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A QUALITATIVE STUDY ON TEAM AWARENESS OF MENTAL HEALTH AND THEIR RESOURCES

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### **Abstract**

Mental health issues in student athlete populations is something that is gaining attention from the NCAA and mental health professionals. The mental health resources provided by athletic departments is not consistent across the 351 NCAA Division I universities nor mandated by the NCAA. The purpose of this study was to examine whether student athletes at a Division I university knew what their mental health resources were; if they felt that mental health was an issue that affected their team and to improve our understanding of why student athletes aren't seeking help. 10 participants were recruited through the athletic department at a Division I NCAA university. The participants were female cross-country runners with a median age of 20.4 and the head coach. Qualitative data was collected using in-person interviews that were conducted with each of the women and the coach. A hierarchical content analysis was used to code the interviews and major themes were found using inductive and deductive elements. The 10 interviews were transcribed and coded to find 15 raw data themes that were coalesced into 9 sub-themes. These 9 subthemes fell under three major categories. The three major categories that emerged were; the importance of physical performance, awareness of mental health and the resources and relationships with the athletic department faculty. The results showed that two of the ten athletes interviewed knew what their resources were and who to contact in case they were experiencing mental health issues. These results are similar to the limited studies done in this area of research. The athletes also believed that anxiety, eating disorders and stress were the main issues affecting their team. The findings indicated that relationships played a major role in how comfortable athletes were with disclosing mental health issues.

### **A Qualitative Study on Team Awareness of Mental Health and Their Resources**

Student athletes are trained to perform well on the field and expected to excel in the classroom. These pressures can lead to increased levels of stress, anxiety and other mental health issues in collegiate athletes. The National Collegiate Athletic Association has guidelines and plans for athletes that are physically injured, but fail to mention the injuries that are not physical. Mental health is a growing issue in collegiate sport. The NCAA Division I manual states that intercollegiate athletic programs shall be conducted in a manner designed to protect and enhance the physical and educational well-being of student athletes and that it is the responsibility of each member institution to protect the health and provide a safe environment for each of its participating student athletes (2007). Providing a safe environment and enhanced well-being of the student athlete should include a proactive approach to mental health resources. The World Health Organization defines health as a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity.

The University Athletic department that is being used for this study uses a psychologist for its athletes that has an interest in sport psychology. The sport psychologist is a part of the psychology department on campus and employed by the university and not the athletic department. An academic department on campus has created a psychological skills website for its athletes and coaches to utilize. The blog has sport psychology students and professors that are contributors, they write about stress management and concentration exercises among other topics. The University's athletic department need to make their athletes aware of what resources are available to them.

This study will focus on female cross country runners and their mental health issues. Madison Holleran, a freshman cross country runner at The University of Pennsylvania, committed suicide in 2014 (Volk, 2014). She left a note and gifts for her family before leaping from the top of a 4-story parking garage (Volk, 2014). Kathy Orsnby, a cross-country runner from North Carolina State University, attempted suicide during one of her races. During the NCAA championship race she ran off the track, went over a fence and jumped off a bridge, she survived, but was left paralyzed from the waist down (De La Bruyere, 2014). Mary Waseter, a distance runner at Georgetown, jumped off a bridge into the Susquehanna River and like Orsnby, she survived but was paralyzed from the neck down (De La Bruyere, 2014). There have been athletes at the division I level that have committed suicide, not just in cross country, and athlete's that have reported feeling lonely, stressed or anxious, the questions that's left is, what are the athletic departments doing to help their student athletes that are struggling?

The previously listed cases of suicide are rare among long distance runners but the feelings of inadequacy are not rare. A study found that female college athletes had a higher prevalence of depression than their male counter parts (Yang, Peek-Asa, Corlette, 2007) including weight and diet issues being high stressors for them (McCarthy, 2015). For this study am observing a female cross-country team and their coach's awareness of mental health prevalence, how important it is to them and what resources are available to them. My first hypothesis for this study is that there will be a discrepancy between how the team views their own mental health issues and how the coach views it. The second is that is if the women on the team are asked about the resources available to them they will be unaware of the resources. It's important for athlete's to be informed on what their resources are when seeking help and feel

comfortable when reaching out. The athlete's may hide things from coaches because they don't feel comfortable disclosing personal information to them. The purpose of this study is to understand why athlete's may not disclose personal information with their coaches and to learn what can be done to bridge the gap between the coach and student-athletes and informing them early on what can be done to help their mental health issues.

## **Literature Review**

### **Prevalence of Mental Disorders in Athletes**

Participation in intercollegiate athletics puts stressors on the student-athlete that can increase the risk for mental health issues. The unique stressors of intercollegiate athletic participation include the physical demands of training and competition, the time commitment to their sport, sustaining a time-loss, season or career-ending injury, having difficulty interacting with teammates and coaches, and struggling with poor sports performance (NCAA, 2006). Mental health and physical performance go hand in hand. Some evidence suggests that there is an elevated risk of injury and diminished athletic performance among athletes that are experiencing symptoms of depression (Weise-Bjoirnstal, 2014). Physical performance can be hindered and should be a concern for coaches and athletic trainers.

In the college student-athlete age group (18-25) roughly one in every four individuals meets the criteria for a diagnosable mental health disorder (Neal, Sullican, Coppel, Maniar, Baillie, Quandt, 2015). Over a 9-year period it was estimated that suicide accounted for 7.3 percent of student athlete deaths (Rao, Asif, Drezner, Toresdahl & Harmon, 2014). The NCAA (2014) has stated that about 25% of female athletes and 20% of male athletes suffer from

disordered eating. In a study done by the American College Health Association it was found that out of 195,000 athletes, 30% reported that they felt depressed in the last 12 months and 50% reported feeling overwhelmed and had anxiety over the same period. Another study found that 85% of student athletes surveyed felt very lonely in the last 12 months (Davoren & Hwang, 2013). Estimates indicate that more than 20% of the adult population experience a mental illness each year, the highest rates among young adults and most of whom are in college (Substance abuse and mental health services administration, 2010). Additionally, other estimates indicate that 12% of the population has a serious mental health condition and around 10% of the college student population thinks about killing themselves (Ching, 2015).

Making the transition from high school to college, whether you participate in collegiate sports or not, can be stressful for any student (Wilson & Pritchard, 2005). Some research acknowledges that participation in athletics can serve as a buffer to stress however, studies also suggest that athletic participation itself can become an additional stressor that traditional college students do not experience (Wilson & Pritchard, 2005). Injury/athletic injury, fear of failure, time constraints and intense training are additional stressors that student athletes face. A study looking at the prevalence and risk factors and symptoms of depression in NCAA Division I athletes found that of the 1,169 students, 33.2% of athletes have experienced symptoms of depression. This is close to the 30% that the ACHA found in their 2014 study. Lower classmen also reported higher symptoms of depression than upperclassmen (Cox, 2015). This could speak to the difficulty of the transition that freshman go through when first starting college, the learning curve can be cut by informing student athletes when they first arrive to the campus on their mental health resources just as they are educated on the training room and injury

prevention. Many freshmen must learn to successfully navigate the increased academic and social demands associated with college success, the freshmen student athlete has the additional stress of athletic responsibilities and unique sources of stress not encountered by the student non-athlete (Wilson & Pritchard, 2005).

The full range of mental health issues found in the general student population can also be found in the life of a student-athlete. Studies have found that prevalence of mental health disorders in student athlete populations was similar to that of the non-athlete populations (Yang, Peek-Asa, Corlette, Cheng, Foster & Albright, 2007). The mental health of a college student is challenged by any number of factors of student life, and participation in athletics does not provide the student-athlete with immunity from mental health issues (NCAA, 2006). In a study comparing stress levels of student athletes to non-student athletes it was found that athletes reported more stress in conflicts with family, having a lot of responsibility, not getting enough sleep, and heavy demands from extracurricular activities than their counterparts. Currently there are no specific requirements for an athletic department to educate their athletes about mental health and where they can go to receive the mental health treatment that they need. The article stated that adequate education and exposure to mental health resources will increase athlete awareness to mental health issues and treatment and can help get rid of the stigma (Cox, 2015).

### **Resources Provided by NCAA**

In 2013, Brian Hainline, the Chief Medical Officer of the NCAA, declared mental health to be the number one health and safety concern for the NCAA and convened a task force to



study student athlete mental health issues, and (American Foundation for Suicide Prevention, 2015; (Neal et al, 2015). The NCAA has acknowledged that this is a major issue for its student athletes but has not mandated whether athletic departments should implement a certified sports psychologist onto their staff. Mary E. Wilfert, Associate Director of the NCAA Sport Science Institute, stated, "Intervention cannot come out of the national office ... we are not a medical organization," when asked about mental health resources (American Foundation for Suicide Prevention, 2015).

The NCAA and its Sport Science Institute has recently created a "Mental Health Best Practices" document that outlines the best practices for understanding and supporting student athlete mental wellness. The document states that an interdisciplinary team, that supports student-athlete mental wellness, should be established at many universities (SSI, 2016). This team would only be viable if the university has the resources available to create such a team and it is not a mandatory interdisciplinary team so if the resources/funds were available the athletic departments would not have to put it towards that. However, the NCAA does require athletic departments to have a team of athletic trainers and physicians to help the student athletes with injury prevention and therapy for injuries. The NCAA requires physical exams for its student athletes and even screenings for sickle cell anemia and others. The Best Practices guidelines suggest that every athletic department should have a procedure for management of emergency mental health situations and routine mental health referrals. These procedures should specify both the steps that will be taken to support a given student-athlete who is facing a mental health challenge, and the role-specific training about mental health signs and symptoms (SSI, 2016). The National Athletic Trainers' Association has recommended a series of

nine questions about mental well-being for inclusion in pre-participation exams. The questions serve as a starting point for mental health screenings. An answer of yes to any of the nine questions leads to a follow-up discussion between the student-athlete and a member of the primary athletics health care provider (SSI, 2016). The Best Practices handbook contains recommendations for athletic departments to follow in proactively handling mental health issues.

A student-athlete's mental health might be viewed as secondary to physical health; however, it is every bit as important for healthy performance (NCAA, 2007). The NCAA came out with a handbook titled, *Managing Student-Athletes Mental Health Issues* and it goes over the different types of mental illness that plague student athletes like, depression, eating disorders, and substance related problems. Its purpose is to provide information that coaches and administrators can use to effectively identify student athletes who are at risk or experiencing emotional symptoms. This can allow for quicker recovery and less or fewer severe health complications (Maniar et al, 2005). The handbook states what factors put student athletes at risks and the signs and symptoms of a mental health problem. It lists the behavioral, cognitive, emotional and physical symptoms that one can experience. The book discusses the main disorders: mood, anxiety, eating and substance disorders, in their own chapters. Mood disorder discusses depression and what to do in cases where the student athlete is suicidal. The anxiety disorder chapter delves into panic attacks, stress, general anxiety, and obsessive compulsive disorder. The final chapter deals with management and treatment issues, this helps the coach with approaches to student athletes and what to do when an athlete approaches them (NCAA, 2007). It highlights that coaches and athletic staff should know the signs and

symptoms first and foremost to be able to manage their athlete's health better. There are resources available to athletic departments on how to handle and manage stress, like the Mind, Body and Sport handbook that is passed out, however, it is overlooked because the NCAA does not require or regulate mental health issues at universities.

Additionally, in 2014, the NCAA developed a handbook called Mind, Body and Sport: Understanding and Supporting Student-Athlete Mental Wellness that covers the different elements of mental health. It explains what mental illness is and the different signs and symptoms of mental health disorders, coping methods, and limitations to the use of psychologists on campus, and other environmental and injury factors that are unique to student athletes and what the athletic department can do to care for the student athletes. The handbook is available for all athletic departments to use but isn't necessary for them to have.

### **Help Seeking Attitudes in Athletes and Coaches**

Some people can be apprehensive about asking for professional help when it comes to their mental health, whether it be going to the medical doctor, counselor, or sport psychology consultant (Martin, 2005). Help seeking behavior is an adaptive mode of coping with personal concerns or problems. Individuals who are more willing to seek help for their problems experience better adjustment and fewer emotional and behavioral problems (Watson, 2005) which for student athletes it can affect their playing performance and school work. Studies show that 10% of college athletes suffer from psychological and physiological problems that are severe enough to require counseling intervention. Even more alarming is the fact that college student athletes tend to avoid seeking out available counseling, so the percentage of student

athletes who may require this kind of intervention is possibly higher than this figure (Wilson & Pritchard, 2005). Male athletes may be more resistant to sport psychology services than females because of the aggressive nature of men's sports (Martin, 2005). Coaches and student athletes tend to minimize mental disorders because of the mental toughness expectation and as a result student athletes avoid disclosing a mental health issue (NCAA, 2014; Martin, 2005). In Martins study, there were 793 student athletes questioned. They used the Sport Psychology Attitudes-Revised form to determine their attitudes towards sport psychology consulting. Male athletes, younger athletes and athletes who have been socialized in sports that involve physical contact may have a stigma toward seeking sport psychology consulting. This is because women tend to have a greater tolerance to the social stigma associated with seeking psychological help than men do, they are also more open to help-seeking views than men (Martin, 2005). Athletes who had previous experience with consulting had a great appreciation of sport psychology and mental skills. (Martin, 2005).

The Watson study looked at the attitudes toward help-seeking behaviors about counseling of 135 college student athletes and 132 non-athletes. This is to help identify any differences in the approach to mental health issues in each population. For some student athlete's participation in sport can lead to issues of emotional-illness and psychological distress and it can make them more susceptible to mental and physical distress (Watson, 2005). Student athletes have become conditioned to learn that there is no I in team and this ideal may lead students to view help-seeking as a sign of weakness and that they shouldn't be concerned with their wellbeing unless it is affecting the team performance. The findings supported claims that student athletes have less positive attitudes towards help-seeking behavior than their non-

athlete peers. Athletes may feel uncomfortable seeking help outside of the athletic department from service providers who may not understand the needs and pressures faced by student athletes (Watson, 2005).

Wrisberg, Loberg, Simpson and Withycombe (2010) designed a study to assess NCAA D-I coaches' ratings of their willingness to encourage their athletes to see a sport psychology consultant, to support possible roles for an SPC at their university and their willingness to seek mental training services for a variety of purposes. The participants in the study were 815 D-I NCAA coaches. The results showed that a higher percentage of coaches were willing to encourage their athletes to see a consultant for performance related issues than for personal concerns and mental health issues. The coaches were favorable in making SPC services available to athletes and for including a SPC as full time employee of the athletic department. A high percentage of all coaches were favorable in their support for having an SPC at their institution if other schools in their conference or in the NCAA were doing so. If one larger school in the conference would implement a mental health care plan for their athlete's, it's possible more schools would follow along so the other universities don't have a one up on them. It's important for athletic departments to have the best of the best and that should include taking care of student athletes mental wellbeing. This article also looked at whether race, gender and ethnicity were a factor in any of the questions being asked and they found that female coaches were more open to using a SPC than male coaches were. Many coaches commented that focusing on mental health is just as important as focusing on physical health and academic support. However, some coaches that were opposed to the SPC stated that athletes are too taken care of and that they need to "man-up" (Wrisberg et al, 2010). The idea that some

coaches think it's a matter of a need to man-up, it could prevent them from seeking help and result in deadly consequences for that athlete. The education on mental needs to start with the coaches and the athletic trainers.

### **Education on Stigma and Symptoms**

The stigma that is still stubbornly attached to mental health issues can inhibit a student-athlete from seeking an evaluation and care (NCAA, 2014). Stigma of mental illness can be defined as the negative attitude (based on prejudice and misinformation) that is triggered by a marker of illness (Sartorius, 2007). The stigma doesn't stop at the illness, it also affects family members, institutions that provide treatment and mental health workers (Sartorius, 2007). Stigmas make it more difficult for student athletes who don't have easy access to mental health resources get the help they need. There are three approaches identified that help curb the stigmas on mental health: protest, education and contact (Penn & Couture, 2002). Protest is telling the public to stop believing negative views about mental illness. For education, there is evidence that individuals who possess more information about mental illness are less stigmatizing than individuals who are misinformed about mental illnesses. There is also evidence that increased contact with persons that have mental illnesses can change a person's perspective of mental illness (Penn & Couture, 2002).

Depression is prevalent but tends to go under-detected, underdiagnosed, and under-treated however, better recognition and treatment of this illness can reduce suicide and depressive symptoms. More than 800,000 deaths per year are from suicide and the number of attempts is about 10 million. It is expected that more widespread treatment of depression

reduces the number of suicide victims. (Rihmer, 2001). The NCAA came up with guidelines for athletic departments to follow in the Sport Medicine handbook, but they aren't mandated. It is imperative that athletics department personnel, especially coaches, athletic trainers and academic advisors, notice team members' behavioral changes and emotional struggles (Maniar, Chamberlain & Moore, 2005). This is when education on information regarding mental illnesses may be more effective in reducing stigmas toward anyone with mental illness (Penn & Couture, 2002). Signs to watch for include changes in sleep and/or eating, difficulties in concentrating, decreased performance in school and/or sport, diminished interest or pleasure in most activities, increased fatigue or loss of energy, feelings of sadness, and feelings of worthlessness or excessive guilt (Maniar et al, 2005). Educating athletes, coaches and administrators about mental illnesses could be the best route when trying to make athletes more comfortable in asking for help and in turn could reduce the number of athletes that are suffering from undiagnosed mental health illnesses. Additionally, in 2014, the NCAA passed out *Mind, Body and Sport: Understanding and Supporting Student Athlete Mental Wellness* to 1,110 NCAA Athletic Directors (Cox, 2015). This is a tactic to move away from the stigma towards mental health and help with student athletes and their coaches' reluctance to seek help for mental health issues.

In 2015, the NCAA updated a bylaw that could impact student athletes' mental health. Bylaw 17.02.1, *Countable Athletically Related Activities*, states that, "countable athletically related activities include any required activity with an athletics purpose involving student-athletes and at the direction of, or supervised by, one or more of an institution's coaching staff (including strength and conditioning coaches) and must be counted within the weekly and daily

limitations,” (NCAA, 2016). The new update would count meetings with a sport psychologist towards the weekly allowable hours (Neal et al, 2015). The sport psychologist may attend and watch but their presence at practice does not count toward the coaching limitations, however, the psychologist cannot provide any technical or tactical instruction related to sport or make or assist in tactical decision making related to the sport (Condaras, 2016). The issue with this bylaw including sport psychologist may make student athletes more reluctant to get help if it means they will get less practice time. The stigma with mental illness already hinders the probability to get help and this only adds to the stigma, rather they should be encouraged to attend mental health counseling sessions as a part of their overall health care (Neal et al, 2015).

### **Providing Mental Health Resources**

Most coaches and athletic trainers are not equipped and/or trained to help a student-athlete with depression. Over the past decade, more universities have been moving to a model in which athletics has a dedicated in-house psychologist or a shared position with a counseling center (NCAA, 2014). These positions provide greater flexibility in terms of overall access, and having a person familiar to the department increases use as well as referral (NCAA, 2014). Therefore, a referral network of qualified mental health professionals should be established in every athletics department. Athletic departments can provide even greater benefits to their student-athletes by employing mental health professionals who have experience with sport psychology. Sport psychologists have a better understanding of the unique culture of athletics and are trained to provide tailored mental health services to athletes to better fit their needs. (Maniar, Chamberlain & Moore, 2005). Additional benefits may include reduced concerns about



higher-profile athletes being identified as being in counseling, consistency of treatment with the sports medicine team, increased availability to consult with or provide training to coaches and athletics administration (Manier et al, 2015). Having an in-house psychologist also allows for greater awareness of the culture around athletics at a particular institution, which may be useful in helping student-athletes adjust or work through related pressures and could allow them to feel more comfortable getting help (NCAA, 2014).

Mind Body and Sport provides a list of eight components that are suggested for creating a mental health service on college campuses. They are: Identifying members of the mental health services team, raise awareness of the mental health services available, screen, recognition and appropriate referral, communicate among members of the mental health services team, medication management, crisis management plan, risk management and transition of care (NCAA, 2014). The NCAA includes a section in the Sport Medicine Handbook that goes over mental health interventions and what behaviors to monitor. The production of these handbooks display that the NCAA is trying to create a focus on it and it allows the athletic department a starting off point from when they first decide to implement a mental health service to the athletes. Probably the most serious mistake that anyone can make in mismanaging a student-athlete with a mental health problem is to respond as if the problem is trivial or is a sign of weakness (NCAA, 2007). Knowing how to respond or approach is very important when helping someone with a mental health issue. Educating coaches and bettering their ability to identify and refer (NCAA, 2007) in dealing with them can be life or death for some athletes.

The key is to take proactive steps in providing mental health care to student-athletes. Coaches and administrators can be approachable and vulnerable (McCarthy, 2015) to encourage student athletes to feel comfortable with their coaches. In a study, when student athletes were asked if these students knew where they could get help 25% responded no and that 44% were not educated on mental health by their athletic department (Cox, 2015). Student athletes should be educated on their options when they first enter that athletic program because many students coming to college have pre-existing mental health conditions (McCarthy, 2015) or could develop conditions while attending college.

### **Conclusion**

Overall, this study is important for many reasons. The NCAA has acknowledged that mental health well-being is a serious and growing issue for its athletes and that it should be taken as seriously as physical injuries. It can affect a student athlete's performance and their school work negatively. The NCAA currently has no regulation put into place for mental health support, they give recommendations on how to handle it but athletic departments don't have to follow through with implementing programs to help. Some NCAA Division I schools have implemented sport psychologist onto their staff by choice (Wrisberg et al, 2010). I believe that student athletes that are educated on their mental health resources right away will be better off than those that are uneducated. The education of mental health should start as soon as possible for student athletes when they come in as freshman. The coaches, athletic trainers and other important staff members need to be educated as well to better cater to the needs of the student athletes. The athletes themselves should also have a say in the type of care they feel would best support them.

## **Method**

This study was grounded in a cultural studies epistemological standpoint, meaning that one perceives reality based on interactions with other people and that multiple realities exist (Krane & Baird, 2005). This is dependent on social interactions with other people. The participants create ideas on mental health based on their interactions with the people around them and the atmosphere that is created in their environment. There is not one sole definition or experience related to mental health issues and what causes them. Mental health is a complex issue and subjective issue that exists in the sport and exercise world and as well as an accurate truth about mental health in this selected population. To investigate this question, females on a cross country team were targeted and asked to participate in interviews.

### **Participants**

The participants in this study were nine females on a Division I University cross-country team and the head coach of the team. The females ages ranged from 19 to 22 years with an average age of 20.4. The team consisted of one freshman, three redshirt freshmen, one redshirt sophomore, one junior and four redshirt juniors. A redshirted athlete is an athlete that is withdrawn from college sporting events for year to develop skills and extend their playing eligibility by another year. The other participant in this study was the head coach of the cross-country team.

### **Procedure**

Approval from the universities Institutional Review Board was granted as well as approval from the Universities Athletic Research Committee. An email was sent to the team and the coach to gain access to the team. The participants that responded the participants

were given informed consent forms that outlined the purpose of the study and ensured their confidentiality and demographic information was collected.

A separate one-on-one interview was conducted with each participant and the interviews were recorded with a voice recorder. The interview was moderated with a semi-structured format designed with open ended questions. All participants were informed of the recording process and the format of the interview. The one-on-one interviews were chosen so the participants didn't have to disclose information to teammates if they did not wish and to uphold their confidentiality among their teammates. The participants were given introductory questions to get them comfortable with the interviewer before focusing on the mental health questions. The subsequent interview questions were guided to ask the participants about their views on mental issues that affect their team, how it affects them and what resources they have available to help with their mental health. The questions were used to stimulate discussion and gather the experiences of every athlete on the team.

#### Data Analysis

Data from the athletes were transcribed verbatim and a hierarchical content analysis was conducted that included both inductive and deductive elements (Sparkes & Smith, 2014). This type of content analysis finds patterns in the data collected and divides these patterns into categories and order the categories that have been collected. The deductive elements of the project came from the prior knowledge about mental health in student athletes from previous studies (NCAA, 2014). Following the data collection process, meaningful quotes and statements from the raw data were interpreted into different themes and were coded as a meaning unit or essence phrase (Makyut & Morehouse, 1994). These essence phrases helped develop the raw

data themes that represented the similar phrases emerging from the athletes. This analysis then progressed to a higher thematic level that clustered the raw data themes around more common category, creating nine sub themes from the data. The nine subthemes were then organized into three higher order categories. The data included 15 raw data themes, these were then organized into nine subthemes and those were organized into three major themes that emerged from the data collected. The data was cross checked to confirm that every theme was accounted for and correctly categorized.

The process of reliability and validity in qualitative research have remained debated (Sparkes & Smith, 2014) and can be hard to determine. The trustworthiness during the data analysis portion of this project was rooted two main methods of maintaining credibility. The interviews were transcribed verbatim and the athletes from each interview were asked to look over the transcript to ensure that the data collected was correct and it was their statements being used in the data analysis, this process was used for every participant. The participants were also given the chart of the final three major themes that emerged with the data and explanation of these themes. The participants verified that the information was interpreted to accurately represent their views on mental health and mental health resources. Additionally, the interview questions were tested by a pilot interview with a cross-country runner that is no longer on the team to ensure that the questions made sense to the participant and there was a clear flow of questions and the answers could be coded in a hierarchical thematic analysis. This pilot interview was used to guide the actual study and ensure the study was rid of any inconsistencies in the interview process.

## **Results**

The ten interviews that were conducted revealed 15 subthemes in the data analysis portion. These 15 themes were coalesced into nine subthemes that were categorized into three major themes. These major themes were; the importance of physical performance, awareness of mental health and their resources and, relationships with team staff. Figure 1 illustrates the content of these three themes and the three subthemes that correspond with each theme. Each of these themes will be displayed through using specific quotes from the athletes, who will be quoted using ID numbers to conceal their identity by assigning a number to the athlete (e.g. A1,A2).

### **The importance of physical performance**

Every athlete that was interviewed brought up the importance of their performance physically being a factor in their relationship with their coach. There was uncertainty about where their relationship would stand if they stopped performing as well. These were stressors that they experienced related to their physical performance.

A1: I noticed once my times started improving coach paid more attention to me. It's been nice because I've never received attention like that from him before.

A5: I got injured and haven't been running as fast as I used to and I feel like I'm on the back burner for now, I just think

A3: I definitely noticed that once I got faster my relationship with coach progressed but before I wasn't really paid as much attention to as the other girls, I don't think he did it on purpose but I obviously wasn't a vital member of the team at the time, like I am now.

A7: I know I'm not as good as the other girls but I wish I wasn't brushed aside, I think he just focuses too much on the others.

The athletes stressed the importance on their physical performance and the effect it had on their coach. They felt pressured to perform well to get attention from their coach. The attention also seemed to show up on a race by race level as well.

A3: Pretty much every time I have a bad race he won't talk to me afterwards and he usually does. I know he just wants us all to do our best but when we don't its frustrating, I just wish he would give us some sort of feedback.

A6: After most of my races coach doesn't really talk to me until the next day at practice. I'd would like talk to him about the races afterward like he does with other girls. It just makes me feel like he doesn't care.

A4: I remember one time I had just come off a few great races and this race my legs were tired and I didn't race well at all and he didn't really talk to me about it afterward and I was little annoyed by that because I like to get instant feedback after my races.

The athletes noted that they liked to hear back from the coach about the races and get some constructive criticism about what they could have done better. They understood that he wanted the best performance out of them but they wanted more communication from their coach. The athletes noticed he had closer relationships with the faster athletes.

A2: He is a lot closer with the faster athlete's and when we break up into groups in practice he usually goes to their portion of the workout. I don't know if I can blame him for it but it's usually obvious, some of the girls don't like it.

A3: He's a good coach and he knows what he's doing I just think sometimes he notice what he's doing may get to some of the girls by not paying attention to them.

A8: I haven't been here too long but I've noticed that he favors the better girls a bit. I don't think we should have to do that, fight for attention.

The athletes discussed their mental health and performance and some felt that they weren't comfortable with disclosing their mental health issues and that they felt much more comfortable with getting help for physical injuries. They only became concerned with their mental health when it affected their performance and they felt that their coach had the same feeling towards it. The athletes noticed that there wasn't much of a concern placed on their mental health unless it hindered their performances.

A2: I wouldn't go to coach for anything other than my physical injuries. If I was struggling because I'm so stressed out I'd be hesitant but I'd probably eventually ask for help.

A9: I think that mental illness has gone unnoticed on our because it wasn't affecting performance and this case was pretty bad. I was closer to the person having issues and I had my own issues going on last year but this was bad and they ignored it because she was performing so well. It's almost like they were rewarding her for being unhealthy. They didn't do anything about it until it was a serious health concern. It's not okay.

A3: I've seen people that are definitely not okay and nothing was really done because they were still performing fine but once an injury occurred because of not getting enough nutrients there was all this focus on the issue but after it happened again they ignored the problem because of the performance. I think it happens on every team



though if someone is performing well you don't really seem to notice anything else especially if they are good at hiding it.

A5: I know I was struggling mentally and I choked in my races last season. I was just afraid to say something because if they asked me I wouldn't be able to show them why I was running so slow, I couldn't just point to my injury and say that's where it hurts. It's complicated.

### **Awareness of Mental Health Resources**

The second dimension the student athletes discussed what their mental health resources were and what they would have liked to have available to them as student athletes. For many, having these resources were important and they saw a beneficial outcome if they did implement a plan to help control their stress and anxiety. The student athletes discussed their awareness of the mental health issues that affected their team. They talked about their experiences with stress, anxiety, eating disorders and depressions. There was an existence of these mental issues that the athletes disclosed.

A6: There are a lot of issues on our team. I think we struggle with eating disorders, stress and anxiety mostly. I've had to get help for my depression, I finally went to coach and had to get help but some people haven't done that for themselves and I know they won't.

A3: I definitely think that stress, anxiety and eating disorders affect the team. Some people have had to get help for their eating disorders but there are others that I've seen get worked up before races and ended up not running because they were so stressed. I haven't experienced it but it is frustrating to see your teammate struggling.

A9: I don't really suffer from depression or anything but I did have a panic attack before a big race and didn't do well.

A8: Our team has a lot of issues with stress and eating disorders, I think it gets out of hand sometimes and we don't know how to confront it.

A5: Some issues have been addressed before but it seems like only when it's too late for some people

The student athletes were asked if they knew who they could contact if they were having issues and they discussed what they had been informed of as athletes from the department. There was some prior knowledge of who they could go to and what their resources were. Only two of the nine athletes interviewed knew what their resources were as athletes, these athletes learned what their resources were from classes and professors that they have had. The coach acknowledged that there wasn't a good system put in place and that it could be improved upon.

A4: I wouldn't say I know who we can go to if we are struggling, I would go to coach if I was having problems but I couldn't tell you what doctor I'm supposed to see or if we even have a psychologist.

A7: I know that our trainers are an option for us and that we are referred to the psychology department but I learned that in one of my classes. The coaches and others didn't tell me these things.

A1: I know that we should probably go to our athletic trainers and they'll refer us to a doctor but as far as them showing us this stuff when we were coming into the program, I can't remember what they did.

A5: As far as I know they didn't show what our options were, at least I have no clue. I didn't even know we had a sport psychologist that worked with us. I wish I did.

The student athletes discussed the options they wished they had available to them and what they would have liked to have known when coming in as freshman. They expressed interest in learning how to cope with stress and anxiety to help with their performances. The coach was interested in these as well but he wanted it to be more organized and have a set plan if the team were to implement stress management and other psychological skills.

A3: I would definitely be interested in having stress management clinics, I know I struggle with stress sometimes and others do to so it would be beneficial to our team. I think we are all just high achieving individuals and put pressure on ourselves to run fast and maintain one of the highest GPAs in the nation and that can get to you if you aren't used to it.

A9: The team could benefit from having someone come talk to us about our resources and give us a contact other than the athletic trainers and coach.

A2: We've had nutritionist come out and talk to us and show us how to eat healthy and I don't think it helped because those people aren't going to change unless we hit the root cause of it all. What we need is to help with our stress and anxiety, a lot of us put a lot of pressure on ourselves.

The athletes also discussed the stigma around mental health issues and why they are weary to seek help from the staff. Many stated that they were afraid of what the other girls thought about them if they were seriously struggling, they found it easy to talk about small issues but not the big ones.

A2: I don't feel comfortable discussing my issues, with anyone really, I just don't think it would go well. There's a stigma, it's not as bad on our team because we are pretty close but I just don't see it going well.

A7: I'm hesitant to get help because I don't think people would care, it's not a big deal if it's not affecting my performance. It's like if you can't see my injury then I must be fine and I don't want to be that one person sitting out because of it.

A8: There is a stigma, as much as we don't realize it. There are so many things that I see and hear on a daily basis that should be addressed that aren't because it's just not talked about. I'm not saying our team is riddled with mental illness but there are some behaviors that should be addressed or just pointed out and no one says anything or asks for help.

### **Relationships with Team Staff**

The last major theme consists of the athletes discussing their relationships with the head coach, the athletic training staff and their own teammates. The athletes described their relationship with their head coach and discussed what could be improved upon to help them feel more comfortable with talking to him about their mental health issues. The coach acknowledged that his relationship was less personal than other coaches he's met and his athletes elaborated on that. The athletes brought up the relationships they had with their high school coaches to compare the differences.

A7: I think his relationship with is more business-like than I'd prefer. My coach in high school was a lot different and I felt like I could go to him for help with anything and I

don't get that same vibe here. It's not bad or I feel like we are treated poorly there's just a disconnect with the personal side of things.

A3: In high school my coach was very close with all of his athletes. If I were to get a flat tire and I needed help coach wouldn't be the first person I would think of to call and help me but my high school was definitely that person for me. I'd like to have a relationship like that just because this level is a lot harder and I think having that type of relationship would make things a lot easier for us.

A6: I've missed having a close connection with my coaches from high school, I would have so much fun at practices but it is very serious here. We can joke around sometimes and he will joke with us which is nice but it ends there. I'd feel a lot more comfortable going to him for help if I had that closer relationship.

A2: I'm not a very outgoing person and I can understand his philosophy on coaching and not wanting to cross any lines but it's important to understand the needs of your athletes. Some athletes may thrive if they feel like they have a better relationship with their coach. I think its something that should be considered.

The athletes brought up their relationships with each other and how much easier it is to discuss their personal concerns with each other. They discussed why they felt more comfortable going to teammates for help with issues rather than the athletics staff.

A4: I'd go to my teammates before I went to anyone else about my issues. I am really close with a lot of them and I tell them everything so they would be the first to know if I was having an issue.

A7: Going to a teammate is a lot easier for me to get help, I've gone to them before for personal things and I know they most likely don't have the ability to help me but the relationship is just closer.

A2: I don't really talk about things like but if I were to go to anyone it would be a teammate to talk about what I'm going through.

A9: I think most of the girls would talk to each other first. We spend a lot time when we are out on runs and sometimes we will talk about things that are bothering us or anything that is stressing us out so it's just convenient to talk to your friends about it. They are the most accessible to you.

A6: I just think its easier to talk to the people you know better. I can trust them.

The athletes described their relationship with the coaching staff and the athletic trainers. The athletic trainer turnover influenced how comfortable the athletes were with speaking to them. The athletic trainer for the team changes every semester and this was a determining factor in their willingness to disclose their mental health issues. They were not able to establish a close enough personal relationship with those athletic trainers and did not get much time with the head athletic trainers in the department.

A1: Our athletic trainers are new every season. They move on to another sport and seem to just forget about us, not in a bad way but they just have other athletes to tend to. I would only go to them for physical injuries that I have.

A2: I wouldn't feel comfortable going to them for help, I don't know them well enough or get to interact with them enough to trust telling them something like that.

A4: I know our athletic trainers are really busy because there are so many of us and only one of them so it's hard to get time with them and to feel comfortable talking about that.

A3: I think the problem is that we've had so many athletic trainers since I've been here and just when you get to know them there is new one stepping to take the old one's place. It's hard to create a relationship like that. If it were an emergency and I really needed help right away then I would go to the athletic trainers but I'll probably stick to the physical injuries when going to them.

### **Discussion**

By individually interviewing the student athletes and the coach, the study observed the awareness of mental illnesses perceived by everyone on the team and the relationships that are shared among the program and department. The findings showed that there is an existence of mental health issues on the team, the level of actual diagnosed illness is unsure but the athletes are aware of its existence (Cox, 2015; Davoren & Hwang, 2013; NCAA, 2014). They were open to discussing the prevalence of mental illnesses on the team but only few could talk about the issues they were having, it was easier for them to talk about the issues other people were having. Many of the athletes indicated that their relationships with others were one of the biggest determining factors of whether they would disclose their mental health issues with someone. The athletes indicated that the turnover in the athletic trainers didn't allow them to develop meaningful relationships. There may not be much that can be done with the athletic trainers that work directly with the student athletes with the way that the athletic training program is set up. The athletes said they don't have much communication

with the head athletic trainers, a solution would be having the head athletic trainers more readily available to all student athletes, take time to let the student athletes know what they can come to them for help and get to know them.

The athlete's relationship with their coach was described as professional and less personal. They described relationships that they've had with past coaches that were closer and they felt like they could disclose personal information. They also indicated that there was a larger emphasis placed on their performance in races than their overall well-being. They indicated that it may not be intentional but it still creates an unwanted distance between themselves and the coach. The personality and coaching style can work for certain athletes but other athletes may need that personal connection to thrive. The coaches should be taught how to read a situation and understand the needs of their athletes. Timely feedback seems to be one aspect that the athletes wanted from the coach, this is one aspect to improve upon that can help with the coach-athlete relationship. The performance is an important aspect but relationships can affect that if they are strained. The relationships among the teammates themselves were described as 'really good' and they could trust each other. It's important to the athletes have one channel of communication that can be trusted but it should include their coach as well.

The athletes indicated that they had not been informed of their mental health resources and they didn't recall receiving any type of information about what mental illnesses are and the symptoms. The NCAA doesn't require the athletic department to implement a mental health program, and this may be why the athletes were not informed of this when they entered the cross-country program. The athletes were uninformed of their resources and didn't



know who they could reach out to get help for themselves and for others. They mentioned that one situation got out of hand and that it should have been taken care of sooner, the athletes were not sure who to turn to and ask for help. They were not comfortable seeking help from the coach and trainers unless it were for an issue that was serious, something should be done to break the mentality that they can only ask for help when it's almost too late.

The athletes that were interviewed were interested in having stress and anxiety management plans implemented on their team if they felt that they needed it. They were opening to learning different techniques to help themselves mentally. The coach indicated that he would be interested in bringing someone in but wanted something concrete set in place before they were to move forward. The department is lacking in having plans like this set up so the athletes can utilize it when they need to.

The best way to avoid serious problems is to be proactive when approaching mental health issues. Informing athletes of their resources when they first enter an athletic program and coaches learning to put an emphasis on over all well-being can encourage athletes to communicate with coaches and athletic trainers about their mental health concerns. Education can help prevent the stigma that is facing mental health issues (Penn & Couture, 2002) and the more that are educated on the symptoms and signs of mental health the more comfortable people will be with creating a conversation around the topic. The NCAA is moving towards creating a better atmosphere for those suffering from mental illness with the literature they are developing and the mental health summits that are being put together but something needs to push them to implement a mental health plan that athletic departments need to follow. The NCAA can suggest things over and over but the universities won't designate

resources to it if they don't have to. It needs to start at the lowest level, where the athletes are, to create the most difference. The athletes need to feel like they are valued beyond their physical capabilities. One way to accomplish this is to create an environment that places an importance on the athlete's whole well-being and taking care of them mentally and physically.

If conducted again, the study could include a larger number of student athletes. The sample was just one team, in one athletic department. They're experiences with mental illnesses may be different from others on a different team. There are many different aspects of mental illness in student athletes that can be studied, like depression caused from injury to concussions. Studies have found differences between genders, with males being more stigmatized towards mental health and less likely to get help than females (Martin, 2005). Comparing these results across genders and teams would be beneficial as mental health affects everyone differently and the views towards it vary.

In conclusion, this study indicates that there is a need for physiological help for student athletes, they just need to learn how to and, feel comfortable with communicating their issues. Student athletes can be high achieving individuals and this may contribute to their mental well-being. Mental illnesses exist in student athletes and it should be taken seriously and proactively looked after by coaches, athletic trainers and the student-athletes themselves. Only by understanding the needs of the student-athletes can they take care of their mental well-being.

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## Appendix

Figure 1

