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Mental Health in College Athletics: Healing through Community

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Mental Health in College Athletics

Healing through Community

By
Allyson Maria Drury

An Honors Thesis Submitted in Partial Fulfillment of the
Requirements for Graduation from the
Western Oregon University Honors Program

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Abstract

Collegiate student-athletes must navigate a combination of athletic and academic demands, which poses unique challenges and stressors that distinguish them from their non-athlete counterparts. Because of these major differences, student-athletes' needs are not necessarily met by programs designed for the general college student. In this thesis, I review growing research on the distinct mental health needs of student-athletes as well as programs that best support them. I also present results from informational interviews with both athletic staff and student-athletes to gain a more thorough understanding of the specific needs and desires of the Western Oregon University Athletic Department. Results indicate that there are common times of increased stress, shared desires for added support, and influential individuals in student-athletes' lives. More support is needed to assist student-athletes in coping with the immense stress of these unprecedented times. Considering the combination of findings from recent studies and responses from interviews, the WOU athletic community would benefit from the designation of an athletic representative within campus counseling staff, ongoing mental health education opportunities for coaches and athletes, and more cross-team, community events.

I. Introduction

Collegiate student-athletes represent a small, unique subset of the general population of college students. Their participation in their respective sports provides them with distinct perspectives and produces additional challenges and stressors relative to their non-athlete peers (Lu et al., 2012). Due to this great difference, student-athletes possess specific needs in regard to mental health services, and these needs are not necessarily met by programs designed for the general college student (Chew & Thompson, 2014). An increasing number of athletic departments are looking to fill this gap through the hiring of sports psychologists and psychiatrists, but limited funding prevents many schools from doing so. In other instances of specific mental health related issues, the use of community groups and development of supportive relationships have been shown to improve mental health and coping abilities (Pfeiffer et al., 2011). In this thesis, I review the expanding research on mental health in college athletics, present findings from interviews with student-athletes, coaches, and athletic administrators, and propose feasible recommendations to the Western Oregon University (WOU) Athletic Department to promote mental health using a community-based approach.

II. Literature Review

A. Defining Mental Health and Well-being

Mental health incorporates a variety of interrelated variables that are based on psychological, social, and emotional elements. This simple and broad definition of the complex concept of mental health merely presents the key features involved.

The nuances of the definition and its close relationship to mental illness have continued to evolve in response to ongoing research. In 1948, the World Health Organization (WHO) publicly declared that health signified “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (Manderscheid et al., 2010). Prior to this statement, a common belief existed that since illness was the presence of disease, then, health, seemingly the opposite, could be adequately summed as the lack of disease (Manderscheid et al., 2010). The inclusion of the phrase “complete physical, mental, and emotional well-being” warrants a deeper analysis of the essence of overall wellness and what it means in relation to the human experience. Following the release of the WHO statement, much research continued to attempt to decipher the states of illness, survival, and wellness.

Despite the fact that the WHO released its announcement over 70 years ago, healthcare systems have been slow to realize the true implications of this statement and to update their framework to a more wellness-based approach (Slade, 2010). Only in the recent decade have steps been taken in this new direction. For instance, recovery from mental illness was once heavily laden with emphasis on reduction of psychopathological symptoms, increase in social abilities, and consistency in relapse and risk management, but more recent proposals focus on the promotion of the individual’s personal progression of recovery (Slade, 2010). Due to the nature of this emerging area of research, there were initially few systematic studies, and any supporting information had been compiled by mining through the common truths and realities laced throughout personal recovery narratives (Slade, 2010). In an

examination of personal recovery stories, in which all were strikingly unique, Slade (2010) discovered that engagement in life, utilization of one's strengths, and formation of identity—all essential features of wellness—were often woven into each account. Analysis further distinguished between individualized and clinical models, in that “recovery is seen as a journey into life, not an outcome to be arrived at” (Slade, 2010). Unlike traditional clinical models, the key to true recovery, as gleaned from those personally affected, may not be found in attempting to only reduce psychopathological symptoms, but rather through learning to further embrace wellness (Slade, 2010).

Manderschied and colleagues reiterate this message that wellness is a dynamic state of being, arguing that recovery is an enduring process in which individuals attempt to re-engage in life, despite potential persisting symptoms (2010). Once again, well-being, or as previously discussed “good life,” may not solely be dependent upon the absence of symptoms (Slade, 2010). Rather, well-being, as shown in Figure 1, is proposed as a set point that lies between an individual's resources and their challenges (Dodge et al., 2012). Similarly, Nagoski and Nagoski (2019) emphasize this deeper truth of wellness in their book, *Burnout: The Secret to Unlocking the Stress Cycle*. They argue that wellness is not a constant mental state of peace and calmness but actually “the freedom to move through the innate cycles and oscillations of being human:” it is the ability to move fluidly from a state of calm to a state of adversity and back again (Nagoski & Nagoski, 2019). This initial examination of the meaning of mental health, and subsequently on the meaning of

wellness or well-being is necessary to better understand and recognize mental health as its own full continuum (Keyes, 2002).

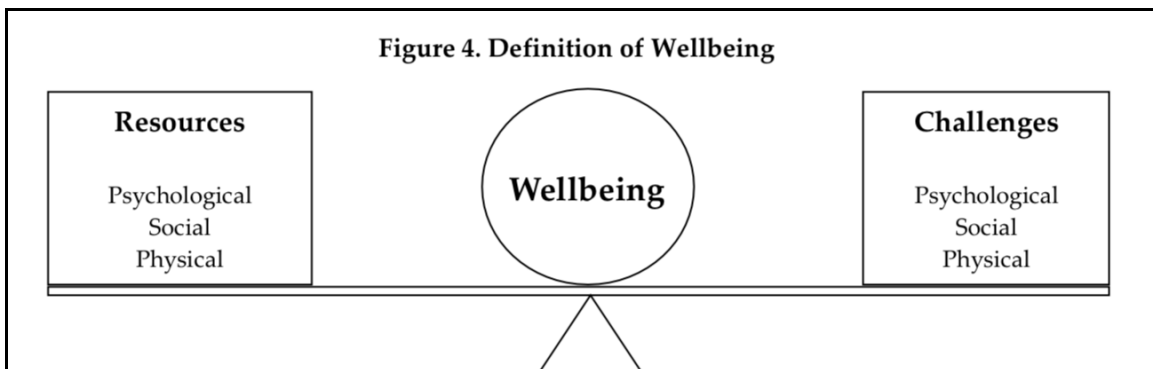


Figure 1. Visual representation of the definition of well-being as a set point between resources and challenges (Dodge et al., 2012)

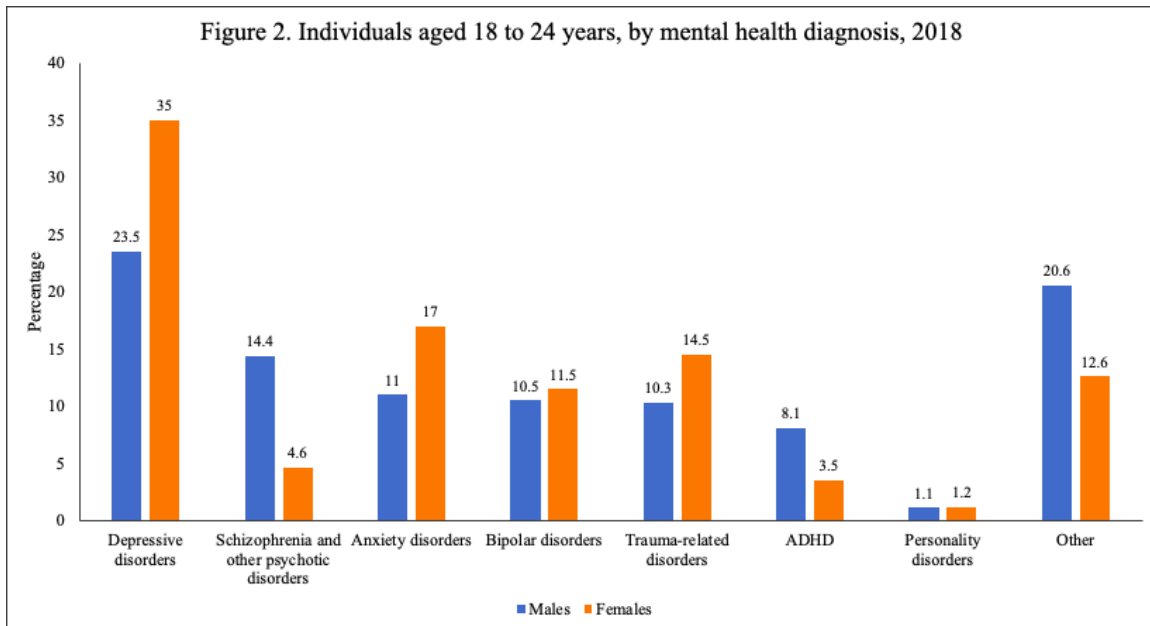
Recent studies have continued to refine the definition of mental health and investigate Keyes' distinction of well-being and psychopathology on separate continua. In one study conducted by Trompetter and colleagues, treatment often resulted in improvements in symptoms or levels of well-being, not both (2017). Once again, mental health is not solely the absence of psychopathology; overall wellness must be recognized as an equally essential element. Despite moderate correlations between well-being and psychopathology, the variations in treatment outcomes indicate the need to evaluate and measure well-being alongside psychopathology in mental health care and work to promote it within treatment plans (Franken et al., 2017; Trompetter et al., 2017). This realized need for treatment to promote well-being has led to the recent development of interventions such as Well-Being Therapy, Positive Clinical Psychology, and Positive Psychotherapy (Trompetter et al., 2017). Furthermore, increased mental well-being buffers, or protects against, psychopathology at future points in time (Trompetter,

Kleine & Bohlmeijer, 2017; Keyes et al., 2020). In turn, proactively promoting mental well-being within a community has been proposed as an effective step to improve mental health and reduce psychopathology of a population (Trompetter, Kleine & Bohlmeijer, 2017; Keyes et al., 2020).

B. General Statistics

In order to understand the extent of mental illness, it is important to examine the characteristics of the individuals who are diagnosed and receive treatment. Individuals aged 18 to 24 years old who were served by state mental health agencies (SMHAs) increased from 594,733 in the 2013 reporting period to 645,452 in the 2018 reporting period—an increase of 8.5% (Substance Abuse and Mental Health Services Administration (SAMHSA), 2018). In the 2018 reporting period, approximately 68% of those served in this age group were reported to have severe mental illness. As illustrated in Figure 2, females accounted for 54% of those who received care, and their most frequently reported diagnoses include depressive disorders (35%), anxiety disorders (17%), and trauma-related disorders (15%). For males, the most frequently reported disorders were depressive disorders (24%), schizophrenia and other psychotic disorders (14%), anxiety disorders (11%), and bipolar disorders (11%). Among individuals of all education levels, the most frequently reported diagnoses were depressive disorders. In 2018, this ranged from 24% of those individuals who completed Grade 8 or less to 38% of those who completed at least a year of additional education after Grade 12 (SAMHSA, 2018). This is likely due to the fact that the more education an individual has, the more likely they are to have health insurance and access to health care, and in turn, the

more likely they are to be diagnosed (Steele et al. 2007). It is also important to note that data only includes individuals that have been diagnosed and served. Estimates suggest that only half of people with mental illness seek and receive treatment, indicating that the prevalence of mental illness is much higher than what is reported (National Institute of Mental Health (NIMHa), 2018).



Source: SAMHSA

College students make up a significant portion of individuals aged 18 to 24 years old in the United States, as approximately 41% of those in this group were enrolled in college in 2019 (National Center for Education Statistics, 2021). College students are faced with a wide range of common stressors that may lead to the development of mental illnesses, including academic courses, finances, and other family and personal relationships. Collegiate student-athletes make up a unique subset of this select population, and they experience additional challenges due to their athletic commitments on top of those in normal student life. Common stressors for collegiate student-athletes include performance and training demands, team

dynamics pressures and issues, and athletic identity. Student-athletes may be considered more vulnerable and susceptible to mental health issues due to these added pressures and stressors (Lu et al., 2012).

C. NCAA Student-Athlete Studies

In order to analyze the experiences and well-being of their student-athletes, in 2016, the National Collegiate Athletic Association (NCAA) conducted a Growth, Opportunities, Aspirations, and Learning of Students in College (GOALS) study. Over 21,000 student-athletes from 600 schools at the Division I, II, and III levels participated in the survey. These extensive surveys provide data on student-athletes' perceptions of a wide range of issues. In 2015, student-athletes reported spending more time dedicated to athletics than in 2010. Division I and II athletes reported spending 34 and 32 hours per week, respectively, while Division III athletes reported spending slightly less with 28.5 hours per week. Additionally, data reveals that over a third of student-athletes reported that athletic participation has prevented them from taking desired classes. Of athletes at the Division I and II level who receive athletic aid, more than two-thirds shared that quitting their sport would make remaining at their current school a financial challenge. These extensive surveys provide data on student-athletes' perceptions of a wide range of issues (NCAAa, 2016).

In another 2016 study, the NCAA focused on the social environments of student-athletes in order to better understand the dynamic of their respective campus communities. Student-athletes reported feeling more comfortable around their teammates and other student-athletes than their non-athlete peers. In Division

I, the majority of student-athletes (57%) live only with teammates or athletes of other sports, whereas in Division II, this is slightly lower at 47%. In Division III, it is significantly lower at only 33%. In regard to campus resources, 67% of male and 81% of female student-athletes reported that they knew where to go on campus if they had mental health concerns. Equally disparate percentages of men and women agreed that they trusted people on campus that would offer support if they needed it. Nevertheless, student-athletes emphasized that free services, a practitioner who understands athletics, and flexible hours would be the most important improvements to increase their access to mental health care. This study also revealed that families of student-athletes continue to play a key role in the majority of their lives. 55% of student-athletes communicate with their parents in some form at least once per day, and over 70% of student-athletes ask family members for financial assistance. Family members continue to offer their student-athletes socio-emotional support too, as 66% of males and 83% of females shared that they reach out to family for help with stress and other mental well-being issues (NCAAb., 2016).

Adding to the results from the GOALS study, in 2018, the NCAA examined the substance use habits of collegiate student-athletes. Participants included 23,000 student-athletes across all divisions, which included representatives from nearly 60% of NCAA institutions. Of all student-athletes, 42% reported that they engage in binge drinking activities (4 or more drinks for women and 5 or more drinks for men at one time). This percentage is slightly higher than the national average of binge drinking in general college students of 34.3% (SAMHSA, 2019). However, student-

athletes shared a decreased use of marijuana (only 25%) in comparison to their non-athlete peers (33-39%). Reported cocaine use among student-athletes is similar to that of non-athletes (approximately 4%), but reported use of amphetamines is lower in student-athletes (2%) than non-athletes (5%). While the culture of athletics seems associated with an increased use of alcohol, it may work to discourage use of many other common drugs (NCAA, 2018).

D. Stressors

Student-athletes are faced with pressure that comes in many different forms of stressors. Stressors are “demands made on an individual that are appraised as taxing or exceeding [their] resources” (Tamminen & Gaudreau, 2014). Such stressors that may be present in student-athletes’ lives range from high performance and training demands for their sport, to team dynamic and interpersonal relationship issues, and even further to intrapersonal athletic identity conflicts. Each stressor alone may not be assessed by the student-athlete to be exceedingly taxing, but their combined effect has the potential to feel overwhelming. It is important to examine each of these respective stressors in order to better understand how each may impact the well-being of student-athletes.

The stress of performance and training demands may work to exhaust student-athletes’ physical, mental, and emotional resources. As revealed by the NCAA GOALS study (2016), student-athletes have reported an increasing amount of time spent on athletic activities over the past five year period. Additionally, in order to maintain their athletic eligibility, the NCAA (2020) requires that student-athletes be enrolled full-time in at least 12 credit hours. It is generally estimated that each

credit equals approximately 3 hours per week of studying and class time, and therefore, a full-time student will have at least 36 hours of academic work. When both athletic and academic commitments are combined, it equates to 64.5 to 70 required hours per week. This clearly reveals the intensive time commitment of collegiate athletics; such a commitment limits the time student-athletes can dedicate to other aspects of their lives, which in turn may have further detrimental consequences. Moreover, student-athletes are not solely expected to show up and dedicate this time; they are expected to thrive and excel on the field and in the classroom (Leimer, Leon & Shelley, 2014). In some instances, either poor athletic or academic performance may lead to the reduction of scholarships, and two-thirds of student-athletes who receive athletic financial aid report that it would be a financial challenge to remain in school without these funds (NCAAa, 2016). This expectation and pressure to perform at a high level may be extremely taxing on student-athletes. Gould and Whitley (2009) found a connection between the high valuation of performance success and burnout in collegiate athletics. The stress of performance and training demands may be exacerbated by added pressure from coaches, teammates, parents, and other individuals present in the lives of athletes (Tamminen & Gaudreau, 2014).

Even though some collegiate sports are more individualized than others, issues within the team dynamic can act as major stressors. Student-athlete stressors often stem from social interactions, such as arguments with teammates, criticisms from coaches, and excessive performance pressure from coaches (Tamminen & Gaudreau, 2014). Lu and colleagues (2012) identified that coach relationships and

interpersonal relationships with teammates were significant sources of potential stress to college student-athletes. Likewise, student-athletes commonly report wanting more support and empathy from coaches, hinting that present coach-player relationships may be a contributing source of stress in athletes' lives (Sullivan et al., 2020).

Because student-athletes dedicate a major portion of their lives to their respective sports, this can limit their time to develop in other roles and lead to issues that arise from overidentification as an athlete. Gould and Whitley (2009) found that the demands of performance success and the recent “professionalization” mindset shift pushes youth athletes to make sacrifices in other areas of their lives and identities to hone their athletic skills. This is an example of role conflict, meaning that the demands of one role clash with those of another, and this internal conflict forces student-athletes to narrow how they identify themselves (Harris, Altekruze & Engels, 2013). Often, by the time a student-athlete enters collegiate athletics, their self-identity has been primarily shaped and molded around athletics (Gould and Whitley, 2009).

Student-athletes with strong athletic identities are more likely to assess their self-worth based on their athletic performance, and student-athletes who over-identify in their athletic role are at a greater risk for depression, anxiety, and other mental health issues (Watson, 2016; Miller & Kerr, 2002). Overidentification as an athlete also increases the risk of athletic burnout, which is commonly associated with emotional and physical exhaustion, feelings of inadequacy, and decreased interest and motivation in one's sport (Eklund & DeFreese, 2020). In contrast, it has

been shown that lower athletic identity exclusivity (athlete recognizes and identifies themselves in other roles) is associated with lower rates of athletic burnout (Black & Smith, 2007).

When student-athletes become injured or fail to perform at a high level, they may, not surprisingly, experience feelings of loss, confusion, and frustration (Gould and Whitley, 2009; Armstrong et al., 2015; Watson, 2016). Major life changes, stress, and physical illness are potential risk factors for depressive symptomatology, and depression has been positively correlated with injury (NIHMB, 2018; Armstrong et al., 2015). Feelings of isolation or exclusion from typical team activities due to injury have also been discussed as a potential trigger for changes in student-athletes' feelings and behavior after injury (Gulliver, Griffiths & Christenson, 2012).

E. Mental Health Services Utilization: Barriers

Student-athletes face a wide range of physical, social, and intrapersonal stressors that may negatively impact their mental well-being, yet many do not seek out and utilize available mental health services. Barriers exist that inhibit student-athletes' ability and willingness to receive support. Student-athletes commonly feel that they lack time to seek services that are available due to their demanding schedules (Lopez & Levy, 2016). Lopez and Levy (2016) emphasize that students' classes combined with team practices and travel fill many of the regular business hours (9am to 5pm), further indicating that time constraints are a major barrier to receiving treatment. Similarly, in a study conducted by Leimer and colleagues, 51.7% of student-athletes reported time as being a significant deterrent for seeking

counseling services, in comparison to less than 40% of their non athlete peers (2014).

Even if services are readily available and the athlete has adequate time, the stigma surrounding mental illness coupled with the culture of athletics may further deter student-athletes from getting assistance (Lopez & Levy, 2016; Schinke et al., 2017). The culture of athletics often promotes both physical and mental toughness, which can work to stigmatize health-seeking behavior as a sign of weakness (Schinke et al., 2017). Female student-athletes are more likely to utilize mental health services than males (Barnard, 2016; Lopez & Levy, 2016), and specifically male student-athletes with strong masculine ideals are generally less likely to seek professional help (Steinfeldt & Steinfeldt, 2012; Wahto, Swift & Whipple, 2016). Furthermore, studies have also shown that student-athletes are more likely to favor and support the statements that “problems should be kept within the family” and “talking with a professional is a poor way to deal with emotional conflicts” than non-athletes (Leimer et al., 2014). These responses emphasize the nature of stigma within athletic culture, and they further suggest that student-athletes are more likely to remain silent or rely on individuals within the “family” when faced with mental health issues over seeking help from trained professionals (Leimer et al., 2014).

F. Mental Health Services Utilization: Facilitators

Despite the fact that there are a myriad of factors that may discourage student-athletes from utilizing mental health services, many of these barriers can be broken down by positive attitudes and support of key stakeholders in the student-

athletes' lives (Moreland, Coxe & Yang, 2018). Stakeholders include people, such as coaches, teammates, parents, athletic trainers, and athletic administrators, who directly impact student-athletes. These individuals make up student-athletes' social environments, and in turn, these stakeholders' perceptions shape their athletes' adaptive responses to adversity (Hodge & Lonsdale, 2011). Supportive coaching behaviors may promote student-athletes' well-being, help student-athletes develop coping mechanisms to stressors, and promote services utilization (Tamminen & Gaudreau, 2014; Moreland et al., 2018). Studies have emphasized how positive interactions with teammates and parents facilitate usage of services (Arthur-Cameselle & Baltzell, 2012; DeFreese & Smith, 2013). This means the same individuals, that were previously labeled as barriers, have the ability to act as essential facilitators to mental health services utilization (Leimer et al., 2014).

The cultural ideologies and norms of collegiate athletics are strongly rooted and reflect the values of society at large; therefore, enacting changes can be extremely difficult and require backing from multiple entities (Beyer & Hannah, 2000). Nevertheless, shifts in team culture prove to be far from impossible. Program-wide consistency can create environments of mutual trust and respect (Schroeder, 2010). In efforts to improve culture, studies have recognized the potential benefits of including mental health providers within the athletic department staff (Leimer et al., 2014; Sudano, Collins & Miles, 2016). However, many collegiate athletic departments lack the adequate funding to hire athlete-specific mental health providers (Sudano et al., 2016). Yet, it is important to understand the benefits of these more structured programs as well as discuss

feasible alternatives that have demonstrated success in promoting athlete well being and services utilization.

G. Programs and Solutions

Approximately 20.5% of NCAA Division I institutions have mental health providers located in their athletic training room, and an additional 18.1% have mental health providers within their athletic department. In a majority of Division I schools, mental health services were located in separate counseling centers (Sudano & Miles, 2017). As previously discussed, student-athletes may often be more willing to reach out to people within the athletic department over outside individuals (Beauchemin, 2014; Leimer et al., 2014). Since many institutions lack athletic mental health providers, it is necessary that campus counseling centers form a close working relationship with the athletic department in order to best facilitate student-athletes' care (Neal et al., 2013).

Neal and colleagues advise that athletic departments assign their head athletic trainer as the primary point of contact for referrals to counseling services (2013). Athletic trainers are in direct contact with injured student-athletes, who are at a higher risk for developing mental health issues, and they understand the legal and ethical requirements to ensure patient confidentiality (Putukian, 2015; Neal et al., 2013). In an integrated care model proposed by Sudano and colleagues, the head athletic trainer plays an even more significant role by organizing and attending the initial meeting between the mental health provider and the student-athlete (2016). Despite increased efforts to make mental health a priority in athletic training rooms, less than half of US collegiate sports medicine departments have a written plan for

identifying and screening student-athletes with mental health concerns (Kroshus, 2016).

There are currently few intensive mental health intervention programs that have been specifically designed to fit sport culture in universities, and limited research supports these programs over traditional counseling services. Donohue and colleagues (2018) studied the effectiveness of a sport specific program, the Optimum Performance Program in Sports (TOPPS), in comparison to general campus counseling services. TOPPS utilizes aspects of positive psychology and family behavioral psychology to optimize athlete mental well-being and sport performance (Donohue et al., 2018). Student-athletes were formally assessed for psychopathological symptom severity and randomly assigned to TOPPS or campus counseling services. Each form of services consisted of twelve meetings over a four month period, but those involved with TOPPS reported greater improvements in overall mental health, sport specific issues, and overall happiness in romantic relationships. The authors suggest that this significant difference in outcomes may be due to the emphasis of TOPPS on personal goal creation and performance optimization in life and sport, in contrast to traditional emphasis on symptom reduction. Despite the fact that TOPPS has been shown to greatly improve student-athlete well-being, it is important to note that this program requires professional mental health providers with a background in sports psychology to conduct these individualized meetings. Limited funding may prevent some athletic departments from being able to successfully implement such an intensive program (Sudano, Collins & Miles, 2016).

Alternative interventions that require less specialized personnel have also demonstrated success in improving intentions to self-manage mental health issues and in increasing overall mental health awareness (Breslin et al., 2019). In the State of Mind Program (SOMI), student-athletes were invited to participate in a 75 minute SOMI-based workshop on mental health. Themes discussed include symptoms of stressors and their impacts on mental health as well as exercises and resources to manage mental health issues. The format of the workshop featured visual presentations, vignettes of athletes who have experienced mental illness, and group discussion questions with active participation. These workshops were led by mental health professionals from student support services aided by trained student mentors. Similar to TOPPS, SOMI requires the involvement of experienced professionals, but the group workshop format of this intervention program allows for many student-athletes to reap benefits from the time investment of these professionals (Donohue et al., 2018; Breslin et al., 2019). Furthermore, the group discussion focus allows for student-athletes to potentially connect to others through shared experiences, which has been shown in other studies with student-athletes to lessen feelings of isolation (Harris et al., 2003).

In 2014, Beauchemin from Ohio State University (OSU) designed and implemented an integrative outreach model to increase education of mental health awareness and sport psychology principles. This program shared blended elements from both of the two programs previously discussed. Similar to the positive feedback from student-athletes on the TOPPS program's focus on performance optimization in sport, the OSU researcher hypothesizes that the joint emphasis on

performance enhancement and mental well-being may work to reduce stigma and increase willingness to seek services (Beauchemin, 2014). This outreach model tailored the Five Cardinal Mental Skills of sport psychology (relaxation, imagery, routines, self-talk, and concentration) to not only apply to athletic situations, but to a student-athlete's life as a whole (Beauchemin, 2014). One of the fundamental skills, concentration, was introduced using mindfulness techniques, which has been associated with decreased life stress in student-athletes (Kaiseler et al., 2017). Unlike TOPPS, the format and delivery of this model resembled the SOMI-based program; it was presented in a series of 3 to 5 interactive, group-based workshops, conducted by campus counseling and athletic personnel. Evidence revealed that this outreach model may be an effective strategy in reducing stigma and shifting perception of mental health and service utilization (Beauchemin, 2014).

Observed in both the SOMI and OSU program models, workshops were group oriented in order to facilitate discussion among student-athletes (Breslin et al., 2019; Beauchemin, 2014). Since student-athletes are often more comfortable segregating themselves into their respective sports, an important component of these programs is that student-athletes are encouraged to interact with individuals from across teams and to realize their shared experiences (NCAAb, 2016). The power of shared experiences among groups of individuals has long been recognized to have therapeutic benefits (Steffen, 1997; Garro & Mattingly, 2000). Harris and colleagues (2003) studied the value of groups in promoting personal growth and developed a program with psychoeducational groups to assist freshman student-athletes transition to college life. Each group of freshmen were balanced to include

individuals from different teams, genders, and races in order to vary the perspectives and voices heard. Groups met weekly for approximately 75 minutes over the course of eight weeks, and sessions were facilitated by graduate-level counseling students, who helped focus weekly discussions on specific topics, such as stress management, sexual responsibility, alcohol and drug use, and general student-athlete life. Qualitative surveys and interviews revealed that participants found that the groups helped them meet other student-athletes, better adjust to the college environment, talk about issues that were important to them, and feel more relaxed. The purpose of these groups was to create a safe environment of trust and belonging for student-athletes to share their common experiences and to relate and learn from each other, and results support the effectiveness of this format (Harris et al., 2003).

H. Peer Support

As previously shown, student-athletes' social environments and interactions greatly influence their psychological experiences (Tamminen & Gaudreau, 2014; DeFreese & Smith, 2013). Student-athletes often report receiving support from their teammates and feeling more comfortable around them than non-student-athletes (Miller & Kerr 2002; NCAA 2016). In one study, student-athletes who reported higher levels of social support were less likely to report depressive symptoms. Furthermore, many participants considered their teammates as major parts of both their athletic and personal support networks (Sullivan et al., 2020). Likewise, perceived support availability from teammates is correlated to decreased feelings of burnout and increased self-determined motivation (DeFreese & Smith, 2013). This

highlights the importance of fostering a collective sense of perceived support in order to combat and prevent burnout and other mental health issues. Peer support has been proposed as an extremely powerful tool to increase well being and reduce stigma for all parties involved (Shalaby & Agyapong, 2020). One of the distinguishing factors of peer support is that people who have had similar experiences are better able to relate to, empathize with, and validate each others' stories (Mead & MacNeil, 2006). Since student-athletes often face and share many of the same stressors and struggles, peer support-centered programs may prove to be an effective yet feasible method to proactively boost well-being and to provide assistance in the recovery process.

Peer support may preemptively provide a protective effect against the development and onset of mental illness. One's experiences of peer support, or social support, is closely related to their sense of belonging. Sense of belonging is defined as an individual's desire to relate to others, whereas social support refers to feelings that one is cared for and assistance is available from their peers (McBeath, Drysdale, & Bohn, 2017). Low levels of sense of belonging and social support have been linked to physical health and mental well-being issues (Thoit, 2011). Conversely, social support has been shown to be significant in buffering stress levels and improving coping skills (Thoit, 2011; Wang et al., 2014). Wang and colleagues found that for those with low social support, stress level was more closely associated with depression than those with high social support (see Figure 3). This is direct evidence of the protective, buffering role that social support provides against mental illness.

Source: Wang et al., 2014

In today's society, the internet has increased our ability to communicate and connect with our peers, and it has become a platform for sharing and exchanging stories of health and illness (Ziebland & Wyke, 2012). Student-athlete-led programs, such as The Hidden Opponent, have emerged to further unite and empower student-athletes to share their stories and face the "hidden opponent" together (The Hidden Opponent, 2021). Likewise, social media has enabled the NCAA to spread awareness and initiate conversations about mental health with an ever-growing audience of student-athletes, coaches, staff, and public stakeholders. For instance, in May 2021, the NCAA hosted a live discussion panel on Twitter, where mental athletic mental health professionals, coaches, and student-athletes examined various aspects of mental health in college sports. Listeners not only had the ability to gain valuable information, but they also had the opportunity to actively engage in the discussion by asking panelists additional questions (NCAA, 2021). As society continues to become more globally connected, the athletic community has new ways to communicate, connect, and unite; peer support may come from close teammates at practice as well as from other student-athletes across the country on social platforms.

III. COVID-19 Pandemic

The collective challenges of the COVID-19 pandemic have had profound consequences on the mental health of individuals across the United States, including college students and collegiate student-athletes. Recent stressors that have been

identified in college students include increased health and safety concerns for themselves and loved ones, decreased social interactions, and increased worry in regard to academic performance (Son et al., 2020). In one study, of 2031 college students, 48.14% showed moderate-to-severe levels of depression; 38.48% showed moderate-to-severe levels of anxiety, and 71.26% responded that their stress levels had increased over the course of the pandemic (Wang et al., 2020). Other researchers have predicted continued detrimental impacts to mental health unless more resources are made available to support communities through these compounding adversities (Silver, Holman & Garfin, 2020).

In sum, collegiate student-athletes are a subgroup of young adults that experience a unique combination of stressors; these stressors impact their mental well-being and put them at greater risk for developing mental illness. The culture of athletics often imposes heightened barriers to mental health services, such as stigma and time restraints. Nonetheless, it is important to recognize that the collegiate athletic environment may conversely provide student-athletes with potential facilitators to care and treatment as well. The attitudes of key stakeholders in student-athletes' lives, including coaches, administrators, parents, teammates, and others, significantly influence student-athletes' perspectives on mental health and their willingness to seek assistance. A myriad of programs has been specifically designed to increase mental health awareness and reduce stigma in the student-athlete population. Though programs often differ in the level of required involvement by mental health professionals, many programs commonly include elements of sport psychology and utilize group discussion formats. Due to the fact

that many universities lack necessary funding to employ department-specific mental health providers, it is essential to enhance other sources of support already in place. Peer and social support have been shown to boost wellbeing and to protect against mental illness. Implementing programs that increase peer support among student-athletes may be a cost-effective strategy to boost mental well-being at WOU as well as other similar universities.

IV. Methods

In order to gain a better understanding of the inner workings of the Western Oregon University Athletic Department, I conducted informational interviews with both athletic staff and student-athletes. I interviewed a total of fifteen individuals—nine student-athletes, four coaches, the Director of Sports Performance, and the Interim Assistant Athletic Director of Compliance and Student Services. Of the student-athletes interviewed, nine of the eleven athletic teams were represented; four student-athletes competed on men's teams and five student-athletes competed on women's teams. Student-athletes interviewed were from a variety of athletic eligibility groups, ranging from first year to fourth year. Interview questions focused on their past experiences as well as suggestions for improving mental health support for student-athletes. It is important to note that these questions were used as a guide, and interviews followed a semi-structured format. Interviews were conducted using Zoom due to the COVID-19 pandemic restrictions, and duration ranged from half an hour to an hour, depending on the complexity of responses and stories shared.

V. Results

Several common themes emerged from interviews with student-athletes, coaches, and administrators in the WOU Athletic Department. First, many identified and discussed specific instances that they found to be most challenging on their mental well-being, including periods of injury and transition. The vast majority also emphasized that the current COVID-19 pandemic had been especially taxing on their mental well-being. Second, individuals highlighted changes they believed would improve the overall mental health of WOU student-athletes. Lastly, many recognized the forms of support currently in place that promote well-being, such as connections with coaches, teammates, and other student-athletes.

In discussing with student-athletes various stressors, many disclosed that injury and recovery proved to be extremely difficult periods for their mental health and well-being. One student-athlete related the feelings of isolation he felt when trying to return to his sport after injury. He had a distinct memory of being continually forced to do a separate workout while painfully watching the rest of his team together. Another told her story of being forced to red shirt due to injury and her feelings of being an outsider as she struggled to fit into a different class on the team. One coach even shared their own story with injury in collegiate athletics and the major stress of rediscovering purpose following this event. Student-athletes emphasized certain aspects of injury, isolation and identity issues, as being particularly taxing on their mental health.

Other student-athletes expressed that their years of transition, such as freshman year or junior year for transfers, were especially difficult and stressful times. Several student-athletes shared that as freshmen, they struggled to be on their own and to balance the many aspects of college life. One student-athlete related that if older teammates had not reached out to her during this time, she would have been miserable. Another described how she did not feel comfortable reaching out to older teammates as a freshman, so now she works to be the upperclassman who invites freshmen over to do homework and is there to listen and support them in whatever ways she can. Likewise, a transfer student-athlete used her shared experience of transition to help her connect with and help freshmen who were similarly struggling. On top of the fact that many emphasized that these key years of transition were challenging times for their mental health, the majority also detailed stories about how they had relied on teammates to help them through these periods and how they were inspired to continue helping those after them.

Student-athletes and coaches frequently voiced the need to have a mental health professional within the athletic department. The majority of coaches interviewed expressed the desire to have athletic specific counseling staff who would be able to focus their attention on the needs of student-athletes. With that being said, many coaches also understood the limited feasibility of employing such an individual. One coach pushed further that mental health therapists and sports psychologists are just as important as sports conditioning and athletic training programs. He stressed that athletic trainers are required to care for the physical

needs of student-athletes, and therefore, there should be similar requirements to address their mental and emotional needs. Similar to the coaches, student-athletes felt that having a mental health professional for the athletic department would increase their accessibility and willingness to seek out help. Student-athletes, like their coaches, recognized that budget limitations would most likely inhibit this addition to the athletic department.

Despite realized funding restraints, many student-athletes still expressed the desire for access to an outside person (not their coach) that understood the realities of collegiate athletics. Student-athletes envisioned and described this outside person in slightly different lights. One proposed the idea of an Athletic Student Success Center that was composed of several individuals that advocated for all aspects of student-athletes' success, whether that be in the form of academic or emotional support. She explained that though these individuals would not be mental health professionals, they could act as the link to additional resources. Another suggested the idea of periodic Wellness Check-Ins with an outside individual, prompting student-athletes to reflect and have space to open up without having to seek it out on their own. An additional student-athlete considered the possibility for community members, such as graduated student-athletes, to volunteer as outlets. Student-athletes may have presented a myriad of ideas, but each stemmed from the need to access support from an outside, experienced source.

Many student-athletes shared that they viewed their coach as a major resource and would feel comfortable reaching out to them if they struggled with mental health issues. Several student-athletes commented that their coaches have

an “open door policy,” meaning that players are encouraged to come and chat about anything. They expressed how this makes them feel like their coaches are available to help if they ever need it. Additionally, a student-athlete mentioned that they have biweekly check-in meetings with their coach, and during this time, they have space to talk about their sport, school, life, or any issues that they may be having. Overall, all those who were willing to lean on their coach for support emphasized the overall supportive atmosphere of the team.

Alternatively, just as many student-athletes voiced their hesitations to reach out to their coaches or rejected the idea completely. One student-athlete explained that she was unsure if she would reach out to her coaches and that it would most likely depend on the root of her issue. She described how there is an intense relationship between coach and player due to the pressure to perform and “have it all together.” Similar to others, she shared that there is an underlying pressure to not appear weak in front of the coaches in order to not affect athletic opportunities. Along these same lines, several student-athletes refused to reach out because they felt like their coach only cared about them as an athlete. Moreover, others commented on their willingness to reach out to younger coaches or assistant coaches but not their older head coaches. One student-athlete revealed that he works more closely with the assistant coach and has established a trusting relationship, whereas he would feel like a burden in going to the head coach. Furthermore, another provided the reasoning that her past negative experiences with coaches prevented her from feeling comfortable reaching out again. Despite the fact that some student-athletes considered their coach as an essential piece in their

support system, many others did not feel comfortable in going to their coach for assistance.

In interviewing a variety of coaches, it was commonly expressed that mental health had not been discussed when they, themselves, were student-athletes. One coach shared that when she competed, she had not been aware of the role that mental health played in college athletics, explaining that she had been surrounded by expectations that physical and mental exhaustion were normal. Others similarly shared that they did not think about it much in their time as student-athletes, but reflecting back, they have been able to recognize different struggles they or their teammates battled during this period. Several coaches described how being on the “other side” as a coach has opened their eyes to the realities of student-athletes’ struggles and issues that they had not previously realized. Furthermore, one coach commented on how she has witnessed a recent increase in mental health issues in her student-athletes; another shared a similar observation and added that he thinks that social media and the willingness of professional athletes to share their stories have helped spread awareness. Though the general awareness of mental health issues may have increased in recent years, more steps need to continue to be taken to bring greater awareness and support in the future.

Coaches and student-athletes alike shared that they need more training and education on mental health. One coach wished to be further trained in resources to provide for her student-athletes, besides the Student Health and Counseling Center. Other coaches explained that they wished they had a better understanding of the signs and symptoms to watch out for as well as the best strategies to check on their

student-athletes. Yet another coach admitted that workshops may not equate to real life experiences, but they at least start important conversations and bring much needed awareness. Players echoed the need for coaches to receive more extensive training in regard to mental health. One student-athlete mentioned that coaches need to see themselves as teachers and must constantly be learning and striving to better support their teams. Several student-athletes also expressed that they would like opportunities to learn how to better deal with stress and how to access other mental health resources. Both coaches and student-athletes desired more mental health related training in order to be better equipped to care for themselves and their teams.

As described above, in nearly every conversation with student-athletes, they each mentioned their relationships with their teammates and other student-athletes as being fundamental to their mental well-being. Many felt that their teammates were people they could trust to care about them as a person and that they could go to in any situation. One student-athlete explained that since several older teammates had battled through similar experiences, she felt closer and more connected to them. Another student-athlete revealed how he and his teammates are always checking in on each other. He emphasized that it is really hard to know what someone may be going through unless you purposefully reach out and ask about their family, classes, or other aspects of their life. Student-athletes mutually relied on each other to cope with a variety of shared stressors associated with college athletics.

Other student-athletes also related that they had formed close relationships with athletes on other teams. One explained that the shared understanding of the “grind” made it easier to bond with other student-athletes. Several student-athletes even wished that they had more opportunities to meet and interact with people on different teams. For instance, one transfer student-athlete proposed the idea of having a common “hangout center” for all student-athletes to use; he further included that having a nutrition bar here may help initially draw athletes to this space. Additionally, student-athletes involved in the Student Athlete Advisory Committee (SAAC), excitedly conveyed their ideas to have cross team, olympic game events and athletic department dinners to further build a sense of community. One SAAC member continued on by stating that even though these events may seem small, they could help to increase feelings of togetherness and unity. From these interviews, it is apparent that teammates and other student-athletes play essential roles in one another’s support networks, and they desire more opportunities to further develop these relationships.

Several coaches mentioned the need for athletic staff to have access to support and resources to consciously be working on their own mental health. Despite the fact that a question was never directly asked about the need for this form of support, a select few opened up and expressed this desire through conversation. Each of these coaches and staff members explained how they had discovered the need to prioritize their own mental health first. They expressed that if they did not take this time, they had realized that they were unable to provide the best support for their student-athletes. Additionally, one credited her relationships

within the tight-knit athletic community as being one of her greatest forms of support. Even though the importance of coaches' well-being and availability of support was not intentionally discussed, it emerged as a recurring theme in talking with athletic staff.

Due to the major impacts that the COVID-19 pandemic has had on life overall, coaches and student-athletes were asked to reflect on its impacts on the mental health of their teams. Several student-athletes opened up about their loss of motivation and purpose during the past year. Some even went on to share that this time made them question their desire to keep playing their respective sport. Difficulties managing fully online learning and financial issues were often brought up as major sources of stress. One student-athlete revealed that he and many of his teammates have to work to make ends meet now, and it is challenging to schedule shifts around practice and weights. Coaches echoed that they have noticed an increase in financial worries and pressures within their teams. Additionally, other student-athletes described how they have felt less connected to their teammates due to restrictions in contact. One coach similarly commented how activities that were typically encouraged to build team chemistry, such as pizza and bowling nights, were instead prohibited this year. In the midst of the COVID-19 pandemic, loss of motivation and purpose, feelings of isolation, and financial instability added evermore stress to student-athletes' lives.

Nearly all those interviewed addressed detrimental effects of the COVID-19 pandemic on their teams, but it is important to note that many of these same individuals further identified positives in these trying times. The beneficial effects

shared primarily revolved around shifts in mindsets. For instance, one student-athlete described how the pandemic had forced her to reflect and develop other aspects of her identity. Several student-athletes claimed that they have a greater appreciation for any time they are able to practice and compete now, not wanting to take a second for granted. Additionally, a couple student-athletes explained that though their team dynamic felt very different, they have been able to develop closer relationships with those in their respective workout pods. One coach gave an example of this shift in perspective that he has noticed in his student-athletes. He shared how little inconveniences, such as failing a pop quiz, no longer seemed to have the power to ruin a student-athlete's entire day, and in a way, this stressful time has helped them focus on the bigger picture. Having endured so much loss over the last year, student-athletes and coaches have gained a greater sense of gratitude for life and sport.

On top of the hardships discussed above due to the COVID-19 pandemic, several coaches and student-athletes alluded to the additional stress on student-athletes of color due to the racial injustice movement. The heinous murder of George Floyd and countless African-Americans sparked nationwide protests against police brutality and other forms of racial injustice that have been overlooked for far too long. As this powerful movement swept across the country, it evoked a myriad of different emotions and stressors in everyone, including student-athletes. One student-athlete stressed the importance that coaches be continually educated in regard to diversity and inclusion to ensure that all student-athletes feel equally accepted and supported at this time especially. Moreover, many coaches were

extremely thankful for their most recent diversity-focused workshop and wished for more opportunities to learn. Looking at everything that has transpired in the past year, the combined pressures have caused so many to feel mentally exhausted.

VI. Discussion

Results from informational interviews with student-athletes, coaches, and administrators spanned a wide range of topics and issues related to mental health. Injury and freshman transition were common stressors that were often associated with struggles in maintaining mental well-being. The recent challenges of the COVID-19 pandemic and social unrest also were frequently referenced as major sources of stress and detriments to mental health. Stigma of mental illness played an influential role in deterring a portion of student-athletes from seeking help. Nevertheless, a strong desire was voiced for there to be a mental health professional within the athletic department. Coaches, teammates, and student-athletes from other teams were recurring key figures that made up student-athletes' support system.

Results from interviews reinforced the concept that student-athletes face greater difficulty in maintaining their mental health during times of injury due to the loss of their athletic identity. Several student-athletes related their feelings of loss, confusion, and isolation during times of injury, and they shared similar mental struggles to recover and rejoin their respective teams. These sentiments are consistent with several studies showing that the student-athletes' large investment of time may lead to unidimensional identity development as well as the tendency to

assess their self-worth through the sole lens of their athletic performance (Gould and Whitley, 2009; Watson, 2016). Injured athletes who are stripped of their ability to perform at all often experience feelings of loss, confusion, frustration, and anger and in turn, are a subgroup that may be particularly at risk for developing depressive symptoms (Armstrong et al., 2015). Collegiate student-athletes who have been required to dedicate countless hours to their sport and to make sacrifices in order to play at this high level will certainly incorporate athletics into their sense of identity. However, when this identity overwhelms all others, student-athletes are often left vulnerable to developing mental health related issues, especially during times of injury. Additional measures should be put in place to support the mental well-being of injured student-athletes through their recovery and reintegration process.

Similar to the added pressures of injury, freshmen student-athletes may experience heightened stress that may negatively affect their mental health while transitioning to college life. Many student-athletes explained their personal difficulties as freshmen, and each of their stories highlighted how a specific academic, athletic, or social demand had felt overwhelming at the time. Several mentioned that building relationships with their teammates were fundamental in helping them through these major adjustments. Once again, stories shared by student-athletes aligned with findings presented in studies indicating that incoming freshmen may experience new challenges and stressors that they have never been faced with before (Harris et al., 2003). Freshmen student-athletes are forced to balance changes in coaching, increased athletic and academic rigor, and new social

freedoms without their past support systems in place (MacNamara & Collins, 2010). Though freshmen student-athletes are bound to encounter new challenges as they make the transition to college, specialized programs and events can be designed and implemented to help them establish an extended support network to better cope with these considerable changes.

The stigma of mental illness within athletic culture still exists and pushes student-athletes away from utilizing services. For instance, coaches related stories from their own time spent competing in athletics that revealed the strong presence and influence of stigma in the past. Similarly, several student-athletes voiced hesitation in reaching out to their coach paired with the explanation that they would not want to appear weak or would be afraid it would negatively impact future athletic opportunities. Athletics commonly champion the importance of physical and mental toughness and admitting the need for assistance is regarded as shameful weakness (Schinke et al., 2017; Moore, 2017). Various studies have indicated how the culture of athletics and the stigma associated with mental illness act as major barriers that may inhibit student-athletes from seeking help and treatment (Lopez & Levy, 2016; Schinke et al., 2017). Coaches and athletic staff must be mindful of their essential role in setting and shaping the culture of the athletic department.

Attitudes and perceptions of coaches and athletic administrators directly impact and reflect in their student-athletes. Evidence of this phenomenon can be seen in the mixed results from interviews conducted with student-athletes. Despite the fact that some student-athletes responded that they were not comfortable reaching out to their coaches, others readily claimed that they would and trusted

that their coaches would work to help them. Though it has been shown that key stakeholders in student-athletes' lives (coaches, athletic staff, etc.) can increase stigma and act as a barrier to mental health services, studies have also demonstrated that these individuals can act as an equally positive influence in facilitating use of services and in dismantling stigma (Moreland et al., 2018; Leimer et al., 2014). The divide in responses from student-athletes is a clear indication of the dual power of stakeholders as well as the shifting culture in athletics. It is important to note that all of the coaches interviewed expressed a desire for their athletes to feel willing and comfortable to reach out, but it is also possible that they unconsciously foster an environment perceived by select student-athletes to be unsupportive or stigmatizing (Reese et al., 2012; Sullivan et al., 2020). This reinforces the need for ongoing education of coaches and athletic staff in order that they are more aware of how their language and actions may affect subgroups of the student-athlete population.

Teammates often play major roles in student-athletes' support networks. Nearly all the student-athletes interviewed reported having close relationships with at least some of their teammates. Several student-athletes, who had previously voiced discomfort in reaching out to their coaches, described their teammates as being essential in their support system. These results parallel the finding that the lack of support from key providers, such as coaches, can be buffered by increased levels of teammate support (DeFreese & Smith, 2013). Other studies have further indicated the dynamic power of teammate social support in preventing feelings of burnout, increasing motivation, aiding in the injury recovery process, and buffering

against mental illness (Yang et al., 2010; DeFreese & Smith, 2013; Tamminen & Gaudreau, 2014). Teammate social support is a crucial component in supporting student-athlete mental health and well-being. Because of this, it is necessary that measures are taken to bolster team chemistry and to encourage the development of healthy team relationships outside the athletic arena.

Student-athletes often also receive support from members of other teams, and several of those individuals interviewed echoed these sentiments. Others expressed how they would like to have more opportunities to meet and interact with student-athletes outside their team. Studies have indicated that these responses are fairly typical of student-athletes from universities across the country. Student-athletes commonly report being more comfortable around teammates and other athletes than non-athletes (NCAAb, 2016). Sharing experiences with others, like those which occur among student-athletes across teams, has the power to build a sense of mutual understanding, support, and community (Harris et al., 2003). Athletic departments need to actively work to create a united community of all student-athletes, and this sense of community will work to fulfill an innate need (Berg & Warner, 2019). By taking these steps, they will be able to increase student-athletes' perceptions of social support and, in turn, increase mental well-being.

Student-athletes are more likely to reach out to those within the athletic department as opposed to outside organizations, such as campus wide student counseling centers, during times of need. Student-athletes commonly disclosed that they had talked to their coach or other teammates when they were struggling, but few had utilized the campus Student Health and Counseling Center. Nevertheless,

nearly all of those interviewed, student-athletes and staff alike, reiterated the deep desire for a mental health provider to be housed within the athletic department. These discoveries mirror a study indicating that student-athletes are more likely to want to keep matters within the “family” and possess a greater underlying doubt of counseling effectiveness than non-athletes (Leimer et al., 2014). Moreover, studies have proposed the multitude of benefits of having mental health providers integrated into Athletic Training Centers (Sudano, Collins & Miles, 2016; Kroshus, 2016). Overall, it is necessary that mental health professionals are viewed as trusted members of the athletic family in order to increase student-athlete services utilization. The acceptance of these professionals into the family may be more readily achieved if they are part of athletic department staff.

Despite the obvious need and benefit for mental health professionals to be hired within the athletic department itself, financial limitations prevent many institutions from being able to provide this best practice. During interviews with coaches and other administrators, it became apparent that department budget constraints may inhibit such additions in staff. To overcome this barrier, studies recommend that counseling centers appoint a specific staff member to work with student-athletes and develop a close working relationship with athletic training staff (Neal et al., 2013; Kroshus, 2016; Sudano, Collins & Miles, 2016). Coaches often commented that the Head Athletic Trainer routinely contacted and referred student-athletes to the campus Student Health and Counseling Center. Without a department-specific mental health provider, effective, consistent communication

between athletic staff and campus counseling services is key to ensuring student-athletes are connected to the resources they need.

During interviews, several coaches and administrators were candid about their lack of knowledge regarding mental health, and they requested more educational opportunities to learn of the various signs and symptoms of mental illness and better ways to support their student-athletes. Studies have similarly noted that many individuals who work closely with student-athletes in the athletic department lack the appropriate training needed to help with mental health issues (Leimer et al., 2014). Nevertheless, brief workshops have shown to be effective in increasing athletic staff's mental health literacy and confidence in supporting those who may be experiencing issues (Sebbens et al., 2016). Together, the demonstrated effectiveness of educational workshops for athletic staff and coaches' expressed desire to learn justify the need for there to be more opportunities for ongoing training.

Coaches and athletic staff are not the only ones who may benefit from additional education. Student-athletes also directly expressed their desire to learn more about mental health and well-being and proposed countless ideas, including monthly counselor-led workshops and guest speakers. A study that investigated the barriers and facilitators of mental help-seeking found that, second to stigma, student-athletes' own lack of knowledge is one of the largest barriers that stop them from reaching out for help (Gulliver et al., 2012). Further, mental health educational workshops have been demonstrated to increase overall awareness, reduce stigma, and alter perceptions of mental health services utilization in student-athletes

(Beauchemin, 2014; Breslin et al., 2019). Offering additional educational opportunities would be a practical, yet effective step in spreading awareness and combating stigma among student-athletes.

Student-athletes desire to reach out to individuals who “get it,” those who understand the complexities of athletics. The majority of student-athletes interviewed expressed a general longing to be able to connect and receive support from someone with a shared understanding of athletics—whether that be a teammate, coach, or some other understanding source. Studies, including Donohue and colleagues’ program that focused on performance optimization in both life and sport and Beauchemin’s outreach model that incorporated elements of sports psychology, have revealed that mental health programs specifically tailored to athletics may work better to improve student-athlete well-being and reduce stigma associated with mental health services (Donohue et al., 2018; Beauchemin, 2014). As previously described, student-athletes possess unique stressors in comparison to their non-athlete peers, and oftentimes, much of their stress may be associated with sports-related issues (performance, training, injury, etc). Mental health programs that champion elements of sports psychology and illustrate their application beyond the athletic realm may attract and appeal to more student-athletes.

The COVID-19 pandemic and movement to combat racial injustice have induced an insurmountable amount of additional stress on so many people at this time, collegiate student-athletes included. Student-athletes detailed feelings of confusion, loss, and uncertainty due to the various changes that have dramatically affected their lives. Coaches, likewise, had observed changes in the perspectives of

their student-athletes in response to these added challenges. Emerging studies have only started to dive into the drastic consequences of the COVID-19 pandemic on mental health of collegiate students. Many have already noted an increase in reported stress and anxiety levels as well as increasing rates of depressive symptoms (Wang et al., 2020). Other studies have evaluated the collective traumas of the recent pandemic, social unrest, and natural disasters and have predicted ongoing negative impacts on mental health unless major public health implements are provided (Silver et al., 2020). Considering the combination of findings from recent studies and responses from interviews, more support is needed to help student-athletes face and cope with the immense pressures of these unprecedented times.

VII. Recommendations and Conclusions

Having thoroughly reviewed recent academic literature and having conducted interviews within the WOU Athletic Department, it is apparent that there are common times of increased stress, shared desires for added support, and mutual influential individuals in student-athletes' lives. Student-athletes often face additional struggles in maintaining their mental well-being during times of injury and transition to college life as well as during the recent COVID-19 pandemic. Furthermore, many student-athletes desire to have a mental health provider within the athletic department or an outlet that understands the demands of collegiate athletics. Individuals, including coaches, teammates, and members of other teams, form integral pieces of many student-athletes' support systems. Based on all of this

information, the WOU athletic community would benefit from the designation of an athletic representative within campus counseling staff, ongoing mental health education opportunities for coaches and athletes, and more cross-team, community events.

The financial constraints of the WOU Athletic Department, similar to the vast majority of universities, limit the steps that can be taken to support and promote the mental health of student-athletes. Such limitations push all department staff and student-athletes themselves to take more responsibility in creating an environment that prioritizes and promotes mental health. Although student-athletes have the power to affect change in their own attitudes toward seeking mental health services and support their teammates to do the same, evidence shows that the attitudes and actions of individuals in positions of power, such as coaches, athletic trainers, and administrators, become cultural norms within a program (Moreland et al., 2018). This further emphasizes the need for all department personnel to be actively working to promote student-athletes' mental well-being.

Even though communication between campus counseling and athletic training services appears strong, it would be valuable to publicly designate at least one campus counseling staff member as an athletic representative. This designation would not limit that staff member to only seeing student-athletes or for student-athletes to only seeing that counselor. Rather, the purpose of this designation would be to help shift student-athletes' perceptions of campus counseling staff from outsiders to members of the athletic family. This representative may be introduced at cross-team athletic department gatherings and various attend athletic

competitions throughout the year. It would be valuable if the representative had previous experiences in college athletics in some capacity; this would further communicate to student-athletes that counseling staff possess a shared understanding of the unique rigors of collegiate athletics. Overall, this straightforward, inexpensive change may alter student-athletes' perspectives on campus-wide counseling staff and in turn, increase mental health services utilization.

Athletic staff and coaches work closely with student-athletes and must continuously work to improve their mental health literacy in order to best prevent and recognize mental health disorders and promote mental well-being of their athletes. Educational workshops have been shown to be effective means of increasing mental health awareness and increasing willingness to take supportive future action. With this in mind, athletic department staff should be provided with opportunities for ongoing professional development in relation to mental health. Likewise, student-athletes should be provided with similar opportunities to learn signs and symptoms of mental illness, techniques for coping with stress, and ways of supporting the mental well-being of those around them. Such educational events are available to students through the Student Health and Counseling Center, but it would be beneficial for these resources to be routinely compiled and promoted to student-athletes throughout the year. Though these workshops and trainings will require financial investment by the university athletic department, they are a more feasible, yet still effective alternative to hiring department-specific mental health providers. In this way, all stakeholders that make up the athletic community will be

empowered to play a vital role in promoting a culture of mental health and well-being.

Due to the powerful effects of perceived social support in boosting well-being and protecting against mental illness, the athletic department should prioritize uniting all of their student-athletes together as one. Hosting department-wide events that promote cross-team interaction will help strengthen student-athletes' sense of togetherness, belonging, and support. No doubt, the intensive demands of student-athletes' schedules may deter some from wanting to attend yet another meeting, so it is important that events are purposefully designed to appeal to their interests and provide incentives for attendance, such as food, gear, or activities. Examples of such events currently in place include the Yearly Athletic Introduction Meeting that supply student-athletes with free shirts and Wolfies that typically provides dinner and awards. Ideas for future possible events, as detailed by SAAC members, consist of department-wide dinners and Olympic Game competitions. These events must not be viewed as a waste of time or resources, but as a means of fostering feelings of community social support and promoting well-being throughout the athletic department.

Enacting lasting change and shifting the culture and practices within any institution requires the investment and commitment of all stakeholders involved. Improving the mental well-being of WOU student-athletes is no exception; coaches, administrators, campus staff, and student-athletes themselves must all unite in working towards this common goal.

VIII. Reflection

Beginning this project, I was a stressed student-athlete, struggling to balance a rigorous academic schedule with the added demands of collegiate softball. I had witnessed so many of my teammates battle bouts of depression, anxiety, and other forms of mental illness. From the outside it may have looked like we were thriving, but I was privy to the deeper, hidden truth that many of us, in fact, were floundering. I was determined to bring this issue to the forefront of conversation and to help advocate that positive changes be made in Western's athletic department.

Since I began developing this project in the early fall of my junior year, so much has transpired. The COVID-19 pandemic, social unrest, economic recession, and natural disasters have ravaged our country in the last year, leaving their marks on each and every one of us. The impacts of these traumatizing events on student-athletes were compounded by the fact that their sport, which may often be their coping mechanism for stress, was ripped away from them. Following the cancellation of my season in March of 2020, I was left feeling numb, purposeless, and isolated. Like so many others, my world had been flipped upside down, and I felt powerless in my new reality.

Other than my family, some of my biggest saviors that helped me cope during these difficult times were my teammates. Even though pandemic restrictions prevented us from supporting each other like in years past—no more team dinners, game nights, or movie marathons—we found ways to stay connected. They were the ones who could truly understand my feelings of loss and confusion and could help

me move forward through these paralyzing slumps. I am eternally grateful for this community and their support.

Furthermore, this project helped me be more cognizant of my own state of mental well-being and more purposeful in taking steps to improve it. Constantly reading about the nuances of mental health, I was forced to reflect on my own perspectives and practices. The more we can continue to learn, reflect, and discuss mental health, the better we all will be in coming together and supporting each other through life's endless challenges.

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