

FEMALE COLLEGIATE STUDENT ATHLETES AND THE PERCEPTION,
ATTITUDES AND EXPERIENCES OF PSYCHOLOGICAL AND MENTAL
HEALTH SERVICES

By

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ABSTRACT

FEMALE COLLEGIATE STUDENT ATHLETES AND THE PERCEPTION, ATTITUDES AND EXPERIENCES OF PSYCHOLOGICAL AND MENTAL HEALTH SERVICES

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This study explored eighteen National Collegiate Athletic Association (NCAA) Division II female student athletes' experiences and opinions of help seeking for mental health concerns. A mixed methodological design was used. Qualitative and quantitative data was collected to gain an understanding of help seeking barriers for the participant and their beliefs about help seeking barriers for their peers. Results from the qualitative data identified several themes that assisted in understanding help seeking behaviors. Data suggest that there was a lack of motivation when it came to seek mental health services as a whole by the female student athlete population. Time, lack of understanding as to where to get counseling, as well as lack of information as a whole showed to be the most prominent barriers within the female athlete population. There was also a significant finding involving lack of information and the amount of time the participant has been at the university, showing that the longer they were at the university the less information they had about mental health services. Many themes were also collected such as fear of being misunderstood, as well as feeling there is a lack of qualified counselors and a lack of counselors of the respondents' own gender and race.

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CHAPTER ONE: INTRODUCTION

Collegiate athletes face an array of stressors and anxieties on a daily basis throughout their collegiate years. These mental health issues are just as prevalent within the female student athlete population as they are in the student athlete population as a whole (Witt, 2015). With stressors come psychological burdens that, in many cases, will require counseling or mental health services (Beauchemin, 2014; Chew & Thompson, 2014; Valentine & Taub, 1999). This paper will examine factors that influence and or prevent female collegiate student-athletes to seek mental health services. This study will investigate the perceptions, attitudes and experiences towards psychological and mental health services for collegiate female volleyball and soccer players who attend a small rural university. While much evidence has been shown that there are many barriers to counseling and psychological care for collegiate student athletes, there is little to no research completed that shows the mental health help-seeking barriers specifically within female National Collegiate Athletic Association (NCAA) Division II athletes. In addition, since studies have not focused solely on female student athletes, therefore this study implemented a cross- sectional, mixed methods design in which only female athletes were sampled.

As an assistant softball coach at the collegiate level, I have noticed that more college athletes have been reaching out and asking about mental health services. I discussed this with the athletic training staff and asked if they were noticing a similar trend and their response was that they also are noticing an increase in questions about

accessing mental health services. As coaches we are trained to refer our student athletes who may need mental health support to our on-campus counselors. I wanted to find out if the student athletes were reaching out to access these services and if they were not, why not. I then noticed that the literature had very little, if any, discussion about female athletes and their help-seeking behaviors.

The purpose of this study is to (1) investigate the factors that contribute to help-seeking behaviors for mental health services for female student athletes and (2) to examine the perceptions of seeking mental health services by female collegiate student athletes. It is hypothesized that there are negative stigmas and multiple barriers hindering help-seeking behaviors including factors that are unique to female athletes. To answer the research question, a mixed methodological survey design was used that included both quantitative and qualitative approaches.

The remainder of this thesis includes four additional chapters. Chapter Two contains the literature review, which is an overview of the mental health of student athletes, barriers which hinder the use of mental health services, the female athlete population, and counseling services for student athletes as a whole. Chapter Three, Methodology, is a detailed account of the research design, survey instrument, participants, procedures and analysis that I engaged in as I conducted the research. Chapter Four, Results, presents the analysis of the survey data collected. Chapter Five provides a summary and conclusion of the results.

CHAPTER TWO: LITERATURE REVIEW

Collegiate student athletes face numerous stressors on a daily basis contributing to compromised mental health and holistic well-being (Etzel, 2006; Valentine & Taub, 1999). For these reasons, research has shown that 10-15% of student athletes have clinical mental health needs substantial enough for the use of counseling services (Beauchemin, 2014; Pinkerton, Hinz, & Barrow, 1989; Watson & Kissinger, 2007). Student athletes are a subcategory of young adults that are a part of the undergraduate university population in America. Student athletes are a unique group of individuals who have traditionally been a population that fails to utilize counseling and mental health services, less likely to admit to psychological health issues, and thus do not seek out emotional health care (Sudano et al., 2017). Additionally, the female athlete population within the student athlete subgroup face as many if not more mental health issues, stereotypes and barriers than their male counterparts (Hall & Oglesby, 2016; Hively & El-Alayli, 2014; Witt, 2015). With that said, there is very little research that focuses specifically on female student athletes and their experiences with counseling and mental health services.

This review will begin with an overview of the research that studies identity development and mental health issues faced by college students, with a focus on student athletes. The review will then explore why student athletes choose not to use counseling services by examining the barriers, stigmas and stressors throughout the student athlete lifestyle. Additionally, there will be an examination of the female athlete population as a

whole. The review will continue with an analysis of counseling and other health service approaches and how they apply specifically to the student athlete population. The literature review will close with a summary of methods of improvements and recommendations for future implementation of counseling services for collegiate student athletes.

This review includes research from the past as well as current studies to provide a comprehensive review of the topic. With that said, there will be earlier dated referenced sources within this literature review (Chickering & Reisser, 1993; Pinkerton, Hinz & Barrow, 1989; Valentine & Taub, 1999). The research listed above provides foundational work for this review, and even though there has been recent research published on this topic which is also included, the past research provides essential information for current research to build on.

Athletic Identity

Athletic identity is a complex issue. On one side, student athletes are widely known for their athletic performance and success and can be perceived as celebrities on college campuses. On the other hand, this celebrity status often comes with challenges they face as they attempt to balance academic and athletic life (Watson & Kissinger, 2007). A developmental model proposed by Chickering and Reisser (1993), Foundation of Identity, is a useful frame work for those who counsel collegiate student athletes (Valentine & Taub, 1999). The theory focuses primarily on college students' establishing an identity and

developing a purpose within their environments (Chickering & Reisser, 1993). This specific developmental model has been useful to study the development of identity in the college years of students and student athletes (Despres, Brady, & McGowan, 2008; Valentine & Taub, 1999). Additionally, according to a study by Despres et al. (2008), because student athletes receive recognition primarily based on their athletic achievements, they become more susceptible to their identities being solely anchored in athletics causing hindered overall identity development.

Mental Health

Roughly one and five adults (mostly those who are young adults) suffer from mental illness (Eisenberg, 2014; Ryan, Gayles, & Bell, 2018). These disorders include but are not limited to depression, substance abuse, alcohol abuse, and disordered eating (Moore, 2017). Counselors on college campuses are seeing an influx of more complex and severe symptoms (Xiao et al., 2017). Mental health problems are increasing in number and in the severity of symptoms in college students across America (Chew & Thompson, 2014; Xiao et al., 2017). According to Chew and Thompson (2014), college students are showing higher levels of distress and psychopathology. Additionally, their coping and adaptive skills are not as developed as prior generations. The number of students who need resources continues to increase but campus clinics and counselors have not received additional resources to meet this need (Xiao et al., 2017).

College counselors and mental health professionals provide numerous essential services. They are an integral part of the student support services team (Despres, et al., 2008) and work collectively with faculty, coaches, the athletic department and university leadership to support academic development and, most importantly, the general well-being of the student (Despres, et al., 2008). Their work supports those who are currently struggling with issues as well as implementing preventative measures and training for faculty, staff and other professionals that work with college students (Parcover et al., 2009).

Research shows that participation in college sports can and have facilitated positive mental health traits (Ryan et. al, 2018). Other research, however, indicates the culture and demands surrounding the population show both positive and negative effects in personal, social, career, and academic development (Despres et al., 2008) and that athletes are more susceptible than other students to mental health issues due to the demands of their respective sports (Beauchemin, 2014; Egan, 2019).

Ultimately, student athletes face unique stressors, barriers and mental health challenges. College student athletes are at a particularly high risk for a number of mental health problems. Pinkerton, Heinz and Barrow (1989) indicate that student athletes are a population that is most likely “at risk” of experiencing negative general health and mental health issues. These problems are frequent and seem to be increasing over time (Moore, 2017). Knowing that college athletes are

at high risk of developing mental health problems, it is especially important that researchers look into the barriers of help seeking behaviors within this population.

Perceived Barriers

Although, there are several mental health issues that the collegiate student athlete population face, these mental health issues are not always brought to light. In most cases, student athletes do not reach out for the necessary expert help they need (Sudano et al., 2017) and underutilize mental health and counseling services (Bird, 2018; Bird, Chow, & Cooper, 2018; Pinkerton et al., 1989). Student athletes are more open and at ease seeking help for athletic and academic success than they are for counseling and psychological care (Moore, 2017). As many as 10%-15% of student athletes experience mental health issues that could require professional help (Beauchemin, 2014; Watson & Kissinger, 2007).

According to a study by Eisenberg (2014), only 10% of student-athletes who experience mental health issues seek the services they may need. Alternatively, a much higher percentage - 30% of non-athlete students, seek professional help for their mental health needs (Bird, Chow, & Cooper, 2018; Eisenberg, 2014). The difference of help-seeking behavior between student athletes and non-athletes can be a result of differing factors. For example, student athletes face many more obstacles than non-athletes (Pinkerton et al., 1989; Watson & Kissinger, 2007). One obstacle that differs from non-athletes includes time constraints related to scheduling athletic practice and competition with and around academics. An additional obstacle includes the personal pressure to

succeed from both internal and external factors. Finally, student athletes face certain social stigmas and stressors that are part of the student athlete culture that non-athletes do not have to face (Etzel, 2006). It is important to understand the possible reasons for the underutilization of mental health services within the student athlete population (Watson, 2006). By understanding these possible barriers, student athletes may learn to accept and seek out the counseling and mental health services they need.

Time constraints. Many student athletes spend up to 20 hours per week at sport practices or events, which leaves very little time for academic course work or for any other extracurricular activities not related to their sport (Watson, 2006). Practice and competition greatly reduce the amount of free time available for accessing counseling and mental health services. Successfully managing time for a student athlete is a vigorous task, leaving little time for them to take care of themselves or have a social life outside of athletics. It is difficult for student athletes to sacrifice athletic or academic time during their days to seek out help for any additional concerns.

According to López and Levy (2013), the lack of time to seek out resources for mental health was the top barrier for not seeking treatment. Scheduling difficulties are prominent due to athletes' limited time flexibility for using campus resources. In most cases, campus resources are open typical business hours making it particularly difficult for student athletes to make appointments within these time constraints (Bird et al., 2018; Egan, 2019; López

& Levy, 2013). Unfortunately, time is not the only barrier hindering the use of counseling and mental health services.

Social acceptability. Student athletes are sometimes seen on college campus as the “stars” or the “face” of their respective universities (Beauchemin, 2014; Watson & Kissinger, 2007). With this high social status, student athletes tend to face another barrier to help seeking behavior. Student athletes are exposed to external and internal pressures to succeed in both the classroom and athletic competition with pressures coming from coaches, teammates, family and especially themselves. There is a culture surrounding student athletes that expects toughness and the willingness to fight through anything that is in their way (Beauchemin, 2014; Egan, 2019; López & Levy, 2013; Watson, 2006). This type of culture is an obstructing barrier for help-seeking behaviors, thus preventing athletes from receiving the counseling and mental health support they may need (Beauchemin, 2014; Eisenberg, 2014; Watson, 2006).

The perception of being “tough” conflicts with the process of counseling, which sometimes require opening up to another person and being vulnerable (Chew & Thompson, 2014). The importance of being tough enough to fight through challenges can be a difficult line between reaching out for help or trying to solve problems by themselves. Athletes often treat emotional distress similar to the ways in which they treat physical distress (López & Levy, 2013). Often student athletes are taught to just “shake off” physical pain, which also causes emotional distress to be treated in a similar way. The internal and external

pressures of being socially acceptable also includes barriers related to social stigmas and a positive image.

Stigmas and perceptions. Being perceived as mentally ill or weak is another barrier that inhibits help-seeking behaviors by the student athletes (López & Levy, 2013). For many student athletes, a positive perception from others is a greater concern than seeking help for mental illness or need (López & Levy, 2013; Sudano et.al., 2017). Seeking mental health services will be avoided as long as the risk outweighs the benefits (Sudano et.al., 2017). Labels such as mentally ill or “crazy” is a long-time barrier to help seeking behaviors in collegiate student athletes (López & Levy, 2013). The mental health topic itself is one that is rarely spoken about within athletic communities and is surrounded by negative stigmas (Sudano et al., 2017).

The resistance towards counseling can be due to the perception of others including coaches and teammates of their respective sports (Sudano et al., 2017). Many student athletes report that a reason for not seeking help for mental health is the fear of damaging their chances to succeed by weakening their self-efficacy, while also risking their coach’s confidence in their ability to perform (Watson, 2006). Student athletes fear that they would not be supported by coaches and teammates, causing them to lose the trust they worked hard to gain (Sudano et. al., 2017; Watson, 2006). Addressing the issue of negative stigmas is a large need, but it must start with the athletic departments and coaches of the athletes (Eisenberg,

2014). Student athletes also have additional stressors in their environments that increase the challenges of this student population.

Stressors. For a student athlete participating in collegiate athletics, there are many positive skills that can come from the involvement of collegiate athletics. Skills such as team building, mental toughness and time management skills are positive attributes affiliated with being a student athlete (Watson, 2005). Participating in sport can also add meaning and value to one's daily life (Egan, 2019). However, student athletes encounter challenges not faced by traditional undergraduate students (Beauchemin, 2014; Watson & Kissinger, 2007).

Student athletes are in a highly visible position especially with social media surrounding the athletic community. Difficulties with bullying, threats, harassment and event criticism are prevalent in this population due to their high visibility (Egan, 2019). Other stressors and challenges include extensive time demands, pressures to succeed, injuries, and conflicts with coaches and teammates (Egan, 2019; Sudano et al., 2017). A study by Egan (2019) found balancing life as a student athlete is equivalent to working two full- time jobs, academics and athletics. This causes a large amount of stress in the life of a student athlete causing decreased time for sleep and self-care. Some cases stress in student athletes can differ by genders, specifically within the gender roles between the two (Lance, 2004). Research has shown that female student athletes found it more difficult to balance academic life and athletic life than male athletes causing extra stress on the female athlete population (Lance, 2004).

Female Student Athletes

Title IX was passed to prohibit gender inequity in education (U.S. Department of Education, n.d). Since the passing of the Title IX law in 1972, there has been a noted increase in female participation in sport across all educational settings including collegiate athletics (Hall & Oglesby, 2016; Witt, 2015). In most recent reports, fifty-four percent of all female undergraduate students participate in collegiate teams across every levels of the NCAA (NCAA Gender Equity Report, 2012; Witt, 2015).

However, there are significant differences for females in comparison to male athletes in the collegiate athletics setting (Yang et al., 2007; Witt, 2015). When it comes to female student athletes there are more gender identity issues, stressors, anxieties, and eating disorders (Anderson, Petrie & Neumann, 2012; Witt, 2015). Females are more likely to struggle with the balance of the student athlete life in comparison to their male counter parts (Lance, 2014). Although there are more females entering the world of sports, they still face challenges of having to prove themselves within their athletic abilities (Hall & Oglesby, 2016). Gender stereotypes aimed at female athletes are not only prevalent but costly to the athlete's performance and mental health (Hively & El-Alayli, 2014).

The uniqueness of the female student athletes' mental health concern has inspired more attention to the needs and experiences they face daily within the athletic culture (Pinkerton, et al., 1989; Yang, et al., 2007; Witt, 2015). With so

many stressors surrounding student athletes, it is important that researchers look into successful approaches surrounding the use and need of psychological and counseling services for female as well as male students.

Approaches to Counseling Student Athletes

There are many approaches to counseling student athletes but there isn't a unified guiding theory or standard approach to this work (Pinkerton et al., 1989; Valentine & Taub, 1999). In fact, there is an abundance of research surrounding the topic of student athletes and the utilization of counseling services, with little accompanying research solidifying guiding theories for collegiate counselors to follow. Without a guiding theory, counselors feel under prepared when dealing with this specific population (Valentine & Taub, 1999). Psychological and counseling services for student athletes within athletic departments are typically provided by counselors who support a wide array of issues including academic development, personal issues, career goals, eating and drinking disorders, and identity issues (Chartrand & Lent, 1987; Despres, Brady, & McGowan, 2008; Valentine & Taub, 1999). Three models have been identified as approaches for working with the student athlete population. These models include the health belief model, the psychosocial development approach and the life skills development approach.

The health belief model (HBM) is a theoretical framework utilized by health professionals and researchers to better understand help-seeking behaviors

(Bird et al., 2019). A study by Bird et. al (2018) describes the model as a theoretical framework to evaluate the likelihood of individual's help-seeking behavior within collegiate athletic settings. This model uses six independent factors to predict the likelihood an individual will engage in a certain health behavior (Bird et al, 2018). The six factors include perceived seriousness, perceived susceptibility, perceived benefits, perceived barriers, self-efficacy, and cues to action. While using HBM, researchers were able to find important factors of help- seeking behaviors within the six independent factors listed above (Bird et al., 2018). By the end of the study the researchers were able to understand perceived barriers such as self-efficacy, thinking they could handle issues on their own, and the uncertainty of interacting with mental health professionals. All of these barriers were found to be the most prominent surrounding help-seeking behaviors while also following the framework of HBM (Bird et al., 2018). This model provides a framework for researchers and counselors alike, to delve deeper into help seeking behavior variables brought on by the student athlete life.

Psychosocial development is an important approach that counselors must take into consideration while working with student athletes (Broughton, 2001). Student athletes struggle with many of the same concerns of non-athletic college students, so it is important to consider their developmental needs within a developmental framework (Valentine & Taub, 1999). Psychosocial development offers valuable information about obstacles student athletes may face during their time as a collegiate student athlete and even after they graduate. The model breaks

the development of identity into seven vectors. These vectors include developing competence, managing emotions, moving through autonomy toward interdependence, developing mature interpersonal relationships, establishing identity, developing purpose, and developing integrity (Chickering & Reiser, 1993). Each vector is considered a task that college students must go through to fully develop their identity while also going through the emotional, social and physical factors of college life (Chickering & Reiser, 1993; Lockwood, 2019). The vectors portion of the model can and has been applied to student athletes as well as collegiate students who are non-athletes (Despres et al., 2008). Understanding and implementing Chickering and Reiser's (1993) developmental theory will better help athletic counselors understand the development of a collegiate athletes' identity while also helping to give a framework for the counseling they will be providing (Lockwood, 2019).

As a student athlete it is important to find guidance in not only mental health and psychological coping skills, but also in the life skills they will use outside of athletics (Despres et al., 2008). One life skill approach to guide collegiate athletic counselors is based out of the National Collegiate Athletic Association (NCAA). The Challenging Athletes' Minds for Personal Success (CHAMPS). CHAMPS was created for students to successfully complete their college degree while also developing skills that will help them throughout life (Despres et al., 2008). Some skills include nutrition education, creating resumes, study skills and social, career and academic development plans. In short, the

program was created to assist in learning skills pertaining to personal development and commitment to athletic excellence, career development and service (Despres et al., 2008).

Programs like CHAMPS were developed to reduce the stigmatization of seeking counseling within athletic departments on college campuses (Watson, 2006). In 2016, the NCAA partnered with the National Association of Academic Advisors for Athletics also known as N4A to develop life skills programing for NCAA member institutions (Leach, 2016). Jean Boyd, president and senior associate athletics director for student- athlete development at Arizona State describes the need for life skills perfectly:

“The formal integration of academic and life skills programing and practitioners gives student-athletes their best chance to be supported and developed holistically as champions in their academics, champions in their sport and most importantly, in their lives.” (Leach, 2016)

The importance of learning life skills within the time of being a student athlete is necessary to prepare this particular population for life beyond sports (Despres et al., 2008; Leach, 2016; Watson, 2006). Learning life skills prepares the student athlete to become leaders outside of their athletic careers. Additionally, it teaches them that there is life outside of college athletics.

These three approaches are crucial to learning about the development of the mental health needs of student athletes. These approaches are also helpful in increasing positive help seeking behaviors in student athletes, while also

improving overall preventative measures on college campuses. Each approach serves a similar purpose but are different in their own way. It is important as researchers to recognize these approaches as building blocks for ways to improve the mental health of collegiate student athletes. These approaches are vital to the development and research of student athlete's mental health and well-being (Parcover et al., 2009).

Methods of Improvements and Recommendations

It is essential for staff and administrators to understand the life that student athletes face on a daily basis before they can understand how to assist them with their mental health issues (Eisenberg, 2014; Etzel, 2006). Understanding the stressors, stigmas, and mental health issues of this population is the first step in supporting and guiding this population as a whole (Etzel, 2006; Moore, 2017). The next step in reducing the influx of mental health issues is to make the student athletes feel more comfortable with seeking services (Moore, 2017; Watson, 2006). Watson (2006) recognized that informing student athletes about the counseling process helped diminish misconceptions of the service as a whole. Educating the student athlete about the process of counseling can also allow the athletes to have an idea of what a counseling session will be like (Watson, 2006). This change starts with engaging college athletes in conversations about their mental health, risk factors and interventions (Eisenberg, 2014; Moore, 2017).

A study by Eisenberg (2014) shows the implementation of a program developed by the University of Michigan School of Public Health, Depression Center and the Athletic Department to increase awareness of mental health issues, reduce stigma, and promote coping skills among student athletes. This program titled Athletes Connected focused on different interventions for the collegiate student athlete on the University of Michigan campus: implementing video, informational presentations for coaches and athletes, and informal drop-in support groups designed to specifically address the unique student athlete life (Eisenberg, 2014). The aim for Athletes Connected was to change the culture regarding the mental health and well-being of their student athletes, at not just the University of Michigan, but for all universities. Initial results of this program were very encouraging. Five weeks after implementation they found that students were more likely to report using self-care strategies from the videos, and more likely to have talked with a health professional about mental health (Eisenberg, 2014).

According to López and Levy (2013), the most prominent barrier to counseling for student athletes was related to the lack of time to seek help. They recommend that athletic departments, with the assistance of counseling departments, consider expanding operating hours or offer counseling hours in times where there is minimal conflict for the student athletes (Chew & Thompson, 2014; López & Levy, 2013). Researchers also recommend that athletic departments foster an environment supportive towards seeking help for mental health issues (López & Levy, 2013; Watson, 2006). It is important for athletic

departments to hire staff who value the mental health and well-being of the student athletes (Chew & Thompson, 2014; Etzel et al., 2006; López & Levy, 2013; Watson, 2006). Administrators and staff supporting this population, within and outside the athletic department, should always take into consideration the student athlete lifestyle without comparing them to a non-athlete in a college setting (Etzel et al., 2006).

Conclusion

The number of college students who experience mental health needs are at an all-time high (Xiao et al., 2017). With that being said, student athletes are also facing the same mental health needs along with their everyday athletic stressors on top of their academic lives (Beauchemin, 2014; Etzel, 2006; Watson & Kissinger, 2007; Valentine & Taub, 1999). It is essential to recognize the multiple barriers hindering help seeking behaviors within this population of student athletes in order to fully understand how to minimize these barriers (López & Levy, 2013; Watson, 2006). Recognizing the uniqueness of the female student athlete sub-population is also important for future research within the topic. Implementation of programs such as Athletes Connected at the University of Michigan, is an example of one program supporting athletic departments to help their athletes with their mental health needs. There are multiple other programs such as CHAMPS by the NCAA that also assist athletic staff members in mental health and life skills for student athletes. In closing, it is in a university's best

interests for athletic departments, coaches and teams to create and inculcate accepting positive atmospheres that promote positive help seeking behaviors for student athletes (Chew & Thompson, 2014; López & Levy, 2013; Watson, 2006).

CHAPTER THREE: METHODS

Research Design

The purpose of this study was to examine factors that influence female collegiate student athletes and their mental health help-seeking behaviors. To answer the research question, a mixed methodological survey design was used that included both quantitative and qualitative approaches. I felt a mixed methodological design would provide a deeper understanding of the perceptions of the student athletes than either approach on their own. A mixed methodological design allows the examination of how quantitative and qualitative data confirm each other (Bird et al., 2018).

Participants

Participants were female collegiate student athletes on the volleyball and soccer teams at a rural Division II public university in California participating in the California Collegiate Athletic Association. Respondents were members of the volleyball and soccer teams. Participants were a convenient sample; they are student athletes in the department in which I work. While I am known to the participants, I do not directly work with them. Only current members of the teams were included. Thirty-nine members of the teams were sent invitations to participate in the survey (n=39), eighteen completed the survey (n=18).

Survey

The researcher-constructed survey was developed based on the extant literature on student athletes' attitudes and perceptions of mental health and counseling services. It was organized around three basic themes. The first theme includes questions that focus on the participants perceptions/motivations about the need for mental health services. This section included five questions (e.g., To what extent does hoping that the problem will go away by itself hold you back from connecting with a counselor?). The second set of questions focused on perceived barriers to accessing mental health services. It consisted of eight questions (e.g., To what extent do you think a lack of information present challenges to athletes who want to connect with a counselor?) The third theme was the concern in which someone would find out the participant decided to get counseling. It included four questions (e.g., How concerned would you be that coaches might find out you decided to get counseling?). The survey also included a demographic section (age, gender, years attending a university, sport, years playing the sport). There were also two open-ended questions. The first question asked, "Describe what you believe to be the most important factors that would prevent you from seeking professional counseling for your mental health care." The second question asked,

“When it comes to mental health care, what do you believe could discourage the use of counseling services for female student athletes? Explain.”

The survey was evaluated for face validity by two faculty experts in the field. The instrument will be evaluated a second time during the data analysis phase for content validity and reliability.

Procedure

Prior to surveys being sent out, the researcher obtained permission from the Institutional Review Board (IRB), Office of Institutional Effectiveness, athletic director and coaches. Initially I had planned to visit a team meeting and ask the athletes to complete a paper survey. However, before the planned meetings, the Coronavirus 19 (COVID-19) global pandemic outbreak occurred and college campuses across California moved to an online format for all university activities, including team meetings. Therefore, I switched the survey to an online Google Form.

Once team coaches agreed to provide access, an invitation to participate in the survey was sent to all members of the women's soccer and volleyball teams. The emails invited athletes to participate, provided an explanation of the study goals, a consent form and linked to the online survey instrument once consent had been agreed to by the participant. Two additional follow up emails were sent to non-responders. The first follow up was sent five days after the initial contact and the second after another week.

Once begun, there were no time limits on completion with the expectation that participants would take between 10-15 minutes to complete the survey. All responses were collected in a manner that allowed the results to remain anonymous.

Analysis

Online data was downloaded to an Excel spreadsheet for analysis. Quantitative results were analyzed with Minitab Express and written responses to open ended questioning were coded and analyzed thematically.

CHAPTER FOUR: RESULTS

Introduction

This chapter provides an overview of the participant demographics of who responded to the online survey including age, sex, years in college and sport in which they participate. In addition, it presents response rates for all of the questions as well as both the quantitative and qualitative results of the online survey. It also provides detailed responses to the qualitative questions in the survey which characterize the familiarity of participants in terms of the barriers in which they believe prevent them, and others, from seeking professional counseling for their mental health care.

Survey Results

The quantitative section of the survey, designed as a series of Likert scale statements (1-Not at All, 2- A Little, 3-A Lot, 4-Extremely) and open-ended questions explored motivational, practical and reputational barriers to accessing mental health services.

Demographics

A total of 39 surveys were sent and 18 female student athletes responded to the survey: 13 volleyball and 5 women's soccer players for an overall 46% response rate. All participants were reached through email after receiving permission from the athletic department and coaching staff. Participants were sent emails with an explanation of the

study goals, a consent form and instructions for how to complete the survey. Participants were instructed to follow the link if they wished to participate in the survey. The average age of the participants was 21 years old and the average years playing the sport was 11. The average amount of time in college for the participants was 3.2 years.

Table 1. Mean and Range of Demographics.

	Mean	Range
Age	21 years	6 years
Years in College	3.2 years	4 years
Years playing sport	10.6 years	13years
Years playing college sports	2.4 years	4 years

Perception/Motivation

The Perception/Motivation Scale included items that may or may not affect the motivation of the participants in seeking mental health services. Items included to what extent students felt the need for counseling, whether they thought it would be helpful, and/ or they felt family and friends would be more valuable in meeting their mental health needs. The mean of the first two items which expressed the sense that the athlete could handle their needs without help were rated higher than the remaining items, however, none of the items were scored very highly, indicating while some motivation barriers may exist to seek mental health services and or counseling, these athletes did not

perceive this type of support was needed at this time. The table below shows the means and standard deviations of the items in this scale.

Table 2. Means and standard deviation of survey inventory one- Perception/Motivation

Survey Item	Mean	SD
Feeling you should be able to handle the problem on your own	2.556	0.984
Hopping that the problem will go away by itself	2.389	0.850
Thinking that counseling probably will not help	1.556	0.856
Believing it would be better to get help from friends or family	1.833	0.707
Thinking that you would not like counseling	1.611	0.916
I never had a situation where I felt counseling was needed (True/False)	1.222	0.428

To examine these relationships more fully, a Pearson Correlation was used to evaluate the relationship between *Hoping the problem would go away itself* ($m= 2.389$) and *Feeling they would be able to handle the mental health problem on their own* ($m=2.556$) to determine if they should be combined into a single variable for analysis. The results showed a significant relationship ($r = 0.782, p < 0.001$). Using a One Way ANOVA and a Tukey Post Hoc Comparison I found that these two were rated significantly higher than the remainder of the items ($f=6.47, p < 0.001$) suggesting that a major reason for not accessing mental health services was that most of the participating female athletes had little to no motivation to seek further help for their problems rather

than a sense that services would not help. The following tables show the results of the One-Way ANOVA and Tukey Comparison.

Table 3. Analysis of variance- Perception/Motivation

Source	DF	Adj SS	Adj MS	F-Value	P-Value
Factor	4	15.54	3.8861	6.47	0.000
Error	85	51.07	0.6008		
Total	89	66.61			

Table 4. Tukey comparison- Perceptions/Motivation

Factor	N	Mean	Grouping	
Feeling you should be able to handle the problem on your own and Hoping that the problem will go away by itself	18	2.472	A	
Believing It would be better to get help from family or friends	18	1.833	A	B
Thinking that you would not like counseling	18	1.611		B
Thinking that counseling probably will not help	18	1.556		B
I never had a situation where I felt counseling was needed (True/False)	18	1.222		B

Participants supported this finding in the open-ended questions. For example, one athlete stated, “I just don't feel that I need it, I'm sure it would help regardless of my mental state, but I'm so busy that I'd rather relax at home during my free time.” Another athlete shared, “I have never felt the need to seek professional counseling so I am not really sure what would prevent me from seeking help.”

Barriers

A second scale examined pragmatic barriers to participation. In this scale athletes were asked about a series of potential barriers to accessing mental health services. The most common answer was *unable to find time to make appointments* ($m=3$, $s.d.=1.029$), and the second most common answer was *lack of information about what counseling is like* ($m= 2.6$, $s.d.= 1.195$). The following table shows the means and standard deviations for these items.

Table 5. Means and standard deviations of inventory two.

Survey Item	Mean	SD
A lack of information about what counseling is like	2.667	1.029
Being unsure where to get counseling	2.611	1.195
Not knowing who to ask to help find counselors	2.444	1.199
Difficulty travelling to appointments	1.889	1.079
Not being able to afford the counseling costs	2.500	1.150
Not finding counselors from my cultural group	2.000	1.328
Unable to find time to make it to appointments	3.000	1.029
Concern about a mental health problem on my medical record	1.500	0.857

To examine these relationships more closely and to evaluate whether certain barriers were rated higher a One-Way ANOVA was used. The results were mixed with a lack of time and information rated significantly higher ($f = 3.46$, $p = 0.002$) than the other items. A Tukey comparison found that the one item rated significantly lower than the remainder was concern about having the information on their medical record with a mean score of 1.5 and standard deviation of 0.89. The following tables show the results of the ANOVA and Tukey Comparison.

Table 6. One-Way ANOVA of Barriers

Source	DF	Adj SS	Adj MS	F-Value	P-Value
Factor	7	30.16	4.309	3.46	0.002
Error	136	169.50	1.246		
Total	143	199.66			

Table 7. Tukey comparison- Barriers

Factor	N	Mean	Grouping
Unable to find time to make it to appointments	18	3.000 A	
A lack of information about what counseling is like	18	2.667 A	
Being unsure where to get counseling	18	2.611 A	B
Not being able to afford the counseling costs	18	2.500 A	B
Not knowing who to ask to help find counselors	18	2.444 A	B
Not finding counselors from my cultural group	18	2.000 A	B
Difficulty travelling to appointments	18	1.889 A	B
Concern about a mental health problem on my medical record	18	1.500	B

Three items: *Being unsure where to get counseling, not knowing who to ask to help find counselors, a lack of information about what counseling is like* all seem to point to a lack of general information as a key barrier. A Pearson Product Moment Correlation was run to determine their level of association and were found to have significant correlations as shown in the pairwise table below.

Table 8. Correlations between item that point to lack of information.

Sample 1	Sample 2	Correlation	95% CI for ρ	P-Value
Being unsure where to get counseling	A lack of information about what counseling is like	0.845	(0.625, 0.941)	0.000
Not knowing who to ask to help find counselors	A lack of information about what counseling is like	0.699	(0.345, 0.879)	0.001
Not knowing who to ask to help find counselors	Being unsure where to get counseling	0.784	(0.501, 0.916)	0.000

The three items were combined into a single variable and correlated with age and number of years at the university to determine if the lack of general information was significantly related to their time here. Positive correlations were found, but these would suggest that older students and those who have more years on campus have rated the lack of information as being a more significant barrier. Participants supported this finding in the open-ended questions. For example, “Lack of information, and feeling that counselors are dealing with people who have “bigger” problems and I would be wasting their time.”

Table 9. Pairwise Pearson Correlation- Information and Age

Sample 1	Sample 2	Correlation	95% CI for p	P-Value
Years in college	A lack of information about what counseling is like	0.478	(0.015, 0.773)	0.045
Age	A lack of information about what counseling is like	0.552	(0.115, 0.810)	0.018
Age	Years in college	0.895	(0.735, 0.960)	0.000

Results indicate that overall a significant barrier to getting assistance may be a lack of information about counseling services which does not improve over the time a student has been at the university. It should be noted that neither race or ethnicity information were collected in this survey. There is a possibility some of those who found a lack of information could have also been concerned with having a counselor of their own race. Participants again supported this finding in their qualitative statements by saying, “Not having info on it, not having someone of my racial background.”

Perceived Stigma

The third survey scale Three examined the perceived social stigma of accessing mental health services. In this inventory participants were asked a series of questions regarding the concern they would have if others (teammates, coaches, friends, and family) found out they were accessing mental health services. The following table shows the resulting means and standard deviations.

Table 10. Means and standard deviation of survey inventory three.

Factor	Mean	SD
Teammates might find out	1.444	0.784
Coaches might find out	1.778	1.003
Friends might find out	1.278	0.669
Family might find out	1.389	0.850

The answer with the highest rating was concern that a coach would find out ($m=1.778$, $s.d.=1.003$) and a close second being concern if teammates found out ($m=1.444$, $s.d.=0.784$). However, despite the literature suggesting this could be a major barrier, all of the ratings in this section were relatively low, meaning the concern that others could find out was not a significant barrier.

A two-sample t-test showed no significant difference between coaches/teammates and friends/family ($p = 0.270$) No further statistical tests were completed because the mean scores were so low.

Interestingly, in response to an open-ended question a couple of respondents did raise the issue in a more general sense by writing “I think it could just be social influences forcing subconscious insecurity about seeking counseling services.” Another described her concern that seeking services might be interpreted by, “Coaches thinking you’re unstable.” Overall, the results suggested that while there may be a general sense of concern about the social stigma of accessing counseling, it was not a significant concern for the participants themselves.

Additional Emerging Themes from the Open-Ended Questions

There were additional themes that emerged from the analysis of the open-ended questions. These themes include feeling there is a lack of qualified counselors and a lack of counselors of the respondents' own race. One female athlete showed concern over race by stating, "not having someone with a lot of experience with what I am dealing with and a person of color." The lack of female counselors was another emerging theme. For example, one student reported, "Perhaps if the counselor is male and doesn't understand what's going on in our head. Or people finding out we are getting counseling and blaming it on "women just being over emotional." Lastly, fear of being misunderstood as an athlete was noted.

"Being an athlete, it is sometime hard to talk to non-athletes (specifically at the collegiate level) about issues that are caused from my sport. When I do think that I might benefit from getting professional help, I hesitate to reach out to a therapist or counselor because I feel like I will just waste my time because they don't understand what it's like to be a collegiate athlete."

Summary

The first significant finding within the survey was the lack of motivation to seek further help for mental health problems. Participants of this survey preferred to spend their time "relaxing at home during my free time" rather than seeking out help for mental health needs. This then leads into another significant

finding that lack of time was indicated as a significant barrier to seeking counseling.

Furthermore, the second most common significant barrier noticed within the survey was the female student athletes were unsure about how to access counseling. Another clear key barrier was a lack of general information about mental health services. After further analysis, a significant finding suggested that age and more years of college was correlated with a lack of information about counseling services indicating that this becomes a more significant barrier as these athletes become older. Additional findings included concern that counseling services would not address the racial, gender and athletic identities of the respondents.

CHAPTER FIVE: DISCUSSION

There were two main questions that guided this study. The first question asked about the factors that contributed to help-seeking behaviors for mental health services by female student athletes. The second research question focused on examining the perceptions of seeking mental health services by female collegiate student athletes. It was hypothesized that there are negative stigmas and multiple barriers hindering help-seeking behaviors including factors that are unique to female athletes.

The quantitative data did not support the hypothesis that stigma was a major barrier for these athletes. There were no significant findings that athletes were concerned about coaches, teammates or families finding out about seeking mental health support. However, there was a slight concern expressed in the open-ended responses stating answers like, “Coaches thinking you’re unstable” as well as “...feeling afraid or weak in front of their coach.”

The hypothesis regarding multiple barriers that hinder help-seeking behaviors was partially supported by the data collected from the survey. Statistically significant variables included time and lack of general information and understanding about counseling services. This indicates that these were prominent barriers. The literature points to many barriers hindering the use of mental health services for the student athlete population such as time, social acceptability, stigmas and perceptions, and stressors (Beauchemin, 2014; Chew & Thompson, 2014; Egan, 2019; López & Levy, 2013; Sudano et al., 2017; Watson, 2006). The barrier of lack of time aligns with the findings

within the literature that the top barrier for not seeking counseling for student athletes as a whole is in fact time constraints (López & Levy, 2013).

Female athletes who participated in this study showed factors of uniqueness by stating their worries about lack of female counselors as well as being perceived as “women just being emotional.” It surprised me that these female athletes were concerned over these gender stereotypes. These females also stated their fear of being misunderstood by counselors who are not athletes when seeking mental health services.

The study also answered the second research question. The data indicate that there was little motivation for these athletes to seek mental health services because the respondents felt they could handle problems on their own and didn’t think their issues were big enough to warrant mental health services. This also aligns with previous research from the literature review. Bird and colleagues (2018) state in their findings that athletes identified barriers such as self-efficacy, thinking they could handle issues on their own, and the uncertainty of interacting with mental health professionals.

The finding that the years at university played a factor in the general knowledge of information about mental health services was another one that surprised me. This finding is new and has not been seen in the literature. This information really sparked my interest because in my experience within an athletic department we do not typically talk to the student athlete population as a whole about mental health and mental health services, it is usually the newest students that are provided with this information.

Findings from this study should not be interpreted without first reflecting on its limitations. The small sample size of this study makes it difficult to compare this study

with others who have a larger population of student-athletes. Furthermore, it is important to recognize that participants in this study were enrolled in a single rural NCAA division II university. Findings from this study may differ if participants are surveyed across multiple divisions, institutions and open to all genders. Due to the limitations of the sample size it was not possible to analyze data to investigate differences between sport or gender, both which have been shown to influence student-athlete help seeking (Bird et al., 2018; Moreland, Coxe, & Yang, 2018). It should be noted that the participants in this study were not asked if they utilize mental health services personally which could have an impact on the survey results. The female student athletes were also not asked about their race or their ethnicity which could have led to further implications. Finally, participants' answers could have been skewed due to the unprecedented COVID-19 pandemic in the United States at the time of the survey. At the time of the survey the respondents were sheltering at home away from the demanding schedule of the typical college athlete.

Recommendations/ Next Steps

From the data collected I recommend the use of approaches previously stated in the literature review (CHAMPS, HBM, Psychosocial Development). The implementation of these approaches and programs will promote positive atmospheres that promote positive help seeking behaviors for the student athletes (Chew & Thompson, 2014; López & Levy, 2013; Watson, 2006).

Personally, I plan to implement mental health education for all classes within the female student athlete group I am associated with. In the position I currently hold as assistant softball coach, I am not currently involved in the implementation of mental health services. But I do plan on using this research to my individual team and staff members by educating them on my findings. The best thing I can do as an assistant coach is to make sure I create a positive atmosphere within my team when it comes to the needs of mental health. I also plan on paying more attention to the inclusion of the older female athletes and their knowledge of mental health services provided to them on and around campus.

This study demonstrates the need to carefully examine the relationship between the athletes, their mindset and their motivation to access mental health services. It also demonstrates their concern about being misunderstood and the need of female mental health counselors for female student athletes. These issues are unique to this female student athlete population. This study also further demonstrates the need to improve communications involving mental health services throughout the years that the student athletes are at the university to further their understanding of the process and the benefit of accessing mental health services.

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APPENDICES

APPENDIX A: IRB LETTER



MEMORANDUM

Date: 3/19/2020

To: Mary P Dingle
Breonna Bejaran

From: Susan Brater
Institutional Review Board for the Protection of Human Subjects

IRB #: IRB 15-141

Subject: Female Collegiate Student Athletes and the Perception, Attitudes and Experiences of Psychological and Mental Health Services

Thank you for submitting your application to the Committee for the Protection of Human Subjects in Research. After reviewing your proposal and revisions, I have determined that your research can be categorized as Exempt by Federal Regulation 45 CFR 46.104(d) because of the following:

Your research will only include interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if one of the following criteria is met: (i) The information is recorded in such a manner that the identity of the human subjects cannot readily be ascertained; (ii) Disclosure of the subjects' responses outside the research would not place the subjects at risk of criminal or civil liability or be damaging to their financial standing, employability, educational advancement, or reputation; or (iii) The information obtained is recorded in such a manner that the identity of the subjects can be ascertained, and the IRB conducts a limited review.

The anniversary date of this proposal is **3/15/2021**. By HSU policy, all data collection related to this protocol must stop on the anniversary date, and the IRB will not extend a protocol that is past the anniversary date, unless a renewal/annual report is submitted. In order to prevent any interruption in your research, please submit a renewal/annual report in time for the IRB to process, review, and extend the Exempt designation (at least one month).

Important Notes:

- Any alterations to your research plan must be reviewed and designated as Exempt by the IRB prior to implementation.
 - Change to survey questions
 - Number of subjects
 - Location of data collection
 - Any other pertinent information
- If Exempt designation is not extended prior to the anniversary date, investigators must stop all data collection related to this proposal.
- Any adverse events or unanticipated problems involving risks to subjects or others must be reported immediately to the IRB (irb@humboldt.edu).

cc: Faculty Adviser (if applicable)
Institutional Review Board for the Protection of Human Subjects

APPENDIX B: LETTER FROM ATHLETIC DEPARTMENT

