health services (Moreland, Coxe & Yang, 2017).

A 2016 National College Health Assessment underwritten by the American College Health Association (ACHA-NCHA) found that one in three undergraduate students reported “feeling so depressed it was difficult to function” at least once within the past twelve months, and nearly one in ten reported “seriously considering attempting suicide” within the past twelve months (p. 14). The data (which includes the sub-population of student-athletes) would indicate the prevalence of mental health challenges on college campuses is significant. The National Collegiate Athletic Association (NCAA), estimates there are roughly 400,000 student-athletes participating in 23 sports at more than 1,000 colleges and universities across the country. The rate of depression for student-athletes has been found to range from 15.6% to 21% (Proctor & Boanlenzo, 2010). Further, research discovered freshman student-athletes are more likely to experience depressive episodes than upper classman teammates (Sudano, Collins, & Michael, 2016).

Research has also indicated there is a link between the mental and physical health of athletes (Rice, Purcell, De Silva, Mawren, Mc Gorry & Parker, 2016, Craft & Perna, 2004). Data gathered in multiple studies suggests there is an increased risk of injury among athletes who suffer from depression or anxiety, who abuse alcohol, or who are afflicted with an eating disorder. In addition, the psychological impact of athletes when injured has been shown to exacerbate depression, anxiety, eating disorders, and substance abuse in athletes studied. All of these conditions could also cause or increase the likelihood of sleep disorders, including insomnia, which could compromise an athlete’s mental health, athletic performance, and/or academic success (NCAA Mental Health section, n.d.).

### **Student-Athlete Engagement**

Astin (1984) defined involvement as “the amount of physical and psychological energy that the student devotes to the academic experience” (pg. 519, para. 4). He indicated the length of time in which students can reach certain developmental goals is a direct result of the time and effort spent in activities aimed at producing such gains (Astin, 1984). If athletic departments and faculty continue to work together to keep student-athletes focused on their academic pursuits, including flexibility in travel time and make-up assignments while traveling, allowing extra time for travel abroad opportunities, internships, and additional research time, the personal and academic experience of the athlete could be positively impacted. According to Njororai (2010), “student-athlete involvement in academic pursuits positively affects a student’s overall satisfaction with the college experience, fosters the continuing pursuit of academics, and facilitates personal growth and development” (p. 18, para. 1).

When examining student-athletes and academics in particular, one research study found that 53% of the student-athletes surveyed had not spent as much time on their academics as they would have liked, with 80% indicating it was a result of athletic participation. Further, the study found that 68% of the student-athletes surveyed would have liked to be more involved in educational opportunities like research projects and internships but were unable to do so because of their athletic commitment. Finally, the study indicated 61.8% of the student-athletes reported they “agree” or “somewhat agree” with feeling more like an athlete than a student (Potuto & O’Hanlon, 2007).

With that in mind, it could prove to be difficult for some student-athletes to become engaged in the educational process due to the value and importance they place on their sport over their education. A student-athlete’s day is often controlled by the decisions of others (i.e.

coaches) with little or no input from the athlete himself. A college classroom is a setting designed to incorporate new ideas and exchange insights from young and older minds alike. This could be perceived as scary or intimidating for those who have not developed the skills necessary to give an opinion or formulate conclusions due to the lack of experience in doing so. Student-athletes might choose to refrain from sharing their beliefs and views in a classroom full of non-athletes because of the “dumb jock” label they could have already accepted for themselves (Sparent, 1989).

Aside from acquiring knowledge, college allows individuals the privilege of meeting people uniquely different from themselves in relation to their background and world views. A student-athlete, however, invests the majority of his/her time with other student-athletes who share similar ambitions and stresses. They are further isolated from non-athletes in residential communities when paired with other student-athletes as roommates (Sparent, 1989). According to Hyatt (2003), isolation from non-athletic activities can have detrimental effects on a student-athlete’s ability to integrate into both the social and academic environments of a college or university.

Sparent (1989) stated,

This strong reliance on others who are just like them is perhaps natural and understandable, but the reliance on teammates as the strongest reference group is complicated by competition for playing time and praise from teammates and coaches. Athletes, almost more than any other group are forced to be intimate with the same individuals they have to compete with in a high pressure situation that is closely linked to their self-esteem (p. 10, para. 2).

The level of oversight is also much different for student-athletes than their non-athlete counterparts. The role of a college coach is significant in a student-athlete's life. The title encompasses much more than "teacher" or "guide"- it includes the role of mentor, educator, disciplinarian, and assessor of on-field ability and off-court behavior. The freedom and independence that comes with being away from home for the first time oftentimes includes making questionable choices and taking personal responsibility for indiscretions while also beginning to take control over one's own life. However, student-athletes have the watchful eye of their coaches and athletic staff in most aspects of their lives. The athletes' days are dictated by a schedule and the number of individual choices made are at a minimum as those around them take responsibility for ensuring their time and energy are spent on athletics or staying academically eligible to participate in their respective sport. The limited amount of free time is further spent with members of their team during group bonding exercises or by matter of proximity. This type of control leaves little room for the personal growth of a student-athlete. Sparent (1989) professed, "This lifestyle puts student-athletes at the mercy of a highly functional and efficient system that can trigger serious developmental difficulties for these students, and these difficulties have far-reaching impacts beyond the classroom" (p. 10, para. 3).

Although dated, Hyatt (2003) referred to a study by the Center for the Study of Athletics which collected data from forty-two Division I institutions. Their research indicated the primary reason for athletes attending college was not to obtain an education. Their research found that 64% of the football players surveyed expected to go on to play in the National Football League (NFL). Only 10% of the basketball players believed the same to be true for their entry into the National Basketball Association (NBA). At the time of data collection, only 2.3% to 2.5% of college-athletes went on to play in the NFL or NBA. What remains fourteen years later is the small

number of student-athletes that go on to play professional sports after college (1.1% to 1.5% respectively) (NCAA Estimated probability, 2017). Even with the unlikely probability, some student-athletes still come to college believing they will beat the odds and play professionally. The athletes with this inflated mindset enter college with different conceptions of their identity than the typical college student. Most non-student-athletes predominantly focus on career development and establishing their adult identity. But, according to Sparent (1989), successful high school athletes begin college with a “highly developed sense of themselves as athletes” (p. 8, para. 3). She goes on to postulate, “They have a label to define themselves by, and coming to college reinforces the importance and value of the label for them” (p. 8, para. 3).

While faculty members would be the most qualified individuals to assist student-athletes in the formation of their academic identities, they (student-athletes) often come to college with low self-efficacy as students and a limited amount of academic motivation (Lamport, 1993). A study conducted by the University of Maryland determined that student-athletes were less self-assured about their ability to maintain a B average than non-athletes (Eiche, Sedlacek, & Adams-Gaston, 1997). The combination of minimal academic motivation and self-doubt does not indicate a favorable outcome. As a result, the NCAA GPA requirement to remain eligible to participate may become the only academic motivation for some student-athletes (Jolly, 2008).

According to William Perry, young adults follow a nine-position order of ethical and intellectual development in which they think “about the nature of knowledge, truth, values, and the meaning of life and responsibilities” (as cited by Howard-Hamilton & Sina, 2001, p. 38, para. 2). At first, young adults have a simplistic, dualistic, and clear-cut perspective of the world (Howard-Hamilton & Sina, 2001). With the proper support, young adults move from a dualistic perspective to a “realization of the contingent nature of knowledge, relative values, and [eventually]

the formation and affirmation of their own commitments” (as cited by Howard-Hamilton, Sina, 2001, p. 38, para. 2). Employing Perry’s ethical and intellectual model, student-athletes demonstrate a significant number of characteristics of Dualistic thinking and live in a Dualistic environment (Sparent, 1989). As the research has shown, college athletic departments incorporate highly regimented scheduling for student-athletes, restrict the amount of socialization time with non-athletes, place a strong emphasis on the role and authority of the coaching and athletic staff, produce a tailored approach to leadership, encourage the student-athletes to see the world in a Good/Bad, Right/Wrong way, and promote the use of authority figures as those who can offer expertise and provide answers with little to no thought on the student-athlete’s part (Sparent, 1989). Some student-athletes might see a college education as no more than a passive, flippant quest at obtaining knowledge. Their view is based on the identity created as an athlete. The benefits of a degree may not hold the same value or level of importance (Sparent, 1989).

Nelson (1982) studied the pivotal stage of identity-versus-role conflict and its ramifications on the adolescent student-athlete. Nelson discovered the problem with adolescent and high school athletes “role engulfment” or large amounts of time spent on athletics diminished the desire to look into other possible identity roles. He also suggested that a role conflict can result in identity foreclosure, which can interfere with the development of skills needed to deal with new situations and difficult circumstances in college. Because student-athletes have been found to grapple with identity conflicts more so than non-student-athletes (Pinkerton, Hinz, & Barrow, 1989), it is concerning that they also utilize mental health counseling less than their non-athlete counterparts (Moreland, Coxe, Yang, 2018).

This could be a result of many different factors. One, student-athletes might not utilize counseling services for fear of appearing to look “weak” in the eyes of their peers or coaching

staff (Gulliver, Griffiths & Christensen, 2012). They could be concerned for the loss of their scholarship or playing time if found to have mental health challenges (Ford, 2007). Further, their schedules may not allow them to seek counseling services during the typical 8-5 work day without having to disclose their need to the coaching or training staff. Unfortunately, failure to seek mental health services when needed can result in perpetual psychological and physical challenges for athletes (Harper, Quaye, 2015).

Student-athletes and non-athletes come to college to share experiences- whether that be in the classroom or on the playing field. They are still young adults trying to find their way. Like their non-athlete peers, they should be given the chance to cultivate skills and behaviors that will broaden their worldview, as well as shift away from the foreclosed identities that many student-athletes have appointed themselves. This is not just the responsibility of the athletic department and coaches but the faculty that interacts with them as well. By encouraging their involvement in class discussions, empowering them to think beyond what they have come to know as “truth,” and helping them to develop their sense of self beyond the label of student-athlete, they will begin to break the self-imposed barriers placed upon them which will allow for positive growth in their overall identity (Weathington, Alexander & Rodebaugh, 2010).

The NCAA maintains that universities and athletic departments alike should be instrumental in promoting an environment that is encouraging and supportive of treating all aspects of student health and wellness. This includes collaborating with a multitude of campus resources, such as disability services, the campus health center, counseling services, and off-campus resources to best meet the physical and mental health needs of student-athletes. Equally as important is working collaboratively with the multiple entities in order to build bridges (not silos)

so that student-athletes have quick access to individuals who are informed, educated, and competent in their understanding of student-athletes' needs and circumstances (NCAA Best Mental Health Best Practices, 2016).

An institution that is committed to addressing the mental health needs of student-athletes is the University of Michigan. They have created a program called Athletes Connected, funded initially by an NCAA Innovations in Research and Practice Grant. The grant allowed the University of Michigan School of Public Health, Depression Center, and Athletic Department to work together to “increase awareness of mental health issues, reduce the stigma of help-seeking, and promote positive coping skills among student-athletes” (Athletes Connected, 2017, About section, para. 1).

Athletes Connected is committed to promoting mental health for student-athletes. In an effort to lower the stigma around mental health and help-seeking behavior, they have created personalized video montages (available online) using several different U of M athletes, detailing their own struggles with mental illness, as well as coping skills, identifying and reframing negative thoughts, mindful self-compassion, and meditation in order to encourage student-athletes to seek help and reduce the stigma associated with mental health related conditions. They have established informal, drop-in support groups for student-athletes, informational sessions for student-athletes related to their mental health and coping strategies (i.e. stress reduction, resilience building), annual mental health training for the entire U of M coaching staff, and ongoing research to gain insight into the connection between mental-health and athletic performance. They also hope to advance best practice recommendations for student-athletes (Athletes Connected, 2017).

The Athletes Connected program reports having a very real impact on U of M student-athletes already. The assessment data has found that 63% of student-athletes reported that emotional or mental health issues had affected their athletic performance in the last four weeks. They also found that 99% of student-athletes found the Athletes Connected videos engaging and relevant. Further, 92% of the reporting student-athletes expected to apply lessons or skills taught through the Athletes Connected support groups (Athletes Connected, 2017). Ultimately, the post assessment results from the pilot study of Athletes Connected indicated that brief contact and education based interventions may be effectual in lessening the stigma and encouraging help-seeking behavior among college student-athletes (Kern, Heininger, Klueh, Salazar, Hansen, Meyer, Eisenberg, 2017). The Athletes Connected program is committed to tailoring the services and resources to fit the needs of the student-athlete population in order to one day change the stigma surrounding mental health services and help-seeking behavior (Zarley, 2016). The U of M is living the best practices as outlined by the NCAA and is a testament to their commitment to the mental-health needs of their student-athlete population.

Another advancement in meeting the psychological needs of student-athletes and reduction of stigma was the birth of mental health summits among various athletic conferences. The first was the Mid-American Conference (MAC) Mental Health Summit in February, 2016. The second was the Big East Mental Health Summit held in June, 2017. Also in 2017, the Black Student-Athlete Summit focused their efforts on The Stigma of Mental Health. The summits are designed to supply attendees with the knowledge and tools necessary to best assist student-athletes with mental health challenges.

### **Academic and Athletic Balance**

When students transition to college they must acclimate to the social and academic norms of the institution (Tinto, 1998). For college student-athletes this evolution can be strenuous due to the many requirements of their athletic involvement (Gayles & Baker, 2015). Astin (1999) defines involvement as "the amount of physical and psychological energy that the student devotes to the academic experience" (p. 518, para. 4). He found that involvement in college was instrumental in the increased learning, personal development, and persistence of students. In relation to student-athlete involvement, Astin (1999) asserted;

The pattern of effects associated with involvement in athletic activities closely parallels the pattern associated with academic involvement; that is, students who become intensely involved in athletic activities show smaller than average increases in political liberalism, religious apostasy, and artistic interests and a smaller than average decrease in business interests. Athletic involvement is also associated with satisfaction in four areas: the institution's academic reputation, the intellectual environment, student friendships, and institutional administration. These results suggest that athletic involvement, like academic involvement, tends to isolate students from the peer group effects that normally accompany college attendance. For the studious person, this isolation results from the time and effort devoted to studying. For the athlete, the isolation probably results from long practice hours, travel to athletic competitions, and special living quarters (p. 525, para. 6).

Charlotte Briggs (as cited by Martin, 2009) explains "as student-athletes become overwhelmed with their athletic roles, educational aspirations and campus involvement tend to suffer" (p. 285, para. 2). As student-athletes become immersed in their sports, they further separate

themselves from the academic and social experiences that non-athletes enjoy. The unequal balance in their dual roles could cause student-athletes to put more energy into fulfilling their athletic responsibilities as opposed to academic commitments. According to Pascarella and Terenzini (2005) the “impact of college is largely determined by individual effort and involvement in the academic, interpersonal, and extracurricular offerings on a campus...” (p. 602). The student-athlete’s role often does not allow for involvement in the three listed components.

One could postulate that social detachment alone could result in student-athletes not being able to capitalize on their student development and growth. Ultimately, this could negatively impact a student-athlete’s long-term interpersonal and relationship building skills should he/she choose not to develop them further. And, this phenomenon does not just encompass profit generating sports. Researchers found that when compared to male non-athletes, male athletes in non-revenue producing sports made smaller net gains during the first three years of college in openness to diversity and challenge and in levels of learning for self-understanding (Wolniak, Pierson & Pascarella, 2001).

In order to balance academic responsibilities with athletic activities, the NCAA established rules that dictate the amount of time student-athletes can dedicate to their sport. According to the Division I Bylaw 2.14 student-athletes are not permitted to spend any more than 20 hours a week during the season at athletic-sponsored events and eight hours a week during the off season. This NCAA Bylaw was established in 1991 in order to both maintain the amateur status of student-athletes and to keep the student status a priority over the athlete status. To further allow for students to dedicate time to their academic efforts, Bylaws 17.1.5.4.1 and 17.1.5.5.1, require student-athletes to have one full day off during the in season and two full days off during the off

season (Ayers, Cevallos & Dobose, 2012).

There have been concerns raised that a number of coaches and universities find loopholes in the 20-hour rule. In 1999, the Division II Student-Athlete Advisory Committee expressed their dissatisfaction with the 20-hour rule being abused and often ignored. There has been some confusion as to what counts towards the 20 hours of allowed time. When considering all of the responsibilities of student-athletes, both supervised and unsupervised, it is foreseeable to have infractions occur and go unreported. However, in 2002, the President of the NCAA Cedric Dempsey urged college and university coaches to adhere to the intent and spirit of the 20-hour rule and not just the letter of the rule (Ayers, et al, 2012).

### **Academic Support**

Division I universities are required by the NCAA to provide student-athletes with additional academic support including tutoring, academic advising and mentoring. With an increase in academic eligibility requirements, colleges and universities are putting more money toward academic support programs. For example, Louisiana State University spent \$15 million dollars to build an academic center for student-athletes. Similarly, the University of Georgia spent \$7 million dollars to build an academic center. It is reported that all of the Division I institutions as well as Ivy League colleges have academic support programs, and the NCAA contributes approximately \$150 million annually to support various educational services at colleges and universities (Thamel, 2006).

In addition to academic support centers, some institutions hire “class checkers” to make sure their student-athletes are attending their classes. Institutions such as Kansas, Texas A&M,

Maryland and Wisconsin have been known to have individuals tracking their student-athletes from class to class. This has made some question if that is the best use of financial resources, but associate athletic director Paul Buskirk at Kansas stated that “class checking is not my first choice for how I would spend my resources but it's necessary because 19-year-olds don't always make the best decisions” (Karp, 2011, para 19).

### **Impact on Academic Affairs**

College and university athletic teams have many positive attributes for the academic community. They instill great institutional pride for students, alumni, community members and potential students. The revenue generated by athletic teams can have positive impacts on both the athletic and academic communities. Furthermore, the academic attainment and graduation of student-athletes allows them to be educational conduits in our global society. However, one must also be aware of the potential detriments college athletics can bring to an academic environment.

A former football player at the University of North Carolina, Michael McAdoo, recently filed a lawsuit alleging that UNC failed to provide him with a quality education in exchange for his athletic skills. This lawsuit comes after UNC Chapel Hill was accused of enrolling students in No Show courses in the Department of African and Afro-American Studies between 1989 and 2011. According to the 136-page report, approximately 3000 students were enrolled in these classes and were expected to write papers without the student needing to attend an actual class. The report also indicated that student-athletes made up 47% of the course enrollment with 50.9% being on the football team, 12.2% were on the men's basketball team, 6% were on the women's basketball team and 30% were Olympic athletes and student-athletes on non-revenue generating sports (Muhammad, 2014). Dr. Boyce Watkins faculty affiliate with the College Sports Research Institute at the University of North Carolina, Chapel Hill was quoted as saying:

I've taught at four different universities with major athletic programs and at pretty much every school you see something ridiculous like this that occurs. Maybe not as broad and sustained and systemic as this but universities make it very clear that their number one priority is to make money, not to educate athletes. (Muhammad, 2014, para. 7).

It is unfortunate events such as the UNC Chapel Hill scandal can have the greatest impact on academic affairs. The mission of the university and the integrity of athletic departments must be closely aligned in order for the partnership to be beneficial and successful for all participants (Eitzen, 2016). If the goal of higher education is to educate then that must be demonstrated in a clear and consistent manner.

There are many student-athletes that are capable of succeeding academically in even the most difficult majors. However, their athletic responsibilities sometimes do not allow for them to dedicate the time necessary to be fully engaged in their studies (Eitzen, 2000). Everyone wants to have winning teams, but at what cost? What more can be done to help these student-athletes be successful in the classroom that is not already being done? Higher Education institutions provide tutoring, mentoring, study tables and academic support just for student-athletes. In a billion-dollar industry, is it really even likely that most do more than provide window-dressing academic programs for student-athletes in order to put forth a valiant effort (Saffici & Pellegrino, 2012)?

The question as to whether student-athletes were really students first dates back to the 1800's (Saffici & Pellegrino, 2012). It appears that colleges and universities have both student-athletes and athlete-students. The statistics would show that participants in revenue producing sports such as basketball and football tend to benefit the most from special admissions and clus-

ter degree programs (Zagier, 2016). Their graduation rates also tend to be lower, possibly categorizing them as athlete-students; whereas, student-athletes in non-income-generated sports such as golf, tennis and volleyball tend to achieve higher academic goals and greater graduation rates categorizing them as student-athletes (Marx, Huffman & Doyle, 2008). It is conceivable that the new academic guidelines by the NCAA will benefit all student-athletes academically and lessen the gap on academic ability and attainment.

### **Athletic Life Skill Development**

A large number of student-athletes might not go on to play in the professional sporting arena, but significant percentages do graduate from their respective institution. The NCAA (2016, Graduate Rates) reported the graduation rate for student-athletes in 2016 was 86% at Division I institutions, 71% at Division II, and 87% at Division III institutions. The NCAA statistics are indicative of the need to identify transferrable skills between intercollegiate athletics and the professional world. It is important to discern ways in which coaches and administrators can support the off-court successes of student-athletes in order to prepare them for non-athletic life.

In 2015, the NCAA partnered with the National Association of Academic Advisors for Athletics (N4A) to provide the supervision and programming for student-athletes and student-athlete development staff at NCAA institutions (NCAA, N4A to Partner, 2015). When announced, the NCAA indicated within a three year period the N4A would become the “primary provider of development and programming for life skills professionals” (para. 1). The N4A president and the senior associate athletic director for student-athlete development at Arizona State Jean Boyd stated, “The formal integration of academic and life skills programming and practitioners gives student-athletes their best chance to be supported and developed holistically as

champions in their academics, champions in their sport, and, most importantly, champions in their lives” (NCAA, N4A to Partner, 2015, para. 4).

The NCAA/N4A (2015) described the life skills administrators as the “gap between student affairs and athletics” (para. 8). The intention in this collaboration was to provide continuous programming and educational opportunities that are developed at the national level and then implemented on NCAA campuses. The NCAA/N4A (2015) reported the goal was:

To fully prepare student-athletes for life, arming them with skills that are useful through college and after graduation. Customized education, tailored programming, and engaging speakers address topics such as values identification, character building, financial literacy, mental health, community service, transitioning to life after college and differing leadership styles (para. 8).

The Student-Athlete Development offices at NCAA member institutions offer a wide array of services geared toward the personal, professional, and academic growth of student-athletes. For example, Michigan State University (n.d.) reports they are “dedicated to the personal and professional growth of our student-athletes through the Student-Athlete Development Program.” They go on to say, “Each area is detailed in nature to meet the individual needs of each student-athlete” (para.1). Their programming and educational opportunities consist of (1) Community Service and Outreach, (2) Personal and Career Development, and (3) Diversity and Leadership Education (Michigan State University, n.d., Student-athlete development section). The Student-Athlete Development office at the University of Oregon’s mission statement (n.d.) reads, “The mission of Student-Athlete Development is to develop and implement innovative programs and individualized support services that will empower student-athletes to make positive contributions to their communities and have the best opportunity to grow and succeed in college and later

in life” (para. 1). They provide leadership education in the way of workshops and individual educational programs that focus on five practices of leadership: Model the Way, Inspire a Shared Vision, Challenge the Process, Enable Others to Act, and Encourage the Heart. They also hold educational workshops, seminars, team meetings, classes, and individual advising on transferrable and life skills topics such as student health and well-being, alcohol & drug awareness, sexual assault prevention, diversity and inclusion, stress management and mental health (University of Oregon, n.d., Student-athlete development section).

The University of Oregon (n.d.) also has career development programs (Ducks Go Pro) that allow student-athletes to participate in informational interviews, job shadowing, workshops on resumes, interviewing, dining etiquette, professional attire, networking, and personal finance. They also provide career coaching which allows student-athletes to review critical feedback about their resumes, and one-on-one professional development assistance. The student-athletes are also paired with a mentor to provide assistance during their undergraduate and post graduate years.

Although these only highlight three Student-Athlete Development offices at Division I institutions, there are countless others. As demonstrated, these programs offer more than just educational outreach opportunities for student-athletes. Based on the magnitude of services offered, they are creating a culture that demonstrates and supports all aspects of a student-athlete’s college experience and beyond. The effort taken shows a level of commitment likely orchestrated from top down leadership with key stakeholders being held responsible for the success of the student-athletes and future alumni. This includes the support of the coaching staffs who have a great deal of contact with student-athletes both during the season and off-season. Their willingness to support a student-athlete with things as simple as getting them connected to the Career Services

office for resume assistance or allowing an athlete to miss practice for a job interview is commendable. It requires coaches to wear multiple hats in order to lead their players both on and off the field.

There is little information found on Division II and III institutions in relation to student-athlete development or services. The NCAA (n.d.) stated that participating institutions in the Life Skills Program are “provided with instructional materials and supplemental resources, which support a student-athlete’s development in five areas: academics, athletics, personal development, career development, and community service” (NCAA, As a division II student-athlete section, para. 11). They go on to say if that is not offered at the institution, student-athletes should talk to athletic administrators about what can be done to get the program started on campus (NCAA, As a division II student-athlete section, n.d.).

It is imperative that universities identify transferrable skills from intercollegiate athletics to real life. Colgate University provides student-athletes with a guide titled *The Student-Athlete’s Guide to Applying Your Athletic Experience to Life beyond Colgate* (n.d.). In this document, Colgate identifies a multitude of transferrable skills. The first skill listed is communication. The example provided stated that student-athletes must communicate with their teammates, coaches, officials, and professors over problems, conflicts, strategies, and conflicts. The type of communication used in these scenarios, interactions, and experiences will assist athletes in being able to communicate effectively in the work place.

The second transferrable skill is time management. The schedule of a student-athlete is filled with practices, games, classes, homework, etc. The ability to manage one’s time effectively is one of the greatest skills of a student-athlete. An employer values those who can utilize their

time in a way that allows them to be proficient in their work without a lot of direction from others.

The third transferrable skill is self-motivation. In order to be a great athlete, one must be motivated to push harder. This includes extra practices and time in the gym (without direction from a coach). One does that to excel in his sport and to be the best athlete he can be for his team. In the workforce, that type of motivation is applauded and helps with the efficacy of the office.

Fourth is being detail-oriented. As a student-athlete there are many things one must consider both on and off the field. From what to eat, how much sleep to get, which play to make, or how much water to drink- there is no shortage of detail-oriented decisions to make. Being able to identify possible problems and/or solutions on a project that impacts the outcome of a project (successfully) would be a welcomed skill by an employer.

Analytical strategy is the fifth transferrable skill on the list. Before (and after) a game, student-athletes watch game film. They do so to analyze and critically evaluate their movements and the other players while also identifying ways to improve. In the workplace, being able to critically think and analyze the various components of one's position while strategizing ways to improve is invaluable.

The sixth transferrable skill is being goal-oriented. In the world of athletics, a person is always looking ahead to the next race, the next match, the next game, the next win. Between those events, an athlete is discovering and developing ways to improve his time, perfect his layup, or lift more weight. The desire to win is fierce and pushing the athlete to the brink is not uncommon in intercollegiate athletics. Having an employee that is willing to go the extra mile

for the sake of the team and be able to motivate others to follow suit would be a skill worth perfecting.

The ability to take criticism is seventh on the list, and often the hardest to master. Coaches want their athletes to constantly improve. In order to make that happen, mentors must provide honest feedback on the athlete's performance. A student-athlete has to be open to the constructive criticism and make adjustments. This is no different in the career field. When students leave college, they are not automatically experts in their fields. Being open to feedback and making the changes necessary to improve while also learning from mistakes will assist in personal and professional growth.

Last, but certainly not least is leadership. There are endless leadership opportunities when involved in a team sport. Many student-athletes find themselves calling plays and taking charge at some point in their athletic career. Being able to recognize one's strength and motivate others in a positive way is instrumental in a team player and employee. Being able to lead team members and encourage others is worthy of great admiration and respect.

A student-athlete on the Colgate Women's Soccer team summarized the impact of her college athletic experiences:

I believe that athletes have a particular advantage after college. Having spent four years as a contributor to a team, I successfully learned to work cohesively with people from varying backgrounds. This directly translates to life after college. Most jobs require collaboration in an effort to achieve both day-to-day tasks, as well as bigger objectives. I attribute the majority of my career successes to my experiences

at Colgate as a student-athlete. The challenges that I faced in college prepared me for the new challenges that greeted me in my career (p. 22).

The NCAA's commitment to holistic development of student-athletes has already been noted; different types of programs offered by universities to ensure the development of their student-athletes have been summarized; seven transferrable skills have been identified, and one student-athlete's testimony of how college athletics impacted her career field has been shared. The question then becomes is it possible to measure whether a student-athlete is prepared for the work force? Are graduation rates important? Do GPAs adequately reflect whether a student-athlete (or any student) is truly prepared for life outside of academia? And, how can it be determined that the skills student-athletes are learning are truly transferrable? Those are not easy questions to answer.

A study done by Harvard University in 2010 reported only fifty-six percent of college students' graduate from college within six years (Waldron, 2012). In comparison, the NCAA reported a significant difference in graduation rates for Division I student-athletes. According to their Graduation Success Rate (GSR) data, eighty-four percent of student-athletes who entered college in 2007 graduated within six years. They also reported that student-athletes in the Football Bowl Subdivision graduated at a seventy-five percent rate, and student-athletes on basketball teams graduated seventy-four percent of their student-athletes in six years (NCAA, n.d., Graduation rates section). The NCAA credits the Academic Performance Program (APP) started in 2003 for their increase in graduation rates. The APP carries long-term Academic Performance Penalties if athletes fail to earn a certain number of points toward their Academic Progress Rate (NCAA, n.d., Graduation rates section, and New, 2014).

As indicated, the GSR for college student-athletes is higher than the federal graduation rate. However, Richard Southall, associate professor of sport management at the University of North Carolina and director of the College Sport Research Institute points out (Steinbach, 2011), “You cannot make that statement, because the Graduation Success Rate is not the same metric as is used for the general student population.” Further, when Southall was asked if he felt the GSR demonstrated improvement he stated, “Does that mean that the numbers are higher? Well, yeah. The numbers are probably higher. Are we doing a better job of educating athletes? I don't know.” (p. 77, para. 9).

The Georgia Tech Athletic Director Todd Stansberry was quoted, “We’re moving our priority from GPAs and grad rates to getting people ready for the real world” (McCaffrey, n.d., para. 3). This is in line with the Meeting Minutes of the 2015 NCAA Division I Presidential Forum. The minutes report, “Ensuring student-athletes can have an academic experience that aligns with their educational, and ultimately, career ambitions is essential. Successful programs already in existence on campus that allow student-athletes to align their academic experience with career ambitions should be highlighted” (p. 1).

To provide additional detail into Southall’s point, according to an article written by Jake New (2014), the GSR accounts for student-athletes who transfer into a program and graduate, but the federal graduation rate does not. In addition, the GSR does not include student-athletes who transfer to another college or university in good academic standing which then does not require the institution to count them as non-graduates.

If this is the way of the future, the NCAA and intercollegiate athletic departments will need to decide which element is the most important to measure (and how) when determining if student-athletes are prepared for life after athletics. If job readiness and placement is the most

important metric, it would require the efforts of all university athletic department staff members (including coaches) to assist student-athletes with their athletic, academic, and personal journey. If graduation rates continue to be the most prevalent measure, there will be little evidence to support that student-athletes have in fact gained transferrable life skills upon graduation.

Regardless of one's opinion, the implementation of The NCAA's Academic Performance Program appears to be making strides in the academic successes of student-athletes as indicated by the GSR. One then might hope the academic progress requirements would lead colleges and universities to recruit students with stronger academic backgrounds and place greater emphasis on academics. However, some worry that coaches and administrators will instead encourage students to select majors that are less demanding in order to devote a disproportionate amount of time to their sport while still remaining eligible to play. As C. Keith Harrison, an associate professor at the University of Central Florida and the associate director of the Institute of Diversity and Ethics in Sports stated that student-athletes want "a major in eligibility, with a minor in beating the system" (Lieber Steeg, Upton, Bohn, Berkowitz, 2008).

As the literature has demonstrated, being a student-athlete can be challenging for multiple reasons. As students, they are faced with the day-to-to demands of academia—classes, homework, and exams. And as athletes, they are required to be at early morning trainings, after class practices, travel for games, and obligatory athletic engagements. And to what end? The daily rigor of "Am I good enough?" "Will I go pro?" "Can I pass this exam?" By considering the lived experiences of student-athletes in a holistic way we might be able to formulate solutions that make the roll of college student-athlete less stressful.

We also have the opportunity to establish ways to balance the uneasiness and pain that often coincides with unanticipated injuries.

### **Summary**

Colleges and universities need to gain a better understanding of the exclusive circumstances student-athletes face in relation to seeking mental health counseling. The ability to foster an environment where student-athletes are able to have conversations with their coaches, athletic trainers, counselors, and advisers in order to gain assistance is the ultimate goal. By providing student-athletes with the opportunity to speak to the issues surrounding mental health help seeking behavior, the researcher will ultimately be able to provide recommendations to assist student-athletes in need of mental health services and colleges and universities on how to identify and provide these services for their student-athletes.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **Introduction**

This chapter describes the methodology used by the researcher to explore the prevalence of and issues associated with help-seeking behaviors amongst college student-athletes and to respond to the guiding research questions:

1. What factors encourage student-athletes to seek mental health services?
2. What factors dissuade student-athletes from seeking mental health services?
3. What professional practice experience and/or personal preferences (including, but not limited to, age, race, and location), do student-athletes exhibit when seeking a mental health provider?

This chapter is presented in 7 sections: 1) research design, 2) selection and context, 3) ethical considerations, 4) data collection, 5) data analysis, 6) biases and 7) limitations.

#### **Research Design**

The research design is a comprehensive plan used to bring together various parts of a study in a systematic and logical way in order to adequately address the research problem (DeVaus, 2001). In order to best assist student-athletes with mental health related concerns, one must first hear their narratives. For the purpose of this study, a mixed methods research design using sequential exploratory data collection was utilized in order to explore the prevalence of and issues associated with help-seeking behavior among college student-athletes.

A mixed methods design allowed the researcher to use both quantitative and qualitative data. Quantitative data is collected in numerical form and distributed into rank orders, categories, or units of measurement (McLeod, 2008). The quantitative method provides the researcher with the ability to collect data from a larger number of participants in order to describe a phenomenon and summarize possible connections or characteristics against groups or associations. By applying statistical techniques, the researcher is able to identify general patterns in the relationships between concepts, objects, people, and or processes (Ben-Eliyahu, 2014).

The current study aimed to determine the prevalence of help seeking behavior amongst student-athletes, in part, by using existing quantitative data from the Healthy Minds Network. The quantitative data reported by participating institutions nationwide was used to demonstrate the prevalence of mental health problems and service utilization amongst varsity student-athletes. The Healthy Minds Network (2016) provided data related to the behaviors, attitudes, and knowledge associated with mental health and service utilization of those participating in the study. The quantitative data was used to help inform the qualitative data responses captured at the participating institution in this study.

Qualitative research has been generally defined as “any kind of research that produces findings not arrived at by means of statistical procedures or other means of quantification” (Strauss & Corbin, 1990, p. 10-11). The researcher is able to gather data in a deeper and more in-depth way when conducting a qualitative study which is most often done in the form of interviews and focus groups. According to Seidman (2006), “Interviewing provides access to the context of people’s behaviors and thereby provides a way for researchers to understand the meaning of that behavior” (p.10).

Qualitative data is typically collected using a significantly smaller group of participants than in quantitative studies because of the amount of time needed to conduct interviews and focus groups. As a result, the findings are generally not applicable to the entire population. However, the findings can be used for larger future studies as well as provide for a level of understanding that could assist in developing theories and informing future practice (Ben-Eliyahu, 2014).

The researcher collected qualitative data from participants at one private institution in the Southwest region of the United States. The national data set from the Healthy Minds Network provided a reference to help inform the qualitative responses and offer evidence of the national data regarding the help-seeking behavior of college student-athletes. The qualitative data allowed the researcher to gain a greater understanding as to why student-athletes might have chosen (or not chosen) to seek mental health services and under what conditions.

By using quantitative and qualitative methods of research, the researcher provided not only statistical data but also a collection of voices from the student-athletes themselves. The researcher aimed to provide the details of the participants lived experiences and perceptions of seeking mental health services. According to Seidman (2006) telling stories is a “meaning-making process.”

He said,

The purpose of in-depth interviewing is not to get answers to questions, nor to test hypotheses, and not to “evaluate” as the term is normally used. At the root of an in-depth interviewing is an interest in understanding the lived experience of other people and the meaning they make of that experience (p.9).

The motivation for using a mixed method research model was it allowed the researcher to combine the two types of data and provide for a greater insight that could not be obtained by using a singular quantitative or qualitative study.

### **Selection and Context**

Undergraduate male and female participants of the study were recruited from a private NCAA Division I institution in the Southwest region of the United States. The private university designated for the study was a selective institution in a metropolitan setting. The participants were members of multiple varsity athletic teams, including Football, Men's basketball, Women's basketball, Track and Field, Women's Soccer, Equestrian, Swim and Dive, and Cheerleading.

A purposeful sampling was used by recruiting student-athletes classified as full-time, undergraduate students. The purposeful selection criteria for each participant were: 1) must be a current member of their varsity athletic team and 2) full-time student academic status.

The researcher contacted the assistant athletic director at the participating institution to discuss the intended study. The researcher discussed in detail the purpose of the study and processes associated with participation in the study. The approved IRB documentation was provided to the assistant athletic director. The assistant athletic director shared the approved IRB with their supervisor (associate athletic director) to gain their expressed permission for the researcher to meet with student-athletes. Once permission had been granted by the athletic administration, dates and a location were given to be distribute the selection survey and speak with student-athletes about the research study.

The researcher distributed informational flyers to members of the athletic teams with information pertaining to the purpose of the study and time associated with their participation. It

also informed participants of the expressed confidentiality throughout the entirety of the research study. The researcher spoke directly with each interested participant about the selection survey and subsequent interview (should they be chosen for the research study). The consent to participate form and selection survey were given to each interested participant at that time. When the selection survey was completed, the interested participants turned in their survey in to the researcher with the informed consent form signed.

The researcher chose to use participants on all varsity sport teams because of the environmental factors (e.g. stakeholders, peers, and physical space) that might cause emotional difficulties and academic challenges, as well as the lack of qualitative data on the help-seeking behavior of male and female college student-athletes. The narrative about student-athletes on these varsity sports teams at major universities tends to be the notoriety associated with their on-field success. What might be left out of the narrative is self-care and struggles associated with maintaining the image of being a successful student-athlete.

### **Ethical Considerations**

Prior to data being collected, the researcher requested and received approval from the Institutional Review Board (IRB) to conduct the study at the participating institution.

The participants of the research study were required to sign a consent form prior to being interviewed. The consent form expressly stated that their participation was voluntary and their privacy would be protected in all documents and publications associated with the study. The participants were given participant numbers, however, their number, sport, and institution will not be referred to within this study to ensure confidentiality. The researcher used direct quotes from the research participants without using any personal identifiers in order to safeguard the

participants from any discomfort or concern for anonymity due to the sensitive nature of the in-depth interviews and possible concern that others would be able to identify them via the information published in the study.

All recorded audio files of participant interviews are maintained on the researcher's personal computer, and access to the audio files were password protected. The data transcription were also maintained on the researcher's personal computer and password protected. All field notes and paper copies of transcribed interviews were kept in a locked closet of the principal investigator. At the conclusion of the research study and dissertation defense, the audio files and any/all paper documents will be destroyed.

## **Data Collection**

### **Primary Data Collection Strategies**

Purposeful sampling was used by selecting and interviewing male and female varsity student-athletes at the selected institution.

According to Patton (1990):

The logic and power of purposeful sampling lies in selecting information-rich cases for study in depth. Information rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the inquiry, thus the term purposeful sampling (p. 169).

The decision to use a purposeful sample was based on the desire to not only determine the prevalence of help seeking behaviors among student-athletes but also to get a first-hand account into the lives of the select population. A greater perspective was gained by documenting

the lived experiences through the participants' own narrative. The data obtained by the personal accounts of the participants allowed the researcher to propose recommendations for assisting student-athletes in distress.

The researcher conducted 60 minute, person-to-person interviews with each selected participant. The interviews included eight semi-structured questions pertaining to help seeking behavior and the utilization of mental health services (see Appendix D). The use of semi-structured questions allowed the researcher the ability to explore participant responses and gain a deeper understanding of thoughts and ideas shared.

The location of the on-campus interview at the participating institution was selected by each participant to encourage comfort in their surroundings. The researcher requested permission of all participants to complete a follow-up interview if necessary.

The interviews were digitally recorded (with informed consent) and transcribed in their entirety. In order to ensure accuracy of the data, the researcher provided a copy of the transcribed data to each participant. The researcher requested the participant review the transcription for accuracy and return within seven days of receiving.

The researcher utilized reflexivity throughout the study. Reflexivity is a process used by researchers to document their personal beliefs, values, and biases in a way that could impact the findings (Creswell & Miller, 2009). The researcher kept a field journal to capture thoughts and reactions to qualitative interviews. The information allowed the researcher to take account of personal experience in the research process, determine possible trends, and evaluate any possible bias concerns.

### **Secondary Data Collection Strategies**

Secondary data is data collected and analyzed by someone other than the user for another purpose (Johnston, 2013). The researcher of this study utilized the survey data from the Healthy Minds Network. The Healthy Minds Network was established in 2007 and is comprised of researchers at the University of Michigan's School of Public Health.

Using a web-based survey, the Healthy Minds Network (2016, Participate section) has captured data from more than 150,000 undergraduate and graduate students at 125 institutions of higher education. The annual survey has three standard modules that take approximately twenty-five minutes to complete. The modules include: (1) Demographics, (2) Mental Health, and (3) Mental Health Service Utilization/Help-Seeking. The Healthy Minds Network also has twelve additional elective modules for an additional fee. Regardless of which modules are used, skip logic is embedded in the survey which means some measures are only asked of participants that have provided certain responses. The participants are also able to skip questions they do not wish to answer.

The researcher requested data from the Healthy Minds Network for 2015-2016 year via electronic communication. The researcher indicated (1) her role as a doctoral student and university affiliation, (2) her interest in using the data to examine the prevalence of and issues associated with help-seeking behaviors amongst college student-athletes, and (3) her preferred data format. The Healthy Minds Network granted the researcher's request for statistical data related to varsity student-athletes collected during the 2016-2016 year. The data was sent to this researcher via electronic communication contained in a CSV file. The data helped to inform the qualitative responses and offer evidence of the national data regarding the help-seeking behavior of college student-athletes.

## **Data Analysis**

### **Quantitative Analysis**

A selection survey designed to screen student-athletes for participation in the study as well as examine for any previously diagnosed mental health conditions and/or current and/or past mental health counseling was administered to 17 student athletes.

The researcher conducted appropriate quantitative analysis on data received from the Healthy Minds Network. Quantitative analysis as a descriptive statistic was employed to report on national trends associated with the prevalence of help-seeking behaviors (and mental health conditions) of college-student athletes. Further, the quantitative data collected from the Healthy Minds Network was used to help inform the qualitative interviews. The researcher was able to draw from the quantitative and qualitative data to develop her conclusions and recommendations.

### **Qualitative Analysis**

The data analysis was driven by the research questions and the conceptual framework. According to the Pell Institute (2016), “qualitative data analysis involves the identification, examination, and interpretation of patterns and themes in textual data and determines how these patterns and themes help answer the research questions at hand” (para.1). The researcher transcribed all qualitative interviews into a Word document. In order to ensure each transcript was identified correctly the researcher assigned a code and number for each interview participant. The student-athletes at the participating institution received the code P11 and the number assigned during their interview (e.g. P11-1).

Once the data had been transcribed, the researcher began to analyze and code the data. Initially, the researcher used open coding which included identifying any piece of information

that could be useful in answering the research questions (Merriam, 2009). The researcher reviewed the transcript line by line in order to identify possible phrases or sentences that would pertain to the research questions. After the initial open coding process, axial coding grouped the open codes together. The coding process was then repeated for the other forms of data collected, including field notes and observations. The researcher generated a list of patterns and themes that emerge from the transcription. Once the themes had been identified, the researcher created categories and subcategories based on the themes found.

### **Explanation of Themes**

The researcher examined the data and separated the codes that repeatedly appeared in the interviews. After categorizing and analyzing several times, it became evident that five themes, eleven sub-themes, and four dimensions materialized from the study. The researcher triangulated the data through analysis of data from 17 interviews and the exploration of research material. To aid in establishing qualitative research accuracy, the researcher utilized member-checking, peer review, and thick, rich descriptions.

### **Trustworthiness of findings**

Irrespective of the methodology selected for the research study, the responsibility of the researcher is to report accurate results and justifiable conclusions. One strategy used to strengthen the trustworthiness of the study was member-checking. The qualitative research participants were given a copy of the transcription to check for accuracy and respond to the researcher with any erroneous errors. In order to establish credibility in qualitative research studies, Creswell & Miller (2000) contend it is important to “actively involve participants in assessing whether the interpretations accurately represent them” (p. 125).

A second strategy that was used was peer-debriefing. Creswell & Miller (2000) recommend external reviewers not affiliated with the study, as well as readers for whom the study was written, be given an opportunity to evaluate the findings. The researcher requested an expert in the field (licensed psychologist), who was not associated with the study, to evaluate the findings. The researcher requested the peer-reviewer evaluate the methodology used and the conclusions drawn from the primary and secondary data sources in order to ensure the results seemed viable based on the data collected and measures used.

The last strategy used was triangulation. According to Creswell & Miller (2000), “Triangulation is a validity procedure where researchers search for convergence among multiple and different sources of information to form themes or categories in a study” (p. 126). The researcher was able to triangulate the data through interviews and research material. The researcher was able to find information that both confirm and disconfirm themes found.

### **Potential Research Bias**

The researcher was the sole investigator for the majority of the research study, with the exception of the collection of secondary data from the Healthy Minds Network. The collection, analysis, and interpretation of all other data was completed by one researcher.

### **Summary**

In summary, the study was conducted in order to determine the prevalence of and issues associated with help-seeking behaviors amongst college student-athletes. Utilizing a sequential exploratory mixed methods approach, the researcher provided data relevant to answering the research questions posed. Even with these limitations, however, the information gathered has broad applicability since it conforms to information found in the literature.

## Chapter 4

### Research Findings

The findings of this exploratory study are presented in this chapter. It contains the qualitative data obtained in the study, including emergent themes and meaningful statements made by the study participants related to each emergent themes. Further, select descriptive statistics from the Healthy Minds Survey are used to report on national trends associated with the prevalence of help-seeking behaviors among college student-athletes.

The purpose of this study was to demonstrate the prevalence of and issues associated with the help-seeking behavior of college student-athletes and develop recommendations for colleges and universities regarding mental health services for student-athletes. The following qualitative research questions were utilized to guide the study:

1. What factors encourage student-athletes to seek mental health services?
2. What factors dissuade student-athletes from seeking mental health services?
3. What professional practice and/or personal preferences (including, but not limited to age, race, location, and expertise), do student-athletes have when seeking a mental health provider?

In order to best understand the data collection, themes were generated, and categories and subcategories based on the themes were formed. This allowed the researcher to give voice to the lived experiences of college student-athletes who struggled with mental health challenges, while also providing statistical data to demonstrate the mental health challenges of college student-athletes nationwide in a concise and concrete way. A greater understanding of the lives of student-athletes as students, as athletes, and as emerging adults may allow college and university athletic

programs, mental health professionals, and student affairs practitioners an enhanced understanding of the student-athlete experience; offer practitioners data to determine what programs, policies, and services best serve the student-athlete population; and offer the collective voices of the student-athletes as they discuss (in their own words) the hidden injury of mental health in the world of college athletics. As a result of the data analysis, themes emerged from the significant amount of data collected from the seventeen (17) research participants at a Division I institution regarding the help-seeking behavior of college student-athletes.

The research site was a National Collegiate Athletic Association (NCAA) Division I, higher education institution. For confidentiality purposes, the researcher will refer to the research site as Participating Institution 1 (PI1). The study participants were referred to by number, PI1-1 through PI1-17 in order to protect their anonymity.

### Data Analysis

**Participant Profile:** Tables one through five reflect the participants' athletic affiliation, gender, academic standing, and reported counseling participation. The male and female student-athlete participants ranged from freshman to senior year academic status. The sport teams represented in this study are Swim and Dive, Track and Field, Cheerleading, Women's Soccer, Equestrian, Men's and Women's Basketball, and Football.

**Table 1:** Participant Affiliation

Swim & Dive (1)	Track and Field (5)
Cheer (3)	Equestrian (3)

W. Soccer (2)	Football (1)
W. Basketball (1)	M. Basketball (1)

**Table 2:** Gender

<b>Males</b>	5
<b>Females</b>	12

**Table 3:** Academic Standing

<b>Freshman</b>	<b>Sophomore</b>	<b>Junior</b>	<b>Senior</b>
2	1	4	10

**Table 4:** Participation in Counseling

<b>Have Been to Counseling</b>	12
<b>Have Never Been to Counseling</b>	5

**Table 5:** Participation in Counseling by Gender

<b>Have Been to Counseling</b>	<b>Have Never Been To Counseling</b>
3 out of 5 Males	2 out 5 Males
9 out of 12 Females	3 out of 12 Females

### **Emergent Themes**

The ensuing themes developed: Theme One: Primary Identity, Theme Two: Pressures, Theme Three: Time, Theme Four: Help-Seeking, Theme Five: Location.

#### **Primary Identity - The Jersey Never Comes Off**

The identity of a student-athlete is developed amidst the confines of the college, athletic team, friends, and academic classes. Student-athletes are in two distinct social groups-- they are students and athletes, and they are expected to identify with both identities concurrently (Sturm, Feltz & Gilson, 2002). Despite the dual identities, one identity might be more pronounced than the other (Lally & Kerr, 2005). The dominant identity will display itself depending upon where the student-athlete focuses most of his/her time and energy. For example, if a student-athlete is more concerned with coursework, they might identify more as a student-athlete. If their primary focus is predominantly on their athletic success, then they likely identify more as an athlete-student (Yukhymenko–Lescroart, 2014).

A majority of research participants interviewed for the study reported they primarily identified as athletes (11). While a smaller number either identified as a student (4), or as both

(2), all 17 spent the majority of their time fulfilling their roles and responsibilities as a college athletes. The researcher found that accompanying their identity (student-athlete or athlete-student) was the common truth about how their identity actualized in their daily existence.

Those actualities identified within the context of Identity were broken into categories and sub-categories.

**Table 6: Primary Identity Categories and Sub-Categories**

Athlete	Student	Student-Athlete
Supports  Misperceptions	Misperceptions	Representing Both

The identity of each participant laid the ground work for the researcher to ultimately determine a conclusion to the research study.

**Research Question: What factors encourage student-athletes to seek mental health services?**

The majority (70%) of student-athletes in this research study sought mental health services at some point during their lives. They all had specific reasons as to why, but the underlying reasons included, their identity, connection, and stakeholder influence. But, first, we will begin with identity.

Many of the student-athletes interviewed addressed challenges associated with maintaining their athlete identity in terms of always feeling the need to be “on” and serving as an ambassador of the institution was a daily obligation.

I feel like it’s easy for other people to look at athletes and just assume, but not realize what they have to do, you know, to be in that position. Even little kids will look at you and think “Wow, that’s great!” but then I like think like, “they have no idea”- it’s so easy to look up at something and think it’s just so great and then you just don’t realize there is a whole other side to that.

When considering operant conditioning, where learning occurs through rewards and punishments for behavior, you will better understand how the use of spoken and unspoken message can impact a young person and their sense of identity and self-esteem.

The following excerpts from interviews I conducted are used to demonstrate real-life examples of operant conditioning:

Do they also give you a directive that you will look a certain way?

They don’t say that specifically, it’s just implied.

So what if you put on weight?

Then I wouldn’t fit in my uniform and another size would not be ordered for me. I know an individual that got pulled from a game because our coach said they didn’t look “game day ready.”

So because they didn’t look how they wanted that person to look, they weren’t allowed to participate in that game?

Yes. There’s ESPN cameras and photographers everywhere and that’s not the image the coach wants- someone not to be “game day ready.”

Therefore, the negative reinforcement would be if the athlete gained weight, they would not be able to participate in the sport due to their uniform not fitting. This negative consequence results in the athletes maintaining their appearance and diet to be “game day ready.”

A second example would be:

They would say, “Okay, if you do want to get better, if you do want to have more playing time, talk to us and we’ll do individuals with you.” And so like putting it out there like that, or like making comments like, “I see some of you haven’t been doing extra work or “game like work” where it’s not transferring, so that’s why you’re not getting playing time.” It’s like certain things where it’s like, okay, yeah, you have your time, but you can make more time to work on this athletic ability that you are lacking in- or you won’t play.

Thus, operant conditioning conveys the message that if one does not spend their free time practicing or working with the coach to improve, the individual will not play in the game. If they do spend their time as the coach desires, they will play in the game.

As indicated, the overwhelming majority of participants reported identifying primarily as an athlete. One of the most significant issues for student athletes is their entire sense of self has revolved around their role as athletes- they have been doing this for so long they don’t know who they are without that title. Participants also talked about having to pretend they were okay when they really weren’t just because of who they were as an athlete. The words “façade” and “image” were used countless times to describe what it was like to be a part of this unique sub-population- Participants also acknowledged how as an athlete one has to be willing to give up their own individuality for the team mentality. Many said they considered the needs of their teammates before

themselves and acknowledged with that came feelings of not being seen as a single person any longer but rather the name on the back of a jersey. And many of those I interviewed indicated they hid their problems from their teammates so they would not impact the team.

The following student-athletes shared how they identified:

I identify as an athlete. I feel like everything I do kinda revolves around athletics. And like, yes I have two majors, and school is certainly important to me, that's where I'm going for the rest of my life, but, as of now, I would consider myself, I guess an athlete. Like everything I do kind of revolves around my sport. I wake up, I go to workouts, go to class, go to practice, meets on the weekend, like all of my extra time is with athletics.

I identify as an athlete, definitely. It's taken over my life as a college student. Like, I don't identify as a regular person. We kind of have jokes for students that are not athletes, like, N.A.R.P (Non-athlete, regular people). I don't know, I just feel like my life is consumed by my sport- it's 24/7. Like yeah, school is supposed to come first, but it seems like a lot of the time practice just comes first, meets come first, getting my study hall hours done, even though that's like being a student, being responsible, it's still a task that you have to do being a student-athlete and being on the team.

I would say I identify primarily as an athlete. I'm actually a transfer student. I went to a different university first. And there I was primarily a student and I didn't really enjoy that so much. I felt like when I wasn't practicing or wasn't on a team, like I wasn't myself. I was kind of lost. I didn't really have a purpose or a group. Um, so then when I transferred here to be on the team. I feel like I'm here to be an athlete. And then obviously, still really care about academics, but it's not something that gets me up every day.

I identify more as an athlete, honestly. I came to the states primarily to play my sport. Otherwise I wouldn't have been able to come to college because I got the scholarship and everything. That's how my coaches found me and got me to play here. I mean, I do see myself as a student, too, but, definitely as an athlete first.

I would like to say student, but I feel like with the expectations on my team, definitely athlete. And when you sign, they always say academics come first before athletics, but there's a lot of pressures that make it feel otherwise. Um, so, yeah, I would say athlete, definitely.

Another reason why players are so close is because of the things we go through. The coaches are constantly yelling at you and telling you what you did wrong and you're kinda getting in your head- and coaches getting in your head- and you're frustrated with yourself and your body. And to constantly test your body every day and then be told you're not good enough for this or you're not that, or you can't

play even though you have been doing all this.... It puts a strain on you. I feel like a lot of people who aren't over there every day- they just don't understand that. They don't understand that you are going over there and you are getting beat up every day- you're tired- you have been yelled at fifteen or sixteen times - you feel like you are not doing a whole bunch of stuff right. Like you want to play, but you're not playing - like you get hurt. I want to say for a lot of athletes... their bodies are their identities- if they do get hurt then they don't know what to do because they are hurt.

Only four research participants indicated their primary identity was that of a student. Of those four, two participants indicated this was because of their impending graduation.

If I answered that last year I would have said athlete, but I think right now I would say student. Last year I had a very short-term oriented mind. And now, I definitely have a longer, like a long term mindset. So I'm thinking like for the rest of my life I'm not going to be an athlete- that's something that's basically already over for me now. Um, it's also shifted, it has changed the way I handle things, deal with things, everything. I feel like as an athlete there were all of those pressures that were really tough to deal with. And so now, I feel like I am being more realistic with everything.

I see myself as more of a student in a way. It's Senior year now so it's like a lot of work, and you have to cramp down. It's like, I'm already talented so I know I can

go out there and do good things in my sport, but, now I have to put more, you know, work in and be dedicated in the student lifestyle so I can pass my classes and get good grades. So, that's how I see it.

One participant who identified primarily as a student said that was because of the reality of not being athletically elite enough to play professionally. However, a college degree would allow for additional opportunities at the conclusion of their bachelor's degree.

My primary identity is as a student. What's going to get me through during the long term? I need to get a degree. I'm not going to go pro, and so I can't put all my effort into being the greatest athlete, or what am I going to do after college? So more of a student.

Similarly, another participant reported almost verbatim why they chose to focus more on their academic pursuits than their athletic career.

For me I would say student because I know my sport is only really going to take me through college. I'm not trying to play professionally or anything, so yeah, student.

And regardless of how each identified, the participants indicated there is also a lot of stress when it comes to being a student-athletes and performance. They push their bodies (and minds) to the limit in order to meet the expectations of their coaches and fellow teammates. They also feel the pressure to excel in the classroom while simultaneously meeting the demands of

their athletic commitment. If a student-athlete fails to maintain the required grade point average (GPA), they are unable to compete due to NCAA and institutional eligibility requirements. In addition, there are pressures associated with their personal lives. One misstep on social media, or one indiscretion that results in consequences for the institution or athletic department could result in being separated from the team and/or institution. But the pressures don't stop there. There are also the common worries that most college students face, including grades, exams, completing group projects, and forming and nurturing new relationships while adjusting to life away from home for the first time (Perry, 2018).

What student-athletes do not have is the luxury of time to be able to be perfect in all facets of their lives. What they do have is the pressure to excel in every way while trying not to make a mistake and let someone, including themselves, down. The most common theme was the pressure to perform on and off the field as you will see detailed below in their own words.

I think like, just like performing, there's definitely like a big pressure there- especially if you are on a scholarship. Because, I mean, you want your coaches and whoever like has given you that chance to know they didn't waste it on you. So there is a pressure to perform for sure. And just to do well on your team- I mean, they recruited you and they took all this time...you want to be able to do well for them.

So, definitely a lot of pressures from all fronts... especially like coaches wanting to make sure we're performing. Um, also depending on if you got money, that's a

big thing if you are getting a scholarship- then you should be delivering. Our coaches like to emphasize that we should be scoring at meets and making a name for the program... which, I totally understand, but there's definitely pressures there. But definitely the pressure to be better. And also to do well academically. But then our coaches have also told us, you know, "You need to prioritize things. If you need to get a B in a class to perform better, then you should do that." Which, I don't know if I totally agree with.

Always having to perform at a high standard- whether that's on the court or in the classroom. On the court obviously, like in order to win games or in order to have a successful practice, like, you have to be giving your all in everything. Even in the weight room, when we're doing conditioning, and then also in the classroom cause for other students, like, there aren't major consequences if you don't pass a class. But for us, if you don't have enough credits, you can't play. So you have to always be on peak performance in the classroom and on the court.

I mean, expectations of the coach and what other people think that you can do, especially you know, professors also. Cause they have a like high expectation for you, you know, to get good grades and do your papers and turn your papers in on time. And the same with the coaches. When we go to practice and stuff like that, we train, he expects us to run a certain time, so that's like the expectation of both sides.

Oh My Gosh, okay, there's like a lot. Um, just like trying to be, not being perfect, but being close to it. Like, there's just so many outside pressures from like coaches, friends, family, teammates. You kind of feel like you're almost competing against your own teammates for like a spot on roster, or like literally anything. Like just trying to compete, and I just feel like you always need to be on your toes and you need to be 100% accurate and perfect in practice every single day to prove to the coaches, and to prove to your other teammates that you deserve that spot to compete. And it like stinks at times because you don't want to knock off a teammate, but I feel like it's what you have to do.

Performance, yeah. Your coaches have like these lofty goals that they want you to hit, they want you to achieve, and they are under pressure from the athletic director, you know, to keep the University in a prosperous limelight of excelling, um, athletically, and so the pressure we face is to constantly perform at the elite level. You know, every decision that we make, you know, from what we eat, to how we allocate our time and our resources, you know, it's always on our minds... to perform. Cause when we don't perform, our coaches aren't happy and it's like another stress.

During the season you don't really get time to decompress or anything like that. It's like once you flip that switch of "Okay, I'm in season," it's just like, I'm in grind mode- like tunnel vision - I'm just going. And it's not a thing of like, you don't have a choice to like, say "Ahh, I just can't do it today!" Like you can't, cause there's always a practice or a

game or something. You always have to be accountable. Like if I don't go, who's going to step in my spot? And also, if I don't go, somebody is going to step in my spot.

After interviewing the research participants, it became evident that the individual behind the title of "student-athlete" can at times feel unseen. As a member of a team, their ability to score, run, and bring accolades to the institution (their coaches' livelihood depends on it) becomes the main objective. That individual, however, who also happens to be an athlete, might be struggling to meet the expectations of the public, the media, their coaches, their professors, their friends, and their parents, and themselves. But, in order to meet those various expectations, they must process and sort through the various critiques of their performance (in multiple settings) without losing their sense of self-worth. These young people have the ability to hide (in plain sight) behind the title of "student-athlete" instead of saying "I need help." Not one of the research participants wanted to sound ungrateful for the opportunity to play at the elite level, but there were costs associated with being able to maintain that great privilege.

The internal battle to uphold the expectations of the institution can prove to be difficult according to the student-athletes themselves:

Our coaches, they always make big deals of like just us being females and being out in public and representing our school. We are not just like any other girl that is out in public- you are a student-athlete. So everything that happens to you reflects on our school. And so, I know freshman year that was like a huge thing because our coach always says you represent these three letters on your chest. It's almost like you are representing these three letters- you are not really representing yourself.

And so, you have that pressure that way where it's like the institution is me, I'm not me.

That mentality of like the letters on the front of your shirt are more important than the ones on the back. Like yes, it is true when you are a member of a team, everything is for the team, not for yourself, it is the team mentality, but like you do have to look out for yourself, too, because you are important.

We are always told that we are an image of the University and we are representation of that. So, I think it is a lot of pressure, for sure, on representing the University as a whole- and just your image outside of anything that you do. Actually, just everything that you do- you are just a walking target. And we are supposed to be radiating happiness all the time. So that's kind of hard because people don't see you like in your struggles because you are always having this face on (all the time)... cause that's what we are told to do. So, I think more for everyone else, it's just sometimes you wish that people didn't see you for your social media or like you in your uniform (or that stuff) because everyone is human- it's not always how we portray ourselves in public.

I feel like especially in the beginning of this year and the end of last year- more so when it was the toughest for me... I felt like it was just harder to get through a practice. I was always having to like be super energetic and smile all the time when that's not how I was feeling on the inside. But obviously I couldn't project

that- having such an important role on my team. Like I couldn't let other people know that I was struggling because then everyone would be worried about how I was feeling, rather than the team success. So, I feel like it was always like this facade that I was great and wonderful when I really wasn't.

I feel like as an athlete I wasn't connected to the school as like just a regular student. I felt, not to say that I was above everyone else, but I just felt kind of like everyone would look at me with higher expectations. So thinking of myself like that, and having to fulfill that oh they are looking at me like I should be "this athlete," and I should look "perfect" and I can't make mistakes.

All I could think of is, okay, I need to look great, and I need to look great tomorrow, and I need to have it all together and be perfect like right away. So, it was very intense, like, you know, I had to obtain something that's kinda impossible but they are pushing you to obtain that anyway.

Now we move to connection (or lack thereof). Almost all of the student-athletes did not feel connected to the university or to their non-athlete peers because of the time commitment associated with their sport. The participants indicated their friendship groups (and often roommates) were athletes.

My friends pretty much are all people I have met through athletics. If I didn't play here, I think I would have like a whole different like friend crowd. I think I would have a totally different day to day experience, I guess.

I feel like I missed out on a lot because most of my only friends are on my team. Like, yeah we are really involved at the university, like all the sporting events, and all the events are on campus, but like in terms of like connecting with other people, I only know people in some of my classes and then my team (or other athletes).

I don't really associate with a lot of the regular students that much- besides class. And even with training table, we (my team) eat dinner separately. And during the day we usually just like pick up our own lunch. We never really go to the dining hall. So I don't really feel like we associate with other students that much. I live with one of my teammates and then two other student-athletes.

A good majority of my friends are student-athletes. For me, it's just having positive friends because as a student-athlete it can be stressful. You just need that extra advice from like, your peers... where they can relate to you because they are also student-athletes.

My friends are mostly in the athletic arena. And like my best friends are all in the athletic arena. Um, whether it's in my own sport or other sports.

Also, student-athletes reported the only time they felt they could be themselves (and not just an athlete) was when they were in the department of athletics surrounded by their athlete peers. They discussed how comfortable they felt sharing a meal with their teammates and taking part in the social opportunities with their peer group because it allowed them to be free from their public persona. It became apparent that these student-athletes lived in a world that was designed to accommodate both responsibilities (academic and athletic), but only if they were committed to sacrificing most everything else in order to meet the demands of both... including their own mental health care needs.

I think just the expectation of being able to perform and um, kind of put everything else to the side- like when you're at practice and at competitions, like, no matter what's going on in life, like personally, or academically, it's kind of like, okay, put it away- like your time is to focus now on what's at hand. And I think it certainly helps in life to be able to like, kind of block out some stuff and be able to focus on what you have to focus on, but, I mean, with that being said, the expectation is that you keep up your grades, and like, you stay out of trouble, but you really are expected to be the perfect person. You are expected to perform perfectly in competition, and you're expected to keep your grades up, you are expected to be a good teammate, and to be there for everyone else, for like, basically everything.

And lastly, stakeholder influence. The encouragement to seek mental health services from someone the student-athlete trusted, including their athletic trainer, coach, family, and/or support person was influential in student-athletes seeking counseling. The student-athletes were more receptive to mental health counseling when/if it was encouraged by someone important in their life and/or utilized by other student-athletes.

That was sophomore year and it was just after Winter break, and I had four guy friends from high school die in a canoe accident, or a drowning. And then we got back to campus and my grandfather died. And so it was just a lot of loss for me in like literally one month. And like, I wasn't really myself at practice. My coaches could tell that I was really down because I'm usually a very happy, spirited person. And so, they pulled me in and they were like, "There is someone you can go and talk to. You need it."

My coach. She knew that I was struggling with something, or she actually didn't know, one of my teammates knew, and then they were like, "I think you should go talk to Coach." So I went to go talk to her, and then from there we like went to talk to the team physicians and then both of them recommended it.

I had an abortion, I think about a year ago. I knew I had to tell my trainer about it because it was literally two weeks before we were coming back and like you have to run the fitness test. They were going to be wondering why I wasn't fit. I was like,

there's all these signs and I was still sick. I wasn't allowed to go workout for like a couple of weeks...so I had to tell my trainer. She covered me, but then she also told me, "I really want you to go see the counselor."

This indicated that stakeholder involvement can prove to have both positive and negative impacts depending on the message delivered and demonstrated to student-athletes.

In summary, all of the internal and external demands faced by college student-athletes could prevent a student-athlete from not only being able to improve upon his/her academic skills but also from assimilating into campus life and forming relationships with peers outside athletics. The extensive time demands of a participant on an intercollegiate sports team could hinder a student-athlete's ability to fully shape his/her identity as both a student and an athlete (Simile, 2010). Ultimately, student-athletes found the greatest challenge in maintaining their athlete identity. Beneath their jerseys they were just young adults trying to navigate their way through the challenges and experiences associated with college. The pressures, stress, and pain of everyday life were compounded by their athletic responsibilities. The overwhelming majority talked about how much they loved being an athlete, but they also acknowledged that it was not always as great as the marketing department would lead one to believe.

### **Research Question Two: What factors dissuade student-athletes from seeking mental health services?**

The most common reason for not seeking mental health services was a lack of time for anything other than the participant's sport or academic responsibilities. Student-athletes are faced with a myriad of pressures that might exacerbate a mental illness. They are tasked with being not

only a full-time student but also a full-time athlete with commitments to their team, their coach, and their academic institution. A 2016 NCAA Growth Opportunities, Aspirations and Learning of Students in College (GOALS) survey indicated that Division I student-athletes spent approximately 34 hours a week devoted to their respective sport in-season and 38.5 hours a week dedicated to academic work. They further discovered that 75% of student-athletes in Division I baseball, football, and men's and women's track report spending as much time or more on their sport when in the off-season as well (NCAA GOALS Survey, 2016). As a result, student-athletes have little time to meet additional needs, including taking care of their mental health. This is supported by Watson's (2006) study of student-athletes that found a lack of time to be the fourth leading cause for not seeking mental health care. His research indicated student-athletes perceived the potential to meet with a counselor was limited because of the lack of time to use services and because services were not accessible during student-athletes' free time.

Unfortunately, it might not just be a lack of free time that prevents student-athletes from seeking mental health services, it could prove to be exhaustion. The 2016 NCAA GOALS Survey found that over one third of the student-athletes surveyed reported not having the energy to perform other tasks because of the physical demands of their sport. The study also found that one quarter of the student-athletes were physically and emotionally exhausted from the demands of their sport (NCAA GOALS Survey, 2016).

The research conducted by others proved to be accurate and reflected in this study. Many of the participants discussed a lack of time and energy to do anything other than their sport and classwork. The ability to factor in another time commitment seemed unfeasible based on their other obligations, all of which seemed to take precedent over their mental health care. The sub-

categories of *help-seeking* included; no time to go, not something I do, hard to ask for help, and why I decided to get help.

I would say it's more like a cyclical effect- cause like I've been stressed about school and all that with athletics combined - and then like adding counseling is like adding another time commitment - that's like adding another thing that I would have to like go to. I think, like logically, I would know it's good to go, but like it would get pushed back in all the other things I have to do. Like, okay, maybe I could go but I have class and then I will need to finish up this project and then go to practice - and then maybe I could go sometime later this week. So, I think a lot of it is finding the time to go. Um, then knowing where really to go. Like even this building. I knew it was here, but I didn't know what was in here. And, like, yeah, not really wanting to go. I guess it's like hard to go asking people like "hey, do you know how to go and get counseling?"

You have to pay for counseling and stuff like that, and sometimes I see that it's just not necessary. Sometimes it's just a time consuming process, you know. And plus, I don't think that I know them that well to just talk about anything, you know, where I have my friends that I can just tell, that knows me for a long time, and not judge me, you know.

I was so busy, I didn't have any time to. Like I went to my advisor because it was right on campus, like if there was an appointment I could get right in to talk. Otherwise it would involve like driving somewhere and waiting and that's like a two hour commitment and I literally just didn't have enough time.

I'm not afraid to go and talk to anyone, if anything, it's more of a time commitment, like trying to find the time throughout the day. And it's like obviously, you want to go, but like, even it's just the simple thing of just getting over there, and like, just trying to figure out a time period throughout the day. Because like, our days go by so fast that it's like, already night time and didn't have time for any of that. So that would really be the biggest thing.

I think just time, all the time. I feel like I never have breaks. I think I'm just always on the go. And so, I never have time to like sit. And like I said, I bottle all the things up. But really I don't have the time to sit and think about it. And if I do, if I address something, it's like takes so much out of me that I get behind or feel I'm getting behind.

The biggest thing would probably be time. I've discussed my schedule with you and there's not a lot of time to fit in other things. That's why for me it would purely be friends that I could go to in my dorm - people that I'm seeing every day. Or someone like my advisor who is in my vicinity. But that's not really something you can change, you

know. Coaches want you in the gym for that amount of time because we are working toward the championship or whatever it is, you know? You have to be in class for a certain amount of time. You have to graduate. So, time would be the biggest thing. The level of, the type of stress, the significance of that stress- if it's just a small bump or if it's a massive war that you can't see any way around and you're like, I really need help here. Time would just be the biggest thing.

The data gathered by the researcher showed several correlations to the 2015-2016 National data collected by the Healthy Minds Network. The HMN annual survey showed the greatest barrier to help-seeking was not having enough time to go. The second most prevalent reason was not having a need for services, followed closely by a preference to address mental and emotional health concerns on their own or with the assistance of family and friends.

**Table 1: Healthy Minds 2015-2016 National Data: Barriers to Help Seeking**

In the past twelve months, which of the following factors have caused you to receive fewer services (counseling, therapy, or medications) for your mental or emotional health than you would have otherwise received?

No need for services	7.2%
Financial reasons	2.2%
Not enough time to go	8.0%
Not sure where to go	2.0%
Difficulty finding an appointment	2.1%
Prefer to deal with issues on my own or with support from family/friends	7.1%

Other	1.3%
No barriers	3.9%

Student-athletes face unique and sometimes stressful college experiences. They are expected to meet the academic rigors associated with attending college while also excelling in their team sport. Many students come to college not fully prepared for the academic rigor of what lies ahead. Students often struggle with learning how to study properly, take notes effectively, and write proficiently while dedicating all their time to their academics. Those are the same challenges faced by student-athletes when they transition to college. However, they must be able to do those things while devoting twenty hours a week to their sport, which does not include travel and other athletic responsibilities (i.e. meetings, appearances, and medical treatments) (Jolly, 2008). The ability to find an extra hour for mental health counseling was almost a luxury they could not afford due to the amount of time it took to accommodate an extra appointment into their already full schedule.

The research participants discussed their daily struggle to maintain the balance between being a successful student and a competitive athlete. The sub-category of *time* refers to balancing academics and athletics. All of the participants openly discussed how the ability to do both was oftentimes difficult.

The time commitment is also difficult because sometimes when you come from practice and stuff, I will be like super tired, and you know, sometimes we are in moods, cause we are working so hard. Like, we don't have no rest period throughout the day. It's like we go to classes, and then we go to tutoring, and then we go

to practices and stuff like that. Our classes, practices, and then tutoring, so it's like all around hours, like eight to eight. When you get home you just want just a little time to relax and just not do anything to just cool off, you know. So, that kind of puts a toll on it, too.

You just have to learn to manage your time very quickly. Um, going between classes and training and treatment, meetings, and academic appointments and all the other different things that are required of you. You definitely need to know when and where you have to be- where you can fit in food- where you can fit in sleep. If you need to do anything extra things outside the sport, outside the classroom, like things like this... it was tough scheduling this just because things can change (and do change) all the time.

When I came here, time management was a big one. Because at home I never had to organize my time this much. Then I come here and I have to find time for everything. Freshman year was study hall- that was eight hours per week and I didn't expect it to be hard to fit it in to the week because it's only eight hours, but it ended up being a struggle to get it all in. Um, but for my sport, to be able to get it all done and perform well at practice.

Getting everything done within a week is super, super hard. Once you get your schedule down and everything. Like I know my freshman year, the first few weeks

I was like in tears all the time because I was like, “this is too much; I can’t do it.” We had eight hours of study hall a week that we had to do, practice almost every day, workouts every morning, and like, it’s so time consuming. And you really don’t have time to like, see your friends outside the team. And like, you’re just going from one thing to the next each day; workouts, study hall, class, practice, home, study hall, dinner, bed. And, it’s very, it’s a huge commitment.

The common one of like, time management, but I think, it gets frustrating because it’s like, you do have to manage both, but sometimes your coaches like aren’t too understanding. Like they are saying, “I want you to get at least a 3.0,” but at the same time, it’s like, “but, can you get a little more sleep tonight”- so like, to study less kinda thing. And it’s kind of frustrating. I mean, I will say my coach has been pretty good at letting me miss practice sometimes to go to stuff for school, so that’s really nice, but then there a few things where it’s like, I need to care about school.

When we are not training or practicing we are in the training room getting our bodies’ right, massaged, cryogenic therapy, ice bath, chiropractic care. We devote a lot of time, and so that’s not like talking about the opportunity costs that we could be using that time for studying. Um, and then like when we are done training, I mean, like, we’re tired and we are fatigued and so it’s kinda hard to like have the motivation to do our school work because we just exhausted our bodies.

I was surprised by the number of student-athletes in this study who were unaware of the mental health services available to them on campus and that cost was a factor in why they did not seek help. The use of mental health services on campus were (and are) provided at no cost to all registered students.

### **Stigma**

Not astonishing, student-athletes did not want to pursue mental health services on campus because of their athlete status, and the stigma associated with getting mental health care. But because of the additional time that would be needed to seek and attend off-campus mental health services, it was not a well utilized option. The institution where the research study was conducted had two licensed clinicians who held office hours in the athletic department, twice a week for four hours each day, it went largely unnoticed by the participants interviewed for this study. A few of the participants did not even know where the counseling center was on campus (or if there was one) because of their (self-reported) limited involvement on campus. This demonstrates that even with resources available, there were greater barriers, including stigma that prevented student-athletes from seeking mental health services

The Healthy Minds 2015-2016 statistical data reported that 28.3% of the student-athletes surveyed disagreed when asked if they would think less of a person who had received mental health services, and 44.8% of the student-athletes indicated they “Strongly Disagreed” with that sentiment. Therefore, the perceived stigma associated with help-seeking behavior might be a result of a self-imposed stigma that is based in a historical context. The HMN data regarding the stigma of receiving mental health services was consistent with what this researcher found in her study as well. Although not a large percentage of the qualitative respondents indicated they

would think less of a person who received mental health services, several indicated seeking mental health services was indicative of weakness.

**Table 2: Healthy Minds 2015-2016 Statistical Data for Stigma**

How much do you agree with the following statement?: I would think less of a person who has received mental health services.

Strongly agree	.7%
Agree	2.4%
Somewhat agree	6.4%
Somewhat disagree	7.1%
Disagree	28.3%
Strongly Disagree	44.8%

The literature suggests that the stigma associated with mental health conditions and the concern for athletic personnel not being supportive of seeking mental health services, student-athletes might be less likely to acknowledge their own mental health challenges and as a result not receive the appropriate level of mental health care (Sudano, Miles & Collins, 2017). Furthermore, the notion of “there is no I in team,” and “no pain, no gain” has been conditioned in the psyches of many young athletes by coaches and parents. As a result, student-athletes might feel as though seeking help for their mental health demonstrates a sign of weakness (Watson, 2005).

The stigma associated with mental health and the concern for appearing “weak” was found to be a barrier to seeking mental health services and was expressed by the student-athlete participants below.

I didn't know much about counseling. It just seemed very bizarre to me. I didn't think I needed it, or that it would help (just because of the stereotypes). I've only seen it through like media and like television and stuff, so I always thought it was like strange and it wouldn't help me, but obviously I was wrong.

Nobody. Just because I don't think people can relate to what student-athletes face. So I don't know if they would really understand what we go through. I would just keep it to myself. Probably the stigma that guys should be tough and hold their feelings and like, uh, you know, be like the bigger person and not show weakness. So probably like that stigma of being a man and what not, and not showing vulnerability, too.

I think it's hard to admit you're struggling. Um, I don't know. I would say, yes it is a weakness. Like I don't want to seem like I have a problem. I know it's usually confidential when you go and do things- and no one would have to know... but, if someone knew you were going there or asked where you were going... I feel like I definitely would be like not say, "Oh I'm going to see my psychologist!" So, I don't know, it's just nothing you would talk about.

You are always wanting to make it to where others don't think you have a problem. Like you pretend you are okay, or you're around people where you eat a lot and then go the rest of the day without eating. Or you might have a cookie around them and be like, "Yeah, I'm fine." Everyone is just trying to show each other we are

fine. BUT, if every single athlete were to come in to your office and was very truthful to you... very few would say they were actually okay.

One student-athlete that did utilize the counseling center on-campus did so during evening hours for both convenience and privacy as detailed below:

The counselor was only in during the evenings. The counseling office was kind of closed then. I would meet her at like 5:00 or 6:00 in the evening and it was fine- really relaxed. I think it also fit better with my schedule. I didn't mind that there was no one going in there, and like, it wasn't that busy either. So like, I was living in the dorm at the time, too, and so, walking through the quad was kind of like, okay, I'll go to the Student Union and then just go down and no one will notice. And I think it's locked by 5:00, so you actually have to like ring the doorbell and they let you in. It's more secretive that way.

### **Cultural Identity & Family Background**

In addition to not having the time to dedicate to seeking mental health services, research participants discussed their unwillingness to seek mental health services due to their upbringing and the cultural shame associated with mental illness and counseling. Even so, two of the three participants quoted below ultimately did seek out mental health services, and one of the participants indicated they would not rule it out should the need arise in the future.

I'm just like not the kind of person that like goes to talk to someone. Like if I need help, like I will call my mom, but like that's like it. Like, I don't even talk to my friends if I am going through things - like if I am really stressed then yeah, I can say I am stressed, but you know, it's not like, "Hey, I need help."

I would say, maybe when I was younger, it just didn't look good. I'm not going to speak for the entire black community, but I know my household and my family and whatever, it was just like "Why go to counseling when you can pull your boot straps up and pray about it?" Get a pat on the back and keep grooving! So, I think it was more of like not looking bad on counseling or anything- just like, you're strong enough and don't need it. I mean nobody ever said that, but it was just kind of implied.

I'm kind of that person everyone always comes to and talks to- like to vent about things. And everyone talks to me about it but I've never been the person to really like share, or go to someone and vent about something. I'm always the person listening- never the one really talking. I kind of shoved everything away. And like, I don't think it was just one thing that pushed me over the limit. It was just that I kept shoving it away and shoving it away, and then it all exploded.

That upbringing made it difficult to acknowledge a need for help when noticing mental health challenges. It was not until those individuals came to college that they were introduced to counseling and the benefits of it by new stakeholders (coaches, trainers, teammates, athletic administrators, and friends) in their lives.

### **Minimization**

A few of the research participants said they minimized their mental health struggles until they no longer could keep themselves safe. The honest and raw statements made by the research

participants when asked about seeking mental health care were profound. The participants recounted why they could no longer wait for services. They wanted others to know that behind their jersey, behind their title, they had fears sometimes so great they considered taking their own life. Further, there are struggles with loss, drug addiction, depression, bipolar disorder, and various other struggles associated with their mental health. We tend to forget that the young men and women we see on ESPN are really young men and women just trying to make it in the world while also being showcased on a national broadcast. The images portrayed on television, social media, and by the colleges/universities themselves are not always as they appear. The testimony of these brave young men and women who chose to seek mental health services is as follows.

The feeling of hating myself so bad... it's like I couldn't function. And I didn't want to be here, in the broad sense... I didn't want to be anywhere. I didn't want to be me. Getting out of bed was a struggle. Going anywhere was a struggle. And that was what really drove me. I had a serious issue.

I think the Adderall abuse led me to a lot of anxiety and depression. I finally had a reason to go and I could talk about that. And I could talk to my mom and be like, "there's something wrong, like I'm sad, I'm anxious," but I felt like I could never really mention the other part because I just didn't want to. It was embarrassing. I couldn't even admit it to myself. But at the same time, it was just crazy because I knew my other teammates were doing the same thing. And I don't know, I mean, you never really know what other people's lives are like, but I can only imagine it was probably something like mine. I know like my one of my friend's on the team

would study all night and she would have her water out- next to her water would be a prescription bottle because after like two and half hours, like if she was losing focus, she would take another pill (Adderall) because she had no time. I guess it's just so easy to get caught up in our own world to where you just don't really realize you can like open up about it, or tell someone else it will get better... you just don't really think that's an option because that's not what we're really told we could do.

I tried to kill myself at the start of the year. I think over summer, from like being at my internship... I realized how great it was. It was such a healthy environment and I really enjoyed it. And then I had to think about coming back to school... how competitive the major is and how competitive the team is... just everything that was going on in life... I guess I just didn't want to do it anymore.

It started off just restricting a little bit. I remember walking around campus and I had no energy but I also noticed that my thighs didn't touch the way they use to. And so it was kind of like "*hey, you're losing weight, you're doing what's right,*" but at the same time, it's like, "*gosh, I'm so tired.*" And so it turned into social isolation... just being your bed (a lot), and not wanting to go out and hang out with friends. And even if you did, you're super crabby. So, I didn't handle it, needless to say, in the very beginning, very well... at all. And, I think starting to see people, definitely did help. It was kind of that that changed my mind to, "Okay, I don't need to starve myself." Like, "that's not good." And having to hear, "this is what's going

to happen to you in the future.” I also had a really good friend, she was on the team and she had to get off of it because she had a really, really bad eating disorder. She was hospitalized during the summer. And so like, seeing her, she can’t run anymore. She has heart problems for the rest of her life now. Seeing that was definitely helpful. But, I think it was this summer that helped me manage it the most- I had to go to a counselor and I was like, “I’m not okay.” Like, yes, I’m eating fine now, but mentally, it just fucked me up. So I had to see a psychiatrist. I was diagnosed with depression and anxiety. Then, just recently, like two weeks ago, well, okay, first I was put on medication. The medication was helping but it was making me super dizzy and light headed. So I was nearly fainting or passing out during classes. So I got off of that and then my psychiatrist was like, “Yeah, you’re kind of doing better. It’s like you’re going in phases.” So, then I was diagnosed with Bipolar. So I just started medication for that. So I guess how I’ve been managing it was seeking help. Mainly, it’s okay to not be okay. And to ask for help, and just swallowing your pride. It’s not fun being diagnosed with all of this stuff (at all), but at the same time, it’s going to help me out. It’s better to not feel like shit all the time, and like have to take a pill, or have to go seek help- that can help you significantly.

The researcher should note that 70% of the participants interviewed for this study reported they have received professional mental health services at some point over the course of their lives. Many indicated they had received counseling for the first time while in college. There were a few that continued in mental health counseling beyond what they described as their crisis phase because of time constraints. Others, however, maintained an ongoing relationship with

their mental health provider. The HMN showed the majority of student-athlete participants did not receive counseling within the past year.

**Table 3: Healthy Minds Network 2015-2016 Statistical Data: Use of counseling/therapy**

In the past 12 months have you received counseling or therapy for your mental or emotional health from a health professional (such as a psychiatrist, psychologist, social worker, or primary care doctor)?

Yes	20.2%
No	70.7%

According to the 2015-2016 Healthy Minds Network data, 59.3% of the student-athletes surveyed reported speaking with a friend when they were experiencing emotional distress, and 60% reported speaking with a family member.

**Table 4: Health Minds Network Statistical Data 2016-2016: Help Seeking Intentions**

If you were experiencing emotional distress, whom would you talk to about this?

Professional Clinician (e.g. psychologist, counselor, or psychiatrist)	29.4%
Roommate	36.2%
Friend (who is not a roommate)	59.3%
Significant other	34.0%
Family member	60.1%
Religious counselor or other religious contact	5.2%
Support group	1.9%

Other non-clinical source	2.5%
No one	5.8%

The participants in this research study overwhelmingly reported they spoke with friends and family when experiencing emotional distress. Further, there were several that chose not to talk with anyone at all. The qualitative data was congruent with the HMN national data. Both are displayed below to demonstrate the consensus.

I am pretty close to my family so, usually if I am freaking out or stressing out I will call my older sister and I can usually talk to her. But as far as being at school... my really good friend that I met this year. I will talk to her if things are bothering me, sometimes. But probably, mostly family when I am having a hard time. I would say that my sister and I are pretty close. So I like to talk to her about it. Like I have called her freaking out many a times (laughing) while crying on the phone.

Probably my mom. And then depending on what it is... one of my roommates, or my boyfriend.

I would say I talk to my mom. That's the only one I feel like I have a really close relationship with. Um, with my friends, even though we are really close because we train together and everything, like I'm newer. And I don't want to like dump my problems on other people. I've always been a very independent person. Um, so, I never would tell them like, "I'm very depressed." I have to appear like I'm an

all put together person. And like, people will always say, “Oh you are always smiling!” And I do, like, kind of have a facade, even if I’m really unhappy.

It depends on what it is that I’m struggling with. I go to counseling every two weeks and see my therapist. Um, my boyfriend and I talk stuff out a lot. I have to pick and choose what I go to my mom about, um, some things I can go to her about and some things I can’t.

Emotional distress... my roommates for sure.

I feel like I just bottle everything up and I just put on a face all the time.

Nobody.

As documented, the participants reported not seeking mental health services because they felt most comfortable speaking with their emotional supports (family, friends, coaches, athletic advisors, and athletic training staff) about their struggles. The study further demonstrated, student-athletes reported they did not want to be perceived as “weak” among their peers (and/or coaches and other emotional supports) which resulted in them withholding their feelings altogether. This was often a result of messages communicated or of previous incidents that had occurred during their athletic tenure. The student-athletes had been conditioned how to respond because of spoken and unspoken messages offered to them by the stakeholders in their lives. This is important because the research has indicated that not only do student-athletes have their own viewpoints regarding mental health care, they have the opinions and beliefs of those closest to

them. The stakeholders in a student-athlete's social environment include their family, athletic trainers, coaches, teammates, friends, and the athletic administration. All of these entities can impact how a student-athlete will address mental health concerns should they arise

This was demonstrated in one of my interviews:

I would probably talk to my closest friends, first. And then, I trust my head coach, so I would probably talk to them. I talk to my coach just because I feel like whenever there is something wrong emotionally, sometimes it will play into how I play on the court. I trust my coach and I know that they will ensure that I'm okay on and off the court. So it's easier to manage just knowing that like Coach won't be upset with me on the court because Coach knows something's wrong off the court. And then in regards to my friends, like, I feel like they always have good responses and they always check on me to make sure I'm alright.

It was a last resort to seek mental health counseling for most of the student-athletes I interviewed. They often relied on their support network (non-clinicians) to share their turmoil. Even still, they only shared their emotions on a limited (and guarded basis) so not to worry others or appear weak. An unanticipated crisis was often the reason disclosed for seeking mental health services when they did.

**What professional practice and/or personal preferences (including, but not limited to, age, race, location, and expertise), do student-athletes have when seeking a mental health provider?**

### **Gender**

There were few preferences regarding professional practice and personal preferences identified by the student-athletes. A few of the female participants indicated they would be more comfortable speaking with a female clinician, but that was not an essential component.

### **Professional practice background**

Many of the participants indicated that although they would prefer a mental health provider with a background in athletics, being a sports psychologist was not critical. A general understanding of college athletics was the common theme for what professional practice experiences were most desired.

To have a sports psychologist in the sense that they like understand the sports side of it, too- sometimes it's hard when people don't understand the demand. I still think that like if I were to go in and talk with someone, I wouldn't want them just to talk with me about my sport- because that's just re-affirming the fact that like athletics is the most important thing and that's what I should be focused on. I think it's nice that there is someone that understands the sports side, but, I would definitely want to be talking about like me as a whole and understand that I am stressed about my family, too and other things.

I think maybe if I had a preference I might say that because then I know that they have that experience and that background- that would make them a little bit more, I guess, be able to relate to me a little bit more. They would be able to really understand and like I could talk to someone that didn't have that experience and I would be fine, but I think if I had a preference I would want one that actually had that background.

I trusted the person when I went to them. Like for instance, \*Dr. Smith, like he has experience with student-athletes and so I trusted him because he can probably relate to issues that athletes face due to his experience being a sports psychologist.

Speaking from experience, it's really hard to find a good therapist. And so like, I don't think it would matter if they had a background in anything specific. I think a good therapist is a good therapist (regardless of their background). They are certainly hard to come by that's for sure. And I think that everyone looks for something different because you have to be able to relate to your therapist and be able to open up and talk with them about obviously personal issues with yourself. Um, so I even think if there were people provided, there would be the chance that they would not be the right person for you to talk with because it certainly took me a few tries before I found the right person to talk to.

I wouldn't say it's the end all (sports background), but like, it could be helpful.

The most important thing about a mental health provider to all of the student-athletes was their need to be able to trust the person. If that individual came as a recommendation from someone they trusted then they were more likely to seek services. It was also important, but not imperative, that the mental health provider be knowledgeable about the student-athlete experience. The desire was to be listened to, heard, and understood by someone invested in them as individuals (and not just as athletes).

This familiarity and awareness should be considered **HOWEVER** when selecting mental health providers for student-athletes.

### **Location**

The general theme was if the institution did have mental health counseling in the athletic department (and they knew their athlete peers utilized the services), then they would more inclined to seek services. This was an environment where they reported spending the most amount of time and a location where they felt safe.

Well, just like where the mental health counseling center is, it's like right in the center of campus and like, I don't really go to that part of campus. I don't have classes over there and I don't live on campus. So having to drive all the way over to where it is and then seeing people... and then like walking in, like you know, you don't really want people seeing you walk in to the mental health counseling center. I mean, like if it was where all the athletic stuff was, then you know, like it, it wouldn't be as big of a deal if other athletes saw me going in because it would be for the athletes.

Because we like, live over there. We live in that facility. That's where we eat. That's where we workout. That's where we do study hall. That's where we go to our athletic advisors. It's kind of like a family over there. Well, it is. It's like you know all the athletes basically. You hang out with athletes all the time. And like, if that service was offered over there, I would feel so comfortable going cause that's like just a comfortable place for me, and like, I know for so many other people. It's like a second home. So that would be perfect.

I think it would be really nice to have someone that specialized and knew us and like built trust. I feel like each team, even it was in here (Dean's office), it would be really cool. I feel like a lot of us have the same pressures and problems, breakdowns, or just like mental health issues, and so having someone that sees multiple athletes, I feel like they would understand way more.

I would feel more comfortable getting counseling in Athletics because they are dealing with that environment every day. They are directing the athletes that are in a different world. Not to put ourselves on a pedestal, or put ourselves in a different situation, I mean mental battles are mental battles, but they would be somewhat different for a student-athlete. There's different pressures - different societal pressures- different family pressures- expectations. So, to have someone who kind of can already relate to and is amongst student-athletes, that would definitely be a lot

easier. Like \*Sally- she's like a mom. My academic advisor, \*Susan, she was the first person I talked to when granddad died. I just went and sat in her office and cried for a day. People like that who don't necessarily have to be counselors but deal with us every day- know us.

I think if it were in the athletic department, I would. I think I probably would have gone sooner because I think they would have understood what it's like being an athlete, whereas I felt like no one else understood.

I think there is a sport's counselor here. I think we have one but like, I think that if there was a private area in the student section of athletics, it could be better. It would need to be a little more disconnected because if it was in an area in the student section where everyone was passing by, then it's like more out in the open that you are trying to go and talk to somebody- like your business is more out there. But I think it would be helpful if there was a counseling area its own private place- amongst like the athletic area. Cause like I know where things are around the athletic area a lot better than I do around campus and everything. And like, I'm over there more often, so maybe it would help as far as, as like oh, like I'm gonna be over there already and I know where things are- rather than having to find the time to walk like all the way across campus or whatever it might be.

Being able to retreat off-campus to seek mental health services was what this participant opted to do. The need for anonymity in fear of stigma resulted in their choice.

I like my off-campus better just because it's separate and I don't know, for me, I'm a very private person. I feel like I wouldn't want to go somewhere that I could potentially see another student-athlete. I feel like that would be more awkward, like, "Oh, that person is obviously going through something, too, that's why they're here." So, I like being able to go off-campus for it.

The HMN data regarding the location of services was similar to that of the research participants in the current study as well. The counseling center on campus was the most utilized facility, while others chose to seek services off-campus or with a counselor in their hometown.

**Table 5: Healthy Minds 2015-2016 Statistical Data: Use of counseling/therapy**

In what place did you receive counseling services in the past 12 months?

Campus counseling center	10.9%
Campus Health Services	1.8%
Counseling in the local community (not on campus)	2.7%
Provider in another location (such as your hometown)	5.8%
Other	1.5%

It did not make sense to the student-athletes why they would not be provided mental health care in the same location they received all of their other services (e.g., study tables, food

service, medical care, etc.). Further, it was an unexpected finding to learn that only a few participants were concerned with the possibility of their coaches finding out. Several participants indicated they would be more inclined to seek services if other student-athletes were also going to counseling as well. They did not want to appear “weak” or “crazy” in front of their peers. Considering the time associated with seeking mental health services and the notion that student-athletes felt more at ease within the confines of the athletic department, it would be most beneficial to offer these services in that convenient location.

The mental well-being of a student-athlete is of extreme importance to their overall health and wellness. The research has shown the perceptions and norms of athletic teams, which include coaches, trainers, administrators, as well as the social and cultural environment (i.e. university, athletic department), impact the way a student-athlete views and responds to his/her mental health care (Moreland, et.al, 2018). The research participants in this study talked at length about spending the majority of their time in athletics. Many participants stated they were unfamiliar with the non-athletic side of campus and reported only coming to campus for classes and then would return to athletics for training, treatment, study halls, or dining. Many expressed feeling “safe” within the confines of athletics and were more likely to consider seeking mental health services if offered there. The sheer convenience of having mental health services available to them in light of their tight schedules was appealing. In addition, the ability to seek services without the general student population being aware of it was an advantage. What did not seem to be as concerning was the anxiety of coaches finding out they were seeking mental health services. Although that apprehension was present for some, it was not overly concerning for most others. A discreet location within athletics where student-athletes could seek mental health services, without being made to feel like an outcast, was the most pervasive theme.

The underlying theme found throughout the study was the identity of a student-athlete is paramount. These young adults wanted to excel on the field, in the classroom, in their personal relationships, and in their lives. Since childhood, many of these student-athletes had been told they were special because of their talent. They received awards, accolades, college scholarships, and an inordinate amount of attention because of who they were and what they could accomplish as athletes. The immense pressures throughout their formative years was only the beginning of what was to come. The transition to college athletics brought a new level of intensity and commitment to teamwork, athleticism, and fortitude. They all reported experiencing highs and lows, struggles, heartbreaks, and joys, but not everyone knew how to handle the emotional toll college athletics could sometimes impart. The decision to withhold their emotions and internal woes seemed to be a better solution than appearing weak to those in their inner (and outer) circles. And who had the time to have an emotional breakdown, anyway? Certainly not the student-athletes who were trying to keep every aspect of their lives together in a way that would make everyone (excluding themselves) happy. These young people did not feel like they could show outward emotion. And quitting? Not even a chance. Plus, team before self was the motto expressed by almost everyone. This was a closed world where they take care of their own, but the mental health care needs to be improved based on the feedback of those in this study. Their athlete identity was often the underlying cause of wanting/needing to seek services, but finding the time to attend was the greatest barrier in getting these athletes' the care they needed.

### **Summary**

Through the collection and analysis of data obtained from interviews, the researcher discovered five main themes that gave voice to the guiding research questions. The five themes included, Primary Identity, Pressures, Time, Help-Seeking, and Location. The data obtained from the interviews provided a first-hand account of the research participants' lived experiences as student-athletes, and the prevalence of and issues associated with the help-seeking behavior of this unique population. The 2015-2016 Healthy Minds descriptive statistical data confirmed that student-athletes' nationally have similar attitudes and responses to seeking mental health services. Through the use of extensive quotes and supporting research material, I hope to have provided illumination to the challenges faced by college student-athletes and the need for tailored mental health support services.

## **Chapter Five**

### **Discussion, Conclusion, and Recommendations**

The purpose of this study was to explore the prevalence of and issues associated with the help-seeking behavior of college student-athletes. Further, the researcher sought to discern why student-athletes might choose to seek mental health services, and to explore the demographics desired when selecting a mental health provider should one decide to seek mental health services. The following research questions guided this study:

1. What factors encourage student-athletes to seek mental health services?
2. What factors dissuade student-athletes from seeking mental health services?
3. What professional practice and/or personal preferences (including, but not limited to, age, race, location, and expertise), do student-athletes have when seeking a mental health provider?

This chapter provides a summary of the study, discussion of findings, recommendations for practice, and suggestions for future research on student-athlete mental health and wellness.

#### **Summary of the Study**

This study was designed to provide greater insight into the challenges and issues faced by college student-athletes. Using purposeful sampling, five male and twelve female varsity student-athletes were selected to discuss their individual experiences as student-athletes and talk about the help-seeking behaviors of this unique student population.

The sequential exploratory mixed methods research approach provided data relevant to answering the research questions posed. This was accomplished by asking open-ended research questions designed to gain insight into the participants' thoughts, feelings, and involvement with

college athletics and the use/prevalence of/and issues associated with mental health services. The researcher used secondary quantitative data to help inform the qualitative interviews. Further, the quantitative data was used in the data analysis as a descriptive statistic to report on national trends associated with the prevalence of help-seeking behaviors among college student-athletes.

Once the data had been collected, open and axial coding were used to identify patterns and themes found in the qualitative interviews. The researcher discovered five major themes and eleven sub themes that helped to answer the research questions. The themes and sub themes included: (1) Primary identity, (a) athlete; supports, misperceptions (b) student; misperceptions (c) student-athlete; representing both, (2) Pressures, (3) Time, (a) balancing academics and athletics (4) Help-seeking, (a) no time to go, (b) not something I do, (c) hard to ask for help, (d) why I decided to get help, (5) Location, (a) counseling in athletics, (b) not on campus, (c) professional practice preferences.

The researcher used multiple methods to safeguard data accuracy including, member-checking, peer review, reflexivity, and triangulation. After the researcher was confident in the data organization and analysis, conclusions and recommendations were formulated.

### **Discussion of Findings**

Student-athletes are immersed in a sub-culture that sets them apart from the general student population. These young adults face athletic, academic, and social demands that non-athletes do not have to endure. And certainly they have privileges associated with their athletic status, but they were quick to point out that those privileges come with a price, and not everything is as it seems.

When I began the research study, I believed student-athletes would seek mental health services to address the balance between being a successful student and an elite athlete. But the more I talked with student-athletes, the more I came to see that while yes, they did have to learn how to balance their academic and athletic responsibilities, it was not the main motivation for seeking mental health services. Their struggles were about relationships, drug addiction, grief, bipolar disorder, depression, anxiety, eating disorders, family matters, and other tribulations. The emotional and mental health needs of the student-athletes, known for their on-field aptitude, were no different than their non-athlete counterparts. The candid interviews allowed me the opportunity to get an insider's look at the mental health and wellness of this remarkable student population. The discussion of my findings are articulated using the guiding research questions.

### **Research Question One**

#### **What factors encourage student-athletes to seek mental health services?**

The majority (70%) of student-athletes in this research study sought mental health services at some point during their lives. Most participants acknowledged they did so while in college. Some research participants specified they went to counseling for common mental health concerns such as depression and anxiety, while others reported being seen for bipolar disorder, suicidal ideation, eating disorders, Asperger's Syndrome, and other personal issues. Only one participant indicated they sought mental health counseling for enhancing their athletic performance. This being said, mental health challenges oftentimes stemmed from their participation in sports and seeking professional help was either aided or discouraged by the stakeholders in their lives. The following discussion provides additional insight into student-athlete identity, connection to the academic institution (and their non-athlete peers), and the influence stakeholders play as it relates to seeking mental health services.

## Identity

Many of the student-athletes interviewed pursued mental health counseling to address challenges associated with maintaining their athlete identity. The need to always be “on” and serving as an ambassador of the institution was a daily obligation. Further, the participants talked about having to pretend they were okay when they really weren’t just because of who they were as an athlete. The words “façade” and “image” were used countless times to describe what it was like to be a part of this unique sub-population.

In respect to identity, participants acknowledged how as an athlete one has to be willing to give up their own individuality for the team mentality. Many said they considered the needs of their teammates before themselves and acknowledged with that came feelings of not being seen as a single person any longer but rather the name on the back of a jersey. Many of those I interviewed indicated they hid their problems from their teammates. One individual talked about the focus needing to be the sport and not how they were feeling- that was to be resolved on their own time. Turner and Tajfel (1986) ascertained that group membership can significantly shape individual behavior patterns. Further, they found that when an individual’s involvement with a group becomes more significant, the individual focuses more on factors that improve the team performance over improving their own personal abilities. From a coaching perspective, this can be a major asset as the player(s) can assist the coaches in maximizing the team performance by encouraging and demonstrating a *team* pursuit of excellence (What is social identity theory, n.d.). Conversely, this can lead to group-think because others might not want to share alternate ideas for fear of upsetting the team unity.

A number of the participants said they only began to see themselves as students once they were in their senior year. Those athletes said their focus began to shift away from their athletic

goals and more toward their academic responsibilities and career aspirations. They indicated this was a result of knowing they were not going to play professionally. Miller & Kerr (2003) conducted a study on the role experimentation of university student athletes. They found that student-athletes might identify more as an athlete during the first two years of their education and then begin to place more importance on academic and career objectives during their third and fourth year. This study caused some to question whether the link between identity foreclosure (identifying exclusively as an athlete) and sport participation was overgeneralized. The modification of goals (from athletic to career aspirations) during the third and fourth years of college might indicate that *only* the student-athletes that had a high likelihood of playing professionally would continue to identify solely as athletes and therefore have identity foreclosure in the truest sense (Petitpas & France, 2010).

Social identity theory suggests that student-athletes should identify in the in-group of student-athletes in order to have a sense of belonging and increased self-worth (Tajfel & Turner, 1986). Although this was mostly true for the participants of this study, there were negatives associated with identifying as a student-athlete. The participants talked about the stigma associated with their role as a student-athlete being perceived as negative (by faculty and students). The “dumb jock” concept was not familiar to them. Several said there are student-athletes that meet that stereotype, but those individuals were said to be in the minority. The research participants reported spending almost all of their free time focused on their academics. None of the participants felt it was their responsibility to alter the stigma associated with their student-athlete status, but some student-athletes talked about feeling the pressure to prove them wrong. In a study conducted by Simons, Bosworth, Fujita, & Jensen (2007) 33% of student-athletes reported that they were perceived negatively by their faculty members and 59.1% indicated they were perceived

negatively by students. Further, 62.1% of student-athletes said a professor made a negative remark about them in class. And 69% reported that they had experienced negative comments by both faculty and non-athlete students. One student-athlete reported that his professor told his large (400 people) class before a test, "It's an easy test. Even athletes can pass" (Simons et al., p. 252). Another student-athlete reported that their professor requested the student-athletes to stand-up on the first day of class and then said, "These are the people who will probably drop this class" (Simons, et al., 2007, p. 252). Further, the authors of the study indicated the stigma varied based on gender, race, and sport found in the study. This was partly true in this researcher's results as well. The student-athletes in this researcher's study believed the "dumb jock" stereotype existed for a specific gender and on certain sport teams. Simons et al., (2007) remarked, "Due in part to the dumb jock stereotype athletes are stigmatized (devalued social identity) in the academic domain" (p. 252).

### **Connection**

Almost all of the student-athletes did not feel connected to the university or to their non-athlete peers because of the time commitment associated with their sport. The participants indicated their friendship groups (and often roommates) were predominantly athletes. They referred to their non-athlete counterparts as "NARPs" or non-athlete regular people. One of the most significant issues for student athletes is their entire sense of self has revolved around their role as athletes. Although this level of identity can occur at any level of sport, it is often most prevalent at the elite level (e.g. professional and intercollegiate athletics) (Balague, 1999). This is often because athletes at the elite level are immersed in a subculture that provides them with notoriety, financial assistance (e.g. scholarships), and privileges not given to other students. But with those perks comes the substantial amount of time that they must dedicate to their individual sport on a

daily basis. This leaves little time to focus on anything other than their schoolwork, and often-times, even that can be a challenge. It is not difficult then to understand why or how student-athletes begin to solely identify as “athletes” and have little inclination to explore or engage with their non-athlete peers (Petitpas & France, 2010).

In relation to not feeling connected to the institution, student-athletes reported not often developing relationships with faculty members. Nor did they become familiar with the services (such as counseling) available to them. Their time was regimented by their athletic schedule, and any deviation from that schedule was not very feasible. It became apparent that these student-athletes lived in a world that was designed to accommodate both responsibilities (academic and athletic), but only if they were committed to sacrificing most everything else in order to meet the demands of both... including their own mental health care needs. According to Adler & Adler (1991) the athletic environment asserts control over most of the student-athletes’ lives which often results in the conflict between the student and the athlete role. And frequently the athlete role wins out because sports consume their lives. However, developmental theorists argue that exploratory behavior helps individuals develop coping skills that empower them to become independent and capable of handling life challenges. Being a member of most athletic teams means conforming to the ideals of the coaches, athletic department, and other team members. It becomes less about being an individual and autonomous thinking, and more about the team frame of mind (Petitpas & France, 2010).

Also, student-athletes reported the only time they felt they could be themselves (and not just an athlete) was when they were in the department of athletics surrounded by their athlete peers. They discussed how comfortable they felt sharing a meal with their teammates and taking part in the social opportunities with their peer group because it allowed them to be free from

their public persona. The participants said they were recognizable on campus due to their athletic clothing and their distinguishable backpacks, but those items were not just t-shirts and shorts to them...they seemed to be more of an extension of who they were as athletes- a symbol of pride. According to Miller & Kerr (2003) the social identity of student-athletes forms while on a sports team can impact their behaviors, emotions, and thoughts. Their team can become a beacon of refuge, enhance a feeling of unity, and provide a place where they develop their own skills while also becoming immersed in perfecting their performance for the team's success. A keystone of social identity theory is that individuals as a part of a group try to distinguish themselves from other groups and also create ways to show the exclusiveness of their membership. For college athletic teams that can be in the form of physical attire, such as, team apparel, backpack, and shoes (Miller & Kerr, 2003).

### **Stakeholder Influence**

The encouragement to seek mental health services from someone the student-athlete trusted, including their athletic trainer, coach, and/or support person was influential in student-athletes seeking counseling. The student-athletes were more receptive to mental health counseling when/if it was encouraged by someone important in their life and/or utilized by other student-athletes. Research conducted by Moreland et al., (2017) found that the stakeholders in student-athletes' lives promote or discourage the student-athletes' beliefs about seeking mental health services. Through their research investigation, they found two studies that showed the need to possess control over the team dynamics superseded coaches' inclination to utilize sport psychology or mental health services with their teams. Conversely, they found several studies

that revealed that without a stigma associated with mental health seeking behavior, and/or the reassuring attitudes about help seeking behaviors, teams and individual athletes could be better aided and more willing to utilize mental health services.

## **Conclusion**

Ultimately, student-athletes found the greatest challenge in maintaining their athlete identity. Beneath their jerseys they were just young adults trying to navigate their way through the challenges and experiences associated with college. The pressures, stress, and pain of everyday life were compounded by their athletic responsibilities. The overwhelming majority talked about how much they loved being an athlete, but they also acknowledged that it was not always as great as the marketing department would lead one to believe.

## **Research Question Two**

### **What factors dissuade student-athletes from seeking mental health services?**

#### **Time**

The most common reason for not seeking mental health services was a lack of time for anything other than the participant's sport or academic responsibilities. According to the national data collected by The Healthy Minds Network in 2015-2016, the greatest barrier to seeking mental health services was the lack of time to go. The student-athlete's day regularly begins as early as 6:00 am for weight training, followed by classes, practice, study hall, dinner, and then homework. That daily agenda does not include the in-season commitment of travel and games. The ability to find an extra hour for mental health counseling was almost a luxury they could not afford due to the amount of time it took to accommodate an extra appointment into their already full schedule. This is in agreement with Lopez & Levy's (2010) study of student-athletes in

which time was the chief barrier to seeking mental health services. Similar to my study, Lopez & Levy (2010) found the other top impediments to seeking services were (1) fear of stigma for receiving mental health care, (2) fear of their teammates finding out they are in counseling, and (3) fear of being perceived as weak. The difference in findings was Lopez & Levy (2010) found the student-athletes to be largely aware of the mental health services available to them, and they did not report any difficulty in finding or accessing mental health services. I was surprised by the number of student-athletes in this study who were unaware of the mental health services available to them on campus and that cost was a factor in why they did not seek help. The use of mental health services on campus were (and are) provided at no cost to all registered students. It is my opinion that athletic departments should provide ongoing educational outreach throughout the year due to the fact that student-athletes are more aware of the services offered within that area as opposed to student services provided in non-athletic areas of campus.

### **Stigma**

Student-athletes did not want to pursue mental health services on campus because of their athlete status, and the stigma associated with getting mental health care. But, because of the additional time that would be needed to seek and attend off-campus mental health services, it was not a well utilized option. Although the institution where the research study was conducted had two licensed clinicians who held office hours in the athletic department, twice a week for four hours each day, it went largely unnoticed by the participants interviewed for this study. A few of the participants did not even know where the counseling center was on campus (or if there was one) because of their (self-reported) limited involvement on campus. Furthermore, several student-athlete participants reported taking the Pre-Participation Evaluation (PPE) prior to the start of each athletic season, but acknowledged they lied on the evaluation in order to prevent a referral

to a mental health provider due to the lack of time, stigma associated with mental health services, and in an effort to minimize their personal struggles. This demonstrates that even with resources available, there were greater barriers, including stigma that prevented student-athletes from seeking mental health services. This was not unique to the institution where the study was conducted. Prior to the inauguration of Athletes Connected, the University of Michigan had two mental health counselors within the athletic department, as well as other campus mental health resources available to student-athletes that were grossly underutilized. It was the hope that the Athlete Connected program would assist in reducing the stigma associated with mental health seeking behavior and ultimately increase the usage of mental health services (Zarley, 2016). This suggests the need for ongoing educational outreach discussing the importance of mental health and wellness, as well as resources available to student-athletes.

Further, because of the stigma associated with mental health challenges, and the fear of others finding out, student-athletes might be less likely to admit when they are having mental health challenges and need support services (Proctor & Boan-Lenzo, 2010). According to Armstrong, Burcin, Bjerke, & Early (2015), that puts this sub-population at higher risk of suicide. Countless student-athletes have been conditioned to accept statements like “no pain, no gain” throughout their athletic careers (Coakley, 2004), which could result in perceiving help-seeking as a weakness (Watson, 2005). Worth noting, the Healthy Minds 2015-2016 statistical data reported that 28.3% of the student-athletes surveyed disagreed when asked if they would think less of a person who had received mental health services, and 44.8% of the student-athletes indicated they “Strongly Disagreed” with that sentiment. Therefore, the perceived stigma associated with help-seeking behavior might be a result of a self-imposed stigma that is based in a historical context.

## **Minimization**

A few of the research participants said they minimized their mental health struggles until they no longer could keep themselves safe. Moreland, Coxe, & Yang (2017) used the socio-ecological framework to examine why and how student-athletes make decisions about their mental health care in the social setting they are in. Using the socio-ecological lens, people make decisions regarding their health care and endorse the benefits of health habits inside an intricate social environment. The social setting is said to affect people's behavior and subsequently influence the social environment around them. According to the 2015-2016 Healthy Minds Network data, 59.3% of the student-athletes surveyed reported speaking with a friend when they were experiencing emotional distress, and 60% reported speaking with a member family. This is important because as Moreland, Coxe & Yang (2017) indicated, not only do student-athletes have their own viewpoints regarding mental health care, they have the opinions and beliefs of those closest to them. The stakeholders in a student-athlete's social environment include their family, athletic trainers, coaches, teammates, friends, and the athletic administration. All of these entities can impact how a student-athlete will address mental health concerns should they arise. Consequently, if more student-athletes were to seek mental health services, it should have an influence on the stakeholders' cultural perspective and reactions to the mental health care needs of student-athletes (Moreland, Coxe & Yang, 2017). For example, one participant in this study felt the message from the coaches and/or athletic staff could make the difference in a student-athlete choosing or forgoing mental health services. She stated:

It's kind of like, yeah, if you need help, you can go get help, but how many people are willingly going to go get help? So it's kind of like you need that push.

What they should say is, "Hey, I know you have lost weight." "Hey, I've noticed

that you're not acting the same way you used to so I really think you should go talk to somebody." I think that would be more beneficial then you can go do it if you want to do it. You know?!

Schlossberg contends student-athletes own attitudes toward help-seeking can aid or prevent them from seeking mental health services and refers to this as an individual based barrier. The "I don't need help" because "I'm tough" approach can prevent a student-athlete from receiving the services and resources available to them (Pearson & Petitpas, 1990). As indicated above, the environment student-athletes are in can impact future decisions should they be encouraged to receive assistance when necessary. The proverb "The road to hell is paved with good intentions" is apropos in this situation. For example, a student-athlete might sacrifice study time for extra practice time resulting in additional playing time and positive feedback from the coach, but a low score on an examination or a missed assignment. The student-athletes I spoke with wanted to appease all parties, even if that meant sacrificing their own health and wellness. The stakeholders in student-athletes' lives must remain cognizant of all responsibilities (academic, athletic, and personal) that these young adults must attend to each day. It is not lost on student-athletes that participating in college sports is a great privilege, and accomplished by only a small percentage, but oftentimes these young adults must forgo much for the opportunity. They have been programed to believe that not being able to meet every deadline while training at the elite level is a sign of failure. Unfortunately this might result in student-athletes overexerting themselves and falling victim to mental health struggles that they fail to disclose so they do not appear "weak" to those that surround them.

The student-athletes are listening (and watching) those who lead them, as well as those that play alongside them- the messages communicated to them could be instrumental in the decisions they make regarding mental health care.

### **Cultural Identity and Family Background**

Other student-athletes reported seeking mental health services was not something they did because of their family upbringing or cultural identity. That upbringing made it difficult to acknowledge a need for help when noticing mental health challenges. It was not until those individuals came to college that they were introduced to counseling and the benefits of it by new stakeholders in their lives. The ultimate decision to participate in mental health services was not always shared with their parents (by the student-athlete) because of the attitudes they had about asking for and receiving assistance for their mental health. But the transition from high school to college athletics has been said to be the most difficult transition within an athlete's career (Cramer, 2017). This transition requires student-athletes to learn how to balance their dual role, compete at a new level, face role uncertainty, and navigate their relationships with coaches, administrators, teammates, and faculty members. In addition, they become responsible for their (body/mind) healthcare. In all of these instances listed, student-athletes are likely to refer to past experiences and family/cultural beliefs to aid in their decision making. The new environment often plays a role in how student-athletes begin to make their decisions. Schlossberg (1981) identified several barriers to a successful transition. One of those barriers is found in the physical and social setting where the transition occurs. That location can have a remarkable influence on the individual (good or bad) making the transition. In the case of a student-athlete needing to seek mental health care, it may depend on the school they are attending. If the institution (and/or athletic department) provides ample mental health care treatment to students in distress compared to

an institution (or athletic department) that provides inadequate mental health services for students, the outcome for each individual would likely be different. As with most medical problems, with the proper care, conditions are likely to be alleviated faster and long-term impacts reduced. In addition to the physical resources available to the student-athletes during their transition, the social environment can also have an effect. If student-athletes are surrounded by compassionate individuals with knowledge of and access to support services while also providing the student-athlete with emotional support, the significance of their anticipated or unanticipated transition could be decreased (Pearson & Petitpas, 1990).

### **Conclusion**

It was a last resort to seek mental health counseling for most of the student-athletes I interviewed. They often relied on their support network (non-clinicians) to share their turmoil. Even still, they only shared their emotions on a limited (and guarded basis) so not to worry others or appear weak. An unanticipated crisis was often the reason disclosed for seeking mental health services when they did.

### **Research Question Three**

**What professional practice and/or personal preferences (including, but not limited to, age, race, location, and expertise), do student-athletes have when seeking a mental health provider?**

#### **Gender**

There were few preferences regarding professional practice and personal preferences identified by the student-athletes. A few of the female participants indicated they would be more comfortable speaking with a female clinician, but that was not an essential component.

### **Professional Practice Background**

Many of the participants indicated that although they would prefer a mental health provider with a background in athletics, being a sports psychologist was not critical. This poignant statement was representative:

If I were to go in and talk with someone, I wouldn't want them just to talk with me about my sport because that's just re-affirming the fact that like athletics is the most important thing and that's what I should be focused on. I think it's nice that there is someone that understands the sports side, but I would definitely want to be talking about like me as a whole and understand that I am stressed about my family, too, and other things.

The most important thing about a mental health provider to all of the student-athletes was their need to be able to trust the person. If that individual came as a recommendation from someone they trusted then they were more likely to seek services. It was also important, but not imperative, that the mental health provider be knowledgeable about the student-athlete experience. The desire was to be listened to, heard, and understood by someone invested in them as individuals (and not just as athletes). This familiarity and awareness should be considered when selecting mental health providers for student-athletes.

### **Location**

The general consensus was if the institution did have mental health counseling in the athletic department (and they knew their athlete peers utilized the services), then they would more inclined to seek services. This was an environment where they reported spending the most amount of time and a location where they felt safe. As author Julie Kleigman (2017) noted,

When players are expected to leave the athletic department's facilities to seek care, they get the message that they're outsiders, that what they're dealing with isn't a problem common among their peers. They can get the impression that they need to separate who they are as student-athletes from the ways in which their brains work (para 4).

Kleigman's sentiment seemed to be true for the student-athletes that I interviewed. It did make sense to them as to why they would not be provided mental health care in the same location they received all of their other services (e.g., study tables, food service, medical care, etc.). It was an unexpected finding to learn that only a few participants were concerned with the possibility of their coaches finding out. The student-athletes I spoke with were more apprehensive about their athlete peers discovering they were seeking mental health services. Many said they would be more inclined to seek services if other student-athletes were also going to counseling as well. They did not want to appear "weak" or "crazy" in front of their peers. What I found was most of the student-athletes I interviewed were not only worried about the perception of the general student body, but also their faculty, staff, coaches, teammates, family members, and the public. They wanted to be perceived as having everything together, but most talked about how hard that image was to maintain. As NCAA's chief medical officer Brian Hainline stated, "The stereotype is that student-athletes are tough somehow or more put together than others. No, people are people" (Kliegman, 2017, para. 7). Considering the time associated with seeking mental health services and the notion that student-athletes felt more at ease within the confines of the athletic department, it would be most beneficial to offer these services in that convenient location.

## Conclusion

The underlying theme found throughout the study was that the identity of a student-athlete is paramount. These young adults wanted to excel on the field, in the classroom, in their personal relationships, and in their lives. Since childhood, many of these student-athletes had been told they were special because of their talent. They received awards, accolades, college scholarships, and an inordinate amount of attention because of who they were and what they could accomplish as athletes. The immense pressures throughout their formative years was only the beginning of what was to come. The transition to college athletics brought a new level of intensity and commitment to teamwork, athleticism, and fortitude. They all reported experiencing highs and lows, struggles, heartbreaks, and joys, but not everyone knew how to handle the emotional toll college athletics could sometimes impart. The decision to withhold their emotions and internal woes seemed to be a better solution than appearing weak to those in their inner (and outer) circles. And who had the time to have an emotional breakdown, anyway? Certainly not the student-athletes who were trying to keep every aspect of their lives together in a way that would make everyone (excluding themselves) happy. The common phrases come to mind of, “There’s no crying in baseball,” “Winners never quit”, and “There is no I in team” when considering the totality of my research. These young people did not feel like they could show outward emotion. And quitting? Not even a chance. Plus, team before self was the motto expressed by almost everyone. This was a closed world where they take care of their own, but the mental health care needs to be improved based on the feedback of those in this study. Over half of the student-athletes surveyed indicated they had been to counseling and most in college. Their athlete identity was often the underlying cause of wanting/needing to seek services, but finding the time to attend was the greatest barrier in getting these athletes’ the care they needed.

### **Implications for practice**

As mentioned previously, universities (and their athletic departments) could create and sustain an environment that openly supports athletes with personal challenges if they were to adhere to the NCAA Best Practices as they have been outlined. Dr. Brian Hainline conceded that although he would like the NCAA Best Practices to be required at all NCAA institutions, the approval process for initiating such a mandate could take many years (Nguyen, Escamilla & Nious, 2016). The Associate Director for the NCAA Sports Science Institute, Mary Wilfert, was quoted as saying, “mental health intervention will not come out of the national office because the NCAA is not a medical organization.” She went on to say, “Concussion intervention has come out of the national office because they get more attention [than mental health issues] because of the media, the NFL, lawsuits, and Congress” (Born, 2017, p. 1232). That remark might lead one to believe that until more student-athletes die by suicide and lawsuits are filed, the chances of the mental health guidelines being required are not likely. The messaging from the NCAA, therefore, should continue to be distributed and made available to member institutions. However, pamphlets and websites alone are not going to create an environment conducive to student-athletes seeking mental health services. Therefore, based on the findings in my research study, consideration should be given to the following.

First, athletic departments need to create an environment that is supportive and encouraging of mental health services for student-athletes. This could be demonstrated by hiring staff members who are cognizant of the of mental health needs faced by student-athletes. Further, this person(s) could actively champion mental health related causes and provide unconditional support to student-athletes seeking services. In addition, this individual(s) could provide outreach opportunities, educating and advocating the benefits of mental health services to student-athletes,

teams, athletic administrators, coaches, family members and training staff on issues related to the mental health and wellness of student-athletes. Further, this staff member(s) could provide positive messages related to the help-seeking behavior of college student-athletes in order to assist in reducing the stigma associated with mental illness (Lopez & Levy, 2013).

Second, it would be advantageous to provide mental health services to student-athletes in a location within the athletic department. A study by conducted by Greenspan & Anderson (1995) suggested that student-athletes are likely more comfortable seeking mental health services within an athletic department because the provider(s) would be familiar with their athletic lifestyle and unique needs related to their student-athlete status. In addition, Watson (2005) found in his research study that student-athletes expected their mental health provider to also be knowledgeable and well versed in the world of college athletics. Importantly, Broughton & Neyer (2001) found a stronger relationship existed between a student-athlete and mental health provider when the provider had a familiarity of sports. The participants in this current study reported they would be more inclined to seek mental health services if they were available within the athletic department. They also indicated that although they did not require a sports psychologist to provide services, they did prefer someone with a general understanding of the pressures they faced as student-athletes. The most important thing to the student-athletes was finding a provider they could trust. A report by ESPN in 2014 indicated fewer than 25 Division I institutions had a full-time mental health practitioner on the athletic department staff. That number would presumably be less at Division II and III institutions. Encouragingly, a later study in 2016 found an increase in the number of full-time clinicians (approximately 39%) (Kliegman, 2017). Similarly, Virginia Tech's in-house clinical and sport psychologist Dr. Gary Bennett, who sees about fifty student-athletes a week, said, "They don't have to go anywhere else. The campus counseling center is

literally 200 yards away on the other side of the parking lot. But it might as well be 200 miles” (Kliegman, 2017, para. 8).

Virginia Tech was one of first institutions to have a psychologist specifically for student-athletes. Dr. Bennett initially served as a liaison between the counseling center and the athletic department while working in the counseling center. He was later given a satellite office in the athletic department where he divided his time between the athletic department and the university counseling center. While working part-time in the athletic department, Bennett saw around 30 to 40 student-athletes. In 2007, Dr. Bennett became the first full-time sport psychologist within an athletics department in the Atlantic Coast Conference (ACC) (Robertson, 2017). During the 2017 year, Bennett and his part-time colleague saw almost half (282) of all student-athletes at Virginia Tech. Bennett remarked (Robertson, 2017),

The numbers increase every year, and there is a huge push by the NCAA to have resources available for student-athletes who are having mental health issues. We were one of the first schools to have a position in house, but I think now about 10 of the ACC schools have similar positions, and nationwide, the number continues to increase (para. 11).

The biggest thing that I see is anxiety or stress. They say that their lives are so stressful, and I don't know that people outside of here would appreciate what they have to go through, but to me, it's [being a student-athlete] like having two full-time jobs. Depression is probably the second. Every year, we have a handful of student-athletes that we have to hospitalize because they're so depressed that they're having thoughts of hurting themselves. You don't know what would have happened if we didn't have this resource available, but we've seen what would

have happened at other schools that don't have a psychologist available. I think too often that's the impetus for an athletics department to start a program – after something tragic has happened (para. 17).

Dr. Bennett said they meet with all the teams to discuss the services available to student-athletes. In addition, they offer a “Mindfulness Workshop” designed to reduce stress and anxiety, but because of the athletic and academic time demands of the student-athletes' schedules, it is not well attended.

As my research showed, time is such a difficult barrier to supersede- being proactive in providing mental health services can be just as difficult. Dr. Bennett made a valid point when commenting on how to best meet the student-athletes' needs prior to them in crisis (Robertson, 2017),

Part of what we're looking at is how we can get the information to student-athletes without adding another big obligation to their weekly schedules. That's what we're up against in terms of disseminating the information to the appropriate people – the time crunch and going up against other obligations that student-athletes take on when they do have the time (para. 31).

I believe that getting the information to the student-athletes without adding an abundance of time is done by hiring a staff member (as indicated in point one) to serve as the mental health advocate within the athletic department. Informal relationships would be built among the teams and student-athletes, as well as education provided in a casual way. This strategy would be an effective tool in helping to reach student-athletes prior to an emergency situation. This would also then not infringe on the time demands of the mental health provider(s) they could focus on providing the mental health counseling with the individual athletes.

Third, as the student-athletes reported in the current study, privacy was crucial to them. Many reported a barrier to help seeking was the stigma associated with seeking mental health services. Therefore, if mental health services were available within the athletic department, they would need to be in discreet location to protect the student-athletes' privacy and confidentiality. Furthermore, the mental health providers would need to maintain strict boundaries with the athletic department staff (coaches, trainers, administration) in relation to use of services by the student-athletes and information should only be disclosed with the written permission of the student-athlete unless they are obligated under law to do so (Lopez & Levy, 2016). Also, consideration of the student-athletes' athletic and academic schedules would need to be given priority when determining office hours as the number one barrier for not seeking mental health services in this study was a lack of time to do so. However, if mental health services were not offered to student-athletes within the athletic department, this researcher would recommend a strong partnership between the campus counseling center and the athletic department. This partnership would allow each entity to discuss and establish strategies and solutions to best meet the mental health needs of the student-athlete population.

To summarize, consideration should be given to the following:

- (1) Hire staff members who are cognizant of the of mental health needs faced by student-athletes who can/will actively champion mental health related causes and provide unconditional support to student-athletes seeking services. In addition, this individual(s) should provide outreach opportunities, educating and advocating the benefits of mental health services to student-athletes, teams, athletic administrators, coaches, and training staff on issues related to the mental health and wellness of student-athletes;
- (2) Provide mental health services to student-athletes within the athletic department; and

(3) Provide mental health services within the athletic department in a discreet location in order to protect the student-athletes' privacy and confidentiality. Furthermore, the mental health providers should maintain strict boundaries with the athletic department staff (coaches, trainers, administration) in relation to use of services by the student-athletes, and information should only be disclosed with the written permission of the student-athlete unless they are obligated under law to do so (Lopez & Levy, 2016).

### **Limitations**

One limitation to the research study was the collection of data from a single, private Division I institution in the Southwest region of the United States. The participants that attended the sole institution could have different perspectives, resources, athletic demands, academic commitments, and overall different experiences than those of student-athletes attending medium to large public institutions. As a result, the findings could be interpreted as an overgeneralization due to the limited sample size and demographic. The findings might not be indicative of results found using a greater sample size.

The second limitation was the possibility of self-selection bias. Those that volunteered to participate in the research study could have different perspectives and experiences than those that did not volunteer.

The third limitation was because of the qualitative design of the research study, participants were asked to self-report behaviors and feelings associated with their student-athlete status and issues surrounding the use of mental health services. The responses could have been exaggerated, downplayed, or dismissed based on what the participant thought the researcher was trying to obtain or because of the professional role of researcher and their desire to not fully disclose personal issues surrounding their mental health.

### **Suggestions for Future Research**

This research study explored the prevalence of and issues associated with the help seeking behavior among college student-athletes at one Division I institution. The results might only be applicable to the institution studied. I recommend a future study be completed using a greater sample size at multiple institutions. In addition, to make the results more comprehensive, it would be my recommendation that a quantitative instrument be developed and administered to the student-athletes studied.

A second recommendation would be to do a future research study with student-athletes' at Division I, Division II, and Division III institutions to determine if the prevalence of help-seeking behavior and issues associated with such behavior varied among the divisions.

It would also be beneficial to do a comparison study between profit generating and non-profit generating sports teams to assess whether the mental health needs of the athletes require different levels of support and/or services.

### **Conclusion**

Madison Holleran appeared to have the perfect life. She was a gifted, Division I student-athlete at an Ivy League institution. And beyond her academic and athletic abilities, Maddy was a beautiful, outgoing, kind, and special young woman. Nevertheless, mental illness didn't discriminate- it didn't first consider her background, social networking presence, or gifts/abilities before deciding to overtake her mind and her body. No one could have predicted how Maddy's story would end- not her parents, not her coach, and quite possibly not even Madison. The shock of this talented young woman's death put a spotlight on the mental health needs of student-athletes, who for all intents and purposes, seemed to have it all. We cannot ignore The NCAA 2004-

2008 data indicating that suicide was the third leading cause of death of student-athletes behind automobile accidents and cardiac arrest (Noren, 2014). Further, approximately 10% of student-athletes need formal counseling to address and cope with the additional issues they face as student-athletes (Ferrante & Etzel, 1991). In 2017, the NCAA reported that 460,000 students participated in intercollegiate athletics. This would indicate approximately 46,000 college student-athletes have or will have mental health challenges that would be best served by mental health treatment. The desire to assimilate this athletic sub-culture into the university community as a whole is commendable, understandable, and unfortunately, totally unrealistic. The Syracuse's Counseling Services director Cory Wallace poignantly stated (Gutierrez, 2018),

Their ability to blend and be just another student is not possible. Where else do you have a student who can also be criticized as readily by the student population in an acceptable manner? Think about the missed free throw, the missed touchdown catch, the fill-in-the-blank. There's just a heap ton of pressure there (para. 17).

No matter how badly colleges and universities want student-athletes to utilize the same campus resources that their non-athlete peers use ... they won't. And even more importantly (primarily because of time), they feel like they can't. College student-athletes are distinctly different entities, and the pressures they face are just as special. The need for services designed just for them, and within the confines of the athletic department is important for their overall health and wellbeing.

If the only service *not* offered to student-athletes in the athletic department is mental health care and support services, then there should a discussion as to why and serious consideration given to the implementation of such services within that department. The ability to receive mental health care should be just as accessible as the medical care promptly administered at the

onset of a physical injury. It is my hope that Syracuse's Dr. Cory Wallack's premonition comes to fruition (Gutierrez, 2018),

Around the country, I think we're on the front end of what's about to be an explosion. You're going to see a whole heap of specialists who are working with college student-athletes. The NCAA is treating mental health as a public health crisis at the level it needs to be treated (para. 19).

In closing, this study has demonstrated the need for support services specifically tailored to address the additional challenges and issues faced by student-athletes. The expansion of mental health care and support services within an athletic department would not only address the mental health concerns of student-athletes, but it would also demonstrate the importance of holistic medical care and the commitment to reducing the stigma associated with mental health care and need for life-saving services.

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**Appendix A**

**Healthy Minds Statistical Data**

**Demographics**

**Gender**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2	.2	.2	.2
Female	639	62.5	62.5	62.7
Male	382	37.3	37.3	100.0
Total	1023	100.0	100.0	

**What year are you in your current degree program?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	9	.9	.9	.9
1st year	329	32.2	32.2	33.0
2nd year	258	25.2	25.2	58.3
3rd year	219	21.4	21.4	79.7
4th year	191	18.7	18.7	98.3
5th year	16	1.6	1.6	99.9
6th year	1	.1	.1	100.0
Total	1023	100.0	100.0	

**Mental Health Status**

**Please specify if you have any of the following conditions or disabilities**

**Autism Spectrum Disorders**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	2	.2	100.0	100.0
Missing	System	1021	99.8		
Total		1023	100.0		

**Psychological/psychiatric condition**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	41	4.0	100.0	100.0
Missing	System	982	96.0		
Total		1023	100.0		

**Suicidality**

**In the past year, did you ever seriously think about attempting suicide?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	76	7.4	7.4	7.4
No	886	86.6	86.6	94.0
Yes	61	6.0	6.0	100.0
Total	1023	100.0	100.0	

**In the past year, did you make a plan for attempting suicide?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	964	94.2	94.2	94.2
No	37	3.6	3.6	97.8
Yes	22	2.2	2.2	100.0
Total	1023	100.0	100.0	

**In the past year, did you attempt suicide?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	964	94.2	94.2	94.2
No	54	5.3	5.3	99.5
Yes	5	.5	.5	100.0
Total	1023	100.0	100.0	

**Have you ever been diagnosed with any of the following conditions by a health professional (e.g., primary care doctor, psychiatrist, psychologist, etc.)? Please select all that apply.**

**Depression**

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		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	97	9.5	100.0	100.0
Missing	System	926	90.5		
Total		1023	100.0		

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**Anxiety**

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		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	130	12.7	100.0	100.0
Missing	System	893	87.3		
Total		1023	100.0		

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**Eating Disorder**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	27	2.6	100.0	100.0
Missing	System	996	97.4		
Total		1023	100.0		

**Psychosis**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1	.1	100.0	100.0
Missing	System	1022	99.9		
Total		1023	100.0		

**Personality Disorder**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	3	.3	100.0	100.0
Missing	System	1020	99.7		
Total		1023	100.0		

**Substance Abuse**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	2	.2	100.0	100.0
Missing	System	1021	99.8		
Total		1023	100.0		

**None of These**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	702	68.6	100.0	100.0
Missing	System	321	31.4		
Total		1023	100.0		

**Don't know**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	35	3.4	100.0	100.0
Missing	System	988	96.6		
Total		1023	100.0		

**Specifically, which of the following depression disorders were you diagnosed with by a professional?**

**Major Depressive Disorder**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	38	3.7	100.0	100.0
Missing	System	985	96.3		
Total		1023	100.0		

**Chronic Depression**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	18	1.8	100.0	100.0
Missing	System	1005	98.2		
Total		1023	100.0		

**Bipolar/Manic Depression**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	2	.2	100.0	100.0
Missing	System	1021	99.8		
Total		1023	100.0		

**Other (Please specify)**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1017	99.4	99.4	99.4
adjustment disorder with depressed mood	1	.1	.1	99.5
Basic Depression	1	.1	.1	99.6
Clinical depression	1	.1	.1	99.7
Mild Depression	1	.1	.1	99.8
Seasonal Depressive Disorder	1	.1	.1	99.9
Situational Depression	1	.1	.1	100.0
Total	1023	100.0	100.0	

**Specifically, which of the following eating disorders were you diagnosed with by a professional?**

**Anorexia nervosa**

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		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	12	1.2	100.0	100.0
Missing	System	1011	98.8		
Total		1023	100.0		

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**Bulimia nervosa**

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		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	9	.9	100.0	100.0
Missing	System	1014	99.1		
Total		1023	100.0		

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**Binge-eating Disorder**

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		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	5	.5	100.0	100.0
Missing	System	1018	99.5		
Total		1023	100.0		

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**Other (please specify)**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1017	99.4	99.4	99.4
Disordered eating	1	.1	.1	99.5
EDNOS	2	.2	.2	99.7
exercise bulimia	1	.1	.1	99.8
female athlete triad	1	.1	.1	99.9
Orthorexia	1	.1	.1	100.0
Total	1023	100.0	100.0	

**Knowledge of campus Services**

**How much do you agree with the following statement? If I needed to seek professional help for my mental or emotional health, I would know where to go on my campus.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	274	26.8	29.5	29.5
	2	320	31.3	34.5	64.0
	3	211	20.6	22.7	86.7
	4	46	4.5	5.0	91.7
	5	57	5.6	6.1	97.8
	6	20	2.0	2.2	100.0
	Total	928	90.7	100.0	
Missing	System	95	9.3		
Total		1023	100.0		

(1) Strongly agree, (2) Agree, (3) Somewhat agree, (4) Somewhat disagree, (5) Disagree, (6) Strongly Disagree

**Stigma**

**How much do you agree with the following statement?: I would think less of a person who has received mental health services.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	7	.7	.8	.8
	2	25	2.4	2.7	3.5
	3	65	6.4	7.1	10.6
	4	73	7.1	8.0	18.5
	5	290	28.3	31.6	50.1
	6	458	44.8	49.9	100.0
	Total	918	89.7	100.0	
Missing	System	105	10.3		
Total		1023	100.0		

(1) Strongly agree, (2) Agree, (3) Somewhat agree, (4) Somewhat disagree, (5) Disagree, (6) Strongly Disagree

**Help-Seeking Intentions**

**If you were experiencing emotional distress, whom would you talk to about this? (Select all that apply).**

**Professional Clinician (e.g., psychologist, counselor, or psychiatrist)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	301	29.4	100.0	100.0
Missing	System	722	70.6		
Total		1023	100.0		

**Roommate**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	370	36.2	100.0	100.0
Missing	System	653	63.8		
Total		1023	100.0		

**Friend (who is not a roommate)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	607	59.3	100.0	100.0
Missing	System	416	40.7		
Total		1023	100.0		

**Significant other**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	348	34.0	100.0	100.0
Missing	System	675	66.0		
Total		1023	100.0		

**Family member**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	615	60.1	100.0	100.0
Missing	System	408	39.9		
Total		1023	100.0		

**Religious counselor or other religious contact**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	53	5.2	100.0	100.0
Missing	System	970	94.8		
Total		1023	100.0		

**Support Group**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	19	1.9	100.0	100.0
Missing	System	1004	98.1		
Total		1023	100.0		

**Other non-clinical source (please specify)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	26	2.5	100.0	100.0
Missing	System	997	97.5		
Total		1023	100.0		

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1000	97.8	97.8	97.8
coach	2	.2	.2	97.9
Coach	7	.7	.7	98.6
Coaches	2	.2	.2	98.8
Fraternity brothers	1	.1	.1	98.9
High School coach	1	.1	.1	99.0
Id write about it	1	.1	.1	99.1
my athletic trainer	1	.1	.1	99.2
Online peers	1	.1	.1	99.3
Probably would keep it too myself though. I know it's too much good in the world to be down more than a few minutes.	1	.1	.1	99.4
Professor	2	.2	.2	99.6
Sports Coach	1	.1	.1	99.7
Sports team	1	.1	.1	99.8
Team athletic trainer	1	.1	.1	99.9
the bridge peer counseling	1	.1	.1	100.0
Total	1023	100.0	100.0	

No one

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		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	59	5.8	100.0	100.0
Missing	System	964	94.2		
Total		1023	100.0		

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**Use of counseling/therapy**

**In the past 12 months have you received counseling or therapy for your mental or emotional health from a health professional (such as a psychiatrist, psychologist, social worker, or primary care doctor)?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	93	9.1	9.1	9.1
No	723	70.7	70.7	79.8
Yes	207	20.2	20.2	100.0
Total	1023	100.0	100.0	

**From which of the following places did you receive counseling or therapy?**

**Campus Counseling Center**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	111	10.9	100.0
Missing	System	912	89.1	
Total		1023	100.0	

**Campus Health Services**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	18	1.8	100.0	100.0
Missing	System	1005	98.2		
Total		1023	100.0		

**Counseling in the local community (not on campus)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	28	2.7	100.0	100.0
Missing	System	995	97.3		
Total		1023	100.0		

**Provider in another location (such as your hometown)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	59	5.8	100.0	100.0
Missing	System	964	94.2		
Total		1023	100.0		

**Other**

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		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	15	1.5	100.0	100.0
Missing	System	1008	98.5		
Total		1023	100.0		

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		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		1008	98.5	98.5	98.5
	athletic department	1	.1	.1	98.6
	Athletic Department	1	.1	.1	98.7
	athletics psychologist	1	.1	.1	98.8
	Family Physician	1	.1	.1	98.9
	off campus provided by athletics dept.	1	.1	.1	99.0
	Outpatient hospital	1	.1	.1	99.1
	Outside therapist	1	.1	.1	99.2
	private on campus	1	.1	.1	99.3
	Safe harbor	1	.1	.1	99.4
	Sports Psych	1	.1	.1	99.5
	sports psychaiatirc	1	.1	.1	99.6
	sports psychologist	1	.1	.1	99.7

Stanford psychiatry	1	.1	.1	99.8
Through athletic department	1	.1	.1	99.9
Tribe Athletics (Deidre Conneley)	1	.1	.1	100.0
Total	1023	100.0	100.0	

**How helpful, overall, do you think therapy or counseling was or has been for your mental or emotional health?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	819	80.1	80.1	80.1
Helpful	58	5.7	5.7	85.7
Not helpful	15	1.5	1.5	87.2
Somewhat helpful	50	4.9	4.9	92.1
Very helpful	81	7.9	7.9	100.0
Total	1023	100.0	100.0	

**Which of the following are important reasons why you received those services? (Select all that apply). Instructions for this item: Earlier in this survey you reported that you have taken medication and/or received counseling/therapy in the past 12 months for your mental or emotional health.**

**I decided on my own to seek help**

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		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	157	15.3	100.0	100.0
Missing	System	866	84.7		
Total		1023	100.0		

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**A friend encouraged me to get help**

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		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	65	6.4	100.0	100.0
Missing	System	958	93.6		
Total		1023	100.0		

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**A friend pressured me to seek help**

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		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	8	.8	100.0	100.0
Missing	System	1015	99.2		
Total		1023	100.0		

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**A family member encouraged me to seek help**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	90	8.8	100.0	100.0
Missing	System	933	91.2		
Total		1023	100.0		

**A family member pressured me to get help**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	18	1.8	100.0	100.0
Missing	System	1005	98.2		
Total		1023	100.0		

**Someone other than a friend or family member encouraged me to seek help (please specify person's relationship to you).**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	989	96.7	96.7	96.7
advisor	1	.1	.1	96.8
athletic coach	1	.1	.1	96.9
athletic trainer	1	.1	.1	97.0
Athletic trainer	1	.1	.1	97.1
Athletic Trainer	1	.1	.1	97.2
Athletics Doctor suggested	1	.1	.1	97.3
coach	6	.6	.6	97.8
Coach	7	.7	.7	98.5
Coach, Trainer	1	.1	.1	98.6
Doctor in the Health Center	1	.1	.1	98.7
guidance counselour	1	.1	.1	98.8
HS school counselor and teacher	1	.1	.1	98.9
my boyfriend	1	.1	.1	99.0
Pediatrician	1	.1	.1	99.1
professor	1	.1	.1	99.2
Professor	3	.3	.3	99.5

Running head: THE PREVALENCE OF HELP SEEKING BEHAVIOR

religious support person	1	.1	.1	99.6
Resident Director	1	.1	.1	99.7
Rowing coach	1	.1	.1	99.8
Significant Other	1	.1	.1	99.9
track coach	1	.1	.1	100.0
Total	1023	100.0	100.0	

**I was mandated to seek help by campus staff**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	16	1.6	100.0	100.0
Missing	System	1007	98.4		
Total		1023	100.0		

**I acquired more information about my options from (please specify where)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		1020	99.7	99.7	99.7
	RA Training	1	.1	.1	99.8
	Res life	1	.1	.1	99.9
	UHS, GHC	1	.1	.1	100.0
Total		1023	100.0	100.0	

**Other (please specify)**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1016	99.3	99.3	99.3
Athletic trainer made me	1	.1	.1	99.4
Court ordered counseling due to parent separation	1	.1	.1	99.5
Doctor sent me	1	.1	.1	99.6
i had therapy for a concussion	1	.1	.1	99.7
pre adoption incidents	1	.1	.1	99.8
Thought i selected I did not	1	.1	.1	99.9
Took medication for academic enhancement.	1	.1	.1	100.0
Total	1023	100.0	100.0	

**Barriers to Help-Seeking**

**In the past 12 months, which of the following factors have caused you to receive fewer services (counseling, therapy, or medications) for your mental or emotional health than you would have otherwise received? (Select all that apply)**

**No need for services**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	74	7.2	100.0	100.0
Missing	System	949	92.8		
Total		1023	100.0		

**Financial reasons (too expensive, not covered by insurance)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	23	2.2	100.0	100.0
Missing	System	1000	97.8		
Total		1023	100.0		

**Not enough time to go**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	82	8.0	100.0	100.0
Missing	System	941	92.0		
Total		1023	100.0		

**Not sure where to go**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	20	2.0	100.0	100.0
Missing	System	1003	98.0		
Total		1023	100.0		

**Difficulty finding an available appointment**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	21	2.1	100.0	100.0
Missing	System	1002	97.9		
Total		1023	100.0		

**Prefer to deal with issues on my own or with support from family/friends**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	73	7.1	100.0	100.0
Missing	System	950	92.9		
Total		1023	100.0		

**Other (please specify)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	13	1.3	100.0	100.0
Missing	System	1010	98.7		
Total		1023	100.0		

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		1010	98.7	98.7	98.7
	anxiety about judgement from family and friends	1	.1	.1	98.8
	ashamed to tell family I needed more help	1	.1	.1	98.9
	don't feel that it helps	1	.1	.1	99.0
	emotional support animal	1	.1	.1	99.1
	I didn't like it and did not think it was helping me	1	.1	.1	99.2
	I don't know what the cause of the problem is	1	.1	.1	99.3
	I just started last week	1	.1	.1	99.4
	Insurance limiting visits	1	.1	.1	99.5
	Medication caused severe weight gain, making me feel worse	1	.1	.1	99.6

my concussion got better	1	.1	.1	99.7
My therapist is inconveniently far away from Tufts + Most people I know have not had positive experiences with Tufts Mental Health services so I don't want to go there instead	1	.1	.1	99.8
Not helpful	1	.1	.1	99.9
Not motivated to make the calls	1	.1	.1	100.0
<b>Total</b>	<b>1023</b>	<b>100.0</b>	<b>100.0</b>	

**No barriers**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	40	3.9	100.0	100.0
Missing	System	983	96.1		
<b>Total</b>		<b>1023</b>	<b>100.0</b>		

**In the past 12 months which of the following explain why you have not received medication or therapy fir your mental or emotional health?**

**I haven't had the chance to go but I plan to.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	11	1.1	100.0	100.0
Missing	System	1012	98.9		
Total		1023	100.0		

**No need for services**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	441	43.1	100.0	100.0
Missing	System	582	56.9		
Total		1023	100.0		

**Financial reasons (too expensive, not covered by insurance)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	8	.8	100.0	100.0
Missing	System	1015	99.2		
Total		1023	100.0		

**Not enough time to go**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	49	4.8	100.0	100.0
Missing	System	974	95.2		
Total		1023	100.0		

**Not sure where to go**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	16	1.6	100.0	100.0
Missing	System	1007	98.4		
Total		1023	100.0		

**Difficulty finding an available appointment**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	5	.5	100.0	100.0
Missing	System	1018	99.5		
Total		1023	100.0		

**Prefer to deal with issues on my own or with support from family/friends**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	146	14.3	100.0	100.0
Missing	System	877	85.7		
Total		1023	100.0		

**Other (please specify)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		1013	99.0	99.0	99.0
	Dont know what to tell them	1	.1	.1	99.1
	I am planning on attending MH services next week	1	.1	.1	99.2
	I do not have a problem I do not think. I would go to my parents.	1	.1	.1	99.3
	I don't need it.	1	.1	.1	99.4
	I'm too scared	1	.1	.1	99.5
	Im not sure if thats what is wrong with me	1	.1	.1	99.6
	It didn't help the last time.	1	.1	.1	99.7

Previously attended therapy, and it maybe moderately helped, but stressors in my life cause anxiety/depression at various points in the year without my desire to go back to therapy	1	.1	.1	99.8
scared	2	.2	.2	100.0
Total	1023	100.0	100.0	

**No barriers**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	109	10.7	100.0	100.0
Missing	System	914	89.3		
Total		1023	100.0		

**Informal help-seeking**

**In the past twelve months, have you received counseling or support for your mental or emotional health? (Select all that apply)**

**Roommate**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	234	22.9	100.0	100.0
Missing	System	789	77.1		
Total		1023	100.0		

**Friend (who is not a roommate)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	403	39.4	100.0	100.0
Missing	System	620	60.6		
Total		1023	100.0		

**Significant other**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	239	23.4	100.0	100.0
Missing	System	784	76.6		
Total		1023	100.0		

**Family member**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	361	35.3	100.0	100.0
Missing	System	662	64.7		
Total		1023	100.0		

**Religious counselor or other religious contact**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	19	1.9	100.0	100.0
Missing	System	1004	98.1		
Total		1023	100.0		

**Support group**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	10	1.0	100.0	100.0
Missing	System	1013	99.0		
Total		1023	100.0		

**Other non-clinical source (please specify)**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1006	98.3	98.3	98.3
mom	1	.1	.1	98.4
(physician)	1	.1	.1	98.5
athletic counselor	1	.1	.1	98.6
athletic trainer	1	.1	.1	98.7
coach	3	.3	.3	99.0
Coach	4	.4	.4	99.4
Coaches	2	.2	.2	99.6
Counselor	1	.1	.1	99.7
Fraternity brothers	1	.1	.1	99.8
high school counselor	1	.1	.1	99.9
Online peers	1	.1	.1	100.0
Total	1023	100.0	100.0	

**No, none of these**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	348	34.0	100.0	100.0
Missing	System	675	66.0		
Total		1023	100.0		

**Appendix B**



**RECRUITMENT COMMUNICATION WITH ATHLETIC DEPARTMENT COACHES**

Dear Coach \_\_\_\_\_,

I am writing to ask your support for an exploratory study, which I am conducting for my dissertation in Higher Education Leadership at Texas Christian University. This study is designed to explore the prevalence of and issues associated with the mental health help seeking behavior of college student-athletes.

I would like to respectfully request for thirty minutes of your team's time, during which I would meet with the student-athletes and coaching staff, explain the research study and its methodology, and provide them with the option to participate in the study. If any of the student-athletes opted to participate in the research study, they would be asked to complete a consent form and screening survey at that time. If the student-athlete declined to participate they would be instructed to turn in a blank copy of this screening instrument at the conclusion of the time allotted. Two student-athletes will be selected for further interviews which will take approximately 60 to 90 minutes to conduct.

The research study's protocol will ensure that student-athlete participants understand the purpose of the study, as well as their participant rights, summarized below for your reference.

1. Participation in the research study is voluntary, and individuals are free to withdraw participation at any time without question or penalty.

2. Due to the sensitive nature of the questions, some participants might feel uncomfortable answering certain questions. Therefore, participants are free not to answer any question they do not wish to. There are no physical risks involved in this study.
3. Their combined participation will help to further research in the health and wellness of college student-athletes.
4. All research study records will be kept confidential. Their names will not be attached to their data.

I am hopeful you will consider this opportunity to help further important research that could have positive implications for the health and wellness of college student-athletes, like those on your team. If you are interested or have any questions, please do not hesitate to contact me at (937) 765-0879 or via email at [jamie.dulle@tcu.edu](mailto:jamie.dulle@tcu.edu).

**Appendix C**



**Selection Screening Survey**

Please read each statement carefully. Then answer each honestly by circling the response you most identify with. Please remember that your answers are confidential. If you choose not to participate, simply turn in a blank copy of this screening instrument at the conclusion of the time allotted.

**1. Have you ever received counseling or therapy for mental health concerns?**

- 1=No, never
- 2=Yes, prior to starting college
- 3=Yes, since starting college
- 4=Yes, both of the above (prior to college and since starting college)

**2. Have you ever been diagnosed with any of the following conditions by a health professional (e.g., primary care doctor, psychiatrist, psychologist, counselor, etc.)?**

**(Select all that apply)**

- 1=Depression (e.g., major depressive disorder, bipolar/manic depression, dysthymia, persistent depressive disorder)
- 2=Anxiety (e.g., generalized anxiety disorder, phobias, obsessive-compulsive disorder, post-traumatic stress disorder)
- 3=Attention disorder or learning disability (e.g., attention deficit disorder, attention deficit hyperactivity disorder, learning disability)
- 4=Eating disorder (e.g., anorexia nervosa, bulimia nervosa)
- 5=Psychosis (e.g., schizophrenia, schizo-affective disorder)
- 6=Personality disorder (e.g., antisocial personality disorder, paranoid personality disorder, schizoid personality disorder)
- 7=Substance abuse disorder (e.g., alcohol abuse, abuse of other drugs)
- 8=No, none of these

9=Don't know

- 3. In the past 12 months have you received counseling or support for your mental or emotional health from any of the following sources?**

**(Select all that apply)**

- 1=Roommate
- 2=Friend (who is not a roommate)
- 3=Significant other
- 4=Family member
- 5=Religious counselor or other religious contact
- 6=Support group
- 7=Other non-clinical source (please specify)
- 8=No, none of these

- 4. In the past 12 months, which of the following factors have caused you to receive fewer (or no) services (counseling, therapy, or medications) for your mental or emotional health than you would have otherwise received?**

**(Select all that apply)**

- 1=I haven't had the chance to go but I plan to
- 2=No need for services
- 3=Financial reasons (too expensive, not covered by insurance)
- 4=Not enough time
- 5=Not sure where to go
- 6=Difficulty finding an available appointment
- 7=Prefer to deal with issues on my own or with support from family/friends
- 8=Other (please specify)
- 9=No barriers

- 5. How much do you agree with the following statement?:**

**I feel that receiving mental health treatment is a sign of personal failure.**

- 1=Strongly agree
- 2=Agree
- 3=Somewhat agree
- 4=Somewhat disagree
- 5=Disagree
- 6=Strongly disagree

Running head: THE PREVALENCE OF HELP SEEKING BEHAVIOR

Name (Please Print): \_\_\_\_\_

Student Id: \_\_\_\_\_

## Appendix D



### Qualitative Interview Questions

1. What is your primary identity: A student or an athlete?
2. Can you talk about some of the pressures associated with being a college-student athlete?
3. How do you manage those pressures?
4. What strategies do you use to mitigate pressures?
5. If you were experiencing emotional distress, whom would you talk to about this? Why?

Professional clinician (e.g., psychologist, counselor, or psychiatrist)

Roommate

Friend (who is not a roommate)

Significant other

Family member

Religious counselor or other religious contact

Support group

Athletic staff member

Other non-clinical source (please specify)

No one

6. Have you sought mental health counseling?
  - (1) If so, was there anything in particular that encouraged you to seek help from a mental health provider?
  - (2) What, if anything, discouraged you from seeking help from a mental health provider?
7. If you did seek mental health services, what professional practice preferences were important to you when selecting a mental health provider?
8. Have there been any factors that have caused you to receive fewer services (mental healthy counseling or medication) for your mental or emotional health than you would have otherwise received? If yes, what factors?

**Appendix E**



**Healthy Minds Survey Questions (Sample)**

1. Sex, Age, Gender
2. Race/ethnicity
3. Extracurricular activities
4. Please specify if you have any of the following conditions or disabilities.
  - Conditions listed
5. What activities do you currently participate in at your school?
6. What sport(s) do you participate in at your school?
7. How much do you agree with the following statement?: In the past 12 months, I needed help for emotional or mental health problems such as feeling sad, blue, anxious or nervous.
8. If you were experiencing serious emotional distress, whom would you talk to about this? (Select all that apply)
9. In the past 12 months have you received counseling or therapy for your mental or emotional health from a health professional (such as psychiatrist, psychologist, social worker, or primary care doctor)?

**Appendix F**

**Texas Christian University  
Fort Worth, Texas**

**CONSENT TO PARTICIPATE IN RESEARCH**

**Title of Research:**

The Prevalence of and Issues Associated with the Help Seeking Behavior of College Student-Athletes

**Funding Agency/Sponsor:**

None

**Study Investigators:**

**Primary Researcher:**

Donald Mills, Ed.D.  
Distinguished Professor of Educational Leadership  
Texas Christian University  
Fort Worth, TX 76109  
Tel: 817-257-6938  
E-mail: d.mills@tcu.edu

**Researcher:**

Jamie Elshire-Dulle, M.Ed.  
Doctoral Candidate  
Texas Christian University  
Fort Worth, TX 76109  
Tel: 937-765-0879  
E-mail: jamie.dulle@tcu.edu

**What is the purpose of the research?**

According to the NCAA (2016), student-athletes are less likely to seek mental health counseling than their non-athlete counterparts for issues related to depression and anxiety. The hesitation to seek mental health counseling has been attributed to the athletic culture, influences of those close to the student-athlete, and a lack of resources. In order to best assist student-athletes with mental health related concerns, including performance anxiety, one must first hear their narratives. I am conducting a mixed-methods research study to explore the prevalence of and issues associated with help-seeking behavior among Division I student-athletes.

**How many people will participate in this study?**

There will be two participants from three varsity athletic teams at two institutions selected for participation in this study.

**What is my involvement for participating in this study?**

Participation will involve completing a selection survey to help screen for participation in the study as well as screen for any previously diagnosed mental health conditions and/or current and/or past mental health counseling. I will then conduct 60 to 90 minute person-to-person interviews with two participants from three varsity athletic teams at two selected institutions. The qualitative interviews will include eight semi-structured questions pertaining to help seeking behavior and the utilization of mental health services.

**How long am I expected to be in this study for and how much of my time is required?**

Your participation includes taking a brief five question screening survey (3-5 minutes). If selected for the study, your participation would include a 60 to 90 minute person-to-person interview including a follow-up interview, if necessary.

**What are the risks of participating in this study and how will they be minimized?**

Due to the nature of the study, there is a chance that through answering questions about your mental health, help seeking behaviors, sense of identity, and interpersonal relationships, you may experience feelings or thoughts that are distressing. Thus, you are free not to answer any question that you do not want to answer, or to withdraw your participation from this study at any time prior to data analysis. If you experience any feelings of discomfort and wish to speak with a mental health provider at any time, please inform the researcher and she will provide you with a resource for immediate assistance (TCU Helpline). In addition, some individuals might find the personal data being collected to be embarrassing, if revealed. Your personal data, however, will be de-identified and locked in a secure location. After the data has been analyzed for the purposes of the study, it will be destroyed.

**What are the benefits for participating in this study?**

By participating, you could potentially gain a better concept of yourself, your relationships with others, your mental health, and your intercollegiate athletic experience. This increased self-awareness may have positive implications for your growth and personal development during the course of your life.

**Will I be compensated for participating in this study?**

There is no compensation for your participation in this study.

**What is an alternate procedure(s) that I can choose instead of participating in this study?**

There is no alternative procedure.

**How will my confidentiality be protected?**

Study records will be kept confidential. Names will not be used and no information will be traced to a specific person unless you agree to an interview. In that case your name will be necessary to contact you for the interview but will not be published. Study information will be coded and kept in a locked location. Only research personnel will have access to the data. All outcomes of the study are completely confidential. All data will be destroyed after it has been analyzed for the purposes of this study. At a later date, the results of the study will be made available to you upon your request to the researcher.

**Is my participation voluntary?**

Participation is completely voluntarily.

**Can I stop taking part in this research?**

You may withdraw from the study prior to data analysis without question or penalty. If the qualitative interview has already been conducted you may withdraw in writing indicating you no longer wish to participate. If you would like to withdraw prior to the interview or during the interview you may do so verbally and without penalty or question.

**What are the procedures for withdrawal?**

If the qualitative interview has already been conducted you may withdraw in writing indicating you no longer wish to participate. If you would like to withdraw prior to the interview or during the interview you may do so verbally and without penalty or question.

**Will I be given a copy of the consent document to keep?**

Yes.

**Who should I contact if I have questions regarding the study?**

**Primary Researcher:**

Donald Mills, Ed.D.  
Distinguished Professor of Educational Leadership  
Texas Christian University  
Fort Worth, TX 76109  
Tel: 817-257-6938  
E-mail: d.mills@tcu.edu

**Researcher:**

Jamie Elshire-Dulle, M.Ed.  
Doctoral Candidate  
Texas Christian University  
Fort Worth, TX 76109  
Tel: 937-765-0879  
E-mail: jamie.dulle@tcu.edu

**Who should I contact if I have concerns regarding my rights as a study participant?**

Dr. Cathy R. Cox, Chair, TCU Institutional Review Board, (817) 257-6418, c.cox@tcu.edu.  
Dr. Bonnie Melhart, TCU Research Integrity Office, (817) 257-7104, b.melhart@tcu.edu.

Your signature below indicates that you have read or been read the information provided above, you have received answers to all of your questions and have been told who to call if you have any more questions, you have freely decided to participate in this research, and you understand that you are not giving up any of your legal rights.

**Participant Name (please print):** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Investigator Name (please print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Investigator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Appendix G



TEXAS CHRISTIAN UNIVERSITY  
Media Recording Release Form

**Title of Research:** The Prevalence of and Issues Associated with the Help Seeking Behavior of College Student-Athletes

**Study Investigators:** Donald Mills, Ed.D.  
Jamie Dulle, M.Ed., Doctoral Candidate

**Record types.** As part of this study, the following types of media records will be made of you during your participation in the research:

1. Audio Recording

**Record uses.** Please indicate what uses of the media records listed above you are willing to permit by initialing below and signing the form at the end. We will only use the media records in ways that you agree to.

- The media record(s) can be studied by the research team for use in this research project.

Please initial: \_\_\_\_\_

- The media records(s) and/or their transcriptions can be used for scientific or scholarly publications.
- The media records(s) and/or their transcriptions can be used at scholarly conferences, meeting, or workshops.
- The media records(s) and/or their transcriptions can be used in classrooms.

Please initial: \_\_\_\_\_

I have read the above descriptions and give my consent for the use of the media recordings as indicated by my initials above.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*If you have concerns regarding your rights as a study participant, contact Dr. Cathy R. Cox, Chair, TCU Institutional Review Board, Phone 817-257-6418 (c.cox@tcu.edu) or Dr. Bonnie Melhart, TCU Research Integrity Officer, Phone 817-257-7104 (b.melhart@tcu.edu).*

**Appendix H**  
**Recruitment Flyer**



Dear Student-Athlete,

It is with excitement that I reach out to you to request you help in an important research study designed to explore the prevalence of and issues associated with the mental health seeking behavior of college student-athletes.

Division I student-athletes are faced with unique and sometimes stressful college experiences. They are expected to meet the academic rigors associated with attending college while also excelling in his/her team sport. And yet, research reported by the NCAA (2016) indicates student-athletes are less likely to seek mental health counseling than their non-athlete counterparts for issues related to depression and anxiety. The hesitation to seek mental health counseling has been attributed to the athletic culture, influences of those close to the student-athlete, and a lack of resources.

In order to best assist student-athletes with mental health related concerns, including performance anxiety, one must first hear their narratives. A mixed-methods research study will be conducted in order to explore the prevalence of and issues associated with help-seeking behavior among Division I student-athletes in football, basketball, and track programs.

This is an opportunity for you to advance important research in the field of college student-athlete's health and well-being. Your participation would include a selection survey that would take approximately ten minutes to complete, and a 60 to 90 minute interview should you be selected to participate in the study.

Please consider this opportunity to help out! If you are willing to participate and/or have any questions, please contact me at [jamie.dulle@tcu.edu](mailto:jamie.dulle@tcu.edu).

Sincerely,

Jamie Elshire-Dulle, M.Ed.  
Doctoral Candidate, Higher Education Administration  
Texas Christian University

*Note: The study's protocol ensures that participants understand the nature of the study, as well as their rights, summarized below:*

1. Participation is voluntary, and participants are free to withdraw from the study prior to the interview, or during the interview without question or penalty. If participants elect not to participate once the qualitative interview has been conducted, they may request (in writing) to be released from the study.
2. Although unlikely, some participants may have trouble answering some questions, and therefore they are free not to answer any question they wish not to answer. There are no physical risks involved in this study.
3. Participating in this study may help participants gain a better understanding of themselves, his/her relationships with others, his/her mental health, and his/her intercollegiate athletic experience.
4. The collective participation will help to advance research in the field of college student-athlete health and well-being.
5. Study records will be kept confidential. Participant names will not be attached to their data.

**Appendix I**



Post-Interview Confidentiality Form

It is our goal and responsibility to use the information that you have shared responsibly. Now that you have completed the interview, we would like to give you the opportunity to provide us with additional feedback on how you prefer to have your data handled. Please check one of the following statements:

\_\_\_ You may share the information just as I provided it. I understand my real name and institution will not be disclosed anywhere in the study. I realize that others might identify me based on the data, even though my name and institution will not be published.

\_\_\_ You may share the information I provided; however, even though you will not disclose my real name or institution, please change details that might make me identifiable to others. In particular, it is my wish that the following specific pieces of my data not be shared without first altering the data so as to make me unidentifiable (describe this data in the space below):

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\_\_\_ You may contact me if you have any questions about sharing my data with others. The best way to reach me is (provide phone number or email):

Respondent's signature \_\_\_\_\_ Date \_\_\_\_\_  
Investigator's signature \_\_\_\_\_ Date \_\_\_\_\_