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Mental Health in Collegiate Athletes: Survey of Attitudes, Barriers and Preparedness of
University Resources

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Sara Smith LAT, ATC

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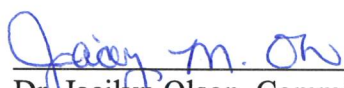
Mental Health in Collegiate Athletes: Survey of Attitudes, Barriers and Preparedness of
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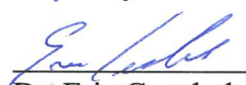
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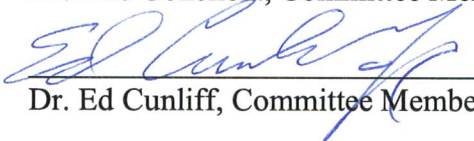
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Jackson College of Graduate Studies at the University of Central Oklahoma

A THESIS APPROVED FOR
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Abstract

Purpose. The purpose of this study was to assess collegiate student-athlete perception of mental health. A secondary purpose was to develop a list of attitudes and behaviors toward athletes seeking help, and university perception. **Methods.** Alcorn State University student-athletes were given a survey about mental health in collegiate athletics. One-hundred and ninety student athletes submitted a complete response. **Results.** There was no significant relationship between the number of barriers and seeking help. There was an overwhelming number of student-athletes that do not believe that Alcorn is prepared to help with a mental health crisis. There was no significant difference between male and female participants for willingness to seek help. **Discussion.** The number of barriers data was skewed due to the high number of responses for zero and one barrier, but questions could be used for future studies. Many of the student-athletes feel that Alcorn is not prepared and provided several qualitative responses that could benefit the athletic department. Lastly, even though there was no significance between the sexes, it shows that the gap between them is starting to decrease. **Conclusion.** There are a lot of improvements that could be made to the mental health crisis response. Student-athlete opinions are important and should be used to develop protocols and policies.

Word Count: 209 words

Keywords: *Mental health in collegiate athletics, Mental health services provided to college athletes or NCAA athletes or student-athletes, Stigmas for mental health in collegiate athletics, barriers for mental health in collegiate athletics, attitudes for mental health in collegiate athletics, mental health questionnaires, mental health questionnaires and collegiate athletics or NCAA athletics or student-athletes, student-athlete perceptions of mental health, need for mental health services in collegiate athletics, preparedness for mental health response, biological sex difference with seeking help*

CHAPTER ONE: INTRODUCTION

Background and Significance

Injury and illnesses occur throughout collegiate athletics on a regular basis. Mental health illnesses and crises have seen an increase in occurrence rates (Kern et al., 2017). National recognition of mental health illness is gaining awareness and changes in care are beginning to occur (Neal et al., 2013). Providing direct psychological care to student-athletes is outside of certified athletic trainer's scope of practice, making it extremely important to have a well-rounded medical staff providing care to student athletes (Neal et al., 2013). In a 2012 survey, the rate of mental illness in the 18-25 year age range was approximately 30 percent (Neal et al., 2013). This is ten percent higher than the average of all ages (Neal et al., 2013). In a more recent study, it was reported that 62.6 percent of athletes surveyed reported that mental health issues influenced their competition at some point (Kern et al., 2017).

There is a significant amount of research on barriers and attitudes toward student-athletes getting help for mental health illnesses, but because of the changing nature of the subject much of the research and statistics are outdated. Therefore, the researcher wants to explore these same topics at Alcorn State University. Possible benefits from this research are the development of educational programs, increased resource availability and increased awareness of mental health illness by the staff and student-athletes. Student-athletes often lack resource availability due to a university not being able to provide them or the university not knowing that there is a need (Neal et al., 2013). Part of the survey used in this study may be able to be used by athletic trainers and athletic administration during the preparticipation phase and throughout the year to check in with the student-athletes. Another beneficial use of this survey will be for university staff to self-

evaluate the services that they provide for the athletes and gather general thoughts from the athletes about those services.

Purpose and Hypothesis

The research questions are: If students reported a high number of barriers then were they less likely to seek help? What percentage of each degree of Alcorn State preparedness did the student-athletes report on the survey? Are there differences in seeking help between the two biological sexes? The purpose of this study was to assess the mental health crisis in collegiate athletics and explore how colleges are providing mental health services to their student athletes. A secondary purpose of this study was to develop a list of attitudes and behaviors toward athletes seeking help so that educational programs can be developed.

The research hypotheses are:

1. Student-athletes that report more barriers to mental health services are less likely to seek help.
2. Alcorn student-athletes perceived that they are not provided with enough resources for mental health disorders.
3. Female Alcorn student-athletes are more likely to seek help than male Alcorn student-athletes.

The null hypotheses are:

1. There is no difference in student-athletes seeking help based on the number of barriers.
2. Alcorn student-athletes perceive they are provided with adequate resources for mental health disorders.

3. There is no difference between male and female Alcorn student-athletes seeking help.

Limitations, Delimitations and Assumptions

The limitation of this study was a difficulty delivering to the student-athletes email. This was a limitation because student-athletes did not check their email and the head coaches had to remind them several times to complete the survey by the closure date. On the other hand, the email provided confidentiality to student-athletes' responses. Another limitation was that the sampling method is convenient rather than random due to the access of limited student-athletes. The sample size was enough due to the fact that it was convenient instead of random. A possible limitation to this study was bias that the student-athlete may show to the research due to professional relationships that are experienced in the athletic training room. Therefore, the researcher encouraged the student-athletes to complete the survey with honest responses and gave them a two-week window to respond to the survey. The researcher also asked the head coaches to communicate with their athletes to remind them that the survey was available.

Since this was a convenient sampling method, delimitations came from this population. The study setting was Alcorn State University athletics. The student-athletes are division 1 athletes, both male and female. The typical age range for college athletes is between 18 and 25 with the rare exception of a few outside that range.

The researcher assumed that the survey participants answered all questions honestly. The researcher also assumed that participants will only answer their own survey and will only respond one time. Lastly, the research assumed that all information about the services that were provided by the university are true and correct statements. The researcher also understood that

open-ended answers are the student-athlete's opinions and feelings so they were respected and unchanged when reported.

Operational Definitions

- **Mental health illnesses** are psychological disorders such as stress, anxiety, depression, withdrawal, eating disorders, and substance abuse among other illnesses (Hong et al., 2018).
- **Mental health services** are professional services that help individuals with psychological disorders (Hong et al., 2018).
- **Mental health crisis** is a single or recurring event that causes emotional, mental, physical and/or behavioral distress due to a mental health illness or condition (i.e. panic attack, self-harm) (Hong et al., 2018).
- **Stigma** is described as an individual's perception of discrimination or stereotypes from the public (Bird et al., 2018). A secondary definition specifically for mental health, "threats of diminished self-esteem and of public identification when labeled mentally ill (Merz et al., 2020)".
- **Attitudes** are a settled way of thinking or feeling about something, typically reflected in a person's behavior (Oxford Dictionary, n.d.).
- **Barriers** are ideas, beliefs or physical obstacles that prohibit someone from doing something (Demyan & Anderson, 2012).
- **Student-athlete** is an individual that participates in athletics while being a full-time student (Bauman, 2016).
- **Educational programs** are teachings or classes put forth to educate a group of individuals on a specific topic (Neal et al., 2013).

Abstract for Literature Review

Purpose. The purpose of this literature review was to explore the research that has already been developed pertaining to mental health in collegiate athletics. **Methods.** The researcher reviewed 75 articles for the inclusion and exclusion criteria. After a throughout review of articles, 23 articles were accepted that met the inclusion criteria. **Results.** Attitudes and barriers prohibit student-athletes from seeking help. Athletic trainers and supporting staff need to offer resources that encourage student-athletes to get help for mental health disorders. Educational programs and providing resources are two solutions. The use of questionnaires and surveys during pre-participation exams may be beneficial to understand student-athletes mental health status before competitions begins. **Conclusions.** Athletic trainers and supporting staff need to develop a solid plan to provide student-athletes with the necessary resources for mental health disorders.

Word Count: 131

Keywords. *Mental health in collegiate athletics, Mental health services provided to college athletes or NCAA athletes or student-athletes, Stigmas for mental health in collegiate athletics, barriers for mental health in collegiate athletics, attitudes for mental health in collegiate athletics, mental health questionnaires, mental health questionnaires and collegiate athletics or NCAA athletics or student-athletes, student-athlete perceptions of mental health, need for mental health services in collegiate athletics.*

CHAPTER TWO: REVIEW OF LITERATURE

Introduction to Literature

Mental health in collegiate athletics is a topic that has been gaining recognition over the past decade. National increases in diagnoses of mental health illness and crises have directly correlated to an increase in collegiate student-athletes. Many athletic administrations provide a mental health professional to their student-athletes for use free-of-charge but not all administrations have the budget to afford having one on staff full-time. Some universities have limited resources provided to their student-athlete because they may not recognize that there is a strong need in their student-athlete population.

Stigmas, barriers and attitudes are just three things that may cause a student-athlete to not go ask or get help when dealing with mental health illnesses or crises. Stigmas are one's perception of stereotypes or discrimination from the public (Bird et al., 2018). Barriers are any obstacles, such as ideas, beliefs, or physical, that prohibit someone from doing something (Demyan & Anderson, 2012). Attitudes are the way an individual thinks or feels about something, typically reflected in their behavior (Oxford Dictionary, n.d.). Stigmas, barriers and attitudes are widely researched in the general populations but there is a gap in research specifically in collegiate athletics.

Questionnaires regarding mental health have been developed and re-developed over the past several decades (Sudano & Miles, 2016). Mental health is a personal and sensitive topic so it is important to protect one's feelings when asking questions. The wording of questions must be thought out and worded carefully to ensure that it is fully understood. Mental health questionnaires lack development when pertaining specifically student-athletes (Kroshus, 2016). Pre-participation exams often are for the physical body only including musculoskeletal system,

full body appearance, vision, blood pressure, height, weight and other aspects of physical health but are missing sections of mental health (Simon, Lorence & Docherty, 2021).

The purpose of this literature review is to explore the research that has already been developed pertaining to mental health in collegiate athletics. It is important to gather well-rounded information including current attitudes and barriers student-athletes face. Also, it will be necessary to explore what services are typically available at the university setting as well as how much they are utilized. This literature review will include an extensive overview of mental health illnesses and crises, with subtopics including, attitudes and barriers, and development of questionnaires.

Methods

Articles for this literature review were searched in the University of Central Oklahoma's database provided through the library. Articles were found in PubMed, Academic Search Complete, PROquest, EBSCO host, SportDiscus, Directory of Open Access Journals. The search strategy was to use the UCO library database search engine to look up keywords and phrases. Keywords and phrases included: *Mental health in collegiate athletics, Mental health services provided to college athletes or NCAA athletes or student-athletes, Stigmas for mental health in collegiate athletics, barriers for mental health in collegiate athletics, attitudes for mental health in collegiate athletics, mental health questionnaires, mental health questionnaires and collegiate athletics or NCAA athletics or student-athletes, student-athlete perceptions of mental health, need for mental health services in collegiate athletics.*

The combination of searches, as previously mentioned, generated thousands of articles. The researcher reviewed 75 articles for the inclusion and exclusion criteria. The criteria for inclusion included collegiate student-athletes between the ages of 18-27, mental health illnesses

or crises, mental health services, stigmas, barriers, and attitudes, questionnaires or any other population or demographics within reason. After a thorough review of articles, 23 articles were accepted that met the inclusion criteria. An article was considered high quality if it was original research discussing mental health and mental health services in collegiate student-athletes. Low-quality articles are case studies and pilot studies because they typically have poor reliability and validity. Also, articles were considered low-quality if they are older than 2010. Studies older than 2010 are considered outdated due to the changing nature of this field. One article written by Watson in 2005 was kept because it was one of the only articles found regarding attitudes toward mental health counseling.

Articles were excluded in this literature if the study was a case study or pilot study. Articles not pertaining specifically to mental health and mental health services were also excluded. Populations that were extremely different than collegiate athletics, such as elderly populations, recreational sports or youth athletics were excluded. Other articles were excluded if they were not written in English.

Results

Mental Health in Collegiate Athletics

In the National Collegiate Athletic Association (NCAA), there is a growing awareness for mental health care for student-athletes (Sudano & Miles, 2016). There is a lack of literature for general collegiate mental health practices and protocols (Sudano & Miles, 2016). In a survey of head athletic trainers, 72 percent of them responded that mental health services took place in their university's counseling service and only 20.5 percent stated that they have a mental health professional on staff to specifically work with student-athletes (Sudano & Miles, 2016). Some say that it is an athletic trainer's duty to provide psychological care, but most athletic trainers

perceive that they are inadequately trained to provide this to athletes (Zakrajsek, Martin & Wrisberg, 2016). This may be because of a lack of curriculum specifically pertaining to mental health techniques (Zakrajsek et al., 2016). Providing direct psychological care to student-athletes is actually outside the scope of practice for athletic trainers (Neal et al., 2013). Lack of time and resources may also play a role in why athletic trainers perceived that they are not equipped with what they need to fully provide these services to their student-athletes (Zakrajsek et al., 2016). If universities ensure that all student-athletes receive the resources that they need, it will help reduce the burden that mental health disorders bring (Kroshus, 2017). A potential solution to this problem is to hire a well-rounded medical staff with various specialties to provide the best care for the student-athletes (Zakrajsek et al., 2016). Mental health services should be regularly available to student-athletes. A university's staff should include a mental health professional specifically for student-athletes (Sudano & Miles, 2016). Some institutions lack funding to hire a full staff, meaning that these budget deficits will have to be addressed or other creative solutions found (Kroshus, 2016). To comply with "best practices", institutions need to self-evaluate as well as gathering student-athletes' thoughts about what is provided to them (Kroshus, 2016).

Many mental health disorders occur in collegiate athletics due to the nature of athletics. Student-athletes endure rigorous academic classes on top of physical demands of practice and weight room activities (Putukian, 2016). Illness and injuries can occur unexpectedly causing stress and other mental health disorders to occur (Hong, Keenan, & Putukian, 2018). It is suggested that injury is a major cause of stress for student-athletes and can cause major changes in their life as a student-athlete (Putukian, 2016). Physical injuries can cause or unmask mental health disorders such as depression, suicidal thoughts, anxiety, and disordered eating (Putukian, 2016). Stress, anxiety, depression, withdrawal, disordered eating, and substance abuse are just a

few disorders that are prominent with collegiate student-athletes with or without an injury (Hong et al., 2018).

To assist with off-setting these crises, it may be of importance to educate student-athletes, coaches, athletic trainers and supporting staff to raise awareness of the importance of student-athlete wellness (Hong et al., 2018). For example, educational classes and meetings potentially could allow athletes and supporting staff to learn together the importance of mental health. Low levels of eating disorder literacy are just one example that reinforces the need for educational programs (Plateau et al., 2016). In one study, only 39 percent of athletic trainers stated that they had a written plan for identifying and treating student-athletes with mental health disorders (Kroshus, 2016). Additionally, willingness and intention by the student-athlete to seek help is an important factor that can be positive or negative depending on the consequences (Hammer & Vogel, 2013). The prototype/willingness model (PWM) can be utilized to predict if an athlete has the intention and willingness to seek help for mental health disorders when in need (Hammer & Vogel, 2013). This model considers attitudes, social norms and intention in deciding the probability that someone would be willing to seek help for a mental health illness (Hammer & Vogel, 2013).

Biological sex plays an important role in mental health disorders. Female and male athletes experience athletics differently, physically and psychologically (Plateau et al., 2016). Male athletes are more likely to stigmatize seeking help, have less confidence in mental health professionals, and prefer to work with the same sex and ethnicity (Ong & Harwood, 2018). Social norms and cultural stereotypes are mainly to blame for this difference (Ong & Harwood, 2018). Stigmas surrounding male athletes is that they should be “tough and masculine” and should not show emotions (Ong & Harwood, 2018). While stigmas may be considered dissimilar

between genders, it is commonly known that female athletes experience the female triad. By definition, the female triad consists of low bone density, disordered eating and irregular menstruation (Plateau et al., 2016). Disordered eating is a risk that all athletes face but more research has been conducted with female athletes (Plateau et al., 2016). Biological sex causes differences in treatment seeking behaviors and societal stigmas (Plateau et al., 2016). Attitudes and barriers are both examples that prohibit an athlete to seek help for their mental health disorders (Merz et al., 2020).

Stigmas, Attitudes and Barriers

Public stigmas are widespread throughout our society and play a huge role in collegiate student-athlete help seeking behaviors (Merz et al., 2020). The population of this study were recruited from an online crowdsourcing platform and were between the ages of 18 and 89. All participants were from the United States and there were no other exclusion criteria (Merz et al., 2020). The survey asked the participants about general views of mental health disorders and what conditions were important and which were not (Merz et al., 2020). Participants in this study were less interested in athletes with mental health disorders, in turn causing athletes to hide mental health symptoms and not to seek help (Merz et al., 2020). Substance abuse disorders were deemed the least favorable mental health disorder by the participants (Merz et al., 2020). Societal stigmas label these athletes as unpredictable and dangerous (Merz et al., 2020). Stigmas specifically pertaining to student-athletes are social history, athletics being money motivated, athletics being success driven, family expectations of success, financial gain or loss, and multiple media, social and national (Bauman, 2016). These stigmas often fuel one of the original stigmas that athletes have to be “mentally tough” to be successful (Bauman, 2016).

Being a student-athlete is not an easy task, often they are in classes 15 or more hours a week, with added projects and papers, study hall hours, team meetings, on top of practices and competition (Bauman, 2016). Often student-athletes endure regimented schedules, with increased pressure on performing well in the classroom and during competition (Hilliard, Redmond, Watson, 2019). Another study suggests that athletes that seek help for mental health disorders are labeled “weak” (Kroshus, 2017). This label often becomes a barrier to student-athletes when considering seeking help (Kroshus, 2017). Personal and public stigmas often get intertwined in collegiate athletics since the public is so involved in competitions (Kaier et al., 2015). Therefore, it may suggest that reducing stigmas can positively affect help seeking attitude in student-athletes (Hilliard et al., 2019).

Interestingly, previous literature has seen significant differences in mental health disorders for Division II, Division I and non-athletes (30% vs. 20% vs. 9%) (Hilliard et al., 2019). Even though there has been an increase in attention, serious concern remains regarding treatment for mental health and what stigmas are associated with seeking treatment (Bird et al., 2018). When compared to non-athletes, there is a less favorable attitude toward help-seeking (Bird et al., 2018). This is due to the competitive nature of athletics and the stigma that they are “weak” asking for help (Kroshus, 2017). Other negative descriptions have been reported. Increases in self-compassion and decreases in shame and self-criticism are key factors in increasing help-seeking behaviors (Hilliard et al., 2019).

Attitude has not been studied as much as stigmas and barriers. Personality and cultural background are two factors that affect the student-athlete’s attitude toward seeking help for their mental health disorders (Ong & Harwood, 2018). Biological sex can play a role in the attitudes of help-seeking. Female student-athletes generally have a positive attitude toward treatment and

help-seeking (Demyan & Anderson, 2012). It is widely thought that females are more likely to ask for help (Demyan & Anderson, 2012). Attitudes of others around the athletes play an important role in help-seeking behaviors too. Fifty percent of student-athletes who have been diagnosed with a mental illness seek treatment on their own but the remainder stated that someone in their life suggested it (Demyan & Anderson, 2012). These supporting peers could be a parent, friend, family member, teammate, or coach. These peers are usually a great influence on the student-athlete, which can be positive or negative (Watson, 2005). Peers often have their own attitude and expectations for the student-athletes, sometimes causing friction and stress if they are unfavorable (Watson, 2005). A group effort to help student-athletes seek help is essential for the well-being of all student-athletes (Watson, 2005).

Barriers come in several different varieties such as physical, financial, societal, mental, and time (Lopez & Levy, 2013). Examples of individual barriers are lack of time, difficulty finding services, fear of stigmas, and lack of knowledge (Lopez & Levy, 2013). Online counseling offers therapy reducing physical barriers that student-athletes may face when seeking-help (Bird et al., 2018). Face-to-face counseling was still preferred over online counseling due to the personal relationship that develops in person (Bird et al., 2018). In this same study, only 34 percent of student-athletes stated that time was a barrier to help-seeking (Bird et al., 2018). Access to face-to-face counseling was significantly higher in student-athletes compared to non-athletes because of services provided directly through athletics (Bird et al., 2018). Lack of time or services not being available during free time seemed to be a commonly reported barrier for student-athletes (Lopez & Levy, 2012). Since student-athletes have restricted schedules with limited time off during normal business hours it is a barrier that is easy to tell the supporting staff (Lopez & Levy, 2012).

Questionnaires for Mental Health Illness

In a recent survey of head athletic trainers, 43 percent of athletic trainers stated that they screened for mental health disorders during the pre-participation exam (Sudano & Miles, 2016). The NCAA Best Practice Guidelines suggests using the SCOFF questionnaire, Cannabis Use Disorder Identification Test, STOPBang questionnaire, Insomnia Severity Index, and Adult ADHD Self-Report Scale during pre-participation to screen for disordered eating, cannabis use, sleep apnea, insomnia, and ADHD (Sudano & Miles, 2016). Another study suggests that all returning student-athletes complete a validated depression questionnaire (Hong et al., 2018). Kroshus (2016) surveyed athletic trainers, and found that approximately 50 percent used mental health questionnaires in their pre-participation exams.

The Perceived Discrimination-Devaluation Scale measures mental illness stigmas (Kaier et al., 2015). This scale has 12 items that measure personal and public stigmas for mental health illness (Kaier et al., 2015). Another scale frequently used is the Depression Stigma Scale used to measure personal and public stigmas toward seeking help for mental health. This scale is a Likert-type scale ranging from strongly disagree to strongly agree (Chow et al., 2021). This scale can help determine the mental health literacy of the student-athletes (Chow et al., 2021).

Attitudes such as intentions and willingness can be examined using the prototype/willingness model (Hammer & Vogel, 2013). This model allows student-athletes to read scenarios and answer how they would respond to the real-life situations described (Hammer & Vogel, 2013). Attitudes Toward Seeking Professional Psychological Help scale is a 10-item survey that analyzes the attitude of student-athletes to seek help for mental health disorders (Kroshus, 2017). Higher scores indicate more supportive views on seeking help (Kroshus, 2017).

Quality of life questionnaire may be useful instruments for the student-athlete population. The health-related quality of life (HRQol) is a questionnaire that focuses on quality of life, specifically mental health (Simon & Docherty, 2013). Anxiety, depression, fatigue, pain interference and sleep disruption are all reported in the patient-reported Outcome Measurement Information System (PROMIS), and it is often used in conjunction with the HRQol (Simon & Docherty, 2013). Simon and Docherty (2013) conducted a study with these two instruments measuring Division 1 athletes mental health and quality of life. The researchers did a five-year follow-up study once the athletes were no longer athletes at the university (Simon et al., 2021). The purpose was to compare mental health and quality of life in the same athletes while they were competing and after they were done with their eligibility (Simon et al., 2021).

Discussion

Being a student-athlete at the collegiate level is a stressful and time-consuming career (Bauman, 2016). Increased stress and workload increase the chance of unmasking a mental health disorder (Bauman, 2016). Mental health questionnaires can be beneficial during pre-participation exams and throughout the competitive season to check the student-athletes (Sudano & Miles, 2016). Several questionnaires and surveys would be appropriate to use with student-athletes for mental health screens. Besides mental health questionnaires, educational programs and providing resources are two solutions that can provide athletes with what they need to seek help (Plateau et al., 2016). A diverse medical staff including physicians, mental health professionals and athletic trainers give student-athletes the best opportunity for having the physical resources needed to seek help (Sudano & Miles, 2016).

Stigmas, attitudes and barriers are three categories of reasons that prohibit a student-athlete from seeking help for their mental health disorder. Stigmas come from public and from

the student-athletes themselves (Merz et al., 2020). Attitudes are usually from the athlete but can also be from the public. Attitudes that may prohibit a student-athlete from seeking help is poor intentions and unwillingness (Hammer & Vogel, 2013). Barriers that prohibit a student-athlete can be no resources available, lack of money for services or time restraints (Lopez & Levy, 2013).

CHAPTER THREE: METHODOLOGY

Participants

The participants were recruited through the Alcorn State University athletics program. Permission to recruit was obtained through the Institutional Review Board (IRB) from both, the University of Central Oklahoma and Alcorn State University. Permission was also obtained from the Alcorn State University research director, Keith McGee and his committee. When permission was asked, a thorough explanation of the study was submitted in the IRB application so that all parties involved fully understood the study parameters. The survey was fully approved by UCO and Alcorn's IRB. The survey was distributed through the student-athlete's e-mail addresses and an anonymous Qualtrics survey link. The survey produced by the researcher was sent to all Alcorn student-athlete' e-mails with an in-depth explanation of the study's purpose and a consent page.

Protocols and Procedures

This study was mainly a qualitative study gathering information on mental health in collegiate athletes but there was data analyzed quantitatively. The survey was developed by the researcher and reviewed by the Thesis committee. Once the survey was approved, a test run was performed by the committee to ensure the highest quality before being sent to the participants. Before it was distributed to the student-athletes, approval from both IRBs was obtained. A list of all student-athletes' emails were obtained from the student-athlete academic advisor, and then surveys were sent out. Alcorn coaching staff was contacted and asked to inform athletes of the email. They were asked to encourage the student-athletes to complete and submit the survey. A reminder message was sent out after one week and another with three days remaining in the survey collection period by the coaching staff. After the survey collection period was complete,

surveys were organized and data was downloaded and cleaned in Excel and IBM SPSS Version 28. Open-ended questions were reviewed and organized in a separate document.

Instruments

The survey was developed using Qualtrics, a free service provided by the University of Central Oklahoma to its students. Questions were a combination of demographic, Likert scales, closed- and open-ended questions. The survey is included in Appendix C.

Athletes were asked about mental health issues and illnesses so a disclaimer will be provided on the consent page along with the contact information for campus health services. The consent page is included in Appendix A

Statistical Analysis

The data collected from the questionnaire was downloaded and organized in IBM SPSS Statistics Version 27 as well as Excel. The data was cleaned up and incomplete responses were disregarded. For research question one, a non-parametric Mann-Whitney test was used to analyze the data. For research question two, frequency statistics were analyzed. For research question three, a crosstab, Chi-Squared Goodness of Fit test was run and analyzed.

CHAPTER FOUR: RESULTS

Introduction

The survey was available for the Alcorn student-athletes for two weeks. The data was then downloaded into Excel and were reviewed for missing data. Two-hundred twenty-six survey responses were collected. Of the 226 responses, 190 were accepted by the researchers. Two responses were deleted because the participants did not give consent and one was deleted because the participant was underage. Seventeen responses were deleted because they did not have an answer for age or any past that. Fourteen responses were deleted due to no responses after question four. Two additional responses were deleted due to incomplete responses past question five. After these responses were discarded, due to those specific reasons, 190 responses were accepted and analyzed.

Participant demographics are outlined in Table 1. Descriptive statistics for the scale level barriers are outlined in Table 2. The minimum participant age is 18 years and the maximum age is 24 years ($M = 20.60$, $Sd = 1.40$). The minimum number of barriers reported was zero and the maximum number reported was 8 ($M = 1.97$, $Sd = 1.71$). The minimum number of mental health crises reported was zero, while the maximum number reported was 10 ($M = 1.83$, $Sd = 1.99$). Frequencies of the nominal and ordinal level data are outlined in Table 3. When asked if they had been informed about the services available on campus 67.9 percent ($n = 129$) said they have been informed and 32.1 percent ($n = 61$) said they had not. The most common source of information was from the Certified Athletic Trainers at 17.4 percent ($n = 33$). The second most common response was the team's head coach at 11.1 percent ($n = 21$) and the third most common was university professor at about six percent ($n = 12$). Qualitative data was analyzed and grouped into common answers for questions 13, 14, and 15. These open-ended questions

provided the participants the freedom to be creative with responses and have a place to speak their honest opinions.

Relationship Between Barriers and Seeking Help

A Mann-Whitney U test was used to examine the relationship between the number of barriers and the use of campus mental health services. No significant relationship was found ($U = 2802, p = .972$). Student-athletes with a high number of barriers sought help almost equally to those who had less barriers. The data was skewed due to the high number of participants that had no barriers ($n = 18$) and only one barrier ($n = 90$). Even though there was no significant finding, there were some interesting percentages of barrier selections. This question was a select all that apply there were 13 options as well as a fill in the blank option. Fifty-four participants (28.4%) selected that lack of trust is a barrier for them to seek help. Forty-nine participants (25.8%) selected that lack of time was a barrier to seeking help. Forty-eight participants (25.2%) selected that they do not feel the need for mental health services. Forty-one participants (21.5%) selected that there is no resources available on campus as a barrier.

Alcorn Perceived Preparedness

The Alcorn student-athletes were asked “How prepared do you think Alcorn State University is to help you if you were to have a mental health crisis?”. Twenty-point five percent ($n = 39$) of student-athletes selected that they feel Alcorn is not prepared at all to help them. Twenty-point five percent ($n = 39$) selected that they feel Alcorn is somewhat prepared. Twenty-eight-point four percent ($n = 54$) selected that they feel Alcorn is moderately prepared. Fifteen-point three percent ($n = 29$) selected very prepared and 7.9% ($n = 15$) selected fully prepared. The data showed a normal distribution.

Question 13, was a short answer qualitative question. It asked, “Please explain your thoughts in a couple short sentences, how would you describe the services provided to you from Alcorn State University?”. This question gave the student-athletes the opportunity to use this survey to put their honest opinion about the services that are provided to them on campus. Question 13, added some qualitative insight to the degree the student-athletes feel the university is prepared.

Relationship Between Biological Sex and Seeking Help

A chi-square goodness of fit test was calculated comparing the frequency of female and males that sought help or not. It was hypothesized that female student-athletes seek help more than male student-athletes. The analysis indicates that no differences between females and males ($\chi^2(1) = 0.06, p = 0.806$). The different biological sexes appear to equally seek help for mental health illnesses. For females, 81% answered “yes” and 19% answered “no” to “Have you used the professional mental health services available on campus?”. For males, 79.8% answered “yes” and 20.2% answered “no” to the same question. Overall, 152 student-athletes selected that they have used the services that are available on campus.

Additional Analyses

In addition to the research questions two additional analyses were performed. First, do students who have experienced a mental health crisis differ in how prepared they view the university’s mental health services? An independent-samples *t*-test was calculated comparing the mean score of the student-athlete’s views on preparedness between those who have had a mental health crisis with those who had not. A significant difference was found between the “yes” and “no” groups ($t(140) = -2.727, p = 0.004$). The mean of the “yes” group, those who reported a

mental health crisis ($M = 2.23$, $sd = 1.187$) was significantly lower than the “no” group, student-athletes who did not report a crisis ($M = 2.82$, $sd = 1.172$).

The second question asked was, “Does being informed of the mental health services in campus influence views on the value of mental health services?” An independent t test was calculated comparing the mean score of the student-athlete’s views that have been informed to those who have not. A significant difference was found between the “yes, I have been informed” and the “No, I have not been informed” group ($t(187) = 2.913$, $p = 0.002$). The mean of the “yes” group ($M = 3.68$, $sd = 1.079$) was significantly higher than the “no” group ($M = 3.16$, $sd = 1.254$).

Qualitative Data

In addition to the quantitative data calculated, part of this study was qualitative. Student athletes were asked three open-ended questions (Q13, Q14, Q15). Question 13 asked, “Please explain your thoughts in a couple short sentences, how would you describe the services provided to you from Alcorn State University?” The main themes observed with this question are:

1. There was a group of student-athletes that stated that they have never used the services therefore they did not have an opinion.
2. Some student-athletes said that the services that are available could be better. Some gave reasons like the services were unprofessional and that they lack confidence and trust with those professionals.
3. Another group of student-athletes stated that they considered the services average or slightly above average. They said with a few improvements, like a professional specifically for student-athletes, the services would be great.

4. Lastly, a group of athletes stated that they feel the university does not provide any professional resources.

Question 14 asked “Please explain your thoughts in a couple short sentences, how would you improve the response to mental health crises by Alcorn State University athletics?” The student-athletes had some insightful suggestions that could easily be incorporated with little effort and funding. The main themes observed were:

1. The athletic department should do more educational programs and presentations.
2. The student-athletes should be required to do monthly, bi-weekly or weekly mental health check-ins.
3. The coaches and staff should be “professionally trained” to identify and respond to mental health crises. They need to be trustworthy and work diligently to help a student-athlete in any situation.
4. Lastly, increase professional resources and allow time for services to be used such as weekly meeting times and days-off

Question 15 asked “Please explain your thoughts in a couple short sentences, what do you think a university should provide to their athletes for mental health crises/illnesses?” The four main themes for this question were:

1. The university should provide access to professional and dependable staff dedicated specifically to student-athlete mental health.
2. The university should provide mental health days off, and mandatory check-ins for student-athletes.

3. The university should provide a safe space for the student-athletes to relax and take a mental-health break during the day. This is where a mental health professional would be available.
4. Another suggestion would be to have support groups and sessions for student-athletes to connect and help each other that have similar difficulties or struggles.

CHAPTER FIVE: DISCUSSION

Introduction

The purpose of this study was to assess the mental health crisis in collegiate athletics and explore how colleges are providing mental health services to their student athletes. A secondary purpose of this study was to survey a list of attitudes and behaviors toward athletes seeking help so that educational programs can be developed. There was no significant relationship between barriers and seeking help. There was an alarming number of athletes that felt Alcorn State University was not properly prepared to help them with a mental health crisis. There was no significant finding for biological sex and seeking help. Two additional analyses provided significant findings and could direct future studies. The qualitative data provides helpful insight for improvements to the mental health response that could easily be implemented by the Alcorn State University athletics.

Relationship Between Barriers and Seeking Help

The Mann-Whitney U test did not provide a significant finding for research question number one. The data was not evenly distributed and was skewed due to the large number of student-athletes that had no barriers ($n = 18$) or one barrier ($n = 90$). One barrier that is present in both the literature and in this study is the fear of being considered weak. Another study suggests that athletes that seek help for mental health disorders are labeled “weak” (Kroshus, 2017). This label often becomes a barrier to student-athletes when considering seeking help (Kroshus, 2017). Eighteen student-athletes (9.5%) selected that the fear of being considered weak was a barrier to seeking help. In another study, 34 percent of student-athletes stated that time was a barrier to help-seeking (Bird et al., 2018). In the data collected, 25.8 percent ($n = 49$) stated that lack of time was a barrier to seeking help. This percentage is nine percent less than a Bird et al. (2018)

study that reported 34 percent. This may suggest that the teams at Alcorn State University make sure that the student-athletes have some down time to take care of what they need to. Even if the athletes spend less time in athletics, the student-athletes could have busy schedules outside of athletics.

Some student-athletes only selected one barrier, but others reported up to eight barriers. There was a wide range of barrier combinations. Many of the barriers that were listed could be fixed with a few simple changes such as trained mental health professionals, trustworthy and knowledgeable coaches, and readily available resources.

Future studies could be developed from these questions. A study specifically looking into barriers and seeking help rates could be tested on a larger scale or at other universities. This survey may be able to be used for middle school and high school students to recognize mental health disorders early and spread awareness of mental health illnesses.

Alcorn Perceived Preparedness

An overwhelming number of student-athletes selected that they did not feel that Alcorn is prepared to help them if they were to have a mental health crisis. A little over 20 percent selected not prepared at all and another 20 percent selected somewhat prepared. On the other hand, only about eight percent selected that they think Alcorn is fully prepared. In a survey of head athletic trainers, 72 percent of them responded that mental health services took place in their university's counseling service and only 20.5 percent stated that they have a mental health professional on staff to specifically work with student-athletes (Sudano & Miles, 2016). For Alcorn State University, all of the mental health services for student-athletes happen through the university's general counseling center. If the university's athletic department could budget adding a mental health professional for the student-athletes, then that could be beneficial for their well-being. The

Alcorn student-athletes reported information about seeking help came from a variety of sources, such as certified athletic trainers ($n = 46$), team head coach ($n = 40$) and university professors ($n = 20$). These three groups were almost more frequently put than all the other choices combined. This proves that some of the staff is prepared to suggest help but other sources may be lacking such as the administration and peers.

Relationship Between Biological Sex and Seeking Help

Even though there was not a significant finding for the third research question, the researchers discussed that this may not be a negative finding. The chi-square goodness of fit test looked to compare the results with the expected finding. It was expected that female student athletes would be more willing to seek help but it was found that the male and female student-athletes almost equally sought help. Previous research states male athletes are more likely to stigmatize seeking help, have less confidence in mental health professionals, and prefer to work with the same sex and ethnicity (Ong & Harwood, 2018). Stigmas surrounding male athletes is that they should be “tough and masculine” and should not show emotions (Ong & Harwood, 2018). Since the data was almost the same for male and female student-athletes, this suggests that the biological sex gap may be decreasing. Both sexes seem to understand the importance of mental health services and are equally willing to seek help. While the present findings are encouraging, future research should look at mental health counseling comparisons between sexes with a larger sample and different types of universities (DI, DII, etc).

Additional Analyses

Both additional analyses provided significant findings that can be carried into future studies. In the first question, those student-athletes that have experienced a mental health crisis had a significantly worse view on the university’s mental health response than those who had not

had a crisis. For the second question, those who had been informed of the mental health services had a significantly better view on the general usefulness of the mental health services. Even though these questions were not a direct part of this thesis project, it shows that this survey has valuable potential that universities could use to evaluate their student-athletes' views on the services that are available to them.

Qualitative Data

Overall, the three open-ended questions provide valuable information for direct use of Alcorn State University. All three questions can be used to make changes to the current mental health response as well as develop new protocols for the department to follow. It also gives the administration a brief idea of what their student-athletes think of what is currently provided to them. It is important to hear directly from the student-athletes what they need to feel safe and secure with their mental health. A thorough plan of action with an appropriate response to all different types of crises should be developed and updated every year. For example, this plan should include a budget, mental health professional contract and a detailed emergency action plan.

Overall, student-athletes asked for a mental health professional that has time specifically dedicated to them. One student-athlete reported, "Alcorn State University does not provide what athletes need. This university does not support athletes mentally, physically, or academically. Athletes are left to fend by themselves." Another one said, "We don't have a sports mental health person and we need one. Mental health is important and student-athletes need it badly." There are similar comments to these about there not being services readily available. The student-athletes want a professional that is trustworthy, serious, and does well with confidentiality. One student explains that stigmas may be the cause of the problem by saying, "Alcorn has the

potential to adhere to students mental health needs. There are just too many stigmas that stop students from going, not from lack of resources”. The student-athletes are asking for a mental health lounge with special time off dedicated to mental health as well as educational programs for them and their coaches. Two of the responses clearly show what the student-athletes want provided to them. One student-athlete said, “By communicating that it’s okay to reach out and create a comfortable space for whoever wishes to go talk to someone. I think paying attention to the behavior patterns of our athletes is also important. Most of the time it shows in our moods and performance at practices/games”. Another said, “I would suggest at least one mandatory seminar or meeting about mental health and mental health resources for student-athletes. I would suggest recommending to student-athletes counselors who are available to talk in person, online or on the phone for athletes”. They expect a professional staff that includes not only mental health professionals but also coaches, athletic trainers, and administrators. A list of other suggestions included: more meetings, access to help, mental health days, certified staff, weekly or monthly check-ins, and small support groups. One student-athlete elaborated on this idea, “Hiring people who actually care about the health and well-being of the athlete and not hiring people who only care about what’s lacking in athletics”, and another simply said, “get coaches that actually care”. A student-athlete agreed with the other two and said, “They need to do a better job at hiring. They need to hire for more reasons than just winning, coaches need to care about the athletes”.

Strengths and Limitations

The strengths of this research was the qualitative responses that were reported. Many student-athletes reported quality responses that will provide insight to what they need and want the university to provide. Another strength of this study was that it provides knowledge of

struggles that student-athletes face on the daily basis and the barriers that prohibit them from seeking help. The researcher believes that a limitation of this study was the length of the survey. If the survey was fewer questions then the quality of complete surveys may have been increased. Future studies would be needed to develop a higher quality survey including better wording and phrases, better order of questions, and eliminate some unnecessary questions. The validity and reliability tests for the survey will need to be conducted so that it can be used for future research.

Conclusions

Collegiate student-athletes are stretched thin with time restraints from academic classes, strength and conditioning sessions, injury treatment, sport practices, study hall, team meetings, eating, sleeping and other acts of daily living. The student-athletes should not be worried about where to get help when they have a mental health crisis. The student-athletes should have confidence and trust that the athletic administration is prepared for any type of crisis. The voices of the student-athletes should direct the administration when policies and procedures are being developed each school year. The well-being of the student-athlete, mentally and physically, should be the most important priority for everyone in the athletic department. Critical changes must occur to protect the student-athletes and provide all the services that they deserve to have.

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TABLES

Table 1
Participant Demographics of the Study Sample

Age	<i>N</i>	%
18	9	4.7
19	36	18.9
20	45	23.7
21	50	26.3
22	28	14.7
23	15	7.9
24	4	2.1
<hr/>		
Biological Sex		
Male	110	57.9
Female	80	42.1
<hr/>		
Sport Participation		
Baseball	17	8.9
Co-Ed Cheerleading	22	11.6
Football	62	32.6
Men's Basketball	10	5.3
Men's Cross Country	2	1.1
Men's Track and Field	12	6.3
Men's Tennis	6	3.2
Softball	19	10.0
Volleyball	4	2.1
Women's Basketball	3	1.6

Women's Cross County	4	2.1
Women's Track and Field	19	10.0
Women's Soccer	13	6.8
Women's Tennis	6	3.2

**Note.* Some athletes compete for two teams so the percentages may add up to more than 100 percent.

Table 2
Descriptive Statistics for Scale Level Variables

	<i>n</i>	<i>M</i>	<i>Sd</i>	<i>Minimum</i>	<i>Maximum</i>
Participant Age	187	20.60	1.4	18	24
Number of Barriers	190	1.97	1.71	0	8
Number of Crises	24	1.83	1.99	0	10

Table 3
Frequencies and Percentages for Research Question One and Three

	<i>N</i>	<i>%</i>
Have you used the professional mental health services available on campus?		
Yes	152	80
No	38	20
How prepared do you think Alcorn State University is to help you if you were to have a mental health crisis?		
Unanswered	14	7.4
Not prepared at all	39	20.5
Somewhat Prepared	39	20.5
Moderately Prepared	54	28.4
Very Prepared	29	15.3
Fully Prepared	15	7.9

Table 4
Frequencies and Percentages for Additional Analysis One

	<i>N</i>	<i>%</i>
Have you experienced a mental health crisis before?		
Unanswered	30	15.8
Yes	40	21.1
No	102	53.7
I Don't Know	18	9.5
How prepared do you think Alcorn State University is to help you if you were to have a mental health crisis?		
Unanswered	14	7.4
Not prepared at all	39	20.5
Somewhat Prepared	39	20.5
Moderately Prepared	54	28.4
Very Prepared	29	15.3
Fully Prepared	15	7.9

Table 5
Frequencies and Percentages for Additional Analysis Two

	<u>N</u>	<u>%</u>
Have you been informed of the Mental Health services available to you on campus?		
Yes	129	67.9
No	61	32.1
Are professional mental health services useful?		
Not useful at all	17	8.9
Slightly useful	12	6.3
Moderately useful	57	30.0
Very useful	63	33.2
Extremely useful	40	21.1

FIGURES

Figure 1. *Mann-Whitney U Output*

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum
# of Barriers	190	1.97	1.712	0	8
Services Utilized	189	.20	.398	0	1

Mann-Whitney Test

Ranks

	Services Utilized	N	Mean Rank	Sum of Ranks
# of Barriers	Yes	152	95.07	14450.00
	No	37	94.73	3505.00
	Total	189		

Test Statistics^a

	# of Barriers
Mann-Whitney U	2802.000
Wilcoxon W	3505.000
Z	-.036
Asymp. Sig. (2-tailed)	.972

a. Grouping Variable: Services Utilized

Figure 2. *Chi-Square Goodness of Fit Output*

Chi-Square Tests					
	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	.060 ^a	1	.806		
Continuity Correction ^b	.004	1	.952		
Likelihood Ratio	.060	1	.806		
Fisher's Exact Test				.854	.478
Linear-by-Linear Association	.060	1	.807		
N of Valid Cases	189				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 15.66.

b. Computed only for a 2x2 table

APPENDICES

Appendix A

Informed Consent

UNIVERSITY OF CENTRAL OKLAHOMA
INFORMED CONSENT FORM

Research Project Title: Mental Health in College Athletics: A Brief Survey of Stigmas, Attitudes and Barriers

Researcher (s): This study is being conducted by Sara Mendez LAT, ATC, a graduate student in the UCO exercise science program. Supervising professors are Dr. Olson, Dr. Conchola, and Dr. Cunliff.

- A. **Purpose of this research:** The purpose of this study is to assess the mental health crisis in collegiate athletics and explore how colleges are providing mental health services to their student athletes. A secondary purpose of this study is to develop a list of stigmas, attitudes and behaviors toward athletes seeking help so that educational programs can be developed
- B. **Procedures/treatments involved:** The following survey asks about mental health illnesses and issues; it is important to answer the questions honestly but if there is any that you wish to not answer that is completely acceptable. The survey is anonymous and answers will only be used as group data not individual data
- C. **Expected length of participation:** The survey should only take about ten minutes to complete.
- D. **Potential benefits:** A indirect benefit for taking this survey is that group data will be presented to the Athletic Administration. The data will be used to develop educational programs and to make recommendations for Sport Mental Health Professionals to be available to the student-athletes.
- E. **Potential risks or discomforts:** The following survey asks about mental health illnesses and issues; it is important to answer the questions honestly but if there is any that you wish to not answer that is completely acceptable.

- F. Assurance of voluntary participation:** Participation in this study is completely voluntary and you can withdraw participation without penalty.
- G. Explanation of confidentiality and privacy:** Answers will be kept confidential and will not have an self-identifiers. All responses will be kept in Qualtrics and SPSS data file. Group data will be used but not individual data.
- H. Medical/mental health contact information (if required):** Alcorn State Counseling Center: counsellingservices@alcorn.edu or 601-877-6230
- I. Contact information for researchers:** Sara Mendez LAT, ATC:
ssmith231@uco.edu or 806-884-9913
- J. Contact information for UCO IRB:** Office of Research Integrity & Compliance,
irb@uco.edu; 405-974-5497.

AFFIRMATION BY RESEARCH SUBJECT

I hereby voluntarily agree to participate in the above listed research project and further understand the above listed explanations and descriptions of the research project. I also understand that there is no penalty for refusal to participate, and that I am free to withdraw my consent and participation in this project at any time without penalty. I acknowledge that I am at least 18 years old. I have read and fully understand this Informed Consent Form. I sign it freely and voluntarily. I acknowledge that a copy of this Informed Consent Form has been given to me to keep.

Research Subject’s Name: _____

Signature: _____ Date _____

Appendix B

Recruitment Email

UNIVERSITY OF CENTRAL OKLAHOMA
RECRUITMENT EMAIL

Dear student-athlete,

You are invited to participate in a short survey examining stigmas, attitudes and barriers to seeking help for mental health illness or crises. You have been invited to participate in this study because you are a Division 1, Alcorn State University student-athlete.

The purpose of this study is to assess the mental health crisis in collegiate athletics and explore how colleges are providing mental health services to their student athletes. A secondary purpose of this study is to develop a list of stigmas, attitudes and behaviors toward athletes seeking help so that educational programs can be developed.

Click the following link to go to complete the survey:

https://uco.co1.qualtrics.com/jfe/form/SV_5yXZyCAKY1jAagK

Thank you,

Sara Mendez LAT, ATC

Merit Health Natchez-Alcorn State University

ssmith231@uco.edu

(806)-884-9913

Appendix C

Survey

Research Project Title: Mental Health in College Athletics: A Brief Survey of Stigmas, Attitudes and Barriers

Researcher (s): This study is being conducted by Sara Mendez LAT, ATC, a graduate student in the UCO exercise science program. Supervising professors are Dr. Olson, Dr. Conchola, and Dr. Cunliff.

A. Purpose of this research: The purpose of this study is to assess the mental health crisis in collegiate athletics and explore how colleges are providing mental health services to their student athletes. A secondary purpose of this study is to develop a list of stigmas, attitudes and behaviors toward athletes seeking help so that educational programs can be developed

B. Procedures/treatments involved: The following survey asks about mental health illnesses and issues, it is important to answer the questions honestly but if there is any that you wish to not answer that is completely acceptable. The survey is anonymous and answers will only be used as group data not individual data

C. Expected length of participation: The survey should only take about ten minutes to complete.

D. Potential benefits: A indirect benefit for taking this survey is that group data will be presented to the Athletic Administration. The data will be used to develop educational programs and to make recommendations for Sport Mental Health Professionals to be available to the student-athletes.

E. Potential risks or discomforts: The following survey asks about mental health illnesses and issues, it is important to answer the questions honestly but if there is any that you wish to not answer that is completely acceptable.

F. Assurance of voluntary participation: Participation in this study is completely voluntary and you can withdraw participation without penalty.

G. Explanation of confidentiality and privacy: Answers will be kept confidential and will not have an self-identifiers. All responses will be kept in Qualtrics and SPSS data file. Group data will be used but not individual data.

H. Medical/mental health contact information (if required): Alcorn State Counseling Center: counsellingservices@alcorn.edu or 601-877-6230

I. Contact information for researchers: Sara Mendez LAT, ATC: ssmith231@uco.edu or 806-884-9913 J. Contact information for UCO IRB: Office of Research Integrity & Compliance, irb@uco.edu; 405-974-5497.

AFFIRMATION BY RESEARCH SUBJECT

I hereby voluntarily agree to participate in the above listed research project and further understand the above listed explanations and descriptions of the research project. I also understand that there is no penalty for refusal to participate, and that I am free to withdraw my consent and participation in this project at any time without penalty. I acknowledge that I am at least 18 years old. I have read and fully understand this Informed Consent Form. I sign it freely and voluntarily. I acknowledge that a copy of this Informed Consent Form has been given to me to keep.

By clicking "Yes, I agree" below you will provide informed consent and agree to voluntary completion of this survey.

- Yes, I agree
- No, I do not agree

What is your age in years?

What is your biological sex?

- Male
- Female
- Prefer not to say

What is your preferred gender?

- Male
- Female
- Transgender
- Non-binary/ Non-conforming
- Prefer not to say

What sport do you participate in at Alcorn State University? (select ALL that apply)

- Baseball
- Men's Basketball
- Men's Cross Country
- Football
- Men's Tennis
- Men's Track and Field
- Co-Ed Cheerleading
- Women's Basketball
- Women's Cross Country
- Women's Soccer
- Softball
- Women's Tennis
- Women's Track and Field

- Volleyball

Have you been informed of the **Mental Health** services available to you on campus?

- Yes, I have been informed
- No, I have not been informed

If you answered YES to the last question, where or how were you informed? (select all that apply)

- By the Certified Athletic Trainers (Mr. Roderick Young, Ms. Rachel Largue, Ms. Jasmine Anderson, Ms. Sara Mendez)
- By the athletic training students
- By my team's head coach
- By my team's assistant head coach
- By the athletic director (Mr. Raynoid Dedeaux)
- By a member of the athletic administration (Mrs. Tameka Samuels, Mr. Tim Smith, Mr. Jason Pompey)
- By a member of compliance and student-academic services (Mr. Cyrus Russ, Mrs. LaDonna Cook, Mrs. Jivanna Smith, Mr. Jason Pompey)
- By a university professor
- By a teammate
- By a non-athlete Alcorn peer
- By a family member
- Dorms or Housing
- Freshman Orientation
- Other _____

Have you had any educational presentations about mental health from an Alcorn State University athletic staff? (Athletic trainers, administration, coaches)

- Yes
- No
- Don't Know

Are professional mental health services useful?

- Not at all useful
- Slightly useful
- Moderately useful
- Very useful
- Extremely useful

Have you used the professional mental health services available on campus?

- Yes

- No
- Not Applicable

If you selected yes to the last question, how would you describe the mental health services on campus?

- Not at all useful
- Slightly useful
- Moderately useful
- Very useful
- Extremely useful

How prepared do you think Alcorn State University is to help you if you were to have a mental health crisis? (Mental health crises= any situation in need of immediate medical attention)

- Not prepared at all
- Somewhat prepared
- Moderately prepared
- Very prepared
- Fully prepared

What are some barriers that may keep you from seeking help for a mental health illness or crisis? (select ALL that apply)

- No resource available at university
- No resource available in the local area
- Financial reasons
- Not willing to seek help
- Lack of time
- Lack of available resources during free time
- Lack of confidentiality
- Lack of trust
- Fear of coaches finding out
- Fear of teammates finding out
- Fear of being considered weak
- Lack of knowledge
- Don't feel the need
- Other, please specify _____

Please explain your thoughts in a couple short sentences, how would you describe the services provided to you from Alcorn State University?

Please explain your thoughts in a couple short sentences, how would you improve the response to mental health crises by Alcorn State University athletics?

Please explain your thoughts in a couple short sentences, what do you think a university should provide to their athletes for mental health crises/illnesses?

Have you ever been diagnosed with a mental health illness?

- Yes
- No
- Prefer not to answer

If yes, what were you diagnosed with?

- Depression
- Anxiety
- ADD/ADHD
- Eating disorders
- Substance Abuse (Alcohol, Drugs, Pills)
- Bipolar
- Obsessive Compulsive Disorder (OCD)
- Other _____

Have you experienced a mental health crises before?

- Yes
- No
- I don't know

If yes, how many crises have happened in the past year?

Appendix D

Institutional Review Board Approval Letters

From Alcorn State University and The University of Central Oklahoma



IRB#: 090420-042

Date 04/18/2022

Title of Proposal: "Mental Health in Collegiate Athletics: A Brief Survey of Stigmas, Attitudes and Barriers."

Dear Sara Mendez,

This letter is to officially notify you of the approval of your project by the Institutional Review Board (IRB) for the Protection of Human Subjects. It is the Board's finding that you have proposed adequate safeguards for the rights and welfare of the participants in this study. As proposed your project is in compliance with the Institutions Federal Wide Assurance and the DHHS Regulations for the protection of Human Subjects (45 CFR 46). This approval is in effect from **04/18/2022** to **04/17/2023**. If you wish to continue your research past this date, you must complete and submit a Continuation Application.

This project should be conducted in full accordance with all applicable sections of the IRB Guidelines and you should notify the IRB immediately of any changes that may materially impact the exempt status of your research project, or of any previously unforeseen risks to the research participants. You must also advise the IRB when this study is completed or discontinued. Regulations require that records pertaining to this study be retained for at least 3 years after completion of the research. For projects which continue beyond one year from the starting date, the IRB will request continuing review and update of the research project. Your study will be due for continuing review as indicated above.

If you have any questions, please contact me at (601) 877-6198 or kmcgee@alcorn.edu

Sincerely,

A handwritten signature in black ink that reads "Keith L. McGee".

Keith McGee, Ph.D.
Associate Provost for Research IGE
Alcorn State University



March 31, 2022

IRB Application #: 2022-021

Proposal Title: Mental Health in Collegiate Athletes: A Brief Survey of Stigmas, Attitudes and Barriers

Type of Review: Initial Review-Expedited Exempt

Investigator(s):

Sara Mendez
Jacilyn Olson, Ph.D.

Dear Ms. Mendez and Dr. Olson:

Re: Application for IRB Review of Research Involving Human Subjects

We have received your materials for your application. The UCO IRB has determined that the above named application is APPROVED BY EXEMPT REVIEW. The Board has provided expedited review under 45 CFR 46.110, for research involving no more than minimal risk and research category (2) 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: (i) 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; (ii) Any disclosure of the human subjects' responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, educational advancement, or reputation; or (iii) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Date of Approval: March 31, 2022

If applicable, informed consent (and HIPAA authorization) must be obtained from subjects or their legally authorized representatives and documented prior to research involvement. A stamped, approved copy of the informed consent form will be made available to you. The IRB-approved consent form and process must be used, where applicable. Any modification to the procedures and/or consent form must be approved prior to incorporation into the study.

Please let us know if the IRB or Office of Research Integrity and Compliance can be of any further assistance to your research efforts. Never hesitate to contact us.

Sincerely,

A handwritten signature in blue ink that reads 'MPowers'.

Melissa Powers, Ph.D.
Chair, Institutional Review Board
University of Central Oklahoma
100 N. University Dr.
Edmond, OK 73034
405-974-5497
irb@uco.edu

Office of Research Integrity and Compliance

100 North University Drive / Edmond, OK 73034
Phone (405) 974-5497 Fax (405) 974-3818
