

University of South Dakota

USD RED

Honors Thesis

Theses, Dissertations, and Student Projects

Spring 5-4-2024

MENTAL HEALTH AMONG COLLEGIATE ATHLETES

Stella Elise Fairbanks

Follow this and additional works at: <https://red.library.usd.edu/honors-thesis>



Part of the [Mental and Social Health Commons](#), [Psychology Commons](#), [Public Health Commons](#), and the [Sports Management Commons](#)

Recommended Citation

Fairbanks, Stella Elise, "MENTAL HEALTH AMONG COLLEGIATE ATHLETES" (2024). *Honors Thesis*. 316.
<https://red.library.usd.edu/honors-thesis/316>

This Honors Thesis is brought to you for free and open access by the Theses, Dissertations, and Student Projects at USD RED. It has been accepted for inclusion in Honors Thesis by an authorized administrator of USD RED. For more information, please contact dloftus@usd.edu.

MENTAL HEALTH AMONG COLLEGIATE ATHLETES

By

Stella Fairbanks

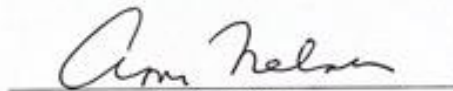
A Thesis Submitted in Partial Fulfillment
Of the Requirements for the
University Honors Program

Department of Health Sciences
The University of South Dakota
May 2024

The members of the Honors Thesis Committee appointed
to examine the thesis of Stella Fairbanks
find it satisfactory and recommend that it be accepted.



Mrs. Jamie Surgeon-Drake
Instructor of Public Health and Health Sciences
Director of Committee



Dr. Amy Nelson
Program Director and Lecturer of Public Health and Health Sciences



Dr. Kari Oyen
Associate Professor of Counseling and Psychology in Education

ABSTRACT

Mental Health Among Collegiate Athletes

Stella Fairbanks

Director: Mrs. Jamie Turgeon-Drake

Mental health has become increasingly more linked with athletics, especially collegiate athletics. There has been an increase in public acknowledgment of the presence of mental health in sports, specifically, more athletes are speaking about their mental health struggles as well as more research is being conducted in order to gain a greater understanding of the relationship between mental health and athletics. This literature review discusses athletes' personal experiences of their mental health struggles, the presence of stigma associated with mental health and athletics, and the results of the recent NCAA, National Collegiate Athletic Association, research. This thesis aims to uncover additional information over collegiate athletes' mental health in relation to a variety of different internal and external factors. This research was conducted through an online survey, upholding the anonymity of the participants, open to both past and present collegiate athletes of all divisions and conferences. The findings support previous research that there is an abundance of stigma present, a lack of knowledge over accessing mental health services available to student athletes on college campuses, and a lack of beneficial mental health resources available to student athletes on college campuses.

KEYWORDS: Mental health, collegiate athletics, stigma, NCAA

TABLE OF CONTENTS

CHAPTER 1: INTRODUCTION.....	1
CHAPTER 2: MENTAL HEALTH AMONG ATHLETES: ATHLETES' STORIES.....	3
CHAPTER 3: STIGMATISM TOWARD MENTAL HEALTH & ATHLETICS.....	9
CHAPTER 4: NCAA SURVEY.....	14
NCAA SPRING OF 2020 RESULTS.....	15
NCAA FALL OF 2020 RESULTS.....	17
NCAA FALL OF 2021 RESULTS.....	22
CHAPTER 5: RATIONALE.....	27
CHAPTER 6: METHODS.....	28
MATERIALS.....	28
PROCEDURE.....	28
CHAPTER 7: RESULTS.....	30
DEMOGRAPHICS AND GENERAL INFORMATION.....	30
MENTAL HEALTH DATA.....	34
CHAPTER 8: DISCUSSION.....	47
LIMITATIONS.....	58
SUGGESTIONS FOR FUTURE STUDIES.....	63
CHAPTER 9: CONCLUSION.....	67
APPENDICES.....	69
APPENDIX A: FINAL IRB APPROVAL.....	69
APPENDIX B: SURVEY PARTICIPANT INFORMED CONSENT.....	70
APPENDIX C: SURVEY RESPONSES.....	78

REFERENCES.....97

CHAPTER ONE

Introduction

Absent-minded. Anxious. Agitated. Careless. Compulsive. Crazy. Depressed. Disobedient. Emotional. Fear. Forgetfulness. Hate. Jittery. Lazy. Liar. Misunderstandings. Obsessive. Paranoid. Preconceptions. Problematic. Quiet. Reclusive. Shameful. Superstitious. Triggers. Unbelievable. Uncomfortable. Weird. To list a few, these are a couple of words negatively used in society in an attempt to understand, associate, or identify those who suffer from mental health illnesses. As defined by the World Health Organization, “Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.” (World Health Organization, 2022). With this definition in mind, imagine the difficulties of simply living through daily activities while trying to combat obstacles thrown one’s way when suffering from a mental health condition. With safety, security, and comfort just an arm’s length away, an individual may never be able to reach this state of content. One may be constantly feeling emotionally overpowered by inescapable feelings of distress, discomfort, or hysteria. Picture yourself in this scenario and imagine how exhausting it must be for those who struggle with mental health conditions. How would one cope with life’s daily stressors when they are surrounded by a myriad of triggers? Would they be able to find the strength and energy to dig themselves out of the infinite hole they seem to be falling through? Are they able to imagine the everlasting fear and hopelessness many feel just to survive? Life is hard, and living with a mental health condition makes it near impossible

without proper care and treatment. Finding the motivation and courage to speak up and tell one's truth about their mental struggles is daunting to say the least, especially when they are reluctant in acknowledging and accepting that they are struggling. Everyone is different and experiences life differently. Therefore, some may not feel this way, whereas these thoughts may swirl around inside others' minds who struggle with their mental health.

This study delves deep into the attitudes, perceptions, and beliefs of mental health within collegiate athletics as well as discovers potential flaws with mental health resources and awareness prevalence of these issues. Chapters two through four are a literature review of pertinent components associated with the topic of mental health among collegiate athletes. Specifically, chapter two highlights athletes' personal experiences with their own mental health struggles, chapter three informs readers about the stigmatism present relating to mental health and athletics, and chapter four analyzes and evaluates three recent surveys conducted by the NCAA, the National Collegiate Athletic Association, pertaining to this topic. Similarly, chapters five through eight highlight a current survey conducted during the fall of 2023 that was distributed to both past and present athletes examining mental health concerns in relation to collegiate athletics. Lastly, chapter nine concludes this study, and is followed by the appendices and references utilized during this research.

CHAPTER TWO

Mental Health Among Athletes: Athletes' Stories

Harry Miller. Katie Meyer. Cailin Welles Bracken. Tyler Hilinski. There is only one thing connecting these four individuals, the fact that they are all collegiate student athletes who have suffered or are suffering from mental health illnesses. Harry Miller, who is a former offensive lineman at the Ohio State University, made the decision to step away from football due to his struggles with suicidal ideation (Kuntz, 2022). He announced his retirement decision over Twitter and “admitted he ‘would rather be dead than a coward,’ referring to his fear of seeking help due to the potential reaction” (Kuntz, 2022). Katie Meyer, who was the captain and star goalkeeper of the women’s soccer team at Stanford University, committed suicide in March of 2022 (Kuntz, 2022). Another collegiate athlete, Cailin Welles Bracken, a lacrosse player at Vanderbilt University, has taken a more active role in addressing this societal problem (Bernabe, 2022). During Bracken’s freshman year, she was diagnosed with a concussion in the middle of their season, which then resulted in her struggles with depression (Bernabe, 2022). During this time, she made the difficult decision to take a break from competing and really focus on bettering herself (Bernabe, 2022). After some time away, she returned to her team and made it her mission to not only share her story but to also help others who may be struggling (Bernabe, 2022). For those who do not or never were a collegiate student athlete, she describes the experience in a unique way.

For example,

“Playing a sport in college, honestly, feels like playing fruit ninja with a butter knife,” Bracken wrote. “There are watermelons and cantaloupes being flung at you from all different directions, while you’re trying to defend yourself using one of those flimsy cafeteria knives that can’t even seem to spread room-temperature butter.

And beyond the chaos and overwhelm of it all, you’ve got coaches and parents and trainers and professors who expect you to come away from the experience unscathed, fruit salad in hand,” (Bernabe, 2022).

Tyler Hilinski is a forever 21-year-old who was a part of the football team at Washington State University (Bishop, 2022, p. 4). In January of 2018, Hilinski was to be named QB1, instead, he committed suicide, dying from a self-inflicted gunshot wound at his off-campus apartment (Bishop, 2022, p. 4). Not too long after, his parents decided to advocate for others who are also struggling with their mental health and created a foundation called Hilinski’s Hope aimed to increase awareness as well as raise money for this cause (Bishop, 2022, p. 4). These are just a couple of collegiate student athletes’ stories that have been shared publicly.

All athletes may be prone to developing a mental health illness, even elite athletes. Those like Simone Biles, Michael Phelps, Naomi Osaka, Kevin Love, and Deja Young are not immune. For instance, Simone Biles, a current Olympic gymnast, made the tough decision to withdraw from events at the 2020 Tokyo Games due to various mental health struggles, such as the twisties (ShareAmerica, 2021). Michael Phelps, a former Olympic swimmer who earned 28 Olympic medals, all were gold except for three, during his athletic career, courageously spoke about his personal struggles with

depression and anxiety in 2018 that he hid throughout his career (ShareAmerica, 2021). He stated that “‘Being an athlete, you’re supposed to be strong and be able to push through anything,’...‘I didn’t have any self-love,’...‘and quite honestly, I just didn’t want to be alive.’” (ShareAmerica, 2021). Naomi Osaka, a four-time tennis champion of Grand Slams, withdrew from the French Open due to her struggles with depression (ShareAmerica, 2021). Kevin Love, a professional basketball player, experienced a panic attack during an NBA game, which resulted in his decision to start a mental wellness fund (ShareAmerica, 2021). Deja Young, a Paralympic track and field athlete and two-time 2016 Paralympics champion, discusses her struggles with maintaining a healthy work-life balance while being an athlete (ShareAmerica, 2021). She explains that “‘I used to think that I wasn’t allowed to struggle with mental health because I had everything I could ask for,’ [...] ‘I used to wake up to just exist; today I wake up wanting to fight.’” (ShareAmerica, 2021). These stories highlight the importance of mental health among all athletes. As shown above, mental health does not discriminate, meaning that it can affect all athletes no matter their chosen sport. Whether someone plays a more individualized sport versus a sport that has more team characteristics, all are vulnerable in the sense that players have the ability to struggle with their mental health.

These nine courageous athletes are the beginning. Their stories are helping to pave the path for other athletes to feel more comfortable coming forward, speaking up, and asking for help. This movement is just starting. The more athletes who share their personal experiences battling mental health issues help to reform the public mentality of stigma associated with mental health among athletes as well as lead to an increase in mental health programs available for student athletes. For instance, numerous

universities, no matter their division or conference, are implementing additional mental health resources in order to help address this public health concern. More specifically, the University of South Dakota has recently hired Tanner Peterson as student athlete mental health coordinator, a valuable part of the athletic department, where he will act as a therapist and counselor for those who need it (Seamer, 2023). The University of Michigan has created a program called Athletes Connected that contains numerous mental health resources for collegiate student athletes, including ways in which to help student athletes, skills and coping strategies, and even information covering the life of a retired student athlete (Athletes Connected, 2017). Another example is seen at Johns Hopkins University, in which Ari Miller was hired as a professional counselor to work with and help guide their student athletes (Jensen, 2022). In addition to implementations within specific universities, there has also been an increase in programs directed toward raising awareness of mental health among student athletes and providing support and resources on a national level. For example, there is the Whole Being Athlete Program, founded by a group of elite athletes one of whom is Muhammad Ali, which aims to inform and assist student athletes struggling with their mental health as well as increase public awareness and support of this issue (Athletes for Hope, 2024). This program is designed to help athletes of all levels, including amateur, professional, collegiate, Olympic, and Paralympic, as well as educate and inspire them to help make a difference in this world (Athletes for Hope, 2024). Another national program, Hilinski's Hope Foundation, that was previously mentioned above, aims to increase awareness of mental health issues among student athletes, erase stigmas, and save lives (Bishop, 2022, p. 4). Mark and Kym built this foundation upon their son's suicide in hopes that universities

currently lacking in mental health resources, similar to Washington State where their son played football, will start to address these concerns (Bishop, 2022, p. 4). More specifically, at the time, Washington State's athletic department had only one part-time counselor for 525 athletes, proving that this university lacked the adequate mental health resources that Tyler needed (Bishop, 2022, p. 4). They have been assisting colleges in implementing a variety of different practices for improving mental health as well as connecting athletes to different experts (Bishop, 2022, p. 4). Their involvement has sparked a movement, so much so that numerous interests, donations, and volunteers have started reaching out to them instead of them having to seek out help from others (Bishop, 2022, p. 8). By simply sharing their son's story at numerous Tyler Talks every year, Mark and Kym have positively impacted and helped numerous athletes who were struggling and even organized collaboration meetings between burnt-out mental health counselors at colleges with limited resources and leaders at much larger programs, which resulted in potential solutions (Bishop, 2022, p. 8). Additionally, the Hilinski's not only created College Football Mental Health Week in 2020, but also created a mental health resource, with inputs from dozens of mental health experts, for universities to utilize (Bishop, 2022, p. 8). This "includes a 100-plus-page 'Game Plan,' with six training modules that can be shared with any league or corporation or individual asking for help. An 'order of operations' document lays out their process: (1) training for the mental health practitioners who'll execute their plan; (2) a Tyler Talk; (3) a Facilitator Handbook, for anyone looking to spread the Hilinski's Hope message; (4) mental health training for athletes; (5) a 'scorecard' to help adapt these guidelines to any distinct setting and 'implement the NCAA's Mental Health Best Practices'; and (6) additional training,

which is optional.” (Bishop, 2022, p. 8). While these necessary acts are extremely beneficial to society, there is still so much more that society can do to improve this public health concern.

CHAPTER THREE

Stigmatism Toward Mental Health & Athletics

A component associated with mental health among athletes in current society relates to the idea of stigmatism. To define this term, stigma is a barrier that leads to many athletes not receiving the mental health resources that they need and may portray seeking help in a more negative light (Kaier et al., 2015, p. 736). This provides a reason as to why so many collegiate athletes who are struggling do not seek proper support for their mental health conditions. Specifically, it was discovered that even though the prevalence of collegiate student athletes suffering from some type of mental health disturbance is about one in five individuals, less than half of those who report these mental health concerns actively seek out proper treatment options, such as medication or psychotherapy, due to the primary barrier of stigma (Yoon & Petrie, 2023, p. 715). Thus, proving the importance of destigmatizing mental health among collegiate athletes within society.

In relation to this, stigma toward mental health among collegiate athletes does significantly affect their decision to pursue mental health support. For instance, collegiate athletes experience a barrier when seeking professional help due to the common belief that care seeking is seen as weak and it has the ability to impede their athletic performance (Kroshus, 2017, p. 254). This means that some student athletes may view the act of needing help from others as degrading and could threaten their social standing with others. This also suggests that college athletes may not want to pursue helpful mental health resources because the treatments may interfere with their athletics, including additional time commitments as well as the possibility of certain medications

harming their athletic performance or ability. To support this, it has been proven that college athletes have numerous academic and athletic responsibilities resulting in minimal rest and recuperation (Yoon & Petrie, 2023, p. 715). Therefore, validating the fact that collegiate student athletes may not be able to balance an additional factor in their life no matter the necessity. Additional factors to consider that may influence a college athlete's decision to pursue mental health resources in relation to stigma would be a lack of mental health knowledge as well as their own self-reliance (Yoon & Petrie, 2023, p. 716). This suggests that many college athletes do not have a complete understanding of mental health, common disorders seen among individuals within society, and potential resources readily available to them. Therefore, proving that there is a common lack of mental health literacy among collegiate athletes, which not only directly harms them, but also allows stigma to continually develop and spread. This also proposes that many athletes may not want to seek help from others because of their high levels of self-reliance. In other words, athletes may not want to speak up about their mental health disturbances not only because they may fear others' learning about their vulnerabilities, but also because they may think that they can handle them on their own. This thought-process can be extremely harmful to some athletes because when trying to help themselves on their own, they may lose the battle. This stems from the fact that most athletic environments tend to reward athletes and highly value them if they are able to demonstrate mental toughness (Yoon & Petrie, 2023, p. 719). These occurrences can start in youth sports and continue all the way up to collegiate sports. Also, the attitudes and perceptions from stakeholders of sports, such as head coaches, assistant coaches, and athletic trainers, can significantly affect an athlete's own personal views and perceptions

toward mental health (Yoon & Petrie, 2023, p. 716). This suggests that if the athletics departments within universities do not publicly show their support for mental health or do not make their support known to its athletes, then the athletes may be more likely to view mental health problems in a negative light. A reason for this would be because athletes highly value their coaches' and other athletic personnel's opinions since they tend to overwork themselves in order to make them proud. To sum this up, "The perceptions and norms of the athletic team (e.g., teammates, coaches, and athletic trainers), and the social and cultural environment (e.g., athletic department, university) around the athletes impact how athletes view mental health care and those who seek mental health services" (Moreland et al., 2018, p. 59). This further shows the necessity for change around the current perceptions toward mental health in college athletics starting with each universities' community.

Additionally, there are different types of stigmata that can be present that may influence collegiate student athletes' decisions to acknowledge their mental health sufferings. For instance, there are three different types of stigmata, which are perceived public stigma, self-stigma, and personal stigma (Chow et al., 2021, p. 2). Perceived public stigma, which is also referred to as stigmatization by others, occurs when an individual recognizes the public's perceptions of certain stereotypes, discrimination, and prejudices associated to individuals suffering from mental health illnesses (Chow et al., 2021, p. 2). Self-stigma combines public stigma of individuals with mental health conditions with one's own beliefs about themselves (Chow et al., 2021, p. 2). Personal stigma occurs when an individual holds their own attitudes and beliefs about individuals who suffer from mental health disorders (Chow et al., 2021, p. 2). For a collegiate athlete,

perceived public stigma stems from the individual's concern that their coaches and teammates will view them as mentally weak for needing to seek mental health help (Chow et al., 2021, p. 2). In addition to these concerns, a college athlete may also experience fear from others in relation to their perceptions of the athlete's ability to compete or perform as well as potentially losing playing time due to the acknowledgement of their mental health conditions (Chow et al., 2021, p. 2). This can then lead to the collegiate student athlete feeling inferior to others or inadequate for needing mental health support (Chow et al., 2021, p. 2). This shows that there are many different ways that stigma can detrimentally affect a collegiate athlete's mindset. In addition to the different types of stigmata, stigma can also be either implicit or explicit depending on the situation at hand (Chow et al., 2021, p. 2). For example, implicit stigma refers to subconscious or automatic attitudes and beliefs, whereas explicit stigma refers to attitudes and beliefs that are controllable and conscious (Chow et al., 2021, p. 2). This further suggests that the concept of stigma in relation to mental health among collegiate athletes is very complex. This means that it may be difficult to bring about change, which could require an extended amount of time in order to maintain it within society.

Within society, there are many potential implementations that could be incorporated that are beneficial in attempting to combat societal stigma toward mental health among collegiate athletes. One example would be a more recent study that was conducted over team chemistry within a collegiate swim team that focused on meaningful conversations and building trust (Fairbanks, 2022). This study discovered that these conversations developed and lead into discussing potential coping mechanisms for stress or stress-management techniques (Fairbanks, 2022). This means that this specific team

decided to partake in a team bonding activity in order to improve teammates' relationships with one another, which lead to discussing positive methods to deal with personal issues such as certain mental health disturbances like stress. This suggests that a potential advantageous implementation that universities could incorporate into their athletic programs would be more mandatory team bonding or team building activities because it can lead to athletes feeling more comfortable seeking advice or help from other teammates about their mental health sufferings. Another implementation would be that in the past there has been awareness programs aimed to increase mental health literacy (Chow et al., 2021, p. 3). These programs were sport-specific and allowed student athletes to gain a better understanding of mental health as well as stigma in athletes (Chow et al., 2021, p. 3). They have been classified as successful because it did improve athletes' knowledge surrounding mental health and their confidence about helping others who suffer from mental health disorders (Chow et al., 2021, p. 3). This suggests that mental health awareness programs would be extremely beneficial if incorporated onto college campuses. However, it was discovered that in addition to educational programs, other methods of destigmatizing mental health among college athletes that could help to combat this societal issue would be the use of intervention strategies, which are counter stereotyping, contact, and perspective-taking to enhance empathy (Chow et al., 2021, p. 4). Overall, all these applications could be seen as integral parts of addressing collegiate athletes' concerns relating to the stigma surrounding mental health.

CHAPTER FOUR

NCAA Survey

The NCAA is the National Collegiate Athletic Association and is an organization that focuses on college athletes' well-being and lifelong success (NCAA, 2024a). This athletic organization oversees all championships, beneficial programs, and provides input on the rules and policies of collegiate sports (NCAA, 2024a). In 1973, the NCAA developed a three-division structure to allow a fairer playing field among similar schools (NCAA, 2024a). NCAA Division One universities are composed of the most students, have the largest athletic budgets, and are able to provide the largest number of athletic scholarships to potential students (NCAA, 2024a). Division Two schools promote opportunities for growth, such as academic achievements, high-level competitions, and community service activities (NCAA, 2024a). Division Three colleges allow athletes to build upon their athletic potential through competitive environments as well as new challenges (NCAA, 2024a).

With this in mind, the NCAA recently conducted their own research over collegiate student athletes' mental health. This is known as the NCAA Student-Athlete Well-Being Study and its purpose was to examine the effects of the COVID-19 pandemic on college athletes' well-being during the spring of 2020, fall of 2020, and fall of 2021 (NCAA, 2024b). The study had over 70,000 responses from collegiate athletes within all three NCAA divisions, all sports, and all conferences (NCAA, 2024b). Their research was in the form of a survey and discussed a variety of different factors pertaining to mental health concerns, training barriers, academic experiences, compliance with public

health policies and COVID-19 testing, sports and championships cancelations, effects on academic and career planning, and desires to transfer (NCAA, 2024b).

NCAA Spring of 2020 Results

Initially, the NCAA Well-Being Survey that was conducted in the spring of 2020 was a brief ten-minute QuestionPro survey that utilized a snowball sampling technique (NCAA, 2020, slide 2). There were 37,658 athletes who participated in this research survey, 16,152 of which were Division One, 10,841 were Division Two, and 10,591 were apart of Division Three athletic teams (NCAA, 2020, slide 3). Most respondents were first-years, women, and identified as white (NCAA, 2020, slide 6). The results showed that roughly one third of the participants disclosed that they had difficulties sleeping, one forth admitted to having feelings of sadness and experiencing a sense of loss, and about 1 in 12 athletes stated that it was difficult to function either ‘most every day’ or ‘constantly’ in relation to their feelings of depression (NCAA, 2020, slide 8). These statistics highlight the occurrence of mental health disturbances among collegiate athletes during the spring semester in the year of 2020. In relation to participant demographics, respondents of color, individuals with familial economic hardships, and athletes who were living alone were found to have had the highest prevalence of mental health concerns during this time (NCAA, 2020, slide 8). It is important to note that for this one month survey, mental health concerns were 150% to 250% greater than previous findings in the American College Health Association’s National College Health Assessment (NCAA, 2020, slide 8). This survey also found that only 60% of the men participants and 55% of the women participants knew how to access healthcare for their mental health needs within their community, whereas 80% of all participants knew how to access

healthcare for their physical needs (NCAA, 2020, slide 17). This shows the public health disparity between awareness of mental health resources and physical health resources among college athletes within universities. This also signifies the societal need of increasing knowledge surrounding mental health in collegiate athletics on college campuses. During this timeframe, roughly 43% feared exposure to the coronavirus, 40% lacked motivation, 21% experienced anxiety or stress, and 13% felt sad or depressed (NCAA, 2020, slide 24). Even though college athletes may have feared the sickness that they would endure if they were to contract the virus, there was also additional fear over the impact that the sickness could have on their athletic performance as well as being forced into taking mandatory breaks from practice, competitions, school, and their life in general. In relation to academics, 70% of the respondents felt capable of passing their classes for the semester, however, as few as only 51% felt confident in keeping up with their courses for the semester (NCAA, 2020, slide 28). Some even mentioned their struggles with virtual academics and the communication challenges that it brought with their professors (NCAA, 2020, slide 28). Academics is the other important factor within a student athlete's life. College athletes are required to maintain a specified grade point average in order to continue their athletic participation and hold onto their spot on the team. With these academic curveballs that the pandemic threw at college athletes, many had a difficult time completing their coursework.

On the other hand, this survey was also able to pinpoint positive occurrences within collegiate athletics during this time as well. For instance, a survey participant apart of a Division Three men's lacrosse team discussed that "Also, my coach has reached out multiple times to just check in on my personal mental health, safety and just to see how

my family and I are doing.” (NCAA, 2020, slide 37). This shows the positive impact of the coach’s actions, of simply supporting its athletes, on this specific student athlete at the time. More specifically, this could have made all the difference in the athlete’s life if he were struggling with his mental health. This also suggests that sometimes the little things do go a long way for people and the importance of partaking in actions that support this concept, especially in times of need. So, this example shows that some college teams highly valued their student athletes’ well-being during this time. Another survey participant, apart of a Division Two softball team, states that ““They are posting informational stories online about physical and mental health. Multiple ways to stay positive and stay healthy during this tough time.”” (NCAA, 2020, slide 42). This describes another positive implementation made for collegiate athletes’ well-being during this timeframe. Although the increase in support over collegiate athletes’ mental and physical well-being was starting to be addressed by coaches and other individuals at this time, it should not have taken an entire worldwide pandemic to spark this increase in awareness.

NCAA Fall of 2020 Results

The NCAA also performed a follow-up Well-Being Survey in the fall of 2020 that was again conducted online by QuestionPro and used a snowball sampling technique, however, this survey had a longer time length of fifteen minutes for completion (NCAA, 2021, slide 2). There were fewer participants for the fall survey, specifically, 24,974 respondents to be exact, with 9,572 from Division One schools, 8,990 apart of Division Two colleges, and only 6,302 from Division Three teams (NCAA, 2021, slide 3). The NCAA reports a limitation based on the demographics of the respondents because

women, athletes who identify as white, and freshman athletes were overrepresented, which is also shown in the results conducted over the spring of 2020 (NCAA, 2021, slide 3). Since the NCAA analyzed mental health concerns in relation to the pandemic, this follow-up study concluded that college athlete's attitudes toward academics depended solely on their ability to have in-person classes in the fall (NCAA, 2021, slide 8). It was found that 60% of the participants stated that their academic schedule had hybrid components because they had both in-person as well as online classes (NCAA, 2021, slide 8). This follow-up survey also collected information that discussed the fact that knowledge of healthcare access in relation to both physical and mental concerns had increased from the spring of 2020 findings (NCAA, 2021, slide 8). There were less student athletes experiencing sleep difficulties as well as decreases in feelings of loss, loneliness, anger, and sadness (NCAA, 2021, slide 19). On the other hand, similar to the spring of 2020 results, student athletes admitted to experiencing high levels of anxiety, depression, mental exhaustion, and hopelessness (NCAA, 2021, slide 19).

To put these findings into perspective, this fall of 2020 survey concluded that mental health concerns among student athletes were roughly 1.5 to 2 times higher than they have been in past pre-pandemic studies (NCAA, 2021, slide 19). More specifically, the most detrimental factors influencing collegiate student athletes' mental health were academic worries at 43%, experiencing a lack of access to sports at 33%, experiencing health concerns about the coronavirus at 31%, and financial worries at 24% (NCAA, 2021, slide 20). Respondents also stated that their physical and mental athletic health were harmed from the mandatory halt in sports participation during the spring and summer with women more likely to agree with this statement (NCAA, 2021, slide 20). A

prominent barrier that affected college sports during this time pertained to athletic access, meaning that over 40% of participants stated that local guidelines restricted them and one fourth stated that there was a significant lack of access to necessary sports equipment and facilities (NCAA, 2021, slide 44). Without access to equipment and training necessities, college athletes feel less prepared for their competition seasons.

During the fall semester of 2020, athletic departments at universities became stricter in their regulations with regards to the coronavirus. Specifically, college athletes were required to legally sign new paperwork over mandatory COVID-19 precautions, testing guidelines, and consequences if these rules were not followed. As a result, this study discovered that 38% of student athletes feared that COVID-19 exposure posed a threat to their training, in addition to experiencing a lack of motivation which was found to be felt by 24% of student athletes (NCAA, 2021, slide 44). University regulations differed between NCAA divisions; however, it was found that only 13% of the respondents had the coronavirus during this time (NCAA, 2021, slide 51). College athletes were held to high standards in the sense that they were required to speak up if they were feeling unwell and were then required to be tested. For instance, the prevalence of student athletes who had to get tested for COVID-19 was approximately 85%, and 28% of these individuals stated that they were required to complete weekly testing as well (NCAA, 2021, slide 51). These new regulations are an additional aspect incorporated into a student athlete's daily life resulting in even less spare time, which can cause additional stress and negatively impact their mental health. Pending the outcome of the tests, the results would determine an athlete's next steps in the process, which related to quarantine measures as well as academic and athletic hindrances. Theoretically, if an

individual did happen to test positive for the coronavirus, they then were required to quarantine. This means that the student athlete was required to miss all classes, all practices, and all competitions. As one can infer, a student athlete does not want to miss practices or competitions, nor do they want to get behind on their classwork. Being forced to do something one does not want to do may result in mental health concerns. As such, this creates a window of opportunity for mental health conditions to grow and develop within collegiate student athletes' lives. Concerning this, college athletics drastically increased their athletic seasons due to the pandemic and most athletes had prolonged practice and competition schedules as well as differing athletic regulations and safety guidelines. Having one's competition season prolonged can impact the student athlete in many different ways. For instance, 17% of these student athletes felt massive amounts of stress and anxiety as well as 10% reported sadness and depression (NCAA, 2021, slide 44). This highlights the fact that student athletes' mental health was severely impacted by the athletic changes, however, it is important to note that many different aspects of student athletes' lives were also affected, including their social lives. To support this, the NCAA found that 64% of its participants stated that they almost always followed social distancing regulations, which included masking and isolation (NCAA, 2021, slide 51). This shows that just over half of the respondents admitted to *almost* always following the rules set in place by their university and supports the idea that many student athletes did not want to adhere to the regulations because some purposely defied them no matter the consequences.

The fall of 2020 survey included questions about providing future beneficial resources to student athletes in college, some of which related to adapting to life after

college sports, methods to transfer skills learned in sports to careers, and further developing leadership qualities (NCAA, 2021, slide 87). Student athletes who lack an understanding in these areas may be more prone to experiencing increased levels of mental health concerns, such as stress, anxiety, and depression. Therefore, implementing educational programs addressing these concerns voiced by student athletes can help to address the prevalence of mental health disturbances. Additional changes suggested by college student athletes, that have the ability to promote mental and physical support from coaching staff, are prioritizing student athlete mental health, implementing more coach-athlete check-ins as well as peer support groups, and maintaining injured athletes' workouts (NCAA, 2021, slide 87). This highlights an important aspect of athletics, which pertains to injuries. During an athlete's career, injuries are inevitable. As an athlete ages, increases athletic levels, and advances within their sport, they can become more prone to developing injuries along the way. Since athletes may view their sport as being an integral part of themselves, becoming injured and not being able to partake in this commodity of theirs, can result in detrimental impacts to their mental health. Along with this, recovering from an injury and attempting to play or participate at the level where they were before the injury poses an additional threat to their mental health as well. For example, some athletes may never be able to gain their athletic ability all the way back, especially at such high intensity levels.

An important aspect of the NCAA Well-Being Survey revolves around collegiate student athletes' specific viewpoints. For instance, a Division One women's track and field athlete states the importance to "Allow us to take our time to come back especially after recovering from COVID. Understand what it did to us mentally and physically

while being sick.” (NCAA, 2021, slide 89). This provides a direct perspective from a collegiate athlete describing current issues pertaining to this topic allowing schools to better understand what necessary protocols and programs they are lacking in. In this case, a student athlete spoke up to identify the lack of understanding coming from external sources within her athletic environment. It is known that the coronavirus impacted individuals differently, so there was not one recovery plan that fit all. Depending on the time during the pandemic, college athletes were required to follow very stringent guidelines which continually changed as the pandemic progressed. So, the lack of athletic participation time length varied, and the longer an athlete sat out due to medical reasons, the more impactful it was on both their mental and physical health. Not only did they lose some of their athletic strength and endurance, but they also were forced to watch their teammates improve from the sidelines. This thought of hers may have been present in other college athletes’ minds as well. To further highlight the importance of mental health awareness among college athletes during this time, a Division Two women’s basketball player reported to this NCAA Study that individuals should “Understand that this situation is very mentally challenging and it’s acceptable to be struggling.” (NCAA, 2021, slide 90). Her statement attempts to refute the stigma associated with mental health for college athletes because it promotes the idea of vulnerability.

NCAA Fall of 2021 Results

The NCAA collected one more round of results for their fall of 2021 survey and the estimated time length of this online survey through QuestionPro was about ten minutes, which also utilized the technique of snowball sampling (NCAA, 2022, slide 2). In total, there was 9,808 collegiate athletes who partook in this survey with 3,054 from

Division One universities, 3,978 from Division Two colleges, and 2,731 from Division Three schools (NCAA, 2022, slide 3). Interestingly, this survey yielded unique results because it shows that most participants came from Division Two schools instead of predominately Division One schools shown in the previous two surveys that the NCAA conducted. However, similar to the other two surveys, females, student athletes who identify as white, and freshman participated the most (NCAA, 2022, slide 3).

Additionally, the NCAA concluded that there was a common factor that emerged between all three of their surveys. For instance, since 2020, there was little to no variance pertaining to the high rates of anxiety, mental exhaustion, and feelings of depression reported by student athletes (NCAA, 2022, slide 8). This proves the significance of needing to address mental health concerns among college athletes because even though the pandemic did affect response rates from participants, mental health issues have always been present. Also, the NCAA found that although two-thirds of the participants knew the location of mental health resources on their campuses and 56% understood the ways in which to help teammates who are struggling with their mental health, less than half admitted that they are comfortable seeking support for their mental health issues (NCAA, 2022, slide 9). This proves that no matter how many more mental health resources become present on a university's campus, it will make no difference or have little impact on student athletes' lives until societal stigma diminishes. To further support this, it is important to note that the view of mental health being seen as a priority among their athletics departments was only shared by half of the college athletes who participated in this survey (NCAA, 2022, slide 9). Even after conducting three separate surveys, the NCAA still found that only 63% of their teammates take mental health

concerns seriously and as low as 53% believe that their coaches take mental health concerns seriously as well (NCAA, 2022, slide 9). Athletes are greatly influenced by their coaches and athletic advisors' opinions because they want to appease them. The culture of a college team is built around what the coaches portray to their athletes, so, supporting mental health practices starts from within.

For almost all categories relating to mental health concerns experienced by student athletes 'most every day' or 'constantly,' the highest prevalence was among African Americans and the lowest prevalence was among Caucasians (NCAA, 2022, slide 15). Specifically, academic worries, future plans, and financial worries were the top three factors detrimentally affecting student athletes' mental health (mental health NCAA, 2022, slide 22). Approximately 36% of men's sports participants and 49% of women's sports participants experienced academic worries with 31% of men's sports and 40% of women's sports feeling that planning for their future negatively affected their mental health (NCAA, 2022, slide 22). Also, 24% of men's athletic respondents and 27% of women's athletic respondents believed that their financial worries harmed their mental health (NCAA, 2022, slide 22). In relation to this, financial worries were highest among African American respondents totaling 38% and future plans were most prevalent among Latinx with 38% (NCAA, 2022, slide 24). Also, the NCAA concluded that international college athletes experienced higher percentages of mental health concerns pertaining to all the factors detrimentally affecting college athletes except for future plans and academic worries (NCAA, 2022, slide 32). Between all three divisions, Division One student athletes reported the lowest levels of prevalence in relation to maintaining a

proper balance between academics and extracurriculars, which includes athletics (NCAA, 2022, slide 61).

Courageously, a Division Two women's lacrosse player states that:

“I believe student athletes have exemplified the utmost resilience since the 2020 pandemic... With that being said we are tired. At times I don't want to be resilient, I want to take a pause... So now we are faced with 3-5 hours of being in a classroom every single day on top of another 3-4 hours of organized sports a day. It's like we have no time for ourselves anymore... I do wish that athletic departments would do more to advocate mental health days...” (NCAA, 2022, slide 106).

This statement reinforces the idea that colleges do not have enough mental health resources available to the number of student athletes attending. This player also describes the overwhelming feeling that many collegiate athletes may experience on a daily basis. To further support this, a Division One men's lacrosse player explains that ““More support for individuals suffering from mental health issues... especially for male athletes that find it difficult to express their emotions and often hide their struggle. If you're going to commit to being a community willing to help individuals struggling with mental health issues, then actually do so. Actions speak much louder than words.”” (NCAA, 2022, slide 107). This statement draws attention to college athletics addressing this issue but having no follow through. It is extremely difficult for an athlete to place their trust in individuals who do not provide results. This quotation also signifies the lack of understanding, knowledge, and awareness associated with mental health concerns among male collegiate athletes due to preconceived stigma within society. For this reason, male collegiate

athletes may refrain more from seeking help from others in relation to their mental health, which can lead to developing harmful coping mechanisms.

CHAPTER FIVE

Rationale

The purpose of this study was to gather additional information over mental health struggles among both past and present collegiate athletes. The prior chapter discussed previous research pertaining to this topic conducted by the NCAA, however, a limitation of that survey was that it did not include past or retired college athletes, nor did it reference their athletics during adolescence. Therefore, the objective of this honors thesis is to enhance awareness of the prevalence of mental health issues among past and present collegiate athletes and to gain deeper insight into the existing mental health climate.

The author of this survey is a current collegiate athlete at a Division One university who has obsessive-compulsive disorder, social anxiety, and depression. Being an active member within the collegiate athletics community has shed light over the significance of the lack of mental health resources available to college athletes currently. Previous surveys and research have been conducted over this topic in hopes that more awareness can be shed over this matter, where not just reactive programs but also proactive implementations are incorporated.

CHAPTER SIX

Methods

Materials

This survey was created in its entirety by the author with approval by the committee members and was also approved by the Institutional Review Board (IRB) at the University of South Dakota. The survey was conducted online via Google Forms, an online survey and data collection tool. The IRB approval for the survey can be found within the appendices section, specifically appendix A, of this research study. The questions of the survey include multiple choice, free response, and Likert scale.

Within the survey, the first nine questions were used to gather demographic information of the respondents who participated in this study. The questions encompassed general information surrounding gender, age, race and ethnicity, whether the participant is a past or present collegiate athlete, and various types of collegiate athletics experiences. The next part of the survey dove deep into discovering more about the past or present collegiate athlete participant's mental and physical experiences. The last part investigated various mental health aspects of the participants in relation to understanding, awareness, and perceptions of mental health among collegiate athletes. A full list of the survey questions can be found within appendix B.

Procedure

The survey was distributed through two different types of means. The first utilized the list serve at a Division One university to all athletes via email. The second was sent through various social media platforms, including Facebook, Instagram,

Snapchat, and LinkedIn by the author and committee members. The invitation included a short description of the survey's purpose, the target group (must have been either a past or present collegiate athlete), informed consent, and a link to the survey found on Google Forms. Also, a screening question was utilized to let potential participants know that the survey was targeting only past or present collegiate athletes.

It is important to note that participants who opened the survey link were directed to Google Forms through a secure connection where a complete description of the survey with the informed consent was shown. Participants of the survey were informed that their participation was voluntary and anonymous, the length of the survey was approximately six to twelve minutes to complete, and no identifying questions were asked to ensure the anonymity of the research. The first question confirmed their voluntary participation by blatantly asking them for their consent and then the survey followed.

CHAPTER SEVEN

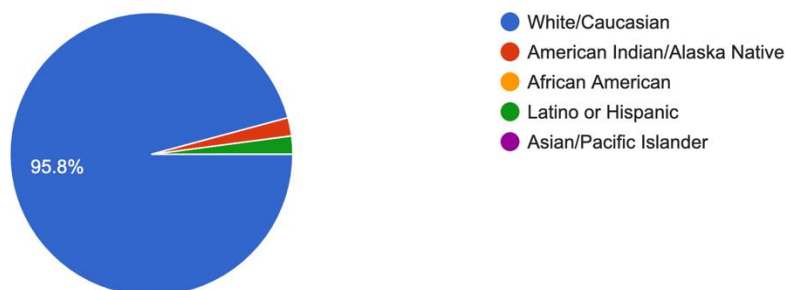
Results

Demographics and General Information

The total amount of participants from this survey was 48 with 38 female respondents and 10 male respondents. The majority of the participants identified as White/Caucasian as shown in the pie chart below.

Figure 3:

Which racial or ethnic group(s) do you currently identify as?
48 responses

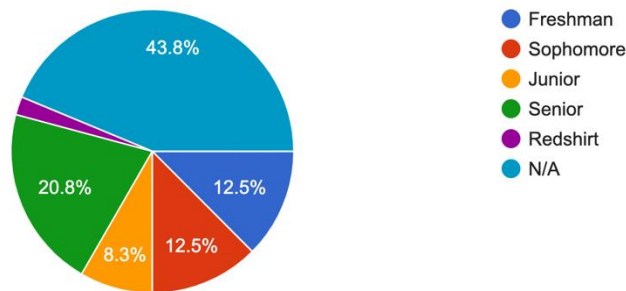


Of the participants, 27 (56.3%) were present collegiate athletes and 21 (43.8%) were past or retired collegiate athletes. Of the current collegiate athletes, 12.5% were freshman, another 12.5% were sophomores, 8.3% were juniors, and 20.8% were seniors. Of the remaining percentages, 2.1% were classified as a redshirt athlete and the remainder 43.8% were retired or past college athletes. A redshirt athlete is a college athlete who refrains from competition but is allowed to still practice and does not lose their year of eligibility. These results are displayed below.

Figure 5:

If you are currently a collegiate athlete, what year are you in school?

48 responses

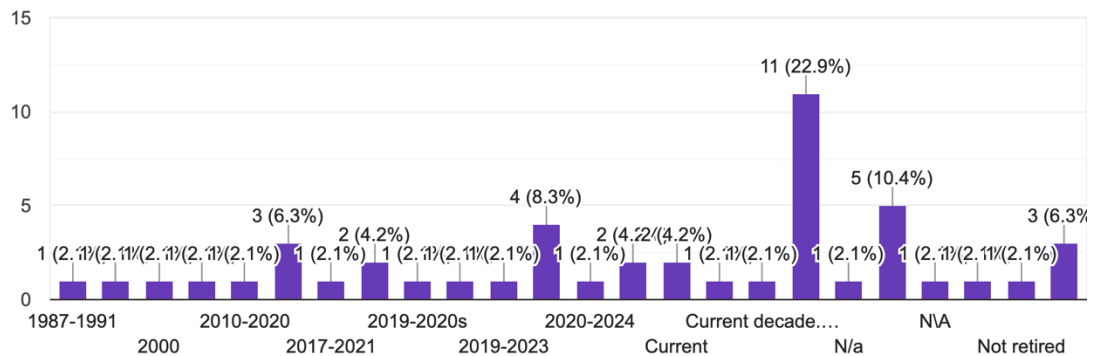


Of the retired collegiate athletes, the years that they participated in college athletics is shown in the bar chart below.

Figure 6:

If you are a retired collegiate athlete, in what decade were you an athlete?

48 responses

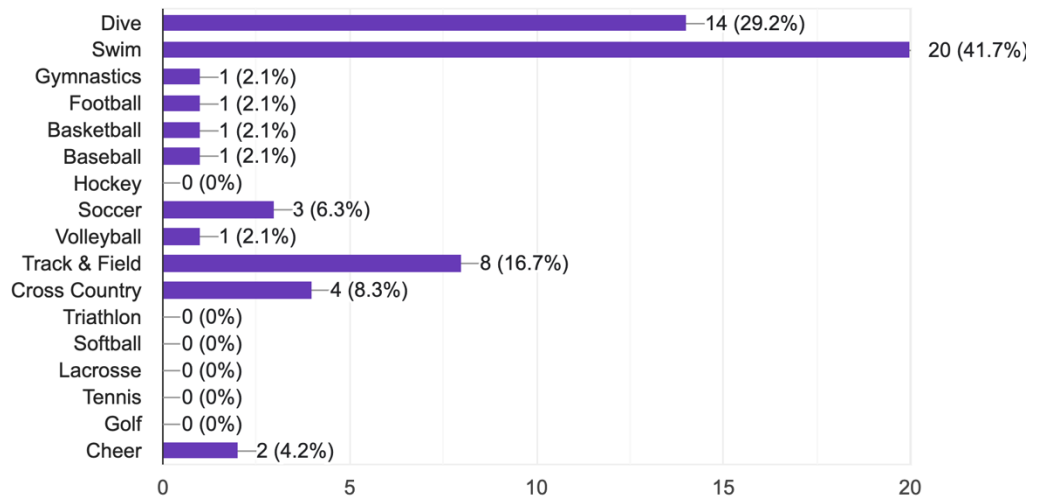


Due to the fact that the author is a part of a swim and dive team, most respondents were participants from this category of sports, specifically 41.7% were swimmers and 29.2% were divers. The next highest prevalence found among the respondents was college athletes a part of a track and field team at 16.7%, followed by cross country at 8.3%, soccer at 6.3%, cheer at 4.2%, followed by gymnastics, football, basketball, baseball, and

volleyball all at 2.1%. Additional sports were offered with no respondents associated with these categories.

Figure 7:

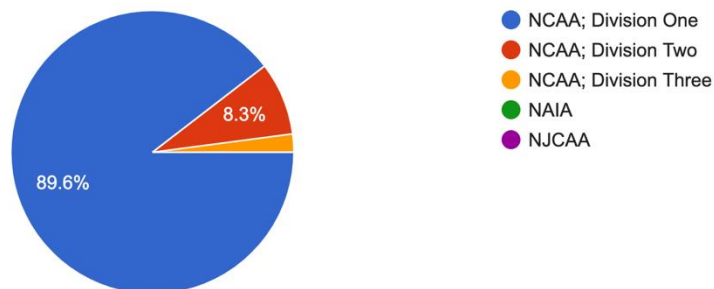
What collegiate sport(s) do you currently play or have you played in the past?
48 responses



Most respondents, 43 to be exact, are/were a part of a team in the NCAA Division One at 89.6%.

Figure 8:

What collegiate division is or was your sport(s) considered to be?
48 responses



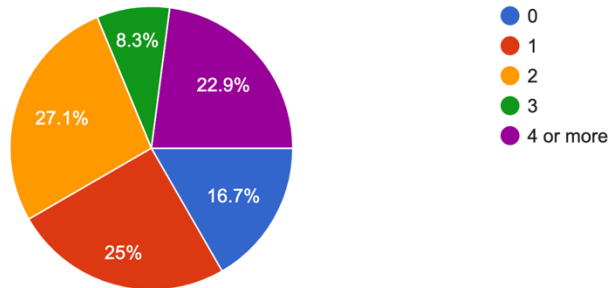
The starting age group responses were very similar among the different groupings with the highest being in the age group of 12-15 at 17 respondents, followed by 16 participants starting during the ages of 7-11, and 15 participants stated that they started the sport that they played in college during the years of 3-6. It is important to note that some participants may have done additional sports growing up and started partaking in athletics at a younger age than they stated above. This is because the age at which they started playing their sport is based off the sport that they played or are currently playing in college. To support this, the author was a gymnast from around the age of two, however, did not switch to playing their future college sport of diving until many years later, specifically the summer before high school. Most often, it is seen that athletes enjoy participating in multiple sports at once, so, this is important to consider when analyzing the results of this study.

At least 50% of past or present college athletes are/were in at least two or more extracurricular activities in addition to their sport and roughly 22.9% are/were involved in four or more extracurricular activities on top of their college sport.

Figure 11:

How many extra-curricular activities are you involved in? If you are a retired athlete, how many extra-curricular activities were you involved in during your college years?

48 responses



This proves that these past or present collegiate athletes are/were very active members within their campus community, which could make their daily schedule more demanding and complex. On top of their demanding athletic and academic schedules, it can be inferred that all past or present athletes had/have some type of social life during their college years as well. Along with this, college athletes tend to seek out the full college experience which may involve drinking alcohol, doing drugs, vaping, smoking, partying, etc. For example, 45.8% of past or present college athletes drink/drank alcohol weekly, however, none drink/drank daily. On the other hand, approximately 16.7% admitted to using/used vaping or e-cigarettes daily during their college years. Also, almost all respondents have/had never smoked cigarettes during their athletic careers in college, specifically 97.9%, and 87.5% have/had never used illegal substances. For more information on these four topics, please see appendix C.

Mental Health Data

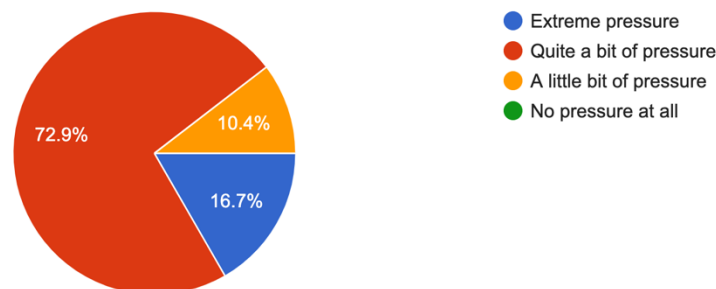
Diving into more of the data, the next sections of the questionnaire focused on analyzing mental health aspects of past or present college athletes. Specifically, 83.4% found their college sport to be either ‘extremely enjoyable’ or ‘enjoyable,’ 14.6%

believed that it was ‘slightly enjoyable,’ and 2.1% stated that their sport was not enjoyable at all. Exactly half of the survey participants stated that they experienced ‘quite a bit of pressure’ put on by themselves and others in general. In relation to this, 22.9% felt ‘extreme pressure’ from internal and external sources, 27.1% felt ‘a little bit of pressure,’ and unfortunately, no respondents indicated that they had ‘no pressure at all’ during their daily lives. With reference to their collegiate careers, 89.6% of the participants felt either ‘extreme pressure’ or ‘quite a bit of pressure’ due to themselves and/or outside sources. Similarly, no respondents indicated that they felt ‘no pressure at all’ due to athletics.

Figure 19:

How much pressure do you feel (from yourself and others) is put on you due to your sport(s)? (If you are a past athlete, please think back to when you were in college to answer this question).

48 responses

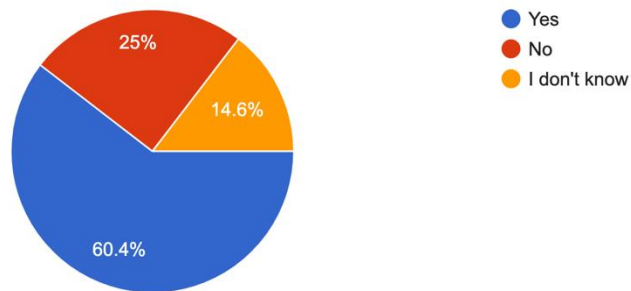


More specifically, 14.6% of the respondents stated ‘I don’t know’ regarding the question of suffering from a mental illness. This category could represent those who have not sought out a professional’s diagnosis, which could then be seen as potential yeses. Of all the participants, 60.4% stated that they have suffered from a mental illness.

Figure 20:

Have you ever suffered from a mental illness?

48 responses



The next question provided to the participants of this study asked them, if they felt comfortable disclosing this information, to list the mental health illnesses that they have suffered from. The responses collected are listed below:

- “N/A”: 14
- “Anxiety”: 11
- “Anxiety & Depression”: 5
- “ADHD”: 1
- “Depression”: 1
- “None”: 1
- “Idk”: 1
- “PTSD”: 1
- “Possible Anxiety”: 1
- “Stress”: 1
- “Eating Disorder”: 1
- “Anxiety & ADHD”: 1
- “Unknown/Not Evaluated”: 1

- “Eating Disorder & Anxiety”: 1
- “Anxiety, Depression, & OCD”: 1
- “Anxiety, Depression, & Anorexia”: 1
- “Depression, Anxiety, & OCD”: 1
- “OCD, Social Anxiety, & Depression”: 1
- “Anxiety, Depression, & PTSD”: 1
- “Anxiety, Depression, & Body Image”: 1
- “Anxiety, Depression, OCD, & Atypical Anorexia”: 1

Over half, specifically 52.1%, disclosed that their family has a history of mental illness, whereas 29.2% said no and 18.8% stated that they did not know. The following question inquired about the history of specific mental health illnesses that run in the respondents’ families, and again, only if they felt comfortable disclosing this information, should they list it. The responses to this question are listed below:

- “N/A”: 21
- “Anxiety & Depression”: 6
- “Anxiety”: 3
- “Depression”: 3
- “Bipolar”: 1
- “I’m not sure”: 1
- “No history”: 1
- “Possible Anxiety”: 1
- “Shouldn’t be starred”: 1
- “Similar to mine”: 1

- “Depression & Generalized Anxiety Disorder”: 1
- “Anxiety, & had Eating Disorder (Sister)”: 1
- “Stress & Anxiety”: 1
- “Depression, & Anxiety (Father)”: 1
- “Anxiety, Depression, & OCD”: 1
- “Addiction, Depression, & OCD”: 1
- “Anxiety, Depression (Both Parents), & Anxiety (Sibling)”: 1
- “Bipolar, Depression, PTSD, & Anxiety”: 1
- “BPD, Schizophrenia, Anxiety, Depression, & Addiction”: 1

The next portion of the data focused on obtaining information over the perceptions surrounding mental illness and the questions utilized a Likert Scale composed of: strongly agree, agree, disagree, and strongly disagree. Over half of the respondents, coming in at 54.2%, strongly agreed that people who speak about their mental illness(es) are strong with 43.8% having agreed, leading to a total of 98% to be found in agreeance with this prompt. Also, 52.1% strongly agreed that stigma negatively affects people with a mental illness(es), on the other hand, 4.2% disagreed with this statement. The next question was very similar to the previous one except that it compared athletes to non-athletes, stating that stigma negatively affects athletes with a mental health illness(es) more harshly than non-athletes. The findings for this question indicate that there was a decrease of 16.7% in the chosen category of strongly agree. This could signify that more respondents strongly agreed with the view that the average person is either more negatively affected or similarly negatively affected by stigma in comparison to college athletes. Additionally, 56.3% of the participants strongly agreed that collegiate

athletes sharing their struggles with mental illness(es) can help decrease stigma with only 2.1% having disagreed. Of the respondents, 95.8% viewed mental health in athletics as very important, with the remaining 4.2% having stated that it is important. This proves that mental health plays a very prominent role in an athlete's performance.

The next three questions used the same Likert Scale, but with a different format of possible answers, which were extremely comfortable, sometimes comfortable, rarely comfortable, and not comfortable at all. This study concluded that 18.8% of the participants felt extremely comfortable talking about their mental health with their family. In relation to this, approximately 22.9% felt extremely comfortable discussing their mental health with their friends, and only 10.4% felt extremely comfortable talking about their mental health with their coaches. The majority of the responses in relation to the athlete feeling comfortable discussing mental health disturbances with their coaches were under the category of rarely comfortable at 37.5% and 16.7% felt not comfortable at all.

Figure 29:

How comfortable do you feel talking about your mental health with your family? (If you are a past athlete, please think back to when you were in college to answer this question).

48 responses

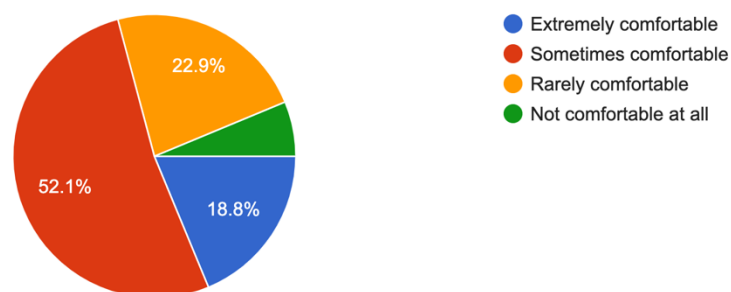


Figure 30:

How comfortable do you feel talking about your mental health with your friends? (If you are a past athlete, please think back to when you were in college to answer this question).

48 responses

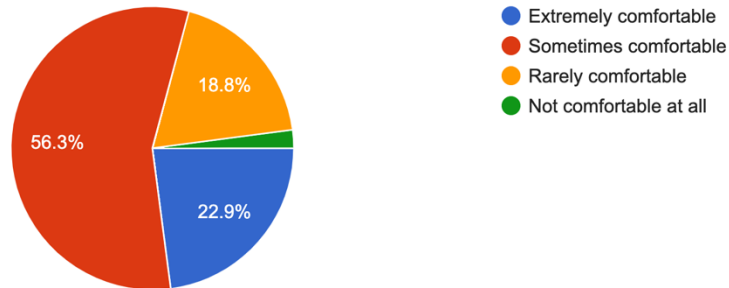
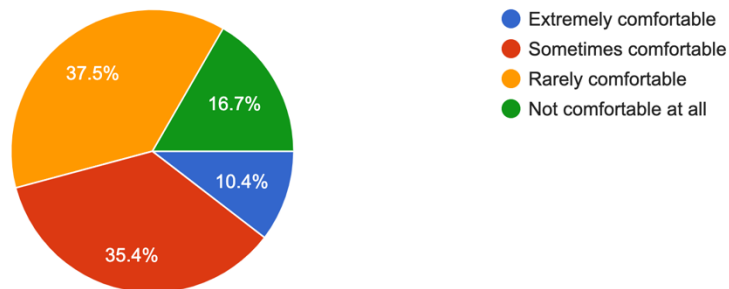


Figure 31:

How comfortable do you feel talking about your mental health with your coaches? (If you are a past athlete, please think back to when you were in college to answer this question).

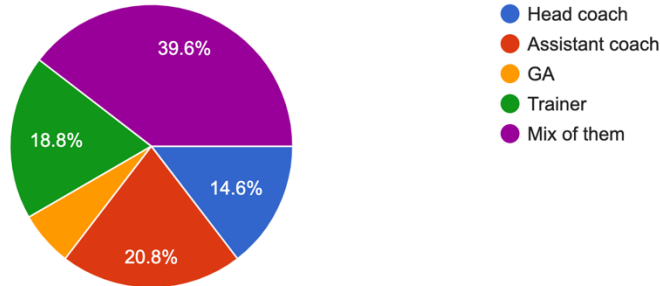
48 responses



With these results, only 14.6% of the participants stated that the head coach was or would have been who they went to for mental health help.

Figure 32:

Are you more likely to seek help from an assistant coach, GA, or trainer rather than your head coach? (If you are a past athlete, please think back... when you were in college to answer this question).
48 responses

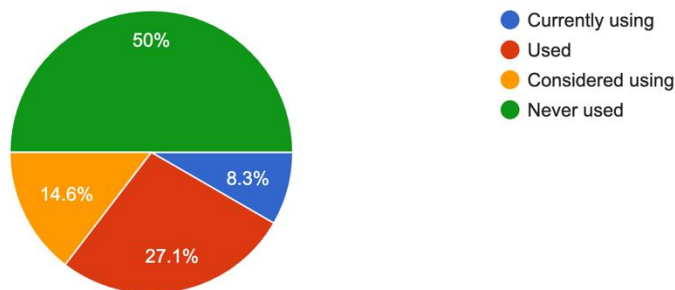


In general, slightly over half of the respondents disclosed that they had/have sought out help outside of their athletic staff for their mental health.

Out of the 91.7% of past or present collegiate athletes that are/were aware of college mental health services, only 79.2% of them know/knew how to access them. Although nearly 80% of the respondents understand/understood the accessibility of them, only 35.4% indicated currently using or have/had used the mental health services on their college campuses, and exactly 50% have/had never utilized the services.

Figure 36:

Are you using or have you ever used any of the mental health services on your college campus?
48 responses

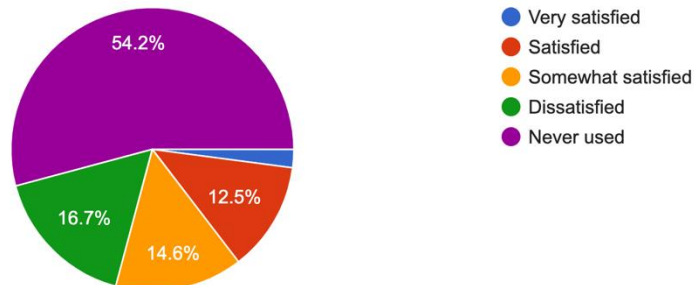


Only 2.1% indicated that they were very satisfied with their mental health services on

their campuses, with 27.1% of the respondents stated that they were either satisfied or somewhat satisfied, and 16.7% of the participants stated that they were dissatisfied.

Figure 37:

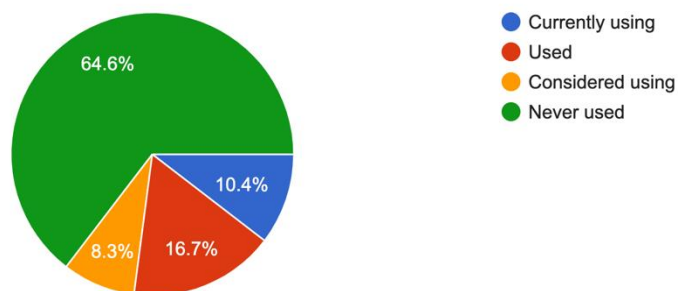
How satisfied were you with the mental health services on your college campus that you received?
48 responses



Looking at the mental health utilization within the community, well over half, at 64.6%, have/had never used the services, 27.1% either has/had used or are currently using the services, and 8.3% have/had considered utilizing the services.

Figure 38:

Are you using or have you ever used any of the mental health services in the community?
48 responses

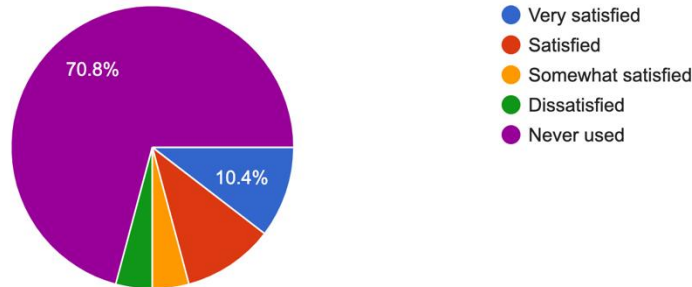


Of those who have utilized the services within their community, 10.4% were very

satisfied with their results, 4.2% felt dissatisfied, 14.6% were either satisfied or somewhat satisfied, and 70.8% have/had never used them.

Figure 39:

How satisfied were you with the mental health services in the community that you received?
48 responses



The final question of this survey offered the respondents a chance to share anything additional that they would like to about this topic. The responses are as follows:

- “N/A” – twelve participants
- “NA” – six participants
- “No” – five participants
- “no” – three participants
- “N/a” – two participants
- “I think it is great that this is being researched.” – one participant
- “None” – one participant
- “nope” – one participant
- “mental health is important” – one participant
- “For this question: Are you more likely to seek help from an assistant coach, GA, or trainer rather than your head coach? (If you are a past athlete, please think back

to when you were in college to answer this question). My answer would be none of the above but that was not an option. I also would like to put that due to my mental illnesses that worsened due to being a college athlete, I decided it was best for my mental and physical health (I also had overuse injuries from swimming) to retire. Due to a lack of teammates, coaches, etc. not reaching out, noticing my change in behavior, or asking if there was anything wrong (depression and anxiety symptoms that were very obvious and noticeable) until it was too late, I ultimately lost the love I had for my sport and the joy I experienced with it.” – one participant

- “USD mental health services have room for improvement” – one participant
- “I think it’s very healthy and helpful to talk about mental illnesses and their impact on Individuals” – one participant
- “A big issue with mental illness is the people who truly truly suffer don’t feel the need to post it on social media or talk about it constantly. It can be so challenging and frustrating to be surrounded by people who constantly talk about mental illness like it’s a cool thing to have when people truly suffer from it.” – one participant
- “n/a” – one participant
- “Coaching staff make such a difference on mental health. Mine were not helpful for me or my fellow teammates. (In my opinion)” – one participant
- “Glad you're brining awareness to this topic! It is so important.” – one participant
- “There should be a neutral option in the agree/disagree questions.” – one participant

- “I think that it would be good for the NCAA and other conferences to require athletes to have a regular counseling session just as they require study table or regular study sessions for freshman athletes. If the athletes don't require follow-up after 3 or 4 sessions then they don't have to continue.” – one participant
- “Coaches and administration at the university of South Dakota and in collegiate athletics alike, do not value their athletes mental and physical health as much as they think they do.” – one participant
- “Na” – one participant
- “Great topic!” – one participant
- “My depression during my athletic career stemmed from injuries. I look back and realize that my identity was being an athlete and I didn't really know who I was without sports. When I was injured, I didn't know how to be a part of the team without being an active member of the team. I felt isolated myself due to awkwardness of not knowing how to be with my teammates. Being injured was a lonely time. Thank goodness the trainers were so good to me because I spent a lot of time in the training room every day!” – one participant
- “I feel like your coaching staff and team had a huge impact on mental health. From personal experience, I struggled a lot with the coach I had my freshman year of college. He didn't recruit me and that was made very clear to me that I wouldn't be on the team if he had done the recruiting for my class. I was coming home everyday from practice crying and wanting to quit. It had gotten to a point where my mom reached out to our athletic director and I went in for a meeting. Over the summer, he called me to let me know that he wouldn't be returning next

season. This was like a breath of fresh air for me because I was still deciding if I was going to stay on the team or not. We then got a new coach and she was very indifferent for me. Some days it was good, and others were bad. She decided to move and we got another new coach for my junior year. Of course I was nervous, but he turned out to be the best coach I have had. He is very understand and takes everything one day at a time. He is constantly working with us and making sure we are doing okay mentally. This past weekend I had an incident at a competition. My old coach from freshman year (the bad one) showed up to watch because my team was competing in the area that he lives in now. I had a full on panic attack and could not keep myself together. My teammates were there for me and were trying to help calm me down so I could finish the competition. My current coach could tell before I broke down that something was up and he asked if I wanted to talk about it. I knew that if I talked to him, i would continue to break down and not be able to compete. This week on Monday, i felt comfortable enough to talk to him about what was going on and we had a conversation about it. This overall story just shows how much of a difference the right coaching staff and team can have on your mental health. I am not sure if this was the kind of information that you were looking for with this question but I thought a personal story would be able to benefit your research :) Also I am trying this on my phone and something got messed up so ignore everything after this!!! (Good luck with your project:))to” – one participant

- “No thanks!” – one participant
- “administration & coaches play a big role in mental health” – one participant

CHAPTER EIGHT

Discussion

This survey's findings concluded that only 25% of the participants stated no, they have never suffered from a mental health illness, leaving the remaining 75% of the respondents self-identifying that they have or had a mental illness or that they are unsure. It is important to note that individuals know whether they do not have a mental illness, so, it can be inferred that those who marked that they were unsure more than likely might experience symptoms associated with certain mental health conditions. This finding contradicts current data because research shows that approximately 22.8%, or 57.8 million adults, have a mental illness in the United States (National Institute of Mental Health, 2023). There are many different reasons as to why there are discrepancies between the national average and this survey's results, such as extra pressure experienced from athletics, prolonged athletic experiences, and being or had been a part of extra-curricular activities on top of being or having been a collegiate student athlete.

To start, collegiate athletes may experience additional pressures put onto them that the general population may not. These pressures can be sparked internally, externally, and from sources that are out of the athlete's control. The findings indicate that as a past or present collegiate athlete, roughly 72.9% of the participants felt an extreme amount of pressure or quite a bit of pressure in their daily life with 89.6% having either an extreme amount of pressure or quite a bit of pressure put onto them because of their sport. This shows a slight increase, specifically 16.7%, signifying the difference between pressures past or present college students feel/felt in general versus when

participating in college sports. In relation to this, roughly 27.1% of the respondents stated that they consider(ed) their sport(s) to be extremely enjoyable with 14.6% viewing/viewed their sport(s) as slightly enjoyable. This slight percentage difference suggests that the timeframe one participates in athletics can affect their mental wellbeing. For instance, participating in collegiate sports requires a prolonged athletic background in order to reach a certain level of expertise that allows the individual to be recruited by universities. Most often, this is seen through athletes choosing to engage in competitive club sports, which they can be an active participant in all the way up through their college years. To further support this, 31 participants in this survey stated that they started playing sports between the ages of three to eleven, which are the ages experienced during elementary school. This further proves that over half of the participants, 64.6% to be exact, started playing sports at a young age, specifically during their elementary school years. This might suggest that there is a correlation between an individual losing passion for their athletic commitments with the timeframe that they participate in their sport(s) for or how early they become engaged in their sport(s). Further research would need to be conducted in order to determine whether the age an individual begins participating in sport(s) is the primary cause to feeling more extreme levels of pressure leading to the sport(s) becoming less enjoyable over time and resulting in burn-out.

With this, most college students in general seek to become a more active member within their community by partaking in extra-curricular activities. This can be seen as also true for college athletes as well. For example, the results of this study indicate that involvement in two extra-curriculars were the most common among the respondents at 27.1%, and 31.2% of the participants stated that they are/were involved in either three

activities or four or more extracurricular activities during their time in college. This means that a total of 58.3% of the respondents are/were involved in at least two extracurricular activities. This shows that student athletes may feel more pressure and stress in their lives because they have commitments to numerous different activities. It is known that any activity requires time, effort, and energy, which can negatively impact a student athlete's mental wellbeing. In addition to academic or professional extra-curriculars, it is important for college students to maintain a social life for their mental wellbeing. Often times when an individual is struggling, they may look to cope with their emotions by utilizing reactive strategies instead of proactive strategies. For example, an individual could either react by binge eating and watching television or they could be more proactive and partake in more beneficial activities for their physical and emotional wellbeing, such as exercising. This study evaluated specific social activities that college athletes may turn to partake in during times of duress. More specifically, out of the 48 respondents only eight of them have/had never consumed alcohol during their years as a collegiate athlete, with 37.5% having/had consumed alcohol monthly and 45.8% having/had consumed alcohol weekly. This shows that the respondents had the highest prevalence of drinking alcohol weekly. Next, this study found that the majority of the participants, specifically 72.9%, have/had never vaped or used e-cigarettes, however, 16.7% of the respondents engage(d) in these activities daily, 4.2% weekly, and 6.3% monthly. These findings indicate that the majority of the student athletes that participated in this study either never have/had used these substances or use(d) them daily. Similarly, almost all participants reported never having/had smoked cigarettes as a past or present collegiate athlete at 97.9% with only 2.1% having/had smoked them monthly. When

asked whether the current or past student athlete has/had used illegal substances during their college years, 87.5% of the respondents never have/had, 4.2% use(d) them monthly, another 4.2% use(d) them weekly, and the final 4.2% stated that they preferred not to answer.

This study also collected data over the participants' family members' mental health. It is important to consider the role that genetics plays in individuals developing mental health disorders. This study discovered that some college athletes suffer from mental health disorders that are not present among their family members. Similarly, the results of this study concluded that mental health disorders present among family members were sometimes not inherited into their offspring.

Additionally, this study analyzed the prevalence of stigma associated with mental health among past or present collegiate athletes as well. There were three questions apart of the survey that focused on addressing the participants' comfortability discussing their mental health with others. The first was asked in relation to the student athlete's family, the second focused on their friends, and the third pertained to their coaches. This study concluded that as few as 18.8% felt extremely comfortable talking about their mental health with their family, 52.1% felt sometimes comfortable, 22.9% felt rarely comfortable, and 6.3% felt not comfortable at all. In comparison, 22.9% felt extremely comfortable, 56.3% felt sometimes comfortable, 18.8% felt rarely comfortable, and only 2.1% felt not comfortable at all to discuss their mental health with their friends. Contrastingly, only 10.4% of the participating student athletes felt extremely comfortable, 35.4% felt sometimes comfortable, 37.5% felt rarely comfortable, and 16.7% felt not comfortable at all talking about their mental health with their coaches. For

more information, please see Appendix C. These results indicate that there is a present gap in mental health support, awareness, and resources based on the student athletes' relationships with others in their lives. This is because each of these questions did not have the majority of participant responses in the extremely comfortable category. This may mean that most participants did not feel extremely comfortable when discussing their mental health with their family, friends, or coaches. This can lead to creating a barrier between the student athlete and the other individuals in their lives causing detrimental effects on them. A reason for this gap would be due to societal stigma associated with mental health illnesses among collegiate athletes. Also, the results, found from these three questions, show that in relation to disclosing mental health information to either family members or friends both had the highest prevalence of participant responses in the sometimes comfortable category. In contrast, the majority of participant responses for discussing mental health with their coaches was in the rarely comfortable category, and the category of extremely comfortable had the lowest number of responses. This can lead to having a detrimental effect on the student athlete's wellbeing as well as athletic experiences due to the fact that most participants from this survey may have felt hesitant when confiding in their coaches about their mental health.

It is important to note that mental health plays a crucial role in a collegiate student athlete's life. To support this, this study discovered that approximately 95.8% of the respondents viewed mental health as very important in athletic performance with only 4.2% having/had viewed it as important. This means that no respondents viewed mental health as either slightly important or not important at all, proving that collegiate athletes need to maintain their mental wellbeing in order to be able to maintain their athletic

performance in all practices and competitions. This also suggests that all sports, at least those represented in this study, require some sort of balance between the student athlete's physical and mental wellbeing. Without it, college athletes may be more prone to developing mental health illnesses or experiencing mental health disturbances in their lives. In relation to a student athlete's comfortability pertaining to their mental health, this survey found that 20.8% of the participants are/were more likely to seek help from an assistant coach, 18.8% stated that they are/were more likely to seek help from a trainer, 14.6% from a head coach, only 6.3% from a GA (graduate assistant), and the majority from a mix of them at 39.6%. Also, just over half, at 52.1%, stated yes, they have/had sought help outside of their athletic staff for their mental health, and the majority of the respondents of this survey, specifically 91.7%, stated yes, they are/were aware of any mental health services available on their college campuses. However, when asked whether they know/knew how to access these services, 79.2% said yes, signaling a decrease of 12.5%. This further signifies that college campuses are currently lacking information and awareness over methods of accessing mental health resources for student athletes. The findings of this study also indicate that 29 out of the 48 participants have/had some type of mental health illness, yet 50% of the respondents have/had never utilized the services and resources provided to them on their college campuses. This not only proves the significance of this public health issue among college athletes, but also shows the presence of barriers affecting them from utilizing potential mental health resources. Possible barriers include stigma, insufficient resources or funds, and a lack of awareness. To further support this point, only 2.1% stated that they are/were very satisfied with the mental health services provided on their college campuses that they

received. Additionally, 12.5% of the participants felt satisfied, 14.6% felt somewhat satisfied, and 16.7% felt dissatisfied. Out of the participants who received mental health services on their college campuses, the majority, eight participants, felt dissatisfied. This further proves that in order to help collegiate athletes with their mental health, universities need to start incorporating more effective, successful, and beneficial mental health resources for their students. From a much broader perspective, as little as 10.4% of the respondents are currently using mental health services in their community, 16.7% have/had used, 8.3% have/had considered using, and 64.6% have/had never used community mental health resources. Roughly 10.4% of the respondents indicated that they are/were very satisfied with the mental health services in their community that they received, another 10.4% are/were satisfied, 4.2% are/were somewhat satisfied, another 4.2% are/were dissatisfied, and the majority stated that they have/had never used them. The results of this study indicate that an additional five student athletes have/had used mental health services on their college campus in comparison to their community, with an additional three respondents indicating that they have/had considered using the services provided on their campus instead of their community. This suggests that student athletes are more willing to utilize the universities' mental health resources than their communities. A reason as to why this occurs could be because of cost, location, and time spent pursuing community resources versus accessing given college resources on their campuses. This is because a student athlete's schedule is very time-consuming and demanding so much so that energy and effort required for additional tasks is minimal if present at all. Even though student athletes may be more inclined to pursuing campus services, the results of this study show that they are/were more satisfied with their

communities' services. More specifically, only 2.1% of the respondents indicated having/had felt very satisfied with their campuses' mental health services, whereas 10.4% felt very satisfied with their communities' mental health services.

The final question of this survey allowed the participants to divulge any additional information that they wished too with regards to this topic. Most of the free responses, specifically 33 to be exact, encompassed answers about having nothing additional to share. However, it is important to note that, some participants did choose to disclose final thoughts, opinions, ideas, and even personal stories over this topic. For example, one participant stated that "Coaches and administration at the university of South Dakota and in collegiate athletics alike, do not value their athletes mental and physical health as much as they think they do." This direct quotation provides insight to an area that needs to be effectively improved in relation to mental health within collegiate athletics. Often times, coaches will inform their athletes over the importance of mental health by briefly discussing available resources and providing an open-door policy. However, many athletes do not choose to discuss their mental health with their coaches due to a variety of different reasons, one of which includes the fear of stigma from coaches and teammates. This can be seen as a huge reason as to why athletes do not inform their coaches of their mental health struggles because even though a coach may state that they consider themselves to be pro-mental health, their opinions can influence their judgement over including them on the travel team, playing them in games or tournaments, and simply subconsciously changing their coaching techniques toward that specific athlete. Another participant stated that "...I also would like to put that due to my mental illnesses that worsened due to being a college athlete, I decided it was best for my mental and physical

health (I also had overuse injuries from swimming) to retire. Due to a lack of teammates, coaches, etc. not reaching out, noticing my change in behavior, or asking if there was anything wrong (depression and anxiety symptoms that were very obvious and noticeable) until it was too late, I ultimately lost the love I had for my sport and the joy I experienced with it.” This quotation highlights the importance of having coaches and other athletic staff continually check-in with their athletes. So, college sports need to switch from an atmosphere that solely focuses on athletic and physical performance, to an environment that fosters both an athlete’s physical and mental wellbeing while placing importance on the athlete as an individual and not simply viewing them as an athletic asset or point-maker. With the proper help and support, this collegiate athlete may not have had to retire after all. Another student athlete states that “I think it’s very healthy and helpful to talk about mental illnesses and their impact on Individuals.” This signifies the necessity for current and past collegiate athletes to discuss their mental health issues more openly. As more and more athletes share their own personal stories, it can spark a movement resulting in numerous lives helped and saved as well as change the culture surrounding mental health among college athletes. Similarly, another participant disclosed that, “A big issue with mental illness is the people who truly truly suffer don’t feel the need to post it on social media or talk about it constantly. It can be so challenging and frustrating to be surrounded by people who constantly talk about mental illness like it’s a cool thing to have when people truly suffer from it.” This response further proves that there is a stigmatized culture surrounding mental health in athletes and that there are potential areas for improvement. This direct quotation also suggests that some collegiate student athletes who are suffering may not believe that professional help is necessary for

them if they are only hearing that having a mental illness is an attention seeking behavior from their peers. Another college athlete stated that “I think that it would be good for the NCAA and other conferences to require athletes to have a regular counseling session just as they require study table or regular study sessions for freshman athletes. If the athletes don't require follow-up after 3 or 4 sessions then they don't have to continue.” College athletes are required to complete mandatory study hours every week for their freshman year and more depending on their grade point average. This collegiate student athlete suggests a potential implementation to be incorporated into collegiate athletics that mirrors a current academic program or activity. The suggested program could be very beneficial to numerous student athletes if enacted because it will require college athletes to play a more active role in their mental health. This is essential because collegiate athletes are held to such high academic, athletic, and ethical standards, however, there are no mandatory aspects of a student athlete’s schedule associated with mental wellbeing. Plus, having a mental health requirement expected of the student athletes will allow them to pursue professional help that they may not have previously if the programs were not mandatory. Also, another participant stated that, “My depression during my athletic career stemmed from injuries. I look back and realize that my identity was being an athlete and I didn't really know who I was without sports. When I was injured, I didn't know how to be a part of the team without being an active member of the team. I felt isolated myself due to awkwardness of not knowing how to be with my teammates. Being injured was a lonely time. Thank goodness the trainers were so good to me because I spent a lot of time in the training room every day!” This personal narrative sheds light over common thoughts and perspectives shared by many athletes alike no matter their

college year, gender, sport, conference, nor division. There is a lack of awareness from the collegiate athletic community about the harmful effects of being injured and on the sidelines. This can have a negative impact on an athlete's mental health, especially if there is a lack of understanding from coaches and athletic personnel over the severity these circumstances can create. The longer a coach coaches, the farther away they are from maybe remembering what it used to be like to be an athlete. Another collegiate athlete stated that "I feel like your coaching staff and team had a huge impact on mental health. From personal experience, I struggled a lot with the coach I had my freshman year of college. He didn't recruit me and that was made very clear to me that I wouldn't be on the team if he had done the recruiting for my class. I was coming home everyday from practice crying and wanting to quit. It had gotten to a point where my mom reached out to our athletic director and I went in for a meeting. Over the summer, he called me to let me know that he wouldn't be returning next season. This was like a breath of fresh air for me because I was still deciding if I was going to stay on the team or not. We then got a new coach and she was very indifferent for me. Some days it was good, and others were bad. She decided to move and we got another new coach for my junior year. Of course I was nervous, but he turned out to be the best coach I have had. He is very understand and takes everything one day at a time. He is constantly working with us and making sure we are doing okay mentally. This past weekend I had an incident at a competition. My old coach from freshman year (the bad one) showed up to watch because my team was competing in the area that he lives in now. I had a full on panic attack and could not keep myself together. My teammates were there for me and were trying to help calm me down so I could finish the competition. My current coach could tell before I broke down that

something was up and he asked if I wanted to talk about it. I knew that if I talked to him, i would continue to break down and not be able to compete. This week on Monday, i felt comfortable enough to talk to him about what was going on and we had a conversation about it. This overall story just shows how much of a difference the right coaching staff and team can have on your mental health...” This personal story provides insight over the struggles college athletes can face. For one, this perspective proves the importance of a collegiate athlete’s relationship with their coaches, other athletic personnel, as well as teammates. The bond that an athlete creates with their coaches and teammates can either be very beneficial or extremely detrimental to their mental and physical wellbeing. This also suggests that collegiate coaches should expand their knowledge over mental health. A potential method that could be incorporated into collegiate athletic departments would be additional training over many different aspects pertaining to mental health. These aspects could cover information over mental health in general, methods of reaching a struggling athlete, pro-mental health coaching techniques, and support techniques for injured athletes. All in all, hearing personal stories about mental health struggles among collegiate athletes can help to increase awareness as well as have the ability to reach that one athlete who may be struggling silently in a similar way.

Limitations

After analyzing and evaluating the results of this survey, there are some limitations present that should be acknowledged. For one, the demographics and general information of the participants was not diverse because it was limited to be mostly female respondents at 79.2% and White/Caucasian respondents at 95.8%. With respect to the general information required of the respondents, the majority of the participants indicated

having/had been a part of a collegiate swimming and diving team, specifically 70.9% of the respondents, proving that this study had minimal variances of sports represented among the participants. Similarly, the majority of the student athletes, who participated in this study, indicated either having/had been a part of a NCAA Division One athletic team, specifically almost 90%, 89.6% to be exact, of the participants are/were Division One athletes. It is important to note that the author of this study is a current collegiate Division One athlete a part of a women's swimming and diving team, therefore, providing a reason as to why the results of this study may be seen as skewed. In relation to the data collected surrounding the participants' collegiate conferences, there seemed to be more of a variety. However, it is important to consider that even though there was a variety of different conferences represented within this study's results, there were minimal multiple athletes from the same conference with the majority, 66.7%, from the Summit League Conference. Again, it is important to consider that the author currently competes on a swimming and diving team apart of the Summit League Conference. Further research would need to be gathered in order to obtain a more widescale assessment of mental health among collegiate athletes.

This study only asked the participants to provide knowledge over one injury, specifically the number of concussions that they have/had experienced over their collegiate athletic career. It is known that athletes may be more prone to developing mental health conditions when they are temporarily removed from their sport due to circumstances that are out of their control. Therefore, a limitation to this study would be that only one type of athletic injury was addressed for the participants to disclose. With regards to collegiate athletes having/had concussions from their sports participation, often

times it is seen that college athletes become quite injured and do not receive or pursue proper concussion testing. Therefore, this would result in potentially undiagnosed concussion experiences, those of which would not have been considered within these results. There are many reasons for this gap in medical treatment to occur, such as limited resources in both supplies and availability of athletic trainers for concussion testing as well as the athlete refusing to truthfully voice their pain and symptoms due to a fear of being sidelined. So, the responses for this question may not have been as reliable due to the fact that the answers were based off of college athletes' perspectives and opinions.

Another limitation of this study would be that the participants may not have truthfully disclosed their active participation in certain social activities that could threaten their spot on their team. These specific questions addressed social activities pertaining to consuming alcohol, vaping or using e-cigarettes, smoking cigarettes, and using illegal substances. With this, it is important to note that some of the respondents could be of age to participate in these activities when completing this survey, however, most college students turn the required legal age of 21 to participate in these activities during their junior and senior year of college, which is only two sixths of the classifications one can be in college that was utilized within this study. So, in addition to being a freshman, sophomore, junior, or senior, the respondents could have indicated that they are redshirting or are a past or retired collegiate athlete.

Even though this survey allows the participants to indicate whether they are/were a part of one or multiple collegiate sports, the questions do not allow them to further indicate more detailed information depending on each sport's involvement. For instance, if a college athlete participates in both track and field and swimming and diving, they

may experience more distress from one sport over the other, which this type of data was not collected throughout this study. This would be interesting to further research and find trends among certain college sports producing higher levels of stress leading to a greater likelihood of developing mental health disturbances as well as determining if the participation in multiple collegiate sports causes more mental health disturbances than participating in one collegiate sport. Also, this survey does not take into consideration college athletes who have transferred schools, which could potentially change their division, conference, and sometimes rarely the sport that they play.

Additionally, the survey utilized within this study contains a question revolved around the amount of extra-curricular activities that the past or present collegiate student athlete is/was involved in during their time in college. This question lacks specificity in the sense that it does not specify whether the college sport(s) that they partake in should be included in their responses or not. Another prominent limitation within this study was shown in the relationship between the two questions addressing whether the collegiate student athletes' families have a history of mental illness and, if comfortable, could they please identify the illness(es). There were some responses from participants for this free response question that were not a mental health illness, nor were they indicated by N.A. or not applicable. Specifically, an individual stated "I'm not sure!", another responded with "Possible anxiety", another said "Shouldn't be starred", and another explained "Similar to mine". With this in mind, this survey discovered that 25 participants indicated that mental health illness(es) run in their families, however, 22 collegiate student athletes identified specific types of mental health illness(es) that are present within their family. These responses showcase that this type of question format may not have been the most

effective in leading to reliable results. So, in the future, if this study were to be conducted again with minor changes, the survey would contain some multiple-select questions in order to yield specific results with little to no grammatical errors and less confusion between questions that have linked information.

Another limitation of this study would be that the results do not include information surrounding the causal relationship between collegiate athletes and the prevalence of mental health illnesses among them. For instance, this study gathered data on a variety of different aspects pertaining to the prevalence of mental health conditions among both past and present collegiate athletes as well as the societal perceptions and preconceptions on this topic. However, the questions of the survey did not address a link of factors pertaining to when the college athletes started experiencing their symptoms. Further research could focus on finding a relationship between aspects of college athletes' lives with the prevalence of mental health illnesses. These results could be able to also determine whether the collegiate athletes' mental health illnesses were caused by their life or participation in sports as well as if they experienced mental health conditions before, during, or after their time as a collegiate athlete.

On top of this, there was a lack of free responses from participants for the last question of the survey addressing if they would like to share anything additional about this topic. For instance, the wording of the question could have been more specific and geared toward collecting information about mental health in general, such as personal struggles, familial struggles, peer struggles, and any additional information, examples, or stories that could be of benefit to this research study. In other words, the direction of the participant responses was not what the author had intended, considering that they were

looking for more feedback instead of listing limitations to the survey. For example, a specific limitation provided by a collegiate student athlete was that “There should be a neutral option in the agree/disagree questions.” Although this constructive feedback is a potential option for future improvement, if this study were to be conducted again, the author intentionally decided to leave out a neutral choice for certain types of questions so that it did not skew the results of the study. These types of questions utilized a Likert Scale in different ways, such as addressing an individual’s comfortability, view of importance, and agreeance with specific statements.

Another discrepancy found within the results of this study was that there was a difference in responses with one question stating that 50% have/had never used their mental health services on their college campuses and another question that was worded slightly differently addressing the student athletes’ satisfaction with the resources that yielded results of 54.2% have/had never used resources on their college campuses. Similarly, the respondents were then asked to discuss if they are using or have/had ever used any of the mental health services within their community as well as whether they are/were satisfied with them or not. These results also had conflicting answers between the two questions because 64.6% of the participants stated that they have/had never used the services in their community, however, 70.8% stated that they have/had never used the services when asked if they were satisfied. All in all, more in depth literature reviews and data analyses could be performed with regards to this data, but due to certain time length constraints the author tried to condense the material within the literature review of this study to only the survey outcomes.

Suggestions for Future Studies

Further research is necessary to properly address the lack of mental health services, awareness, and information available to collegiate athletes. In the future, it is a necessity for universities to incorporate additional effective implementations that proactively seek to support its student athletes. For one, future studies could analyze and evaluate the impact of universities requiring their athletic trainers to do psychological first aid and counseling training. This prominent information could be taught in either their graduate program or be enforced at each university employment opportunity. This idea would be very beneficial in addressing mental health concerns among student athletes at the university level, since this study proves that 18.8% of the respondents indicated that they are/were more likely to seek help from an athletic trainer.

Another potential topic that would increase awareness of this public health issue would be to conduct additional research about collegiate athletes' journeys to athletic participation in college. In other words, a potential study could investigate childhood athletic aspects of current and past college athletes' lives. Aspects to be analyzed in this study could be the types of sports that they played in their lives, which encompasses the time length spent participating in their future college sport, the number of sports they participated in during their lives, which includes whether they performed only one sport or participated in multiple sports at once, and whether they switched sports along the way; for example, switching from gymnastics to diving. It is common for parents to put their children into a variety of different sports at such a young age and see which sports stick, which, often times, later on, the student athlete chooses to focus on only one of their sports in order to be recruited to be a part of a college team and continue their athletic career. All these aspects listed above influence the student athletes' mental and

physical wellbeing so much so that throughout the years, athletes experience burn-out, which would be beneficial to analyze. With this, researchers could further investigate the effects of adverse childhood experiences, otherwise known as ACE's, in all contexts of the student athletes' lives including those experienced during athletic participation in order to determine possible causes for the collegiate athletes' mental disturbances.

With this in mind, another potential research topic to shed light over this controversial issue would be to investigate the impact additional informational mental health programs in all academic and athletic settings can have on student athletes' mental wellbeing. More specifically, further research could uncover the positive effects of making mental health among athletes more visible and accessible in both higher education as well as beforehand such as during their high school, middle school, and even elementary school years. The results of this potential study would be able to discover the relationship that proactive mental health programs have on student athletes' mental health, which could lead to also discovering a trend among the data, such as whether receiving mental health awareness, information, and support earlier in their lives decreases the probability of developing mental health illnesses later on, reduces societal stigma, and could even potentially diminish the prevalence of suicide rates committed by collegiate student athletes.

Currently, many college campuses have numerous emergency blue lights available for all students to utilize in order to better help protect their physical health. In the future, a possibility to further improve mental health support would be to incorporate a similar system in order to better support and help individuals suffering from a mental

health crisis. Additionally, college athletes are required to receive a physical every year, so more mental health components could be added to that.

CHAPTER NINE

Conclusion

In conclusion, mental health plays a very prominent role in today's society, especially pertaining to collegiate athletics. This is because mental health and athletics go hand in hand. Most college athletes have participated in sports all throughout their life. Growing up in a sport, they have spent numerous hours practicing at the mercy of their grueling athletic schedule, striving to be that one in a million and become an integral part of a college team. Over the years, they may have learned to practice through pain and injuries in order to achieve their athletic dreams. They may have discovered that being an athlete is a tremendous time commitment, mentally exhausting, demanding, difficult, and in some cases degrading. Specifically, they may have learned that it takes a lot of time, effort, energy, and money from all members of their family to pursue athletic aspirations. Being an athlete becomes an important part of their identity, since their life is intricately woven within it. This can lead to athletes constantly depending on their sport in times of need, for support, and happiness. Overall, being an athlete is their job. It's their purpose. It's their identity. It's their life. This concept may be true for all college athletes, and this thought process can cause issues within the athletes' personal lives, so much so that they may experience an identity crisis once they become or are forced to become retired athletes. This can then result in athletes experiencing certain mental health disturbances and potentially developing mental health disorders. It is important to consider that athletes may experience mental disturbances all throughout their athletic careers due to a myriad of different triggers, whether that be coaching styles, injuries, teammate support,

familial hardships, and other external factors out of the athletes' control. Thus, proving the significant relationship between mental health and athletics.

Addressing the topic of mental health is becoming more prevalent in the world, which provides society with the opportunity to learn, grow, and develop through an increased understanding of this topic. However, there is still so much more that can be done to increase awareness and support over mental health among collegiate athletes. Specifically, the prevalence of stigma controls the current athletic mental health atmosphere so much so that many athletes are not able to, nor do they want to, seek the proper help that they deserve. This then can lead to numerous college athletes internally suffering alone as well as choosing to take matters into their own hands resulting in the loss of lives. How many more collegiate athletes must die in order for universities to adequately address this public health issue? Unfortunately, college athletes' mental health is not as significantly addressed as their physical health, even if the colleges and teams speak to being in support of individuals' mental health. All in all, the way that society addresses mental health disorders can be interpreted as negatively. So, instead of associating stigmatized words with those who are suffering from mental health disorders, society should change its way of thinking to be more positive in nature. So, to list a few... Aware. Careful. Cautious. Courageous. Detail-oriented. Determined. Eager. Faithful. Helpful. Insightful. Loving. Opportunistic. Powerful. Restful. Strong. Thoughtful. Truthful. Understanding. Unique.

APPENDICES

Appendix A: Final IRB Approval



UNIVERSITY OF
SOUTH DAKOTA

Date: October 17, 2023

University of South Dakota
414 E. Clark Street
Vermillion, SD 57069

PI: Jamie Turgeon-Drake
Student PI: Stella Fairbanks
Re: Initial - IRB-23-67 *Mental Health Among Collegiate Athletes*

The University of South Dakota Institutional Review Board has rendered the decision below for this study. Because this study is exempt, its approval does not expire. Please submit a closure form to the IRB when this study is complete.

Decision: Exempt

Category: Category 2.(i). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects;

Research Notes: Survey methods; consent as first item on survey; recruitment email; waiver of signature on consent.

Dear Jamie Turgeon-Drake,

The proposal referenced above has received an exempt review and is approved according to the procedures of the University of South Dakota Institutional Review Board.

Annual continuing review is not required for this exempt study. However, two years after this approval is issued, on about [DATE 2 YEARS AFTER CURRENT DATE], we will contact you to request an update on the status of this study.

When the study is complete, you must submit a closure form to the IRB. You may close your study when you are finished collecting data, no longer have contact with the subjects, and the data have been de-identified. You may continue to analyze the existing data on the closed project.

Please promptly report to the IRB any proposed changes or additions (e.g., protocol amendments/revised informed consents, site changes, etc.) in previously approved human subjects research activities BEFORE you put those changes into place.

Any modifications to the approved study must be submitted for review through Cayuse IRB. All approval letters and study documents are located within the study details in Cayuse IRB.

If you have any questions, please contact: irb@usd.edu or (605) 658-3743.

Sincerely,

University of South Dakota Institutional Review Board

Appendix B: Survey Participant Informed Consent

UNIVERSITY OF SOUTH DAKOTA
Institutional Review Board
Informed Consent Statement

[illegible]

REMEMBER:

ୱେବସାଇଟ: www.assam.gov.in | ଫୋନ୍: ୦୩୬୧-୨୬୩୨୨୨ | ଫାକ୍ସ: ୦୩୬୧-୨୬୩୨୨୨
 ଇମେଲ୍: assam@assam.gov.in | ଟ୍ୱିଟ୍ଟର: [assamgovin](https://twitter.com/assamgovin)





Purpose of the Study:

[illegible]

Procedures to be followed🖥️

[illegible]

Risks:

[illegible]

Benefits

[illegible]

□ **සෘජු මාර්ගගතව** ඔබගේ ප්‍රශ්න සහ පිළිතුරු ලබාදීමට අවස්ථා ඇත. ඔබගේ ප්‍රශ්න සහ පිළිතුරු ලබාදීමට අවස්ථා ඇත.

Duration: ෧෫ මිනිත්

Statement of Confidentiality

ඔබගේ සහභාගීත්වයෙන් ඔබගේ ප්‍රශ්න සහ පිළිතුරු ලබාදීමට අවස්ථා ඇත. ඔබගේ ප්‍රශ්න සහ පිළිතුරු ලබාදීමට අවස්ථා ඇත.

ඔබගේ සහභාගීත්වයෙන් ඔබගේ ප්‍රශ්න සහ පිළිතුරු ලබාදීමට අවස්ථා ඇත. ඔබගේ ප්‍රශ්න සහ පිළිතුරු ලබාදීමට අවස්ථා ඇත.

Right to Ask Questions

ඔබගේ සහභාගීත්වයෙන් ඔබගේ ප්‍රශ්න සහ පිළිතුරු ලබාදීමට අවස්ථා ඇත. ඔබගේ ප්‍රශ්න සහ පිළිතුරු ලබාදීමට අවස්ථා ඇත.

ඔබගේ සහභාගීත්වයෙන් ඔබගේ ප්‍රශ්න සහ පිළිතුරු ලබාදීමට අවස්ථා ඇත. ඔබගේ ප්‍රශ්න සහ පිළිතුරු ලබාදීමට අවස්ථා ඇත.

Compensation:

ඔබගේ සහභාගීත්වයෙන් ඔබගේ ප්‍රශ්න සහ පිළිතුරු ලබාදීමට අවස්ථා ඇත. ඔබගේ ප්‍රශ්න සහ පිළිතුරු ලබාදීමට අවස්ථා ඇත.

Voluntary Participation

ඔබගේ සහභාගීත්වයෙන් ඔබගේ ප්‍රශ්න සහ පිළිතුරු ලබාදීමට අවස්ථා ඇත. ඔබගේ ප්‍රශ්න සහ පිළිතුරු ලබාදීමට අවස්ථා ඇත.

ඔබගේ සහභාගීත්වයෙන් ඔබගේ ප්‍රශ්න සහ පිළිතුරු ලබාදීමට අවස්ථා ඇත. ඔබගේ ප්‍රශ්න සහ පිළිතුරු ලබාදීමට අවස්ථා ඇත.

ඔබගේ සහභාගීත්වයෙන් ඔබගේ ප්‍රශ්න සහ පිළිතුරු ලබාදීමට අවස්ථා ඇත. ඔබගේ ප්‍රශ්න සහ පිළිතුරු ලබාදීමට අවස්ථා ඇත.

ඔබගේ සහභාගීත්වයෙන් ඔබගේ ප්‍රශ්න සහ පිළිතුරු ලබාදීමට අවස්ථා ඇත. ඔබගේ ප්‍රශ්න සහ පිළිතුරු ලබාදීමට අවස්ථා ඇත.

73

74

75

76

77

Appendix C: Survey Responses

Figure 1:

Do you consent?
48 responses

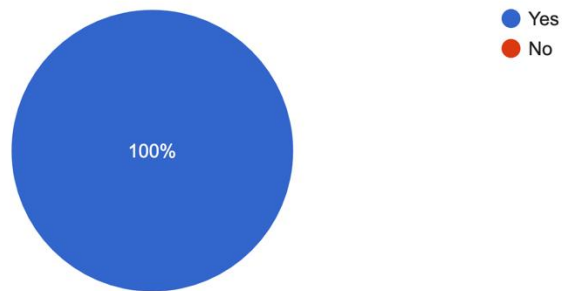


Figure 2:

What is your gender?
48 responses

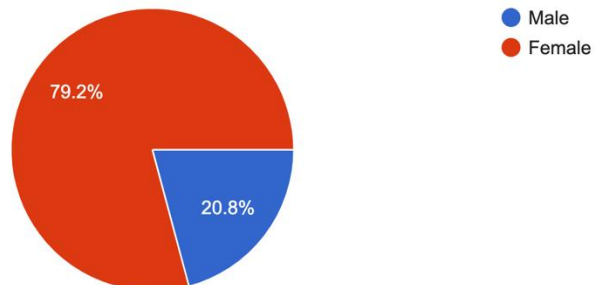


Figure 3:

Which racial or ethnic group(s) do you currently identify as?

48 responses

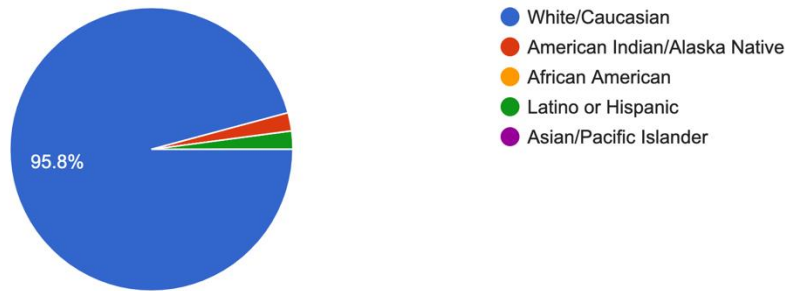


Figure 4:

Are you or have you been a part of collegiate athletics?

48 responses

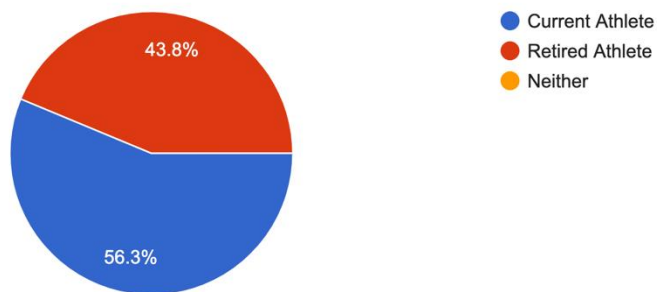


Figure 5:

If you are currently a collegiate athlete, what year are you in school?

48 responses

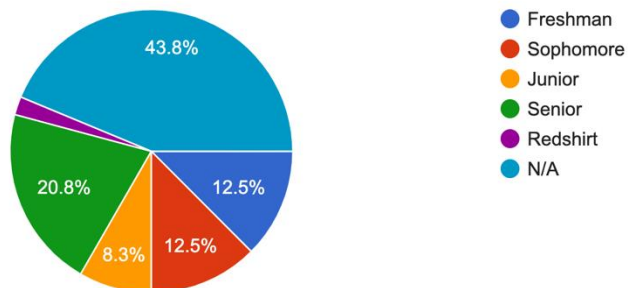


Figure 6:

If you are a retired collegiate athlete, in what decade were you an athlete?

48 responses

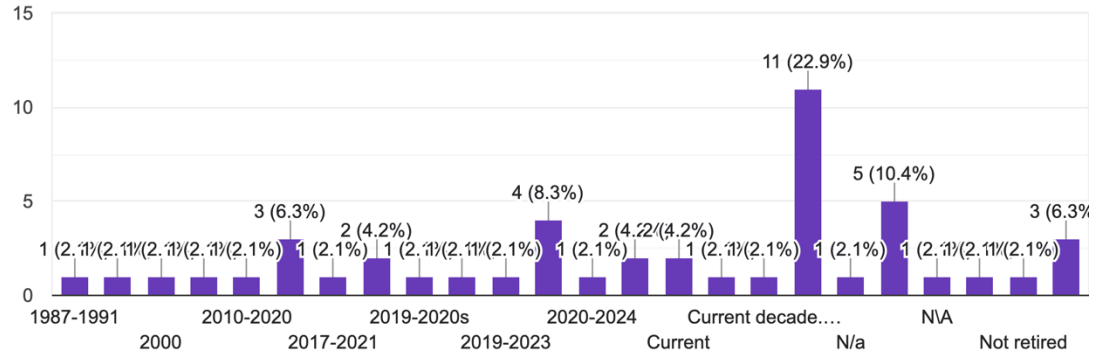


Figure 7:

What collegiate sport(s) do you currently play or have you played in the past?

48 responses

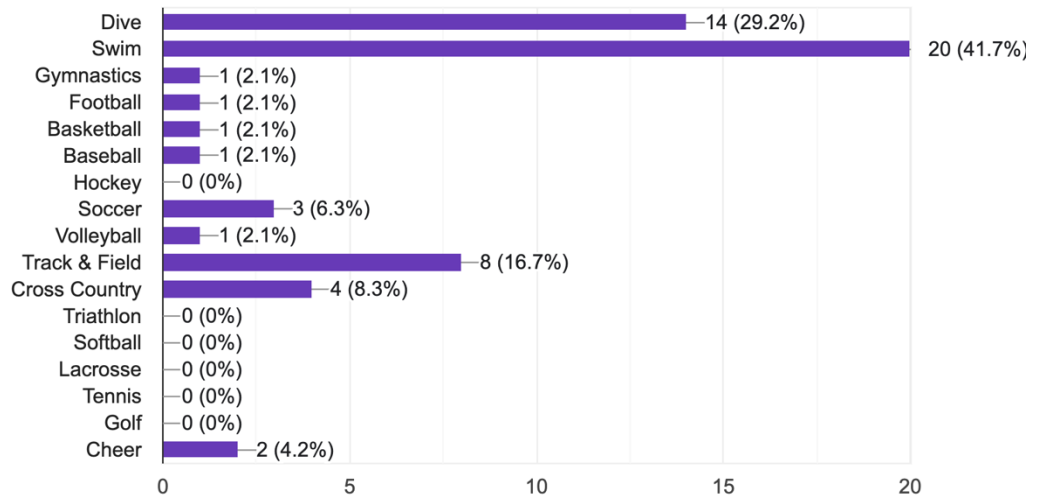


Figure 8:

What collegiate division is or was your sport(s) considered to be?
48 responses

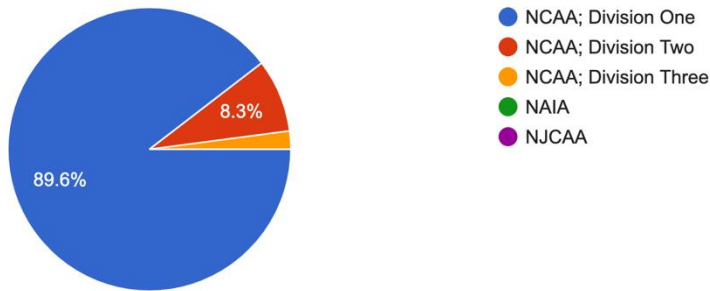


Figure 9:

What conference is or was your collegiate sport(s) a part of?
48 responses

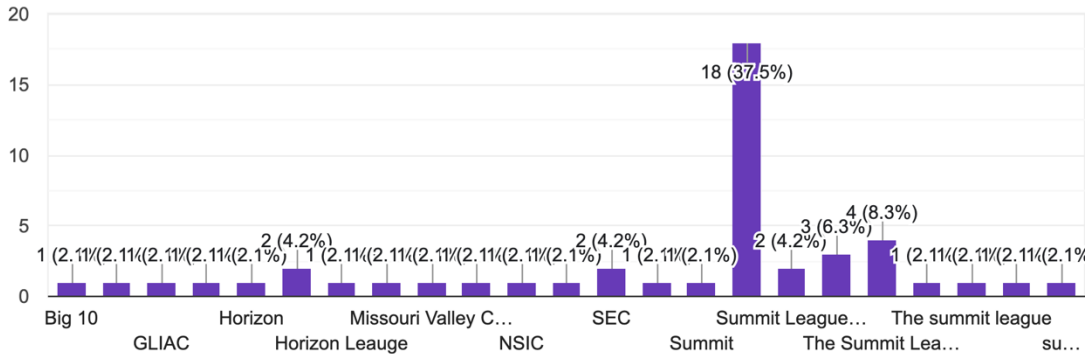


Figure 10:

At what age did you start playing your sport(s)?

48 responses

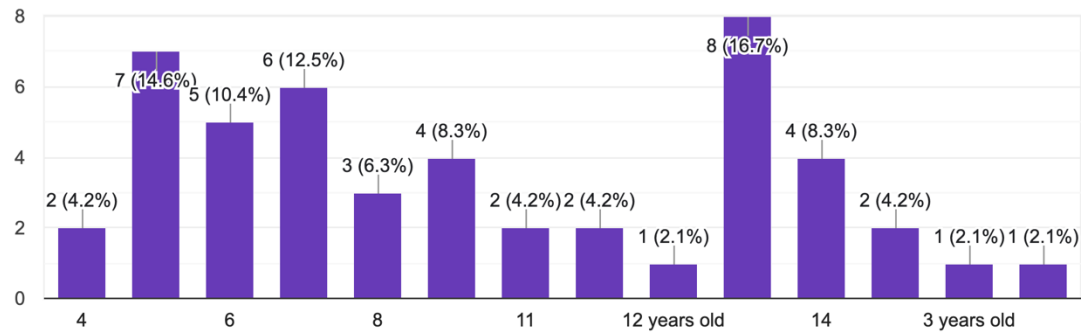


Figure 11:

How many extra-curricular activities are you involved in? If you are a retired athlete, how many extra-curricular activities were you involved in during your college years?

48 responses

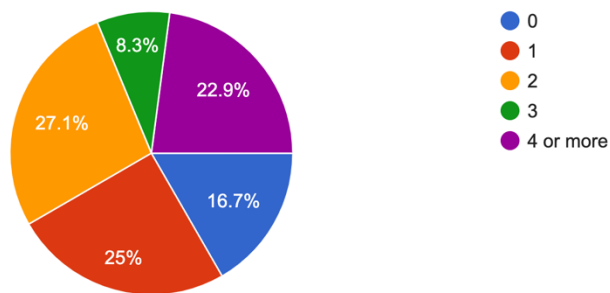


Figure 12:

How many concussions have you experienced during your collegiate career?

48 responses

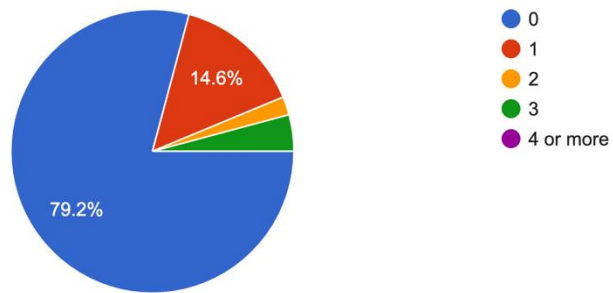


Figure 13:

Do you drink alcohol? If you are a retired athlete, did you consume alcohol during your college years?

48 responses

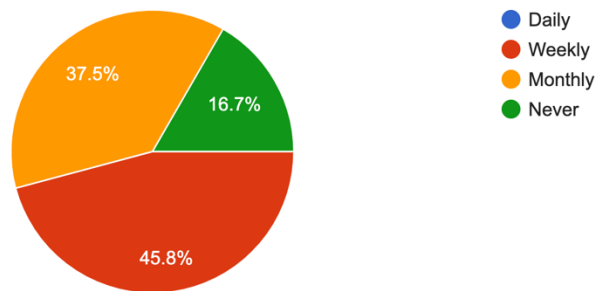


Figure 14:

Do you Vape or use e-cigarettes? If you are a retired athlete, did you vape or use e-cigarettes during your college years?

48 responses

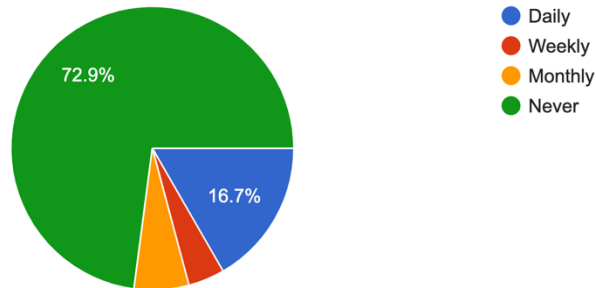


Figure 15:

Do you smoke cigarettes? If you are a retired athlete, did you smoke cigarettes during your college years?

48 responses

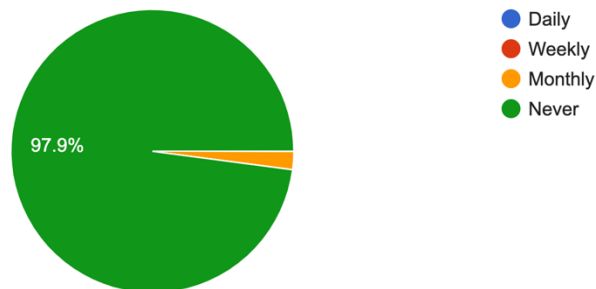


Figure 16:

Do you use illegal substances? If you are a retired athlete, did you use illegal substances during your college years?

48 responses

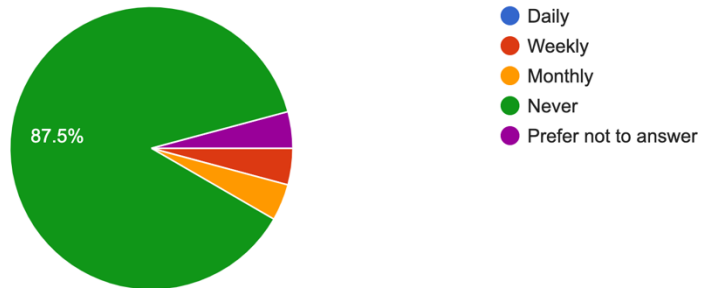


Figure 17:

How enjoyable do you or did you consider your sport(s) to be?

48 responses

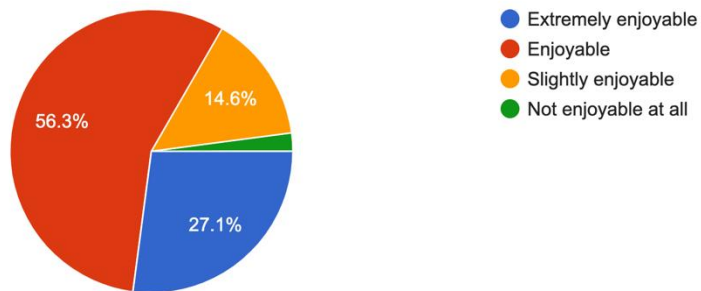


Figure 18:

How much pressure do you feel (from yourself and others) is put on you in your daily life? (If you are a past athlete, please think back to when you were in college to answer this question).

48 responses

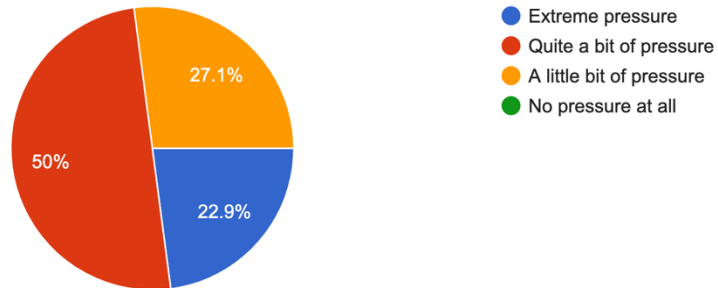


Figure 19:

How much pressure do you feel (from yourself and others) is put on you due to your sport(s)? (If you are a past athlete, please think back to when you were in college to answer this question).

48 responses

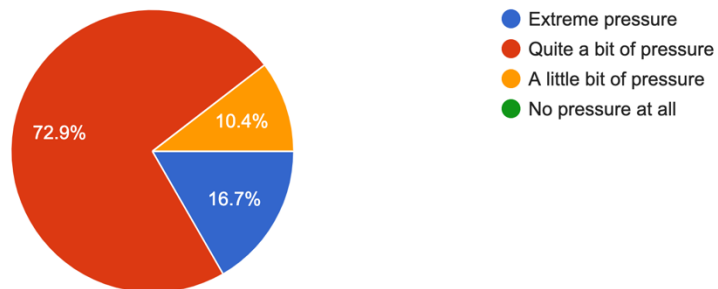


Figure 20:

48 responses

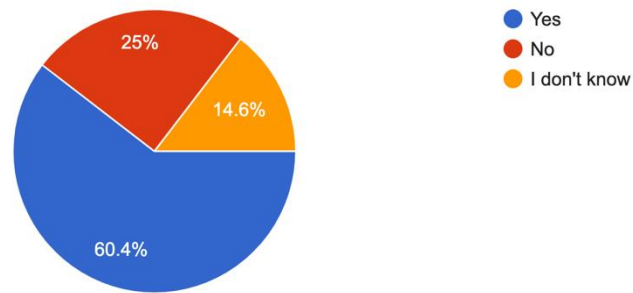


Figure 21:

If you feel comfortable disclosing this information, which mental health illness(es) have you suffered from?

48 responses

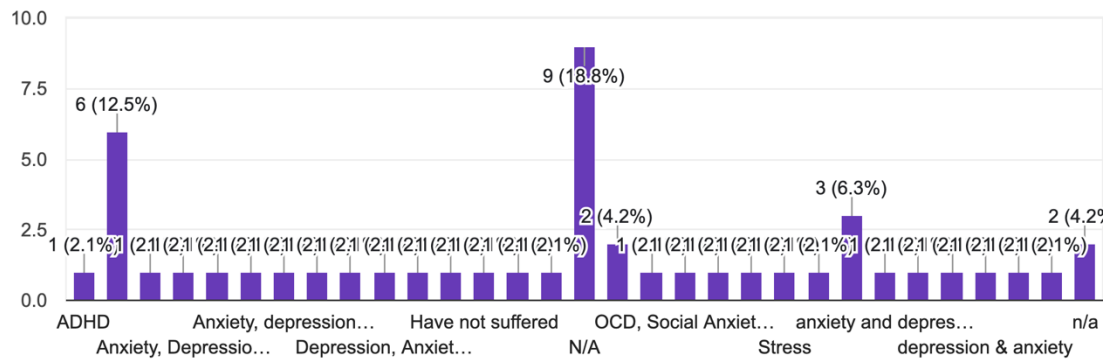


Figure 22:

If you feel comfortable disclosing this information, does your family have a history of mental illness?

48 responses

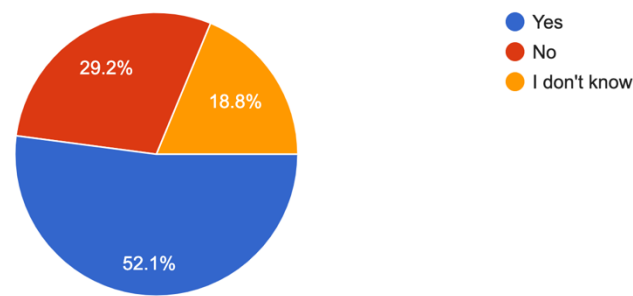


Figure 23:

If you feel comfortable disclosing this information, if your family has a history of mental illness, please identify the illness(es).

48 responses

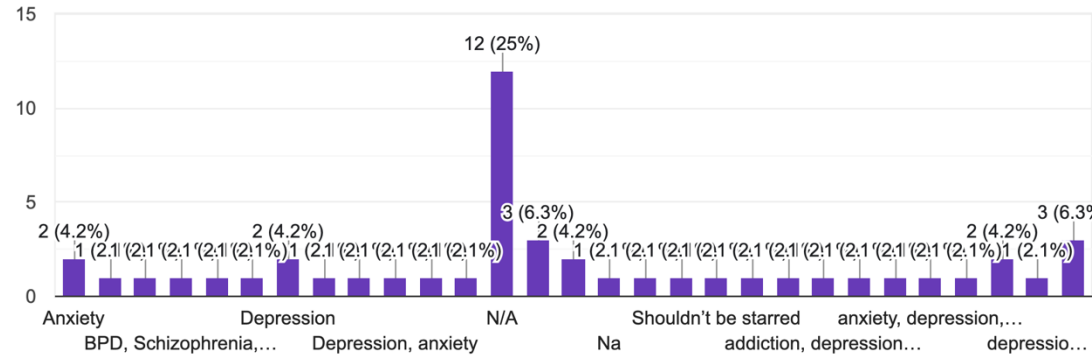


Figure 24:

How much do you agree with this statement?: People who speak about their mental illness(es) are strong.

48 responses

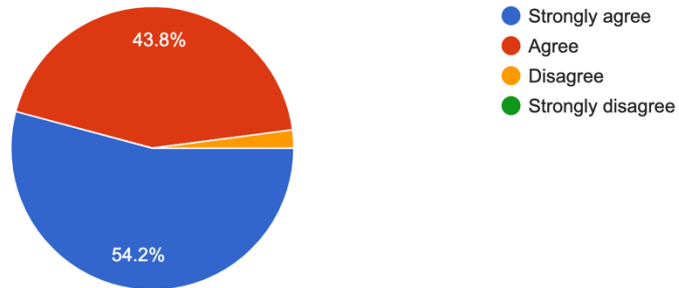


Figure 25:

How much do you agree with this statement?: Stigma negatively affects people with a mental illness(es).

48 responses

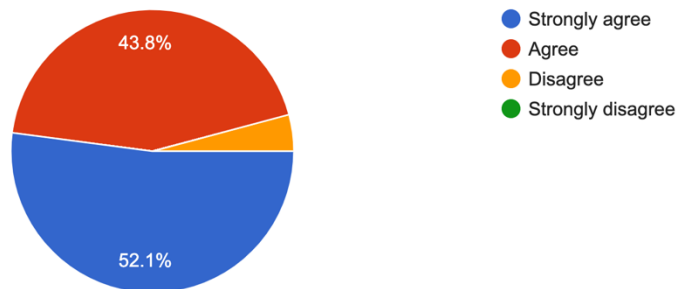


Figure 26:

How much do you agree with this statement?: Stigma negatively affects athletes with a mental health illness(es) more harshly than non-athletes.

48 responses

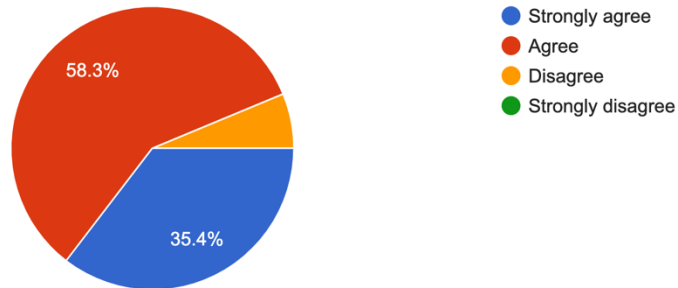


Figure 27:

How much do you agree with this statement?: Collegiate athletes sharing their struggles with mental illness(es) can help decrease stigma.

48 responses

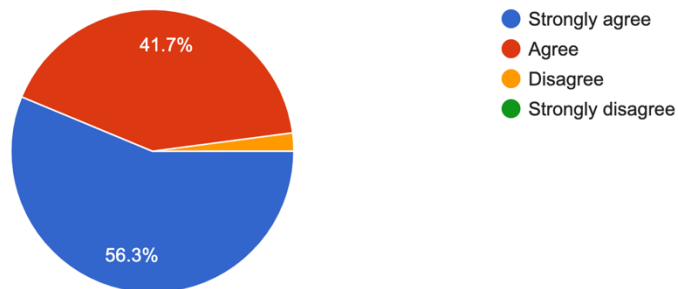


Figure 28:

How important is mental health in athletic performance?

48 responses

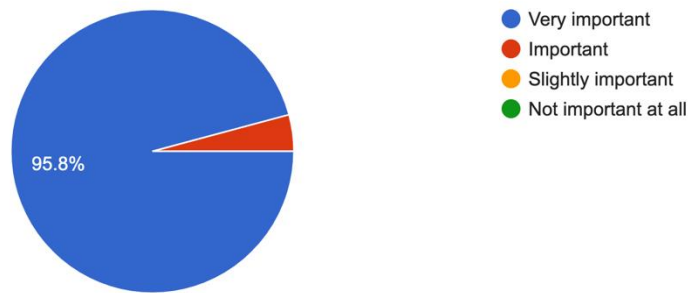


Figure 29:

How comfortable do you feel talking about your mental health with your family? (If you are a past athlete, please think back to when you were in college to answer this question).

48 responses

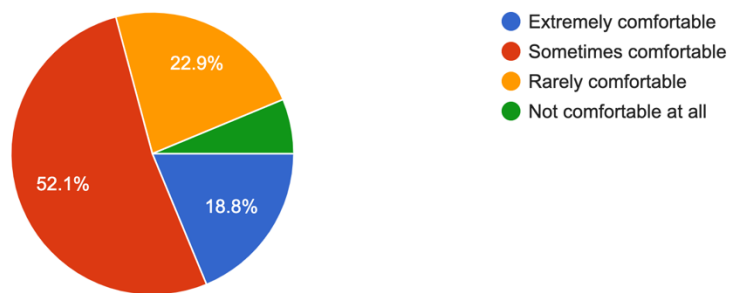


Figure 30:

How comfortable do you feel talking about your mental health with your friends? (If you are a past athlete, please think back to when you were in college to answer this question).

48 responses

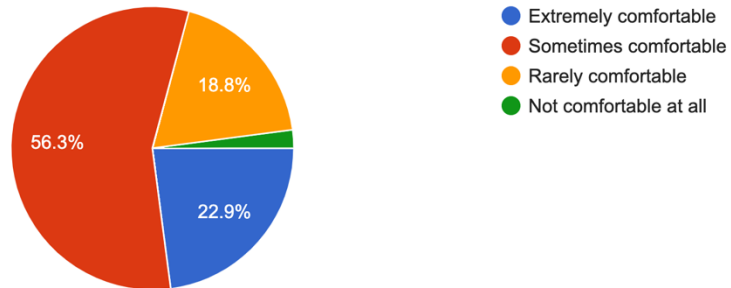


Figure 31:

How comfortable do you feel talking about your mental health with your coaches? (If you are a past athlete, please think back to when you were in college to answer this question).

48 responses

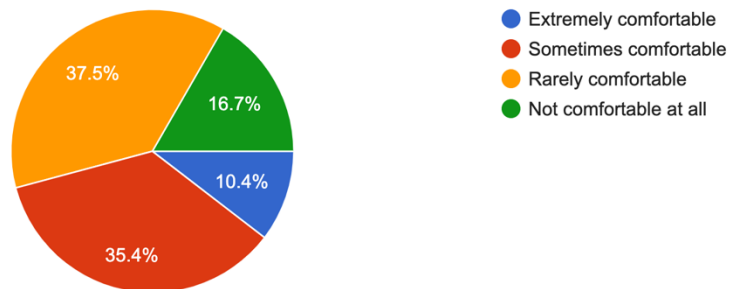


Figure 32:

Are you more likely to seek help from an assistant coach, GA, or trainer rather than your head coach? (If you are a past athlete, please think back... when you were in college to answer this question).

48 responses

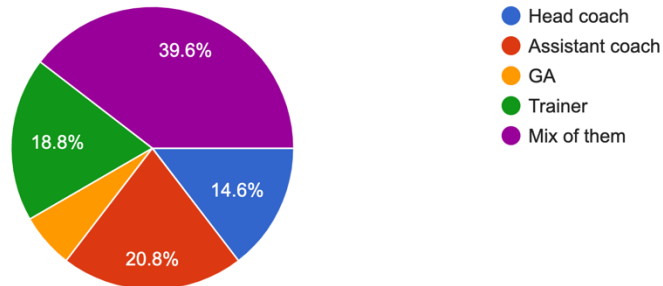


Figure 33:

Have you ever sought help outside of your athletic staff for your mental health? (If you are a past athlete, please think back to when you were in college to answer this question).

48 responses

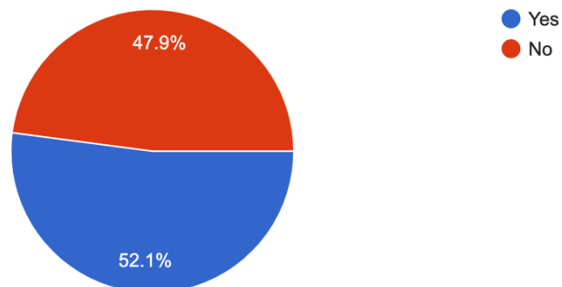


Figure 34:

Are you or were you aware of any mental health services available on your college campus?
48 responses

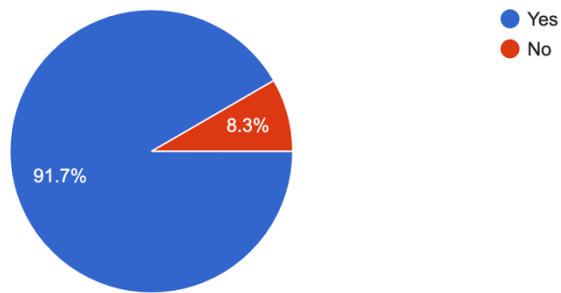


Figure 35:

If you are or were aware of the mental health services available on your college campus, do you or did you know how to access them?
48 responses

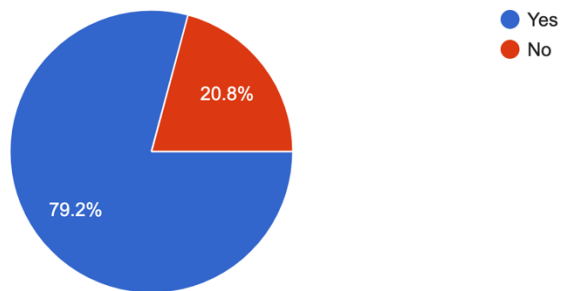


Figure 36:

Are you using or have you ever used any of the mental health services on your college campus?
48 responses

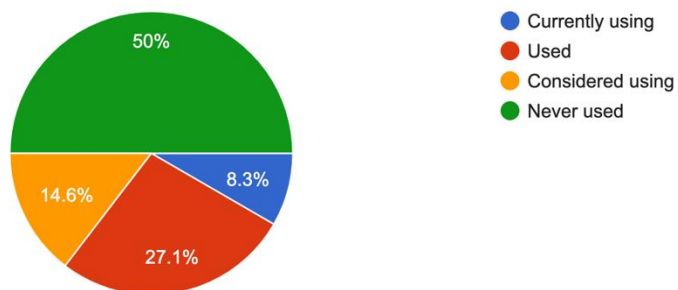


Figure 37:

How satisfied were you with the mental health services on your college campus that you received?
48 responses

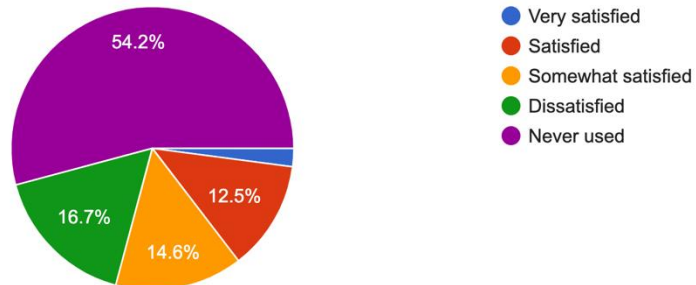


Figure 38:

Are you using or have you ever used any of the mental health services in the community?
48 responses

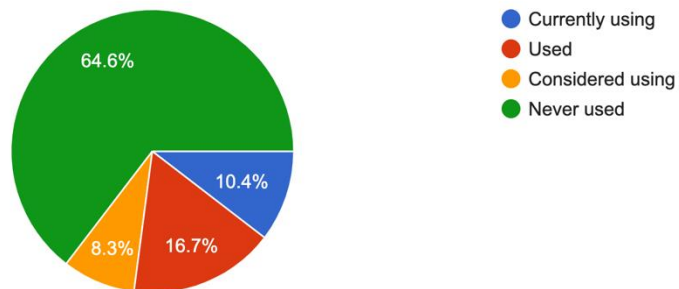


Figure 39:

How satisfied were you with the mental health services in the community that you received?
48 responses

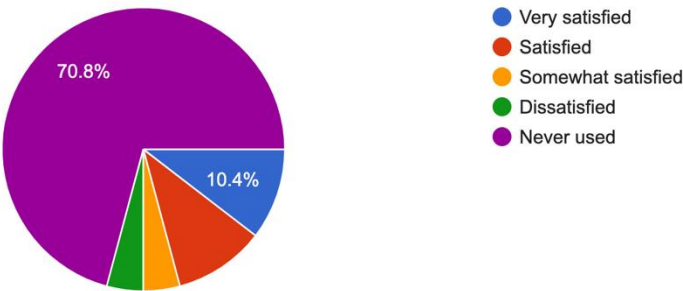
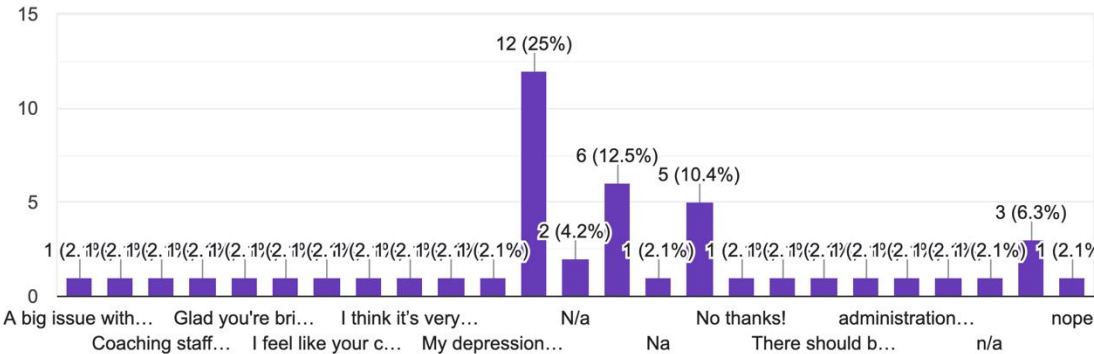


Figure 40:

Is there anything else you would like to share about this topic?
48 responses



REFERENCES

Athletes Connected. (2017). *About*. The University of Michigan.

<https://athletesconnected.umich.edu/about/>

Athletes for Hope. (2024). *OUR STORY & MISSION*.

<https://www.athletesforhope.org/who-we-are/story-mission/>

Bernabe, A. J. (2022, April 13). *College athlete speaks out about mental health pressures, gives advice to coaches, parents*. ABC News.

[https://abcnews.go.com/GMA/Wellness/college-athlete-speaks-mental-health-p
pressures-advice-coaches/story?id=84050440](https://abcnews.go.com/GMA/Wellness/college-athlete-speaks-mental-health-p pressures-advice-coaches/story?id=84050440)

Bishop, G. (2022). They need to talk ABOUT TYLER. *Sports Illustrated*, 133(12), 68-79.

[https://web-s-ebshost-
com.usd.idm.oclc.org/ehost/pdfviewer/pdfviewer?vid=28&sid=fe84dbc7-dfda-
43c0-b470-f2c429a0eaa3%40redis](https://web-s-ebshost-com.usd.idm.oclc.org/ehost/pdfviewer/pdfviewer?vid=28&sid=fe84dbc7-dfda-43c0-b470-f2c429a0eaa3%40redis)

Chow, G., Bird, M., Gabana, N., & Cooper, B. (2021). A program to reduce stigma toward mental illness and promote mental health literacy and help-seeking in National Collegiate Athletic Association division I student-athletes. *Journal of Clinical Sport Psychology*, 15(3), 1-21. doi: 10.1123/jcsp.2019-0104

Fairbanks, I. (2022). Investigating the effect of meaningful relationships on team chemistry. Undergraduate Honors Thesis. University of South Dakota.

Jensen, B. (2022, November 28). *A GAME PLAN FOR MENTAL HEALTH: Johns Hopkins hired Ari Miller to help guide student-athletes through the unique and universal challenges they face on and off the field of competition*. Johns Hopkins University.
<https://hub.jhu.edu/2022/11/28/student-athletes-mental-health/>

- Kaier, E., Cromer, L. D., Johnson, M. D., Strunk, K., & Davis, J. L. (2015). Perceptions of mental illness stigma: Comparisons of athletes to nonathlete peers. *Journal of College Student Development*, 56(7), 735-739. doi: 10.1353/csd.2015.0079
- Kroshus, E. (2017). Stigma, coping skills, and psychological help seeking among collegiate athletes. *Athletic Training & Sports Health Care*, 9(6), 254-262.
<https://doi.org/10.3928/19425864-20171010-02>
- Kuntz, L. (2022, June 1). *On thin ice: Competitive sports & youth mental health*. Psychiatric Times. <https://www.psychiatrictimes.com/view/on-thin-ice-competitive-sports-youth-mental-health>
- Moreland, J. J., Coxe, K. A., & Yang, J. (2018). Collegiate athletes' mental health services utilization: A systematic review of conceptualizations, operationalizations, facilitators, and barriers. *Journal of Sport and Health Science*, 7(1), 58-69. doi: 10.1016/j.jshs.2017.04.009
- National Institute of Mental Health. (2023, March). *Mental Illness*.
<https://www.nimh.nih.gov/health/statistics/mental-illness>
- NCAA. (2024a). *Overview*. <https://www.ncaa.org/sports/2021/2/16/overview.aspx>
- NCAA. (2024b). *NCAA student-athlete well-being study*.
<https://www.ncaa.org/sports/2020/5/22/ncaa-student-athlete-well-being-study.aspx>
- NCAA. (2020, May). *NCAA student-athlete COVID-19 well-being survey: Survey results – May 2020* [PowerPoint slides]. NCAA Research.
https://ncaaorg.s3.amazonaws.com/research/other/2020/2020RES_NCAASACOVID-19SurveyPPT.pdf

NCAA. (2021, February). *NCAA student-athlete well-being study (fall 2020): Survey results – February 2021* [PowerPoint slides]. NCAA Research.

https://ncaaorg.s3.amazonaws.com/research/other/2020/2021RES_NCAA-SA-Well-BeingSurveyPPT.pdf

NCAA. (2022, May). *NCAA student-athlete well-being study (fall 2021): Survey results – May 2022* [PowerPoint slides]. NCAA Research.

https://ncaaorg.s3.amazonaws.com/research/other/2020/2022RES_NCAA-SA-Well-BeingSurveyPPT.pdf

Seamer, C. (2023, September 1). *USD mental health coordinator helping student-athletes.*

Dakota News Now. <https://www.dakotanewsnow.com/2023/09/01/usd-mental-health-coordinator-helping-student-athletes/>

ShareAmerica. (2021, October 7). *Elite athletes in U.S. help break stigma of mental illness.*

<https://share.america.gov/elite-athletes-us-help-break-stigma-mental-illness/>

World Health Organization. (2022, June 17). *Mental Health.* [https://www.who.int/news-](https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response)

[room/fact-sheets/detail/mental-health-strengthening-our-response](https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response)

Yoon, J. J., & Petrie, T. (2023). Barriers to and facilitators of collegiate athletes seeking mental health services. *Journal of Athletic Training*, 58(9), 715-721. doi:

10.4085/1062-6050-0559.22