

Mental Health Issues and Barriers to Seeking Mental Health Services Amongst College Athletes

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Suicide was the cause of death in 5 NCAA college student athletes in less than 2 months during the year 2022.

In the year 2022, Sarah Shulze, Katie Meyer, Jayden Hill, Robert Martin, and Lauren Bennett all died to suicide, and they were all collegiate athletes. Sarah Shulze attended the University of Wisconsin and was on the track team, she was a part of Division I athletics. Katie Meyer played soccer at Stanford University; a Division I level program. Jayden Hill ran track at Northern Michigan University which is a Division II level program. Robert Martin played lacrosse at Binghamton University; a Division I level program. Finally, Lauren Bennett played softball at James Madison University which is also a Division I level program. To have 5 NCAA athletes commit suicide in just under 2 months reveals a huge issue going on within college athletics. For these athletes and for collegiate athletes across the globe, sports are a huge part of their lives and likely always have been. Sports are supposed to be enjoyable but for these athletes, it was anything but enjoyable.

Student athletes have a lot of external pressures that weigh on them every day. The NCAA should be taking charge in limiting these pressures from their athletes. Athletes should have access to plentiful mental health resources so that they can learn how to cope with their issues. It is imperative for the NCAA and universities to prioritize mental health and remove the stigma.

## **I. Background**

Mental health is “a person’s condition with regard to their psychological and emotional well-being” (Oxford Languages). Mental health is something that has always been a problem in our world. In recent years, it is becoming more acceptable to admit to having mental health disorders but there is still a stigma around it. College athletes face many barriers to seeking mental health

resources and a lot of those barriers have to do with the stigma. The college athlete community is a community that is at a very high risk for mental health issues. The physical demands of intercollegiate sports are grueling, and the emotional fatigue that occurs from overtraining and elite competition is detrimental to student-athletes' psychosocial well-being (Brown, BJ., et al 2022). Although in recent years there has been an increasing amount of mental health resources for those that need them, the college athlete population still struggle to reach out and seek these resources.

Mental health clinicians have made advancements in understanding how mental skills and athletic performance relate (Sudano LE, Miles CM 2017). While this may be the case, not every NCAA university provides a sports psychologist. A sports psychologist is someone who works with the athletes mentally to improve their performance on the field. A lot of athletes have mental health issues that are related to poor performance. Injury or failure to meet performance expectations may disrupt an athlete's concept of identity and self-worth (Rao, AL., and Eugene SH 2016). In NCAA sports, coaches typically have very high expectations of their athletes since they are competing at very high levels. A sports psychologist would be able to help athletes perform better by working with them mentally. Although performance is a stressor that causes collegiate athletes to have mental health issues, there are many other stressors that these athletes face.

The NCAA needs to have more accessible mental health resources. A lot of effort has been placed on developing and maintaining action plans to manage on-field medical emergencies, but only preliminary efforts have been made to assist the acutely depressed or suicidal athlete (Rao, AL., and Eugene SH 2016). Of course, musculoskeletal injuries are important and can have serious effects if they are not taken care of properly, but mental health is just as important,

especially in the collegiate athlete population. The NCAA should take charge in implementing a more concrete plan, like they have for musculoskeletal injuries, for mental health concerns in athletes. Providers who care for the athletes must become more familiar and comfortable with exploring mental health concerns with athletes to facilitate subsequent intervention (Rao, AL., and Eugene SH 2016). In order to talk about mental health and make the athlete feel comfortable opening up, it must be talked about in an appropriate way. If there was no prior training on how to talk about mental health issues, providers can feel uncomfortable doing so. The NCAA should provide courses for all athletic providers that teach them how to talk about mental health with their student athletes.

## **II. Stigma**

Regarding mental health, there are two different types of stigmas, public stigma, and self-stigma. Public stigma is when the general population endorses prejudice and manifests discrimination toward people with mental illness and, self-stigma is when people with mental illness who internalize stigma experience diminished self-esteem and self-efficacy. Despite collegiate athletes elevated risk for mental health issues, they underutilize psychological services (Kaier, E., et al 2015). A contributing factor to the underutilization of psychological services is the stigma around mental health. College athletes believe that seeking help for mental health is a sign of personal weakness and failure. College athletes, coaches, and staff tend to minimize mental health symptoms as it is counter-productive to traditional sport culture that says athletes are supposed to be mentally tough (Moore M. 2017). The fact that college athletes see themselves as weak for seeking out mental health resources is part of the self-stigma. Athletes have built up this idea, within themselves, that seeking help is a negative thing. A recent study

revealed that 54.3% of Division I college athletes felt the need to seek mental health intervention, but nearly half of those athletes did not use the mental health services available to them (Moore M. 2017). For athletes to be able to realize that they are experiencing mental health issues that need to be addressed by a professional is a great step in the right direction, but the athletes need to feel comfortable enough to seek help for these issues to be addressed.

Coaches of these NCAA athletes play a big role in the stigma related to seeking mental health resources. College athletes believe that disclosing a behavioral health risk could result in loss of playing time or scholarship, and cause disappointment in the eyes of a coaching staff (Moore M. 2017). Collegiate coaches also should have mental health training, provided by the NCAA, to understand the importance of mental health and to understand the relationship between mental illness and sports performance. If the NCAA implemented these training courses, the stigma around mental health could be reduced and student athletes would feel more comfortable seeking help. There is currently a lack of theory-based or evidence-based mental health education targeted at the unique learning needs of coaches. Education for coaches should aim to increase their mental health literacy and train them to recognize mental health symptoms and facilitate athletes help-seeking behaviors (Bissett, James E. et al 2020). There is a clear need for more education about mental health among the coaches. However, coaches do not necessarily know where to find the best information, or accurate information about how to help their athletes. Therefore, the NCAA should be taking on the role to organize courses and training about mental health for the coaching staff.

### **III. Race and Ethnicity**

A student athlete who is a part of a racial/ethnic minority group face additional stressors compared to their white counterparts. Student athletes who identify as a part of a racial minority also must deal with racial stressors such as, underrepresentation, prejudice, discrimination, or identity conflicts. Racial comparisons pointed to relatively consistent heightened mental health risks for Asian/Pacific Islander and Multiracial athletes compared to White student athletes (Tran, A. 2021). Not only do people of color have to deal with these issues, and their mental health while participating in athletics but they also must deal with these issues everyday of their lives. In the NCAA student-athlete population, athletes of color felt less likely to find university and team environments inclusive and accepting (Brown, BJ., et al 2022). Although the reason that student-athletes of color are facing these issues is not necessarily due to their sport, it makes it increasingly difficult to perform well when they have a mental illness. Even though the NCAA is not the one causing the increased mental illness in athletes of color, they need to address it. Again, coaches should have some training on how to talk about these difficult issues because for coaches who come from a White background, they might not know how to talk to their athletes of color, appropriately. It is also suggested that administrators and practitioners should develop programming that would specifically benefit athletes of color (Brown, BJ., et al 2022). Mental health care should be available to every athlete but because athletes of color face higher mental illness rates, there should be programs and resources based specifically around them. This might make them feel more welcome going to counseling or therapy because they will feel like their counselor will truly understand what they are going through. If mental health resources, specifically for athletes of color, were developed, and maybe run by a person of color, the stigma against seeking out mental health resources could be reduced.

#### **IV. Division based**

The National Collegiate Athletic Association (NCAA) is an association of sports divided into three divisions, Division I, Division II, and Division III. Division I is the highest level of athletics at the college level, Division II is an intermediate level of athletics and Division III is the lower level of athletics. Across all three divisions there are about 500,000 athletes in 1,100 different institutions.

Since all NCAA divisions compete at different levels and have different budgets, there is going to be differences in their student-athlete's mental health. Of the 170,000 Division 1 (DI) athletes 57% receive athletic aid. Division II (DII) programs offered most of their athlete's partial scholarships. Division III (DIII) programs do not have a budget to provide athletic scholarships (Brown, BJ., et al 2022). Many college students, not just athletes, stress and worry for financial reasons. With DI and DII athletes getting full or partial scholarships, one would presume the stress of money is not as much of a problem. Across many DI campuses, budgets are being provided for new athlete-specific mental health professionals to help treat and care for the athletes (Brown, BJ., et al 2022). DI schools have the most resources and the biggest budget for mental health concerns among their athletes. Although this may be the case, a one-way ANOVA was used to compare differences in mental health among divisions and it was revealed that anxiety and depression scores of DI athletes were significantly higher than DIII athletes (Brown, BJ., et al 2022). So, even though DI schools have more mental health resources for their athletes, the DI athlete still has higher anxiety and depression rates. Some infer that the reason DI athletes still have higher rates of anxiety and depression is because of the higher level of athletics they are participating in and the stigma around mental health.

## V. Time Management

Whether someone is a student-athlete or just a regular student, they are going to face issues with time management, it is part of the adjustment to college. However, student-athletes have very stringent schedules that are dictated by coaches or athletic staff. Student-athletes must go to classes, just like regular students, but they also must go to multiple practices a day, study hall hours, treatment with athletic trainers, and they must complete community service hours (Rao AL. et al. 2015). These time constraints that are put on student-athletes make it difficult for them to do anything for themselves or, anything enjoyable. Which then leads to mental health issues because these young adults are not getting enough time to take care of themselves. Sometimes, you do have student-athletes who do everything they need to do for their sport and still find time to do something enjoyable but, the student-athletes who have this balance are often not taking school seriously or focusing on school. Which creates other stressors like failing classes or not being NCAA eligible.

To be eligible to play in NCAA sports, one must be taking 12 academic credits and have a certain GPA. Most student-athletes have these NCAA eligibility laws in the back of their heads while taking tests in class or registering for classes. Between trying to make time to go to classes, focus on schoolwork, going to all athletic obligations, and trying to make time for socialization, I find being an athlete is very stressful and sometimes it doesn't even seem worth it for me. As a DI athlete myself, I often find myself not having enough time to take care of myself or to just enjoy some time with friends. I take school very seriously and I must take my sport seriously too, or else my coaches will be upset with me. Between these two major time commitments, it is next to impossible to make time to do anything else.

Since all these stressors are present in the everyday lives of student-athletes, many of them will face mental health issues like anxiety from having so much to do and just simply not enough time to do it. With this being the case, student-athletes are not likely to seek mental health services because the athletes do not feel as though they have enough time for it. Sometimes, therapy sessions can be an hour or longer and that can be a long time to dedicate when there are only 24 hours in one day. The hours of a university's counseling center can also contribute to the reason why student athletes do not seek help. Typically, a student-athlete would have the most time after 7 or 8pm, once they have eaten dinner and finished up their classes for the day. However, most counseling centers are not open at this time, even counseling services dedicated specifically to athletes. 40% of participants that were studied reported that services were not available during their free time (Rao AL. et al. 2015). Student-athletes also engage in more frequent binge drinking than nonathlete peers and first-year-student-athletes may turn to alcohol to cope with sport related stress. All these poor habits on top of the poor help-seeking behaviors cause student-athletes to be a high-risk group that need support services readily available to them.

In light of all the student-athlete experiences, as a student and as an athlete, the NCAA should mandate that someone from university counseling services should be on call or available at least until 12am, midnight. This would be a huge benefit to college athletes because they would feel like they had more time to seek out these services. It is frustrating to know that the NCAA preaches about mental health but then does not take the most obvious and clear steps to help mitigate the problem.

## VI. Results from Survey

As I was doing my research for this project, I became increasingly interested in the topic and decided that I wanted to create a survey to find out how the NCAA athletes at Sacred Heart University felt. Since I am an athlete at Sacred Heart University, I sent this survey to many of the teams here, both men's and women's teams. I thought that since I was conducting a survey, it would be important to include both genders and many different teams as they all face different problems. There were 57 responses to the survey and while that is not a lot compared to the number of student-athletes at Sacred Heart University, I do feel that there were people from all different areas of athletics, therefore, it was a good survey.

The first question that was asked in the survey: *As a Division I student-athlete, do you feel that you experience mental health issues?* 77.2% of respondents said yes and 22.8% said no. I thought that this was a powerful statistic because most student-athletes at Sacred Heart do feel that they have mental health issues.

The second question: *If you answered yes to the previous question, do you seek any help in dealing with these issues?* 57.7% of respondents said no, 32.7% of respondents said yes and 9.6% of respondents said they have tried but the resources they sought out did not help so they stopped using them. Overall, 67.3% of respondents either have not sought out mental health resources or have and the resources did not help. I think this statistic speaks to exactly what my project is on, students do not feel like they have the support to improve their mental health.

The third question in my survey was, *do you feel like your coach(es) approach mental health issues in an adequate way?* 54.4% said no and 45.6% said yes. Even though only a little bit more than half said that their coaches did not approach mental health in an adequate way, that is still a

lot of student-athletes, and all coaches should know how to approach mental health, it should not be a problem.

The fourth question of the survey was, *do you think your sport contributes to your mental health issues in a negative way?* 63.2% of respondents said yes and 36.8% of respondents said no. About 2/3rds of the student-athletes feel that their mental health issues are due to their sport, and this should not be the case, sports should be enjoyable, not something that causes turmoil.

Finally, the last question of the survey was *what would you like to see Sacred Heart University or other DI universities implement in order to better help student-athletes with their mental health issues?* This question was open ended so that the athletes could put exactly what they think would help. Although there were many different responses, there were five responses that came up multiple times.

The most common response, that 10 student-athletes responded with was, more accessible mental health resources. A lot of student athletes expressed that the athletic department does not have enough mental health resources. At Sacred Heart University, there is only one athletic counselor for over 30 Division I team, which is ridiculous, and it makes it incredibly difficult to get an appointment with the counselor.

Another common response, that 8 student-athletes responded with was, more meetings with the coaches checking on student-athletes mental health and having meetings after games to see how the athlete is doing after a potentially bad performance. I personally think this would be helpful because I know for my coaches at least, they pretend to think mental health is very important, but they never talk about it or ask about how we as people are doing when we have one on one meetings.

Mental health days and more training for the coaches also received 8 responses each. A mental health day, in athletics, is when the student-athlete decides they are going to take one day off from sports and the coaches need to respect that and allow for that to happen. It helps the student-athlete take some time away from the thing that causes their mental health issues to arise. I know some coaches allow their student-athletes to take a mental health day once per semester and some do not allow it at all. Athletes practice day in and day out for months and months so they deserve more than one mental health day. I completely agree that coaches need more training. I cannot speak on all the coaches at Sacred Heart because I do not know all of them, but I can speak on my coaches, and I would say that they need a lot of training on mental health because I have talked to my teammates and a lot of them have considered quitting rugby because of how bad their mental health has gotten because of it and I was one of those athletes.

Finally, 5 student-athletes said that they would benefit if there were specific counselors assigned for each team. Here at Sacred Heart, there are specific athletic trainers assigned for each team and I think that mental health counselors are just as important as athletic trainers because mental health is just as important as physical health. As previously stated, there is one 1 athletic counselor at Sacred Heart and that is not enough for the number of student-athletes. If there were 5 or 6 athletic mental health counselors, each having 2 or 3 teams to work with, it would be a lot easier for student-athletes to see a counselor who understands what they are going through and has the time to really dig into their problems and find a solution to them.

## **VII. Solutions to the problem**

Collegiate student athletes cannot continue to face these mental health issues. Many collegiate athletes have mental health issues that are not sustainable. For example, myself, since playing rugby, at the Division I level, I have developed mental health issues. My mental health

stems directly from my sport and I had decided that I was going to graduate a year early because I could not stand to stay here and play for another year. I worked hard for 3 years getting all the credits I needed just so I could escape from my sport a year early. Growing up, I played a variety of sports, and I just could not get enough of them. I enjoyed playing each sport and enjoyed all the friends that came along with it. Now, playing at the collegiate level, sports are anything but enjoyable. Collegiate sports cause more problems than they solve. In a nine-year period, there were a total of 477 student-athlete deaths, 35 of them being due to suicide, there were also six additional cases of suspected suicide (Rao AL. et al. 2015). 41 might seem like a small number compared to the number of student-athletes but, there should not be one single NCAA athlete that dies due to suicide. There should be enough support and enough resources in each athlete's lives that allows them to continue their journey.

Although the NCAA does have some resources about mental health amongst student athletes on their website, it is not enough. I am a NCAA student-athlete and I have been for three years now, and I just found out about the resources that are posted on the NCAA website. I found these resources when I was doing research for this project, no coach, athletic trainer, or athletic director told me about them. This makes me wonder if they know about them and if they do, why are they not sharing these resources with their athletes? Some might say that the NCAA cannot be blamed for all the student-athlete deaths because they have resources about mental health on their website. I disagree, it is one thing to post about it and feel for the athletes, and the families who are mourning the death of their son or daughter, but it is another thing to act. Like I said previously, the NCAA needs to train the coaches, athletic trainers, and athletic administrators, or anyone who encounters the athlete, about mental health. If only these people knew how to identify signs of mental health in one of their athletes, maybe a life could have been saved.

Coaches and athletic trainers have a lot on their plates, and they will likely not do their own research on mental health because it might not even come to their mind. However, if it were mandated by the NCAA, they would have no choice but to do it.

Not only should there be training programs for the coaches on how to identify mental health symptoms, but there should be someone that the coaches must report these findings to, like a counselor or sports psychologist. Once a professional in the mental health field knows, the student athlete should be required to go to counseling for a certain amount of time depending on their symptoms. If the athlete fails to show up, they should not be able to participate in practice or competition. Student-athletes do not have much free time throughout their day, between classes and mandatory training sessions, so, these counselors or sports psychologists will need to make themselves available all throughout the day and into the evening to make sure these student-athletes are getting the help that they desperately need. Overall, it seems to me that the NCAA knows that they need to do something about the problem, but they are not exactly sure what to do. They have made some attempts to help the issue like their resources on their website but, their attempts are sadly not enough. More needs to be done and it cannot wait.

To conclude, the NCAA needs to have a better handle on the collegiate athlete's mental health. It is clear, to everyone, that the mental health of student athletes is dragging them down, pulling them beneath surface level. Something should have been implemented after the first suicide, but it was not, they let 4 more happen after that, in just two months. This is not all up to the NCAA, but they do control the forces it is up to, the coaching staff, the mental health counselors, and athletic trainers. The NCAA needs to create mandatory courses and sessions that coaches, mental health counselors, and athletic trainers should take to better understand how exactly mental health affects the student athlete. How would you feel if it were a collegiate

athlete that was close to you that died due to suicide? Would you demand for the necessary changes too?

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