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Male Student Athlete's Perceived Stigma of Mental Health Illness and Awareness

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OBJECTIVE

The purpose of this study was to investigate male collegiate student athletes at a small Division III college in Midwest Ohio to evaluate their knowledge and perceived stigma surrounding mental health illness and awareness.

DESIGN AND SETTING

This was a quantitative study completed with survey research at a Division III college. The surveys were administered by the principal investigator in person. The paper surveys were distributed to the male sports athletes at their individual practice times. The independent variables in this study were male collegiate student athletes at a Division III college in Midwest Ohio. The male collegiate student athletes were then divided into three groups, upper and lower classman, contact and noncontact sport participation, and team and individual sport participation. The dependent variable in the study assessed the male collegiate athletes on their perceptions of stigma, knowledge and awareness of mental health illnesses.

PARTICIPANTS

Male student-athletes (N=210) were surveyed with a response rate of 100% (n=210). 78% (n=161) of them were team student-athletes, and 23% (n=49) were individual student-athletes. Of the 210 surveys completed, 19% (n=40) of them were noncontact student-athletes, and 81% (n=170) were contact student-athletes. 31% (n=31%) were upperclassman student-athletes, and 67% (n=140) were lower classman student-athletes.

INTERVENTIONS

Questions one through four regard the student athletes' knowledge of awareness, illness(es), perception of stigma, and

knowledge of personal values and beliefs. Questions five through seven and thirteen through fourteen question their comfort with self, their teammates, opposite sex medical professionals, their pride and ego, and treatment by others. Questions eight through ten mention their mental health experience, specifically if they are suffering now, if they ever have, and if they have and not come forward. Questions eleven and twelve ponder the resources available to them pertaining to both mental health illness(es) and awareness. Questions fifteen through seventeen question their demographics, specifically what sport they participate in, how long they have been involved in athletics, and what year in school they are. A panel of experts in athletic training determined the face validity of this survey. The content validity of this survey was determined through the Table of Specifications. This study was submitted for exempted review by the Institutional Review Board (IRB). Descriptive statistics (frequency counts and percentages), and inferential statistics were calculated for every applicable item on the survey. A Pearson's Chi Squared test was used to test three grouping variables, contact and noncontact sports, team and individual athletes, and upper and lower classroom. The alpha level was set at $p=0.05$ *a priori* to determine statistical significance. All data collected was analyzed using SPSS 24.0.

MAIN OUTCOME MEASURES

Questions 1-7 and 10-14 used a 5-point Likert Scale (Strongly Agree⁵, Agree⁴, Do Not Know³, Disagree², Strongly Disagree¹) collecting ordinal. Questions 8 through ten used a 2-point Likert Scale (Yes², No¹) collecting nominal data. Questions 15 used a 10-point Likert Scale (Football¹⁰, Soccer⁹, Cross Country⁸, Equestrian⁷, Wrestling⁶, Swimming⁵, Basketball⁴, Lacrosse³, Track and Field²,

Baseball¹) collecting nominal. Question 16 used a 5-point Likert Scale (First Year⁵, Second Year⁴, Third Year³, Fourth Year², Fifth Year¹) collecting nominal data. Question 17 used a 4-point Likert Scale (1-5⁴, 6-10³, 11-15², 16-20¹) collecting nominal data.

RESULTS

88% (n=185) of participants strongly agreed or agreed that they have a general knowledge of mental health awareness. 85% (n=179) of participants strongly agreed or agree that they have a general knowledge of mental health illness. 77% (n=182) of participants responded that they believe there are resources available about mental health awareness. 86% (n=181) of participants responded that they believe there are resources available to help them with mental health illness concerns. 55% (n=115) of participants strongly agreed or agreed that there is a negative stigma towards mental health illness(es). 46% (n=96) of participants disagreed or strongly disagreed that coming forward about their mental health illness concerns would negatively affect their pride or ego. 45% (n=95) of participants disagreed or strongly disagreed that they believed their teammates would treat them differently if they came forward about their mental health illness concerns. 84% (n=176) of participants strongly agreed or agree that mental health illness(es) are a true medical condition, 3% (n=7) of participants strongly disagreed or disagreed that mental health illness(es) are a true medical condition. 22% (n=46) of participants responded that they had suffered from mental health illness symptoms and did not report them. 13% (n=28) of participants responded and said that they had suffered from a mental health illness of some sort. 72% (n=152) of participants responded that they would be comfortable approaching a female certified athletic trainer pertaining to their mental health illness concerns of both themselves and their teammates. 53% (n=112) of participants responded that they would feel comfortable approaching their certified athletic trainer about their mental health illness concerns pertaining to

themselves and 60% (n=125) of participants responded that they would be comfortable approaching their certified athletic trainers about their mental health illness concerns of their teammates. There was a statistically significant finding in question 13, ($\chi^2=171.391$, $df=10$, $p=.000$), showing that there was larger percentage of lower classman (67% n=140) that believe coming forward with their mental health illness concerns would negatively affect their pride or ego. There was a statistically significant finding in question 14, ($\chi^2=140.56$, $df=10$, $p=.000$), showing that there was a larger percentage of lower classman (67% n=140) that believe their teammates would treat them different if they were to come forward about their mental health illness concerns. There was a statistically significant finding in question 10, ($\chi^2=110.894$, $df=5$, $p=.000$), showing that there was a larger percentage of lower classman (67% n=140) that have experienced signs or symptoms of a mental health illness and did not report it. There was a statistically significant finding in question 5, ($\chi^2=14.764$, $df=5$, $p=.011$), showing that there was a larger percentage of contact athletes (81% n=170) that feel comfortable approaching their certified athletic trainer with mental health concerns pertaining to themselves. There was a statistically significant finding in question 5, ($\chi^2=11.069$, $df=5$, $p=.050$), showing that there was a larger percentage of team sport (23% n=49) athletes that are more comfortable approaching their certified athletic trainers about mental health concerns pertaining to themselves.

CONCLUSION

These findings display that there is a lack of education and knowledge about mental health illness and awareness amongst male student-athletes. These findings displayed that there is a negative stigma that surrounds mental health conditions amongst male student-athletes. Certified Athletic Trainers can take this information and help to destigmatize and educate athletes, coaches, parents, and officials on the importance of mental health in student-athletes. In order to assist in the

destigmatization and education, Certified Athletic Trainers must have a large knowledge base on mental health conditions, how to

properly prevent and care for such conditions, and how to properly support their student-athletes.

KEY WORDS: *Athletic Training, Male Student-Athletes, Mental Health Illness and Awareness, Stigma*