ABSTRACT

RYAN, HEATHER LEIGH. Student-Athlete Mental Health: A case study of Mental Health Programs in Power 5 Conference Athletics Departments. (Under the direction of Dr. Joy Gayles).

Mental health concerns on college campuses are at an all-time high. Within the student-athlete population, the National Collegiate Athletic Association (NCAA) reported suicide as the third leading cause of death (Ching, 2018). Furthermore, in a survey conducted by the NCAA of more than 37,000 student-athletes during the month of April 2020, 50% of female respondents and 31% of male respondents indicated they "constantly" or "most every day" felt overwhelmed by all they had to do (NCAA, 2020). While mental health concerns continue to grow among the student-athlete population, student-athletes continue to routinely underutilize mental health resources (Wahto et al., 2016; Watson, 2005).

In January 2019, the Power 5 conferences (ACC, Big Ten, Big 12, Pac-12, and SEC) implemented legislation requiring all member institutions make mental health resources available for student-athletes (Hosick, 2019). Additionally, the NCAA published a best practices document to guide schools in the development of mental health programming for student-athletes. To date, little information is available as to how institutions are implementing this required legislation or implementing the NCAA best practices.

Utilizing a public health model and the NCAA Layers of Care model as a conceptual framework, this exploratory multiple case study investigates how athletics departments in Power 5 conferences assess the mental health needs of student-athletes, promote positive health and healthy environments, implement prevention strategies for mental health concerns, and evaluate their mental health programs for student-athletes. Interviews and document analysis with participants from one public or private institution in each Power 5 conference serve as the data collection for this research.

This study contributes to closing a gap in research regarding student-athlete mental health programs and services offered by athletics departments. Findings suggest embedded mental health practitioners focus on being visible in the department and educating staff and student-athletes in an effort to reduce stigma associated with help-seeking behavior for mental health concerns and to promote a positive mental health environment. Findings also suggest collaboration between mental health providers, athletics department staff, and campus constituents is fundamentally important to the promotion of mental wellness among student-athletes. Furthermore, this research indicates as mental health needs among student-athletes continue to grow, mental health providers are concerned about their ability to meet the increase in needs while remaining visible in the department and continuing to provide mental health education for student-athletes and coaches.

Student-Athlete Mental Health: A case study of Mental Health Programs in Power 5 Conference Athletics Departments

by
Heather Leigh Ryan

A dissertation submitted to the Graduate Faculty of
North Carolina State University
in partial fulfillment of the
requirements for the degree of
Doctor of Philosophy

Education, Leadership, Policy and Human Development

Raleigh, North Carolina
2022

APPROVED BY:

_____	_____
Dr. Joy Gayles Committee Chair	Dr. Marc Grimmett
_____	_____
Dr. Meghan Manfra	Dr. Erianne Weight

BIOGRAPHY

Heather Ryan is currently employed in the athletics department at Duke University. She has worked in the academic units of Division I athletics departments for the last 20 years. She was a graduate assistant at Purdue University from 2000-2002 before she moved to New Orleans to work for the Tulane University athletics department in academics from 2002-2005. She accepted a position at Duke University and moved to Durham, North Carolina in 2005. Heather has served in a variety of roles in the Duke athletics department including academic coordinator, Director of Academic support, Executive Director of Academic Support, and Associate Director of Athletics/Academic Services & Senior Woman Administrator before being promoted to her current role, Senior Associate Director of Athletics for Student-athlete Experience.

In addition to pursuing her Ph.D. in Education, Leadership, Policy, and Human Development from North Carolina State University, Heather holds a Masters of Education in College Student Personnel with an emphasis in Counseling from Purdue University, and a Bachelor of Science in Kinesiology from Indiana University. Heather's research interests include student-athletes, mental health, strategic planning, and assessment.

ACKNOWLEDGMENTS

To my family and friends, thank you for seeing me through this journey. Whether it was editing, helping me think conceptually, or just letting me vent, you all helped make this happen. Your love and support mean more to me than you will ever know. Mom-thank you for always encouraging me to be the best I can be and reach as far as I can reach, and above all else thank you for believing in me. To my father, whom I miss dearly every single day of my life. I love you and I know you were with me through this journey.

To my colleagues at Duke- I can't thank you enough for the countless conversations, unending proofreading, and unwavering encouragement and support in this endeavor.

To the amazing professors at NC State, thank you for your time, efforts, and patience. Professor Townsend- I have used your weekly ODD tips throughout this process and my ODD picture frame sits on my desk. It has motivated me daily to complete this work. Professor Young- your attention to detail and feedback at the beginning of this process laid the foundation for me to complete this research and writing. I thank you both from the bottom of my heart.

To my committee and specifically, Dr. Gayles- Thank you for your help and guidance. Thank you all for always being gracious with your time and providing me excellent feedback, and most importantly, thank you for motivating and encouraging me along the way.

To my classmates and accountability group---you are the best! Special shout outs to Lori for keeping our group together and keeping everyone motivated, Cocoa for being my sounding board throughout this experience and Rachel for keeping it real!

To my research participants- I hope I honored your efforts and your student-athletes in the final product. To Shawn-I cannot thank you enough for your help. It will take me decades to pay you back!

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER 1: INTRODUCTION

Tyler Hilinski was a redshirt sophomore with a bright and promising future at Washington State University. He had a loving family and many friends, was slated to be the starting quarterback for the football team, and had just returned to campus from a trip to Mexico with his family. On the morning of January 16, 2018, he dropped his teammate off to class, made plans with his brother to play Fortnite that evening, and retreated to his apartment. That afternoon, 21-year old Tyler sat down in his bedroom closet and ended his life with a self-inflicted gunshot wound to the head (Bishop, 2018). His actions stunned not only the community, but his parents, family, friends and teammates. His parents recall, "Tyler never asked for help…he didn't want to be a burden" (Bishop, 2018). Tyler is one of many college student-athletes who endured mental health concerns, did not seek help, and ultimately lost his life.

Mental Health and Today's College Students

Mental health concerns on college campuses are at an all-time high. According to the Center for Collegiate Mental Health (CCMH, 2018), which represents 147 higher education institutions, the number of students seeking appointments in college counseling centers increased 30-40% between the academic years 2010-2011 and 2014-2015, while only a 5% increase in college enrollment occurred during those years. Anxiety is the most prevalent mental health concern and mental health illness among college students (LeViness et al., 2018). A national survey of university and college counseling center directors indicated almost 60% of clients came to the counseling center with anxiety as their presenting concern (LeViness et al., 2018). According to the American Psychological Association (APA, 2017), depression is the second most prevalent mental health illness college students experience. The National College Health

Assessment II (NCHA) is a survey of the wellness of college students distributed to universities across the nation. In 2019, results from the NCHA II indicated 45% of the approximately 68,000 students surveyed reported feeling so depressed it was difficult to function, 65% reported feeling overwhelming anxiety in the last 12 months, and 13% reported seriously contemplating suicide (American College Health Association [ACHA], 2019).

Characteristics of Today's College Students

College students born in 1997-2012 are part of Generation Z (Dimock, 2019). Generation Z students grew up post 9/11, have witnessed heroic acts of social justice, terrifying acts of terrorism, inhumane acts of violence between police and the Black community, and are currently navigating their way through the COVID-19 pandemic. They grew up in the most ethnically diverse generation of the United States (Dimock, 2019) and have experienced greater and faster access to information than any other generation (Seemiller & Grace, 2017). Immediate access to intimate details of catastrophic events has led many Gen Z'ers to live with fear and worry (Seemiller & Grace, 2017). In a study conducted by the APA, Gen Z'ers listed mass shootings as a significant source of stress and 75% of respondents indicated mass shootings were the top most stressful current event (Bethune, 2019). The fear and worry as well as the stress Generation Z college students experience impacts their mental health. As such, this generation is 27% more likely to report their mental health is fair or poor when compared to other generations such as Gen X or millennials (Bethune, 2019).

Being raised during the era of increased technology use, as well as an era of increased fear, has impacted the ways in which today's college students conduct themselves socially. Today's college students were raised in structured environments full of many activities and close adult supervision (Lukianoff & Haidt, 2019). As such, this generation is used to being very busy

and tends to rely on their parents for advice, friendship, and protection more so than other generations (Lukianoff & Haidt, 2019). They also grew up during the time when social media platforms were just being introduced. Many of today's college students grew up with Facebook accounts, and were introduced to Instagram, Twitter, SnapChat and TikTok at young ages. They learned to communicate and build relationships online. In June 2018, 64% of Instagram's 800 million monthly active users (Web Hosting Rating, 2018) were between the ages of 18 and 29 (Pew Research, 2018). This means college students today have always known the peer pressures of conforming to the expectations of looking happy and pretty on social media in order to collect "likes" to boost self-confidence. They have also known the feelings of loneliness and jealousy that accompany self-evaluation and social comparison to others when viewing social media sites (Kawachi et al., 1999). ESPN W columnist Kay Fagan explains that students of this generation grew up feeling a, "pressure to craft the perfect image and rack up "likes" on Instagram…creat(ing) a broken mirror on oneself and our peers" (Gretschel, 2017).

This generation was raised in academic environments where competition with peers was constant and pressure to succeed at a high level was extreme (Brunner et al., 2014). Pew Research indicates 96% of Gen Z teens report anxiety and depression are problems among peers in their communities and 61% of Gen Z teens report feeling pressure to obtain good grades (Horowitz & Graf, 2019). As a result of social, biological, cultural and environmental factors, the current generation of young adults report having the highest level of stress and anxiety than any generation that has come before it (APA, 2019).

Generation Z's drive for success and accomplishment has led to more high school graduates enrolling in college than ever before. The U.S. Department of Education (2019) reported 19.8 million students were enrolled in undergraduate curriculum in 2016. This number

represents a 12% increase in the number of undergraduates in a 10-year period (2006-2016). The ACHA (2019) estimates the majority of these undergraduate students are under the age of 25, which coincides with the primary age of onset for many mental health illnesses. The World Health Organization estimates over 50% of young adults between the ages of 18-24 experienced a psychiatric disorder such as a substance abuse disorder, or mood disorder in the last 12 months (Blanco et al., 2008). Approximately 75% of long-term mental health illnesses are first experienced by young adults in their mid-twenties (Downs et al., 2018). In 2014, first year college students reported the lowest level of emotional health in almost three decades (New, 2015).

In March 2020, the COVID-19 pandemic struck the United States and changed the landscape of the college experience for all students. Most colleges and universities abruptly closed, sent their students off-campus, and transitioned classes to an online format. Graduation ceremonies were postponed and end of year celebrations were cancelled. The closing of universities and colleges due to the COVID-19 pandemic further impacted the mental health of college students (Johnson, 2020). The interruption of daily life for students lead to increased anxiety, depression and stress (RISE, 2020). In an informal survey conducted by RISE (2020), a national organization of college students, 75% of 521 respondents indicated an increase in stress levels due to the COVID-19 pandemic. While the impact of the COVID-19 pandemic on the mental health of college students will not be known for quite some time, initial reports indicate current college students will continue to face challenging environments as they attempt to return to college under a “new normal.”

Mental Health of College Student-Athletes

College student-athletes are susceptible to the same mental health concerns as their non-athlete peers, and as such, are included in the mental health statistics reported above. In fact, in a study conducted with 465 college student-athletes over three consecutive years, approximately 24% reported clinically relevant depressive symptoms (Wolanin et al., 2016). The National Collegiate Association of Athletics (NCAA) reported suicide as the third leading cause of death among student-athletes (Ching, 2018). Furthermore, the NCAA reported in one study over 85% of athletic trainers felt anxiety was an issue among student-athletes on their campuses (Brown, 2014). In addition to depression and anxiety, student-athletes face other mental health concerns including eating disorders, disordered eating, substance abuse, injuries, concussions, and gambling addiction (Rao & Hong, 2016).

The COVID-19 pandemic has also impacted college athletics; post-season tournaments for winter sports were cancelled, all spring sport seasons in 2020 were cancelled, athletic seasons in 2020-2021 were severely altered, and COVID-19 outbreaks continue to hamper the fall 2021 athletic season. The uncertainty and fear brought on by the COVID-19 pandemic further impacted the mental health of student-athletes. In a survey conducted by the NCAA of more than 37,000 student-athletes during the month of April 2020, 50% of female respondents and 31% of male respondents indicated they “constantly” or “most every day” felt overwhelmed by all they had to do (NCAA, 2020). Furthermore, approximately 25% of respondents felt sadness and a sense of loss, and over 33% had difficulty sleeping (NCAA, 2020). As the NCAA and college athletics departments navigate the COVID-19 pandemic, the mental of student-athletes will continue to be impacted. Keeping a pulse on student-athletes’ mental health and ensuring

adequate access to mental health resources will be imperative as college athletics departments determine the future of their athletic programs.

Researchers agree that student-athletes experience different stressors impacting their mental health than non-student-athletes, while simultaneously underutilizing mental health resources due to stigma associated with help-seeking behavior (Wahto et al., 2016; Watson, 2005). A study conducted by Watson (2005) found student-athletes demonstrated more negative attitudes towards help-seeking behavior than their non-student-athlete peers. Furthermore, studies have indicated factors such as trainers, parents, teammates, coaches and sport administrators may negatively influence student-athletes' help-seeking behavior (Moreland et al., 2018). Pressure to succeed academically, meet physical and mental demands of athletic participation, and navigate the commercialization of sports can all negatively impact student-athletes' mental health (Brown, 2014; Gucciardi et al., 2017). In addition to different stressors, student-athletes have diverse socio-ecological factors impacting their mental health when compared to non-student-athletes. While all students are impacted by campus constituents and policies, student-athletes are also influenced by their athletic community which includes: coaches, teammates, trainers, academic advisors, strength and conditioning staff, other athletic department staff, athletic conferences, and the NCAA (Gayles et al., 2018). Therefore, special consideration should be given to the student-athlete population in terms of the stress they experience and the mental health resources they are provided. This special consideration should be driven by the NCAA, as it is the governing body of collegiate athletics.

NCAA Power 5 Conferences

On August 7, 2014, the NCAA, the athletic governing body of most colleges and universities, voted to give schools in five conferences more autonomy to govern themselves. The

65 schools making up the ACC, Big Ten, Big 12, Pac-12, and SEC conferences, now known as the Power 5 conferences, were given autonomy to use more resources to enhance the well-being of student-athletes (NCAA, 2019). This legislation allowed Power 5 conferences to advance "legitimate educational or athletics-related needs of student-athletes" in the areas of athletics personnel, insurance and career transition, promotional activities unrelated to athletics participation, recruiting restrictions, pre-enrollment expenses and support, financial aid, awards, benefits, and expenses, academic support, health and wellness, meals and nutrition, and time demands (NCAA, 2019). Additionally, the new structure created room for student-athletes to have a voice in athletic legislation for the first time in NCAA history (Hosick, 2014).

A substantial amount of the legislation the Power 5 conferences have adopted centers around student-athlete welfare and providing student-athletes with more resources and better health and wellness care. In addition to allowing athletics departments to provide more financial resources to student-athletes, the Power 5 legislation has focused heavily on the physical and mental health welfare of student-athletes (Hosick, 2019). In January 2019, the Power 5 conferences of the NCAA passed legislation requiring that all 65 member institutions make mental health services available for student-athletes (Adelson, 2019). Additionally, the legislation requires schools to circulate information regarding available mental health resources to all student-athletes, as well as instructions on how to access these resources (NCAA, 2019). While the mandate is just over two years old, some athletics departments have been providing mental health resources to student-athletes for years. The University of Oklahoma, for example, has had a mental health program specifically for student-athletes since 2004 (Oklahoma University Athletics, 2019). Other Power 5 conference athletics departments, however, have just recently hired in-house directors of mental health to design and implement student-athlete mental

health programming for their student-athletes. Duke University, for example, hired their first director of behavioral health in August of 2018 (Duke Sports Information, 2018). Still some institutions have yet to allocate resources for an in-house mental health professional, or provide specific student-athlete mental health resources. Programming within athletics departments varies by institution, and little is documented regarding the mental health resources athletics departments offer.

In 2016, the NCAA published a best practices document for supporting student-athletes' mental wellness (NCAA Sport Science Institution, 2016). Table 1.1 provides an abbreviated text of the best practices. The document, *Mental Health Best Practices: Understanding and Supporting Student-athlete Mental Wellness*, in conjunction with the legislation passed by the Power 5 conferences, were important positive steps to normalizing conversations around the topic of mental health and destigmatizing help-seeking behavior for mental health concerns. However, the directives allow for a great deal of latitude in the types and quantity of mental health services schools should provide, leading to inconsistent care among institutions.

Table 1.1

NCAA Best Practices for Student-Athlete (SA) Mental Health

Best Practice	Details
Clinical licensure of practitioners providing mental health care	Formal evaluation by culturally competent licensed practitioner with autonomy Easily accessible practitioners Establish interdisciplinary team for SA mental health
Procedures for identification & referral of student-athletes to qualified practitioners	Written institutional policies for routine and emergency mental health referrals Include protocols for sexual assault, drug overdoses, suicidality, delirium, and homicide ideation Protocol should indicate each person's role, responsibility and management expectations for every scenario Protocol should include follow up steps for each stakeholder after emergency is resolved

Table 1.1 (continued)

Procedures for identification & referral of student-athletes to qualified practitioners	Share protocol with all stakeholders including campus administration, student-athletes and parents Consult legal and risk services as appropriate
Pre-participation mental health screening	Determine what screenings will be administered and by whom Screenings are not stand-alone assessments for mental health illness and should be used in conjunction with other pre-participation assessments. Establish procedure for when and to whom SA's identified through pre-screening are referred.
Health promoting environments that support mental well-being and resilience	Support a positive mental health environment that strives to normalize help seeking behavior Annual meeting of primary care and licensed individuals treating SA's Include coaches in fostering positive mental health environments Educate SA's, coaches, and faculty athletic representatives annually on signs of mental health concerns, self-care, creating positive team culture, sexual assault and relationship violence Consider medication management plan Have a clear transitional care protocol for SA's leaving the team/institution, or returning from a leave from the team/institution.

Note. Source: NCAA (2016)

Statement of the Problem

Literature exists outlining unique challenges student-athletes face that impact mental health, and literature exists documenting the different socio-ecological factors that impact student-athletes. Furthermore, literature exists indicating best practices for understanding and supporting student-athletes' mental health. However, there is a lack of literature pertaining to how institutions are developing, implementing, and evaluating mental health programs and supporting student-athlete mental health while simultaneously considering the student-athlete socio-ecological environment. A lack of information regarding high-quality programming and

resources for student-athlete mental health could lead to practices in higher education being developed in an uninformed manner, which could lead to inadequate mental health support for student-athletes. Research shows mental health concerns among college student-athletes are increasing and researchers agree that student-athletes underutilize mental health resources (Wahto et al., 2016; Watson, 2005). Information pertaining to the development, implementation, and evaluation of mental health resources and services provided to student-athletes is important to understand in order to work towards reducing stigma for help-seeking behavior and improving mental health resources for student-athletes.

Purpose of Study

This study fills a gap in current literature by exploring Power 5 conferences' athletics departments' mental health programs. Using a public health model for mental health and the NCAA Layers of Care model as frameworks, this study explores how mental health programs in athletics departments assess the mental health needs of student-athletes, promote positive mental health and healthy environments, implement prevention strategies for mental health concerns, and evaluate mental health programs for student-athletes, while considering the student-athlete socio-ecological environment. Research questions include:

RQ1: How are mental health programs in athletics departments determining the mental health needs of their student-athletes?

RQ2: What actions are mental health programs in athletics departments taking to promote positive health environments while considering socio-ecological factors impacting the mental health of student-athletes?

RQ3: How are mental health programs in athletics departments working to prevent mental health concerns among student-athletes while considering socio-ecological factors impacting the mental health of student-athletes?

RQ4: How are mental health programs in athletics departments evaluating their mental health interventions and programming?

Conceptual Framework

This study draws on two models that are useful for conceptualizing mental health programs designed for student-athletes. A public health model is utilized to consider a preventative approach to addressing mental health concerns in a community. The NCAA Layers of Care Model is used to understand the different layers of socio-ecological factors impacting student-athletes' mental health (NCAA Sport Science Institute, 2017b). Collectively, these two models create a framework to help visualize necessary components for consideration when exploring mental health programs designed for college student-athletes. Thinking about mental health concerns within these two models allows for a systematic exploration of mental health programming for student-athletes that includes considerations of assessment, prevention, intervention, and socio-ecological factors. This framework guided my research questions, data collection, data analysis, and presentation of the final case study results.

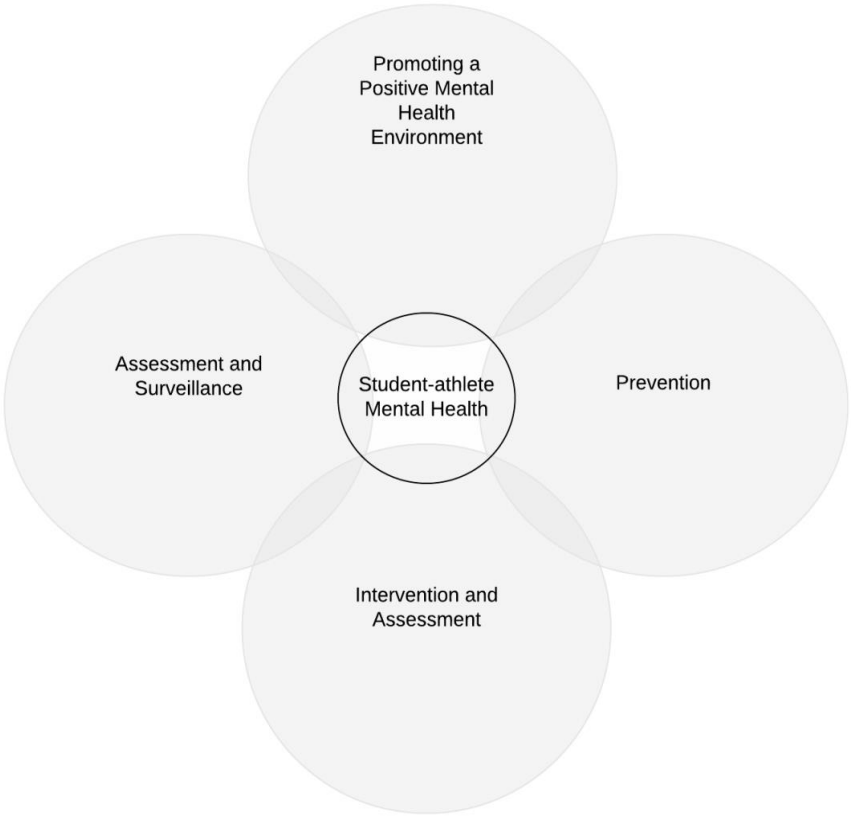
Public Health Model

Public health is "the science of protecting and improving the health of people and their communities" (Center for Disease Control [CDC], 2018). In recent years, researchers have suggested a public health model may be an appropriate framework to utilize when developing mental health programs for college students (Davidson et al., 2010; Parcover et al., 2015; Stiffman et al., 2010). Unlike health models focused on individuals, a public health model

focuses on the population. It goes beyond personal counseling and focuses on the promotion of positive mental health, prevention initiatives, individual and group interventions, and assessment (Last & Wallace, 1992). A public health model is interdisciplinary, relies on contributions from a variety of community constituents, and considers how one's socio-ecological environment contributes to mental health and mental health help seeking behaviors (U.S. Department of Human and Health Services, 1999). Figure 1.1 provides a visual representation of a public health model (one of many versions of a public health model) as it may be applied to student-athlete mental health programming. The four large circles represent the areas of the public health model, and the graphic demonstrates the overlap among the areas.

Figure 1.1.

Public Health Model based on the U.S. Department of Human and Health Services, (2012).

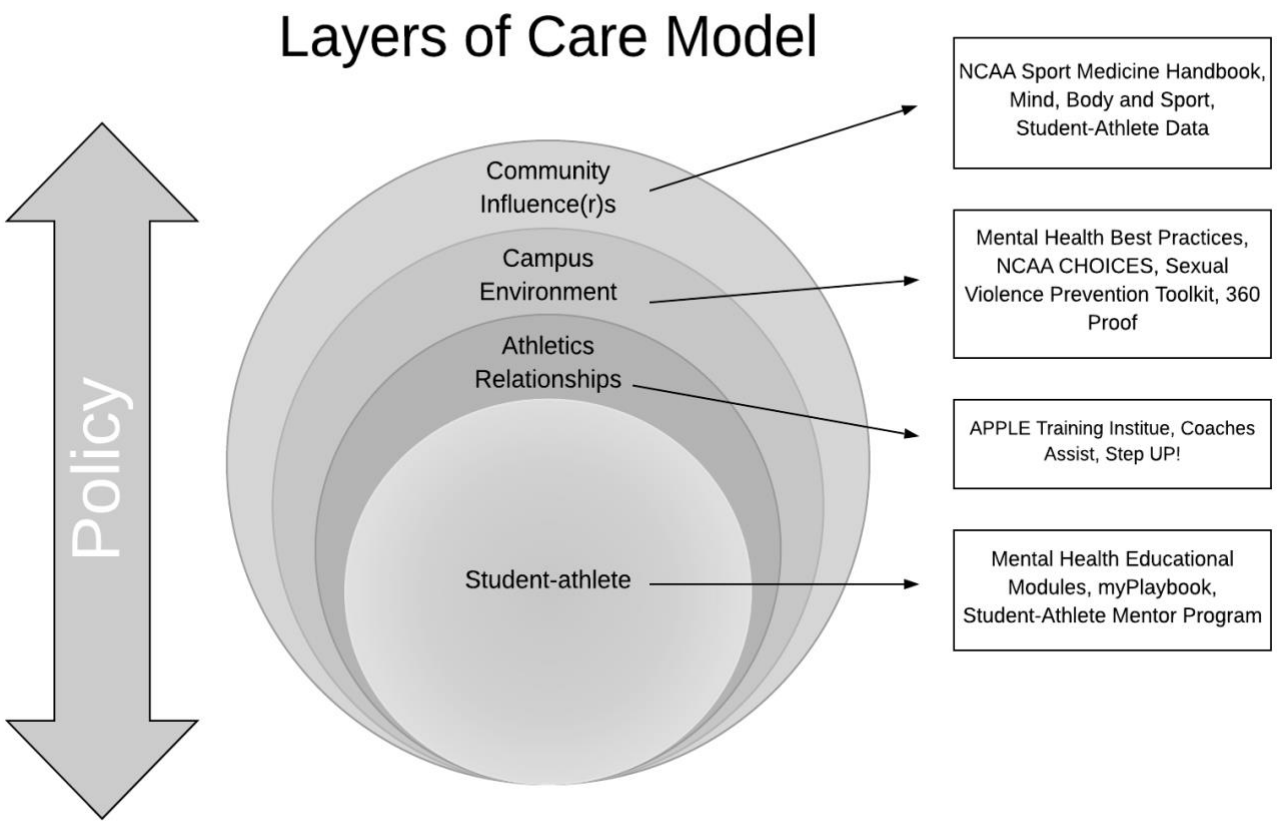


Layers of Care Model

The NCAA provides many resources athletics departments can utilize when building mental health programs. One of these resources, the Layers of Care Model shown in figure 1.2, suggests taking both a public health and socio-ecological approach when developing student-athlete mental health resources. Approaching mental health programming in this way allows institutions to consider the individual student-athlete as well as their environment in program development (NCAA Sport Science Institution, 2016).

Figure 1.2

Layers of Care Model (NCAA Sport Science Institute, 2017b).



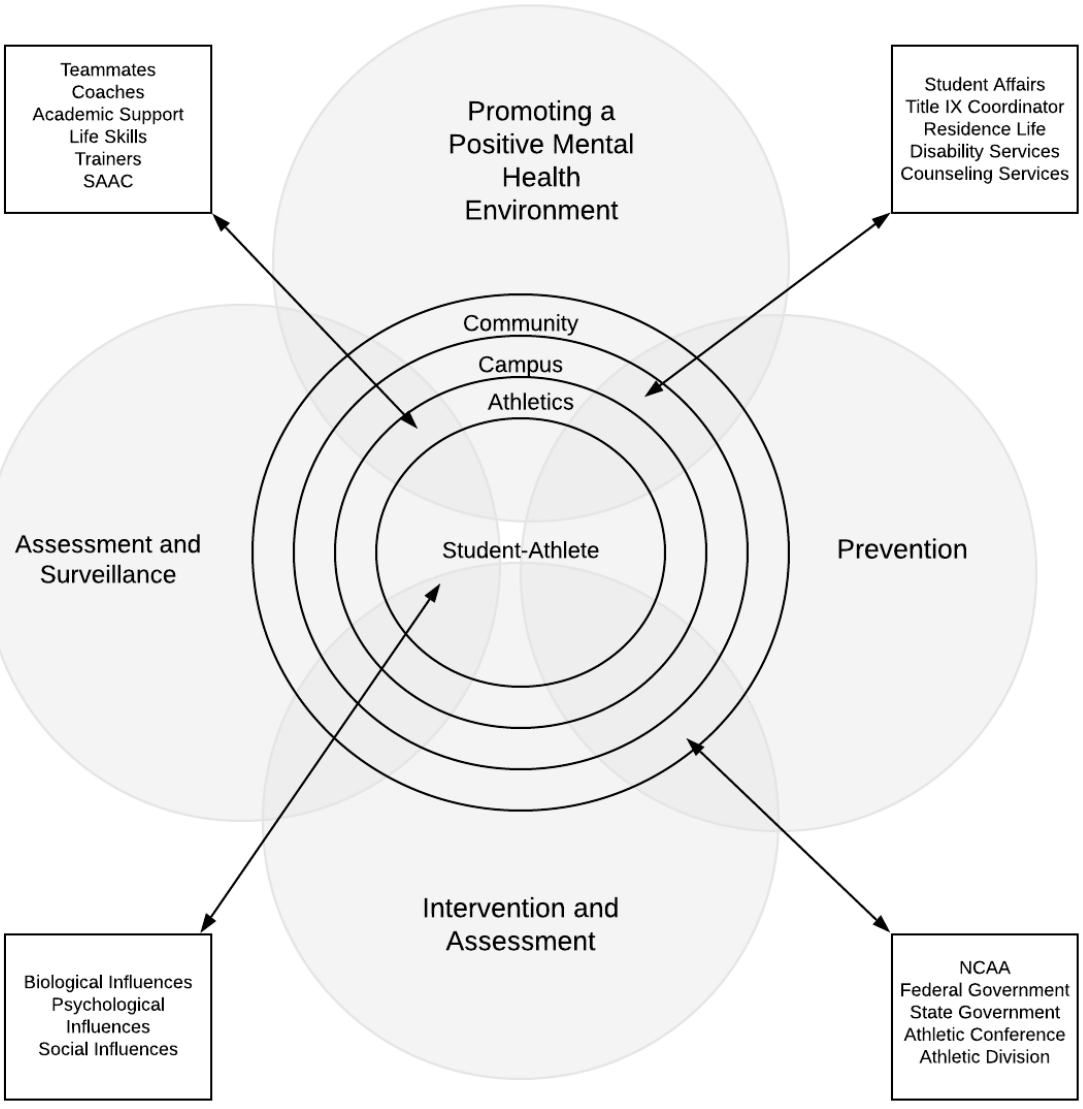
While the focus of this research is the mental health programs themselves, it is important to consider the people, structures, functions, and cultural beliefs impacting the student-athletes' environment and mental health. It is also important to understand how those systems relate to and interact with each other to fully comprehend student-athletes' experiences and design appropriate mental health interventions (Waters et al., 2009). The World Health Center emphasizes the idea that everyone has a "role and responsibility" in promoting a positive mental health environment in a community, suggesting that an ecological framework is appropriate when developing mental health programming (Herrman et al., 2005). Adopting a socio-ecological perspective when examining mental health programming integrates the person-centered and the environment-centered models of mental health while considering the cultural and individual contributions to an individual's mental health (Natasi, 1998).

Figure 1.3 graphically depicts a public model of mental health care integrated with the NCAA Layers of Care Model. Viewing mental health programing in athletics departments from the perspective of a public health model while utilizing the NCAA Layers of Care Model provides a helpful framework from which to view student-athlete mental health programs in Power 5 conferences. This conceptual model emphasizes the importance of creating a healthy environment while considering the socio-ecological environment that is unique to student-athletes. As depicted in Figure 1.3, the four larger circles represent the public health model (Assessment, Promoting a Positive Mental Health Environment, Prevention, and Intervention and Assessment), while the dark circles in the middle represent the NCAA Layers of Care Model (Student-athlete, Athletics, Campus, and Community). The square boxes indicate groups of individuals, or influences, who might be included in each layer. Further detail on both a public

health model and the Layers of Care Model, as well as a more detailed graphic of both models can be found in chapter two.

Figure 1.3

Conceptual Framework: Integrated Public Health Model and NCAA Layers of Care Model



Key Terms

Before further exploring the literature on mental health of current college students, it is prudent to establish a common language surrounding the topic of mental health by defining key terms. For the purposes of this research, the following definitions will be used.

Mental health- "a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity" (U.S. Department of Health and Human Services, 1999, p.4). Conceptually, mental health and mental illness can be considered to exist on opposite ends of a continuum (U.S. Department of Health and Human Services, 1999).

Mental health concerns- Symptoms or signs of mental illness that do not meet a clinical level diagnosis due to lack of duration or intensity but can negatively impact a person (U.S. Department of Health and Human Services, 1999).

Mental health practitioner/Mental health provider-a member of the athletics department mental health unit who is professionally licensed and meets with student-athletes for mental health purposes. The terms Mental health practitioners and Mental health providers are used interchangeably throughout this document.

Mental illness- "all diagnosable mental disorders" (U.S. Department of Health and Human Services, 1999, p.4). Mental illness includes psychiatric disorders, as well as social, cognitive, emotional, and behavioral sources of impairment or disability (Kazdin & Blase, 2011).

Mental health programs- Programs designed to aid participants in improving their mental health. Programs could include personal counseling, group counseling, educational workshops, social media campaigns, forums, and other interventions.

Power 5 schools- The 65 Division I universities and colleges who are part of one of the Power 5 conferences (ACC, BIG 10, BIG 12, Pac-12, and SEC).

Power 5 conferences- These five conferences are: Atlantic Coast Conference (ACC), Big Ten Conference, Big 12 Conference, Pac-12 and the Southeastern Conference (SEC). Collectively, these conferences have been granted autonomy to amend legislation in specified areas relating to student-athlete well-being (NCAA, 2019).

Overview of Methodology

Case study methodology allows the researcher to explore real life situations involving individuals, groups, or organizations through relationships, interventions, communities, or programs (Yin, 2009). Case study research is helpful in the search for meaning and understanding, and produces thick, detailed, holistic accounts of the explored phenomenon. As a researcher, I believe researchers should strive to understand experiences from the perspective of those who live it (Mertens, 2015). This qualitative, exploratory, multiple-case study examined student-athlete mental health programs in Power 5 institutions from the perspective of directors of mental health programs. Using criterion sampling and replication logic, I selected mental health programs for student-athletes from five institutions, one from each Power 5 conference, to participate in this study. Interviews with the directors of mental health programs for student-athletes and mental health providers were conducted with programs from one public or private institution in each conference. Programs also provided documents relevant to this research including department emergency mental health protocols, psycho-educational materials, evaluation instruments, and other useful resources. Analysis of interviews and documents shed light on how program directors determine what mental health programming to offer student-athletes, how prevention resources and a positive mental health environment are promoted, and

how implemented interventions are assessed, while considering student-athletes' socio-ecological systems

Significance of Study

This study contributes to addressing a gap in research regarding student-athlete mental health programs and services offered by athletics departments. Research exists explaining that student-athletes experience different stressors than their non-student-athlete peers. However, there is a lack of research explaining how athletics departments are working to help student-athletes deal with that stress and their mental health concerns. There is also a lack of research examining how student-athlete mental health utilization is influenced by coaches, teammates, athletic trainers, and others (Moreland et al. 2018). More knowledge about the mental health services and resources made available to student-athletes could lead to optimal utilization and effectiveness of these mental health programs, as well as efficient use of resources. Furthermore, development, implementation, and evaluation literature could provide the NCAA with detailed information regarding the completeness of their suggested best practices, as well as what other resources might be necessary to provide to institutions.

There are almost half a million college student-athletes; a number that represents a small percent of the overall college student population, but a large number of young people (NCAA, 2019b). Empirical research in this field is needed to improve the quality of mental health resources and programming provided to student-athletes. Findings from this research can aid athletics departments' administrators in the design, implementation, and assessment of mental health programs and resources provided to student-athletes. Research in the area of development, implementation and evaluation of mental health programs will assist administrators in making data driven decisions which could lead to improved program outputs and improved student-

athlete outcomes (Rossi et al., 2018). This research could ultimately be an impetus for collaboration between institutions, leading to a more detailed best practices document, and a more standardized level of mental health care for student-athletes between colleges and universities. Furthermore, this research explored the extent to which a socio-ecological public health model is a useful framework from which to consider mental health programs in collegiate athletics.

Limitations

As in all research, there are delimitations and limitations impacting the scope and results of this study. This case study is bound by the 65 universities making up the Power 5 Conferences. These conferences are generally known to have more resources and capital (financial, personnel, overall capacity) than schools in other conferences (Hendrickson, 2019). While the results of this study are meant to be used as resources for other colleges and universities, some of the recommendations obtained from schools in Power 5 conferences may not be financially feasible for other institutions. Furthermore, this study touches on a small number of Power 5 schools, as such, the scope of the results is limited. It is unlikely this research uncovers all types of programming, assessment, and implementation strategies occurring at this level. Finally, to protect the confidentiality of participants, some information could not be reported in detail. Despite these limitations, this study fills a gap in the literature and provides data and information that could lead to more meaningful conversations about how athletics departments are addressing student-athlete mental health.

Summary

Despite increased attention on the mental health of college student-athletes, little research exists on the programming implemented in athletics departments across the country. Utilizing

qualitative interviews with mental health program directors within athletics departments of the Power 5 institutions, this study explores (a) how Power 5 conference athletics departments determine the mental health needs of their student-athletes, (b) what actions Power 5 athletics departments are taking to promote positive health environments while considering socio-ecological factors impacting the mental health of student-athletes, (c) what actions Power 5 athletics departments are taking to prevent mental health concerns while considering socio-ecological factors impacting the mental health of student-athletes, and (d) how Power 5 conference athletics departments are evaluating their mental health interventions and programming.

This chapter has explained the characteristics of Generation Z, today's college student, and provided mental health statistics for college students as well as student-athletes. I have provided a brief background of the NCAA Power 5 Conferences and explained new legislation adopted through the group. I presented a conceptual framework consisting of a public health model and the NCAA Layers of Care model, from which I explore mental health programming for student-athletes. Finally, I have briefly explained the methodology and research questions that I utilized for this study.

The following chapter will explore college student and student-athlete mental health statistics in more depth, provide additional context regarding the NCAA and the Power 5 conferences, and unpack the conceptual model for this study in more detail. Chapter three provides a detailed explanation of the methodology for this study. I also discuss the tenents of case study, as well as the selection of the sample and participants for this study. Furthermore, chapter three contains detailed data collection methods as well as the method used for data analysis and considerations given to methodological integrity for the study. Chapter four

provides findings from the five participants in this research study. Individual case studies include a brief overview of the institution, the athletics department, and the mental health program within athletics, followed by an explanation of how programs determine the mental health needs of their student-athletes, promote a positive mental health environment, prevent mental health emergencies, provide interventions, and assess their efforts. Cases conclude with a discussion of how the conference office and conference institutions impact mental health programming, as well as an exploration of the obstacles, strengths, and room for growth of the mental health program. Chapter five includes a cross-case analysis of the five programs and examines both similarities and differences among the participants, as well as public and private athletics departments' mental health programs. Chapter five also includes a discussion on how conferences are supporting athletic department mental health programs and their providers, and concludes with an examination of how COVID-19 impacted mental health units and what changes providers made during COVID-19 that might remain in practice moving forward. Chapter six examines the themes uncovered through this research, the usefulness of the Public Health Model and the Layers of Care Model in examining these programs, and the implications of this research.

CHAPTER 2: LITERATURE REVIEW

Chapter two contains an overview of the literature available regarding the experiences and mental health of college student-athletes, This chapter provides a context from which to understand the current climate of college student-athletes' mental health and explores how it may differ from the mental health of non-student-athletes. Specifically, this literature review considers prominent student-athlete mental health concerns and factors within athletics that contribute to mental health illness. Furthermore, this chapter reviews the four mental health best practices put forth by the NCAA, and provides a history of the creation of the Power 5 conferences and their support of mental health initiatives. Chapter two concludes by explaining the conceptual framework used for this study, which includes considering mental health programs for student-athletes from a public health approach in conjunction with the NCAA Layers of Care Model.

Mental Health of Today's College Students

In recent years, colleges and universities have seen an increase in the number of mental health concerns students experience. According to the CCMH (2018), which represents 147 higher education institutions, in 2017 over 161,000 college students sought counseling at campus counseling centers. While the increase in counseling appointments is somewhat concerning, some scholars claim the increase in mental health concerns is not necessarily an indication that this generation has more mental health concerns than previous generations (Howe et al., 2007; Gallagher et al., 2000). Nancy Roy, clinical director of the JED Foundation, a suicide prevention organization focused on college students, notes the increase in counseling center appointments on college campuses could be attributed to a decrease in the stigma associated with seeking help for mental health concerns (Holterman, 2016). Furthermore, the improvement in identifying and

treating mental health concerns at younger ages may make it possible for more students experiencing mental health illnesses to continue their education than in generations past (Gallagher et al., 2000).

Regardless of the reasons behind the increase in mental health concerns on college campuses, the impact of mental health concerns such as depression, anxiety, and stress are seen in many aspects of college students' lives. According to the 2019 NCHA II survey, in the last 12 months, 26% of students reported anxiety negatively impacted their academic performance. Students also reported high levels of depression (17%) and stress (32%) had a negative impact on their academics. The NCHA II defines negative academic impact as earning a lower grade in a class, on a project, or on an exam; or dropping a class, receiving an incomplete, or experiencing interruption in research, practicum, or dissertation work (ACHA, 2019). Additionally, 48% of students reported their academic experience was traumatic or very difficult to handle in the last 12 months, and 20% of students reported lack of sleep having a negative impact on their academics (ACHA, 2019).

Student-athlete Mental Health Concerns

College student-athletes make up a subset of the undergraduate population at universities, and as such, are included in the mental health statistics noted above. Similar to non-student-athletes, depression and anxiety remain the top two presenting concerns of student-athletes and have been the only two mental health concerns exhibiting a clear growth trend in the last four years (CCMH, 2018). A study utilizing data from the ACHA College Health Assessment Surveys from 2008-2012 found 48% of female student-athlete participants and 31% of male student-athlete participants reported experiencing anxiety in the last 12 months (Brown, 2014). Furthermore, the NCAA conducts the GOALS (Growth, Opportunities, Aspirations, and

Learning of Students in College) study every four years to assess the experiences of student-athletes. In the 2015 GOALS study, 25% of student-athlete respondents reported "feeling exhausted from the mental time demands of their sport" (NCAA, 2016). Four years later in the 2019 GOALS study, 30% of female student-athletes and 25% of male student-athletes self-reported they had been overwhelmed in the last month (NCAA, 2020a). Another study conducted over a four-year time period found 21% of male and 28% of female student-athletes reported depression symptoms each year of the study (Brown, 2014). Additionally, a study conducted by Wolanin et al., (2016) involving 465 NCAA student-athletes, found almost 25% of participants reported clinically relevant levels of depressive symptoms with females almost twice as likely as males to report depressive symptoms. While this study did not directly address the reasons for differences in depression symptoms between males and females, the authors did acknowledge differences were likely due to a variety of factors including female student-athletes' increased risk of injuries when compared to male student-athletes (Wolanin, 2016).

Although anxiety and depression are two mental health concerns frequently reported by both student-athletes and their non-student-athlete peers, student-athletes are also at risk of developing other mental health concerns such as disordered eating and eating disorders (Brown, 2014). As women, in addition to facing societal pressures to remain thin, female student-athletes must navigate pressure to remain lean or maintain low weight in order to ascertain a competitive advantage in many sports such as gymnastics, swimming, and cross country (Brown, 2014). This added pressure makes female student-athletes particularly vulnerable to eating disorders and disordered eating patterns. For example, one study found 25% of female student-athletes representing 16 sports reported sub-clinical level symptoms of disordered eating (Greenleaf et al., 2009). Another study of female gymnasts and swimmers found 6% of participants reported

clinical symptoms of disordered eating and 26% reported subclinical level symptoms (Anderson & Petrie, 2012). Male student-athletes are also vulnerable to developing disordered eating patterns given the social messages they receive from teammates and media about expectations for high performing body size, weight and leanness (Petrie & Greenleaf, 2013). A study conducted by Petrie et al., (2008) found of 203 male student-athletes, 16.7% reported binge eating, 37% reported exercising for two or more hours a day to burn calories, and 6.5% vomited 2-3 times per month as a method of weight control. In total, 20% of the participants in this study reported sub-clinical symptoms of disordered eating. As the competitiveness of college athletics strengthens, student-athletes will continue to be vulnerable to eating disorders and disordered eating patterns, highlighting the need for mental health programming that addresses issues such as these.

Student-athletes are also at an increased risk for participating in high-risk behavior including drinking and using recreational drugs (Marzell et al., 2015). Athletes often turn to substance use to alleviate pressure and stress associated with athletics participation (Dziedzicki et al., 2013). In 2017, the NCAA surveyed 23,000 student-athletes across Division I, II and III and found 42% of participants reported engaging in binge drinking, or consumed more than four or five drinks in one sitting (NCAA, 2018). Furthermore, 24% reported using marijuana, 11% reported using narcotics, 13% reported using spit tobacco, and 4% reported cocaine use. Student-athletes on the men's and women's lacrosse teams reported the highest percentage of binge drinking, and marijuana and cocaine use among sports, while men's ice hockey and baseball reported the highest percentage of tobacco use among all sports (NCAA, 2018). A more recent concern regarding substance abuse is the opioid epidemic currently impacting the United States. According to the NCAA, 3% of student-athletes surveyed reported utilizing narcotic pain

medicine without a prescription (NCAA, 2018). Although this number is relatively low, it is still concerning. Student-athletes have a high risk of sustaining injuries and undergoing surgeries resulting in prescribed opioid narcotics. More prescriptions lead to a greater risk of potential substance abuse, making student-athletes a very vulnerable population to opioid substance abuse.

In addition to the more well-known mental health concerns described above, there are other, less researched, mental health concerns impacting the mental health of student-athletes. Due to their naturally competitive nature, student-athletes are a population highly susceptible to engaging in gambling and problem gambling (Sansanwal et al., 2018). Furthermore, student-athletes may live with Bipolar Disorder, suicidality, Attention-Deficit/Hyperactivity Disorder (ADD/ADHD) and psychosis, all which impact their mental health (Reardon & Factor, 2010). The mental health illnesses and concerns discussed above, as well as other mental health concerns, can negatively impact student-athletes' daily lives. This impact was recently demonstrated in a study by Kern et al., (2017), in which 63% of student-athlete respondents reported their mental health had negatively impacted their athletic performance in the 30 days prior to the study. Furthermore, depression and anxiety are highly correlated with poor athletic performance, low grade point averages, and dangerous behavior (Brown, 2014).

Factors Influencing Student-Athlete Mental Health

This research focuses on the mental health programming provided for college student-athletes within Power 5 athletic departments. As such, it is beneficial to provide a high-level review of a few of the many factors impacting college student-athletes' mental health. Student-athletes explore multiple identities while learning to navigate the nuances of the college athletics' culture, cope with the pressure to perform, and manage athletic injuries (Cox et al.,

2017). Additionally, they navigate these new experiences while facing a stigma associated with help-seeking behavior for mental health concerns. Administrators should carefully consider these factors as they develop resources for student-athletes, as developmental experiences can significantly influence mental health, both positively and negatively.

Identity Development

Young adulthood, recognized by the World Health Organization as between the ages of 10-24, marks an important time for development in a student's life, as it is during this time that young people begin to form their identities (Sieglar et al., 2014). In his psychosocial theory of development, Erik Erickson designates the ages of 13-21 as years in which adolescents develop their identities and discover themselves (Siegler et al., 2014). In recent years, due to lifestyle changes in society, some have argued the period in which young people begin to form their identities has shifted to later ages (Arnett, 2004; Gerstacker, 2010). Economic and social changes in society have led to an increased number of individuals pursuing higher education as well as a delayed age of marriage and parenthood (Lane, 2014). These changes have also led to a shift in the societal expectations for young people in their mid-twenties. Whereas individuals in their mid-20's were at one time expected to be married, finished with their education, and financially independent, those in their mid-20's today are still exploring who they are and what they want their lives to look like in the future (Arnett, 2007; Lane, 2014). In Arnett's theory of emerging adulthood, he argues identity formation has shifted to the ages of 18-25, which coincides with the traditional age of college students today (Arnett 2007). During the identity formation stage, it is imperative for young adults to develop relationships with people outside of their immediate family circle while transitioning into adulthood in order to maintain good psychological well-

being (Siegler et al., 2014). For student-athletes these relationships might include coaches, teammates, classmates, professors, and athletics department staff.

Exploring and forming identity can be an emotionally difficult time in life. For many college students, identity formation involves the intersection of multiple identities and includes dimensions such as race, gender, sexual orientation, social class, spirituality, and culture (Jones, 2009). Research related to the relationship between multiple identities and psychological well-being is mixed (Brook et al., 2009). Some research indicates having multiple identities improves mental health by increasing self-complexity, which in turn allows for more opportunities for self-affirmation (Niedenthal et al., 1992). Similarly, results from a study of 372 undergraduates found having highly important multiple identities acting in harmony with each other improved psychological well-being (Brook et al., 2009). Conversely, other research indicates navigating multiple identities and the way in which identities impact each other can create stress for young students. A study conducted on 200 student-athletes found participants who felt their multiple roles of student and athlete conflicted with each other had lower psychological well-being than those who had fewer identities (Settles et al., 2002). Furthermore, in the study of 372 undergraduates mentioned above, researchers found participants who had conflicting highly important identities had lower psychological well-being when compared to those with fewer identities (Brook et al., 2009). As students explore multiple identities, determine who they are, and solidify their beliefs and values through a process of trial and error, psychological well-being can be impacted.

College student-athletes' identity development may differ from that of non-student-athletes because their participation in athletics adds yet another identity to navigate. Identity development among student-athletes may be impacted by factors such as pressure to perform

athletically, injuries, and academic experiences (Cox et al., 2017). It is important to recognize that a student-athlete's participation in a sport may not connect with his or her subjective identity (Miller & Hoffman, 2009), meaning athletic participation does not indicate one's propensity to identify with a sport-related identity, and all sport-related identities are not alike (Miller & Hoffman, 2009). A student-athlete assumes multiple identities and the relevancy of the multiple identities changes with each situation a student encounters. On game day, a student-athlete's athletic identity may be more prominent, while at a weekend socializing event, a student-athlete's social identity may be more prominent. The navigation of multiple identities and the added stress of athletic participation during a significant time of identity development create a vulnerable environment where student-athletes' psychological well-being may be at risk. As such, special consideration should be given to this population when exploring their mental health and developing mental health resources.

The Role of Student AND Athlete

Navigating the dual roles of student and athlete can often be a source of stress for student-athletes. A study by Arnold and Fletcher (2012) found elite athletes face 640 individual stressors related to their sport participation. One of those stressors is lack of time. According to NCAA Bylaw 17.1.7.1, student-athletes can participate in 20 hours of "countable" athletic activities each week. In-season countable activities include any activity conducted by or supervised by a coach including practice, mandatory weight lifting, team meetings, competition, and watching film (NCAA, 2019). Results from the NCAA GOALS survey, however, indicate student-athletes across all three divisions spend significantly more than 20 hours a week on their sport. In fact, elite football student-athletes claim they spend more than 40 hours a week on their sport during the academic school year (NCAA, 2020a). Furthermore, student-athletes often have

athletically related additional time demands outside of their practice and competition requirements. In one study, 63% of student-athlete participants reported their athletic participation required engaging in non-athletic requirements. Such requirements included community service, leadership/life skills seminars, fundraising appearances, study hall, SAAC meetings, and NCAA rules training (Weight, et al., 2020).

Student-athletes have reported some stress can be attributed to difficulties managing the dual role of student and athlete. They report conflicts between their sport, social, and academic life, placing them at risk for mental health concerns (Etzel, 2006). Conflicts between class schedules and practice times or traveling, can cause extra stress in student-athletes' lives. Furthermore, a lack of personal time can negatively impact psychological well-being (Cosh & Tully, 2015). In the 2019 GOALS study conducted by the NCAA, student-athletes in all three divisions reported a decrease in the amount of personal time they had, as well as a decline in time spent socializing with friends. In addition to a decline in personal time, student-athletes overwhelmingly reported the time demands of their athletic, academic and personal lives caused them to obtain a less than optimal amount of sleep on a regular basis (Durham, 2020). Lack of sleep can lead to not only low energy, but poor physical performance and depression and anxiety (Brown, 2014). Increased academic standards, longer playing seasons, pressure from coaches to win, and the commercialization of college athletics impact how student-athletes navigate their role of student and athlete. This navigation, in turn, impacts the mental health of student-athletes (Humphrey et al., 2000). Therefore, consideration of these factors is important when designing mental health programming for this population.

Pressure to Perform

Pressure to perform athletically and academically can also impact student-athletes' mental health. Student-athletes may feel pressure from coaches, parents, teammates and even themselves to perform at a high level. Freshmen, in particular, experience unique pressures to perform during their first year of college (Cox et al., 2017). Incoming student-athletes must often adapt to the loss of confidence associated with being a "little fish in a big pond" when it comes to their athletic performance. In addition to dealing with a loss of star status, first year student-athletes must navigate relationships with new coaches and teammates, as well as increased academic and athletic competition and standards (Cox et al., 2017).

Furthermore, student-athletes feel a pressure to perform particularly in big games. A study by Madrigal and Robbins (2020) found student-athletes experienced a stress response when they felt their performance impacted the outcome of the competition, and when they felt coaches and teammates expected them to perform. This study also found playing time to be a significant source of stress amongst student-athletes (Madrigal & Robbins, 2020). This study is particularly interesting because the factors listed as consistently causing stress among student-athletes are the very factors they face regularly as a student-athlete. Meaning, student-athletes always feel pressure to perform, which could negatively impact their mental health.

Student-athletes may also feel pressure to perform from sports fans. This pressure from fans can be communicated through the use of social media. In 2018, an annual survey of student-athletes and their social media use indicated 98% of participants had Facebook accounts. Ninety-five percent of respondents had a Twitter account, 99% had an Instagram account, and 93% had and utilized SnapChat (DeShazo, 2018). Hence, social media has become a major communication tool for the contemporary student-athlete population (DeShazo, 2018). Social

media can be beneficial when positive messages and supportive comments are posted regarding athletic performance, however, social media can have negative effects on student-athletes as well. When a student-athlete turns to social media for support after a poor performance and is met with harsh criticism from fans, psychological well-being may be negatively impacted. In a social media study in 2018, 23% of student-athletes reported witnessing a teammate being cyber-bullied on social media (DeShazo, 2018). Avid sports fans do not stop at negative comments about athletic ability; they may also attack personal appearance, personal shortcomings, family members, and other sensitive issues, which could impact a student-athlete's mental health (Olson, 2013).

Injuries and Concussions

As much as poor mental health can lead to poor physical health, poor physical health can also lead to poor mental health (Herrman et al., 2005). Depression and anxiety can impact the immune system leading to increased susceptibility to illness (Cohen et al., 1991). In the world of college athletics, student-athletes experiencing depression or other mental health concerns may demonstrate lower levels of athletic performance and higher risks for injuries (Yang et al., 2014). In a study of 330 Division I football players, Yang et al., (2014) found football student-athletes experiencing depression were 10% more likely to suffer an injury during athletic participation than those who were not experiencing depression. Furthermore, a study of 958 Division I college student-athletes revealed student-athletes who reported symptoms of anxiety during preseason were more likely to suffer injury than those who reported no anxiety (Li et al., 2017).

Likewise, injuries reducing mobility or causing persistent pain are linked to anxiety and depression within individuals (Gureje et al., 1998). Approximately 40-50% of student-athletes will experience an athletic injury resulting in time away from sport during their collegiate career

(Hootman et al., 2007). Student-athletes who experience injuries can be particularly at risk for depressive symptoms, especially if their injuries impact their ability to perform athletically (Roiger et al., 2015). Injured student-athletes whose self-esteem is directly tied to their identity as a student-athlete are at an even greater risk of developing symptoms of depression (Armstrong et al., 2015).

In recent years, health experts have turned their focus to head injuries and the potential connection between concussions and mental health concerns. As defined by the NCAA, "(A) concussion is a change in brain function, following a force to the head, which may be accompanied by temporary loss of consciousness, but is identified in awake individuals with measures of neurologic and cognitive dysfunction" (National Sport Science Institute, 2017, p2). Concussions have been linked to mood disturbances and symptoms of depression (Finkbeiner et al., 2016), however, little is known about the relationship between concussions and other mental health concerns (Rice et al., 2019). Student-athletes, particularly those participating in contact sports, are at risk of sustaining sports-related concussions. The NCAA estimates student-athletes experienced an average of 10,500 concussions between the years 2009-2010 and 2013-2014 (NCAA, 2014). However, research shows that number may be underestimated. In a systematic review of concussion reporting literature, Clark and Stanfill (2019) found student-athletes may be reluctant to report concussion symptoms for a variety of reasons, including fear of losing playing time and lack of knowledge regarding concussion symptoms. As such, student-athletes who suffer any injuries, particularly head injuries, should be closely monitored for mental health concerns (Roiger et al., 2015).

COVID-19

On March 11th 2020, the World Health Organization characterized COVID-19 as a pandemic, meaning the virus had spread worldwide throughout multiple countries (World Health Organization, 2020). With little to no warning, most colleges and universities transitioned in-person classes to online classes and forced the majority of students to leave campus for safety reasons. Students had to set up work spaces in their homes, secure appropriate technology to participate in online classes, and finish the last five to six weeks of the semester in a completely different way than they expected; all while trying to stay safe and take care of loved ones who had contracted the disease. While they faced immediate disruption of their daily routine, students also faced financial struggles associated with moving off campus, unemployment, and anxiety associated with the uncertainty of the future (Zhai & Du, 2020). College students were disconnected from friends due to shelter in place mandates and worried about their loved ones, all while feeling pressure to finish their classes in a new learning environment. Students who were utilizing college counseling centers were suddenly stripped of their counseling resources and forced to pause their treatment until new arrangements could be made (Zhai & Du, 2020).

The disruption caused by COVID-19 increased mental health concerns among the college student population (Johnson, 2020). Results from informal surveys indicate the impacts are significant. In one survey, BestColleges found educational disruption (among high school or college students) due to COVID-19 occurred in 78% of households. Eighty-one percent of students experiencing educational impacts of COVID-19 indicated experiencing increased stress, and 44% of those who experienced educational disruption fear COVID-19 will prohibit their ability to enroll or stay enrolled in college in the future (Johnson, 2020). Another survey of 521 participants conducted by RISE, a national student advocate group for college affordability,

found 17% of respondents lacked reliable and safe housing, 52% experienced disruptions to unemployment, and 75% reported increased levels of stress, anxiety, or depression related to the closing of college campuses (RISE, 2020). As the COVID-19 pandemic continues to disrupt daily lives and students adjust to a "new normal" upon return to campus, college campuses may see an increase in mental health concerns among their student population.

Student-athletes and non-student-athletes alike experienced issues related to COVID-19. However, many student-athletes also faced the abrupt cancellation of their sport championships or entire sport seasons. On March 12, 2020, NCAA President Mark Emmert cancelled all winter and spring NCAA Championships (Osborn, 2020). Senior student-athletes in the sports of basketball, swimming and diving, fencing, ice hockey, bowling, gymnastics, rifle, skiing, wrestling, and indoor track and field learned their seasons would be cut short, and the opportunity to participate in their final collegiate championship was gone. Furthermore, student-athletes in the sports of baseball, softball, lacrosse, rowing, golf, tennis, water polo, beach volleyball, and outdoor track and field learned they had trained all year only to find out they would not have a senior season. Finally, some student-athletes in the fall sports of soccer, volleyball, field hockey, cross country, and football had their fall 2020 seasons postponed, while others found themselves with shorter seasons and fewer opponents.

These abrupt cancellations, combined with the stress associated with campus closures and transitioning to online classes, negatively impacted student-athletes' mental health. In an NCAA survey of 37,000 student-athletes administered during the COVID-19 pandemic, participants' responses indicated the rate of mental health concerns experienced in April 2020 in general was 150% to 250% higher than student-athletes reported in the NCHA II survey administered by the ACHA discussed earlier in this chapter (NCAA, 2020). Over 25% of participants reported

feeling a sense of loss and sadness, with 1 in 12 indicating they were so depressed they found it difficult to function on a regular basis (NCAA, 2020). Over one third of participants said they had difficulty sleeping, and there was a 297% increase in the rate of men who felt hopeless when compared to student-athletes who participated in the NCHA II mentioned above (NCAA, 2020). Student-athletes of color, those living alone, and those facing economic difficulties experienced the most mental health concerns (NCAA, 2020). While the mental health impacts of the COVID-19 pandemic are still unknown, current data indicate college students-athletes' mental health has already, and may continue to be, negatively impacted.

Help-seeking Behavior and Stigma

Research shows one's attitude towards help-seeking behavior is a strong predictor in willingness to use and actual utilization of mental health resources (Mackenzie et al., 2006; Morgan et al., 2003; Vogel & Wester, 2003). Watson (2005) found student-athletes demonstrated more negative attitudes towards help-seeking behavior than their non-student-athlete peers. Furthermore, in a study of 90 student-athletes, 42% indicated talking to a professional was a poor way to deal with emotional issues (Leimer et al., 2014). It is important to note that student-athletes do not consider seeking help for performance purposes synonymous with seeking help for mental health concerns. As such, they have more positive attitudes towards seeking help for performance goals than seeking mental health counseling (Gulliver et al., 2012). These attitudes underscore the idea that student-athletes don't always make the potential connection between poor mental health and poor athletic performance (Ryan et al., 2018).

Research has also shown student-athletes consistently underutilize mental health resources (Gill, 2008; Gulliver, 2012; Storch et al., 2005). A variety of factors contribute to this underutilization, including a lack of knowledge, which may lead to student-athletes possessing

negative attitudes towards help-seeking behavior, and stigma (Gavrillova et al., 2017). A lack of knowledge regarding potential signs of mental health concerns and what to expect when seeking help once mental health concerns are acknowledged leads to student-athletes' underutilization of resources (Gavrillova et al., 2017). In a study of 950 NCAA student-athletes, over 25% of respondents indicated they were unaware of how or where to seek help for mental health concerns on their campus (Cox et al., 2017). Furthermore, 44% of participants indicated their athletics departments had not provided them with any mental health education. Interestingly, in the same study almost 90% of participants knew mental health services were available to them and over 90% felt they would be supported if they experienced mental health concerns. This study revealed student-athletes know help is available, but they may not know how to access the help. This finding points to the need for more mental health education for student-athletes (Cox et al., 2017). Further lack of knowledge exists surrounding the counseling experience. A student-athlete experiencing anxiety or depression may become overwhelmed by the "unknown" associated with attending counseling and therefore may not seek professional help (Gulliver et al., 2012). A lack of knowledge may lead student-athletes to misdiagnose signs of mental health concerns attributing them to poor time management or dedicated training instead of anxiety or depression (Gulliver et al., 2012).

Stigma is also a significant reason student-athletes underutilize mental health resources (Wahto et al. 2016). Public-stigma and self-stigma are two types of stigmas contributing to the underutilization of mental health resources (Wahto et al., 2016). Public-stigma refers to one's belief that others will have negative attitudes towards them because of a behavior (Wahto et al., 2016). Student-athletes may fail to seek help for mental health concerns for fear of public stigma from coaches, teammates, administration, or even family (Proctor & Boan-Lenzo, 2010;

Wolanian et al., 2015). In a study by Kaier et al., (2015) when compared to their non-student-athlete peers, student-athletes demonstrated higher levels of perceived public-stigma. Furthermore, in a study involving 621 college student-athletes, Emily Kroshus (2016) found 20% of participants perceived some level of coach stigma related to seeking help for mental health concerns. Self-stigma refers to negative attitudes towards oneself due to behaving in a certain way; in this case seeking help for mental health concerns (Wahto et al., 2016). McAllister, Knight, and Withyman (2017) estimate stigma is the reason half of young people who experience mental health concerns do not seek help. Student-athletes may find seeking help leads to feelings of vulnerability, which contradicts the concept of "mental toughness;" a concept central to athletic cultures (Ryan et al., 2018).

College Mental Health Counseling Centers

College and university counseling centers are structured to meet the needs of the student population they serve. As such, each counseling center has different organizational structures, missions, and goals. Counseling centers today often focus on counseling service delivery, prevention through education and outreach, training, and collaboration and consultation with other university entities such as faculty, career services, residence life, and athletics (Brunner, 2014). Furthermore, most counseling centers provide both individual and group therapy, psychiatric services, and are involved in crisis and emergency situations (Brunner, 2014).

As mental health concerns among college students have increased in recent years, college counseling centers have struggled to keep up with the demand of the student population (Downs et al., 2018). According to the 2018 Association for University and College Counseling Center Directors' (AUCCCD) survey, college counseling centers provided counseling services to anywhere between 2% and 48% of the student population (LeViness et al., 2019). Out of 478

counseling centers who participated in the survey, 33.7% had a waitlist for counseling services. Of those who had waitlists, 24% of centers put students on a waitlist after completing initial forms, meaning students did not participate in a triage session nor did they have an assessment. Furthermore, for students who spent any time on a waitlist, the average wait time for an appointment from the day they requested an appointment to the date of the first appointment was almost 18 business days (LeViness et al., 2019).

Counseling centers adopt a range of models of care, from the integration of counseling and health services to complete separation between counseling and student health centers, and most schools operate within varying degrees of the two extremes. While there are pros and cons for both models, some argue integration of services is the "wave of the future" (Downs, 2018). This increase in the integration and collaboration between student health and mental health is the trend athletics departments seem to be following "in-house." For years, athletics departments have followed NCAA best practices and designated their own team physicians, surgeons, physical therapists, and trainers who abide by NCAA rules and best practices because student-athletes have different physical experiences than non-student-athletes (NCAA, 2014b). Athletics departments are now beginning to employ their own mental health specialists in recognition that student-athletes also have different mental health experiences. As evidence of this trend, the NCAA recently passed legislation and developed best practices associated with mental health aimed towards athletics departments. By doing so, the NCAA acknowledged that athletics departments are employing their own mental health specialists and counselors rather than relying entirely on campus counseling centers. Like college counseling centers, athletics departments are also beginning to integrate student-athlete physical and mental health. In fact, the NCAA's mental health best practices recommend the head athletic trainer or team physician serve as the

person responsible for facilitating routine mental health referrals for student-athletes (NCAA Sport Science Institution, 2016).

History of NCAA and Mental Health

According to the NCAA, suicide is the third most frequent cause of death among student-athletes, with accidents and cardiac deaths being the first and second respectively (Ching, 2018). In response to an increase in awareness of mental health in the student-athlete collegiate population, the NCAA assembled a task force that met in November 2013. In October 2014, members of the task force published the book *Mind, Body, and Sport: Understanding and supporting student-athlete mental wellness.* NCAA Chief Medical Officer, Brian Hainline, described the book as "the most comprehensive overview to date of college student-athlete mental health" (Brown, 2014). Hainline said the publication was meant to provide a "living" document to serve as a "springboard" for conversations pertaining to student-athlete mental health, athletic culture and its contribution to stigma associated with help seeking behavior, and other student-athlete wellness concerns (Brown, 2014).

Subsequently, in 2016, a select group of task force members along with prominent mental health and medical organizations created another document, *Interassociation Consensus Document: Best Practices for understanding and supporting student-athlete mental wellness* outlining four best practices for athletics departments to follow when providing mental health care for student-athletes. The task force released a revised version of the best practices document in January 2020. The following section outlines those best practices.

NCAA Best Practices

1. **Clinical licensure of practitioners providing mental health care-** The NCAA recommends that all evaluation for mental health concerns be coordinated by the primary athletic

health care provider. The primary health care providers could be athletic trainers or team physicians. All evaluations should be conducted by a licensed professional which could include: doctors, psychologists, psychiatrists, social workers, mental health counselors, and psychiatric mental health nurses. The provider can be an independent provider or someone employed by athletics, but should be close to campus in a location students can easily access. Furthermore, this licensed provider should be a culturally competent individual with training in providing care for college student-athletes or college students. The provider should have authority and autonomy to make decisions regarding the treatment of student-athletes' mental health concerns. The NCAA also suggests the creation of an interdisciplinary team to support student-athletes and their mental health. Members of the team could include physicians, trainers, nutritionists, social workers, faculty athletic representatives, and others involved in the support of student-athletes (NCAA Sport Science Institution, 2016).

2. **Procedures for identification and referral of student-athletes to qualified practitioners**- Written protocols should be in place for managing both non-emergency and emergency mental health situations. These protocols should include information about the support provided for student-athletes with mental health concerns and the responsibilities of everyone in a supportive role. Protocols should indicate which situations require emergency personnel, which situations should result in a call to a counselor, and the expectations of each person involved in each situation (coach, trainer, etc.). Additionally, protocols should include how and by whom information should be communicated in the event of a mental health situation involving a student-athlete. Personnel both inside and outside athletics should be included in protocols, including family, campus administration, campus counseling center (if appropriate) and campus security. Directors of Mental Health should ensure that all stakeholders, including

parents and student-athletes, are aware of emergency and routine protocols, and that procedures are easily accessible on the web or via hard copy. Consideration should be given to follow-up procedures once emergencies have been resolved and after-care for all student-athletes impacted by emergency situations. Communication and confidentiality considerations should be a focus of both routine and emergency protocols (NCAA Sport Science Institution, 2016).

3. **Pre-participation mental health screening**- mental health screenings should occur before student-athletes are able to participate in their sport. Athletics departments should determine how mental health concerns will be identified and to whom student-athletes will be referred if pre-screening raises a concern. Individual screenings are not sufficient for mental health illness diagnosis; therefore, pre-participation screenings should be integrated into a comprehensive evaluation (NCAA Sport Science Institution, 2016).

4. **Health-promoting environments that support mental well-being and resilience**- Help create a positive psychological environment by reducing stigma for seeking help, and promoting resilience and positive relationships with others. Those responsible for providing mental health care should meet annually to review protocols and discuss any issues pertaining to the mental health programming for student-athletes. Student-athletes, coaches, and staff should be educated annually on a variety of issues impacting mental health including: signs and symptoms of stress and mental illness, sexual assault and Title IX training, suicide prevention, creating a positive team atmosphere, relationship violence and substance abuse. Furthermore, protocols should be determined for medication management, transition of care procedures for student-athletes leaving athletics and/or the institution, or returning from a leave from athletics and/or the institution.

NCAA Autonomy Conferences

On August 7, 2014, the NCAA voted to give schools in five conferences more autonomy to govern themselves. The 65 schools that make up the ACC, Big Ten, Big 12, Pac-12 and SEC, conferences were given flexibility to create rules for themselves that aligned with their priorities. Additionally, the new structure created room for a student-athlete voice for the first time in NCAA history. Each conference has three student-athlete representatives who have voting power. The new autonomy voting board totals 80 members, composed of 15 student-athletes (3 from each conference) and 65 schools (each school receives one vote). The autonomy conferences are often referred to as the "Power 5," and generally speaking, institutions in these conferences have more capital and resources to fund athletics than non-Power 5 institutions (Hendrickson, 2019). To date, the Power 5 conferences have utilized their flexibility and autonomy to pass legislation focused on student-athlete welfare and provide student-athletes with more resources and health and wellness care. For example, the cost of attendance legislation passed in January 2015 allowed institutions to provide scholarship student-athletes with money above and beyond books, tuition, room and board to cover incidentals such as transportation, daily clothes, school supplies, etc. (Hosick, 2015). Furthermore, autonomy legislation allowed athletics departments to purchase laptops, dress clothes for job interviews, and fees for graduate school exams, as well as provide more snacks and meals to student-athletes. Part of the Power 5 conferences' increased focus on student-athlete welfare may be attributed to the addition of the student-athlete voice to the voting structure. Since student-athletes have obtained a seat at the voting table, legislation has provided this population with more resources and focused heavily on the medical and mental health welfare of student-athletes.

In January 2019, the Power 5 institutions of the NCAA passed legislation requiring all 65 institutions make mental health services available for student-athletes (Adelson, 2019). Additionally, schools must circulate information regarding available mental health resources to all student-athletes, as well as instructions on how to access these resources (Hosick, 2019). The legislation passed unanimously 80-0 clearly stating the importance of providing mental health resources for collegiate student-athletes. While the mandate is just over two years old, research shows many Division I institutions have been providing mental health resources to student-athletes for years now. The scope of mental health programming within athletics departments is wide, and while this Power 5 legislation mandated in January 2019 was an important step for the well-being of student-athletes, the directive offers a great deal of latitude in the types and quantity of services schools should provide.

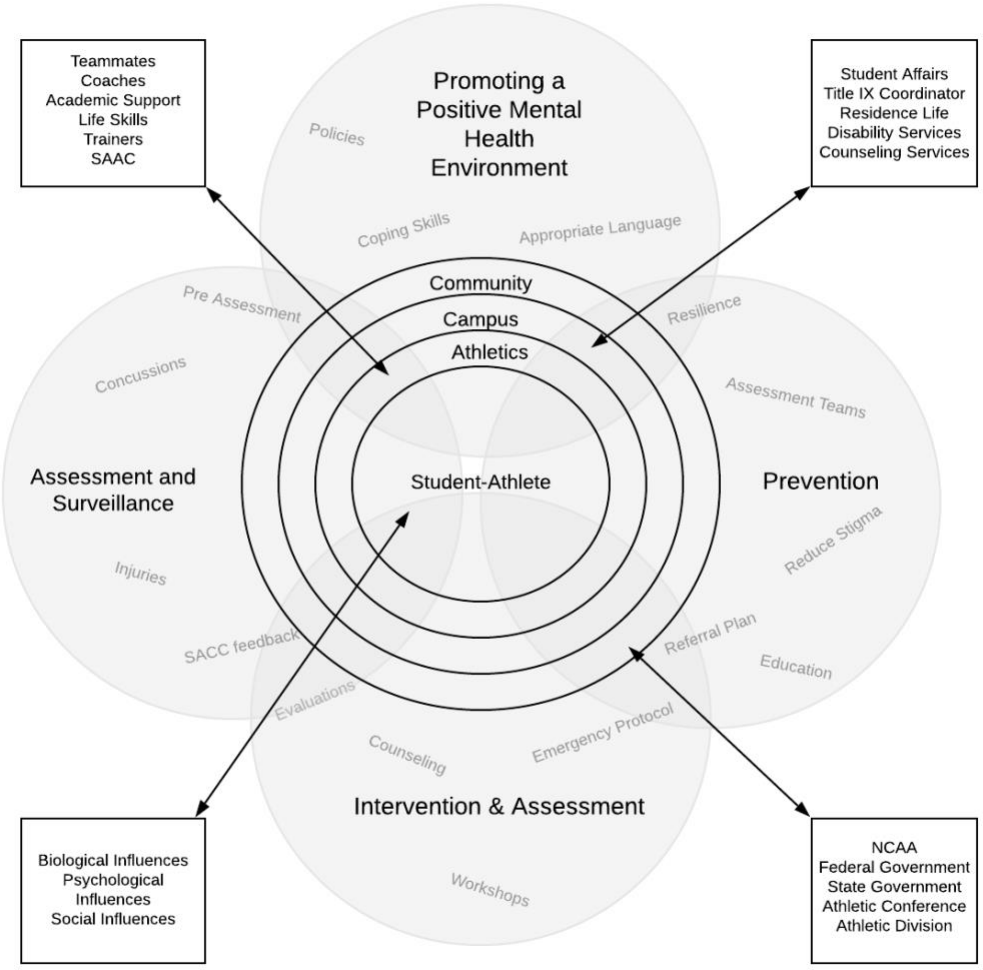
Conceptual Framework

The conceptual framework for this study integrates a public health model with the NCAA Layers of Care Model (NCAA Sport Science Institute, 2017b) to conceptualize mental health programs designed for student-athletes. A public health model is utilized to consider a preventative approach to addressing mental health concerns from a community perspective. The NCAA Layers of Care Model is used to understand the different socio-ecological factors impacting student-athletes' mental health. This conceptual model emphasizes the importance of creating a healthy environment for student-athletes by assessing needs, developing prevention strategies, promoting positive mental health environments and interventions, and assessing programming, all while considering the socio-ecological environment that is unique to student-athletes.

Figure 2.1 graphically represents a detailed conceptual framework integrating a public health model with the NCAA Layers of Care Model. The four light-colored larger circles represent the public health model (Assessment and Surveillance, Promoting a Positive Mental Health Environment, Prevention, and Intervention and Assessment), while the dark circles in the middle represent the NCAA Layers of Care Model (Student-athlete, Athletics, Campus, and

Figure 2.1

Detailed Conceptual Framework: Integrated Public Health Model and Layers of Care Model



Community). The small light-colored words represent potential examples of athletics departments' mental health programming and how they would align with the public health model while demonstrating the overlap that may occur between areas. For example, helping student-athletes become more resilient is an example of both promoting a positive mental health environment and a prevention measure, while having a referral plan is an example of both a prevention measure and an intervention measure. The square boxes indicate groups of individuals, or influences, who might be included in each layer.

Public Health Model

A public health model, once reserved only for applications to physical health, has recently gained attention in its application to mental health. Public health models focus on entire populations and work to identify and respond to problems while targeting intervention efforts towards known risk factors (CDC, 2020). Researchers have suggested a public health model is an appropriate framework to utilize when developing mental health programs for populations within communities (Bucchianeri & Neumark-Sztainer, 2014; Davidson et al., 2010; Parcover et al., 2015; Stiffman et al., 2010). In their research, Becker et al., (2010) highlight the benefit of a multidisciplinary approach as they encourage the use of a public health model to minimize mental illness in women. Furthermore, Davidson and Locke (2010) encourage the use of a public health approach to address mental health in college students, specifically student-athletes. Additionally, the Suicide Prevention Resource Center proposes the use of a public health model, which has resulted in sustained reductions in suicide when utilized by the United States Air Force (Eells et al., 2012). The United States Air Force Suicide Prevention Program (AFSPP) was based on a public health model and focused on mental health prevention and interventions, but also incorporated surveillance and outcome evaluation. Results of the AFSPP showed a 33%

reduction in the relative risk for suicide post-intervention (Knox, et al., 2003), indicating a public health approach can be an appropriate model to utilize when developing mental health programs.

A public health model considers a population in its entirety; in this case the population of student-athletes. The model goes beyond counseling and includes the assessment of need, promotion of positive mental health, prevention initiatives, and assessment of services provided (U.S. Department of Health and Human Services, 1999). This model relies on collaboration between many constituents in the community, as well as consideration of socio-ecological factors, both of which can work to decrease stigma related to mental health concerns and increase positive mental health. The model operates under the premise that understanding environmental influences on mental health and mental illness is critical (Stiffman et al., 2010). Once the environment is understood, it is possible to mitigate negative impacts of the social environment through programming and resources (Herrman et al., 2005).

A public health approach is applicable to many health concerns including obesity, domestic violence, and juvenile delinquency (Gullotta & Bloom, 2014). As such, multiple variations of the public health model exist and are utilized depending on the problem addressed. For example, one model includes the Public Health Wheel, which involves three core functions and ten essential elements (Gullotta & Bloom, 2014). Another variation of a public health model exists in countries such as Australia and Canada, where the term "promotion" refers to actions taken to improve overall health: while in the United States, the term "promotion" refers to actions taken to prevent health problems (Gullotta & Bloom, 2014). Still, in programs pertaining to suicide prevention, domestic violence, and juvenile delinquency, a public health model may include four or five core functions and focus more on the design, development, and assessment of program interventions (Gullotta & Bloom, 2014).

For the purposes of this research, I will utilize the public health model frequently used in suicide prevention research, which focuses on four areas (U.S. Department of Health and Human Services, 2012). This public health model is appropriate because suicide prevention aligns closely with mental health prevention. This public health approach involves four components: needs assessment and surveillance of mental health, promotion of a positive mental health environment, prevention of mental health illness, and interventions and assessment of the programming provided (Last & Wallace, 1992). As seen in Figure 2.1, there is some overlap among these four components. For example, assessing mental health of student-athletes is both an aspect of the needs assessment portion of the model and promoting a positive mental health environment. Additionally, providing resources to prevent mental health illnesses from escalating to catastrophic events is both a form of prevention and intervention.

Assessment and Surveillance. Assessing need and surveillance of the population is the first and most important step in a public health approach to mental health (Parcover et al., 2015). Identifying larger, common mental health concerns sets the stage for developing appropriate preventions and interventions (Parcover et al., 2015). Furthermore, identification of specific individuals in need of care occurs in this stage of the public health model (Eells et al., 2012). Needs assessment and surveillance can be difficult and time-consuming, however, it is effective in ensuring resources are adequately placed and can provide insight into effective methods of prevention and mental health promotion (Parcover et al., 2015). Furthermore, early identification of mental health concerns can significantly impact the effectiveness of interventions and prevention methods (Kroshus, 2016). On college campuses, this task can be accomplished with student body surveys, focus groups and collaborative discussions with those who work with students on the “front lines” (Parcover et al., 2015). Furthermore, identifying issues and people

of concern does not rest solely on the shoulders of those responsible for programming and prevention services. Instead, the entire community is active in identifying people with needs or issues of concern. Therefore, on a college campus or in an athletics department teaching coaches, students, faculty and staff how to recognize mental health warning signs and appropriate avenues for reporting concerns is important (Eells et al., 2012).

Assessment and surveillance of mental health in the student-athlete population takes two forms; assessing the needs of individual student-athletes and assessing the needs of the entire student-athlete community. Conducting mental health screenings before allowing athletic participation is one way to asses individual needs (NCAA Sport Science Institution, 2016). Mental health pre-participation screenings are a common practice among NCAA institutions (Kroshus, 2016). However, there is a lack of research pertaining to what mental health concerns institutions are screening for, and what screening instruments are being utilized (Kroshus, 2016). The proper assessment also entails monitoring student-athletes who experience injuries, particularly concussions and career or season-ending injuries as those student-athletes become higher risk for mental health concerns (Neal et al., 2013).

Assessing the mental health needs of the student-athlete community may involve regularly checking in with the student-athlete advisory committee (SAAC) representatives or team captains and coaches to keep a pulse on current issues or concerns occurring among student-athletes. It also involves working collaboratively with campus administrators and others to remain cognizant of campus climate issues that may impact student-athletes (Parcover et al., 2015). Focus groups, anonymous surveys, and suggestion boxes are other methods of assessing needs and monitoring the student-athlete population. Coaches, in particular, can be very valuable in the assessment and surveillance of mental health among student-athletes, but educating

coaches in this area is imperative. A study of Division I coaches from cross country and track and field found participants may underestimate the occurrence of depression among their student-athletes despite having good knowledge about the illness and the symptoms that accompany it (Hegarty et al., 2018). Hegarty, Weight, and Register-Mihalik (2018) concluded coaches may know about and understand depression, but they struggle to apply their knowledge to their own student-athletes when it comes to recognizing mental health concerns. This conclusion reinforces the importance of education and practical application for this population.

Promoting a Positive Mental Health Environment. According to the World Health Organization, "health promotion is the process of enabling people to increase control over, and to improve, their health" (Herrman et al., 2005, p.40). Health promotion focuses on conceptualizing mental health in a positive manner, which includes promoting life skills, coping strategies and problem-solving skills (Jane-Llopis et al., 2005). Furthermore, it includes building health-promoting policies and keeping mental health in the forefront of policy-making decisions (Jane-Llopis et al., 2005). Promoting a positive mental health environment in a public health model also incorporates creating supportive atmospheres, strengthening community action, and creating policies to prevent discriminatory practices against those with mental health illness (Herrman et al., 2005).

For college athletics departments, positive mental health promotion includes helping student-athletes build resilience and coping skills to respond to stress as it arises in their lives, reducing stigma associated with mental health concerns and help-seeking behavior, and providing student-athletes, coaches, and administrators guidance in creating an environment of personal growth and self-acceptance (NCAA Sport Science Institution, 2016). A positive mental health environment also involves empowering student-athletes to actively participate in their

athletic community; collaborating with administrators, staff, and each other in creating priorities; and having a sense of ownership for their athletic community (Jane-Llopis et al., 2005). Furthermore, it involves creating a healthy community that supports diversity and encourages responsibility (Health Education Authority, 1997). One important part of health promotion involves reminding key agents such as coaches, administrators, and support staff, of the power they have in influencing student-athletes' mental health (Herrman et al., 2005), and encouraging them to be an active part of the prevention aspect of mental health programming.

Prevention. The prevention of mental health concerns aims to reduce the incidence, prevalence, or seriousness of targeted problems (Barry, 2001). The goal of prevention is to provide education and access to prevention techniques to mitigate mental health concerns before they become exacerbated (Manderscheid, 2007). Reaching individuals before their mental health concerns become full-blown crisis can reduce the number of emergency situations (Parcover et al., 2015). Prevention also includes providing sufficient after-care to avoid relapses and recurrence in mental health concerns (Oklahoma State Regents for Higher Education, 2014). In a public health model, a significant part of prevention involves outreach, which should be geared towards the entire community (Parcover et al., 2015). This includes educating individuals and groups about mental health concerns and resources available should they need help. Outreach also includes working to destigmatize help-seeking behavior (Oklahoma State Regents for Higher Education, 2014). On a college campus, this outreach or education may include programs focused on time management, relationships conflicts, and overall personal wellness (Parcover et al., 2015).

In student-athlete mental health programs, prevention strategies should be collaborative and include the use of campus resources and facilities as well as athletics department services

(Parcover et al., 2015). Prevention in a student-athlete mental health program also includes decreasing risk factors for mental health illness. This can be achieved by having a detailed referral plan for routine mental health concerns, educating coaches and staff on signs and symptoms of mental health concerns, and pre-screening all student-athletes before any athletic participation occurs (NCAA Sport Science Institution, 2016). One type of student-athlete prevention program involves a referral process using a Behavioral Assessment Team consisting of constituents from a variety of departments such as student affairs, campus police, athletics, residence life, and others. This team gathers weekly to discuss campus issues that may impact student-athletes' mental health or individual student-athletes who may be presenting concerns on campus and then devises a plan to provide resources and interventions for the particular situation (Eells et al., 2012). Another assessment team might be made up of only athletics department staff and administrators, those who are in a position to detect micro changes occurring slowly over time (Purcell et al., 2019). Other prevention programs may include social media campaigns for destigmatizing mental health or for educating student-athletes on the signs and symptoms of mental health concerns (Wahto et al., 2016).

Intervention and Assessment. Intervention and assessment make up the fourth component of a public health model. Interventions in the public health model fall into three categories: universal, selected, and indicated. Universal interventions are directed toward the entire population (Herrman et al., 2005). In the case of student-athletes, a universal intervention might include an all student-athlete town hall focused on social justice issues. Selected interventions are geared towards a specific portion of the population who may be at a higher risk for mental health concerns (Herrman et al., 2005). For student-athletes, a selected intervention might include a support group for injured athletes. An indicated intervention is one in which the

intervention is directed at a high-risk individual who is demonstrating mild symptoms of a mental health concern (Herrman et al., 2005). In an athletics environment, an indicated intervention might involve implementing a detailed management protocol for a student-athlete exhibiting signs of an eating disorder or disordered eating. Interventions often serve the purpose of both reducing issues and increasing coping skills and resilience (Herrman et al., 2005).

Evaluation of services requires assessing the programs offered and the access individuals have to those programs. Evidenced-based evaluation of implemented mental health programs is imperative to ensure proper allocation of resources. Evaluation methods should document the implementation process as well as the outcomes, in addition to identifying the variables which "act as key predictors of change" (Herrman et al., 2005, p.109). A randomized control trial (RCT) is considered the gold standard of rigor in terms of evaluations (Barry 2001), and leads to quality information pertaining to outcomes of evidence-based treatments and psychological interventions (Kazdin & Blase, 2011). However, using an RCT in the assessment of mental health programs and interventions is often inappropriate, and other types of evaluation must be utilized (Barry, 2001). An emphasis on outcomes and individual treatment assessment has led to less research on large scale programs and interventions aimed at reducing mental health illness (Kazdin & Blase, 2011). Therefore, evaluations should not just focus on outcomes, but instead, program directors should consider using program theory and logic models to connect activities to outputs and outcomes (Barry, 2001).

Evaluations for student-athlete mental health programs may vary significantly by institution because program administrators may value different outcomes and indicators. Assessment of student-athlete mental health programs may include, for example, focus groups after year-long programs for injured student-athletes, post-program surveys measuring

participants' increased knowledge of sleep hygiene, or longitudinal data collection measuring academic performance, graduation rates, or retention as it aligns with student-athletes utilizing counseling.

Layers of Care Model

The NCAA provides a variety of mental health resources for all member institutions. In addition to a mental health best practices document and a toolkit for developing mental health programs, the NCAA provides specific resources for coaches, student-athletes, and administrators. These resources suggest considering an ecological approach called the Layers of Care Model, which follows a public health model and considers the individual student-athlete as well as their environment (NCAA Sport Science Institution, 2017b). The mental health of a student-athlete is impacted by individual factors as well as cultural values, interactions with teammates, friends, and coaches, and society as a whole, including the NCAA and government legislation. Furthermore, mental health is impacted by the interactions between these constituents. The "layers" of the model represent different systems in which a student-athlete operates on a daily basis. The model suggests policies and mental health programming should take all of these systems, or layers, into consideration.

The Layers of Care Model consists of four layers. At the center of the model is the student-athlete and the biological, psychological and social aspects of each individual. In looking at student-athletes' mental health, one must consider factors such as biological predispositions for mental health concerns, as well as unique psychological and social factors that impact the student-athlete from a mental health perspective. The next layer of the model consists of athletic relationships including coaches, trainers, parents, and academic support. Individuals in this system interact with the student-athlete frequently, if not daily, and have the ability to both

positively and negatively impact a student-athlete's mental health. One example of the impact a coach can have on a student-athlete is seen in a study by Davis and Jowett (2014). Results from this study of 192 athletes showed that interpersonal conflict between an athlete and a coach leads to high levels of negative affect (Davis & Jowett, 2014). Another study by Cosh and Tully (2015) found coaches and parents could be very supportive in helping student-athletes cope with stress they are experiencing due to athletic commitments. Finally, in the COVID-19 pandemic survey conducted by the NCAA, 36% of student-athletes indicated they looked to their coach for mental health support (NCAA, 2020).

The outer two layers of the model include the campus environment and the student-athletes' community. The campus environment includes the dean of students' office, Title IX Coordinator, Student Affairs, Campus Health Services, and Residence Life. This system directly influences student-athletes' sense of belonging, which can have tremendous impact on their mental health. An inclusive campus climate that appreciates diversity and facilitates academic engagement leads to student-athletes having a greater sense of belonging (Gayles et al., 2018), which can positively impact mental health. The last layer consists of community influencers such as the federal government, state government, NCAA, athletic conferences, and NCAA Mental Health Task Force. While student-athletes usually do not interact with this system directly, the actions of entities in this system can profoundly impact the student-athlete. For example, in March 2020, the NCAA's decision to cancel all NCAA championships and related events due to the COVID-19 outbreak significantly impacted student-athletes and their mental health. Furthermore, the federal government, state government and NCAA will weigh in on issues such as the legalization of sport gambling and paying athletes for use of their name, image, and likeness, all of which will strongly impact student-athletes and their mental health.

Holistically, the Layers of Care Model and the public health model were combined to conceptually guide this study. The Layers of Care Model was specifically used in the development of the research questions, as well as questions in the interview protocol. The public health model was used to formulate interview questions, organize the interviews, and as a guide for the case study write-ups. Furthermore, both models were used to guide coding and data analysis throughout the project.

Summary

This chapter provided an overview of the literature relevant to the exploration of college student-athlete mental health programs. I provided an in-depth literature review of the mental health concerns college students face today. I then presented literature on college student-athletes and how they experience different stressors in college than their non-student-athlete peers. After giving a brief overview of some primary mental health concerns student-athletes encounter, I discussed unique factors impacting student-athletes' mental health such as athletic culture and stigma surrounding help-seeking behavior for mental health concerns. Next, I provided background information on the NCAA, including the creation of the Power 5 conferences and their Mental Health Task Force, which culminated in the creation of a variety of resources for institutions to utilize as well as a best practices for mental health document. Finally, I presented the public health model and NCAA Layers of Care Model as a framework from which to consider student-athlete mental health.

The review of this literature lays the foundation for an exploratory multiple case study of Power 5 conference institutions. As a reminder, this exploratory, multiple-case study will explore (a) how Power 5 conference athletics departments determine the mental health needs of their student-athletes, (b) what actions Power 5 athletics departments are taking to promote

positive health environments while considering socio-ecological factors impacting the mental health of student-athletes, (c) what actions Power 5 athletics departments are taking to prevent mental health concerns while considering socio-ecological factors impacting the mental health of student-athletes, and (d) how Power 5 conference athletics departments are evaluating their mental health interventions and programming.

Chapter three will provide an explanation of case study, as well as a detailed methods section for this study. In addition to outlining the data collection and data analysis proposed for this case study research, chapter three will also explain steps taken to increase validity, reliability, and dependability. Chapter three ends with a discussion of the potential limitations of this study, as well as my positionality statement.

CHAPTER 3: METHODS

Using a public health model and the NCAA Layers of Care model as a framework, this study explored how Power 5 conference athletics departments are addressing the mental health needs of student-athletes. More specifically, this study explored how Power 5 conference athletics departments are assessing the mental health needs of student-athletes, promoting a positive mental health environment, establishing prevention and intervention strategies, and evaluating the programs and resources offered. I employed an exploratory multiple-case study design to understand how directors of mental health programs for Power 5 institutions design their programs. This study also took into consideration the extent to which mental health providers considered socio-ecological factors as they designed and implemented programming for student-athletes. Research questions for this study included:

RQ1: How are mental health programs in athletics departments determining the mental health needs of their student-athletes?

RQ2: What actions are mental health programs in athletics departments taking to promote positive health environments while considering socio-ecological factors impacting the mental health of student-athletes?

RQ3: How are mental health programs in athletics departments working to prevent mental health concerns among student-athletes while considering socio-ecological factors impacting the mental health of student-athletes?

RQ4: How are mental health programs in athletics departments evaluating their mental health interventions and programming?

Nature of Qualitative Inquiry

Qualitative research strives to make meaning from participants' lived experiences (Creswell, 2013). It is the most appropriate method to use when trying to explore an experience or phenomenon in an area where little research has been done, and when exploring complex and detailed research questions that cannot be answered numerically (Creswell, 2013).

The purpose of this research was to explore how Power 5 athletics departments are addressing the mental health needs of student-athletes. This research explored the development of mental health programs by investigating the perspectives of the directors of behavioral health and other mental health practitioners within athletics departments. Data collection consisted of interviews and document analysis. Thus, a qualitative approach was a suitable method to utilize in the collection and analysis of data.

Case Study

Robert Yin (2009) is noted as one of two leading scholars on case study in qualitative data collection, and his methodology guides this case study. This project aligned with case study methodology for a variety of reasons. Case study is frequently utilized in the study of people and programs (Stake, 1995; Yin, 2014), and this research explored multiple programs. Furthermore, the culture and context of the institution and athletics department, as well as the student-athlete experience, are important factors in the creation of programs; therefore, the student-athlete mental health programs being explored cannot be separated from the context of their environment or manipulated, which is another characteristic of case study (Yin, 2009). Finally, this study explored multiple student-athlete mental health programs in Power 5 conferences; a topic relatively unexplored with a small number of participants which allows for a data rich case study which includes a cross-case analysis.

Current Study

Yin (2009) suggests five important components of a case study research design: research questions, propositions or purpose, units of analysis, logic linking data to propositions, and criteria for interpreting findings. Following Yin's methodological framework, this case study contains these five components. The first component, research questions, has been previously explained. The rest of the components were implemented as described below.

Purpose of Study

Yin's second component of case study methodology includes the utilization of propositions, or declaring the purpose of the study. The purpose of this research was to explore how mental health providers in college athletics mental health programs assess their student-athletes' mental health needs, promote a positive mental health environment, provide intervention and prevention resources, and evaluate their programs, while considering the socio-ecological environments impacting student-athletes' mental health, and the best practices put forth by the NCAA. This exploratory multiple-case study obtained data from mental health providers in college athletics mental health programs for student-athletes from five institutions in the Power 5 conferences and one school (public or private) from each Power 5 conference.

Unit of Analysis

Determining the unit of analysis in case studies is the third component of Yin's methodology. In this study, the unit of analysis is the mental health program for student-athletes at participating institutions as described by the mental health providers responsible for designing and implementing the program. For the purposes of this research, a mental health program includes all resources provided and programming implemented for the benefit of the mental health of the student-athletes. This included pre-screening assessments, workshops, on-site and

off-site counseling and psychiatric care, interventions, educational resources (for all athletics department staff), as well as emergency and non-emergency referral protocols. Furthermore, for the purposes of this research a mental health program designed for student-athletes did not include services provided to all campus constituents, or other specific populations. For example, campus programming or services offered to all undergraduate students was not considered a part of the student-athlete mental health program for the purposes of this study, nor was campus programming designed for certain cultural groups of which student-athletes belonged. However, campus programming done in collaboration with athletics departments staff, such as including campus constituents in emergency protocols, was considered part of the student-athlete mental health program.

In addition to defining the unit of analysis in a case study, it is imperative the case is bound by specific parameters (Yin, 2018). This case was bound by both the program of interest-the current mental health program for student-athletes-and by the institutional and athletic conference context. Context of the athletic conference and individual institution was particularly important as this analysis considered the socio-ecological factors impacting student-athletes' mental health and acknowledged these factors vary by conference and institution.

Case study research should involve the use of formal protocols created before data collection begins and utilized during the data collection process (Yin, 2018). Case study protocols were used in this multiple case study (see Appendix A). Data collection included gathering information about student-athlete mental health programs as they existed before the COVID-19 pandemic and as they currently exist. The protocols ensured each case was explored in a systematic manner. In sum, this multiple-case was bound by program, institution, and

athletic conference, utilized a case study protocol, and considered changes made due to COVID-19.

Linking Data to Propositions and Criteria for Findings

Yin's fourth and fifth components of case study design involve linking data to the propositions and establishing the criteria for interpreting findings, both of which encourage the consideration of analysis strategies to be used after data collection (Yin, 2018). As this was an exploratory case, there were no propositions for linking data; however, there was a purpose. This case study explored how directors of mental health programs are assessing need, promoting positive mental health environments, developing prevention and intervention strategies, and evaluating their programs, while considering the socio-ecological factors impacting student-athletes' mental health. Data collection in this study involved acquiring data from documentation and interviews with directors of mental health programs for student-athletes at NCAA Power 5 institutions. Collecting data in this way allowed me to utilize a cross-case synthesis approach to link my data to the purpose of my study. Establishing criteria for interpreting findings during the design phase of this case study involved considering potential rival explanations for the findings (Yin, 2018). For example, in this case study each program is designed in a different way, some programs utilize campus resources more than others. These differences in program design and campus collaboration could be due to the personal preference of each program director, or the culture of the institution, or maybe even the number of mental health providers each program employs. Consideration of all of these factors was important in the data analysis portion of this study, and as such, informed the findings of this research.

Sampling and Participant Selection

This study utilized purposeful sampling, meaning participants were chosen to inform the subject of study (Creswell & Poth, 2018). Data collection came from five institutions, one institution from each conference of the Power 5 conferences. This study utilized the Power 5 conferences because the NCAA recently passed legislation requiring these schools to provide mental health resources to student-athletes, as well as information explaining how these resources can be accessed. Bounding the case study with Power 5 conferences allowed me to explore institutions under the same NCAA governance structure. Within Power 5 conference institutions, I included both private and public schools as a way to explore how, or if, schools differ depending on state governance. In order to collect enough data for replicating or contrasting results among institutions and conferences, it was imperative to select an appropriate number of cases. Creswell and Poth (2018) suggest no more than five case studies in a single study, and I followed this recommendation.

Sampling Strategy

I utilized criterion sampling and replication logic to select participating programs, and snowball sampling to select interview participants for this study. Criterion sampling allows the researcher to select participants who meet specific criteria for the study (Creswell & Poth, 2018). Replication logic in a multi-case study refers to the selection of cases in an effort to replicate findings or predict similar results, or to uncover differences in results for predictable reasons (Yin, 2018). Snowball sampling refers to recruiting participants of interest through people who know of cases that will be information-rich (Creswell & Poth, 2018. Criterion sampling and replication logic were used in selecting program participants and snowball sampling was utilized in selecting interview participants. Participants in this research were student-athlete mental

health programs in Power 5 conference athletics department (ACC, Big 10, Big 12, Pac-12, SEC). Selection included one institution from each conference. The Power 5 conferences are made up of 65 institutions, 12 private institutions and 53 public institutions. I solicited participation from two private institutions and three public institutions using replication logic.

Participant Selection

The director of behavioral health for a private school in a Power 5 conference assisted me in recruiting participants for this study. He agreed to participate in the study and helped me with participant recruitment by connecting me with directors from other institutions. It is important to acknowledge this director had an impact on which institutions are represented in the study. Furthermore, it is important to acknowledge there is a small number of training programs that specifically train mental health providers for college athletics programs. As such, three programs in this study are overseen by directors with the same education and training background. These participants had similar philosophies regarding their approach to building mental health programs for college student-athletes. While the institutions at which they work significantly impact their programming, and they often shared philosophies with the other two participants who had different educational and training backgrounds, I acknowledge there is an overrepresentation of one school of thought for mental health program development in this study.

Since the director of behavioral health for student-athletes at a private school in a Power 5 conference agreed to participate, I utilized replication logic to solicit participation from a director of behavioral health at another private school in a different conference. I secured participation from another private institution that closely mirrors the first private school in terms of undergraduate enrollment, number of sports sponsored, academic rigor, and number of student-athletes. The remaining three participants were from public institutions. I solicited

participation from the director of behavioral health at a public institution known for the history of their mental health program for student-athletes. This particular institution has had a mental health program for student-athletes for 20 years. Once I secured participation from that program, I again utilized replication logic to find the remaining two participants at institutions of similar undergraduate population size, yet with mental health programs of different maturity levels.

Once participants were selected, I sent each person an initial email outlining the purpose of the study, and providing them an overview of the process (see Appendix B). The initial email also contained a link to the consent form which reviewed the risks involved in participation (see Appendix C). I asked participants to return the signed consent form to me and sign up for a time for a virtual meeting. During the virtual meeting, I used a written script to review the protocols, the consent form, and the associated risks of participation. I answered any questions participants had regarding the process, and then proceeded with the interview.

Data Collection

Data collection in this research came from interviews and documentation, which allowed for thick, rich, description of the case, as well as a deep understanding of the context and environment I explored. Furthermore, collecting data from multiple sources allowed me to triangulate data and discover converging lines of data, which strengthened the validity of this study (Yin, 2018). Due to COVID-19, this study utilized two data sources: interviews and documentation, and both sources of data were collected electronically. Prior to the pandemic, observational site visits were going to be used as a third source of data collection.

Interviews

Interviews are often considered the most important data collection in case study research (Yin, 2018). This case study utilized virtual, semi-structured interviews as the primary source of

data collection. The interview included pre-determined questions to ensure baseline topics were covered in all interviews, but also allowed for exploration of the subject from the perspective of the participant through open-ended questions (Merriam, 2016).

I conducted 60 to 90-minute virtual interviews with interview participants using a semi-structured interview protocol (see Appendix D). Due to COVID-19, interviews were conducted via a password protected Zoom link instead of in person. Interview protocols took into account the public health model, the NCAA Layers of Care model, and the NCAA best practices. In addition to collecting general information about the structure of the mental health program, interview questions were organized around the four parts of the public health model: surveillance and assessment, promotion of a positive mental health environment, prevention, and intervention and assessment. Interviews were audio and video recorded via Zoom and on my mobile phone, and utilized only for data analysis. Interviews consisted of three parts. In part one, I introduced myself and the purpose of the research. In part two, participants responded to questions regarding their mental health program for student-athletes, how they determine what should be part of their program, how they promote their program, what prevention and intervention strategies they utilize, and how they assess their efforts. Interview questions were designed to collect data pertaining to student-athlete mental health programming as it existed before COVID-19, while acknowledging changes have likely occurred due to COVID-19. Therefore, interview questions allowed for discussion of pre and post COVID-19 programming and processes. In part three, participants asked me questions and clarified answers they provided in previous questions. I concluded each interview with the directors of mental health units with a referral request. I asked each director to connect me with someone else in their unit who might be helpful to interview in

addition to themselves. All participants referred me to another mental health provider in their unit, often an assistant director.

Documentation

Documentation for this project consisted of electronic forms of information including institutional websites, conference websites, and social media outlets such as Twitter, Facebook, and Instagram (Yin, 2018). The primary use of documentation was to support and expand the information collected from the interviews (Yin, 2018). Documentation included both public documents such as social media accounts and institutional websites, and semi-public documents such as organizational charts, emergency protocols, and assessment surveys. Participants were asked to share any documentation that contributed to the understanding of the development of student-athlete mental health programs in their athletics departments. Such documentation included needs assessment documentation, emergency protocols, targeted intervention documentation, and evaluation materials. In addition to documentation secured from participants, I also explored departmental, institutional and conference websites, as well as departmental and institutional social media outlets such as Twitter and Instagram. I explored social media accounts for each unit, institution, and conference from April 2020 to February 2021. To keep my documentation organized, I utilized a document analysis protocol (Appendix E) and examined all documentation after interviews were completed.

IRB Approval and Confidentiality

I received Institutional Review Board approval in the fall of 2020, prior to conducting this research. Once approval was received, I worked with the director of behavioral health who agreed to help me secure participants to begin contacting potential participants. Ethical concerns regarding confidentiality and data safety were addressed before conducting interviews. I assigned

pseudonyms to each program and each person interviewed to protect the confidentiality of the institutions represented in the research.

Data Analysis

The purpose of data analysis in qualitative studies is to identify patterns and emerging themes from the data collected. It is the way by which researchers make sense of the data they have collected (Merriam, 2009). Data analysis in this project includes steps from both Yin and Creswell, while specific coding processes were drawn from Miles, Huberman and Saldaña (2014) as discussed below.

Data Organization

Data analysis began by creating a case study database where all data and documents were stored on the NCSU google drive in a safe and organized way. I maintained this database throughout the data analyses process ensuring all information was safely stored in one place. I transcribed interviews using Zoom. After re-watching the interviews and simultaneously reviewing transcripts for accuracy, I read the transcripts again noting details such as vocabulary, and what made programs unique. After reviewing the interview transcript for one case, I reviewed the documentation for the same case. I then wrote a memo for each case summarizing key points of the interviews and documentation, noting any themes I saw emerging, and recording my impressions of the case as it unfolded. I used these memos both to obtain a sense of the data and later in the cross-case synthesis and the development of themes. Familiarizing myself with the data in this way helped me begin to comprehend the information I collected and assisted me in developing an overall picture of the cases. As I reviewed the data for individual cases, I frequently referred to the purpose of the research, the conceptual framework, and the research questions that guided this study.

Data Coding

After organizing the data, I moved to data coding. The purpose of codes in qualitative research is to assign meaning to "chunks" of data collected. Codes are used to categorize data so the researcher can collect similar data as they relate to the research questions (Miles et al., 2014). For this study, I utilized deductive coding, or a priori coding, which involves "developing a provisional 'start list' of codes prior to fieldwork" (Miles et al., 2014, p. 81). I developed this "start list" of codes after reading the cases through multiple times, while keeping the public health model, NCAA Layer of Care Model, the NCAA best practices, and my research questions in mind. The a priori code list consisted of seven codes and centered around the public health model and the NCAA Layers of Care model. I chose seven codes as a starting point for the coding process, leaving flexibility to add and subtract codes as the process unfolded. In addition to creating a priori codes, I also created a codebook, which clearly defined each code. The codebook aided me in using codes in a consistent manner and became part of my chain of evidence and database. During first cycle coding, I allowed for flexibility in the a priori codes, deleting and adding codes as necessary. I first coded interviews and then I coded the documentation I collected. After coding all interviews and documentation, I had 92 codes in my codebook. All coding was done with Atlas.ti software. After I coded all data from each case individually, I reviewed the codes as they were applied to the data and checked for consistency among codes.

Data analysis in this study consisted of both pattern coding (Miles, Huberman and Saldana, 2014) and "playing with the data" (Yin, 2018) to generate descriptions of each case. Pattern coding allowed me to group similar codes into code groups and then further into themes. Patterns can be categories or themes, causes or explanations, relationships among people, or

theoretical constructs (Miles et al., 2014). I grouped the 92 codes into 16 code groups. Once I identified code groups within each case, I mapped them visually and "played with the data" both on paper and with Atlis.ti to help make sense of the information I collected. Visual mapping may include creating graphs, charts, and/or tables to generate a description of each case (Creswell, 2013). For me, visual mapping included making charts, tables, and mind maps with the code groups. This process helped me consider the data in more than one way and helped me see emerging themes and patterns that I might have not otherwise noticed. This visual mapping process also aided in the consideration of rival explanations during data analysis. For example, when exploring collaboration between campus and athletics I considered whether collaboration was impacted by the size of the staff, the culture of the institution, or the governance of the institution (private vs. public), or most likely, all three factors. I explored the data for themes and patterns while being mindful of my research questions, the NCAA mental health best practices, and the conceptual models I described in earlier chapters. I also utilized my codebook to connect quotations to codes, code groups, and emerging themes. I wrote a memo for each case which included a detailed description of the case and important themes and patterns that emerged. Eventually, I condensed the data into two large themes that emerged from every interview and every program: reducing stigma and collaboration.

Visual Representation

After all coding was completed and I had thoroughly analyzed the data, I focused on ways to visually represent the data in the final project. For this study, I created a table summarizing participants first, and then presented each case in detail individually. As the researcher, I wanted to honor my participants by providing as much detail as possible. I then created a table outlining key findings of the cross-case analysis, before explaining the analysis in

more detail. Finally, I provided a summary table of recommendations and suggested future steps for the NCAA as it pertains to student-athlete mental health services.

Cross-Case Analysis

Once data for each case was coded, themes and patterns were identified, and findings for each case were described, I proceeded to conduct a cross-case synthesis (Yin, 2018). Cross-case synthesis is founded on theories and conclusions reached by the researcher, and therefore, I supported my findings in the cross-case analysis with data (Yin, 2018). Findings from my cross-case synthesis were recorded in memos which indicated the specific data I used to reach my conclusions. I compared and contrasted themes and patterns that emerged among all cases in order to uncover similarities and differences between cases. In addition to comparing and contrasting cases individually, I explored similarities and differences that existed due to conference affiliation and type of institutional governance (public vs. private), During this phase of analysis, I employed Yin's suggestion to play with the data again and created a master chart of code groups and quotations from interviews to organize the data and explore themes (Yin, 2018).

Findings and conclusions from this research are supported by data and shed light on how athletics departments are determining student-athlete mental health needs, promoting positive mental health among student-athletes, and working to prevent mental health concerns. Findings also inform the usefulness of the proposed conceptual framework in examining mental health programs designed for student-athletes. Furthermore, findings consider how athletics departments are evaluating their mental health programs, as well as how the NCAA mental health best practices are integrated in athletics departments' programming.

Methodological Integrity

Case studies are often critiqued for concern over a lack of rigor and generalizable results because the methodology does not follow strict steps or processes and there are few guidelines for reporting data and reports (Yin, 2009). In light of these concerns pertaining to case study methodology, I followed a systematic approach with implemented procedures to increase construct validity, external validity, reliability, and methodological integrity as described below.

Construct Validity

Yin refers to construct validity as "identifying correct operational measures for the concepts being studied" (Yin, 2018, p. 42). Demonstrating construct validity begins in the design phase by clearly defining what will be explored and operationalizing how it will be observed (Yin, 2018). Construct validity continues throughout data collection and the analysis phase and into the production of the results. For this study, I increased the construct validity of my research by utilizing multiple sources of data, creating a case study database, following a case study protocol, and using member checking (Yin, 2018). Data collection for this study consisted of interviews and documentation. Utilizing multiple sources of data collection increases construct validity, as it is one way of demonstrating that my conclusions are supported by more than one interview or document.

A case study database stores all data collected in an organized manner. Creating a case study database is a way to organize data so others can retrieve it and review it to obtain a better understanding of the findings. The main purpose of the database is to keep data collected in a retrievable form, however, it also helps keep the researcher organized (Yin, 2018). For this case study, I created a case study database throughout my data collection and analysis. I used Google Docs, Sheets, Lucidchart and Atlas.ti to keep my transcriptions, coding notes, documents, and

memos, and I saved them all on the NCSU Google Drive for security purposes. This case study database allows others to trace my steps and see more specifically how I reached my conclusions.

Following a case study protocol and utilizing member checking are additional ways I increased construct validity. A case study protocol provides an overview of the case, guidelines, and procedures the researcher should follow when conducting the case study, the protocol questions the researcher should be able to answer, and an outline of the expected case report (Yin, 2018). The case study protocol for this research can be found in Appendix A. Member checking refers to the process of allowing participants to review and provide feedback on the conclusions of the study and, in this case, a draft of my case study report (Yin, 2018). Member checking improves construct validity by increasing the accuracy of information presented and decreasing the chance of misrepresentation of data collected (Yin, 2018). I attempted to utilize member checking for each individual case to ensure I accurately depicted information received during data collection. After completing each case write up, I emailed interview participants a copy of the write up and asked for feedback. Two participants provided feedback on their case write up; a third program indicated they would provide feedback but did not. Since there was a lack of response from participants in regards to member checking, I relied heavily on the interview transcripts and the documentation collected to ensure I presented the data accurately. I referred to the original interview transcript to double check my results were consistent with the interview data. I reviewed the transcripts multiple times and compared them to my case study write-ups to ensure I represented the participants in an accurate manner.

External Validity

External validity refers to the extent to which the conclusions of a case study can be generalized to other cases (Yin, 2018). Due to the boundaries of this study, external reliability in this case refers to the extent the conclusions can be generalized to other Power 5 institutions. External validity was strengthened by utilizing replication logic when choosing individual cases, and cross-case synthesis during data analysis. In this study, utilizing replication logic in participant selection led to the possibility that findings may be generalizable to other Power 5 conference institutions. Cross-case synthesis also strengthened the external validity of this study. Cross-case synthesis requires conceptualizing each case as a whole entity and then comparing and contrasting patterns across cases. Utilizing cross-case synthesis in drawing conclusions and providing direct examples from data to support my findings allows readers to understand how findings are generalizable to other institutions and athletics departments. Furthermore, external validity was strengthened by providing thick, detailed descriptions of participating institutions, as well as maintaining a case study database. Providing rich, thick descriptions of the cases involved in the case study allowed readers to draw parallels between the cases included in data collection, strengthening the external validity of the study.

Reliability

Reliability refers to the idea that if steps of a study are documented and repeated, they would result in similar conclusions or findings (Yin, 2018). Reliability strengthens the credibility of findings and allows readers to have confidence that a researcher's conclusions are well-supported and plausible given the data analyzed. I increased reliability in this study by utilizing a case study protocol, maintaining a case study database, and creating a chain of evidence (Yin, 2018). A chain of evidence allows others to trace the steps of the researcher beginning with the

research questions and ending with the case study findings. In addition to the research questions and the findings of the study, a chain of evidence should include the case study database, citations to specific sources in the database, and the case study protocol (Yin, 2018). Providing a detailed chain of evidence allows others to trace my steps and understand how I reached my conclusions given the data I collected. Furthermore, I utilized member checking and triangulation of data methods to improve the reliability of the case findings. The triangulation of data methods refers to using multiple sources of data to support a conclusion. Triangulation occurs when patterns and themes are developed from merging many sources of data in support of a finding (Yin, 2018). In this study, I utilized triangulation of interviews and documentation to support my conclusions and increase the reliability of this study.

Reflexivity

In addition to the steps listed above to demonstrate methodological integrity, I employed the strategy of reflexivity throughout this research. I kept a journal to reflect upon my thoughts and feelings as I secured participants, collected and analyzed data, and wrote the final report. I reviewed my journal periodically to remind myself of my thoughts throughout the process of data collection, data analysis and data interpretation. In addition to acknowledging the bias I bring to this research, practicing reflexivity helped me understand how my values influenced the research process, and in turn, influenced my research findings. Keeping in mind what I brought to this project in terms of values and biases as a researcher and utilizing member checking aided in producing a final report that truly represents the participants.

Furthermore, I disclosed my positionality to participants and readers in the final delivery of the analysis and research report. Understanding my background, experience, and qualifications allowed participants to better understand how my biases may have influenced my

interpretation of data. Disclosing my positionality in my final research report allows readers to determine for themselves my credibility and any potential biases. It also allows readers to assess my ability to conduct this research in a knowledgeable and ethical manner.

Positionality

As the researcher, I maintain a constructivist perspective that "reality is socially constructed" (Mertens, 2015, p.16) and I strive to understand experiences from the perspective of those who live it (Mertens, 2015). As such, I believe multiple realities are possible, particularly when it comes to understanding social constructs such as mental health, and this belief informs they manner in which I approach my research.

I am the senior associate athletics director for student-athlete experience at Duke University, and the senior woman administrator for the Duke University Athletics department. In my current professional role, I represent Duke University at the ACC conference level on matters related to the governance of sport and student-athlete experience. I also oversee the student-athlete development unit at Duke, as well as the Name, Image and Likeness education for student-athletes, and the diversity, equity, inclusion, and belonging strategic plan for Duke athletics. I am a cisgender, white female and work with student-athletes from all sports. I have worked in Division I college athletics for 20 years, and the majority of those years have been spent working daily with student-athletes and their academic experience. I have a master's degree in College Student Personnel with an emphasis in counseling. The curriculum for my master's degree included a counseling practicum in which I served as a supervised mental health counselor for students and community members in an on-campus counseling center that offered free counseling services. As someone with a counseling background, I have always been interested in the mental health of the students with whom I work.

Throughout the majority of my career, I have served as an academic coordinator for student-athletes. My work in athletics departments as an academic coordinator and administrator, allows me to be an "insider." Every day I am embedded in athletics culture, which allows me to understand the unique time demands student-athletes face, the resources available to student-athletes, and the personal and external pressures to perform student-athletes experience. I witness up close how athletics has the ability to impact student-athletes' identity and mental health. I deeply believe student-athletes bring a unique perspective and experience to an institution's student body. As an administrator, I understand the higher-level concerns of the department in terms of budget, campus relationships, and pressure to win. I have also witnessed the evolution of college athletics in the last 20 years, both positively and negatively.

My experience informs my belief that college athletics can create educational opportunities for those who may not otherwise have them. I also believe college athletics can provide important avenues for personal and professional growth during a young person's formidable years. I have seen firsthand the positive and negative impact that academics, competition, and coaches can have on a student-athlete's mental health. Furthermore, I generally believe student-athletes, like most college students, are reluctant to seek mental health help. I also believe, however, student-athletes are more willing to seek help when they are in a culture where talking about mental health is normalized and safe spaces are created for student-athletes to be themselves. Furthermore, I believe in the current state of college athletics, athletics departments should be held accountable and responsible for providing adequate mental health care for student-athletes; yet the word "adequate" is difficult to define and outlining uniform standards for athletics departments to follow is challenging.

My professional title along with the reputation of Duke University afforded me positional power throughout this research project. If it were not for my title and my professional connections, I likely would not have been able to gain access to these participants. Once I gained access to participants, I had to gain their trust, and my position in athletics helped me do that. As much as my position afforded me power, however, I am still a woman in an industry dominated by males; particularly white males. For twenty years, I have been working with football teams, and most of the time I am the only woman in the room. Over time I have come to accept this, and therefore, I don't think about it much. Because I have worked with the same coaching staff for 14 years and am very comfortable with them, I do not think about the gender dynamics in the room every day. I do not step into a room full of males as a woman, I step in the room as the Director of Academic Support.

In this research, however, three of the five directors of these programs were white males, and I did not know them prior to our interview. Therefore, in one sense I had privilege (being from Duke) and in another sense I was a minority (female). The way participants perceived me impacted their interviews. For example, one director commented "Oh, I'm getting flustered because I'm talking to the Duke researcher," while another questioned why I was asking each question (indicating a lack of trust). I was looked at as a woman, with a professional title, from a prestigious institution, and that likely impacted the dynamic of some of the interviews.

I recognize that I am unable to separate my experiences, identities, and beliefs from my research, but I believe these attributes inform my study. In my role as a researcher, I wanted to learn as much as I could from the participants' perspectives and experiences. However, in my role in athletics, I have been trained to advocate for a positive, impactful higher education experience for student-athletes, and I undoubtedly brought that perspective to my research as I

collected and analyzed data. I was diligent in navigating this dual role by being reflective and writing memos.

Overall, I believe my knowledge of the student-athlete's daily experiences, coupled with an administrator's perspective, allowed me to develop rapport with my participants, although it took longer with some participants than others. My experience helped me gain the credibility needed to have meaningful interviews, and my knowledge of college athletics helped me ask informed questions to understand their decision-making process as it related to their mental health program development.

CHAPTER 4: CASE STUDIES

This study explored how Power 5 conference athletics departments are addressing the mental health needs of student-athletes using a public health model and the NCAA Layers of Care model as a framework. More specifically, this study explored how Power 5 conference athletics departments are assessing mental health needs of student-athletes, promoting a positive mental health environment, establishing prevention and intervention strategies, and evaluating the programs and resources offered. Research questions for this study include:

RQ1: How are mental health programs in athletics departments determining the mental health needs of their student-athletes?

RQ2: What actions are mental health programs in athletics departments taking to promote positive health environments while considering socio-ecological factors impacting the mental health of student-athletes?

RQ3: How are mental health programs in athletics departments working to prevent mental health concerns among student-athletes while considering socio-ecological factors impacting the mental health of student-athletes?

RQ4: How are mental health programs in athletics departments evaluating their mental health interventions and programming?

This chapter presents a case description for each of the five student-athlete mental health programs represented in this study. The general format of the individual case studies includes a brief overview of the institution, the athletics department, and the mental health program within athletics, followed by an explanation of how programs determine the mental health needs of their student-athletes, promote a positive mental health environment, prevent mental health emergencies, provide interventions, and assess their efforts. Cases conclude with a discussion of

how the conference office and conference institutions collaborate to promote positive mental health in athletics departments, as well as an exploration of the obstacles, strengths, and room for growth of the mental health program. For the purposes of maintaining confidentiality, pseudonyms are used for interview participants and institution names. Table 4.1 contains a brief profile of each of the participants.

Table 4.1

Profiles of participants

Pseudonym	Undergraduate Enrollment	No. of student-athletes	No. of varsity sports	No. of full-time providers	Type of Institution	Direct Report
BD	6,500	700	27	2	Private	Athletics
CD	<10,000[a]	15% of student body	NA[a]	2	Private	Dual report-athletics/campus
HS	25,000	620	24	5	Public	Athletics
RB	23,000	450	19	3	Public	Athletics
SN	20,000	680	19	4.05	Public	Athletics

[a] Not reported for the purpose of confidentiality

Case One: BD Institution

BD Institution is a small private liberal arts institution. With approximately 6,500 undergraduates and 700 student-athletes, BD student-athletes represent just over 10% of the student body. The athletics department sponsors 27 sports and employs approximately 350 people. Table 4.2 provides a summary of the BD mental health program. Following the table is a detailed description of the program and its attributes.

Table 4.2

Summary of BD Mental Health Program

Topic	Themes
Assessment and monitoring	Pre-performance evaluation, surveys, utilizing support staff and student-athletes to monitor
Promoting a positive mental health environment	Visibility, promoting events, work with affinity groups
Prevention	Individual counseling, psycho-educational programming, department collaboration, staff trainings
Intervention	Follow-up on pre-performance evaluations, emergency action plans, wellness teams, campus collaboration
Evaluation and assessment	Utilization rates, senior exit interviews, post evaluations for educational sessions, informal conversations
Conference collaboration	Monthly meetings, Calm app, mental health summit
Obstacles	Lack of buy-in to program, limited staff
Strengths	Collaboration with campus, normalizing mental health conversations
Room for Growth	Prevention education, formal evaluations

Background of Program

The mental health program for student-athletes is relatively new with the director being hired in 2018, making 2020-2021 the third year of the program's existence. Prior to the hiring of the director, most mental health concerns were referred to the campus counseling center. The director of the unit, Dan, reports to the deputy director of athletics, who also oversees athletic medicine, strength and conditioning, and human resources. Dan remarked:

> The structure of reporting can sometimes be a tricky one. In most settings, psychologists report to psychologists or in a hospital setting they might report to an MD, but in these scenarios psychologists are often reporting to someone with no mental health training and that can be interesting.

Dan also noted that he considers himself fortunate to report to a deputy athletics director who acknowledges they do not have mental health training and does not interfere with the clinical aspect of the mental health providers.

The BD mental health providers are housed in the basement of the basketball arena, and they are the only offices located in the building. With multiple points of entry and being centrally located to all athletic facilities, their offices are easy to access, yet provide a sense of privacy. The building is locked at all times and access is only obtained with an ID card. Only athletics department staff and student-athletes' ID cards are programmed for access to the building, which provides additional privacy for those meeting with providers.

The BD athletics department mental health program currently employs two full-time providers, both of whom I interviewed. In addition to Dan, the unit has an assistant director, Erin. Both Dan and Erin are licensed clinical psychologists who are certified mental performance consultants through the Association of Applied Sport Psychology. Furthermore, Erin has a subspecialty in treating eating disorders. Since the hiring of Dan in 2018, there has been a slow progression of adding providers to the unit. First, there was one full-time provider, then Erin joined the staff as a part-time provider giving the unit 1.5 positions, and finally in 2020 Erin moved to full-time employment, giving the unit two full-time providers. In the spring of 2021, Dan hired two student interns pursuing master's degrees in counseling, and in 2021-2022, Dan expects to bring on board a post-doctoral provider.

Dan spoke of the intentionality behind the growth of the program and the importance of the unit being housed within the athletics department. He stated:

> My experience has always been that when you put it (the mental health unit/providers) in athletics, like everything else that they (student-athletes) access, they're more likely to come forward and use it. I think when you start thinking about their time during the day, to have the ability to pop in after practice, before treatments, things like that increase the likelihood that they will access services.

He continued:

> When I came to BD I didn't see any student-athletes for the first six weeks or so when I was here. First, you have to know what your resources are, in order to know what you need to provide. Initially, it was a one-person shop and now we are going into year three and we have a foundation built for the program so we can continue to grow.

Since Dan was starting a program from scratch, he knew he first had to learn about the culture and structure that was already in place in order to maximize his efforts with a small staff. He spent time with coaches, campus constituents, athletics administrators and other staff to learn about the university and the history of the department. These meetings helped him build relationships with key people, better understand the athletics department culture, and determine where to focus his initial efforts in building the program.

In terms of workload, Dan divides the teams amongst himself and Erin so every team has a point person, but the two are very collaborative when it comes to delivering services. For example, Dan may see some students on a team individually, and then Erin may come in and provide an educational workshop with members of the same team. The pair find this the most effective way to deliver the most services given the small number of providers on staff.

Services Provided

The BD athletics department mental health unit provides a variety of services to student-athletes including individual counseling, non-diagnosable substance use counseling, topical group education such as injured athlete meetings, meditation sessions and other psycho-educational programming. Providers also work extensively with coaches and staff to deliver education surrounding mental health awareness as well as intervention trainings. Due to the small size of the unit, BD providers work closely with providers in the community and contract out many services. For example, BD providers will refer cases of severe eating disorders, trauma, and diagnosable substance abuse to providers in the community. Student-athletes who need psychiatric care are often referred through the campus hospital system. This includes student-athletes with dual diagnoses and other, more advanced, mental health conditions. Furthermore, because both Dan and Erin are white, those student-athletes who wish to see a counselor of color are referred to a number of community providers of color or the campus counseling center. Dan noted:

> I think sometimes people can look at our staff and think "Oh all student-athletes see two people." And it's really not like that. We have a bigger community approach to meet clinical or just preferential needs that our student-athletes have. For us, our concern is not that they are treated strictly by our staff, but that they are treated by someone with whom they are comfortable and who works well with them.

Assessment and Monitoring

BD providers use different methods to assess and monitor the mental health needs of their student-athlete population. They utilize one PPE for all incoming first-year and transfer students, and a different PPE for returning student-athletes. Furthermore, the BD mental health providers

rely on support staff, student-athletes, and monthly surveys to gather information as it relates to the mental health issues impacting student-athletes.

Assessment

Before they are allowed to practice or compete, all new incoming student-athletes must meet individually with a BD mental health provider as part of their PPE. During this individual meeting, BD providers administer a mental health questionnaire and review the results with the student-athlete. Returning student-athletes also complete a mental health questionnaire upon return to campus, which BD providers review. If there are any "flags" on the returning student-athletes' PPE, BD providers will reach out to the student-athletes directly. The PPE's serve many purposes. In addition to gathering initial mental health data, the PPE serves as a way to identify significant mental health concerns early, as well as introduce the BD mental health providers to student-athletes in a non-threatening way and begin the process of normalizing mental health discussions. Dan explained:

> The reason I like to do the PPE in person is it sets the tone really early on about what mental health is and how we view it in the athletics department. The fact that I'm sitting there in between an ortho and our dietitian, shows kids, this is just part of what we do. It also gives Erin and I the opportunity to start meeting people and putting a name to a face. We assess the mental health and then we always have a quick conversation that's not clinical to try to set the tone that this doesn't have to be a "you only come talk to us when we have problems" relationship.

Furthermore, the PPE's allow providers to quickly identify themes that may exist either throughout teams or amongst an incoming class of student-athletes, which then can inform their mental health programming moving forward. Dan stated:

> We might take a look at, like, if we're seeing consistency across some teams and reach out to coach and say not who checked those boxes but "Hey look, it looks like we got a lot of anxiety on your team right now," and we saw a lot of that this year.

PPE's are used to identify student-athletes who may benefit from utilizing resources as well as to help mental health providers construct a snapshot of the incoming student-athletes and what mental health concerns may exist. After BD providers gather a general sense of the student-athletes' mental health, they work throughout the semester to maintain a pulse on the mental health needs of the student-athletes utilizing a variety of methods.

Monitoring

BD providers recognized the potential impact COVID-19 and social justice issues could have on the mental health of student-athletes, so they used monthly surveys to keep a pulse on the mental health of student-athletes and guide coaches in their coach/student-athlete interaction. Dan noted:

> Because of the pandemic our sport science group was surveying our kids. And if we saw a mental health issue was building within a team we would reach out to coach and say, "Hey, we might need to hop on a zoom," or in a normal year we might have a team meeting to address things ahead of time.

The monthly surveys allowed providers to stay in touch with student-athletes during COVID-19 and also provided anonymous feedback to mental health providers as it related to the issues and concerns impacting student-athletes. This allowed BD providers to provide adequate resources and adapt their programming as they moved through the year of COVID-19.

Another way BD providers stay informed about student-athlete mental health is through interactions with support staff and student-athletes, themselves. Dan and Erin rely on their

relationships with athletic trainers, academic coordinators, dieticians, sports performance trainers, and coaches to communicate mental health concerns or themes they may observe in their daily interactions with student-athletes. As noted earlier, Dan spent his first six weeks on the job meeting with key constituents in the athletics department and on campus. Those meetings served as the beginning of many important relationships with people Dan knew he would need to rely on in the future. He recalled:

> Those are the people who see these student-athletes every single day. Those are the people who will pick up on themes of anxiety on a team, or during a particular time of year. Those are the people who know what's happening on campus, outside of athletics, who can help with the early detection of mental health concerns before they become full blown emergencies. So those are the people I go to for information.

Finally, Dan and Erin rely on the student-athletes, themselves, to keep a pulse on mental health concerns. Dan explained:

> Much of our team interventions are informed by our one-on-one work. You know, if I see 6, 7, 8, athletes from a given team and we're having the same conversation, it's sometimes nice to go to coach and be like, "Hey, either you need to address this, or I can come and talk to the team, but you should know they're all paying attention to this, so maybe we should have a chat about it."

Dan and Erin use multiple sources to gather information and develop prevention and intervention strategies for mental health concerns among student-athletes. In this way, the BD mental health providers lay the foundation for creating a positive mental health environment in the athletics department.

Positive Mental Health Environment

BD mental health providers take a variety of steps to create a positive mental health environment within the athletics department. Dan and Erin recognize the importance of creating a supportive atmosphere for student-athletes: one that normalizes conversations surrounding mental health and promotes help-seeking behavior. To that end, they focus on being visible in the department, promoting mental health awareness events, and working with affinity groups in an effort to create a positive mental health environment.

Visibility

As a relatively new unit, BD mental health providers are tasked with normalizing mental health conversations and creating awareness around mental health throughout the department; which is something new to the department as a whole. While Dan acknowledges changing the culture surrounding mental health in a well-established department can be difficult, he is quick to credit the top-down support he received in this endeavor. For the last year and a half, the BD athletics director has had a meeting with coaches and staff every Friday morning to give updates as the department worked through COVID-19 issues. The athletics director invited Dan to start every Friday meeting with a mental health update. This invitation to lead Friday meetings lead to other administrators asking BD mental health providers to talk individually with coaches, which then lead to coaches asking BD providers to address their student-athletes. As Dan stated, "Whether coaches or administrators are comfortable talking about mental health or not, our athletics director has made it clear they are going to hear about it, and it will be a priority of the department." This support has allowed Dan and Erin to promote a positive mental health environment in a short amount of time.

Being visible throughout the department is a key way Dan and Erin have worked to quickly promote a positive mental health culture within BD athletics. As noted above, during COVID-19, Dan began weekly coaches/administrator meetings by providing a brief update on student-athletes from a mental health perspective. He provided updates on topics such as the top concerns of student-athletes, issues that coaches may want to address with their teams, and updates on mental health initiatives in the department. Having a role in the weekly meetings of the department helped increase the visibility of the BD mental health providers, which helped normalize discussions on mental health. Additionally, a BD mental health provider attends every team's beginning of the semester team meeting to remind student-athletes of their services. Dan and Erin are also visible at practices and when not individually seeing student-athletes, they are purposely visible in the spaces student-athletes frequently visit such as the training room or the weight room. Dan noted:

> Being visible in the department is important because the number of times that I'll run into a kid, or I'll run into a coach, or I'll run into a staff member who's like, "I have been meaning to call you." That happens a lot. So, if we just sit in our offices all day waiting for kids to come, those interactions don't happen.

Promoting Events

BD mental health providers also build and create a positive mental health environment by promoting mental health awareness month, hosting mental health awareness games, collaborating with campus mental health initiatives, and supporting the student lead mental health advocacy group. One of the first department-wide initiatives BD mental health providers started was an awareness campaign. Utilizing social media, namely Twitter and Instagram, Dan enlisted the help of student-athletes and coaches to post daily tweets during May, mental health

awareness month. Social media posts consisted of personal stories, pictures representing positive coping strategies, and favorite motivational quotes involving positive mental health. Although the campaign idea was new to the athletics department, it did not take long to see it grow. Dan observed, “We had a lot more departmental participation this year. A lot of our coaches were on social media and in the locker room advocating for mental health treatment and getting the message out that mental health is important.”

In addition to mental health awareness month, many BD teams designate a mental health game throughout the season. While the set-up of each game varies depending on the sport, all sports who participate do a week of mental health awareness campaigning on their social media accounts, have mental health awareness public address announcements throughout the game, wear something green to represent mental health awareness, and most do some kind of mental health education for their student-athletes during the week.

Affinity Groups

BD mental health providers also work closely with student-athlete lead affinity groups, which helps create a positive mental health environment within the department. Dan and Erin attend SAAC meetings, Athlete Ally meetings, and United Black Athlete meetings regularly to answer questions, show support for their work, and remind the student-athletes leaders of their resources. Additionally, there is a student-athlete mental health advocacy group Dan and Erin advise. The group developed completely through student-athlete initiatives and has since grown and partnered with another mental health advocacy group in the area. Dan remarked, “It’s been really cool to see that group grow. They have a lot of meetings and Erin and I sit in on those meetings, they’re really doing good work.”

Dan and Erin's focused efforts to create a positive mental health environment in a short period of time seem to be working. Dan stated:

> It's kind of cool because we're hitting that phase now where people are actually self-referring as opposed to being referred by athletic trainers or academic coordinators. I feel like this year the majority of our kids are either self-referred or referred by a student-athlete, and that's what you want.

While the work to reduce stigma, normalize conversations around mental health, and promote mental wellness continues, Dan and Erin use the positive mental health environment they have created as a foundation for prevention mechanisms and programs.

Prevention

Based on monitoring and assessment of the student-athletes, and in addition to promoting a positive mental health environment, BD mental health providers implement multiple programs and mechanisms designed to prevent mental health concerns from becoming full-blown emergencies. Perhaps the most important of the prevention mechanisms are the previously mentioned mental health and psychological counseling services BD providers offer for outpatient treatment of depression, anxiety, and other mild mood disorders. However, in addition to these counseling services, BD providers offer psycho-educational workshops, collaborate with other athletics department units, and provide staff trainings to prevent mental health emergencies.

Psycho-educational Programming

In terms of psycho-educational workshops, BD providers have found success in hosting group sessions where participants can learn a skill such as meditation or tips for building resilience. BD providers have found less success in process-oriented groups where participants

are asked to be more vulnerable unless the group is topic-specific such as an injured athlete group. Dan noted:

> Whereas counseling centers often do a lot of process groups where they sit and talk, I have not seen much success with athletes doing that. But they are more open to topical groups such as injured athlete groups because there's a reason they are all there. It seems like sessions where they come and they can learn a skill instead of having to share and be vulnerable are a little more successful when it comes to group sessions.

Dan also noted group sessions can be difficult due to time constraints on athletes:

> The challenge with group therapy is schedules. When you try to do something across teams you are really left with something later than 7:30pm, and that can be taxing on providers too. You know, if I'm running a 7:30pm group session, it's not like I am coming in at 10:30 am that day. I'm still in my office bright and early.

Despite the scheduling challenges, there are some groups that have been very effective in preventing mental health emergencies. One group that has been successful for BD mental health providers and is an excellent example of the collaborative efforts across department units is the group established to encourage healthy nutrition and discourage eating disorders and disordered eating. This group hosts a five to six-week workshop series created by Erin with help from the BD nutrition unit. Erin explained:

> It's a body confident/eating disorder prevention program that we got started last fall. It is also a peer lead program. So, it's run by ambassadors that we've trained and we supervise the process. It's been really cool because the ambassadors have also taken the lead on advertising the program. This summer they made a video about how the program was helpful to them and it was cool.

Department Collaboration

Another group that has been beneficial in preventing mental health emergencies is the integrative performance group the BD mental health providers helped established. This group meets monthly and consists of staff members and medical doctors who work regularly with student-athletes. Members include team medical doctors and staff members from the training room, strength and conditioning, student-athlete development, physical therapy, academic support, sports psychology, mental health, and a deputy athletics director. While this group serves multiple purposes including vetting sports performance apps/programs, approving research requests involving student-athletes, and writing policies and procedures, this group also discusses hot topics and current issues that may be impacting student-athletes and their mental health. It is through this group, for example, that the decision was made to survey student-athletes regularly about their mental well-being during COVID-19. These surveys became instrumental in determining what services should be offered and what changes could be made to improve the experience of the student-athlete during unprecedented times.

Staff Trainings

Training administrators, staff, and coaches is yet another way BD mental health providers try to prevent mental health emergencies amongst their student-athlete population. Trainings may occur in various forms, both formally and informally, and occur throughout the year. Formally, BD mental health providers host at least one educational session per semester for all coaches and sport administrators during their monthly coaches meeting. Topics may include suicide prevention, general mental health awareness education, and ‘how to talk to your student-athlete when you’re concerned’. Informally, education and training take place in daily conversations, at

team practices, during team travel, and in personal offices. In order for these informal trainings to be effective Dan pointed out:

> There is great value in doing a targeted approach with our coaches and having sit down conversations, but in order to do that, I have to have a relationship with these coaches. I've got to spend time getting to know them and getting to know what's going to resonate for them.

Dan's comment is a great example of how promoting a positive mental health environment through being visible and building relationships is important in the prevention of mental health emergencies. Not every mental health emergency can be prevented, however, and BD providers are prepared with various intervention strategies in the event a mental health emergency does occur.

Intervention

If a student-athlete's mental health becomes a concern, an emergency, or providers believe a student-athlete could simply benefit from specific resources, BD providers are prepared with a variety of interventions. Interventions provided by the BD behavioral health unit are generally conducted in one-on-one settings and may include: specific work with a student-athlete, follow-up on PPE's administered at the beginning of the year, enacting emergency action plans, working with wellness teams, and collaborating with campus.

PPE Follow-Up

One of the first possible times for an intervention to occur is immediately following the PPE. After an incoming student-athlete completes the PPE, BD mental health providers review the results with the student-athlete immediately. This allows an opportunity for instant

interventions if necessary. BD mental health providers also implement interventions following PPE's with returning student-athletes. Dan noted:

> If we get any red flags from returners on their questionnaires, we often use their physicals as a time to intervene. If we have a student-athlete who checks a lot of depression boxes or anxiety boxes we will have them stop by during their physical. We can then say, "Let's have a chat. Do you need to get set up with someone?"

In the event a student-athlete endorses mental health concerns on their PPE and chooses not to utilize mental health services, BD mental health providers periodically follow-up with those student-athletes throughout the semester to again offer their services and resources.

Emergency Action Plan

In the event of a mental health emergency, Dan and his staff enact mental health emergency protocols. The emergency protocols for mental health concerns were designed by BD providers and are enacted when student-athletes' mental health concerns warrant immediate attention and potentially hospitalization. The emergency protocol for BD athletics is mainly for use by BD mental health providers, themselves, and in some situations athletic trainers. Coaches and staff are instructed to call 911 in an emergency situation and then contact a BD mental health provider. Therefore, athletic medicine staff are the only members outside of the mental health unit who have access to and are educated on the protocols.

Wellness Teams

In addition to a detailed emergency action plan, BD providers have created a specific wellness team whose primary focus involves providing interventions to student-athletes with eating disorders or disordered eating. Each team is different depending on the student-athlete, but the team is generally made up of members from athletic medicine, team physicians, mental

health providers, sports nutrition, strength and conditioning, coaching staff, and others as needed. Meeting frequency of each wellness team is determined by the individual situation; meaning, some wellness teams meet weekly while others may meet monthly. The interventions conducted by the wellness team are imperative to the health of student-athletes navigating eating disorders and disordered eating, and vary by student-athlete.

Campus Collaboration

BD mental health providers often work closely with the campus wellness team when interventions are necessary. Upon his hire, Dan quickly noticed the tight-knit community of the campus population and recognized BD student-athletes were a significant part of that community. Different from other institutions at which he had worked, Dan realized collaborating with campus would be important not only in promoting a positive mental health environment within athletics, but also when interventions were necessary, particularly with after-hour emergencies. He remarked:

> BD university is the first campus I've worked on where we actually rely on the campus process for after-hours emergencies. The campus team will deal with student-athletes just like any student who might be experiencing a mental health crisis because they are the frontline defenders. The difference between a non-student-athlete and a student-athlete is if they identify the person as a non-student-athlete, they would call the person on call through the counseling center... if they're identified as a student-athlete they call me directly.

While Dan noted many in his position may not like the idea of not being the first point of contact in an emergency involving a student-athlete, he sees the situation from a different perspective. He said:

> My question is, why do you want to be on more of an island than you already are? If there are other people on this campus that can support our kids and are willing to do it and do a good job of it then why would I turn down their help? I don't need to control everything. I like to know what's going on because if something comes up I'm probably going to have to deal with it. But if there's a policy for somebody else to check in on one of our kids I'll take it. I rarely say no when they say "Do you want me to follow up?'

Dan also noted campus administrators often have more authority to help navigate campus bureaucracy so it's often better to have them involved from the beginning of the process. For example, if a student-athlete needs to withdraw from a course or take an Incomplete grade due to mental health reasons, campus administrators can work with deans to make that process simple for the student-athlete. In this way, campus administrators drive the implementation of policies, as opposed to an athletics department member making the request or a distressed student-athlete having to make the request.

Evaluation and Assessment

BD mental health providers assess their efforts in both formal and informal ways. Formally, questions about the mental services provided in the athletics department are asked on the end-of-year surveys distributed to all student-athletes. Questions about the mental health unit are also asked in the senior exit interviews conducted by athletics department administrators in conjunction with faculty for all graduating seniors. Furthermore, for specific workshops and seminars such as the healthy eating seminars, formal electronic evaluations are given at the end of every series. Dan and Erin are currently looking into purchasing software that will help with the assessment of their individual counseling sessions as well. Dan explained, "It would be

helpful to have a quick way to gather feedback at the end of each session to be able to objectively gauge the effectiveness of the sessions."

Informally, Dan and Erin check in frequently with student-athletes and coaches to talk about what's working well as they go through the semester. Erin explained:

> Working in an academic setting provides natural breaks, like the end of the semester, where it is convenient to check in with student-athletes on their progress. You know, ask questions like "How have things gone this semester? Do you feel like you made improvements? Where are the areas of growth still, or do you feel good and you don't really need this anymore?"

Erin also pointed out the end of the semester is a natural opportunity to check in with coaches. "It's great to have a sit-down meeting and say, "OK, what's helpful? What worked? What didn't? What do we want to focus on moving forward?""

BD providers also informally evaluate their program by looking at utilization rates. Dan and Erin focus on the trends over time in terms of meeting the demands of the department. Erin explained, "We want to track what the demands are throughout the department and how we have been able to meet those demands." In addition to meeting demands, Dan stated it was also important to look at the type of services and interventions they provided each semester. "Were there more emergencies in one semester than another? Are potential issues being identified before they turn into mental health emergencies?" These are ways to informally evaluate how well their prevention efforts are working and perhaps show where improvements can be made moving forward.

Collaboration with Conference Members and Conference Office

Mental health professionals from the conference meet monthly and frequently collaborate on efforts to promote mental health awareness. For example, as a result of monthly conversations, the conference recently purchased Calm App licenses for all student-athletes and athletics staff at conference institutions. The Calm App is a phone application that guides users through meditation, sleep, and relaxation exercises and is popular among athletes and college students. Collaborative efforts such as this are one way mental health providers support each other and work to promote mental health awareness at the conference level.

In addition to monthly conference calls, BD's conference has an annual mental health summit and invites student-athletes, coaches, and administrators. This summit has been well attended for the few years it has existed, and it is expected the conference will continue to host this summit in the coming years. Furthermore, the mental health directors of each institution are part of a conference task force that gathers when mental health issues arise or new legislation is being discussed at the NCAA or conference level.

Obstacles

Dan and Erin are well supported in their endeavors to promote mental health and provide mental health resources to the BD student-athletes, however, they do face obstacles. They still deal with coaches, staff, and administration who may not always see the value in the mental health resources they provide. Dan remarked:

> How do you get those who don't believe in it, for lack of better words, on board? It's really hard when the onus is on us. It can be frustrating when those folks usually don't buy into our services until they have some kind of emergency. That's when we can be helpful and they begin to see our value.

Adding to the stress of being responsible for changing a culture, BD providers face the daily reality of having a limited staff, which in turn, limits the resources they can provide to the department and student-athletes, and will eventually lead to burnout in the profession. Dan explained:

> We've been fortunate to grow our program in terms of staff each year, but the reality is there are 650 student-athletes, more since COVID-19, 27 sports and only two of us. We can only be in one place at a time. It forces us to have to prioritize who we see ourselves, and who we refer out to community providers, and that doesn't always feel good. If I have a rower and a men's basketball player with the same issues, needing the same resources, how do I determine which one I can see?

These obstacles are of particular concern due to the recent increase in mental health issues seen in college students. While Dan is adding more students and a post-doctorate to his staff, which will be helpful, he will also have to take time to oversee these staff members, which will add more responsibilities to his already full plate. Despite these obstacles, Dan and Erin have capitalized on the many strengths of their athletic department and their institution.

Strengths

In the short time their program has existed, BD mental health providers have recognized multiple strengths within their unit. One of those strengths is their collaboration with the community, campus, and athletics staff. Dan and Erin's recognition that they can't be everywhere at all times has led to the formation of many collaborative efforts with others which have allowed them to create a strong community to support the mental health of their student-athletes. For example, in addition to working with the campus wellness team, student-athletes are supported by the Women's Center, the Counseling and Psychological Services Center, the

Student Disability Access Office, the campus hospital system, and many other campus units. BD providers engage with multiple units at all times. Being a part of this collaboration and interacting with these campus departments emphasizes to the student-athletes that they are part of a bigger community. They are not just athletes, and they have a bigger network than just the athletics department.

Another area of success for BD mental health providers has been their ability to normalize conversations about mental health and reduce the stigma associated with help seeking behavior. Because of their efforts, it is no longer uncommon for mental health to be discussed at team meetings, coaches' trainings, and staff meetings. Mental health is slowly becoming a part of the daily conversations athletics department members have with each other, as well as student-athletes. These conversations have then led to more student-athletes seeking services and self-referring to BD providers, which is a goal for Dan and Erin.

Room for Growth

Despite their success, Dan and Erin are quick to note that they have plenty of ideas for ways they can grow in the future. One area of growth is their efforts in prevention education within the department. Their focus early in building the unit has revolved around promoting a positive mental health environment. With a strong foundation in place, Dan believes it is now time to move towards focusing on prevention. He stated, "We have been really good at running around putting out fires, but the fires keep popping up because we haven't done enough prevention. So, our next move is conducting more prevention training." Erin also mentioned prevention education as an area of growth for the unit. She explained the importance of moving in the direction of being able to educate coaches on:

This is what we're seeing trending in terms of mental health concerns. Everyone has mental health. Mental health is part of our overall health. Here's how you talk with your student-athletes to let them know it's okay if their mental space is not always strong.

Dan and Erin believe having more providers next year will allow them the opportunity to focus more efforts on prevention while continuing to promote positive mental health and provide effective interventions.

Case Two: CD Institution

CD Institution is a mid-size private liberal arts institution that sponsors many varsity sports, and student-athletes represent approximately 15% of the student body. In order to protect the confidentiality of CD, I am unable to provide more specific numbers for the CD athletics department. I will note, however, with only 2 full time providers, the CD mental health provider to student-athlete ratio is the highest among any of the participants in this research. Table 4.3 provides a summary of the CD mental health program. Following the table is a detailed description of the program and its attributes.

Table 4.3

Summary of CD Mental Health Program

Topic	Themes
Assessment and Monitoring	Pre-performance evaluations, utilizing coaches, student-athletes, and SAAC to monitor
Promoting a positive mental health environment	Visibility, department collaboration, working with affinity groups
Prevention	Individual counseling, psycho-educational programming, performance teams, working with coaches
Intervention	Follow-up on pre-performance evaluations, emergency action plans, student-athlete wellness group

Table 4.3 (continued)

Evaluation and assessment	Utilization rates, pre and post evaluations for educational sessions, exit interviews, end of year surveys, informal conversations
Conference collaboration	Mental health task force, monthly calls, mental health conference
Strengths	Destigmatizing mental health, collaboration with other athletics department units and campus, connecting student-athletes with mental health resources early
Room for Growth	Develop a systemic approach to programming, outcome evaluations, use of data

Background of Program

The mental health program at CD has been embedded in athletics for six years. The director of the program, Avalon, was hired to create a mental health program for student-athletes in 2015, making 2020-2021 the sixth year of the program's existence. Avalon hired the assistant director, Aaliya, a little over two years ago and both have dual reporting lines to Athletics and another university department that falls under HIPAA. In addition to having dual reporting lines, Avalon and Aaliya are located in the sports medicine clinic. Aaliya explained, "Our unit is embedded in the athletic department, but we straddle three different units, which I think is important. I want to clarify that because I think at different institutions where services are set up largely dictates how they operate."

CD mental health providers are the only participants in this study with dual reporting lines. Avalon explained that each of her reporting lines oversees different areas. For example, she noted the university department that falls under HIPAA ensures she is operating in an ethical and legal manner from a malpractice standpoint, but athletics ensures she is developing an

appropriate mental health program in terms of resources and programming for student-athletes. This dual reporting line becomes important when it comes to the collection and sharing of data. Avalon notes if data is collected under her HIPAA protected bubble that data belongs to the university and that is the hospital's oversight. She further explained:

> But if it's (data) collected by the athletic department, and I'm just helping them think through the use of the data, we don't actually own that data. It's held by another unit and there's a lot more flexibility with that information and what I can share with coaches and staff.

While Avalon admitted there can be some nuances with the dual reporting line, she also indicated it works quite well for their institutional set up as there are other units within athletics with dual reporting lines such as Academics.

There are currently two full time providers, both of whom I interviewed, and one full time post-doctoral fellow in the CD athletics department mental health unit. Both Avalon and Aaliya are trained clinical psychologists and certified mental performance consultants. They are housed in the sports medicine clinic along with team physicians, physical therapists, sports scientists, athletic trainers, and other clinicians. As such, their operating hours for individual services match those of the clinic, and they are generally available Monday thru Friday from 8:00am-5:00pm.

Services Provided

The CD athletics department mental health program offers a variety of resources to student-athletes including individual mental health and sport performance counseling, team interventions, and psycho-educational workshops on topics such as body positivity and transition out of sport. Furthermore, CD mental health providers offer specialized care referrals for various

needs including psychiatric evaluations, medication management, learning disability testing, eating disorders, and other mental health concerns. Both Avalon and Aaliyah provide individual counseling, but they also have a strong referral network with other clinicians on campus, and therefore frequently outsource student-athletes to campus practitioners. Because they have an extensive network of medical providers on campus, Avalon and Aaliyah very rarely refer student-athletes to anyone outside the institution for mental health care purposes. Furthermore, the network of clinicians available to CD mental health providers allows Avalon and Aaliya to see student-athletes individually for sport performance concerns, but also focus on outreach and programming as well as team intervention work.

Collaboration with other athletics department units in programming and outreach efforts is important to CD mental health providers. Avalon explains her philosophy for the unit when she notes, “Our philosophy and really what we try hard to do is to be very integrated within our other student-athlete support service units.” One way they integrate with support units is through the use of student-athlete performance teams which often consist of members from academics, sports performance, nutrition, athletic training and other student service units. CD mental health providers prioritize collaboration with other support units as well as infusing their resources into platforms that already exist. Avalon provided a great example of this integration and collaboration when she explained:

> During COVID-19 when a student athlete tests positive somewhere else, you know, like they're not on campus, our athletic trainers are usually aware of that. And then we put together an outreach like an email message with information and resources that then our athletic trainers are sending out. So, it's information from us, but we are not sending it directly.

This philosophy of integration and collaboration is the foundation for the CD mental health program within athletics. Part of the reason collaboration is so important for CD mental health providers is strictly because with only two full-time providers they do not have the bandwidth to do everything on their own. However, Avalon also noted it is often more efficacious to collaborate, and the collaborative nature of this program aligns with the operating principles of CD university as a whole. Units are encouraged to collaborate throughout the university.

Assessment and Monitoring

CD providers use a combination of methods to assess and monitor the mental health needs of their student-athlete population. Initial assessments include administering pre-performance evaluations (PPE), and monitoring involves collaboration with athletics support staff, student-athletes, and campus administration. CD mental health providers utilize PPE's and monitoring to learn about their student-athletes' mental health, and design collaborative programming.

Assessment

At the beginning of each year, CD staff administer PPE's to all student-athletes. Those screenings occur on the back end of the student-athletes' pre-performance medical exams. Student-athletes meet with a CD mental health provider to complete the PPE electronically. Upon completion of the PPE, scoring is done immediately giving CD providers an instant snapshot of each student-athlete. CD staff are dedicated to identifying those who may be struggling with their mental health early, therefore, the main purpose of the mental health screenings is to identify who could benefit from coming in for mental health resources and reaching out to them. PPE's assess areas such as anxiety, alcohol use, cannabis use, eating

disorders, depression, and insomnia. Collectively, the PPE's give CD mental health providers a snapshot of the incoming student-athletes and the mental health issues they may encounter as they transition into college. This snapshot also allows providers to implement preventative measures and develop psycho-educational workshops for the student-athletes. Furthermore, the CD mental health providers set the tone for a positive mental health environment during PPE's by introducing their services and beginning a dialogue with student-athletes about the importance of mental health.

Monitoring

In addition to assessing incoming student-athletes, the CD staff keeps a pulse on the mental health issues they are encountering throughout the semester in a variety of ways. CD mental health providers consistently check in with coaches and student-athletes through individual meetings, email exchanges, meetings with SAAC, as well as daily informal conversations. CD providers also utilize their campus connections to maintain a pulse on student-athletes, as student-athletes are highly integrated in the CD campus culture. Avalon noted, "Our student-athletes are very integrated on campus. If there are issues on campus, then that's absolutely going to be affecting our student-athletes as well." Through collaboration with campus constituents and other athletics department staff, CD mental health providers do their best to stay abreast of issues that may impact the mental health of their student-athletes.

Positive Mental Health Environment

Creating a positive mental health environment in the CD athletics department begins with the PPE's and team onboarding programs, but continues in a variety of ways. CD providers collaborate with athletics department staff and campus administration, as well as work with student-athlete affinity groups to promote a positive mental health environment with athletics.

Department Collaboration

One of the most important ways CD mental health providers create a positive mental health environment is through collaboration with other units. This collaboration leads to multiple student-facing units promoting a consistent message about the importance of mental health, which helps create a positive mental health environment. For example, CD providers collaborate with the athletic trainers, dieticians, and academic advisors. CD providers frame their work around more than mental health; their work also includes athletic performance, and in general, life occurrences, which also contributes to the creation of a positive mental health environment. Avalon explained, "we work with student-athletes on everything from performance optimization to life and performance challenges to addressing mental health concerns. And that frame is infused in our messaging throughout the department." The collaborative efforts and the foundational framework CD mental health providers implement are imperative to the creation of a positive mental health environment for student-athletes.

Affinity Groups

Other ways in which CD mental health providers work to create a positive mental health environment is their work with student-athlete affinity groups and their collaborative efforts in various mental health campaigns and events. For example, the SAAC at CD has a resilience and wellness subcommittee that CD mental health providers advise. This subcommittee hosts an event showcasing student-athletes who have demonstrated resilience in their lives and allows them to share their story with others. CD mental health providers collaborate with the subcommittee in the planning and execution of the event, as well as other events the subcommittee hosts such as eating disorder awareness week.

At the time of data collection, CD did not participate in any game day promotions involving mental health, or participate in any mental health games. However, that is something they would like to do in the future. Avalon explained:

> I was hired to kind of wrap my arms around the individual mental health needs of the student-athletes. And so, I kind of feel like we're sort of at that point where we can start to think a little bit more systemically and systematically about some of those educational programs, and mental health campaigns.

Prevention

Based on assessment and monitoring, and in addition to promoting a positive mental health environment, CD providers implement multiple programs and mechanisms designed to prevent mental health concerns from becoming full blown emergencies. Perhaps the most important of the prevention mechanisms are the various mental health and psychological counseling services offered through the athletics department. Beyond individual counseling efforts, however, CD mental health providers also conduct psycho-educational workshops for student-athletes, team education sessions, utilize performance teams and a student-athlete wellness advisory group, and consult with coaches and staff to help prevent mental health emergencies.

Psycho-Educational Programming

As previously mentioned, the philosophy of CD mental health providers centers around collaboration with other units both within and outside of athletics. This collaboration pertains to efforts in prevention as well. Avalon explained:

> In my experience at CD, student-athletes are very, very swamped and they're always trying to get internships, jobs, go to practice, and participate in campus things and the

> idea of them just kind of like stopping in for something that's not required is pretty challenging.

For this reason, CD providers try their best to infuse their education efforts into the everyday student-athlete life, and therefore, provide little "extra" programming. Instead, they focus more on collaborating with other internal units to decrease the number of meetings and increase the efficiency of services provided. This philosophy works well for the mental health unit due to the small number of providers, the large number of student-athletes, and the many opportunities to collaborate with staff. That being said, CD providers do conduct some programming for student-athletes and host psycho-educational workshops as well. For example, CD mental health providers conduct a Bodies in Motion series of workshops that focuses on body positivity, as well as a transition out of sport workshop that helps student-athletes who are graduating think about their lives after college athletics.

Much of the work CD providers do occurs during team education sessions. These team sessions include topics such as stress management, building confidence, improving team dynamics, and achieving a championship mindset. These educational sessions provide both specific content and an opportunity to destigmatize mental health through non-threatening interactions with mental health providers. Aaliya stated:

> We do a lot of team building, mental skills training, and leadership training within teams and programs around their cultures that then decreases the stigma of what we do and increases the opportunity to have access to us in less formalized ways.

These team sessions are instrumental in preventing mental health emergencies among student-athletes.

Performance Teams

In addition to educational programming and team workshops, CD athletics teams also utilize performance teams to help prevent mental health emergencies. Performance teams are often led by coaches and include strength and conditioning coaches, athletic trainers, dieticians, physical therapists, academic coordinators, and mental health providers. Meetings vary by sport with some teams meeting weekly, others monthly, and some just catching up via email when necessary. Regardless of the frequency of meetings, the performance teams can be instrumental in the prevention of mental health emergencies. Performance team members can share their concerns amongst each other and therefore have a heightened awareness when it comes to working with student-athletes who may be of concern. These teams are another example of the collaboration that occurs throughout the department in an effort to provide quality resources to student-athletes in an effective and efficient manner.

Working with Coaches

Finally, CD mental health providers also work with coaches to prevent mental health emergencies among student-athletes. Work with coaches is both formal and informal and centers on education and individual consultations. Informal education may occur during casual conversations, at practice, or before/after team sessions. In terms of formal education, again, CD mental health providers will collaborate with others to provide the most effective education for coaches. For example, this year athletic mental health providers collaborated with campus and developed a resource guide to help students in distress. This guide was distributed to coaches and athletics department staff in an effort to equip them with some tools to help their student-athletes in the event they noticed their athletes struggling with mental health concerns. Furthermore,

mental health providers offer education to coaches on topics such as QPR, suicide prevention, and other mental health concerns they might recognize in their student-athletes.

Intervention

If a student-athlete's mental health becomes a concern, an emergency, or providers believe a student-athlete could simply benefit from specific resources, CD providers are prepared with a variety of interventions. Interventions provided by the CD behavioral health unit are generally conducted in one-on-one settings and may include: specific work with athletes, follow up on PPE's administered at the beginning of the year, enacting emergency action plans, and working with the student-athlete wellness advisory group,

PPE Follow-Up

As previously mentioned, CD mental health providers administer PPE's electronically while meeting in person with student-athletes. Because PPE's are electronic, instant feedback is provided allowing CD mental health practitioners to provide immediate interventions if necessary. If a student-athlete completes the PPE and endorses mental health concerns, a message of "mild" or "severe" appears, which triggers the CD mental health provider that an intervention is necessary. For example, a student-athlete's PPE results could indicate "mild insomnia," "severe anxiety," and "severe depression," which would then alert the provider to follow up with the student-athlete. While some interventions are implemented immediately by a mental health provider, other interventions are conducted over a longer term and involve multiple parties. Throughout the semester, CD providers check-in on those student-athletes who "mildly" endorse mental health concerns during their PPE's but choose not to utilize mental health resources immediately.

Emergency Action Plan

Emergency action plans (EAP) for mental health concerns were designed by CD providers and are enacted when student-athletes' mental health concerns warrant immediate attention and potentially hospitalization. CD mental health providers have two plans, one for athletic trainers and one for coaches and they train both groups on how to follow the emergency action plan. The main difference between the plans is that coaches can contact their mental health liaison but they can also contact their athletic trainer in the event of an emergency. Athletic trainers, however, are directed to contact the mental health provider and the team physician. Unlike some institutions, CD mental health providers rely on campus resources if there is an emergency after hours. Therefore, the emergency action plan directs after hour emergencies to the campus counseling center. If there is an emergency during the day, the action plan involves bringing the student-athlete to the sports medicine clinic where the CD mental health providers will evaluate them and determine next steps.

SWAG

The CD athletics department also utilizes a student-athlete wellness advisory group (SWAG) team and performance teams to help prevent mental health emergencies. The SWAG is run by the head athletic trainer and is composed of medical personnel who are bound by HIPPA. Avalon explained during those meetings, the athletic trainer:

> Solicits names of any student-athletes that we're concerned about from his staff. Academics can bring up those concerns, compliance can bring up those concerns, but it's a medical meeting so people who are under HIPAA attend it. And then that creates an action plan. Somebody's going to reach out or whatever it might be.

The SWAG group is another example of the collaboration that occurs within the CD athletics department. This collaboration among units is imperative when it comes to mental health interventions and referrals to CD mental health providers. Avalon explained:

> My philosophy has always been, I want to think about it as a piece of a pie, and I want there to be lots of different pieces. And so, we get referrals through academic advising, athletic training, coaches, and other student-athletes.

Mental health providers prefer to minimize the number of necessary interventions among CD student-athletes. However, when an intervention is needed, CD mental health providers are properly trained to act quickly and have the resources available to do so. Furthermore, the collaborative efforts of the CD mental health providers ensure that if and when an emergency does occur, they have developed relationships with key constituents both within and outside of the athletics department to obtain assistance and support if needed.

Evaluation and Assessment

The CD behavioral health providers are continuously evaluating the interventions and prevention programming they have in place for student-athletes. Evaluation of programming and services occurs both formally and informally. Informally, mental health providers talk to coaches and students, as well as other staff members in the department and on campus with whom they collaborate to solicit feedback. Formally, Avalon looks at utilization rates, conducts pre and post assessments for workshops, senior exit interviews, and student surveys.

Examining utilization rates is one way Avalon evaluates CD mental health programming. She noted:

> I'm paying attention to where the referrals are coming from. "How many people are coming in to use our services? Are they sticking around or do we have a lot of no

> shows?" Anecdotally, our spring quarter numbers tend to be quite a bit lower in terms of people coming in initiating appointments, and I've seen that go down over the course of my time here. So, I look at that and believe it means we are doing a better job of getting people connected earlier."

Examining utilization rates in this way allows Avalon to keep track of trends in number of appointments and timing of appointments, which can help her keep a pulse on the number of providers she will need during the year. Furthermore, Avalon tracks where referrals are coming from, which can help her target areas within the athletics department where she can develop more relationships to increase referrals. Tracking referrals also allows Avalon to know who the student-athletes are going to when they need help, and who is educated enough about the services her and her staff provide to refer people to them when necessary.

Avalon and her staff also evaluate their programming using pre and post assessments. For example, the CD mental health providers conducted an alcohol and cannabis use workshop for some of their teams. Each team was given a pre and post assessment so Avalon was able to say, "X percentage of participants increased their knowledge on the effects of alcohol and cannabis use." This data is valuable when determining what programming is working and where improvements can be made. However, Avalon noted creating pre and post assessments for every workshop would be difficult to do from a time standpoint because each one must be tailored to fit the workshop being presented. She explained, "There's a lot of labor in that (creating pre/post evaluations) because I'm doing it by hand. They're filling this out by hand and then I have to look at it and compile the results." Therefore, not all workshops or psycho-educational sessions are evaluated in this manner.

CD mental health providers also receive formal feedback through student-athlete exit interviews and student-athlete surveys. Though Avalon and her staff are not responsible for conducting student-athlete exit interviews or distributing student-athlete surveys, they do receive feedback from these instruments as it relates to the mental health unit and their programming. This feedback helps the CD mental health providers as they make adjustments to their programming from year to year.

Collaboration with Conference Members and Conference Office

For many years, the conference to which CD belongs has emphasized the importance of student-athlete mental health in a variety of ways, and have encouraged member institutions to do the same. Aaliya explained, "(Our conference has a) mental health task force that we're really fortunate Avalon's been really involved in. It meets and advises in this informal and more formal way on best practices." Additionally, at the conference level there is a monthly call among mental health providers in athletics. This call is used to "collaborate with each other and give some consistency and ideas around how things are working in different programs," Aaliya explained.

Finally, the conference hosts an annual mental health conference for athletic support staff. Topics at the annual conference vary and institutions take turns hosting. This annual conference is another example of how CD's athletic conference emphasizes the importance of student-athlete mental health and encourages member institutions to do the same.

Strengths

The CD mental health providers recognize there are many strengths to their program. With a large number of student-athletes and a small number of providers, CD mental health providers have developed a strong foundation on which to build their mental health program in

the coming years. More specifically, some of the strengths of their unit include destigmatizing mental health and help seeking behavior, collaborating with other units, and educating student-athletes early about available mental health resources.

Destigmatizing mental health and help seeking behavior is a major goal of the mental health providers, and a point of emphasis throughout each year. Avalon noted:

> We work to communicate a holistic message and model so that helps to destigmatize mental health. I am often saying to people, "We all have mental health. Sometimes it's good health and sometimes it's bad health, but we all have mental health."

In addition to providing a holistic message, Aaliya explained the importance of being visible in efforts to destigmatize mental health when she said:

> Being around and having small interactions does just worlds for having coaches and student-athletes reach out and ask for help. Having questions that are appropriately being asked and not being afraid to ask them, and feeling supported that they have experts that they know that they can turn to and rely on.

Another strength of the CD mental health program is their collaboration with other units both within athletics and on campus. This collaboration allows for the holistic mental health message described above to be infused throughout all student-athletes services. For example, mental health providers are constantly collaborating with athletic trainers, sports medicine, physicians, dieticians and others to make sure student-athletes are connected to the appropriate mental health resources when necessary. Furthermore, CD mental health providers collaborate with and often refer student-athletes to many clinicians on campus. Collaboration is one of the core tenants on which the CD mental health program is built, which fits well with the operating principles of the institution as a whole.

As such, CD mental health providers are not just collaborating with athletics department units, they are also collaborating with campus. For example, this year Avalon collaborated with the office of student affairs to provide wellness and resilience training to coaches and staff. Collaboration also occurs between campus and athletics in efforts to destigmatize mental health. An example of this collaboration is seen in an annual CD campus event in which student-athletes share their stories of resilience with the community, underscoring the idea that student-athletes deal with mental health concerns like everyone else.

A final strength of the CD mental health program is their efforts to get access to student-athletes early and connect them with mental health resources on the front end of their student-athlete experience. These efforts combined with the holistic message of mental wellness infused throughout all of the student-facing units helps minimize mental health emergencies throughout the year. Aaliya explained:

> I think one of the ways that's evidenced is we see higher numbers in the fall through winter and then it kind of trickles off in spring. And I think that's really in support that we're doing sort of this early preventative work and catching people sort of earlier in their need as opposed to waiting.

Room for Growth

Despite the numerous strengths of the CD behavioral health unit, there is also room for growth within the program. One of the biggest areas Avalon would like to improve is developing a systematic approach to the educational programming they do with both student-athletes and coaches. Programming for student-athlete onboarding and transitioning out of sport is routinely provided, but Avalon notes, “I feel like we're at that point where we now have a bigger staff and we can start to think a little bit more systemically and systematically about some of those

educational programs." Developing programming in a more systematic way would align with CD mental health providers' preventative philosophical approach. Aaliya stated, "I think that's been our big focus is wanting to implement more preventative programming as opposed to reacting to an issue or problem."

CD mental health providers would also like to grow in the area of outcome evaluation. While they do evaluate their programming and conduct exit surveys with student-athletes, both Avalon and Aaliya said they would like to continue to refine and streamline their evaluations of services. Avalon explained, "My place to continue to grow is outcome evaluation. How are we doing with our individual student-athletes? What are our metrics there? How effective are our programs? Are we really meeting their needs?" More consistent feedback and evaluations would help inform CD mental health providers as they move towards developing their programming more systematically.

One other area Avalon would like to improve within the CD mental health unit is their use of data. CD mental health providers collect a significant amount of data on student-athletes during the pre-performance medical evaluations they conduct with student-athletes when they arrive on campus. Avalon noted she would like to utilize that data more to inform programming and identify trends. She explained:

> If I had the bandwidth and resources to analyze our data and to be able to look at trends, that's something I think would be really useful to do. I basically have it and could do that at some point I just don't. I don't have the bandwidth to do that now. But that's how I would use it and it would be helpful.

As the CD mental health program continues to grow, utilizing data to understand the mental health trends of student-athletes would aid providers in developing programming and determining resources to provide.

Case Three: HS Institution

HS institution is a large public institution with approximately 25,000 students. The athletics department sponsors 24 sports and is home to about 620 student-athletes. The mental health program for student-athletes has been embedded in athletics for just over seven years and the unit is known in the athletics department mental health professional circle as being well resourced and supported. Table 4.4 provides a summary of the HS mental health program. Following the table is a detailed description of the program and its attributes.

Table 4.4

Summary of HS Mental Health Program

Topic	Themes
Assessment and Monitoring	CCMH-CCAPS, impact baseline testing, some individual intake sessions, performance team monitoring
Promoting a positive mental health environment	Athletics department liaisons, work with student-lead groups, promotion through social media
Prevention	Individual counseling, performance teams, psycho-educational programming with student-athletes, coaches, and staff
Intervention	Follow-up on pre-performance evaluations, emergency action plans, Interdisciplinary teams for eating disorders
Evaluation and assessment	Utilization rates, informal conversations
Conference collaboration	Mental health cabinet, Calm app

Table 4.4 (continued)

Obstacles	Space, location, time, lack of qualified providers
Strengths	Wrap-around care, performance teams, destigmatizing mental health
Room for Growth	Additional providers, more group session opportunities, developing a training program

Background of Program

The mental health unit at HS is funded by the athletics departments and the director of the unit, Megan, reports to the chief deputy athletics director, who also oversees all of the support services units in the department. Megan stated:

> HS really prides itself on creating the best student-athlete experience. That's sort of what they hang their hat on from a recruiting standpoint. They are very proud of how much money they invest in every student-athlete who comes here...and so they wanted all of the directors of the support services units to have close access to the athletic director, because those are such high priorities here.

One way the emphasis on the student-athlete experience is seen is through the funding and support of the HS mental health unit.

There are five full time mental health providers in the HS unit and the 24 teams are divided amongst the five providers. Three of the five providers are licensed psychologists. The unit also employs a neuropsychologist who specializes in traumatic brain injury and concussion work, and one licensed mental health counselor. Megan joined the HS mental health unit as the first full time psychologist in 2014. Prior to her arrival, the unit employed two part time psychiatrists. The psychiatrists became overwhelmed with the talk therapy needs of the student-

athletes and advocated to hire a psychologist, and Megan was their first hire. In 2016, HS hired their second psychologist, Jordan, who is now the assistant director of the program, and the unit added a third psychologist in 2017. After hiring three psychologists, Megan hired a neuropsychologist who specialized in concussion work but could also work with student-athletes who had learning disabilities and ADD/ADHD. The neuropsychologist is technically shared with the medical center one day a week, but because the medical center handles all of the concussion impact testing for the athletics department, the neuropsychologist is often still working with athletes on the days she is working with the medical center. Finally, in the summer of 2020, the HS mental health unit hired their fifth provider who is a licensed mental health counselor. All providers on the HS staff are certified mental performance consultants in addition to their mental health training. Prior to COVID-19, Megan had approval to hire two more providers but due to budget issues related to COVID-19 she was only able to hire one. She hopes in the near future to add a sixth provider as planned, as well as hire someone to handle the psychiatric needs of HS student-athletes. Providers are diverse in both gender and race.

The HS mental health unit is located in a building connected to the football stadium. The building houses the football indoor training facility, an Olympic sport strength and conditioning complex, some locker rooms, and the sand volleyball pit. HS providers have a suite with a waiting room and five offices. While the location of the offices may be a little inconvenient for student-athletes to access, the setting protects student-athletes' privacy when they are attending counseling sessions. Hours of operation for the HS mental health providers are dependent on many factors including schedules of the student-athletes and coaches, COVID-19, and events that may be occurring throughout the week.

Services Provided

The five HS mental health providers deliver the majority of necessary mental health resources for HS student-athletes. In fact, Megan estimates her providers saw between 60-65% of the student-athletes last year for mental health counseling or sport performance issues. HS providers conduct individual and group counseling sessions, mental health evaluations, treatment planning, and a lot of consultations with coaches, administrators, and staff. In regards to consultations, Megan noted:

> We have a very heavy say, similar to athletic trainers and our medicine staff, in terms of how athletes are managed here. Return to competition, training plans, things of that nature. So, for example, if an athlete has an acute mental health crisis and we're returning them to play, we have a lot of influence over that process for quite some time, not just like the immediate two weeks after their return.

While the HS providers handle most mental health needs in-house, there are some situations that require contracting resources outside of the athletics department. Student-athletes who require a lot of intense case management for issues such as bipolar disorder or borderline personality disorders are referred to providers in the community who specialize in those mental health disorders. Furthermore, HS mental health providers will refer those who require intensive outpatient substance use, residential substance use treatment, residential eating disorder treatment, and intensive outpatient eating disorder treatment as well. Megan explained:

> We treat at a really high threshold so I would say we try to keep people engaged in their sport community and in their system. If that’s a positive indicator for outcomes, then we try to do that to the best of our ability.

Megan emphasized the HS mental health unit operates from a systems level approach meaning, “you’re embedded in a system and you’re affecting change within the system,” which leads to change happening more quickly and efforts being more effective. To that end, everything HS providers do is “context and systems oriented.” Megan pointed out, “As psychologists, we are trained to think in context and to think about systems and the exchange between those two things, and then the anticipated outcomes based on how you address and function within those things.” This philosophy is present in every aspect of the HS mental health unit, the way they operate, and the programming they offer.

Assessment and Monitoring

HS providers utilize different methods of assessment and monitoring to determine the mental health needs of their student-athletes. Their assessment methods include utilizing the CCMH CCAPS screening tool, as well as neuropsychological baseline testing and, in some cases, individual intake sessions with an HS mental health provider. Student-athletes are monitored through the utilization of performance teams as discussed below.

Assessment

At the beginning of each year, HS staff administer an assessment managed by the Center for Collegiate Mental Health (CCMH) called the Counseling Center Assessment of Psychological Symptoms (CCAPS) to all student athletes. This is an online screening tool that takes about ten minutes to complete and measures ten categories of mental health concerns within the last two weeks. Megan reported, “We provide those because then we can interview and intervene immediately. For example, there is a suicide risk question and then we can intervene immediately if somebody endorses suicide.” If anyone flags for concerns at a predetermined threshold, they are brought in for a brief evaluation. The process of administering

the CCMH CCAPS and following up on potential concerns is a formal policy within the athletics department, and all student-athletes and teams must adhere to this policy.

In addition to the CCMH CCAPS, the neuropsychologist does all impact baseline testing and gathers information about cognitive functioning at the same time. All student-athletes must complete impact testing. The impact baseline testing is utilized if student-athletes suffer concussions during the year, but this cognitive testing can also provide some early indication of learning disabilities or ADD/ADHD that might not have been diagnosed in high school.

Beyond the CCMH CCAPS and impact testing, each provider is given the autonomy to determine what other PPE's they administer to their student-athletes. Megan explained, "I give them the liberty to figure out what works best for their team...again context driven and personnel driven." These decisions, however, are often made collaboratively with members of the performance team (discussed in more detail in the Prevention section below). For example, Megan, who is the provider for the football team, worked with the football performance team to outline an aggressive mental health screening protocol for football student-athletes. For football, Megan conducts an hour long clinical intake and evaluation session with each new student when they arrive. Megan explained the intake involves a blend of mental health and sport performance questions. She expounded:

> I think it's very destigmatizing to them when we present it as the continuum of care and that not only are the people working with them available to support their mental health, their adjustment, their well-being, but also we understand the nature of elite performance and we're here to help them take advantage of mental skills techniques that are going to help them perform at the highest level too. They tend to be more receptive within the continuum of care, than if you're just the mental health provider.

During the intake, Megan reviews confidentiality and obtains a release from the student-athlete to discuss his care with the others on the performance team. She explained:

> I do get a release. But I also let the athlete know that if there's anything that they share with me that they specifically don't want shared with the wellness team they just need to let me know that. We talk through confidentiality and the expectations of confidentiality even within the context of a release for the wellness personnel.

This release allows Megan and the wellness team to identify those who may need early intervention. If it's an academic issue, she lets the academic counselor know there is likely a learning disorder present and further evaluation is needed. The goal is to identify issues early and take an individualized approach to each treatment plan for each student-athlete.

Monitoring

In addition to assessing incoming student-athletes, the HS staff is constantly working with their performance teams in monitoring the student-athletes and any mental health issues they are encountering. Megan explained:

> I would say our needs assessments are constantly happening. We have bi-weekly consultation team meetings where we're discussing any provider's current evaluation of a team or an individual and supporting them and thinking through the best way to approach it and the best interventions…So those needs assessments I think, are just part of the conceptualization skills that we're trained in as a mental health provider. Just kind of constantly assessing, information gathering, and reassessing to prevent emergencies from occurring.

The HS providers' professional training and the bi-weekly consultation meetings as well as the assessment and monitoring of the student-athlete population help inform the prevention

mechanisms and interventions developed and implemented throughout the year. Furthermore, the collaboration that occurs throughout the department on the performance teams helps promote an environment where the messaging surrounding mental health is consistent from all areas, which leads to a positive mental health environment.

Positive Mental Health Environment

The wrap around care the HS mental health unit provides student-athletes promotes a positive mental health environment within the athletics department. However, Megan noted the foundation of the environment was built prior to her arrival. She recalled:

> Prior to me, our Director of sports psych did a really, really good job of communicating to administration. He just..he had years and years of experience and he developed a lot of programs outside of sports, so I think he understood how to influence administrators and help them understand the importance of things like mental health. So, he had done a lot of legwork in regard to educating coaches and administrators on the importance of mental health.

Megan and her staff, however, are intentional with their efforts to build upon the positive mental health foundation already established in their department. HS providers designate liaisons to other athletic department units as well as campus offices which helps collaboration efforts and creates further support for student-athletes when appropriate. For example, the HS mental health unit has assigned one provider as a liaison to the academic support staff, one provider works directly with the life skills office, and another provider serves as the liaison to the International Student Services Office.

The HS providers are also involved with student lead groups and promote mental health awareness among student-athletes. For example, Jordan spoke of his involvement with the

SAAC, subcommittees of SAAC, student lead social justice committee, and most recently a student-lead mental health group with which he coordinates. He explained:

> Myself and another provider have been coordinating with a mental health peer education group that's getting off the ground. But we also have the SAAC and then the mental health subcommittee that we will go and present to as well.

Furthermore, Megan talked about mental health initiatives they have done through social media. She explained they have a month of mental health awareness where they promote mental health through their social media account, and they also host different activities throughout the month to create awareness.

Prevention

Based on assessment and monitoring, and in addition to promoting a positive mental health environment, HS providers implement multiple programs and mechanisms to prevent mental health concerns from becoming full blown emergencies. Perhaps the most important of the prevention mechanisms are the various mental health and psychological counseling services offered through the athletics department. However, in addition to counseling, HS practitioners utilize performance teams and provide psych-educational programming for student-athletes and staff to prevent mental health emergencies from occurring.

Performance Teams

Beyond the individual team assignments, Megan explained the providers also work in interdisciplinary performance teams. "Each team has a performance team that consists of sports psychology, nutrition, strength and conditioning, athletic training and then we have a Sport Science Center with sports scientists so there's a sports scientist assigned to every team as well." HS providers collaborate with their performance teams on all aspects of treatment, programming,

and care as it relates to the mental health of the student-athlete. Megan stated, “We meet weekly or bi-weekly occasionally some of the teams meet monthly to identify concerns and talk about strategies and then work with coaching staff.” While HS providers are the authority on all things related to mental health, they work collaboratively with the performance team to determine the best plan for each student-athlete based on the context of the situation and the system in which the student-athlete exists. Megan explained:

> We really have taken the approach that you have to embed a provider within a team, and they have to build relationships with those athletes and with that team and then gain access through the belief from the strength and conditioning coach, from the nutritionists, from the other folks who have influence over these athletes. You have to get buy-in from them that psychological wellness is mission essential, and then they have to build it into their programming and if you don't do it like that, then you're just.. I don't know you're chipping away at an iceberg with like a spoon.

The performance teams are impactful in part because of the communication that occurs within the teams. Megan explained:

> It’s been such an effective way for us to implement systems level psychological interventions, because we are all communicating the same message. Athletes aren't getting mixed recommendations from their providers and they're being addressed from a brain and body standpoint, not a siloed standpoint. I think that it improves just the cooperation of all parties involved.

Megan and her providers earn credibility and trust through their work on their performance teams, particularly when they are called upon to participate in staff meetings or coaches’ meetings. Megan noted:

> I think that our providers have gained influence, because our staff has had access to understanding all the things that we're trained in. Psychologists are trained incredibly broadly and when you're given the time in your schedule to get out of your office and participate in staff meetings of that nature...all of a sudden, you can bring all those skills to the table and people actually get to observe them.

The departmental exposure HS mental health providers experience through the use of performance teams, helps them raise mental health awareness and prevent mental health emergencies.

Psycho-Educational Programming and Workshops

HS mental health providers and their performance teams are also responsible for implementing pscyho-educational programming for both student-athletes and coaches. These educational sessions are often conducted in collaboration with other athletics department units, such as nutrition, or academics. Furthermore, topics of educational sessions vary by team depending on the team needs.

Student-Athletes. Beyond individual counseling efforts, the performance teams at HS often generate many of the educational prevention initiatives for student-athletes. However, HS mental health providers are responsible for developing and implementing those initiatives throughout the department. Megan explained:

> The large majority of our psycho-education is done within the context of team and what the needs of that team are at that time. Sometimes that's mental health, sometimes that's well-being, sometimes it's performance related, sometimes it's team interactions, social interactions, interpersonal work. It changes from year to year and semester to semester.

For example, with football players, the performance team noticed the mid-year enrollees were struggling in certain areas. So, Megan and her psychologists created an onboarding curriculum focused on issues they have seen cause adjustment related concerns in hopes of preventing mental health issues from occurring. Last year, however, Megan did a series on mastery mindset with all football players in the spring and the year before that she did a series on sleep training and meditation. As a group, the performance team decided these topics were important to teach the football student-athletes. Megan stated:

> I've really spent a lot of time thinking about how do we really affect change for student-athletes, and I don't think one off presentations is how you affect change. I think you affect change by seeing them, by hitting them repeatedly with the same messaging in small bursts. And I think the most effective way to do that is through teams... and having influence over their coaches, who make decisions about what their lives look like.

Although most preventions are conducted in a team context, recently the HS mental health providers have expanded their resources to include some group components. Megan explained:

> We were doing yoga, for the student athletes.. we were offering drop in yoga last year before COVID-19 and that was pretty successful. And then occasionally we'll collaborate with the nutrition department to offer a workshop and bring in a speaker on maybe dysfunctional eating behaviors or body image or things like that.

Post COVID-19 both Megan and Jordan discussed a desire to continue to add group opportunities for those student-athletes who like that atmosphere.

Coaches and Staff. In addition to educating student-athletes on mental health issues to prevent emergencies, HS mental health providers also educate coaches and staff. Much of this

education again occurs through the performance teams, particularly for coaches. On educating coaches and administrators Megan explained:

> I think continuing to educate along the way, especially as we face some really challenging cases that more people are involved in or there is a lot happening is really important. I think coming in confident with answers and suggestions and recommendations and really being comfortable sitting in an authority role in the same space with administrators gives them a lot of confidence in what we're doing and what we know. So then when we're educating them on: here's things we can do better as a department, here's things to be really mindful of, here are things we need to be concerned on, here's why student-athletes look the way that they do right now, here's why this needs to exist, I think there's a lot more trust.

Educating in the moment is one way HS mental health providers raise mental health awareness, but they also offer a few education sessions for staff throughout the year. Although they are not mandatory, they are usually well attended and may include topics such as mental health first aid and QPR training. Furthermore, providers offer unit specific education throughout the athletics department. For example, for academic support services HS providers may do an educational session on signs to look for academically (beyond bad grades) that might indicate a student-athlete is struggling with mental health. For athletic trainers, HS providers may do a session on mental health first aid 101. These prevention efforts, in addition to the performance teams, are very collaborative in nature and that is an important component of the entire HS mental health unit. This collaborative nature of the unit helps build trust amongst their colleagues in the department so when there is a mental health emergency, the HS mental health providers

have the trust and support of those involved to develop and implement the appropriate interventions.

Interventions

If a student-athlete's mental health becomes a concern, an emergency, or providers believe a student-athlete could simply benefit from specific resources, HS providers are prepared with a variety of interventions. Interventions provided by the HS behavioral health unit are generally conducted in one-on-one settings and may include: specific work with athletes, follow up on PPE's administered at the beginning of the year, enacting emergency protocols, and collaborating with interdisciplinary teams to address eating disorders and disordered eating.

PPE Follow-Up

One of the first possible times an intervention can occur is immediately following the PPE. After an incoming student-athlete completes the CCAP, impact baseline testing, and a clinical intake (in some situations), HS mental health providers review the results and determine if an intervention plan is necessary. If immediate interventions are not necessary, but a student-athlete endorses some concerns, the student-athlete is brought in for a brief evaluation. Megan noted, "That's a formal policy for our department." If no interventions are necessary, Megan and her staff still use the information gained from PPE's and cognitive baseline testing to work with their performance teams and determine what resources, if any, the student-athlete would benefit from utilizing. It is important to note Megan and her staff do not share PPE information with anyone unless a student-athlete signs a consent form allowing them to do so. Even with a release, Megan is careful about information that she shares. She stated:

> I'm not giving a ton of detail about the specific experiences they're describing. And the student-athlete is told that from the get-go...that this is why we're doing it because we

> want to take an individualized approach to each of you. You don't all come from the same place, and you don't all have the same experiences and the more we can kind of understand who you are and how you operate, the better we can meet your needs.

Megan and her staff, as well as the performance teams, use all incoming assessments (both physical and mental) to understand each student-athlete and their unique background. This allows the wellness teams to create individualized interventions throughout the career of the student-athlete.

Emergency Action Plan

Emergency protocols for mental health concerns were designed by HS providers and are enacted when student-athletes' mental health concerns warrant immediate attention and potentially hospitalization. HS mental health providers train athletics medicine on the emergency protocols and also review them with administration at least once a year. If there is not an imminent crisis pending, the initial step of the protocol involves contacting the HS mental health provider associated with that team. Megan and her staff do not expect non-medical personnel to know the threshold of what is and what is not a crisis. Therefore, the key to the protocol is to contact someone on her staff.

Interdisciplinary Teams

Another intervention HS mental health staff often implement concerns eating disorders among student-athletes. HS providers work with an interdisciplinary team (separate from the performance team) on eating disorders and disordered eating cases. Jordan explained with eating disorder cases, "the gold standard model of care is to have your prescribing psychiatrist, your physician, your psychologist and your dietician." This team meets regularly and collaborates on treatment plans for all student-athletes.

Trust

There are many other ways in which HS mental health providers conduct interventions with student-athletes, and more often than not, the performance team is involved in creating those interventions on some level. What Megan notes is important when it comes to interventions is that her staff is trusted to intervene and there is confidence in the decisions her staff makes as it relates to a student-athlete's well-being. She expounded:

> That trust is built on us helping them in situations that they don't always feel safe and comfortable and that are very scary for them. Often our work is confidential, but clearly there are always these high profile cases that end up being kind of a hot mess for the department. And I think when you can handle those cases competently and gracefully and support the administrators and coaches in their fears as they manage those cases I think those are really important opportunities to provide 'in the moment' education and gain trust.

The unique set-up of the HS mental health unit is one that facilitates collaboration and encourages trust. This trust between coaches and mental health providers, as well as student-athletes and mental health providers is crucial in organizing interventions.

Evaluation and Assessment

The HS behavioral health providers are continuously evaluating the interventions and prevention programming they have in place for student-athletes. In recent years, their evaluation methods have been mostly utilization numbers. Megan noted, however, since they are kind of saturated seeing 60-65% of their student-athletes, they will need to find a better metric for evaluations moving forward. In previous years they were doing outcome evaluations of therapy and their rates of success were good, but when their unit expanded that became logistically

difficult so they went away from that method. However, moving forward they are switching to the CCAP platform which will provide a relatively easy means of evaluating effectiveness of individual treatment more formally. Additionally, with the move to CCAP the neuropsychologist will be able to track data related to who is seeking services, what services the student-athletes are seeking, how many sessions they are coming in for, as well as the effectiveness of the sessions.

Evaluating the effectiveness of group work and teamwork is much more difficult. Megan explained there are so many moving parts to each team it is challenging to isolate each part and assess it. She clarified how she informally evaluates her teamwork by saying:

> Personally, what I'm looking for when I'm doing team interventions is the adoption of language. The skill acquisition that then gets observably implemented during performances. So, it's more of those kinds of process elements of acquiring the language and acquiring the behaviors that are consistent with what we're teaching. Are the coaches adopting the language and behavior of what we're teaching? Those are the kinds of ways I personally evaluate whether or not what we're doing is working.

Post COVID-19 Megan and her staff will continue to brainstorm the best ways to evaluate the effectiveness of the services they provide throughout the department.

Collaboration with Conference Members and Conference Office

In recent years, behavioral health providers in the conference to which HS belongs have significantly increased their collaborative efforts among member institutions. The change in the collaborative efforts started with the commissioner of the conference and the creation of the conference level mental health cabinet. The cabinet meets monthly and consists of two representatives from each institution. Megan and Jordan represent the HS mental health unit on this cabinet. Members of the cabinet collaborate to provide optimal mental health and wellness

care for the student-athletes. Additionally, the cabinet exists to provide counsel and expertise to the conference office. Two of the first initiatives of the cabinet were to purchase the Calm App for all student-athletes and staff in the conference, and collect data from member institutions on number of mental health personnel, mental health needs within the conference, utilization rates, etc. Most recently, the cabinet turned its efforts to mental health awareness month and creating PSA's from all schools. The conference is also exploring suicide prevention initiatives in which all schools can participate.

Obstacles

Overall, the HS mental health providers felt supported, well-funded, and named very few obstacles that impeded their performance. Space, location, and time were mentioned as small obstacles, but neither Megan nor Jordan felt those obstacles were specific to the HS athletics department. Sometimes when providers can find a space big enough, especially for group work, then the time it is available is difficult to work around. For example, Jordan noted he often is doing group meetings at 7pm on Sunday because that is the only time that works for space and student-athletes' schedules. Furthermore, the students' schedules change weekly so finding consistent times for group meetings is extremely challenging.

Another obstacle was the overall lack of qualified providers in this profession. On the search for psychiatric care providers Megan noted, "They are giving me the funding, it's not an issue of funding. The number of providers in our state is minimal. I've been turned down by four providers because they're too overwhelmed with the needs of the community." Jordan further explained:

> We need to do a better job of training people to be competent. We just don't have enough at this point. When we opened up our positions, we didn't have enough people who had

> the combination of the sports psychology, like the performance, kinesiology in combination with the mental health.

To combat this problem, Jordan hopes to do more lecturing and education around mental health and sports psychology to "get to that piece of having more people in the profession...more young professionals to take jobs that are going to be popping open."

Strengths

The HS behavioral health unit has many strengths and experiences a great deal of success with their programming. The total wrap-around care provided to student-athletes, the collaborative nature of the performance teams, and destigmatizing mental health are three of the biggest strengths of the unit. Megan pointed out that the emphasis on mental health starts from the top:

> They put their money where their mouth is here, so I think that's pretty unique. I think that our administration has really said, "Well, this is what we fork over for strength and conditioning, and this is what we fork over every year for nutrition and athletic training and if we're saying that we care about mental health as much as we care about those things, then we've got to be willing to put our money where our mouth is" and they've done that.

Furthermore, both Megan and Jordan commented on the success of the performance teams. Megan explained:

> They're awesome and we love them. For us, it's been such an effective way to implement systems level psychological interventions, because we are all communicating the same message. Athletes aren't getting mixed recommendations from their providers and they're

> being addressed from a brain and body standpoint not...not a siloed standpoint, and I think that it improves just the cooperation of all parties involved.

Jordan noted being embedded in the department along with the work of the performance teams is a strength of the unit and helps destigmatize services. He expounded:

> As an athlete when I was playing, if you told me to go to a sports psych and I never saw that person would I probably go? No, I wouldn't...I would need a name to a face. So, this allows us to destigmatize help seeking services. If you look at our numbers over 57% of student-athletes were regularly utilizing our services, which is incredible.

Finally, Megan remarked, "The systems level interdisciplinary care here and the influence that we have in not just athlete well-being, but athlete healthcare and athlete performance...I think that's pretty special."

Room for Growth

Despite the many strengths of the HS mental health unit, Jordan and Megan noted there is always room for growth. Additional providers, more group session opportunities, and developing a training program are areas in which the HS mental health providers can improve. The HS mental health unit already has five providers, but both Megan and Jordan reported more providers are still needed. Jordan reported that a long term vision for the unit would be to add a training component to their program to help produce competent practitioners in the profession. The training component might be an internship or some graduate assistant positions, or even potentially teaching in a program. Megan would ultimately like one provider for every 100 student-athletes, which would give each provider a caseload of about 60 people in a year. A caseload of that size allows for individualized and intensive support, but also allows a presence

on the team that is necessary to have the influence they want to have with the student-athletes. Megan further explained:

> I always want more providers. I just think behavior change is so difficult when you're getting late adolescents/early adults. There are attachment relationships, they have a history that's impacting their behavior... they have these established conditioned responses to things already and to really change that within a four year period of time takes a super aggressive approach. And so, if that's what you're asking us to do, then the more time you give us to work with each person that we have on our caseload, the better we're going to do, and the quicker we're going to get results.

Jordan further noted fewer providers means providers have to put out the biggest fires first, which are generally mental health issues. He continued:

> I think there are a lot of coaches out here that want more performance psych but because of time limitations, we have to take care of the mental health needs first and maybe we can do coaching education and mental skills training.

Megan and Jordan's passion for helping student-athletes resonates throughout their message. They want more time with students, therefore they need more providers.

Having more group education and therapy options is another area of growth for the HS mental health unit. Jordan reported that student-athletes are wanting "to be able to connect to their peers around psychological topics," so adding more group options is something they would like to do in the near future. Potential group session topics include dealing with life after sport issues, eating concerns and body image, and stress management.

Case Four: RB Institution

RB University is a land grant institution with an undergraduate enrollment of 23,000 students. The RB athletics department is home to 19 sports and approximately 450 student-athletes. The mental health unit in the RB athletics department has existed for approximately seven years and consists of three full-time providers. Table 4.5 provides a summary of the BD mental health program. Following the table is a detailed description of the program and its attributes.

Table 4.5

Summary of RB Mental Health Program

Topic	Themes
Assessment and Monitoring	Pre-performance evaluations, utilize staff and coaches to monitor
Promoting a positive mental health environment	Visibility and promoting events
Prevention	Individual counseling, psycho-educational programming, performance pods
Intervention	Follow-up on pre-performance evaluations, emergency action plans, wellness teams
Evaluation and assessment	End of year surveys, exit interviews, informal conversations
Conference collaboration	Monthly conference call, annual gatherings
Obstacles	Pressure to violate confidentiality
Strengths	Developing relationships, collaborating with athletics department units, protecting confidentiality, destigmatizing mental health
Room for Growth	More outreach, expanded trainings,

Background of Program

Scott, the director of the BD mental health unit, is a psychologist and certified mental performance consultant. Prior to his arrival at BD, Scott spent time at two other Power 5 institutions in the mental health units embedded in athletics. He reports directly to the deputy athletics director for student-athlete wellness. His supervisor is also the senior woman administrator and has a background in mental health. Scott noted:

> We have somebody that has a mental health background over us. And that's how I got my start in this business….my boss was a psychologist. And so being able to talk to a boss that got what I was talking about was important. I don't have to say, well, in mental health circles this is how this works, you know? The fact that she reports directly to the AD is great. There's not a whole lot of levels between the practical work and the big chair.

Lily, the assistant director, also noted, "Our SWA (senior woman administrator) advocates for us a lot and helps with the education piece because she understands it. We are lucky in that regard."

All three providers in the RB mental health unit have different educational backgrounds and are demographically diverse. Scott was hired in the summer of 2019 and had only been employed at RB university for a few short months before he had to shift the unit online due to COVID-19. Scott is white and identifies as male. Joining Scott on staff is his assistant director, Lily, a licensed certified social worker who has been at RB for three years. Due to the previous director and assistant director leaving within weeks of each other before Scott was hired, there was a short period of time when Lily was the only provider in the RB athletics department so she handled all of the student-athletes herself. She attended RB for both her undergraduate and graduate degrees so she is very familiar with the campus culture and has many long-standing

relationships. Lily is white and identifies as female. The third provider on the RB mental health staff, Max, is a licensed professional counselor. Max was hired five months after Scott's arrival. Max is the only counselor on staff of color and identifies as non-binary. Scott emphasized the importance of diversity on his staff when he said:

> I want our providers to be diversified in their training as well. So not just psychology or social work or sports psychology, but like one of our providers is an LGBTQ+ interested provider. One is really interested in disordered eating/eating disorders in sport.

Although the RB mental health unit has been embedded in the athletic department for seven years, the staff is relatively new with the longest full-time tenured provider being Lily, who was hired full-time in April of 2019 (although she worked in the department as an intern for a year and a half prior to being hired full time). Scott divides up the teams amongst the three providers, however, because of COVID-19 and the timing of providers being hired, there is a lot of collaboration amongst the three clinicians. Furthermore, it is important to note that student-athletes are encouraged to see the provider they are most comfortable seeing so all providers see student-athletes from all teams.

RB mental health providers are centrally located in the same building as the dietetic staff, the academic support staff, and the student-athlete development staff. Located on the second floor backside of the building, the mental health and performance unit is accessible off the main elevator, but if student-athletes prefer more privacy, they may utilize the back hallway stairs to enter the office. The location of the RB mental health unit is instrumental in the providers' success. Being located in the same building as other support services allows for easy communication and information flow between units while providing convenient, yet private, access for student-athletes.

Services Provided

The diverse staff in the RB mental health unit offers a variety of services and resources to student-athletes. Operating from an "outreach based" philosophy, the mental health providers in RB athletics provide individual counseling, sports performance consultations, educational workshops for teams, and consultations with coaches, administrators, academic advisors, and all units within the athletics department. Additionally, Scott was recently named the chair of the Diversity, Equity, and Inclusion (DEI) committee last year so much of the DEI work for the department is generated from the mental health unit. Scott described his outreach based philosophy in more detail when he explained:

> I have an outreach-based philosophy for our services... which means if you're in your office doing your job, that's great. If you are in your office sitting, then go, leave, go downstairs to academics, go downstairs to student-athlete development, walk through the nutrition center. Go to practice, be seen, get out there. I have never been to a practice that somebody didn't say, "Oh, I need to set up an appointment with you." And so just being there gets that going.

Scott and his staff provide counseling services to many of the RB student-athletes themselves, but they also utilize providers in the community as well as on campus. On campus, there is a psychology clinic and the Counseling and Psychological Services department, both of which RB providers utilize when referring student-athletes to other psychologists. Scott reported that when a student-athlete comes in for help, "I say, look, here's your options. You can see one of the three of us, you can see somebody at CAPS, or we can set you up with somebody in the community. What do you prefer?" Additionally, Scott and his staff have compiled a list of providers in the community that they know "provide good service and understand the culture of

athletics." RB providers will refer student-athletes to community providers for learning disability diagnosis, ADD/ADHD testing, and other more severe mental health issues. In the future, Scott hopes to hire more providers and complete all educational testing in-house.

Assessment and Monitoring

RB providers utilize different methods of assessment and monitoring to determine the mental health needs of their student-athletes. These methods include the use of mental health PPE's for assessment, as well as conversations with athletics department staff and student-athletes for monitoring purposes. RB providers use their assessment and monitoring tools to inform the education and prevention strategies they implement throughout the year.

Assessment

At the beginning of each year, RB staff administer a PPE to incoming student-athletes, both transfer and first-year students. RB staff are dedicated to identifying those who may be struggling with their mental health early, therefore, the main purpose of the PPE is to individually assess who could benefit from mental health resources. The evaluation takes about 10-12 minutes to complete and is designed to explore learning issues, anxiety, depression, nutrition habits, sleep habits, and general mental health. The PPE's are scored immediately and color-coded with a red, yellow, and green coding system. PPE's are coded green when the student-athlete endorsed zero or very few mental health concerns. PPE's are coded yellow when the student-athlete endorses some mental health concerns. PPE's are coded red when student-athletes endorse an immediate mental health concern. A red code generally means the student-athlete endorsed suicidality or some other immediate concern. Additionally, the back page of the PPE has a space to indicate if the student-athlete would like someone from the RB mental health

unit to reach out to them. Scott explains, “This is a non-threatening way to start the conversation about mental health.”

Monitoring

In terms of monitoring the student-athlete population, RB providers utilize the PPE results, but also rely heavily on athletics department staff and student-athletes to keep them informed of current issues impacting mental health. Again, this is where the location of their unit is important because the dieticians, academic advisors, and the student-athlete support staff see student-athletes daily and can easily communicate what they are hearing and experiencing to the providers. This communication allows providers to keep a pulse on the athletics department climate. Furthermore, RB mental health providers rely on coaches to communicate what they are seeing on their teams so providers can implement pertinent educational sessions throughout the semester. Finally, RB providers use the PPE results to learn about the current student-athletes and their issues or concerns. For example, Lily remarked:

> Some of what we do comes from when we do that pre-performance evaluation at the beginning of the year. If we see something kind of pop on that, that we’re like, ‘Ooh, a lot of our student-athletes are flagging kind of high on their perception of nutrition so we might need to address that. Or a lot of our student-athletes are marking here that they don't get good sleep,’ then we can do some sleep based stuff.

Between the PPE, coaches, administration, and student-athletes, the RB mental health providers feel they have a good pulse on the culture of the athletics department and are successful in staying abreast of the issues and concerns impacting student-athlete mental health. The assessment and monitoring of the student-athlete population allows RB mental health

providers to promote a positive mental health environment beginning with providing appropriate counseling and mental health services.

Positive Mental Health Environment

Scott and his staff believe relationships are the fundamental building block of creating a positive mental health environment. When the providers have strong relationships with others in the department, on campus, and in the community, their opinion is valued, and their voice is heard. For this reason, developing strong relationships with student-athletes, staff, coaches, and campus administrators is a priority for the RB providers. They develop these relationships by being visible in the department in a variety of spaces. Furthermore, RB providers promote mental health awareness events throughout the department, which helps endorse a positive mental health environment.

Visibility

Being visible throughout the department to both coaches and student-athletes is a point of emphasis for RB mental health providers. Simply, "being around is often the best advertising for our resources. To me, going out to their space is what helps get the word out that we exist," Scott explained. Scott believes being visible helps create awareness, which then contributes to a positive mental health environment. Because the RB mental health unit has existed for a long time, Scott doesn't have to start from scratch in creating a positive mental health environment. He noted, "I think the benefit of having people that have been in my spot before is that they've done the legwork in terms of explaining who we are, what we do, and the rules of confidentiality." Therefore, Scott can concentrate on building relationships to support the culture that already existed when he arrived. He explained:

> I'll go get coffee with coaches, I'll get lunch with coaches. I'll go to their office when I know they're there, but the student athletes aren't around like if they're prepping for practice. I'll go talk to them. I'll text coaches, you know, 'Hey, how's it going?' Building relationships occurs at a glacial speed and you have to put consistent effort into it. I'm reaching out to coaches a couple of times a month to check in, say hello, you know?

Developing relationships with coaches is key in promoting a positive mental health environment, but it is also important for RB mental health providers to have strong relationships with administration and athletics department staff. One way the providers develop relationships with staff and administrators is through their monthly staff meetings. Lily stated:

> We have all staff meetings once a month and during those meetings they give us the mental health minute. So, we get five minutes every staff meeting and we have a topic that we would talk on. We do this because number one, it's educating our staff about mental health. Number two, it's showing our coaches and staff like here's some of what we're doing with your student athletes when they're in our office and you don't know it, and we can't tell you about it, but like, here's some of what we're doing.

Ultimately, developing relationships with coaches and staff leads to gaining support for their work with student-athletes and creating awareness about mental health issues in college athletics.

RB providers also create awareness about mental health and promote a positive mental health environment through orientations and team meetings. Upon arrival to campus, all first year student-athletes attend an orientation which includes an introduction of the RB mental health unit. Additionally, all teams have a team meeting at the beginning of each semester and RB mental health providers try to be a part of that meeting as well. Lily remarked, "So our goal

is that after their first team meeting of the year, they've at least seen us twice as freshmen. We have been in the orientation and in the team meeting….that is very big for us."

Promoting Events

In addition to creating a positive mental health environment by being visible and developing relationships, RB mental health providers also promote positive mental health by supporting mental health campaigns with their social media accounts. For example, for mental health awareness month RB providers posted a tweet a day on their Twitter account. Scott explained, "We had tweeted something about positive mental health or some information about mental health every day and we rotated through the staff." Additionally, the RB mental health unit utilized their social media to support the Helinski's Hope foundation's efforts during the month of October.

Prior to the COVID-19 pandemic, RB providers had plans to implement mental health games throughout the year as well as partner more with Helinski's Hope foundation to promote mental health awareness within college athletics. However, these plans were put on hold until normal operations resume. Despite having to change some of their plans last year, RB mental health providers create a strong foundation for positive mental health within the athletics department. This foundation is imperative when developing strategies to prevent mental health emergencies.

Prevention

Based on assessment and monitoring, and in addition to promoting a positive mental health environment, RB providers implement multiple programs and mechanisms designed to prevent mental health concerns from becoming full blown emergencies. Perhaps the most important of the prevention mechanisms are the various mental health and psychological counseling services offered through the athletics department. In addition to individual

counseling, group counseling, and couples counseling, RB providers connect student-athletes with resources when they need specialized care for issues such as substance abuse, learning disabilities, and medication management. Furthermore, RB mental health providers lead workshops and educational sessions for student-athletes, coaches and staff, and they utilize performance pods to prevent as many mental health emergencies as possible.

Psycho-Educational Programming

For student-athletes, RB mental health providers offer a variety of workshops throughout the year on topics such as navigating inter-team conflict, suicide awareness and prevention, and how to talk to teammates about mental health. Furthermore, Lily reported she has been doing more education on transitioning out of sport She explained:

> A big one for me that I've done more of one on one is transition out of sport. For many of our student-athletes, their identity is what sport they play. So, it's not, "Oh yeah I'm Johnny here's what I'm interested in and here is my major." It's like, "Hey, I'm Johnny, the basketball player." So, kind of helping separate and learn like value and worth outside of performance is a big educational piece as well.

RB providers conduct sessions such as the ones listed above to help educate student-athletes on topics that may be stressful in hopes of preventing mental health emergencies from occurring.

As noted in the literature, mental health prevention should be a collaborative effort within athletics departments. Therefore, educating staff, coaches and administrators on mental health is also an important part of preventing mental health emergencies. To that end, RB mental health providers host annual suicide prevention trainings and other trainings as requested by staff and coaches.

Performance Pods

Further capitalizing on their relationships with staff, RB mental health providers also utilize "performance pods." Pods are organized by athletics trainers and meet monthly. Each pod consists of the athletic trainer for a team and then any support staff member that surrounds that team or sometimes, a specific student-athlete. Scott explained that due to confidentiality rules, the mental health providers usually do not contribute much to the meetings, but they do learn a lot about the climate of the team. He noted:

> We all get together in the same space and we just run the roster. "Hey, how's this person doing ...do they need anything? How's this person doing?" And we'll get injury information and any sort of dietetic concerns, student-athlete development, academic concerns and things like that. For the most part we're pretty quiet during those meetings but it does give us an opportunity to hear what's going on to see if we need to do outreach to a particular person. For example, If they were super involved in SAAC and now they're not anymore and their academics are dropping then we will reach out to them, that kind of thing.

Between the performance pod meetings, regular communication and collaboration with other student-facing units, and their own interactions with the student-athletes, RB mental health providers do their best to prevent mental health emergencies among their student-athlete population.

Intervention

If a student-athlete's mental health becomes a concern, an emergency, or providers believe a student-athlete could simply benefit from specific resources, RB providers are prepared with a variety of interventions. Interventions provided by the RB behavioral health unit are

generally conducted in one-on-one settings and may include: specific work with athletes, follow up on PPE's administered at the beginning of the year, enacting emergency protocols, and working with interdisciplinary wellness teams.

PPE Follow-Up

As discussed above, RB mental health providers administer PPE's to all incoming student-athletes. PPE's take about 10-12 minutes to complete and are designed to explore learning issues, anxiety, depression, nutrition habits, sleep habits, and general mental health. The PPE's are scored immediately and color-coded with a red, yellow, and green coding system. PPE's are coded green when the student-athlete endorsed zero or very few mental health concerns. PPE's are coded yellow when the student-athlete endorses some mental health concerns. Scott or someone from his staff reaches out to student-athletes in this category to ensure they are aware of the mental health resources available to them. PPE's are coded red when student-athletes endorse an immediate mental health concern. When a student-athlete's PPE is coded red, someone from the RB mental health staff connects with the student-athlete before they leave the building. A red code generally means the student-athlete endorsed suicidality or some other immediate concern. This PPE color coded system allows Scott and his staff to follow-up on the student-athletes' PPE's and implement interventions in an appropriate time frame.

Emergency Action Plan

Emergency protocols for mental health concerns were designed by RB providers and are enacted when student-athletes' mental health concerns warrant immediate attention and potentially hospitalization. While the RB mental health unit has an Emergency Action Plan (EAP), at the time of this interview it was being updated. However, Scott explained:

> We tried to create one for on campus/in town instances and we also tried to account for out of town situations. And we essentially have like a flow chart. Basically, you call me... I call these people...while I'm calling these people you need to get this person to this place or you need to get the ambulance to them, etcetera.

Once the EAP is finalized, Scott and his staff will distribute it and review it with the appropriate units in the athletics department. Because it is a healthcare based EAP and instructs users on the process of referring student-athletes to the hospital, only staff members who are qualified to make medical referrals have a copy of the EAP.

Wellness Teams

In addition to a detailed EAP, RB providers have created an interdisciplinary wellness team whose primary focus involves providing interventions to student-athletes with eating disorders or disordered eating. It is important to note the wellness team is different than the performance pods discussed above. Wellness teams are made up of the three RB providers, the director of sport nutrition, a physician's assistant, and the director of sports medicine. This team functions as "the treatment team around the student-athlete," as Lily explained. The team is kept small and only addresses eating disorders and disordered eating due to the confidential nature of those issues.

Evaluation and Assessment

RB mental health providers evaluate their services both formally and informally throughout the year. Formally, the RB athletic department evaluates student-athletes at the end of their second and fourth years, and when student-athletes exit the program (for those who have a 5th year of competition, and for those who transfer before graduating). There are basic questions on this formal evaluation that assess how beneficial student-athletes find the mental health unit.

Informally, Scott and his staff look at utilization rates to obtain feedback on the services they provide. Scott reported, “I’ve told both of my staff members, “Look, if you’re doing good work you’re going to be busy,” and that’s one way I think about our success.” Both Lily and Scott commented that it is difficult to assess their work in a confidential and meaningful manner. For example, when discussing utilization rates with Lily, she explained:

> Let’s say we have high clinical numbers, somebody might view that as we’re being successful because we’ve got a lot of people coming to the office. Somebody else might view that as you’re not being successful because you’ve got a lot of people coming to the office.

While evaluation of services is important to RB providers, they have not yet found an efficient, meaningful way to measure their effectiveness. This is an area they will likely revisit post-COVID-19.

Collaboration with Conference Members and Conference Office

In recent years, behavioral health providers in the conference to which RB belongs have increased their collaborative efforts among its member institutions. Scott explained:

> With NCAA rules and a lot of institutions in our conference hiring people in house, it's been really nice for us because our conference providers all talk quite frequently. So, I know if they're at School X and something happens, I can call a woman named Jenny Smith. I can call Jenny and say, “Hey, Jenny we've got a situation. Can you help me out?” Same at, you know, at any of our conference schools. Actually, almost all of our schools have in-house people now but... there are still some that are sort of off campus so there are a couple of places that we might not be able to do that, but overall, it’s nice to be able to have that network.

Mental health providers in RB's conference have had a standing monthly conference call for the last four years, and Lily explained, "We have an annual get together in the summer." They use the monthly calls and yearly meetings to collaborate and learn from each other, but also to help advance their profession. For example, providers in this conference have collaborated to try to develop a best practices document that includes information such as an appropriate ratio of student-athlete to provider that institutions can use as a guideline. Recently, representatives from the conference office have joined these monthly meetings to see how the conference office might better support these professionals on their respective campuses. While RB mental health providers don't consider their conference the most organized in terms of their mental health efforts on a conference level, both Scott and Lily agree that they are moving in the right direction.

Obstacles

As with almost any occupation, RB providers face some obstacles when it comes to delivering mental health services. The most notable obstacle mentioned by both Scott and Lily was the pressure from others to break confidentiality. Mental health providers must maintain high levels of confidentiality and follow federal laws including HIPPA and FERPA at all times. Breaching confidentiality or violating federal laws could lead to a provider losing their license and their job. HIPPA and FERPA can often be confusing and coaches, trainers and administrators can become frustrated with those who must uphold these federal guidelines. As such, mental health providers are often put in a difficult position when coaches or staff become angry or frustrated that providers can't share information about student-athletes. Scott told a story that exemplified the stress and pressure they face regularly in their department. He described:

> I had an athletic trainer who I was trying to get the injury report information from one time. I was like, “Hey, it'd be great if I could get your injury report,” just so I could get what I call a significant injury plan. So, if a student athlete is going to be out for more than four weeks then we reach out to them and say, “Hey, look, I saw you have a high ankle sprain, that sucks, man we will be here if you need anything. Best of luck speedy recovery.” So, you know, just again that reminder...We're here for you. That athletic trainer said, “I'll be happy to give you my injury report when you tell me who you're seeing from my team.” You know, and this was in front of my staff and another staff member.

In this scenario, the trainer refused to share information unless Scott violated HIPPA and FERPA, something Scott was not willing to do. Situations like these lead to student-athletes not receiving the best mental health care possible, as in this case, Scott was unable to reach out and offer support to those student-athletes having major surgeries. Lily also mentioned the pressure she often felt to break confidentiality but she noted as the supervisor of the unit, the SWA has often stepped in to defend the RB providers. Lily explained:

> People like to know information in athletics whether they need to or not. Having our administrator say to a coach or a trainer, “Look, the MHP staff can't tell you that. And here’s why they can't tell you that. And they're not just saying that because they're trying to keep things from you” is really important.

Lily finds the support from the administrator very helpful when dealing with the pressure to break confidentiality. However, regardless of the support she receives, Lily still finds it frustrating when she has to argue with others about the rules of confidentiality that guide the profession.

Strengths

The RB behavioral health unit has many strengths and experiences a great deal of success with their programming. The staff considers their ability to develop strong relationships with those in the department, on campus, and in the community one of their greatest strengths. The staff further believes their efforts to communicate and collaborate with others, while protecting the confidentiality of the student-athletes are additional strengths in their mental health unit. Collectively, the strengths of the mental health unit help destigmatize help-seeking behavior and contribute to a positive mental health environment. Lily pointed out:

> We really work to be relationship driven first, which then helps bring that comfortability for student-athletes and staff. We'll have staff call us about many different things and say, "This situation with this student-athlete is hard and I don't know what to do." and that is all about the relationship that we've built and the trust they put in us to make that phone call.

The RB mental health providers don't just work to communicate and collaborate with others, they also work hard to communicate and collaborate amongst themselves. As a relatively small staff of three, they worked together in person for less than five months before moving their services on-line and working remotely due to COVID-19. Lily explained over the last year the three providers have learned to work well together to "consult on cases, provide programming, or handle whatever situation pops up." Their emphasis on building relationships with each other and others in the department has allowed them to provide services during COVID-19 while simultaneously building an effective and cohesive team.

Another strength of the RB mental health unit is the way they protect the confidentiality of the student-athletes who seek their services. As mentioned, RB mental health providers are

subject to FERPA and HIPPA laws, but their motivation to maintain confidentiality goes deeper than just following mandated regulations. Lily remarked:

> I tell my student-athletes all of the time, "Your information is on blast all the time. And I am going to do everything in my power to keep whatever information you want safe and confidential...safe and confidential...You've got enough going on that you feel like people are watching your back every single second. I want you to have a place that you don't have to worry about that."

Lily's comment speaks volumes about the passion she has for providing a safe space for student-athletes to talk about their mental health. This creation of a safe space encourages more student-athletes seeking help, which leads to destigmatizing the conversations surrounding mental health and contributes to a positive mental health environment.

Room for Growth

Despite the strengths of the RB behavioral health unit, there is also room for growth within the program. More outreach and an expanded training program are areas in which Lily and Scott mentioned they would like to see growth. In terms of increased outreach, Scott would like to see his providers continue to get out of their offices and be more visible at practices and around the facilities. He explained one of his goals for the unit, "I want our student-athletes when they leave to say, 'Whether or not I needed it, I knew they were there for us.'" Scott indicated outreach is instrumental in making sure all student-athletes know the mental health unit exists and his goal is accomplished. Lily commented she would like to do more outreach through programming post-COVID-19 now that they have more staff members. She noted:

> I was here for a little while by myself before we hired Scott and Max, and at that time I was in my office most days seeing students. Doing more programming is a more recent

thought of ours because we have more manpower to do it instead of, “I have to be in my office all day doing the clinical work or working with teams because there’s nobody else to share the load.”

Long term, Scott would like to start a training program for graduate students, post-doctoral students and interns. After operations return to “normal” post-COVID-19, Scott envisions partnering with the Psychology PhD program as well as the campus counseling center to provide opportunities for training in this field. Starting a training program would not only help his unit directly by increasing staff, but he would also be helping the profession as a whole by providing quality training opportunities. Ultimately, Scott’s goal is to regularly review the RB mental health program and protocols and always make sure it is the absolute best program possible. He stated, “I want our program to be the best it can be...I want to see perpetual growth and even if we’re not the best in the country, I want us to be the best three person office possible.” Scott’s leadership and vision for the unit pushes RB providers to continuously strive to expand and grow.

Case Five: SN Institution

SN is a large public institution with approximately 20,000 undergraduate students. The athletic department at SN sponsors 19 sports and has about 680 student-athletes. The mental health program for student-athletes has been embedded in athletics for over 20 years and the department has a rich history of promoting a positive mental health environment among their student-athletes. The director of the unit, Pat, reports to the associate athletics director, who also oversees athletic training, strength and conditioning, nutrition and housing. The unit is funded by the athletic department. Table 4.6 provides a summary of the SN mental health program. Following the table is a detailed description of the program and its attributes.

Table 4.6

Summary of SN Mental Health Program

Topic	Themes
Assessment and Monitoring	Pre-performance evaluations, utilize coaches, student-athletes, staff, and SAAC
Promoting a positive mental health environment	Visibility, team meetings, promoting events such as Mental Health Matters
Prevention	Individual counseling, psycho-educational programming
Intervention	Follow-up on pre-performance evaluations, emergency action plans, wellness teams
Evaluation and assessment	Strategic planning meetings, SAAC, informal conversations, utilization rates
Conference collaboration	Monthly conference call, mental health awareness games
Obstacles	Pressure to violate confidentiality, NCAA rules, burn-out
Strengths	Decrease mental health issues, collaboration and cooperation, big picture vision
Room for Growth	Formal evaluation, social media use, group therapy

Background of Program

Six providers work in the psychological services unit of the SN athletic department; however, only three of those providers are full-time employees. The three full-time providers include two assistant directors, one who has been with the program for three years and one who has been with the program for four years. The third full-time provider is in her first year with the program. In addition to three full-time providers, the unit employs two doctoral interns and one

director, Pat, who also has a private practice in the community and therefore is considered .625 of a position. Joining the staff as a post-doctorate in 2010, Pat has been with the program the longest and has worked his way up to director. Combined, the six providers account for 4.05 full-time positions within the athletic department (two full-time assistant directors, one full-time provider, Pat at .625 time, and two interns at .2 time).

The six providers in the SN psychological services unit have a variety of licenses. Three of the providers are licensed psychologists, one is a licensed professional counselor, and four of the six providers are certified mental performance consultants. The staff consists of four males, two females, and one person of color.

The SN psychological providers are housed in the football stadium on the same floor as academics. Additionally, they sometimes have appointments in a private space in the training room if it is more convenient for the student-athlete. Normal operating hours are from 8:00 am to 5:00 pm Monday through Friday; however, that schedule is rarely kept, particularly during COVID-19. Providers must work around student-athletes' schedules and, as Pat acknowledges, "there are athletes not free until seven o'clock at night so we may do individual stuff then. We also come in on the weekends and see people as necessary."

Services Provided

The SN athletics department psychological providers handle most mild to moderate student-athlete mental health issues in-house amongst themselves. However, certain situations may warrant referrals to outside specialists in the community. SN contracts the following services to providers in the community: a psychiatrist for four hours a week, a licensed alcohol and drug counselor who runs substance abuse groups with the student-athletes and sees individuals as needed, and a neuropsychologist who assists with any traumatic brain injury.

Additionally, SN psychological providers will outsource any student-athlete cases that require intensive outpatient treatment or inpatient treatment.

Pat divides the 19 teams among himself and the three full-time providers so each team has a point person within the psychological services unit. It is important to note, however, that any student-athlete can meet with any of the six providers, they do not have to meet with their assigned provider.

I interviewed Pat, the director of the psychological services unit and Paula, the assistant director of the psychological services program at SN. In addition to her daily responsibilities, Paula also serves as the chair of the athletic department Diversity, Equity, and Inclusion subcommittee. This committee works to educate staff and administrators on the areas of diversity, equity and inclusion.

Assessment and Monitoring

SN providers use different methods of assessment and monitoring to determine the mental health needs of their student-athletes. To assess the mental health of incoming student-athletes, PPE's and academic assessments are administered when student-athletes first arrive on campus. As a follow up to initial assessments, and in an effort to keep a pulse on the mental health of all student-athletes in a broad context, SN providers rely on informal feedback from student-athletes, coaches, and athletics department staff.

Assessment

At the beginning of each year, SN staff administer a PPE to incoming student-athletes, both transfer and first year students to identify those who may be struggling with their mental health early. PPE's are administered in a variety of ways. For some larger teams, PPE's are administered by the athletic trainers. Athletic trainers distribute and collect the PPE's and then

send them to the SN mental health staff to score and interpret the results. Once the PPE's are scored, mental health providers reach back out to athletic trainers, or to the student-athletes themselves if follow up is necessary. For smaller teams, SN mental health providers distribute the PPE's individually and review the results with the student-athletes immediately. The main purpose of the PPE is to individually assess who could benefit from mental health resources. SN staff score and interpret the PPE's and contact those whose scores indicate they may benefit from mental health support and offer their services.

Furthermore, academic and learning assessments are conducted with all new student-athletes to determine any existing academic deficiencies. Student-athletes whose scores endorse learning concerns are connected with academic resources within the athletics department as well as disability services on campus. Collectively, the PPE's and academic assessments give the SN staff a snapshot of incoming student-athletes and the mental health issues they may encounter as they transition into college.

Monitoring

In addition to assessing incoming student-athletes, the SN staff are constantly monitoring student-athletes to keep a pulse on the mental health issues they are encountering. SN mental health providers consistently check in with coaches and student-athletes regarding mental health concerns. This is done through individual meetings, email exchanges, meetings with the SAAC, as well as daily informal conversations. In the interview, Pat noted:

> On the individual level we're frequently connecting with our coaches of the teams we work with to talk about mental health and just kind of the culture and temperature and climate of the team….we're always trying to keep a pulse on what are the environmental stressors and what are we doing to help alleviate stress with the people that we serve.

Furthermore, monitoring occurs through other constituents such as athletics department and campus personnel. SN providers invest significant time and effort into building relationships with athletic trainers, strength and conditioning staff, and academic advisors, as well as others who regularly interact with student-athletes. Pat remarked:

> We've specifically tried to build those relationships and so now they refer a lot of people too. We try to see who are the people seeing them every day because those are the ones who need to be referring the most.

SN providers rely on multiple constituents, including student-athletes themselves, to keep a pulse on mental health issues student-athletes are experiencing. Monitoring is also done in conjunction with the university.

Campus administrators have assembled a behavioral intervention team (BIT) that allows anyone to make an online report about concerns for a student. The purpose of the intervention team is to connect people with mental health services in a non-threatening manner. As part of the student body, student-athletes may be named in BIT reports, meaning student-athletes are monitored not only by athletics department personnel, but by the campus community as well.

Assessment and monitoring are the building block upon which SN mental health providers determine the services and programming offered to student-athletes. Programming is altered as monitoring continues throughout the year. The assessments and monitoring allow providers to effectively create a positive mental health environment, beginning with offering appropriate counseling and mental health services.

Positive Mental Health Environment

SN providers utilize multiple methods in creating a positive mental health environment for student-athletes. These methods include building relationships with athletics department

personnel and student-athletes by being visible at practice and around the athletics facilities and taking part in hosting and promoting mental health awareness games throughout the year. Collectively, these efforts help reduce the stigma associated with seeking help for mental health issues and normalize conversations surrounding mental health.

Visibility

The visibility of providers is imperative to creating a positive mental health environment in athletics. Providers are intentional in attending practices, team meetings, as well as SAAC meetings, and being seen in spaces student-athletes frequent such as the training room, strength and conditioning area, and even the athletic department cafeteria where student-athletes and coaches eat meals. Paula gave an example of this intentionality when she explained:

> Normally, we each take a morning to be down in the training room and we see student-athletes there...Again, it's about being around. So, I literally pop my head in every single athletic training room office. Then I walk down to the weight room and do the same thing for the strength coaches, nutrition staff, saying hi to athletes as they're lifting and warming up. And that is really invaluable to building relationships and conveying I'm not somebody who's sitting in my office. I'm a normal person.

Paula also stated when she was new on staff:

> I went to every SAAC meeting. It was on Sunday nights; I didn't need to. There wasn't anything on the agenda, but I just did it to get to know the leaders... make sure they knew me, be kind of a mouthpiece for our office. There were some instances where they had questions that I felt like I could contribute, and I feel like that was a really helpful way to start building those relationships.

Furthermore, SN providers meet with every team at the beginning of every year to remind student-athletes of their services and introduce themselves so student-athletes begin to know them as people, instead of simply mental health counselors. On the subject of visibility, Pat explained those initial meetings are important because not only are they introducing themselves to some student-athletes for the first time, but:

> We also let them know, you're going to see us at practices...and so they see us at practices, and they see us in the training room. Pre COVID-19 they saw us in the cafeteria. They see us all the time. There are some sports where we will travel with the team. And if you can travel with the team it just builds your rapport very, very quickly. I think that's probably lead to higher success rates or higher utilization rates, just by them really knowing who we are, but also decreasing that stigma of, "Who am I gonna have to talk to and what's it going to be like?"

Being visible helps providers build relationships with students, support staff, and coaches, which helps create buy-in to the mental health services offered. Buy-in from coaches and student-athletes is critical to maintaining a positive mental health environment within the athletics department. As Paula mentioned:

> I do think there's something to be said about when an administrator or coach is hired, they're brought into this system, and we've got coaches who have been here a long time who are really strong proponents of our system. And so being in an environment that's so pro mental health and really supportive just helps so much because there isn't anybody undermining us.

It is important to note, however, because SN has six mental health providers they are able to be very visible throughout the department, whereas other programs with two or three providers may not have that ability. Paula explained that being visible is:

> A luxury that larger staffs have. If I was a solo provider, and I'm seeing 25-30 athletes a week trying to keep up, being at practice would be the first thing to go because you're just constantly in crisis management mode.

Promotional Events

In addition to being visible and building relationships with athletics department personnel, SN providers create a positive mental health environment by encouraging teams to participate in a Mental Health Matters game. Mental Health Matters games include social media, educational, and often conference collaboration components. For the social media component, student-athletes shoot video clips discussing the importance of mental health and tips and strategies they use to take care of their mental health. These media clips are run on social media throughout the week as well as on the video board during the designated Mental Health Matters game. Educationally, during the week of the Mental Health Matters game, an SN mental health provider conducts an educational session with the team addressing issues such as how to support a teammate you may be worried about, help-seeking behaviors and strategies, and general mental health awareness issues. Additionally, during Mental Health Matters games green articles of clothing are worn to increase awareness in the community of the importance of mental health. Green is the color most often associated with Mental Health campaigns. Finally, Mental Health Matters games are often conducted in conjunction with conference opponents and demonstrate an important way the conference schools collaborate with each other in promoting positive mental health environments.

Pat and his staff are intentional with their efforts to maintain and promote a positive mental health environment. SN mental health providers years ago helped lay the foundation for a positive mental health environment, however, it is the current providers' responsibility to build upon those early efforts. With the support of the coaches and administration, Pat and his staff are able to perpetuate a positive mental health environment and use that environment to further develop and implement prevention strategies within the athletics department.

Prevention

Based on assessment and monitoring, and in addition to promoting a positive mental health environment, SN providers implement multiple programs and mechanisms designed to prevent mental health concerns from becoming full blown emergencies. Perhaps the most important of the prevention mechanisms are the various mental health and psychological counseling services offered through the athletics department. In addition to individual counseling, group counseling, and couples counseling, SN providers connect student-athletes with resources when they need specialized care for issues such as substance abuse, learning disabilities, and medication management for mental health issues. Furthermore, SN mental health providers lead psycho-educational sessions for teams and individuals as requested.

Psycho-Educational Programming

SN mental health providers primarily conduct educational workshops in team settings. For example, providers may work with a team and conduct multiple sessions over the semester on mental conditioning, stress management, meditation, or other topics of interest. These workshops tend to be team specific as Pat recalled, "With one team I did a six-week mental conditioning program with them. So, teaching them mental skills for performance psychology or sometimes we've done a couple week character leadership program." Workshops are often

conducted at the beginning of team practices to ensure student-athletes can attend and participate. While attendance at team sessions is not mandatory, all team members usually attend due to the culture of the SN athletics department. Mental health and performance psychology is supported and accepted by coaches and student-athletes.

As noted in the literature, mental health prevention should be a collaborative effort within athletics departments. Therefore, educating staff, coaches and administrators on mental health is an important part of preventing mental health emergencies. Often these educational sessions occur at coaches' meetings. Pat stated:

> We generally have at least one session a semester where we get to go and talk about mental health in front of all of the coaches, but depending on what's going on, we may go a couple of times. There was one time we had to specifically have a session on confidentiality and the rules that we must follow.

Pat also spoke of the education provided to staff in regards to COVID-19. "With COVID-19 stuff I went and talked (to the staff) about how COVID-19 effects mental health in student-athletes but also staff and how to take care of yourself and them and things like that." Paula also mentioned the importance of staff education and the collaboration necessary in prevention. She explained, "The suicide prevention training represented a really formal, very cool part of our department saying, "This is important to us and we want to understand how we could support student-athletes and the training was excellent." Both Pat and Paula discussed the importance of staff not only being educated on general mental health topics but also being trained to know when and how to report mental health concerns. Education is ongoing for athletics department members and student-athletes.

Despite on-going education and prevention mechanisms put in place, not every mental health emergency can be prevented. SN coaches and administrators may find themselves involved with a student-athlete experiencing a mental health emergency. In the event an emergency does occur, SN providers are prepared with various intervention strategies.

Intervention

If a student-athlete's mental health becomes a concern, an emergency, or providers believe a student-athlete could simply benefit from specific resources, SN providers are prepared with a variety of interventions. Interventions provided by the SN mental health unit are generally conducted in one-on-one settings and may include: specific work with athletes, follow-up on PPE's administered at the beginning of the year, enacting emergency protocols, and working with interdisciplinary wellness teams.

PPE Follow-Up

As mentioned above, SN mental health providers administer PPE's in a variety of ways, some in person, some through the athletics trainers. Pat explained, "Their (the PPE's) purpose is to individually assess who could benefit from coming in for mental health resources. We are trying to identify who is struggling now, and who may have some early identifiers for mental health disorders." PPE's are scored and student-athletes who score high in certain categories are contacted. Pat further explained, "We will reach out to them and say 'Hey, you scored high in this category. Here are our services. Let me know if you'd like to come in for services because we can help with this or that.'" Pat and his staff use PPE's as an initial way to identify as early as possible who might benefit from interventions. However, PPE's cannot detect all potential issues and sometimes emergency interventions are necessary.

Emergency Action Plan

Emergency protocols for mental health concerns were designed by SN providers and are enacted when student-athletes' mental health concerns warrant immediate attention and potentially hospitalization. SN's Emergency Action Plan (EAP), is stored on the mental health unit's shared drive for easy access, and the staff has yearly training associated with enacting the EAP. Furthermore, the SN mental health staff share the EAP and train athletics trainers and physicians who may need to utilize it. Because it is a healthcare based EAP and instructs users on the process of referring student-athletes to the hospital, only staff members who are qualified to make medical referrals have a copy of the EAP. Coaches, for example, are not trained on the EAP. Instead, coaches are trained to call an SN mental health provider or the police if there is a mental health emergency.

Wellness Teams

In addition to a detailed EAP, SN providers have created an interdisciplinary wellness team whose primary focus involves providing interventions to student-athletes with eating disorders or disordered eating. Each wellness team is different depending on the student-athlete, but the team is generally made up of members from athletic medicine, team physicians, mental health providers, sports nutrition, strength and conditioning, coaching staff, and when needed, academic advisors, administrators and others. As the wellness team guidelines indicate, the wellness team has many objectives, one of which is to "Facilitate early detection, referral, and intervention for disordered eating" and another is to "Create awareness of the resources available to the student-athlete in the areas of counseling, medical support nutrition, weight management, and disordered eating treatment plans if needed." The interventions conducted by the wellness

team are imperative to the health of student-athletes navigating eating disorders and disordered eating.

Overall, the needs of each individual and team are going to be different. Having a variety of interventions to meet those needs is key to providing effective services. Pat and his staff not only have a variety of interventions to implement, but they have multiple partners they can collaborate with whether that be on campus, in the community, or in the department.

Evaluation and Assessment

The SN mental health providers are continuously evaluating the interventions and prevention programming they have in place for student-athletes. This evaluation occurs on both a formal and informal basis. Formally, the SN mental health staff meets every six months to evaluate their programming and adjust their efforts. During these strategic planning meetings creative strategies for mental health promotion are generated, ineffective methods of program delivery are discarded, and new ideas for topics and programming are generated.

Informally, the SN providers are constantly soliciting feedback from coaches, student-athletes, and administrators. Pat noted:

> I'll have meetings every other week with my supervisor and so we're frequently kind of evaluating what's working and not working so that by the time we get to that strategic meeting we've collected data kind of the whole time.

Furthermore, SN providers utilize the student-athlete led SAAC for feedback. Pat indicated:

> We ask them lots of questions like, "Hey, we have this idea. Do you think the student-athletes would like this or should we just trash this idea?" We are always reaching out to them to try to get a pulse of the student-athletes and see what would be beneficial.

Paula provided a different perspective on gathering informal feedback from student-athletes. She said, “They vote with their feet, you know? Are people coming to seek services? That’s what I’m looking for.” She continued:

> Can I be in spaces with student athletes and it feels natural? Can we joke around? You have to build the relationships with them and I’m constantly assessing...Do I feel accepted? Are people grabbing me to say, “Hey, can I talk to you about this, that or the other?”

Furthermore, she discussed the referral process, “Do my athletic trainers call me when they should? Or am I finding out things after the fact.” If student-athletes are coming in for services and are being referred by those who see them most frequently, Paula considered that positive feedback for the SN mental health unit. Additionally, SN providers are constantly checking in with coaches to determine which strategies are working and which are not working. Paula remarked, “I make a point at the end of each competitive season to have a wrap up meeting asking, “What did you like? What didn’t you like? What went well?”” This information is key to making adjustments to current programs and designing future programming as well.

SN providers also look at utilization rates and types of interventions they do throughout the year. Pat said:

> We want to see compared to last year, how many more people are we servicing? How or what’s the duration of services? So, are they coming in for eight times or is it 12 times, or do we have a lot of one sessions and then they’re just not coming back….sometimes that can show some success. We will also look at different types of interventions too. So, how many were emergency, how many were consultations, how many were individual versus psychological assessment and things like that.

Constant feedback from coaches, staff, and student-athletes themselves, as well as utilization rates and information serve as the basis for assessing program effectiveness for SN mental health providers. Utilizing this feedback, Pat and his staff are able to make adjustments quickly and implement new strategies as necessary.

Collaboration with Conference Members and Conference Office

In recent years, mental health providers in the conference to which SN belongs have increased their collaborative efforts among its member institutions. One example of this collaboration is the inter-conference mental health and wellness awareness games, which involved participation from both teams. These games were established to raise awareness, reduce stigma for help-seeking behavior, and provide resources to student-athletes and fans for mental health action. Furthermore, mental health providers from campus institutions meet monthly for a conference call with a representative from the conference office. Not only do the providers have a voice at the conference level, but they have a ready-made consultation group that they can call upon at any time. Paula explained, "I'm in a group text that we were texting yesterday about "Hey this popped up how would you handle it?"" She also pointed out, "We're not like strength coaches or head coaches. We want to share and we want to borrow, and if their student-athlete mental health is improving I'm super happy with that. So, there's kind of a different feel around that." Pat shared Paula's sentiments in that he wants everyone to be as good as they can possibly be, but the former athlete in him noted:

> But I want this program to be the gold standard of all programs….and we should all have a healthy level of competition with our services. If someone is doing something better (than us) then what are we doing? We need to step up our game. And I think that's going to promote the overall mental health field.

Obstacles

As with any job, SN providers face some obstacles when it comes to delivering mental health services. Key obstacles mentioned included pressure from others to break confidentiality, difficulty scheduling programs and meetings due to student-athletes' hectic schedules, frustrating NCAA rules, and high levels of stress.

Mental health providers must maintain high levels of confidentiality and follow federal laws including HIPPA and FERPA at all times. Breaching confidentiality or violating federal laws could lead to a provider losing their license and their job. HIPPA and FERPA can often be confusing and coaches, trainers and administrators can become frustrated with those who must uphold these federal guidelines. As such, mental health providers are often put in a difficult position when coaches become angry or frustrated that providers can't share information about student-athletes. Paula stated:

> I'm often asked, "Why can't you tell me this? Why can't you tell me that?" And I get it, it's so frustrating, but I'm not trying to be a secret keeper...It's a burden to know the stuff that I know, and I wish they would talk to you, but they just won't, and I can't make them if they don't want to.

When coaches become frustrated with SN providers for maintaining confidentiality, a strain can occur on the relationship. Ultimately, in order for SN providers to effectively do their jobs, coaches must learn to understand and accept the rules of confidentiality as they relate to mental health providers.

SN providers also discussed the NCAA rules in place that create unnecessary obstacles. At present time, there are no specific rules in the NCAA handbook for mental health providers or performance psychologists. A lack of rules can lead to ambiguous rule interpretation by

compliance staffs, which leads to each institution interpreting rules differently. At SN, compliance has determined that providers are allowed to attend practice, but they cannot talk to any student-athletes while at practice. This creates obstacles for SN providers as Pat explained:

> If we can do in vivo work, that helps the most. So, if someone is afraid of dogs if we can put them in front of a dog and work through it, that fear goes down. So, in sports, it's easier to be out at practice and work with students right then. So, I ask, "Hey, can we work with their anxiety on the mound?" They say no, you can't be on the mound. And I understand that, but this is a true panic disorder, it's mental health. They are afraid of it being a coaching activity.

Without specific NCAA rules, mental health providers and sports psychologists are left in a grey area, which causes frustration among both student-athletes and providers.

SN providers are very proud of their ability to connect student-athletes with mental health resources very quickly. Working at such a fast pace all of the time in addition to the frustrations mentioned above, however, can lead to provider burnout. As Pat explained:

> With everything else athletes go through, they get stuff quickly. If there's a doctor's appointment they're getting an MRI tomorrow...So mental health we try to be the same way. If they need to be seen today we're going to work them in, and we're going to try to get them in. And so, we work really quickly, and I think what comes with that is higher levels of stress on our end because we're always having to juggle what's going on.

Pat mentioned providers who work in athletics know the field well enough to know what they are signing up for in terms of time demands and pace of the job, however, having that knowledge may not be enough to prevent burnout. Pat pointed out, as a profession, mental health providers within athletics should be mindful of the stresses they put on themselves and work to find ways

to offset those stressors in order to continuously provide excellent care to their student-athletes. A burned-out mental health provider may not be able to provide adequate mental health care to a young student-athlete.

Strengths

The SN mental health unit has many strengths and experiences a great deal of success with its programming. Positive mental health culture, collaboration with other athletics department units, and the ability to see the big picture are among the strengths of the mental health program. These strengths have contributed not only to the growth of the program, but also to the utilization of the mental health providers. Pat noted, "We're about 33% more client services than we typically are."

The SN program was one of the first mental health programs embedded in an athletics department and has one of the largest number of providers in the country. The providers' approach of being very visible and incorporating an element of fun and engagement in all programs has helped create a culture within athletics where help-seeking behavior is normalized and talking about mental health is common. Pat and Paula both agree that all student-athletes know their services exist and where their offices are located, an important step in destigmatizing help-seeking behavior. Furthermore, both providers believe the efforts of their staff decrease mental health issues among student-athletes, which contributes to the positive mental health culture of the department.

Collaboration and cooperation are other strengths of the SN mental health program. Collaborating frequently leads to a sense of community amongst providers and athletics department staff. Paula remarked, "I never feel alone in my job. I don't think any of us should be alone in supporting a student-athlete." For Paula, this collaboration allows her to explore other

interests and responsibilities outside of individual and team counseling such as developing diversity, equity and inclusion programs for student-athletes.

While strengths of the SN mental health unit and program are important to note, it is also worth mentioning a particular strength of Pat, the director of the mental health unit. Pat describes himself as a "big picture guy." He is not just concerned with the SN mental health unit, instead, he is constantly looking at the progress of mental health units within all NCAA athletics departments. Pat noted,

> I think with our field, it's like, Okay, what can we do this year that we didn't do last year? How can we get better? And so, we take that same mentality with mental health services in our field. And so, like the biggest project I have next is we're the first accredited internship. How can we get other big schools who have multiple providers to have internship programs because we have two interns a year. So that means we're producing like two really qualified sports psychologists a year and we need more than that, right? So, I think with us it's about how do we continue to grow the fields of sports psychology and mental health?

For Pat, thinking about the bigger picture of the sports psychology and mental health fields keep him motivated. As a former student-athlete, Pat's desire to compete and continuously improve is seen daily in his work and in the way in which he leads the SN program.

Room for Growth

Despite the numerous strengths of the SN mental health unit, there is also room for growth within the program. Formal evaluation, social media use, and group therapy were ideas for growth opportunities Pat and Paula mentioned. Developing questionnaires to send out on Teamworks (a software program athletics departments utilize) and creating methods to gather

feedback on effectiveness are formal evaluation methods they would like to implement moving forward. Furthermore, utilizing the SN mental health unit's social media pages more is an area they can improve upon. Student-athletes might likely check social media pages for information on mental health programming or coping strategies as opposed to Teamworks messages or an email. So, increasing their social media presence and keeping up to date with social media posts could further promote their services and programming. Finally, providing group therapy spaces for either coping skills classes or an injured athlete group is something the unit would like to explore in the coming years. Historically, scheduling groups has been an issue for SN providers due to the hectic schedules athletes maintain. Revisiting group opportunities post-COVID-19 may allow for more student-athletes to interact across sports, which would further create a positive mental health environment and may reduce the stigma associated with related help-seeking behavior.

CHAPTER 5: CROSS-CASE ANALYSIS

Chapter 4 provided individual case reports for the five mental health programs represented in this study. This chapter includes a cross-case analysis of the five programs and examines both similarities and differences among the programs. Furthermore, this cross-case analysis includes an examination of similarities and differences between athletics departments' mental health programs in public and private institutions. Table 5.1 provides a condensed overview of the cross-case analysis findings. Following the analysis, this chapter discusses how Power 5 conferences are supporting athletics department mental health programs and their providers. Chapter 5 concludes with an examination of the impact COVID-19 had on mental health units and what changes providers made during COVID-19 that might remain in practice moving forward.

Table 5.1

Summary of Cross-case Analysis

Cross-case analysis category	Themes
Assessment and Monitoring	Pre-performance evaluation, coaches, staff, student-athletes, and SAAC
Promoting a positive mental health environment	Visibility, embedded in athletics, attend team meetings, staff meetings, and practice, team travel, mental health campaigns
Prevention	Individual counseling, educating coaches and staff members, performance teams
Intervention	Follow-up on pre-performance evaluations, emergency action plans, wellness teams
Evaluation and assessment	Utilization rates, senior exit interviews, post evaluations for educational sessions, informal conversations

Table 5.1 (continued)

Type of institution	Size of staff, campus collaboration
Conference collaboration	Monthly meetings, mental health cabinets, mental health task force, annual meetings, interconference mental health awareness games
COVID-19 adjustments	Telehealth, more flexible hours, educational videos, Pre-performance evaluations conducted electronically, Zoom meetings

Assessment and Monitoring

Assessing and monitoring the mental health of student-athletes provides the foundation from which mental health providers develop appropriate prevention strategies and intervention methods. Participants in this study utilize PPE's to assess the mental health of student-athletes and rely on help from coaches, staff, and student-athletes for continuous monitoring of the population. Through collaborative efforts mental health providers determine student-athletes' mental health needs, establish appropriate ways to promote a positive mental health environment, prevent mental health crises, and intervene when mental health emergencies arise.

Assessment

All five programs conduct PPE's with their student-athletes. Each program administers a different type of PPE and the method of administration varies. For example, BD providers meet with each of their incoming students individually for a brief evaluation, whereas at SN the athletic trainers administer PPE's for some teams, while mental health providers do them for others. HS mental health providers' PPE's includes all student-athletes completing the CCMH CCAPS, a baseline neurological test for use with concussions, and beyond that each provider consults with the performance team for each sport to determine what other PPE may be

necessary. Beyond administering PPE's, all participants noted they respond to the results of the PPE. Providers respond to PPE's in a variety of ways including immediate interventions for those who endorse emergency concerns, as well as outreach to those student-athletes who endorse potential concerns but do not require immediate interventions. For example, RB providers color code the results of their student-athletes' PPE to ensure the follow up for student-athletes is done in a timely manner. All providers mentioned the importance of conducting PPE's and the value they contribute when caring for the mental health of student-athletes. Aaliya from CD noted:

> I think our screening process really works. One of the ways that's evidenced is we see higher numbers in the fall through winter and then it kind of trickles off in spring. And I think that's really in support that we're doing this early preventative work and catching people earlier in their need as opposed to waiting.

Regardless of how the PPE's are administered, the providers explained the PPE's play an important role in communicating to student-athletes very early in their college career that mental health is an important part of the athletic program. Dan from BD explained:

> It's a nine question questionnaire that's a quick assessment of depression, anxiety, and then we've added some eating disorder questions as we've seen a little bit of an uptick in that. And so, it serves two purposes. One, it is to screen and catch anything pretty early on. And the reason I like to do the PPE in person is it sets the tone really early on what mental health is and how we view it in the athletics department. The fact that I'm sitting there in between an ortho and our dietitian shows kids this is just part of what we do.

Similar to Dan, all participants indicated the PPE's provide an opportunity to normalize talking about mental health and introduce student-athletes to the resources provided during their first few days on campus.

Monitoring

Mental health providers use the PPE's to not only inform them of the current status of individual student-athletes, but also to gain a sense of the overall mental health of the student-athletes, which can inform their programming and outreach efforts throughout the year. In addition to PPE's, providers rely on coaches and support staff to help them stay in tune with the mental health of the student-athletes. Support staff such as athletic trainers, academic advisors, strength and conditioning staff, nutritionists, and others who interact with student-athletes every day play a vital role in the ability of the mental health providers to implement timely prevention mechanisms or provide interventions when necessary. Scott from RB explained, "We stay in regular communication with our athletic trainers, so we get a lot of referrals through them and through our academic staff." Dan from BD also remarked, "We rely on athletic training, academics, our integrated performance team, and people from each area to help us." Coaches also play an important role in keeping mental health providers informed of issues and concerns as they relate to individuals and teams as a whole. Pat from SN explained:

> We're always trying to see and know the pulse of the climate and what's going on right now. How can we help those who need help? Then on the individual level, we're frequently connecting with our coaches of the teams we work with to talk about mental health and the culture and temperature and climate of the team.

Given the large number of student-athletes and the small number of mental health providers in each athletics department, collaboration between the support units and mental health units is imperative.

One difference noted in the method of monitoring student-athletes was the SN mental health providers mentioned they frequently reached out to SAAC to keep a pulse on the student-athletes and to gain feedback on ideas for programming. Pat commented that the SN SAAC was very active in their athletics department and they were often helpful in articulating what would be beneficial for student-athletes and what would not. Both Pat and Paula commented on the importance of connecting with this group. Pat stated:

> We will attend SAAC every other meeting to see if they need anything from us but also, we ask them lots of questions like, "Hey, we have this idea do you think the student-athletes would like this or should we just trash this idea?" So, we'll reach out to them to try to get a pulse of the student-athletes and see what would be beneficial.

Furthermore, Paula noted her work with the SAAC mental health sub-committee when creating the Mental Health Matters campaign. She explained, "They are on the mental health subcommittee of SAAC and they are going to their coach and administrators saying "We want this. We need to do this." It is important to note the focus and influence of SAAC groups varies by institution. Mental health providers who work at institutions with highly involved and influential SAAC groups have an incredible resource from which to gain feedback and information at their disposal.

Promoting a Positive Mental Health Environment

Inherently, promoting a positive mental health environment is the foundation of what mental health providers in athletics do on a daily basis. Participants noted the importance of

utilizing strategies that resonate with the student-athlete population in their efforts to promote a positive mental health environment. Impactful strategies for promoting a positive mental health environment included being visible throughout the department, being embedded within athletics, and promoting mental health social media campaigns.

Visibility

All participants commented on the importance of being seen in athletic spaces frequently as a way to normalize mental health and build relationships with student-athletes, coaches and staff. These athletic spaces may include practices, games, and even staff meetings. For example, all participants noted that a mental health provider attends at least one team meeting (for each sport) at the beginning of every year to remind the team of the mental health and sport performance resources available in the athletics department. Lily from RB reported:

> Our goal is that after their first team meeting of the year that they've at least seen us twice as freshmen. We have been on that orientation call (this year it was a zoom due to COVID-19) and we try to get to that team meeting...that's big for us.

Furthermore, mental health providers often present at staff meetings, which helps promote a positive mental health environment. Some providers are given a "mental health minute" at the beginning of monthly staff meetings. Other providers give weekly updates in coaches' meetings. As Dan from BD pointed out, "We can definitely be an out of sight, out of mind thing, which is why it's important for us to have a platform and be supported by administration." Being visible to all staff and student-athletes helps mental health providers build relationships with everyone in the department and destigmatize mental health.

Beyond a presence at team meetings early in the year, providers choose different ways to ensure the visibility of their staff within the department. Some providers schedule days and times

to attend practice, others go to lunch with coaches, some travel with the teams during the season, and some utilize performance teams to consistently endorse the message of the importance of positive mental health. Sometimes simply being present reminds student-athletes and staff to utilize their mental health resources. Lily from RB explained "I can't tell you the number of times I am out at practice or around the facilities and somebody says, "Hey can I get a meeting set up with you later this week?"

For those participants with a small number of providers, being visible can be more of a challenge. For example, with only two full-time staff members BD and CD mental health providers must balance individual counseling sessions, with team performance meetings, as well as staff and coaches meetings, which leaves very little time to get out and be seen at practice. Therefore, some mental health providers are able to be more visible than others. Dan from BD indicated he prioritizes individual counseling sessions but when he is not meeting with student-athletes he is out at practice or in the athletics facilities. He stated:

> Student-athletes, coaches, athletics department staff have a million things to think about on a daily basis. So, if I am around they might all of a sudden remember, "Oh yeah I talked to one of my kids and I need to get them to see you." Or "I had a question about XYZ."

Even if it's only in short spurts, mental health providers emphasize being visible throughout the athletics department. All participants agreed visibility is important to creating a foundation where mental health is normalized and efforts are made to create a positive mental health environment.

Embedded Programs

In addition to visibility, many of the participants discussed the importance of being embedded within the athletics department as it relates to promoting a positive mental health environment. Having mental health practitioners embedded in athletics departments further increases visibility, as well as allows for easy accessibility for student-athletes, and facilitates communication and collaboration between athletics department units. Dan from BD explained, "My experience has always been that when you put it (mental health unit) in athletics, like everything else that they access, they're more likely to come forward and use it." Being embedded in athletics allows mental health providers to be in a true partnership with athletics by increasing the accessibility for student-athletes to utilize resources, as well as allowing mental health providers to be integrated into student-athletes' daily life. When mental health providers are integrated into student-athletes' daily lives, they gain a better understanding of the variety of factors that impact student-athletes' mental health. More than one participant spoke of how a practitioner without an understanding of the student-athlete's experience and identity, for example a private practice counselor or a campus psychologist without specific training or knowledge of athletics, can turn student-athletes away from seeking help for mental health concerns. For example, Dan spoke of when he began the mental health program at BD and spoke to student-athletes who were seeing campus mental health providers:

> Some of the feedback I heard from students was they didn't like counseling before we had it in-house because they would talk about their sport being stressful and the therapist would say something along the lines of, "Well it's just sport so why don't you just quit and your life would be easier." Not all practitioners understand the demands of the sport and the identity piece for the student-athlete and that can be harmful.

Furthermore, Avalon from CD, who has worked both in an on-campus counseling center seeing student-athletes and as an embedded provider in the athletics department discussed her experience:

> I've worked in other environments where I was not embedded in the athletic department. I do think that in and of itself, even with all of the nuances and challenges that can arise, actually helps promote a health promoting environment being visible and accessible. Being around and having small interactions does just worlds for having coaches and student-athletes reach out and ask for help.

Participants agreed that being embedded in the athletics department makes being visible to student-athletes more convenient which in turn helps promote a positive mental health environment.

Embedding mental health programs in athletics not only increases accessibility and visibility to student-athletes, but also facilitates communication and collaboration within the athletics department. As Jordan stated, the embedded model allows the HS staff to communicate quickly and easier with each other which allows them to provide "excellent wrap-around care" to their student-athletes. For example, at HS, the neuropsychologist within the mental health unit administers the educational screenings and testing for all student-athletes. The neuropsychologist can then communicate and collaborate directly with the athletic academic advisors to develop an individualized plan to help a student-athlete who may have a learning disability. Furthermore, the neuropsychologist conducts all cognitive testing as it relates to concussion protocol Therefore, when a student-athlete suffers a concussion, the neuropsychologist is able to communicate directly with the academic advisors as it relates to the care of the student-athlete.

This ability to communicate and collaborate with staff members responsible for supporting student-athletes allows HS to provide extensive wrap-around care for each student-athlete at HS.

One reason communication is easier when mental health units are embedded in athletics departments is because of the reporting lines set up within athletics. All participants in this study noted that they reported directly to an associate athletics director or a deputy athletics director, meaning their bosses report directly to the athletics director. Even the CD mental health providers, who have dual reporting lines, have a direct report to an associate athletics director. Reporting to someone one step from the athletics director has proven to be very important for the success of these embedded mental health units. As Megan noted, “HS wanted all of the directors of the support services units to have close access to the athletic director because those are such high priorities here.” Structuring the organization of the athletics department such that the mental health providers are closely connected to the athletics director demonstrates to the rest of the department that mental health is a priority and allows for quick flow of information when necessary.

Mental Health Social Media Campaigns

Besides being visible and embedded in athletics, mental health practitioners in this study further contributed to encouraging a positive mental health environment by promoting various mental health campaigns throughout the year. All participants reported they promoted some kind of mental health social media campaign. For SN it was the “Mental Health Matters" campaign, for BD it was mental health awareness month, and for others it was eating disorder awareness campaigns and mental health conference games throughout the year. Some participants, such as HS and RB, utilized their unit’s social media accounts to promote these mental health campaigns. For example, Scott from RB institution explained his staff “did a tweet a day for

mental health awareness month." However other schools such as BD and CD pushed all of their social media content through other accounts such as the athletics department account or other support unit accounts. Decisions regarding the use of social media tend to be based on size of staff. The two smallest staffs of those interviewed, BD and CD, found it most efficient to push social media content through other avenues. Avalon explained:

> It's (a social media account) a time issue. Even if we had an intern or somebody who's really interested in it.. the idea of getting it started and keeping it going has been a little bit of a concern. So, we push things out through sports medicine and our athletic training room. But I would absolutely say the material does get pushed out through social media.

Participants acknowledged utilizing social media to disperse information to student-athletes was important, but all participants utilized their social media accounts in different ways. The HS, RB, and SN mental health units had twitter accounts and occasionally posted original tweets, but the majority of their tweets were re-tweets from other accounts. Whether original content or re-tweets, SN utilized their twitter account to re-tweet more athletically related content such as game clips and competition scores, whereas HS and RB mental health twitter accounts focused their content on mental health, social justice, and student-athletes' stories. Megan from HS explained their use of social media when she said, "We have done a lot of mental health initiatives through social media and engaging our student-athletes in kind of taking the initiative around that. That's probably been the place where we've done the majority of our mental health initiatives." Engaging with student-athletes in their use of social media to promote mental health campaigns is an important way mental health providers encourage student-athletes to actively promote a positive mental health environment. Soliciting participation from student-athletes and

coaches in the promotion of campaigns such as mental health awareness contributes to building a positive mental health environment.

Prevention

A mental health crisis occurs when a "person's behavior puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community." (National Alliance on Mental Health Illness, p.5., 2018). As part of their daily responsibilities, mental health providers make concerted efforts to prevent mental health crises among student-athletes. Participants in this study discussed a variety of prevention methods they implemented in their mental health programs. The most utilized prevention methods are providing individual counseling, educating student-athletes, coaches, and staff members about mental health, and utilizing performance teams.

Individual Counseling

All mental health programs in this study provided individual counseling for their student-athletes, but the depth and breadth of the services provided varied across institutions. For most programs, individual counseling is where mental health providers spend the majority of their time. As Scott from RD noted, "Individual counseling is our bread and butter." Paula from SN further emphasized the importance of their individual counseling sessions when she said, "So our number one priority is the student-athlete and meeting the student-athletes' mental health needs or individual needs through counseling."

Institutions with larger staffs, such as HS and SN, manage most of the counseling cases in-house and provide a wider variety of services than those units with a smaller number of providers. For example, HS and SN not only handle the majority of counseling in-house, but they also manage the educational testing for all athletes, including ADD/ADHD screenings. BD, CD,

and RB, however, contract their educational testing to either outside providers, or specialty clinics on campus. SN also employs a psychiatrist to handle medication management, while HS employs a neuropsychologist who specializes in traumatic brain injuries and concussion work.

Mental health providers' primary responsibility is to ensure student-athletes receive care and have access to resources. Many times, practitioners can handle student-athlete cases in-house depending on their caseload, their clinical specialties, and the mental health concern being addressed. However, practitioners may also refer student-athletes to providers on campus or in the community if they believe that is the best prevention option available.

Educating Student-Athletes and Staff

Educating student-athletes and staff is another method mental health providers use to prevent mental health emergencies. All participants in this study conduct both formal and informal education sessions for staff, coaches, and student-athletes throughout the year. Informal education may occur through casual conversations between providers and student-athletes. Formal education for student-athletes may come in the form of cross team psycho-educational sessions with topics such as mindfulness, sleep hygiene, transitioning out of sport, and body positivity groups. Most units, however, provide psycho-educational sessions in team settings, which makes the topics of the sessions very "content specific" depending on the team (Avalon). Megan from HS explained:

> The large majority of our psycho-education is done within the context of the team and what the needs of that team are at that time. Sometimes that's mental health, sometimes that's well-being, sometimes it's performance related, sometimes it's team interactions, social interactions, or interpersonal work.

Megan further explained she relies on the constant needs assessment of the student-athletes to keep a pulse on the culture, which helps her determine what prevention psycho-educational sessions will be most helpful. She remarked:

> Our needs assessments are constantly happening. We are constantly doing information gathering. We have bi-weekly consultation team meetings where we're discussing any provider's current evaluation of a team or an individual and supporting them and thinking through the best way to approach it and the best interventions…So those needs assessment I think, are just part of our conceptualization skills that we're trained in as a mental health provider. Just kind of constantly assessing, information gathering, and reassessing to prevent emergencies from occurring.

Mental health units also educate staff, administrators, and coaches in formal and informal ways. Informal education might occur over lunch or in a casual conversation. Scott from RB explained, "I'll go get coffee with coaches. I'll get lunch with the coaches. I'll go to their office when I know they're there but the student-athletes aren't around like when they're prepping for practice. I'll go talk to them." Those informal conversations are most effective when providers have established relationships. For example, Erin from BD reported her informal education of coaches involves "meeting them where they are at and gently pushing them a little further along the spectrum if warranted." In order for her to "meet them where they are at" and "push them" she must have a relationship with them.

Formally, most units conduct suicide prevention trainings or mental health awareness trainings with coaches and support staff each semester but none of the units make attendance at those events mandatory. QPR (Question, Persuade, Respond) training was mentioned frequently as the suicide prevention training used with athletics department staff, but some providers, such

as SN, used their community mental health organizations as training partners, and others, such as CD, partnered with their campus to provide training for staff. Aaliya from CD explained, "We recently partnered with an organization on campus that was doing wellness and resilience training for faculty and staff. So, we helped facilitate that coach education around mental wellness as opposed to just mental illness." In addition to scheduled training sessions, mental health providers are sometimes able to utilize staff meetings and coaches' meetings as opportunities for short training sessions. Both Lily from RB and Dan from BD mentioned they had designated time at each staff meeting to briefly educate coaches and staff on the topic of their choice. For Lily, the "mental health minute" they were given at each staff meeting served multiple purposes. "Number one, it's educating our coaches about mental health. Number two, it's showing our coaches and staff what we're doing with their student-athletes when they are in our office." This brief, yet formal, education for staff and coaches is just one example of prevention efforts often led by the mental health providers at each institution.

Performance Teams

The use of performance teams is another prevention mechanism used by some participants. CD, HS, and RB mentioned the use of performance teams in their prevention and intervention methods. Performance teams are generally interdisciplinary teams of staff members who work with each individual sport. For example, the HS performance team for football might include Megan, the nutritionist, strength and conditioning coach, athletic medicine provider, and the sports scientist who are all assigned to work with football. However, the performance team for RB football might include staff in the same roles as well as the academic advisor and someone from student-athlete development.

Each program structures their performance teams differently, and each program utilizes their performance teams in a unique way. Avalon explained that CD uses student-athlete performance teams during certain situations. For example, if a student-athlete is undergoing surgery, the athletic trainer would oversee the performance team's efforts in ensuring the student-athlete has all of the resources they need both pre and post-surgery. This may entail putting together a packet for the student-athlete with resources from academic support services, nutrition, and the mental health unit. Furthermore, CD coaches often use performance teams for consultation purposes. As Avalon stated, "So if a coach has a concern and they want to know how to consult about somebody or what to do, they reach out to us." CD uses the performance teams primarily to streamline their efforts and reduce time demands for student-athletes. HS, on the other hand, heavily relies on their performance teams in every aspect of their student-athlete care. Megan noted, "Our performance teams are built to collaborate with coaches and to support coaches. And that's been a pretty successful model here. It's an effective way to implement systems level psychological intervention because we are all communicating the same message" Not only does HS utilize performance teams in the constant monitoring of the student-athlete population, but they also use these teams in determining their prevention mechanisms as well as their interventions.

Interventions

Immediate interventions are implemented when a student-athlete is experiencing a mental health emergency, has a severe mental health illness related to eating disorders or disordered eating, or endorses other serious mental health concerns requiring intense in-patient or out-patient services. It is difficult to conduct a cross-case analysis as it relates to interventions because interventions are situation specific in the event of mental health emergencies. It is,

however, possible to note a few broad similarities and differences as they relate to how participants are prepared to deal with emergencies and implement interventions. In this study, all participants provide indicated interventions, provide follow up on PPE's when interventions are warranted, have a documented emergency action plan, and utilize a wellness team for student-athletes with eating disorders.

Indicated Interventions

An indicated intervention is one in which the intervention is directed at a high-risk individual who is demonstrating mild symptoms of a mental health concern (Herrman et al., 2005). Mental health practitioners are often tasked with providing indicated interventions for student-athletes. For participants in this study, most student-athletes who needed indicated interventions were referred to providers on campus or in the community due to the severity of their nature. All participants contracted out to either a community provider or an on-campus provider any severe eating disorder cases or any severe mental health issues where the student-athlete required in-patient or intensive outpatient care. Dan from BD explained, "We've got three providers that have a specialty in outpatient eating disorder treatment. So, we will outsource to them for those cases." Similarly, Megan from HS discussed the kinds of cases her mental health providers refer to community partners:

> When we get an athlete with a severe bipolar disorder that requires a lot of case management or a…. borderline personality disorder that requires a lot of case management we will try to find a provider in the community that addresses that specific issue. We also refer out intensive outpatient substance use, residential substance use treatment, residential eating disorder treatment and then intensive outpatient eating disorder treatment as well.

Mental health providers may determine an indicated intervention is appropriate in a variety of settings including after they have met with the student-athlete for individual counseling, after an incident has occurred on campus or within athletics or upon administering PPE's.

PPE Follow-up

All participants have a system in place for immediate follow up on PPE's given to incoming students-athletes. For most institutions, a specific time is set aside for incoming student-athletes to complete their physical and mental health exams. This set up allows for interventions to occur immediately if someone is of high risk. For those whose PPE's involve an in person interview with incoming student-athletes, they have an immediate opportunity to intervene. For other institutions whose PPE's involve paper screenings and surveys, there is time to score the PPE's and intervene before the student-athletes leave the building. Follow up on PPE's does not only occur when student-athletes endorse emergency concerns. Providers also follow up with those student-athletes who have elevated risk concerns. Interventions for those who fall in this category vary but most include the providers reaching out to the student-athlete individually and making sure they are aware of the resources available. Furthermore, providers may reach out to those who have elevated risk throughout the semester to check in on them. Dan from BD explained:

> If we get any big red flags (on the PPE), we often use their physicals as the time to intervene. If we know we have a student-athlete who checks a lot of depression boxes or anxiety boxes we will be there during their physicals and be able to say "Hey, you checked some of these things let's have a chat…do you need to get set up with someone?"

Emergency Action Plan

Another intervention all participants have in place is an emergency action plan (EAP) that outlines the protocol for dealing with a mental health emergency. All providers are trained in accessing and utilizing the protocol. Most participants also trained the athletic medicine support staff and ensured they had access to the EAP as well. Beyond that, however, participants varied in the detail of the EAP, who had access to the EAP and who was trained in the EAP. For example, the EAP for most participants includes protocol for emergency on campus and off campus (but local) situations. However, RB's EAP also includes protocols to follow for emergency situations that may occur when a team is traveling, as well as steps to determine how emergent the situation is. Furthermore, some EAP's provided protocol for strictly emergency situations, and some included basic referral for non-emergency situations as well. Avalon from CD explained they have different models of their EAP depending on the user. For example, athletic trainers may be directed to contact the team psychologist and then the team physician, but coaches may be directed to contact the team psychologist and then the athletic trainer depending on the time and place of the emergency. No participating institutions shared their emergency protocol with student-athletes or parents. Providers felt it was most appropriate to share the EAP's with those who were most likely to have cause to use them such as athletic trainers. This was also their rationale behind who they chose to train on the EAP.

Wellness Teams

Selected interventions are geared towards a specific portion of the population who may be at a higher risk for mental health concerns (Herrman et al., 2005). In athletics, a selected intervention may be appropriate for student-athletes with eating disorders or disordered eating. Each participant in this study utilizes a wellness team made up of medical professionals and

athletics department staff members to work with student-athletes who exhibit signs or symptoms of eating disorders or disordered eating. Jordan from HS stated, “Our eating disorder team is an interdisciplinary team because that’s the best model of care--to have your prescribing psychiatrist, your physician, psychiatrist, and dietician collaborating.” Wellness teams vary in structure and operational procedures and serve multiple purposes. One reason wellness teams are put in place is “ to facilitate early detection, referral, and intervention for disordered eating” (SN Wellness team guidelines). Additionally, wellness teams “create awareness of the resources available to the student-athlete in the areas of counseling, medical support, nutrition, weight management, and disordered eating treatment plans if needed” (SN Wellness team guidelines). Depending on the institution and the situation, members of the wellness team may include athletic trainers, team physicians, mental health providers, strength and conditioning coaches, nutritionists, coaches, and academic advisors. While some wellness teams meet regularly to discuss concerns or issues related to eating disorders or disordered eating, others do not meet until a situation arises.

Evaluation

Mental health providers put forth significant effort in assessing and monitoring their student-athlete populations, developing positive mental health environments, implementing prevention mechanisms, and designing interventions. However, unless they take time to evaluate and assess their efforts, they do not know if the resource they provide are impactful. To that end, all participants indicated they evaluate their work both formally and informally.

Formal Evaluations

Formally, participants utilize a combination of conducting senior exit interviews, end of year surveys, and outcome evaluations for psycho-educational sessions, as well as tracking

utilization rates throughout the year as ways to evaluate their services. Providers keep track of number of appointments, number of repeat clients, reasons for appointments, team utilization rates, and other metrics as well. As Paula keenly noted, “They (student-athletes) vote with their feet.” Meaning, if student-athletes find the resources provided beneficial, they will likely continue to utilize the resources. If, however, a student-athlete does not find an initial interaction beneficial, they will be less likely to return in the future. Therefore, tracking utilization rates is useful. In addition to tracking categories mentioned above, CD providers also track who is referring the student-athletes to them, and SN providers track the type of interventions provided. Dan from BD explained not only is he looking at numbers but he is looking at how many appointments were emergencies, how many were consultations and how many were individual sessions versus psychological assessments.

While all providers use utilization rates to evaluate success, each provider had a different perspective on what the utilization rates actually indicated. For example, Dan at BD examines utilization rates to explore trends over time and look at how his staff is able to keep up with the demands of the student-athletes. Whereas, Avalon at CD looks at the utilization rates from a different perspective. She remarked,

> Anecdotally, our spring quarter numbers tend to be quite a bit lower in terms of people initially coming in and I've seen that go down over the course of my time. So, I don't know this definitively but I look at that as we are doing a better job of getting people connected earlier in the process. And so, we don't have a lot of late spring quarter freak outs. They're either already connected or they're doing all right.

Additionally, Lily from RB had another interpretation of utilization rates. She explained:

> If we have high clinical numbers, somebody might view that as we're being successful because you've got a lot of people coming to the office. Somebody else might view that as you're not being successful because you've got a lot of people coming to the office.

Ultimately, utilization rates are helpful to the providers in different ways but due to the many interpretations possible, they cannot be the only metric used to evaluate the mental health programs.

Other formal methods of evaluation utilized by the providers are senior exit interviews, end of year surveys, and outcome evaluations for psycho-educational sessions. Most participants have at least one question on the end of year surveys and exit interviews that athletics departments conduct annually. Interview participants' opinions varied on the value of the feedback gleaned from those instruments. One participant noted "I think our compliance office does the exit interviews and there's one question about our office. I think the actual question is "Do you wish to talk to someone in the mental health office?" Others stated questions are included about their services on the exit interviews and surveys but they rarely receive the feedback unless it is negative. Still others indicated the exit interviews and surveys were the driving force behind their positions being created. Avalon from CD mentioned "My position was created because student-athletes were saying they needed and wanted a sports psychologist. So those surveys are definitely utilized."

Participants who provide educational sessions often use a post evaluation survey to determine the effectiveness of their efforts. When discussing the importance of psycho-educational evaluations, Avalon from CD noted:

> I like to track real numbers and have real data in that way. When we have them complete a post workshop evaluation that's an objective way to look at our work. For example, we

> did an alcohol and cannabis use workshop with a couple of our teams and I created a pre and post evaluation. So, I was able to say X percentage of participants increased their knowledge about the effects of these drugs and that's very helpful to know.

Erin from BD also noted the importance of evaluating workshops within their body confident/eating disorder prevention educational series. She has participants complete a short Qualtrics survey after every workshop to gain feedback on the effectiveness of the program. She explained, "We have six or seven rating based questions about the helpfulness of the topics, the size of the group, and then a few open ended questions." Erin collects this feedback throughout the series so she can adjust future sessions as participants progress through the sessions.

Evaluating psycho-educational sessions is relatively simple, however, evaluating the effectiveness of individual counseling and team interventions is much more complex. Most participants evaluated their educational sessions, however, few participants had mechanisms in place to evaluate their individual counseling sessions. Two participants indicated they were looking into implementing counseling outcome assessments in the near future. Dan from BD mentioned:

> We're looking at getting some software that can help us get some objective data behind our individual sessions and educational sessions as well. Something that will help us determine if the one-on-one work we are doing is working and also something that can tell us if our educational programs are helpful. We do that informally now, but this year we will transition to a system that collects that data more formally.

Megan and Jordan from HS both talked about the individual counseling session outcome evaluations they have used in the past and what they hope to use in the future. Megan explained:

> In the past we used an outcome rating scale and session rating scale so we could look at the satisfaction of the individual for each session. It was really brief and took about two minutes to fill out at the beginning of the session and two minutes to fill out at the end. We gave it to them during every session. We could look at what student-athletes thought about the treatment interventions, the rapport, and then also just the effectiveness of your sessions together.

Megan further explained their staff would be switching to a new outcome assessment platform in the fall. One that "connects directly to their electronic medical record system so it is efficient" and "measures the effectiveness of treatment interventions." Even though all participants acknowledged the importance of assessing individual treatment outcomes, many indicated their systems did not lend themselves to easily implement an evaluation process, and others explained they lacked the man power to effectively implement a system. Although the use of formal assessments varied amongst participants, all participants mentioned they relied heavily on informal evaluation and assessment methods to gather feedback on their programming and services.

Informal Evaluations

Informal conversations are the most frequent way participants evaluate their services and programming. Providers regularly seek feedback from coaches, student-athletes, administration, athletic trainers, and even each other throughout the year. Pat from SN utilizes student-athlete groups such as SAAC when soliciting feedback. He explained, "We ask them lots of questions about ideas we have and education we do to see what is beneficial and what is not, and to keep a pulse on the student-athletes." Paula from SN noted she often gauges her effectiveness by how she feels:

> Can I be in spaces with student athletes and it feels natural? Can we joke around? You have to build the relationships with them and I'm constantly assessing...Do I feel accepted? Are people grabbing me to say, "Hey, can I talk to you about this, that or the other?"

This informal method of gathering feedback helps Paula make changes in programming or, if need be, additional efforts with certain teams. Erin from BD uses the natural breaks in the school year to initiate informal feedback conversations with student-athletes. She explained,

> Having the year broken up by semesters is helpful in having natural, built in checkpoints. Those checkpoints can really be helpful with those conversations because it's natural to say, "How have things gone this semester, do you feel like you made improvements? Where are the areas of growth still? Or do you feel good and you don't need this anymore?"

Participants also reported they receive informal feedback from coaches and administrators throughout the year. Some have bi-monthly meetings with their supervisors, which provide easy avenues to solicit feedback, whereas others seek feedback after specific education sessions are conducted. For example, Dan from BD noted:

> We just had a guest speaker a couple weeks ago that did a session on mental health in the workplace, and for me it's sitting down with staff and coaches after that and asking, "Would you like something like that again? Would you like that speaker again? What was helpful? What didn't you like?"

Those participants who do individual work with teams throughout the semester noted they always have a sit-down meeting with the coaches to gather feedback from them and make

plans for future programming. Furthermore, many participants gather feedback from athletic trainers and other support staff who are student-facing.

Overarchingly, all participants acknowledged that evaluating their services and programming is difficult and they all indicated they would like to do a better job with their formal evaluations. Megan from HS reported she particularly struggles with evaluating the work she does with teams. She noted:

> Nobody has a good methodology for evaluating the effectiveness of teamwork because it's so interdisciplinary and there's so many moving parts. It's hard to isolate things. Personally, what I'm looking for when I'm doing team interventions is the adoption of language. The skill acquisition that then gets observably implemented during performances. So, it's more of those kinds of elements of...they are acquiring the language of this... they're acquiring the behaviors that are consistent with what we're teaching. The coaches are adopting the language and behavior of what we're teaching. Those are the kinds of ways I personally evaluate whether or not what we're doing is working.

Evaluation and assessment of mental health services is crucial to ensure student-athletes are appropriately supported. However, according to participants, it is often the most difficult part of a mental health program to design and implement. In fact, only one participant in this study had even attempted to formally evaluate the effectiveness of individual counseling sessions conducted by their providers. As mental health programs in athletics departments continue to increase in number and expand in size, the area of evaluation and assessment of services should receive more attention.

Type of Institution

This study consisted of athletics department behavioral health programs for three public (HS, RB, SN) and two private institutions (BD, CD) whose undergraduate enrollment ranged from 6,500 to 25,000 students. Many of the facets of all five programs are similar; they all conduct PPE's, monitor their student-athletes, provide prevention and intervention resources and conduct evaluations. However, some clear differences surfaced when comparing the mental health programs of the public institutions to the programs of the private institutions. Two distinct differences were staff size and collaboration with campus.

Staff Size

In this study, participants from private institutions had smaller staff sizes than those from public institutions. Both CD and BD are private institutions and at the time of data collection each institution had two staff members. RB, SN, and HS were public institutions and had anywhere from three to six employees in their units. This difference in staff size is of particular importance because both CD and BD have more student-athletes than any of the public institutions, and therefore the private institutions have a lower provider to student-athlete ratio. It is unclear whether this difference in staff size between public and private institutions is coincidental or if there is a philosophical reason for this discrepancy. What is clear, however, is the lower provider to staff ratio forces mental health providers to prioritize individual counseling sessions with student-athletes, thereby limiting their ability to perform other duties. Erin from BD explained:

> We just don't have the time and resources to do a lot of team based programming and consulting with coaches on a regular basis. That's why we keep pushing for adding more staff because that would free us up to be able to be more dynamic.

While private institutions with small staffs must prioritize their services, programs with larger staffs have the luxury of expanding the resources they provide. Jordan from HS explained:

> Because we've gotten bigger, we can offer more proactive services, and better levels of care. Now that we have a bigger staff we're doing a lot of collaboration with people within the athletics department and off campus as well. We've also been able to do more mental health screening to be more proactive and identify early on mental health needs.

Staff size in athletics department mental health units fundamentally determines the breadth and depth of resources student-athletes are provided. Furthermore, staff size and provider to student ratio impact staff workload, which impacts provider burnout. Over the next three years, most athletics departments will see an increase in the number of student-athletes in their departments due to NCAA waivers associated with COVID-19. Some schools have already seen an increase of upwards of 100 student-athletes due to COVID-19 waivers. If athletics departments do not increase the number of mental health providers, the student-provider ratio will continue to decrease, increasing the workload of each mental health provider. More exploration into staff sizes and the impact they have on services provided and student-athlete satisfaction should be conducted to ensure appropriate resources are being provided to student-athletes.

Collaboration

It is also interesting to note that both CD and BD collaborate with campus much more than the three public institutions. All participants from BD and CD noted their student-athletes were very integrated into the campus system. The campus climate heavily impacted the experience of student-athletes at these institutions, which may be one reason providers at these institutions were more open to collaboration. Avalon from CD stated:

> They're (student-athletes) very integrated in campus. They participate on campus and if there are issues on campus, then that's absolutely going to be affecting our student-athletes. I would say our student-athletes are very intertwined with our non-student-athletes.

Participants from RB, SN, and HS, however, noted that campus climate rarely impacted the student-athlete experience and as providers they did not collaborate much with campus. For example, Paula at SN explained, “We collaborate very little. The collaboration we do have is with our Accessibility and Disability Resource Center.” Lily at RB pointed out, “We’re pretty siloed. Scott was really working on campus relationships last year but then COVID-19 hit.” While Jordan from HS commented, “We do work with the International Student-Services Office and may work with campus potentially around issues around social justice, but we don’t have as much of a relationship with campus as maybe some of our other departments like Life Skills would.” On the other hand, Aaliya from CD and Dan from BD talked about the importance of collaborating with campus in a variety of ways. Aaliya explained, “We recently partnered with an organization on campus that was doing wellness and resilience training across the campus for faculty and staff. So, we helped facilitate that to coach education around mental wellness as opposed to just mental illness.” Furthermore, Dan from BD stated that he often works with the campus counseling center, the women’s center, and student affairs to collaborate on trainings for both student-athletes and staff. He also attends their staff meetings to remind them that athletic department providers exist and offers to collaborate with different campus units when it is appropriate. Participants from both BD and CD found collaboration with campus valuable and important.

Perhaps private institutions collaborate more with campus due to the smaller number of employees they have on staff, however the attitude of participants suggests it is the culture of the institution that encourages collaboration with campus and not the staff size of their unit. For example, Avalon reported the CD coaches' training they conducted in conjunction with campus (referenced by Aaliya above) was initiated by their Vice Provost who reached out to the athletics director to offer the training. Dan from BD adequately summed up the reasons he collaborates so frequently with campus when he said, "If there are other people on this campus that can support our kids and are willing to do it and do a good job of it then why would I turn down their help?" Neither of these statements indicate a lack of staff as the impetus for their collaboration; instead, it is the acknowledgement that collaboration with campus can help their student-athletes while simultaneously strengthening campus relationships.

Both Dan and Avalon appreciate campus collaboration, and both stated the importance of the collaboration being a true partnership; meaning it is important mental health providers have a voice in the way collaboration occurs. Avalon and Dan commented on the importance of vetting messages student-athletes receive to ensure the messages are tailored to the student-athlete population and consider their athletic identity. Furthermore, they both discussed the importance of outside speakers or those they collaborate with, having an understanding of the student-athlete audience. Dan explained when he is vetting campus resources, "if they don't understand the demands of the sport and the identity piece for an athlete, then they're not going to be a good fit for our student-athletes." Dan's comment indicates as much as the private institutions collaborate with campus and other entities, they are still very protective of the messaging their student-athletes receive.

Conference Collaboration

In order to protect the confidentiality of participants, I did not disclose which institutions were affiliated with which Power 5 conference. However, all Power 5 conferences were represented in this study, and I can therefore discuss the conferences as a whole and how schools within each conference collaborate with each other. All participants acknowledged the existence of collaboration amongst conference schools, although that collaboration exists in varying levels. All conferences hold monthly meetings or conference calls with mental health providers at each institution. One conference has a mental health cabinet that meets monthly and consists of two members from each institution. Members of the interdisciplinary cabinet include administrators as well as mental health providers. Another conference has monthly meetings with mental health providers but since not every institution has a provider embedded in athletics, their meetings include non-athletic department providers as well. Still another conference has monthly meetings with providers in addition to a conference mental health task force which also meets monthly.

Conferences utilize these monthly meetings in different ways. For some, the meetings are used to bounce ideas off of other conference institutions, for others the meetings are used to gather information and set conference standards. Still others have conference office staff present at their meetings and use the meetings to advise the conference office of important issues they are facing and conference initiatives they would like to explore.

Conference collaboration may also include annual meetings, mental health awareness month plans, and interconference mental health awareness games. All conferences also host some kind of mental health summit or conference annually. The target audience for this event varies among conferences but generally includes a combination of student-athletes, support staff, coaches and administration.

It was clear from the interviews that conferences fall along a continuum in regards to their approach to mental health awareness and supporting institutions in their efforts to provide mental health care and resources to student-athletes. Some conferences are very progressive and dedicate significant time and resources to mental health and others are a little more reserved in their efforts. However, all conferences are making some effort to acknowledge mental health concerns among student-athletes and support institutions in many ways.

COVID-19 Adjustments

Data for this study was collected during the COVID-19 pandemic, and therefore participants were in the middle of adjusting to the COVID-19 guidelines implemented by their state, county, and institution at the time of these interviews. While some participants had student-athletes on campus and were still seeing them in person, other participants were working remotely and their student-athletes were taking classes away from campus. Providers were forced to find creative ways to work with student-athletes, coaches, and administrators whether that meant having in-person counseling sessions in large rooms while masked and six feet apart, or having Zoom counseling sessions with student-athletes who might be in their car or their parent's garage because they didn't have privacy in their living environment.

The biggest COVID-19 adjustment was undoubtedly the transition to telehealth, but mental health providers made other adjustments to the services they provided as well. Some providers used COVID-19 as an impetus to increase their educational workshop offerings, while others found it difficult to conduct effective programming over Zoom because of the Zoom fatigue. During the height of COVID-19, participants in this study saw a significant increase in mental health concerns among their student-athletes. Erin from BD remarked, "In general, mental health needs were a lot higher. It was much less about managing sport, managing

academics, or managing relationships. It was more just managing the overall mental health of kids."

Not everything about COVID-19, however, was negative. COVID-19 forced creativity and as a result, mental health providers implemented some practices that made the student-athlete experience better. For example, providers found they were more flexible with the hours in which they were willing to see student-athletes. Suddenly it wasn't a large inconvenience to see a student-athlete at 7:30pm because they could see them from the comfort of their own home and didn't have to be on campus in their office. Providers also created educational videos and recorded content that could be uploaded to websites so student-athletes had access to resources whenever they needed it. Avalon from CD pointed out, "COVID-19 forced us and allowed us the time and bandwidth to do that (develop written content)." Many providers transitioned their pen and paper PPE and other screenings and assessments to electronic formats to streamline processes. For example, one provider noted the shift to virtual meetings resulted in the creation of a Google assessment survey that was put in the chat function of Zoom so participants could evaluate the educational sessions quickly and immediately.

As the world slowly returns to "normal" most of the adjustments mental health providers made for COVID-19 will likely disappear. Providers will likely return to allowing student-athletes in their office with the door closed, and the plastic barriers that many put in place to separate provider from student-athlete will be removed. Some adjustments, however, may continue to be utilized post COVID-19. Some providers may continue to allow telehealth, or Zoom appointments. Participants in this study unanimously agreed telehealth is here to stay. However, the degree to which each of them would allow telehealth varied. Some participants indicated they would support having a telehealth appointment if a student-athlete was traveling

for competition and had an appropriate space in which to talk freely and engage with the provider. Others, however, indicated they would only allow telehealth appointments in specific situations, such as if a student-athlete were injured or sick and was physically unable to make an in-person appointment. There was also concern among participants about the message sent to student-athletes if some were allowed to participate in telehealth appointments and others were not allowed to do so.

Providers acknowledged that telehealth often made the logistics of an appointment easier to facilitate, however, they worried that if telehealth continued to be an option, boundaries would be lost between provider and student-athlete. As one participant stated, “Sometimes therapy has its greatest impacts when we’re getting ready to take a break.” If student-athletes can continue to meet with providers all year long with no breaks, that extra push that often occurs before the end of the semester might disappear. In terms of boundaries being lost, providers also acknowledged telehealth would make it easier to be more flexible with appointment times, but harder to set clear work/life boundaries. While it is likely that telehealth appointments will now be an option for student-athletes to utilize, there are a lot of issues that need to be considered as telehealth policies are created.

Another product of COVID-19 that will likely remain in place post-COVID-19 is the use of Zoom for meeting purposes. Although Zoom fatigue is rampant among student-athletes, staff, and administration, participants in this study believe that Zoom can be efficient and effective for brief and/or collaborative meetings. Many participants observed that it became much easier to have meetings with people across campus or in the community when they didn’t have to worry about parking on campus, or setting aside time to drive to a common facility. For that reason alone, mental health providers in this study believe Zoom meetings will remain in place.

The full impact of the COVID-19 pandemic will not be known for years, perhaps even decades. One of the short term consequences athletics departments will realize in the next few years is an increase in the number of student-athletes at an institution, which will mean an increase in the number of student-athletes who need mental health services. In August 2020, the NCAA granted a blanket waiver permitting institutions to:

> Self-apply a season-of-competition waiver for fall and winter sport student-athletes who compete while eligible in 2020-2021; Self-apply a one-year extension of eligibility for a fall and winter sport student-athletes who either do not compete or who qualify for a season-of-competition waiver for 2020-2021; Exempt aid awarded to any fall or winter sport student-athlete who would have exhausted eligibility during 2020-2021 but returns to the same institutions during 20201-2022 due to COVID-19 relief. (NCAA, 2021).

This means each institution has the discretion to navigate use of the waiver as they best see fit for their athletics department. Participants noted this could lead to an increase of 50-150 student-athletes. Consideration should be given on how support staff units are impacted by such an increase in student-athletes.

For all of the heartache, headaches, and stress COVID-19 imparted on student-athletes, staff, and administrators, it also provided an opportunity for innovation and forced change. As a result, some of the new policies and practices mental health providers developed will likely remain in place post COVID-19. Telehealth appointments, Zoom meetings, electronic screenings and flexible scheduling will likely remain in place long after the COVID-19 pandemic is gone.

This chapter provided a cross-case analysis of the five case studies and included an examination of both similarities and differences within the cases. Furthermore, this chapter explored the similarities and differences in the mental health programs for student-athletes in

public and private institutions, as well as an examination of how the Power 5 conferences support their conference institutions as it relates to mental health of student-athletes. This chapter concluded with a discussion of the impact of COVID-19 on participants, and what changes made during COVID-19 will likely remain in place in the future. Chapter 6 will discuss the themes and implications of this research and provide recommendations on how the NCAA can continue to support student-athlete mental health.

CHAPTER 6: DISCUSSIONS AND IMPLICATIONS

Mental health concerns among all college students including student-athletes are at an all-time high. A survey conducted by the NCAA of more than 37,000 student-athletes during the month of April 2020 indicated 50% of female respondents and 31% of male respondents "constantly" or "most every day" felt overwhelmed by all they had to do (NCAA, 2020). Furthermore, approximately 25% of respondents felt sadness and a sense of loss, and over 33% had difficulty sleeping (NCAA, 2020). As student-athletes and athletics departments continue to navigate the COVID-19 pandemic, adjust to new NCAA legislation, and adapt to the changing landscape of college athletics, it is imperative athletics departments provide excellent mental health resources to student-athletes.

To investigate the mental health resources provided to college student-athletes, this case study explored mental health programs designed for student-athletes at Power 5 institutions. Interviews conducted with mental health providers at five Power 5 institutions in conjunction with documentation collected from each mental health program allowed for an in-depth examination of each participating program using case study research methods. Research questions for this project included:

RQ1: How are mental health programs in athletics departments determining the mental health needs of their student-athletes?

RQ2: What actions are mental health programs in athletics departments taking to promote positive health environments while considering socio-ecological factors impacting the mental health of student-athletes?

RQ3: How are mental health programs in athletics departments working to prevent mental health concerns among student-athletes while considering socio-ecological factors impacting the mental health of student-athletes?

RQ4: How are mental health programs in athletics departments evaluating their mental health interventions and programming?

Data analysis included analyzing interviews and documentation to explore individual cases first (Chapter 4), then examining all cases together to discuss commonalities and differences among participants (Chapter 5). This chapter will explore the macrolevel themes that emerged while pursuing answers to the research questions above, as well as the usefulness of the public health model and the Layers of Care Model in examining these programs, and the implications of this research. Furthermore, this chapter provides implications for the NCAA as they continue to provide guidance to collegiate athletics departments on the topic of mental health, and considerations for future research in this field.

Discussion of Major Findings

This section includes the major findings of this study as it relates to the guiding research questions. Findings are organized by research question and follow the public health model that was used to frame this study. One deviation to this organization is that the findings related to interventions are included with the findings of promoting a positive mental health environment and the prevention mechanisms implemented. This was done due to the similar themes that emerged in data analysis.

Assessment and Monitoring

The NCAA recommends a pre-participation evaluation (PPE) mental health screening as part of every student-athlete's pre-participation medical exam (NCAA Sport Science Institute,

2016). Every program in this study utilized PPE's to initially determine the mental health needs of the student-athletes. PPE's were not uniform across participants, nor were they uniform within programs among all sports. As such, some participants administered more in-depth PPE's to athletes from higher risk sports such as football and basketball. Furthermore, PPE's were distributed in a variety of ways. Some participants administered PPE's in-person during medical evaluations, while other participants sent PPE's out electronically. Regardless of the manner in which PPE's were administered, all participants utilized PPE's to identify student-athletes who may need immediate interventions or benefit from direct outreach regarding mental health resources, gather baseline information as it relates to the mental health of incoming student-athletes, and normalize having conversations about mental health.

In addition to PPE's, all participants acknowledged they collaborated frequently with other staff members to help monitor the mental health of student-athletes. Mental health providers relied heavily on trainers, sport performance professionals, and academic advisors to keep a pulse of the student-athletes. Furthermore, providers relied on the student-athletes themselves to help monitor the mental health of their teammates and fellow student-athletes. For example, mental health providers utilized their individual conversations with student-athletes to note if certain subjects were mentioned by multiple members of the same team or among multiple student-athletes. Providers use this information to build their programming.

Positive Mental Health Environment, Preventions, and Interventions

To promote a positive mental health environment, prevent mental health emergencies, and provide mental health interventions, participants in this study primarily focused their efforts in two areas: reducing stigma associated with mental health concerns and help-seeking behavior, and collaboration with others. These two areas emerged as the foundation upon which every

mental health unit was built. As referenced in figure 6.1, the combination of efforts in these two areas culminated in the creation of positive mental health environments, as well as prevention and intervention strategies within athletics departments.

Figure 6.1

Emerging Themes from Data Analysis

Reducing Stigma

Stigma is a significant reason student-athletes underutilize mental health resources (Wahto et al., 2016). As discussed in Chapter 2, student-athletes fail to seek help for mental health concerns for fear of stigma from coaches, teammates, administration or even family (Proctor & Boan-Lenzo, 2010; Wolanian et al., 2015). Furthermore, student-athletes fail to seek help for mental health concerns due to self-stigma (Wahto et al., 2017). Therefore, reducing stigma surrounding mental health and help-seeking behavior for mental health concerns is a priority for mental health providers in athletics departments. The current study showed reducing stigma is the primary way mental health providers promote a positive mental health environment and prevent mental health emergencies. As the stigma for seeking help is reduced, more student-athletes seek help, leading to a healthier population of student-athletes (Gulliver et al., 2012). Interview participants focused on reducing stigma in a variety of ways including being visible in the athletics department, building relationships with coaches, student-athletes, and administrators, and educating athletics department members about mental health.

Visibility. Results from this study show that efforts to reduce stigma associated with mental health begin with being visible. Research indicates having mental health providers embedded in athletics department is a facilitator for help-seeking behavior as it relates to mental health concerns among student-athletes (Castaldelli-Maia et al., 2017). Research also indicates "access to services" and the "presence of a sport psychology consultant in various roles at the institution" are facilitators to student-athletes' utilization of mental health services (Moreland et al., 2018, pp. 63-64). This suggests the more visible mental health providers are, for example at practice, games, and team meetings, the more inclined student-athletes are to seek services. All of those interviewed reported that being visible at practice, in team meetings, and in student-athlete occupied spaces such as the training room and weight room is important. Mental health practitioners must be seen by and visible to student-athletes.

Mental health practitioners must also be seen by staff, administrators, and coaches. The Layers of Care Model (NCAA Sports Science Institute, 2017b) utilized in the framework for this research indicates the athletics circle, which consists of staff, administrators, and coaches, is closest to the student-athlete and therefore their attitudes towards help-seeking behavior for mental health concerns have the potential to strongly impact the student-athlete (Moreland et al., 2018). Mental health providers rely on coaches and staff for both referrals and access to student-athletes; therefore, being visible to coaches and staff is incredibly important. The more comfortable staff, administrators and coaches are with mental health practitioners, the more likely they are to refer student-athletes to utilize the mental health resources provided (Gulliver et al., 2012). While mental health providers need to be visible to everyone in the department to reduce the stigma surrounding mental health, it is important to note that being visible must be

balanced with all other responsibilities of providers, including one-on-one counseling sessions. For mental health units with few providers, finding this balance can be very difficult.

When mental health providers are visible in the athletics department, stigma associated with mental health help-seeking behavior is reduced. Furthermore, reducing stigma associated with mental health concerns and help-seeking behavior promotes a positive mental health environment (NCAA Sport Science Institution, 2016). As stigma is reduced, coaches and student-athletes proactively seek help with more frequency (Moreland et al., 2018); meaning the onus is not always on the providers to reach out and advertise their services. Participants emphasized the importance of getting coaches and student-athletes to be the initiators of contact with mental health providers. In fact, multiple interview participants indicated a goal for their program was to have more self-referrals. Self-referrals indicate a level of comfortability with help-seeking behavior, which signifies reduced stigma, which is an indication of having a positive mental health environment (Chen, Romero et al., 2016).

Forming Relationships. Ensuring mental health providers are visible is the first step in reducing stigma. Once a mental health provider is visible within the athletics department, they have the opportunity to form relationships with student-athletes. Student-athletes who have an established relationship with a mental health provider are more likely to seek services if they feel they need help (Castaldelli-Maia et al., 2017; Gulliver et al., 2012). Forming relationships with student-athletes allows mental health practitioners to further destigmatize mental health and help-seeking behavior by creating organic pathways for informal conversations and education (Gulliver et al., 2012). According to participants in this study, when student-athletes are familiar with mental health providers on a personal level, utilization of services increases. Providers also

noted that being visible at SAAC meetings and social justice events aided in their efforts to build relationships with student-athletes.

Attending practice, traveling with teams, eating in the student-athlete facilities, spending time in the training room and other student-athlete spaces not only helps providers build relationships with student-athletes but staff as well. Staff members are an integral part of a provider's success in athletics departments because they are most likely to have close relationships with the student-athletes they see daily. As previously explained, those in the athletics circle can have a strong impact on the student-athlete as seen in the Layers of Care Model utilized in this research project. Athletic trainers, strength and conditioning coaches, academic advisors, nutritionists, and other support staff work closely with student-athletes and are often in the best position to refer them to mental health providers when it is appropriate (Castaldelli-Maia et al., 2019). As such, it is important mental health providers develop relationships with staff members and coaches to ensure this group of influential people are facilitators for student-athletes' mental health service utilization. Similar to building relationships with student-athletes by being visible in student-athlete spaces, relationships with staff members form when mental health providers are visible in the department. Informal interactions with staff provide an opportunity for connections between providers and those who work regularly with student-athletes to develop.

Education. As providers are more visible in the department and relationships are formed with both student-athletes and staff, education is the next step in reducing stigma associated with mental health and help-seeking behavior. Student-athletes' lack of knowledge regarding signs of mental health concerns and what to expect when seeking help once mental health concerns are acknowledged may lead to negative attitudes towards help-seeking behavior and underutilization

of resources (Gavrillova et al., 2017). Therefore, outreach and education are key in mitigating mental health concerns before they become emergencies (Manderscheid, 2007). Mental health education for student-athletes occurs in a variety of manners including team meetings, informal conversations, and psycho-educational sessions. The main goal of educational sessions on mental health issues is to not only provide education, but also to raise awareness and reduce stigma associated with mental health. Sessions on how to recognize potential signs of mental health concerns, where to find and how to utilize mental health resources, what to expect in a counseling session, and suicide prevention strategies help educate student-athletes. Furthermore, providing in-person education allows providers to be visible and develop relationships.

Mental health providers are also continuously educating staff and coaches in both formal and informal ways. Formal education includes staff meetings, staff trainings, and coaches' educational sessions, while informal education may occur in conversations and teachable moments that occur throughout the year. These educational opportunities are also opportunities to build trust between staff and mental health practitioners, something that is vital in the event a mental health emergency occurs. The more visible providers are to athletics department constituents, the more relationships can be formed, the more relationships providers form, the stronger their ability to reduce stigma surrounding mental health.

Collaboration

Another theme that emerged from this research is that collaboration with others is imperative when providing mental health resources for student-athletes. Participants frequently commented on the importance of collaborating with both athletics department staff as well as campus administration in their daily work. Participants recognized working with others is the most effective way to provide resources; particularly those participants who worked in a program

with limited providers and were responsible for providing services for hundreds of student-athletes. As noted in chapter five, private schools with a small number of providers tend to collaborate with campus more than public institutions, however, all participants collaborate with other athletics department units.

As a reminder, the Layers of Care Model (NCAA Sport Science Institute, 2017b) indicates those in the athletics circle connected to the student-athlete can strongly influence the student-athlete and their mental health (Castaldelli-Maia et al., 2017; Moreland et al., 2017). As such, collaboration within athletics is important to providers because they rely on athletics department staff to support their efforts to reduce stigma, refer student-athletes when appropriate, and assist them in their daily work. Additionally, providers recognize student-athletes have a limited amount of time so they need to collaborate with other units to streamline the provision of mental health resources.

One way providers have worked to streamline efforts and collaborate with other units is through the development of performance teams. Members of performance teams vary by institution but generally include a representative from strength and conditioning, mental health, nutrition, athletic training, and sometimes academics. In addition to collaborating with student-facing units, mental health providers may also collaborate with athletics department social justice initiatives, student-athlete affinity groups, marketing and even fundraising units.

Collaboration with campus administrators is also important for mental health providers in athletics. Campus administrators can help mental health providers remain cognizant of campus climate issues that may impact student-athletes (Parcover et al., 2015), which aids in the monitoring of student-athletes' mental health. Collaboration with campus constituents is also imperative in the prevention of mental health emergencies (Parcover et al., 2015). Participants

noted they frequently collaborated with the student disability services office on their campus when dealing with a student-athlete who might need accommodations for a mental health concern. Additionally, providers collaborate with multicultural offices, the Women's Center, the counseling center, student affairs, and even the Greek life office for programming initiatives and partnerships. Participants' collaboration with campus administrators is beneficial not only because resources are combined and streamlined, but also because it reiterates to student-athletes that they are part of the student body. Oftentimes, student-athletes strongly favor their "athlete" identity and sometimes reminding them they are not just athletes, but also students is helpful.

Evaluation and Assessment

To determine if a program is effective, appropriate evaluations and assessments should occur. An effective program should: identify a problem, implement a design to improve the problem, be implemented correctly, actually improve outcomes, and do this in a cost effective manner (Rossi et al., 2019). Program evaluation informs practice, provides accountability, and evaluates effectiveness (Rossi et al., 2019). To that end, program evaluation is imperative to ensure mental health programs are adequately meeting the needs of student-athletes. In this research, every participating program conducted minimal evaluations and assessments of interventions and programming. However, no participant had a systematic way to evaluate their entire program or their individual counseling sessions. More specifically, participants lacked formalized logic models, implementation procedures, and outcome evaluations.

Evaluations that did occur were conducted in a variety of ways, both formally and informally. Formally, mental health practitioners examined utilization rates, senior exit interviews, end of year surveys, and outcome evaluations for psycho-educational sessions. Participants often evaluated their educational sessions; however, few participants formally

evaluated their individual counseling sessions. Instead, they relied on utilization rates as indicators of success. Participants noted high utilization rates indicated success in raising awareness, reducing stigma, and promoting help-seeking behavior for mental health concerns.

Informally, mental health practitioners relied on conversations with student-athletes, staff, and coaches. Providers relied most heavily on this informal/conversational feedback to guide their programs. Some providers solicited feedback from SAAC and affinity groups, others sought feedback during individual counseling sessions, and some had sit-down meetings with coaches at the end of every semester. Furthermore, providers often sought informal feedback from staff connected to student-athletes such as athletic trainers, strength and conditioning staff, and academic support staff.

Theoretical Implications

This study utilized a theoretical framework made up of a public health model and the Layers of Care Model (NCAA Sport Science Institute, 2017b). Together, these models create a conceptual framework from which to explore mental health programs in athletics departments.

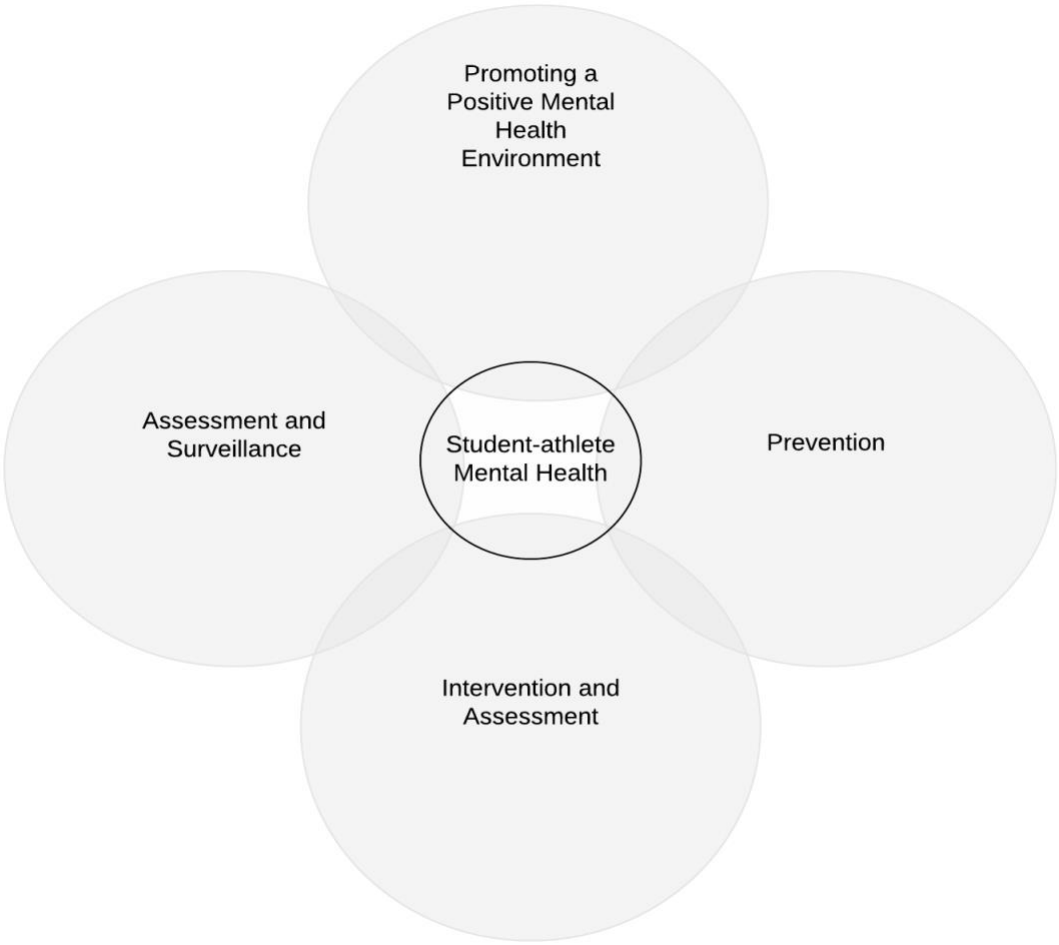
Public Health Model

As a reminder, a public health model considers a population in its entirety; in this case the population of student-athletes. The model goes beyond counseling and includes the assessment of need, promotion of positive mental health, prevention initiatives, and assessment of services provided (U.S. Department of Health and Human Services, 1999). This model relies on collaboration between many constituents in the community, as well as consideration of socio-ecological factors, both of which can work to decrease stigma related to mental health concerns and increase positive mental health. The model operates under the premise that understanding environmental influences on mental health and mental illness is critical (Stiffman et al., 2010).

Once the environment is understood, it is possible to mitigate negative impacts of the social environment through programming and resources (Herrman et al., 2005).

Figure 6.2

Public Health Model based on the U.S. Department of Human and Health Services, (2012)



As Chapter two discussed and as seen in Figure 6.2, the public health model used in this research involves four components: needs assessment and monitoring of mental health, promotion of a positive mental health environment, prevention of mental health illness, and interventions and assessment of the programming provided (Last & Wallace, 1992). This model was useful in conceptualizing mental health programs embedded in athletics departments in an

organized manner. Furthermore, the model aligns with the NCAA's Best Practices discussed in chapter two. For example, the best practice of implementing procedures for identification and referral of student-athletes to qualified practitioners aligns with the public health model areas of prevention and intervention. Likewise, the NCAA best practice suggestion for conducting pre-participation mental health screenings aligns with the public health model of assessment and surveillance, and the NCAA best practice of establishing health promoting environments that support mental well-being and resilience aligns with the public health model area of promoting a positive mental health environment.

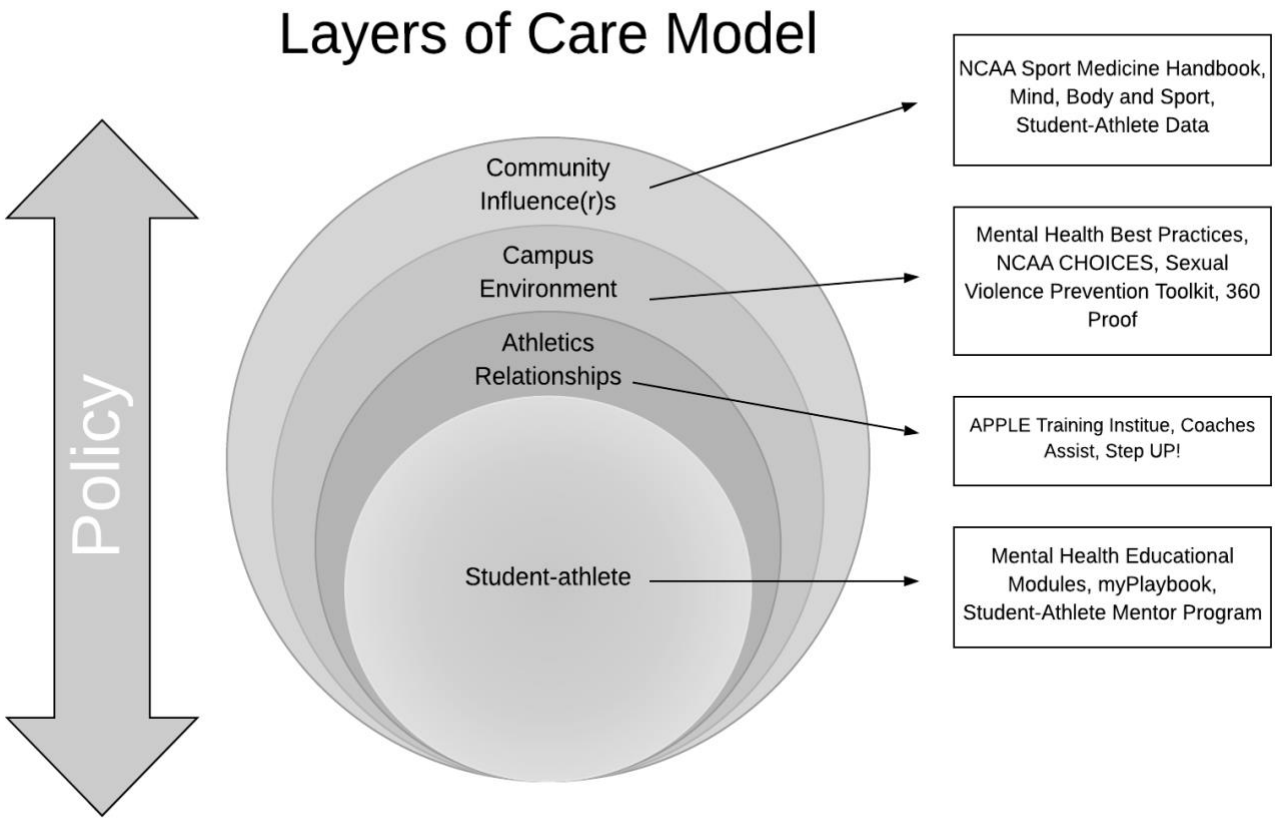
Layers of Care Model

The second model utilized in the conceptual framing of this study was the Layers of Care Model shown in figure 6.3 (NCAA Sport Science Institute, 2017b). NCAA resources suggest considering the Layers of Care Model, which is an ecological systems approach, when building a mental health program for student-athletes. This model follows a public health model and considers the individual student-athlete as well as their environment (NCAA Sport Science Institution, 2016) when examining mental health concerns. The model visually depicts how the mental health of a student-athlete is impacted by individual factors such as cultural values, interactions with teammates, friends, and coaches. The Layers of Care Model consists of four layers. The layers of the model represent different systems in which a student-athlete operates on a daily basis. These layers include the student-athlete and the biological, psychological and social aspects of each individual, athletic relationships including coaches, trainers, parents, and academic support, the campus environment, and the student-athletes' community. The model suggests policies and mental health programming should take all of these systems, or layers, into

consideration. Furthermore, programming should reflect the notion that mental health is impacted by the interactions between these constituents as well.

Figure 6.3

Layers of Care Model (NCAA Sport Science Institute, 2017b)



In conjunction with the public health model, the Layers of Care Model was effective in conceptualizing this research project and developing the questions that shaped the interview protocols. It is interesting to note, however, that interview participants generally spoke of the importance of the inner two layers of the model, the student-athlete layer which includes biological, psychological, and social aspects of the student-athlete, and the athletic relationships layer, which includes relationships with coaches, teammates, athletic trainers, parents, and others

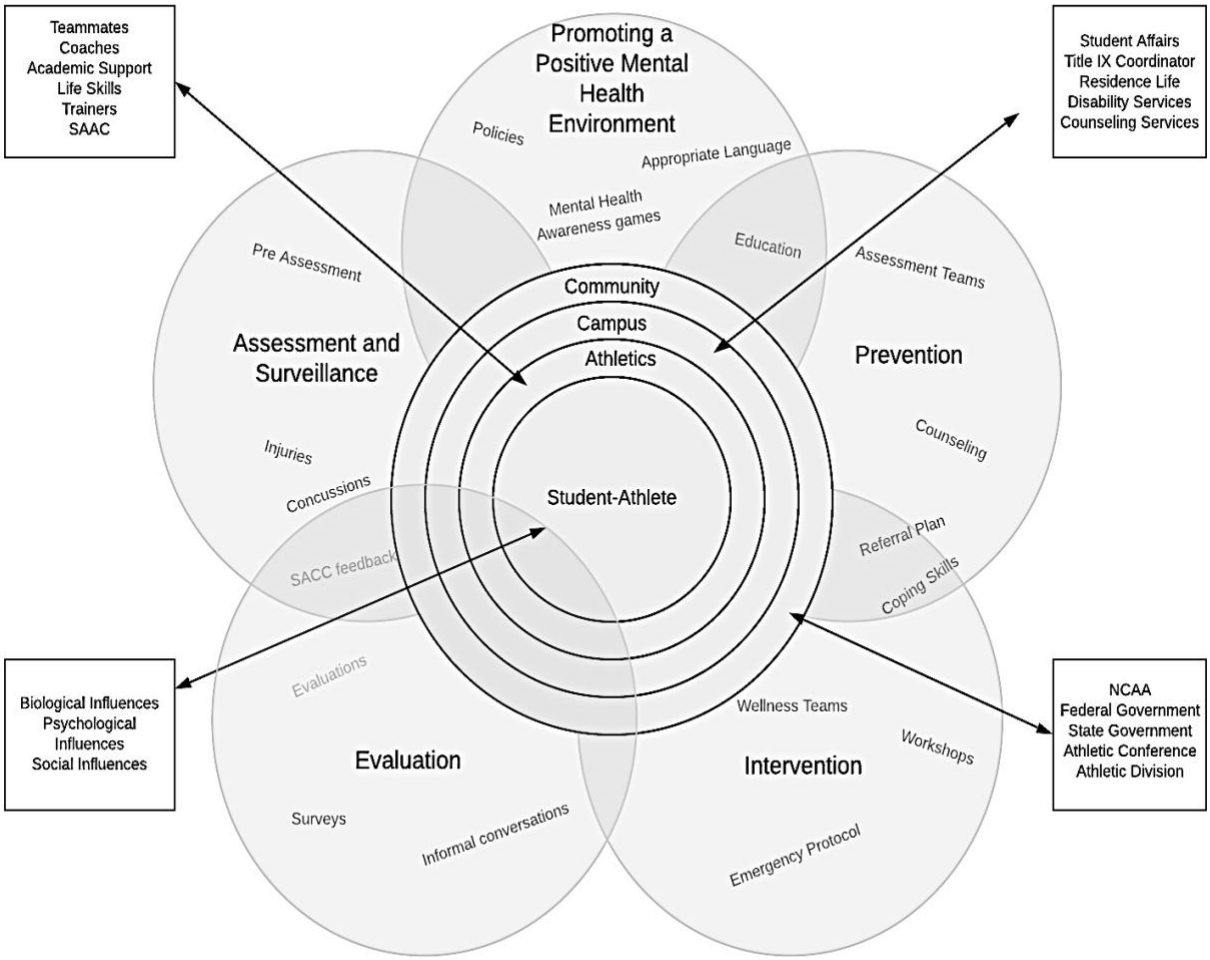
in their immediate circle (Castaldelli-Maia et al., 2019; Gulliver et al., 2012; Wahto et al., 2016). Very little attention was given to the outer two layers of campus environment and the student-athletes' community. The focus on student-athlete and athletic relationships layers emphasizes the importance of those who are most connected to the student-athlete and underscores the impact they can have on a student-athlete's mental health. However, given the changing landscape of college athletics with the introduction of several new legislative acts, future research should include a stronger focus on the campus environment and community layers as they also have significant impact on a student-athletes mental health; albeit from a more macro level perspective.

Suggested Modifications. When combined, the public health model and the Layers of Care model were helpful in conceptually framing this research. As much as the model was helpful in conceptualizing student-athlete mental health programming, however, future researchers utilizing this model with this topic should consider five distinct components to the public health portion of the model instead of four. As the public health model is currently designed, assessment and surveillance, promoting a positive mental health environment, preventions, and interventions and evaluations are the four distinct areas. However, as shown in figure 6.4, I believe the areas of intervention and evaluation should be separated when utilizing this model to explore mental health programming.

When the areas of intervention and evaluation are combined, it is assumed that programs are, in fact, providing interventions and evaluating their services. The results of my research, however, indicate this is not the case. While all participants were providing interventions, not all of participants were evaluating their interventions. In fact, few participants had formal methods of evaluating their interventions at all.

Figure 6.4

Conceptual Framework Adjusted: Integrated Public Health Model and NCAA Layers of Care Model



The lack of evaluations of both interventions and programming, makes the combination of interventions and evaluations in the model conceptually misleading. For example, multiple participants utilized wellness teams for eating disorder interventions, however, none of the participants evaluated the effectiveness of their wellness teams. Furthermore, all participants followed-up on their pre-participation evaluations given at the beginning of the year, but again,

no participants evaluated the impact of their follow-up. Additionally, in the area of evaluations, many participants utilized broad questions on their athletics departments exit interviews and end of year surveys, however, these questions were not directly tied to any interventions. For example, one participant noted the exit interview and survey distributed by the athletics department simply asked if student-athletes are aware that mental health services exist in the athletics department. There is little connection between the interventions provided and the evaluation of the services of the programming and counseling offered. As such, combining these two areas is confusing, whereas separating assessment from interventions is conceptually beneficial. Furthermore, as seen in the discussion of major findings at the beginning of this chapter, the components of interventions and evaluations naturally separated themselves through the data analysis for this project; interventions were more closely related to preventions and promoting a positive mental health environment.

Another note to mention when utilizing this model with college athletics mental health program research is the overlap that occurs between the areas of preventions, interventions, and promoting a positive mental health environment. It was imperative at the outset of this research to operationalize those three areas as there was significant overlap. For example, psycho-educational sessions could actually fit into the public health model under preventions, interventions or promoting a positive mental health environment. I chose to include psycho-educational sessions in the area of prevention and social media campaigns under promoting a positive mental health environment. I further chose to include individual counseling under interventions. However, another researcher might classify these topics differently. For this conceptual model to be effective in college athletic mental health research, the researcher should specifically outline the components of each area before data analysis.

Athletics Department Implications

As demonstrated in the findings above, participants in this study are doing substantial work in developing mental health programs for student-athletes. However, there is more work to accomplish. Table 6.1 outlines implications athletics departments should consider as they continue to develop their mental health programs. These implications include continuing to ensure mental health is at the forefront of the conversations as it relates to the wellness of student-athletes, exploring systemic interventions, developing training opportunities, implementing program evaluations, and increasing the collective national voice of mental health practitioners in college athletics.

Table 6.1

Implications for athletics departments

Recommendation	Explanation
Keep the mental health conversation going	Move the conversation from mental health to mental wellness; Mental health first aid
Explore systemic interventions	Expand interventions to address systemic issues impacting student-athlete mental health
Training Programs	Develop training programs for post-doctoral students and interns
National Organization	Utilize the national organization to encourage collaboration and idea sharing, and to influence change as the landscape of college athletics changes
Develop formal evaluation methods	Formally evaluate holistic mental health programming and individual counseling sessions

Keep the Conversation Going

Stigma and a lack of mental health literacy are the primary barriers to help-seeking behavior in the student-athlete population (Beauchemin, 2014; Gulliver et al., 2012a). The NCAA has created a space for discussions surrounding mental health. Participants found the NCAA's efforts valuable in supporting the message "Mental Health Matters." It is important the NCAA and all institutions continue to create space around the topic of mental health even when competing interests arise. As the landscape of college athletics continues to change as it relates to legislation of name, image, and likeness, the new NCAA constitution, the transfer portal, and conference realignment, the mental health of student-athletes will continue to be impacted. Keeping mental health a part of the conversation is imperative in ensuring athletics departments' mental health programs continue to be appropriately resourced and supported by administration.

Mental Health Concerns to Mental Wellness. It is time to move the conversation from one of mental health to one of mental wellness. Dr. Catherine Le Gales-Camus, Assistant Director of the World Health Organization, explained, "Health professionals and health planners are often too preoccupied with the immediate problems of those who have a disease to be able to pay attention to needs of those who are "well" (World Health Organization, 2004, p.3). Although this statement was made almost two decades ago, the situation remains the same. Participants in this study noted they felt they were constantly working to prevent mental health emergencies as opposed to working to promote mental wellness. Their goal, however, was to promote mental wellness because as one participant noted, "Mentally well athletes perform better." Athletics department administrators need to staff their mental health units in a manner that allows for the focus to be on promoting mental wellness and not solely on preventing mental health concerns and emergencies.

The World Health Organization promotes the idea that "Mental health is everybody's business," particularly those in decision making and influential positions (Herman et al., 2005). Shifting the conversation from mental health concerns to mental wellness allows for mental health practitioners to further promote positive mental health environments through collaboration with coaches, student-athletes, and staff. Promoting a positive mental health environment and educating athletics department staff encourages the concept that mental health is everyone's responsibility, and a person does not have to be a certified mental health professional to be helpful to student-athletes experiencing mental health concerns. Mental health practitioners currently educate staff and coaches on mental health concerns and promote efforts for mental health awareness, but they have not reached a point where athletics department staff understand that mental health is everyone's responsibility; not just the concern of the practitioners. Through more education and training, athletics department constituents could further develop confidence in their abilities to both help student-athletes with mental health concerns and refer student-athletes to professionals when appropriate. Participants in this research noted various educational efforts they made to train coaches and staff throughout the year, however, no participants mentioned the use of the Mental Health First Aid program.

Mental Health First Aid. The Mental Health First Aid program from the National Council for Mental Wellbeing is an eight hour training program designed to teach adults how to both identify signs of mental health concerns and respond accordingly (Banh et al., 2019). The program is evidence based and has a training module designed specifically for the college student demographic. Participants not only learn how to identify signs and symptoms of mental health concerns, but they also learn a mental health action plan that includes interventions (Banh et al., 2019). As such, this program could be helpful in training athletics department staff and

coaches to recognize student-athletes in distress, as well as equip them with knowledge and confidence to actually help student-athletes with mental health concerns.

Systemic Interventions

If mental health practitioners can change the landscape from focusing on mental health concerns to striving for mental wellness, and athletics department staff and coaches support the notion that promoting mental wellness is everyone's responsibility, then focus for mental health providers becomes much broader. As previously mentioned, mental health practitioners in this study focus their efforts on the student-athlete and the athletics community, the inner two layers of the Layers of Care Model. Shifting to a perspective of mental wellness encourage providers to further collaborate with athletics department constituents and expand their focus to include the campus and community layers as well. Furthermore, with the support of the entire athletics department in the promotion of mental wellness, mental health practitioners would be capable of moving their focus beyond individual interventions towards systemic interventions.

Mental health practitioners in this study spent most of their time preventing mental health emergencies and implementing mental health interventions on an individual student-athlete basis. As such, these participants did not have the time to address the mental health issues of student-athletes from a macro-level; meaning, they were unable to address larger systemic issues in the athletics department culture that impact the mental health of all student-athletes. As outlined above, mental health practitioners need to move the conversation from mental health concerns to mental wellness, engage everyone in athletics to take responsibility for the mental health of student-athletes, and train athletics department staff and coaches to take active roles in promoting mental wellness so mental health practitioners can give more attention to combating

larger systemic issues within the department. To accomplish this goal, mental health units need more providers.

Training Opportunities

To that end, athletics departments need to create more training opportunities for new practitioners in the profession. Student-athletes are a unique population who have a different collegiate experience than non-student-athletes (Moreland et al., 2018). As such, young mental health practitioners need supervised experience working with this niche population. As it stands now, there are few programs that provide post-doctoral or internship training opportunities exclusively in athletics departments. That means the field as a whole is gaining only a few providers each year specifically trained in college athletics settings, yet the demand for providers is increasing exponentially. Participants expressed a desire to create meaningful, supervised internship opportunities, however, to date few have been able to accomplish this goal. Moving forward, athletics departments could consider collaborating with appropriate graduate school programs to create training opportunities for graduate students.

National Presence

The Clinical/Counseling Sport Psychology Association (CCSPA) is the national organization for mental health professionals in athletics departments. Their mission involves advocating for mental health professionals practicing in the athletics space, educating administrators, and facilitating collaboration among its members (Clinical/Counseling Sport Psychology Association [CCSPA], 2021). As the national organization representing mental health practitioners in this field, CCSPA contributed to the NCAA Mental Health Best Practices document released in 2016. Furthermore, the chair of CCSPA was one of 50 participants in the Diverse Student-Athlete Mental Health and Well-Being Summit in August 2020 (NCAA,

2020c). Participants in this summit met to discuss how to best support the mental health needs of student-athletes and improve the resources provided to student-athletes of color (NCAA, 2020c). In the coming months as the NCAA looks to implement policy initiatives and support member institutions in their efforts to provide mental health resources to student-athletes, CCSPA should be intentional about advocating for the needs of mental health practitioners in athletics departments. As mental health practitioners in athletics, CCSPA has the practical knowledge of how the NCAA can best support their efforts. As such, they should work to ensure their voices are heard as new legislation is created.

Evaluation and Assessment

To truly measure impact and inform programming, mental health practitioners need to formally evaluate their programs. Program evaluation not only encourages accountability but can also be useful in cost analyses and evaluating effectiveness (Rossi et al., 2019). Participants in this research did not have methods in place to holistically evaluate their programs. All participants acknowledged the importance of assessing individual treatment outcomes, but many reported their systems did not lend themselves to easily implement an evaluation process, and others noted they lacked the man power to effectively implement an evaluation system. Without systematic evaluations, efficiency of these mental health programs cannot be determined. Furthermore, a lack of evaluation makes it difficult to assess the cost efficiency of these mental health programs (Rossi et al., 2019). As such, evaluation and assessment of interventions and programming is an area in which every participating program needs to improve.

Implications for the NCAA

As the governing body of Division I institutions, the NCAA is instrumental in promoting the importance of mental health in college athletics. They have already made strides in this area

with the publication of Mental Health Best Practices for student-athletes, as well as the legislation adopted in January 2018 mandating every Division I institution provide mental health resources to student-athletes. More work can be done, however, and interview participants suggested a variety of ways the NCAA could continue raising mental health awareness and supporting student-athlete mental health help-seeking behavior. Table 6.2 outlines key recommendations for the NCAA to consider as they continue to promote positive mental health in college athletics.

Table 6.2

Implications for NCAA

Recommendations	Explanation
More best practices	Student-athlete to provider ratio, maximum number of appointments per week, diversity of licensures amongst providers, diversity of practitioners, evaluation and assessment of programming and services, small budgets and/or few resources
Additional Online Resources	More training modules, more diversity, equity, inclusion resources
Create rules for mental health professionals and sports psychologists	Create rules specifically for mental health practitioners and sports psychologists
Training programs	Allocate funds for the development of training programs

The NCAA put forth four best practices for institutions to follow when caring for the mental health of their student-athletes. These best practices were discussed at length in chapter two. As a reminder the best practices include: clinical licensures of practitioners providing health care, procedures for identification and referral of student-athletes to qualified practitioners, pre-participation mental health screening, and health promoting environments that support mental

well-being and resilience. The individual case studies and cross-case analysis in this research demonstrated that whether intentionally or unintentionally, all participants have implemented the four NCAA best practices published in 2018. Participants, however, also provided feedback regarding next steps they would like to see the NCAA take as it relates to the mental health of student-athletes. Specifically, more best practices from the NCAA, more web based resources, clarity of rules for mental health and sports psychologist providers, and funding for training would be beneficial. These suggestions are discussed in more detail below.

Best Practices

Additional NCAA best practices are necessary because the current best practices are both broad and outdated. The landscape of mental health in college athletics has changed tremendously since 2016 when the best practices were introduced. Best practices not only provide guidance for practitioners, but they also provide a reference for practitioners' supervisors to utilize when building a mental health program. In the next iteration of best practices, the NCAA should include best practices related to student-athlete to provider ratio, diversity of licensures of practitioners, diversity of practitioners, as well as evaluation and assessment methods.

Research indicates mental health units in athletics are often understaffed (Moreland et al., 2018). As such, mental health units would benefit from a best practice pertaining to the appropriate student-athlete to provider ratio. All participants referenced the significant increase in the number of appointments they have seen in the last few years. Furthermore, universities will likely experience an increase in the number of student-athletes for the next few years due to NCAA waivers related to COVID-19. A best practice as it relates to student-athlete to provider ratio would be advantageous for departments to ensure they are appropriately staffed.

On a related note, a best practice on the maximum number of appointments per week a practitioner should schedule that would still allow time to be visible within the department would be beneficial. Lily from RB and Jordan from HS both stated a best practice in the psychology profession is to see 25 clients or less in a week. While professional organizations for psychologists and counselors offer a maximum number of appointments per week best practice, it is unclear whether that number should be used as a guideline for practitioners in college athletics given their other responsibilities. As seen in this research, mental health providers in athletics do more than individual counseling. They are often responsible for developing and providing educational programs, creating relationships with campus constituents, and providing resources for student-athlete affinity groups. Therefore, guidance as it pertains to appropriate work load of mental health providers would assist programs in employing an adequate number of staff members to properly care for the mental health of student-athletes.

To promote diversity and inclusion work in mental health, the NCAA should work to infuse diversity and inclusion practices more holistically into their best practices. One way to do this is to emphasize the diversity of practitioners and licensures in the NCAA best practices. Of the ten interview participants in this study, nine of them were clinical psychologists, one was a clinical social worker, and all were white. Student-athletes come from a variety of backgrounds and may benefit from having access to mental health professionals trained in areas other than traditional clinical psychology such as licensed family therapists, clinical social workers, and psychiatric mental health nurses (NCAA Sport Science Institute, 2016). Furthermore, the ethnic, racial, gender, and sexuality diversity of practitioners should also be considered when hiring practitioners for mental health programs (Turner et al., 2016). Currently the first best practice encourages the appropriate clinical licensure of mental health practitioners and suggests

practitioners are culturally competent. However, nothing is said about diversity of practitioners or diversity of licenses, and explicit emphasis in those two areas is necessary.

Furthermore, the NCAA should produce best practices surrounding evaluation of programs and services. Evidenced-based evaluation of implemented mental health programs is imperative to ensure proper allocation of resources. Evaluation methods should document the implementation process as well as the outcomes, in addition to identifying the variables which "act as key predictors of change" (Herrman et al., 2005, p.109).Evaluation of services is critical to ensuring optimal student-athlete care, yet there is a lack of guidance on how to effectively evaluate mental health services. While all participants indicated they wanted to improve their formal program evaluations, few had ideas on how to do that in an efficient manner. Furthermore, no participant had a formal way to evaluate their team interventions. Programs would benefit from the NCAA developing best practices for evaluation and creating a repository of resources aiding in evaluation of services.

A final suggestion as it relates to creating best practices involves the possibility of creating a resource guide or best practice guide for institutions with limited resources. This guide should outline specific ways providers could collaborate with their campus in providing mental health resources, as well as address specific obstacles low resource schools may encounter. The current best practice document encourages collaboration with campus, but on a campus with limited resources, both campus administrators as well as athletics department providers would benefit from more direct guidance.

Additional Online Resources

In addition to more best practices, participants would like to see more web based resources from the NCAA. While there are some excellent training modules online that interview

participants use to educate staff, coaches, and student-athletes on topics relating to mental health awareness, they would like to see more. Furthermore, efforts should be made to develop educational modules in a manner that is engaging to the intended audience. Interview participants indicated they would be more likely to utilize dynamic and engaging educational modules with their student-athletes and coaches. Additionally, priority should be given to creating training videos on the topic of diversity, equity, and inclusion. This subject can be difficult for some student-athletes and coaches to discuss. therefore, having training and educational modules on these topics would be valuable.

More dynamic training modules would not only help large Power 5 mental health programs, but would also help programs with small budgets and minimal staff tremendously as providers strive to maximize their resources and their time. Having access to more dynamic and engaging training modules would allow mental health providers to focus their efforts and intentions on other essential factors of their program such as reducing stigma and collaborating with others instead of on creating training modules.

Create rules for mental health professionals and sports psychologists

As the NCAA manual is currently written, there are no rules pertaining to mental health professionals and performance psychologists. This leaves room for various interpretations of what is deemed appropriate behavior for mental health and sports psychologists. Interpretations vary by institution, which creates unintended inequities. For example, one participating mental health director indicated he finds it most valuable to work with student-athletes who have performance anxiety during practice, but he is unable to do so because it might be viewed as "coaching" which is not allowed. The reality is, this participant is a mental health provider, not a coach, and he does not have any experience with coaching. He simply finds it valuable to work

with student-athletes during practice because it helps build relationships with students outside of the office which then decreases the stigma around help seeking behavior for mental health. But this particular provider is not allowed to help a pitcher regulate his breath on the mound or overcome anxiety attacks during practice. All of that work must be done in the provider's office and cannot be done on the field. The interpretation from the participant's compliance officer of what is and is not allowed comes from a LACK of rules, not from a list of rules, which is confusing. In the absence of rules, one compliance officer may have a stricter opinion of what represents appropriate behavior than another compliance office, opening the door to inequities in how services are provided between institutions.

One way to rectify this issue is to include parameters for mental health and sports psychologists to follow. One participant remarked an easy way to fix the confusion is to "classify mental performance as something that is not technical or tactical." By classifying mental performance as not tactical or technical, then working with student-athletes in those areas would not fall under the coaching umbrella. While this is only one suggestion for a solution, there are other options that could be introduced to solve this problem. Ultimately, some rules and regulations should be put in place to clarify the parameters for mental health providers and performance psychologists to standardize the way in which services are provided.

Funding for training

More funding is needed for proper training of mental health providers who work in athletics. As noted above, institutions need to create more opportunities for post-doctoral students and interns to gain direct experience with student-athletes. However, the NCAA could assist in these efforts by providing grant money or scholarship money, or other incentives to institutions with training programs for this field. This is a niche population with many nuances,

and training must reflect that. Without more funding for training, athletics departments will be forced to hire counselors who are not specialized in working with the student-athlete population, or they will leave positions empty leading to burn out among those providers already in the profession. Multiple participants expressed a desire to give back to the profession by developing training opportunities at their institutions. However, those training opportunities require time and money, both of which many mental health providers are lacking.

Participants noted the need for increased funding for training purposes, but they also acknowledged more funding and resources needed to be directed towards smaller institutions and institutions with less resources. Despite the challenges they face within their own institutions, interview participants are cognizant that Power 5 institutions likely have more resources to dedicate to student-athlete mental health programming than non-Power 5 institutions. Therefore, the NCAA should consider a funding model to aid schools who provide opportunities for new practitioners to gain supervised experience with student-athletes.

Directions for Future Research

This multiple case study explores mental health programming for student-athletes in five schools in the NCAA Division I Power 5 conferences, one from each conference. This research is only a first step in exploring how colleges are providing mental health resources to their student-athletes. As the landscape of college athletics changes with new name, image, and likeness legislation, and new transfer rules, the student-athlete experience will change substantially. While student-athletes navigate this new experience, they will likely encounter different stressors and challenges that will impact their mental health. As such, future research should continue to focus on the mental health of student-athletes and the resources athletics departments are providing them.

Future research should focus on non-Power 5 conference institutions and the resources they are providing their student-athletes. Institutions in the Division I FCS conferences and Division II and III institutions may have fewer financial resources and consequently may develop their mental health programming very differently or on a smaller scale. The NCAA has established best practices, and it is important that all institutions, regardless of Division, are able to implement the NCAA suggestions. Further exploration into a different type of institution would allow for the NCAA to potentially update their best practices for those on smaller campuses or with less resources.

Furthermore, future research should explore efficient evaluation methods for mental health services and programming provided for student-athletes. Mental health providers working in college athletics departments serve a group of clients who face unique time constraints, and therefore, must adapt traditional mental health counseling methods to fit those constraints. As such, traditional evaluation methods for individual and group counseling are not efficient and are rarely utilized. Informal conversations are useful in evaluations, but formal evaluations are important in assessing mental health prevention and intervention methods. Interview participants in this study voiced their desire to improve their formal evaluations, but were looking for guidance on how to do so efficiently. Research focused on evaluation methods for services provided to both individuals and teams would help practitioners developing more efficient and effective evaluation methods.

Effective impact evaluations involve the use of logic models and program theories, something participants in this study did not utilize. Future research could involve collaborating with the mental health director of an athletics department to create a logic model for an existing mental health program, then utilizing the logic model to assess the impact of the programming

provided. This type of research could produce a logic model framework for other athletics departments to utilize, which could lead to more time-efficient formal evaluations. Furthermore, exploring the student-athletes' experiences with the mental health resources provided would yield important information on ways to improve and evaluate programming and resources offered.

CONCLUSION

This research provided an in depth exploration of the mental health programs in Power 5 college athletics departments. Findings suggest embedded mental health practitioners focus on being visible in the department and educating staff and student-athletes in an effort to reduce stigma associated with help-seeking behavior for mental health concerns and to promote a positive mental health environment. Findings also suggest collaboration between mental health providers, athletics department staff, and campus constituents is fundamentally important to the promotion of mental wellness among student-athletes. Furthermore, this research indicates as mental health needs among student-athletes continue to grow, mental health providers are concerned about their ability to meet the increase in needs while remaining visible in the department and continuing to provide mental health education for student-athletes and coaches. Participants acknowledged the lack of training programs in this field is concerning and the NCAA should consider dedicating more resources towards training programs for new professionals.

COVID-19, social justice and equality, NIL, the transfer portal, conference realignment, and other issues continue to impact the mental health of today's student-athletes. As a result, continuing to provide resources, education, and coping strategies to student-athletes is imperative. Results from this research indicate participants recognize the importance of student-

athlete mental health and have invested in providing resources in this area. However, as the stigma surrounding mental health decreases and more student-athletes seek help for mental health concerns, increased efforts and resources will be needed to keep up with demand.

REFERENCES

Adelson, A. (2019). Power 5 conferences vote to provide mental health services. ESPN.com. http://www.espn.com/college-sports/story/_/id/25843150/power-5-conferences-vote-provide-mental-health-services

American College Health Association. (2019). American College Health Association-National College Health Assessment II: Undergraduate Student Reference Group Executive Summary Spring 2018. Silver Spring, MD: American College Health Association; 2018.

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: Author. https://doi-org.proxy.lib.duke.edu/10.1176/appi.books.9780890425596.dsm04

American Psychological Association. (2017). *Depression*. http://www.apa.org/topics/depression/

American Psychological Association (2019). *Stress in. America: Stress and Current Events*. Stress in America Survey. https://www.apa.org/news/press/releases/stress/2019/stress-america-2019.pdf

Anderson, C., & Petrie, T. (2012). Prevalence of disordered eating and pathogenic weight control behaviors among NCAA division I female collegiate gymnasts and swimmers. *Research Quarterly for Exercise and Sport*, 83(1), 120-4.

Armstrong, S.N., Burcin, M.M., Bjerke, W.S., & Early, J. (2015). Depression in student athletes: A Particularly at-risk group? A systematic review of the literature. *Athletic Insight, 7*(2), 177-193.

Arnett, J. J. (2004). *Emerging adulthood: The winding road from late teens through the twenties*. Oxford University Press.

Arnett, J. (2007). Socialization in emerging adulthood: From the family to the wider world, from socialization to self-socialization. In J. Grusec, & P. Hastings (Eds), *Handbook of Socialization Theory and Research* (pp. 208-231). The Guilford Press

Arnold, R. & Fletcher, D. (2012). A research synthesis and taxonomic classification of the organizational stressors encountered by sport performers. *Journal of Sport & Exercise Psychology*, 34:397-429. https://doi.org/10.1123/jsep.34.3.397

Banh, M. K., Chaikind, J., Robertson, H. A., Troxel, M., Achille, J., Egan, C., & Anthony, B. J. (2019). Evaluation of Mental Health First Aid USA Using the Mental Health Beliefs and Literacy Scale. American Journal of Health Promotion, 33(2), 237–247. https://doi.org/10.1177/0890117118784234

Barry, M. (2001). Promoting positive mental health: Theoretical frameworks for practice. *The International Journal of Mental Health Promotion, 3*(1), 25–34.

Baxter, P., & Jack, S. (2008). Qualitative case study methodology: study design and implementation for novice researchers. *The Qualitative Report*, *13*(4), 544-559. https://nsuworks.nova.edu/tqr/vol13/iss4/2

Beauchemin, J. (2014). College Student-athlete Wellness: An integrative outreach model. *College Student Journal*, 2, 268-280.

Becker, M.A., Levin, B., & Hanson, R.M. (2010). *A Public Health Perspective of Women's Mental Health*. Springer. https://doi-org.prox.lib.ncsu.edu/10.1007/978-1-4419-1526-9

Bethune, S. (2019). Gen Z more likely to report mental health concerns: the latest APA Stress in America survey focuses on the concerns of Americans ages 15-21. *American Psychological Association,* 50(1), 20. https://www.apa.org/monitor/2019/01/gen-z

Bishop, G. (2018, June 26). *A college QB's suicide. A family's search for answers.* Sports

Illustrated. https://www.si.com/college/2018/06/26/tyler-hilinski-suicide-washington-state-qb-cte

Blanco, C. Okuda, M., Wright, C., Hasin, D., Grant, B., Liu, S., Olfson, M. (2008). Mental health of college students and their non-college-attending peers: results from the National Epidemiologic Study on Alcohol and Related Conditions. *Archives of General Psychiatry*. 65, 1429-37. https://doi.org/10.1001/archpsyc.65.12.1429

Brook, A., Garcia, J., & Fleming, M. (2009). The effects of multiple identities on psychological well-being. *Personality and Social Psychology Bulletin*, 34(12) 1588-1600). https://doi.org/10.1177/0146167208324629

Brown, G. (Ed.). (2014). *Mind, body and sport: understanding and supporting student-athlete mental wellness.* Indianapolis, Indiana: National Collegiate Athletic Association.

Brunner, J.L., Wallace, D.L., Reymann, L.S., Sellers, J.J. & McCabe, A.G (2014). College Counseling Today: Contemporary Students and how counseling centers meet their needs. *Journal of College Student Psychotherapy*, 28(4) 257-324. https://doi.org/10.1080/87568225.2014.948770

Castaldelli-Maia, J., João Guilherme de Mello,e Gallinaro, Rodrigo Scialfa Falcão, Gouttebarge, V., Hitchcock, M. E., Hainline, B., Reardon, C. L., & Stull, T. (2019). Mental health symptoms and disorders in elite athletes: a systematic review on cultural influencers and barriers to athletes seeking treatment. British Journal of Sports Medicine, 53(11), 707. https://doi.org/10.1136/bjsports-2019-100710

Center for Collegiate Mental Health. (2018, January). *2017 Annual Report* (Publication No. STA 18-166).

Center for Disease Control and Prevention. (2018, November 15). *Introduction to Public*

Health. https://www.cdc.gov/publichealth101/public-health.html

Center for Disease Control and Prevention. (2020). *What is Public Health?* https://www.cdcfoundation.org/what-public-health

Chen, J. I., Romero, G. D., & Karver, M. S. (2016). The relationship of perceived campus culture to mental health help-seeking intentions. Journal of counseling psychology, 63(6), 677–684. https://doi.org/10.1037/cou0000095

Ching, J. (2018). Mental health issues a huge challenge for NCAA in regard to student-athletes. https://www.foxsports.com/stories/other/mental-health-issues-a-huge-challenge-for-ncaa-in-regard-to-student-athletes

Chou, H.T., & Edge, N. (2012). They are happier and having better lives than I am: the impact of using Facebook on perceptions of others' lives. *CyberPsychology, Behavior, and Social Networking*, 15, 117-121.

Clark, R., Stanfill, A. (2019). A systematic review of barriers and facilitators for concussion reporting behavior among student-athletes. *Journal of Trauma Nursing 26*(6), 297-311.

Clinical/counseling sport psychology association. (2021). https://www.ccsportpsy.org/content.aspx?page_id=0&club_id=802030

Cohen, S., Tyrrell D., & Smith A. (1991). Psychological stress and susceptibility to the common cold. *New England Journal of Medicine, 325*, 606–612.

Cosh, S., & Tully, P. J. (2015). Stressors, coping, and support mechanisms for student athletes combining elite sport and tertiary education: Implications for practice. *The Sport Psychologist, 29*(2), 120-133. https://doi.org//10.1123/tsp.2014-0102

Cox, C., Ross-Stewart, L., & Foltz, B. (2017). Investigating the prevalence and risk factors of depression symptoms among NCAA Division I collegiate athletes. *Journal of Sports Science*, 5, 14-28. https://doi.org//10.17265/2332-7839/2017.01.002

Creswell, J.W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd ed.). Sage.

Creswell, J.W. (2013). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Sage.

Creswell, J.W. & Poth, C.N. (2018). *Qualitative inquiry & research design: Choosing among Five approaches* (4th ed). Sage.

Davidson, L., & Locke, J. H. (2010). Using a public health approach to address student mental health. In J. Kay, & V. Schwartz (Eds), *Mental health care in the college community* (pp. 267-288). John Wiley & Sons Ltd.

Davis, L., & Jowett, S. (2014). Coach-athlete attachment and the quality of the coach-athlete relationship: Implications for athlete's well-being. *Journal of Sports Sciences*, 32(15), 1454-1464. https://doi.org//10.1080/02640414.2014.898183

DeShazo, K. (2018). 2018 Survey results: social media use of college student athletes. Fieldhouse Media. http://www.fieldhousemedia.net/2018-survey-results-social-media-use-of-college-student-athletes/

Dimcock, M.(2019, March 17). *Defining generations: Where millennials end and generation Z begins*. Pew Research Center. https://www.pewresearch.org/fact-tank/2019/01/17/where-millennials-end-and-generation-z-begins/

Downs, N., Galles, E., Skehan, B., & Lipson, S. (2018). Be true to our schools-Models of care in college mental health. *Current Psychiatry Reports* 20,72.

Duke Sports Information. (2018, July 30). *Duke Launches Integrative Performance Excellence Group.*http://www.goduke.com/ViewArticle.dbml?DB_LANG=C&DB_OEM_ID=4200&ATCLID=211766427&SPID=1841&SPSID=22634

Durham, M. (2020, January 23). *2020 GOALS study results shared at NCAA convention*. http://www.ncaa.org/about/resources/media-center/news/2020-goals-study-results-shared-ncaa-convention

Eells, G., Marchell, T., Corson-Rikert, J., & Dittman, S. (2012). A public health approach to campus mental health promotion and suicide prevention. *Harvard Health Policy Review,* 13, 3–5.

Etzel, E. (2006). Understanding and promoting college student-athlete health: Essential issues for student affairs professionals. *NASPA Journal,* 43(3), 518-546.

Finkbeiner, N., Max, J., Longman, S., & Debert, M., (2016). Knowing what we don't know: Long-term psychiatric outcomes following adult concussion in sports. *Canadian Journal Psychiatry 6*1(5), 270-276.

Flyvbjerg, B. (2006). Five misunderstandings about case-study research. *Qualitative Inquiry, 12*(2), 219-245. https://doi.org//10.1177/1077800405284363

Gallagher, R., Sysko, H., & Zhang, B. (2001). National survey of counseling center directors. Alexandria, VA: International Association of Counseling Services.

Gavrilova, Y., Donohue, B., Galante, M. (2017). Mental health and sport performance programming in athletes who present without pathology: a case examination supporting optimization. *Clinical case studies, 16*(3) 234-253.

Gayles, J.G., Crandall, R., & Morin, S. (2018). Student-athletes' sense of belonging: Background characteristics, student involvement, and campus climate. *International Journal of Sport & Society,* 9(1):23-38.

Gerstacker, M. (2010). *Becoming an emerging adult: Demographic and cultural factors, coping style, and coping self-efficacy as predictors of exploration and commitment during the*

resolution of an emerging adult's identity crisis (Unpublished doctoral dissertation). North Carolina State University.

Gibbs, J., Williams, N., Scheid, J., Toombs, R., & De Souza, M. (2011). The association of a high drive for thinness with energy deficiency and severe menstrual disturbances: confirmation in a large population of exercising women. *International Journal of Sport Nutrition and Exercise, 21*(4), 280–290.

Gill, E. (2008). Mental health in college athletics: it's time for social work to get in the game. *Social Work, 53(*1), 85-88.

Greenleaf, C., Petrie, T. A., Carter, J., & Reel, J. J. (2009). Female collegiate athletes: prevalence of eating disorders and disordered eating behaviors. *Journal of American College Health, 57*(5), 489-496.

Gretschel, J. (2017). 'What made Maddy run' examines the brief, intense life of Madison Holleran. https://www.flotrack.org/articles/5067931-what-made-maddy-run-examines-the-brief-intense-life-of-madison-holleran

Gross, J. (2018). Document analysis. In B. Frey (Ed), *The SAGE encyclopedia of educational research, measurement, and evaluation* (Vol. 1, 545-548). SAGE Publications, Inc. https://doi.org//10.4135/9781506326139.n209

Gucciardi, D. F., Hanton, S., & Fleming, S. (2017). Are mental toughness and mental health contradictory concepts in elite sport? A narrative review of theory and evidence. *Journal of Science and Medicine in Sport, 2*(3), 307-311. https://doi.org/10.1016/j.jsams.2016.08.006

Gulliver, A., Griffiths, K.M., & Christensen, H. (2012). Barriers and facilitators to mental health help-seeking for young elite athletes: A qualitative study. *BMC Psychiatry, 12*(157), 1-14.

Gullota, T. & Bloom, M. (Eds.). (2014). *Encyclopedia of primary prevention and health promotion*. Springer.

Gureje, O., Von Korff, M., Simon, G. & Gater, R. (1998). Persistent pain and well-being a World Health Organization study in primary care. *Journal of American Medical Association*, 280, 147–151.

Health Education Authority. (1997). Mental health promotion: a quality framework. London, Health Education Authority.

Hendrickson, B. (2019, October 25). More athletics departments in autonomy conferences are self-sufficient, but others in DI are increasingly subsidized. *NCAA Champion Magazine*. http://www.ncaa.org/champion/more-athletics-departments-autonomy-conferences-are-self-sufficient-others-di-are-increasingly

Herrman, H., Saxena, S. & Moodie, R. (Eds.). (2005). *Promoting mental health: concepts, emerging evidence, practice*. World Health Organization. Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne; Geneva. https://www.who.int/mental_health/evidence/en/promoting_mhh.pdf

Holm-Denoma J., Scaringi V., Gordon K., Van Orden, K. & Joiner T. Jr. (2009). Eating disorder symptoms among undergraduate varsity athletes, club athletes, independent exercisers, and nonexercisers. *International Journal of Eating Disorders, 42*(1), 47–53.

Holterman, A. (2016, August 25). Mental health problems for college students are increasing. https://www.healthline.com/health-news/mental-health-problems-for-college-students-are-increasing-071715#1

Hootman J., Dick, R. & Agel, J. (2007). Epidemiology of collegiate injuries for 15 sports: summary and recommendations for injury prevention initiatives. *Journal of Athletic Training,* 42(2), 311–319.

Horowitz, J. & Graf, N. (2019, February 19). Most U.S. teens see anxiety and depression as a major problem among their peers. https://www.pewsocialtrends.org/2019/02/20/most-u-s-teens-see-anxiety-and-depression-as-a-major-problem-among-their-peers/

Hosick, M. (2014, August, 7). *Board adopts new Division I structure*. NCAA. http://www.ncaa.org/about/resources/media-center/news/board-adopts-new-division-i-structure

Hosick, M. (2015, January, 18). *Autonomy schools adopt cost of attendance scholarships*. NCAA. http://www.ncaa.org/about/resources/media-center/autonomy-schools-adopt-cost-attendance-scholarships

Hosick, M. (2019, January, 16). 2019 *Convention legislation: autonomy conferences*. NCAA. ncaa.org/about/resources/media-center/news/2019-convention-legislation-autonomy-conferences

Howe, N., Strauss, W., & Life Course Associates. (2007). Millennials go to college: Strategies for a new generation on campus: Recruiting and admissions, campus life, and the classroom (2nd ed.). Life Course Associates.

Humphrey, J. H., Yow, D. A., & Bowden, W. W. (2000). *Stress in College Athletics: Causes, Consequences, Coping.* Haworth Half-Court Press

Jane- Llopis, E., Barry, M., Hosman, C., & Patel, V. (2005). Mental health promotion works: a review. *Promotion & Education, 12*(2_suppl), 9-25.

Johnson, R. (2020). Students stressed out due to coronavirus, new survey finds. BestColleges.com. https://www.bestcolleges.com/blog/coronavirus-survey/

Jones, C.M., (2013). Trend in the distribution of selected opioids by state, US, 1999-2011. Presented at Natl. Meet. Safe States Alliance, June 6, Baltimore, MD.

Jones, S. (2009). Constructing identities at the intersections: An autoethnographic exploration of multiple dimensions of identity. *Journal of College Student Development*, 50(3) 287-304.

Kaier, E., Strunk K., Cromer, L.D., Davis, J.L., & Johnson M.D. (2015). Perceptions of mental illness stigma: Comparisons of athletes to nonathlete peers. *Journal of College Student Development, 56*(7), 735.

Kawachi, I., Kennedy, B.P., & Wilkinson, R.G. (1999). Crime: social disorganization and relative deprivation. *Social Science and Medicine*, 48, 719-731.

Kazdin, A. & Blase, S. (2011). Rebooting psychotherapy research and practice to reduce the burden of mental illness. *Perspectives on Psychological Science*. 6(1) 21-37.

Kern, A., Heininger, W., Klueh, E., Salazar, S., Hansen, B., eyer, T., & Eisenberg, D. (2017). Athletes Connected: Results from a pilot project to address knowledge and attitudes about mental health among college student-athletes. *Journal of Clinical Sport Psychology*, 11, 324-336.

Knox, K.L., Litts, D.A., Talcott, G.W., Feig, J.C., & Caine, ED. (2003) Risk of suicide and related adverse outcomes after exposure to a suicide prevention programme in the US Air Force: Cohort study. *British Medical Journal* 327:1376. https://doi.org//10.1136/bmj.327.7428.1376

Kroshus, E. (2016). Variability in institutional screening practice related to collegiate student-athlete mental health. *Journal of Athletic Training*, 51(5), 389-397.

Lane, J. (2014). Counseling emerging adults in transition: Practical applications of attachment and social support research *The Professional Counselor*, 5(10) 30-42.

Last, J., & Wallace, R. (1992). *Maxcy-Rosenau-Last public health and preventative medicine.* Appleton and Lange.

Leimer, A., Leon, R., & Shelley, K. (2014). Stigmas and stereotypes: Counseling services for student-athletes. *Journal for the Study of Sports and Athletes in Education, 8*(2) 121-135.

Levine, A., & Dean, D. (2012). *Generation on a tightrope: A portrait of today's college students*. Jossey-Bass.

LeViness P., Bershad, C., Gorman, K., Braun, L., & Murray, T. (2019). *The association for university and college counseling center directors annual survey 2018*. Association for University and College Counseling Center Directors. https://www.aucccd.org/assets/documents/Survey/2018%20aucccd%20survey-public-revised.pdf

Li, H., Moreland, J., Peek-Asa C., & Yang, J. (2017). Preseason anxiety and depressive symptoms and prospective injury risk in collegiate athletes. *The American Journal of Sports Medicine 45*(9):2148-2155.

Lukianoff, G., & Haidt, J. (2019). The coddling of the American mind: How good intentions and bad ideas are setting p a generation for failure. Penguin Books.

Mackenzie, C., Gekoski, W., & Knox, V. (2006). Age, gender, and the underutilization of mental health services: The influence of help-seeking attitudes. *Aging & Mental Health 10*, 574-582.

Madrigal, L. & Robbins, J. (2020). Student-athletes stress: An examination in United States collegiate athletics. *Journal for the Study of Sports and Athletes in Education* 14(2): 123-139. https://doi.org//10.1080/19357397.2020.1774261

McAllister, M. Knight, B., & Withyman, C. (2017). Merging contemporary learning theory with mental health promotion to produce an effective schools-based program. *Nurse Education in Practice*, 25, 74-79.

Manderscheid, R. (2007). Considering a public health approach. The public health framework might work well in addressing mental health and substance use problems. *Behavioral Healthcare*, 27(8), 45–46.

Marzell, M., Morrison, C., Mair, C. Moynihan, S., & Gruenewald, P. (2015). Examining drinking patterns and high-risk drinking environments among college athletes at different competition levels. *Journal of Drug Education: Substance Abuse Research and Prevention*, 45(1), 5-16.

Merriam, S. (2009). *Qualitative research: A guide to design and implementation*. Jossey-Bass.

Merriam, S., & Tisdell, E.J., (2016). *Qualitative Research: A guide to design and implementation*. Jossey-Bass.

Mertens, D.M. (2015). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods* (4th ed.). Sage.

Miles, M.B. & Huberman, A.M. (1994). *Qualitative data analysis: An expanded source book* (2nd ed.). Sage.

Miles, M.B., Huberman, A.M., & Saldana, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd ed). Sage.

Miller, K., & Hoffman, J. (2009). Mental well-being and sport-related identities in college students. *Sociology of Sport Journal*, 26:335-356.

Moreland, J., Coxe, K., & Yang, J. (2018). Collegiate athletes' mental health services utilization: A systematic review of conceptualizations, operationalizations, facilitators, and barriers. *Journal of Sport and Health Science*, 7(1), 58-69. https://doi.org//10.1016/j.jshs.2017.04.009

Morgan, T., Ness, D., & Robinson, M. (2003). Students' help-seeking behaviors by gender, racial background, and student status. *Canadian Journal of Counseling, 37*, 151-166.

Natasi, B.K. (1998). A model for mental health programming in schools and communities: introduction to the mini-series. *School Psychology Review*, 27(2), 165-174.

National Alliance on Mental Illness. (2018). *Navigating a mental health crisis: A NAMI resource guide for those experiencing a mental health emergency*. https://www.nami.org/Support-Education/Publications-Reports/Guides/Navigating-a-Mental-Health-Crisis/Navigating-A-Mental-Health-Crisis

National Collegiate Athletic Association. (2014). *NCAA-DOD grand alliance by the numbers*. NCAA. https://ncaaorg.s3.amazonaws.com/ssi/concussion/2020SSI_CAREConcussionInfographic.pdf

National Collegiate Athletic Association (2016). *Results from the 2015 GOALS study of the student-athlete experience.* http://www.ncaa.org/sites/default/files/GOALS_convention_slidebank_jan2016_public.pdf

National Collegiate Athletic Association. (2017). *Membership feedback on mental health best*

practices [Unpublished NCAA Research]. NCAA.

National Collegiate Athletic Association. (2018). NCAA *National study on substance use habits of college student-athletes: Executive Summary*. June 2018.

National Collegiate Athletic Association. (2019). *2019-2020 NCAA Division I manual*. Indianapolis, IN: NCAA. https://web3.ncaa.org/lsdbi/reports/getReport/90008

National Collegiate Athletic Association. (2019b). *Probability of competing beyond high school.* http://www.ncaa.org/about/resources/research/probability-competing-beyond-high-school

National Collegiate Athletic Association. (2020). *NCAA student-athlete COVID-19 well being survey.* May 2020. https://ncaaorg.s3.amazonaws.com/research/other/2020/2020RES_NCAASACOVID-19SurveyPPT.pdf

National Collegiate Athletics Association (2020b). Goals Study: Understanding the student-athletes experience. January 2020. https://ncaaorg.s3.amazonaws.com/research/goals/2020AWRES_GOALS2020con.pdf

National Collegiate Athletics Association (2020c). Diverse student-athlete mental health and well-being summit. September 2020. https://www.ncaa.org/diverse-student-athlete-mental-health-and-well-being-summit

National Collegiate Athletics Association (2021). Actions related to Division I regulations and policies impacted by COVID-19. July 30, 2021. https://ncaaorg.s3.amazonaws.com/compliance/d1/D1GOV_COVID-19ActionChart.pdf

National Collegiate Athletic Association Sport Science Institution. (2016). *Interassociation consensus document: Mental health best practices: understanding and supporting*

student-athlete mental wellness. NCAA Sport Science Institute, May 2016. https://ncaaorg.s3.amazonaws.com/ssi/mental/SSI_MentalHealthBestPractices.pdf

National Collegiate Athletic Association Sport Science Institution. (2017). *Interassociation consensus: Diagnosis and management of sport-related concussion best practices*. June 2017. https://www.aan.com/siteassets/home-page/tools-and-resources/practicing-neurologist--administrators/patient-resources/sports-concussion-resources/17ncaaconcussion_tr.pdf

National Collegiate Athletic Association Sport Science Institute. (2017b). *Mental health interdisciplinary team planner*. http://www.ncaa.org/sport-science-institute/mental-health-interdisciplinary-team-planner

Neal, T., Diamond, A., Goldman, S., Klossner, D., Morse, E., Pajak, D., Putukian, M., Quandt, E., Sullivan, J., Wallack, C., & Welzant, V. (2013). Inter-Association recommendations for developing a plan to recognize and refer student-athletes with psychological concerns at the collegiate level: an executive summary of a consensus statement. *Journal of Athletic Training, 48*(5), 716-720.

New, J. (2015, February 5). Incoming students "emotional health" at all-time low, survey says. *Inside Higher Education.* https://www.insidehighered.com/news/2015/02/05/incoming-students-emotional-health-all-time-low-survey-says

Niedenthal, P. Settterlund, M. & Wherry, M. (1992), Possible self-complexity and affective reactions to goal-relevant evaluation, *Journal of Personality and Social Psychology*, 63 5-16.

Oklahoma State Regents for Higher Education. (2014). *Best practices for mental health services in colleges and universities*. https://www.okhighered.org/campus-safety/resources/CBP-mental-best-practices-higher-ed.pdf

Oklahoma University (2019). *PROS: Psychological Resources*. https://soonersports.com/sports/2019/8/8/208789380.aspx

Olson, E. (2013, Oct. 29). Players can struggle when heckling turns to hate. *Seattle Times.* https://www.seattletimes.com/sports/players-can-struggle-when-heckling-turns-into-hate/

Osburn, S. (2020, March, 12). NCAA cancels remaining winter and spring championships. NCAA. http://www.ncaa.org/about/resources/media-center/news/ncaa-cancels-remaining-winter-and-spring-championships

Parcover, J., Mays, S., & McCarthy, A. (2015). Implementing a public health approach to addressing mental health needs in a university setting: lessons and challenges. *Journal of College Student Psychotherapy*, 29:197-210.

Patton, M. Q. (2015). *Qualitative research*. Sage.

Petrie, T. & Greenleaf, C. (2013). Eating disorders in sport. In S. Murphy (Ed.), *Oxford handbook of sport and performance psychology* (pp. 635-659). Oxford University Press.

Petrie, T., Greenleaf, C., Reel, J., & Carter, J. (2008). Prevalence of eating disorders and disordered eating behavior in male collegiate athlete. *Men and Masculinity*, 9:267-277.

Pew Research Center: Internet and Technology. (2018, February 5). *Social Media Fact Sheet*. http://www.pewinternet.org/fact-sheet/social-media/

Proctor, S. L., & Boan-Lenzo, C. (2010). Prevalence of depressive symptoms in male intercollegiate student-athletes and nonathletes. *Journal of Clinical Sport Psychology, 4*(3), 204-220

Purcell, R., Gwyther, K., & Rice, S. (2019). Mental health in elite athletes: Increased awareness requires an early intervention framework to respond to athlete needs. *Sport Medicine-Open, 5,46. https://doi.org/10.1186/s40798-019-0220-1*

Rao, A. L., & Hong, E. S. (2016). In the mood for change: Shifting the paradigm of mental health care in athletes-an AMSSM thematic issue. *British Journal of Sports Medicine, 50*(3), 133. https://doi.org/10.1136/bjsports-2015-095924

Reardon, C. L., & Factor, R. M. (2010). Sports psychiatry: A systematic review of diagnosis and medical treatment of mental illness in athletes. *Sports Medicine, 40*(11), 961-980.

Reinking, M., & Alexander, L. (2005). Prevalence of disordered-eating behaviors in undergraduate female collegiate athletes and nonathletes. *Journal of Athletic Training, 40*(1), 47–51.

Rice, S., Gwyther, K., Santesteban-Echarri, O., Baron, D., Gorczynski, P., Gouttebarge, V,. Reardon, C., Hitchcock, M., Hainline, B., & Purcell, R. (2019). Determinants of anxiety in elite athletes: a systematic review and meta-analysis. *British Journal of Sports Medicine*, 53(11), 722–730. https://Doi.org//10.1136/bjsports-2019-100620

Rice, S.M., Purcell, R., De Silva, S., Mawren, D., McGorry ,P., & Parker, A. (2016). The mental health of elite athletes: a narrative systematic review. *Sports Medicine, 46*, 1333-1353.

RISE (2020). *Surveying college students affected by Coronavirus*. https://risefree.org/covid-19-help/

Roiger, T., Weidauer, L., & Kern, B., (2015). A longitudinal pilot study of depressive symptoms in concussed and injured/nonconcussed National Collegiate Athletic Association Division I student-athletes. *Journal of Athletic Training*, *50*(3), 256-261.

Rossi, P., Lipsey, M., & Henry, H. (2018). Evaluation: a systematic approach, 8th ed. Sage.

Ryan, H., Gayles, J., & Bell, L. (2018). Student-athletes and mental health experiences. *New*

Directions for Student Services, 2018:67-69. https://doi.org//10.1002/ss.20271

Sanderson, J., & Truax, C. (2014). "I hate you man!": Exploring maladaptive parasocial interaction expressions to college athletes via Twitter. *Journal of Issues in Intercollegiate Athletics, 7*, 333–351.

Sansanwal, R., Derevensky, J., & Paskus, T. (2018). Trends in gambling behavior among NCAA college student-athletes: a comparison of 2004, 2008, and 2012 NCAA survey data. *International Journal of Sports and Exercise Medicine*, 4(3). https://doi.org//10.23937/2469-5718/1510096

Scifers, J. (2018). Addressing mental health issues in the collegiate student-athlete. *Athletics Training & Sports Health Care 10*(2):54-57. https://doi.org/10.3928/19425864-20180219-01

Seemiller, C. & Grace, M. (2017). Generation Z: educating and engaging the next generation of students. *About Campus*, 22(3), 21-26. https://doi.org/10.1002/abc.21293

Settles, I., Sellers, R., & Damas, A. (2002). One role or two? The function of psychological separation in role conflict. *Journal of Applied Psychology*, 87(3) 574-582. https://doi.org/10.1037//0021-9010.87.3.574

Siegler, R., Eisenberg, N., DeLoache, J., Saffran, J. (2014). How children develop? Worth Publishers.

Stake, R. (1995). *The art of case study research*. Sage.

Stiffman, A. R., Stelk, W., Horwitz, S. M., Evans, M. E., Outlaw, F. H., & Atkins, M. (2010). A public health approach to children's mental health services: possible solutions to current service inadequacies. *Administration and policy in mental health*, 37(1-2), 120–124. https://doi.org//10.1007/s10488-009-0259-2

Storch, E., Storch, J. Killiany, E. & Roberti, J. (2005). Self-reported psychopathology in athletes: A comparison of intercollegiate student-athletes and non-athletes. *Journal of Sport Behavior, 28,* 86-97.

Sudano, L. E., Collins, G., & Miles, C. M. (2017). Reducing barriers to mental health care for student-athletes: An integrated care model. *Families, Systems & Health, 35*(1), 77-84. https://doi.org/10.1037/fsh0000242

Tobin, R. (2010). Rival explanations. In A.J. Mills, G. Durepos, & E. Wiebe (Eds.), *Encyclopedia of case study research* (pp 834-836). Sage. https://doi.org//10.4135/9781412957397.n306

Turner, E., Hsiu-Lan, C., Llamas, J. Tran, A., Hill, K., Fretts, J., Mercado, A. (2016). Factors impacting the current trends in the use of outpatient psychiatric treatment among diverse ethnic groups. *Current Psychiatry Reviews, 12*(2), 199-220.

U.S. Department of Education, National Center for Education Statistics. (2019). *Digest of Education Statistics, 2017* (NCES 2018-070), Chapter 3.

U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999. https://collections.nlm.nih.gov/ext/document/101584932X120/PDF/101584932X120.pdf

U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention. (2012). *2012 National strategy for suicide prevention: Goals & objectives for action*. Washington, DC. https://www.ncbi.nlm.nih.gov/books/NBK109917/pdf/Bookshelf_NBK109917.pdf

Vogel, D., & Wester, S. (2003). To seek help or not to seek help: The risks of self-disclosure. *Journal of Counseling Psychology, 50*, 351-361.

Wahto, R. S., Swift, J. K., & Whipple, J. L. (2016). The Role of Stigma and Referral Source in Predicting College Student-Athletes' Attitudes Toward Psychological Help-Seeking. *Journal of Clinical Sport Psychology, 10*(2), 85-98. https://doi.org/10.1123/JCSP.2015-0025

Waters, S., Cross, D. & Runions, K. (2009). Social and ecological structures supporting adolescent connectedness to school: a theoretical model. *Journal of School Health,* 79(11), 516-514. https://doi.org/10.1111/j.1746-1561.2009.00443.x

Watson, J. C. (2005). College student-athletes' attitudes toward help-seeking behavior and expectations of counseling services. *Journal of College Student Development, 46,* 442-449. https://doi.org/10.1353/csd.2005.0044

Web Hosting Rating (2018). https://www.websitehostingrating.com/instagram-statistics/

Weight, E. A., Harry, M., & Navarro, K., Lewis, M. (2020). Integrating athletics within the academy: Educational experiences of athletes, musicians, and traditional students. Journal of Issues in Intercollegiate Athletics, 13, 143-169. http://csri-jiia.org/wp-content/uploads/2020/11/RA_2020_07.pdf

White, K., Kendrick, T., & Yardley, L. (2009). Change in self-esteem, self-efficacy and the mood dimensions of depression as potential mediators of the physical activity and depression relationship: Exploring the temporal relation of change. *Mental Health and Physical Activity*, 2(1), 44–52. https://doi.org/10.1016/j.mhpa.2009.03.001

Wolanin, A., Hong, E., Marks, D., Panchoo, K., & Gross, M., (2016). Prevalence of clinically elevated depressive symptoms in college athletes and differences by gender and sport. *British Journal of Sports Medicine, 50*(3), 167-171

Wolverton, B. (2016, January, 8). NCAA considers easing demands on athletes' time. *The Chronicle of Higher Education.*

World Health Organization (2020). Press Conference March 11, 2020. https://www.who.int/docs/default-source/coronaviruse/transcripts/who-audio-emergencies-coronavirus-press-conference-full-and-final-11mar2020.pdf?sfvrsn=cb432bb3_2

Yang, J. Cheng, G., Zhang, Y., Covassin, T., Heiden, E., & Peek-Asa, C. (2014). Influence of symptoms of depression and anxiety on injury hazard among collegiate American football players. *Research in Sports Medicine, 22*(2), 147-160. https://doi.org/10.1080/15438627.2014.881818

Yang, J., Peek-Asa C., Corlette, JD., Cheng, G., Foster, DT., & Albright, J. (2007). Prevalence of and risk factors associated with symptoms of depression in competitive collegiate student-athletes. *Clinical Journal of Sports Medicine*, 17(6), 481-487.

Yin, R. (2009). *Case study research: Design and methods* (4th ed.) Sage.

Yin, R. (2018). *Case study research and applications: Design and methods* (6th ed). Sage.

Zhai, Y. & Du, X. (2020). Addressing collegiate mental health amid COVID-19 pandemic. *Psychiatry Research*, 288:1130003. https://doi.org/10.1016/j.psychres.2020.113003

APPENDICES

Appendix A
Case Study Protocol

Section A-Overview of the Case Study

Mental health concerns on college campuses are at an all-time high. Within the student-athlete population, the National Collegiate Athletic Association (NCAA) reported suicide as the third leading cause of death (Chang, 2018). Furthermore, the NCAA reported in one study over 85% of athletic trainers felt anxiety was an issue among student-athletes on their campuses (Brown, 2014). While mental health concerns continue to grow among the student-athlete population, student-athletes continue to routinely underutilize mental health resources (Watson, 2005).

In 2019, the Power 5 conferences (ACC, Big Ten, Big 12, Pac-12, and SEC) approved legislation making it mandatory for institutions to provide mental health resources for their student-athletes. Furthermore, the legislation mandated schools provide student-athletes information on what services are provided and how to access those services (Adelson, 2019). To date, little information is available as to how institutions are implementing this required legislation.

The NCAA suggests institutions follow four best practices when considering the mental health of student-athletes and implementing mental health programming. Ensuring, clinical licensure of practitioners providing mental health care, developing procedures for identification and referral of student-athletes to qualified practitioners, administering pre-participation mental health screening, and creating a health promoting environment that supports mental well-being and resilience are the best practices put forth by the NCAA.

The conceptual framework for this research integrates a public health model and the NCAA Layers of Care model (NCAA Sport Science Institute, 2017b). A public health model considers a preventative approach to addressing mental health concerns in a community, as well as the impact the socio-ecological environment has on student-athletes' mental health. A public health approach to mental health programming includes consideration of monitoring and assessment of the population, promotion of a positive mental health environment, prevention and intervention efforts, and assessment of programming delivered. The NCAA Layers of Care model considers how the specific "layers" of a student-athlete's environment such as athletics, campus, and community impact their mental health. Collectively these two models help visualize components for consideration when exploring mental health programs designed for college student-athletes.

This exploratory multiple case study will explore what Division I athletics departments in Power 5 conferences are doing to comply with legislation, and how they are implementing the NCAA's suggested best practices. More specifically, this case study will explore how athletics departments assess the mental health needs of student-athletes, promote positive mental health and healthy environments, implement prevention strategies for mental health concerns, and assess their mental health programs for student-athletes, while considering the socio-ecological factors that impact student-athletes daily. Research questions include:

RQ1: How are mental health programs in athletics departments determining the mental health needs of their student-athletes?

RQ2: What actions are mental health programs in athletics departments taking to promote positive health environments while considering socio-ecological factors impacting the mental health of student-athletes?

RQ3: How are mental health programs in athletics departments working to prevent mental health concerns among student-athletes while considering socio-ecological factors impacting the mental health of student-athletes?

RQ4: How are mental health programs in athletics departments evaluating their mental health interventions and programming?

Data for this research will include interviews conducted with athletics departments' directors of behavioral health from Power 5 Conferences, as well as documentation. One institution from each of the Power 5 conferences will be represented. Examining public and private institutions across five conferences allows for substantial data collection and thorough exploration of the mental health programs implemented and resources provided to student-athletes. Cross-case analysis of the five participants will allow for comparison and contrast among public and private institutions, individual institutions, and between conferences.

This study will contribute to closing a gap in research regarding student-athlete mental health programs and services offered by athletics departments. Findings from this research can aid athletics departments' administrators in the design and implementation of mental health programs and resources they provide. Furthermore, this research can inform policy development as it relates to mental health services and resources provided to student-athletes. Research in this field is needed to ensure student-athletes receive adequate mental health care, given the challenges and stress they experience.

Section B-Data Collection

1. Names of Person doing fieldwork: Heather Ryan

2. Data collection plan

I will conduct 60-90 minute virtual interviews with directors of behavioral health (or their athletics departments' equivalent) following a semi-structured format. Questions for the interview are outlined in Appendix C and focus on the assessment and monitoring, positive mental health promotion, prevention, and intervention and evaluation of mental health programming within athletics departments, while considering the socio-ecological factors impacting student-athletes.

Data collection will also entail gathering documents from participants. Documents such as organizational charts, budgets, advertisements for mental health programming, evaluations, program proposals, and logic models will be collected if available. When possible, documents will be received through email.

3. Participant selection:

Criterion sampling strategy and replication logic will be used to generate the sample and choose participants for this study. Participants in this research must be (a) a person responsible for implementing student-athlete mental health programs in the athletics department (b) employed by a Power 5 conference' athletics department (ACC, Big 10, Big 12, Pac-12, SEC); (c) selection will include one institution from each conference.

The Power 5 conference is made up of 65 institutions, 12 private institutions and 53 public institutions. I will choose two private institution participants, and 3 public institution participants using replication logic.

4. Expected preparation prior to fieldwork

Prior to fieldwork, I will collect background information on participating conferences, institutions' athletics department and interviewees. Information such as demographics of student-athletes, number of sports sponsored, number of student-athletes, size of undergraduate population, and other background information will be collected from internet resources and typed up for reference.

Section C. Protocol Questions

1. **Background information**
   Learn about positions, reporting lines, and organizational structure as it pertains to mental health resources provided within the athletics departments. Be able to explain office set up, what resources are housed within athletics vs outsourced to campus or community. Be able to explain funding and budget sources, as well as concerns related to finances. Gain an understanding of the professional credentials each employee of the behavioral health unit possesses.

2. **Assessment and Monitoring**
   Gain a clear understanding of pre-participation assessment processes, referral protocols, and collaboration with campus and community resources. Understand how student-athletes' socio-ecological environment is considered in assessment and monitoring. Explain how programming decisions are determined.

3. **Promoting a positive mental health environment**
   Learn about efforts to reduce stigma associated with seeking help. Does the department use intentional terminology or have stigma campaigns/mental health campaigns? Explain how resources are promoted to current student-athletes, recruits and parents. Is there a marketing strategy associated with promoting a positive mental health environment? Explain how coaches are utilized in promoting positive mental health.

4. **Prevention**
   Explain the programming offered to student-athletes via athletics. Explain how different constituents are involved in programming decisions and mental health education (coaches, student-athletes, campus administrators). How is programming advertised? Learn about the referral processes in place for emergency and non-emergency situations.

5. **Intervention and Assessment**
   Learn how interventions are targeted at all student-athletes, team level, and individual student-athletes. Learn how feedback on programming is received. Are programs evaluated individually or holistically, maybe in an exit survey or interview. What do participants think they do best and what would they like to improve upon? Allow them to express what they would like to see in terms of support from the NCAA.

Section D. Tentative Outline for the Case Study Report

1. Audience- PhD committee, NCAA institutions' administrators, NCAA Directors of behavioral health
2. Write each individual case study.
    a. Give background information on participant (using pseudonym)
    b. Present themes for bout Assessment and Monitoring- discuss pre-participation screening
    c. Present themes around promoting a positive mental health environment
    d. Present themes around prevention
    e. Present themes around intervention and evaluation- discuss referral protocols and assessment of programs
3. Cross-case synthesis by Conference
    a. Conference similarities
    b. Conference differences
4. Cross-case synthesis by private/public
    a. Similarities between public institutions and private institutions
    b. Differences between public and private institutions

Appendix B

Initial Email

Dear _____,

Thank you for agreeing to participate in my research involving mental health programming for student-athletes in Power 5 conferences. As XXXX explained to you, I am conducting this research for my doctoral dissertation at North Carolina State University. The attached document will provide you with the purpose and overview of the study, as well as the potential risks and benefits associated with participating in the study.

Please use the link below to indicate times you are available to participate in one 60-90 minute zoom interview. Upon determining an interview time, I will send you a calendar invite with the zoom link. In addition to an interview, I would appreciate any documentation you can provide as it relates to your programming. This may include organizational charts, emergency protocol documents, mental health promotional materials, assessment documents, etc. This data will be used as secondary data to your personal interviews. Upon receipt of a signed Informed Consent Form (attached to this email), I will share a secure Google folder with you to upload any relevant documentation.

Thank you in advance for your time, I look forward to working with you and learning more about your program. Please contact me if you have any questions.

Thank you,

Heather Ryan

Appendix C

North Carolina State University
INFORMED CONSENT FORM for RESEARCH

Title of Study: Student-Athlete Mental Health: a case study of mental health programs in Power 5 conference athletics departments
eIRB# 23532
Principal Investigator: Heather Ryan
Funding Source: None
Faculty Point of Contact: Dr. Joy Gayles, joy_gayles@ncsu.edu, (919) 513-0924

What are some general things you should know about research studies?
You are being asked to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate or to stop participating at any time without penalty. The purpose of research studies is to gain a better understanding of student-athlete mental health programming within athletics department. I will do this by asking you to participate in a 60-90 minute interview and provide documentation related to your student-athlete mental health program.

You are not guaranteed any personal benefits from being in a study. Research studies also may pose risks to those that participate. You may want to participate in this research because it will aid in developing literature on student-athlete mental health programs. You may not want to participate in this research because when it is published, you could be identified given the small number of institutions in Power 5 conferences.

Specific details about the research in which you are being invited to participate are contained below. If you do not understand something in this form please ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation in this research, do not hesitate to contact the researcher(s) named above or the NC State IRB office. The IRB office's contact information is listed in the *What if you have questions about your rights as a research participant?* section of the form.

What is the purpose of this study?
The purpose of this study is to explore student-athlete mental health programs in athletics departments of Division I Power 5 conferences. More specifically, this case study will explore how athletics departments assess the mental health needs of student-athletes, promote positive mental health and healthy environments, implement prevention strategies for mental health concerns, and assess their mental health programs for student-athletes, while considering the socio-ecological factors that impact student-athletes daily. This study will contribute to closing a gap in research regarding student-athlete mental health programs and services offered by athletics departments. Findings from this research can aid athletics departments' administrators in the design and implementation of mental health programs and resources they provide.

Am I eligible to be a participant in this study?
There will be approximately ten participants in this study.

In order to be a participant in this study, you must agree to be in the study, employed in the athletics department of a Power 5 conference institution, and play a role in designing, implementing or evaluating the student-athlete mental health programming at your institution.

You cannot participate in this study if you do not want to be in the study or you do not meet the criteria above.

What will happen if you take part in the study?
If you agree to participate in this study, you will be asked to participate in 60-90 minute zoom recorded interview with the researcher, which will take place at a mutually agreed upon time. Furthermore, you will be asked to provide any documentation available pertaining to the creation, promotion, and assessment of the student-athlete mental health program in your athletics department. This documentation includes surveys, promotional materials, organizational charts, emergency protocols, and other pertinent documents. Documentation will be used as data for this research. The total amount of time that you will be participating in this study is 60-90 minutes.

Recording and images
If you want to participate in this research, you must agree to be audio and video recorded over zoom due to COVID-19. If you do not agree to be audio and video recorded, you cannot participate in this research.

Risks and Benefits
There are minimal risks associated with participation in this research. The risks to you as a result of this research include possible re-identification when this research is published. I will protect participants from being identified to the best of my ability by using pseudonyms and providing aggregate data when appropriate. If participants are identified, the risk of harm to a participant is minor.

There are no direct benefits to your participation in the research. The indirect benefits include contributing to the knowledge of how institutions in Power 5 conferences are implementing the NCAA best practices in their mental health programs for student-athletes, as well as how institutions are assessing the programs they implement. Furthermore, this research can inform policy development as it relates to mental health services and resources provided to student-athletes. Another indirect benefit to the NCAA community is expected in that this research could provide practical examples of successful mental health programming for student-athletes that other institutions may adopt. Furthermore, this research could produce a more refined list of Mental Health Best Practices for the NCAA to consider.

Right to withdraw your participation

You can stop participating in this study at any time for any reason. In order to stop your participation, please contact Heather Ryan, hlryan@ncsu.edu, (919) 681-3160 or Joy Gayles, joy_gayles@ncsu.edu, (919) 513-0924. If you choose to withdraw your consent and to stop participating in this research, you can expect that the researcher(s) will redact your data from their data set, securely destroy your data, and prevent future uses of your data for research purposes wherever possible. This is possible in some, but not all, cases.

Confidentiality, personal privacy, and data management

Trust is the foundation of the participant/researcher relationship. Much of that principle of trust is tied to keeping your information private and in the manner that I have described to you in this form. The information that you share with me will be held in confidence to the fullest extent allowed by law.

Protecting your privacy as related to this research is of utmost importance to me. There are very rare circumstances related to confidentiality where I may have to share information about you. Your information collected in this research study could be reviewed by representatives of the University, research sponsors, or government agencies (for example, the FDA) for purposes such as quality control or safety.

How I manage, protect, and share your data are the principal ways that I protect your personal privacy. Data that will be shared with others about you will be de-identified but re-identifiable.

> **De-identified**. De-identified data is information that at one time could directly identify you, but I have recorded this data so that your identity is separated from the data. I will have a master list with your code and real name that I can use to link to your data.
>
> **Re-identifiable**. Re-identifiable data is information that I can identify you with indirectly because of my access to information, role, skills, combination of information, and/or use of technology. This may also mean that in published reports others could identify you from what is reported, for example, if a story you tell us is very specific. If your data is re-identifiable, I will report it in such a way that you are not directly identified in reports. Based on how we need to share the data, I cannot remove details from the report that would protect your identity from ever being figured out. This means that others may be able to re-identify from the information reported from this research.

Future use of your research data

Your information, even with identifiers removed, will not be stored or distributed for future research studies.

Compensation
There is no compensation for participating

What if you have questions about this study?
If you have questions at any time about the study itself or the procedures implemented in this study, you may contact the researcher, Heather Ryan, hlryan@ncsu.edu, (919) 681-3160 or Joy Gayles, joy_gayles@ncsu.edu, (919) 513-0924.

What if you have questions about your rights as a research participant?
If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact the NC State IRB (Institutional Review Board) Office. An IRB office helps participants if they have any issues regarding research activities. You can contact the NC State IRB Office via email at irb-director@ncsu.edu or via phone at (919) 515-8754.

Consent To Participate

By signing this consent form, I am affirming that I have read and understand the above information. All of the questions that I had about this research have been answered. I have chosen to participate in this study with the understanding that I may stop participating at any time without penalty or loss of benefits to which I am otherwise entitled. I am aware that I may revoke my consent at any time.

☐ **Yes, I consent to participating in this research study**

Name_____

Today's Date _____

☐ **No, I do not consent to participating in this research study.**

Thank you for your consideration.

Appendix D
Interview Protocol

Participant's Pseudonym: _____
Place Pseudonym: _____
Researcher/Interviewer: Heather Ryan
Scheduled Time: _____ Date: _____
Start time _____End time _____

RQ1: How are mental health programs in athletics departments determining the mental health needs of their student-athletes?

RQ2: What actions are mental health programs in athletics departments taking to promote positive health environments while considering socio-ecological factors impacting the mental health of student-athletes?

RQ3: How are mental health programs in athletics departments working to prevent mental health concerns among student-athletes while considering socio-ecological factors impacting the mental health of student-athletes?

RQ4: How are mental health programs in athletics departments evaluating their mental health interventions and programming?

Part 1

I. Introduction

A. Purpose of study
B. Reminder of confidentiality and freedom to withdraw from study

Part II

I. Office Structure

A. Can you tell me about the structure and staffing of your office?

- Full Time/Part Time/GA's
- Licensure of staff
- Hours available
- Location of services? (specific building and in relation to where SA's spend time)
- Are athletic facilities all in one space?
- Location of workshops or programming
- Partnerships with campus or other sources?

B. Who do you directly report to and where does your office fall in the organizational structure of the department?

- Funding? Budget?

V. Programming

1. **Can you talk a little bit about the psychiatric and counseling services you offer your student-athletes?**

- Individual, group, substance abuse, tele-therapy, face to face, sport performance, how are student-athletes referred to you?

2. **What other resources and programming (besides counseling) are available to student-athletes through your office?**

- Educational testing
- One time workshops
- Semester long programming
- Forums
- Promotional game days
- Social media campaigns
- Title IX/Sexual Harassment training
- Bystander training
- Healthy relationship workshops/One Love
- Alcohol and Substance Abuse education,
- Eating disorder education,
- Stress relief workshops
- Injured athlete groups

VI. Assessment and Monitoring

A. How do you determine what programs, resources, and services you are going to offer every year?

- Collaboration with campus
- Feedback from coaches or staff
- Use of pre-participation assessment
- Knowledge of student-athlete culture
- Hot topics in NCAA legislation
- Student-athlete input

VII. Promoting Positive Mental Health Environment

1. **Pre-COVID, how did you promote your resources and programs?**

- Coaches?Flyers?Emails?

2. **Do you believe all student-athletes know how to access the resources you provide?**

3. **How do you educate coaches about mental health, mental health concerns, and the stigma associated with mental health and help seeking behavior?**

- Staff?- trainers, academic advisors, strength and conditioning staff
- Administration?- sport administrators, athletics directors
- Language use
- Team specific education/outreach?

4. **Coaches: How do you (or do you) consider coaches and their impact on SA's when determining programming?**

5. **Do you utilize coaches in promoting your programming and services? What about in referrals and identification of possible mental health concerns?**

- How about teammates?
- Parents? Do you see recruits or communicate with parents?
- Campus/Faculty/Staff?
- NCAA rules and regulations?
- COVID-19?

6. **How do you work with student-athletes in non-traditional situations such as those taking a leave of absence from the institution or returning to the institution?**

- Those no longer on the team but remaining at the institution?

7. **How do you monitor injured athletes from a mental health perspective?**

VIII. Interventions and Assessment of Programs

A. Do you have a protocol for emergency mental health situations?

- Is it documented?
- Are SA's and athletics department staff trained to utilize it?

B. Protocol for non-emergency mental health situations?

- How is this process communicated to coaches, staff, parents and student-athletes?
- Is it documented?
- Do you have a process for referrals strictly due to injuries and concussions?
- Do you ever communicate either of these protocols to recruits?

C. How do you partner with any campus or community groups when providing mental health resources or programming?

D. How do you collaborate with campus administration, student affairs, or other campus departments in regards to mental health referrals, assessment of needs, or resources provided?

- Behavioral Assessment Teams
- Communication

E. Ok let's switch gears again and talk a little bit about assessments and evaluation…how do you determine success of your mental health program?

- End of year evals, program evals, informal feedback from participants?

F. What do you think you do really well in your program?

G. What could you improve upon?

H. What do you think the next steps the NCAA should take to improve SA mental health?

IX. COVID-19

A. What changes have you had to make to your service providing due to COVID-19?

B. How do you foresee your operations changing post-COVID-19?

C. What strategies and practices have you put in place since COVID-19 do you think you will continue to utilize?

<u>Part III</u>

X. Concluding Thoughts

1. **Do you have any additional information you would like to share, but may not have gotten a chance to through the course of our conversation?**
2. **Is there anyone else involved in the design, promotion or assessment of your mental health programming for student-athletes who might be helpful to speak to for this research?**

Appendix E
Document Analysis Protocol

Institution:

Document Analyzed (include URL or upload picture of the document if applicable):

Date:

Assessment and Monitoring

1. Does the document aid in determining the mental health needs of the student-athlete population? If yes, how?

2. Does the document aid in determining the mental health needs of individual student-athletes? If yes, how?

3. Provide any meaningful direct quotes or relevant information from the document here:

Promoting Positive Health Environment

1. Does the document aid in promoting a positive mental health environment for the student-athletes? If yes, how?

2. Provide and meaningful direct quotes or relevant information from the document here:

Prevention

1. Does the document aid in the prevention of mental health concerns among the student-athlete population? If yes, how?

2. Provide and meaningful direct quotes or relevant information from the document here:

Intervention and Assessment

1. Does the document explain or aid in mental health interventions for student-athletes? If yes, how?

2. Does the document aid in understanding how athletics departments assess their mental health programs for student-athletes?

3. Provide and meaningful direct quotes or relevant information from the document here:

Socio-ecological considerations

1. Does the document relate to the socio-ecological environment of student-athletes? If yes, indicate what layer: SA-student-athlete, AD-athletics department, CC-campus community, CI-community influence.

2. Provide meaningful direct quotes or relevant information from the document here**:**

General Feedback/Comments regarding the document:

Potential documents for analysis

Campus Maps
Organization Charts
Mental Health Referral protocols (emergency and non-emergency)
Training Materials (for coaches, administration, staff, and student-athletes)
Evaluation Materials- materials used to evaluate/assess mental health programs
Surveys- end of year exit interviews or team surveys evaluating mental health programs
Logic Models for mental health programs
Social Media of athletic department, conference, and mental health unit within athletics
Athletics Department websites
Conference websites
Pre-Participation screenings