

Examining the framing of mental health in Division I college athlete handbooks

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This study examined college athlete handbooks at 50 Division I institutions to understand how language focused on mental health was framed. Mental health is an important area of focus on college campuses, particularly for athletes due to increased demands as well as stigmas related to reporting. The researchers performed a framing analysis of college athlete handbooks during the 2020-21 academic year, focusing on all references to mental health, while also examining in detail specific sections devoted to mental health resources. The findings indicated that those specific sections provided supportive resources for college athletes, potentially eroding stigma surrounding the issue. However, some policies did connect support to athletic performance, thus diminishing the individual in the process. Additionally, a lack of reference to diversity and inclusivity may create barriers to mental health support. This research can provide a great resource for athletic departments focused on developing communication strategies to support athlete mental health.

Key words: mental health, collegiate athletics, NCAA, framing

Mental health has become an increasingly important topic in society (Makita et al., 2021). Awareness around mental health and factors that may increase mental health risks have captured the attention of researchers, organizations, school districts, and government agencies among others. According to the World Health Organization (2014), mental health refers to, “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his own community” (para. 1). Sport represents an important contextual area for mental health as athletes experience mental health symptoms and disorders at a disproportionate rate to the general population (Reardon, et al., 2021). Mental health awareness in sport and supports for athletes’ mental health have improved, although challenges still exist. For example, media stereotypes about individuals with mental health concerns may contribute to societal stigmas (Parrott et al. 2021). Sport and cultural values, such as athletes being conditioned to play through pain, pressure to not report injuries, and to constantly project strength, also can contribute to athletes experiencing mental health issues (Poucher et al., 2021).



Additional stressors include overtraining, pressure to perform, and poor relationships with teammates and coaches (Poucher et al., 2021). Research also has discovered that individual factors such as age and gender can influence how athletes experience mental health concerns. For example, elite female athletes are more likely than male athletes to report symptoms of depression (Junge & Fedderman-Dermont, 2016; Wolanin et al., 2016). Whereas mental health is a salient topic in all sport levels, athletes participating in intercollegiate athletics in the United States (e.g., college athletes) are prone to mental health risks. Indeed, college athletes possess very demanding and rigid schedules as they balance athletic obligations with academic responsibilities (Stowkowski et al., 2020a). College athletes often have very rigid schedules, leaving little opportunity for down-time or personal needs, which consequently can aggravate mental health issues (Bird et al., 2020). College athletes also tend to experience disproportionate abuse on social and digital media platforms (Sanderson, 2018).

Consequently, mental health programming and supports have increased in intercollegiate athletic departments. For example, in March 2022, the University of Illinois launched the “I Matter” campaign to address college athletes who experience mental health issues arising from bullying and trolling they experience on social media. One area where intercollegiate athletic departments can address mental health is policy. Prior research has addressed how many universities offer mental health resources (Seidel et al., 2020). Additional research has used qualitative interviews with college athletes about mental health support resources, finding that while these athletes view those resources as helpful, they can also include barriers to support, such as the limited range of those services and the institution’s conflicting interests as stakeholders and employees (Hatteberg, 2020). Examining athletic department policies pertaining to mental health is important as these policies can frame how the athletic department values mental health, which may influence college athletes’ perceptions of the supports and resources available for mental health. Additionally, previous research has identified that policies may contain mixed messages for college athletes (Sanderson, 2011; Sanderson et al., 2015), and policy analysis may help shed light on how athletic departments programming aligns with, or departs from, stated policies. Accordingly, this research examines intercollegiate athletic policies pertaining to mental health through an examination of college athlete handbooks for schools participating in Division I athletics. Through analysis, this research seeks to uncover how intercollegiate athletic departments are framing mental health policies, and how those framings may influence the use of mental health services.

Literature Review

Framing

The concept of framing was articulated through the sociological work of Goffman (1974), who suggested framing occurs when an individual chooses certain aspects of a situation to define it. Goffman’s work built on that of Sherif (1967), who suggested that the way people interpret and experience situations are grounded in the

interpretive schema created through prior experiences. Since these sociological beginnings, framing has found utility in the media and communication domain. In this area, framing occurs when media organizations emphasize aspects of a news story to promote certain understandings and interpretations within the audience (Entman, 1993). This process is often unintentional (Tuchman, 1978) and can be guided by the value system of the journalist or society (Boykoff, 2006). Framing effects on the audience can still take place weeks after exposure (Tewksbury et al., 2000). Media framing research has occurred in many areas related to sport, including how disabled athletes (Buysse & Borcharding, 2010), gender and race (Billings & Eastman, 2003), and mental health (Cassilo, 2020) are portrayed in the media.

However, media members are not the only ones in the communication process, and thus, others with a platform and a voice can frame issues and ideas. This includes an organization’s communication department. Sanderson (2011) examined how collegiate athletics departments at Division I institutions framed social media use, recognizing the way athletic departments can produce materials that influence a college athlete’s understanding of certain issues. His research found that nearly all those policies were framed in a way that highlighted the risks of social media use rather than promoting the positive ways athletes can use social media. In a later study, Sanderson et al. (2015) examined 244 social media policies from Division I, Division II, and Division III schools, finding the policies were restrictive and contained conflicting messages about ownership of social media content. As such, college athletes did not learn from policy about using these technologies in a positive way. Just as athletic departments have been the focus of framing research, so too have health policies. Such inquiries have included evaluating frames created through policies related to gay men’s health issues (Adams et al., 2010), national health policy documents in Canada (Iannantuono & Eyles, 1997), and how national authorities framed SARS in Singapore (Ibrahim, 2007). Despite the importance of mental health, research examining mental health policy framing is scarce. In one such study, Sturdy et al. (2012) examined the role consultation played in forming Scottish mental health policies and the creation of a collective action frame. More recently, Zhang et al. (2021) studied how mental health institutions and media organizations in China frame depression, finding that depression responsibilities were primarily assigned to the individual.

Mental Health and Mental Illness

While “mental health” and “mental illness” are commonly discussed by expert organizations in the same space (e.g., NAMI, n.d.; About mental health, 2021), the two terms are not interchangeable. MentalHealth.gov defines mental health as “emotional, psychological, and social well-being” (What is mental health?, 2020, para. 1), whereas the American Psychiatric Association defines mental illness as “health conditions involving changes in emotion, thinking or behavior” (What is mental illness?, 2018, para. 1). With the ability to see the differences between the two terms, their prevalence and impact can be understood. The Center for Disease and Control (CDC) published on its website that 1 in 5 Americans will experience a mental illness in a given year, and 1 in 25 Americans lives with a serious mental illness (About mental

health, 2021). Despite the commonality established by these statistics, mental health and mental illness have been historically stigmatized in American society. Mass media is the most common source for information on mental health and mental illness (Myrick et al., 2014), and thus, plays a prominent role in this area. For instance, coverage often linked mental illness and violence (McGinty et al., 2016), despite that being an inaccurate representation of their relationship (Friedman, 2006). Coverage rarely involved accounts from mental health professionals (Salter & Byrne, 2000). Thus, these stigmas formed as the media reinforced myths and stereotypes about mental health and mental illness that caused feelings of shame, self-blame and secrecy (Benbow, 2007). Additionally, mental health policy can be impacted by inaccurate portrayals. Wahl (2003) provides an example, saying:

Again, these patterns of coverage have the potential to influence public attitudes and policy. A focus on dysfunction and absence of stories of recovery likely contribute to public pessimism about the potential for recovery. Many people, including legislators and other policymakers, continue to believe that those with severe mental disorders are unlikely to recover (p. 1598).

In recent years, mediated attitudes about mental health and mental illness and the stigmas associated with them are shifting. Rhydderch et al. (2016) analyzed mental health coverage in English newspapers and found that from 2008-2014, there was a significant decrease in the number of articles with stigmatizing elements of mental health. Elsewhere, Gwarjanski and Parrott (2018) examined media coverage of schizophrenia in the United States, finding that such stories were met with increased positive reader feedback. On social media, users expressed positive support and an atmosphere of acceptance to public figures who made public mental health disclosures (Parrott et al., 2020). Despite these shifts, communication of mental health policy and resources is still lagging. Seidel et al. (2021) examined New York City metropolitan area college and university websites for their mental health offerings during the COVID-19 pandemic. The research found that in the 138 websites examined, only half contained information about remote counseling, and 57.97% of the sample had directions for students who were experiencing a mental health emergency. Thus, while mental health and mental illness are being taken more seriously, there remains a lack of resources in some areas of society, one of which is sport.

College Athletes and Mental Health

Mental health has become an increasingly important topic for college athletics and the National Collegiate Athletic Association (NCAA) has become concerned about college athletes underutilizing mental health services (Brown et al., 2020). On the NCAA's website, it lists a "Mental Health Best Practices" section that includes four practices: clinical licensure of practitioners providing mental health care, procedures for identification and referral of college athletes to qualified practitioners, pre-participation mental health screening, and health-promoting environments that support mental well-being (Mental health best practices, n.d.). A scoping review found that most variables associated with college athlete mental health are related to

generic or sport-specific factors (Kegelaers et al., 2022). One of the challenges with college athletes not seeking more mental health support is the existence of barriers that may preclude them from asking for help (Gross et al., 2020; Ryan et al., 2018). These barriers include lack of time (e.g., Lopez & Levy, 2013; Beauchemin, 2014), fear of reprisal from coaches or administrators (e.g., Proctor & Boan-Lenzo, 2010; Sudano et al., 2017), fear of experiencing personal discomfort (e.g., Watson, 2005; Sasso et al., 2022), and perceptions that they will be perceived as weak for seeking help (e.g., Moore, 2017; Bird et al., 2020). Research has also indicated athletes may not understand the services available to them (Ryan et al., 2022). These roadblocks not only prevent college athletes from seeking support, but also to experience elevated mental health symptoms (Drew & Matthews, 2019). Division I college athletes can experience a wide variety of mental health stressors related to managing both athletic and academic responsibilities, transitioning away from home to college, being bullied on social media (Sanderson, 2018), and adverse childhood experiences (Brown et al., 2020). College athletes also have experienced mental health issues related to the COVID-19 pandemic, as some athletes lost the ability to participate in sport and were limited for a time in how they could communicate with teammates and coaches (e.g., Graupensperger et al., 2020; Newman et al., 2023). College athletes also tend to display more negative attitudes towards seeking help than students who are not athletes (Beauchemin, 2014). Although college athletes can experience a diverse range of mental health issues, common manifestations include depression, anxiety, eating disorders, substance abuse, and loss of athletic identity that can occur when an athlete is injured and loses the ability to compete (Ryan et al., 2018).

Moreover, college athletes from under-represented and minority groups are at additional risk with mental health as they feel isolated and unsupported by school administrators, which may preclude them from seeking mental health supports (Ballesteros & Tran, 2020). Black collegiate athletes have noted the stigmas and culture of silence surrounding mental health (Wilkerson et al., 2020). Stigma can play an impactful role on college athletes seeking mental health services. Hilliard et al. (2023) surveyed 328 Division II and III college athletes and found that public stigma related to mental health was significantly related to self-stigma, which was also related to attitudes about mental health, in either a positive or negative direction. The authors then used a logistic regression analysis, finding those who sought mental health services in the past had an increased likelihood of positive stigma and attitudes toward mental health. Furthermore, prior research has established that while college coaches have awareness of the stigma associated with seeking mental health support, they have a lack of knowledge about the role a sports psychologist consultant could play (Haltermann et al., 2020). Research has also indicated that Black college athletes are at an elevated risk of mental health struggles and interview data suggests that athletic departments need to offer stress management programs for this college athlete population (Wilkerson et al., 2022). Examinations into recent media coverage about college athletes disclosing their mental health concerns shows these athletes receive support from coaches, teammates, and the media, which can help shed stigmas about reporting and diminish barriers (Cassilo & Kluch, 2021). However, such media cov-

erage also commodifies these athletes, placing importance on the athletic value their teams lose when these athletes step away to focus on mental health, and that dehumanization may negatively affect mental health disclosures.

Hatteberg (2020) used qualitative interviews with student athletes to understand uses and perceptions of support resources. The research found the majority of the athletes interviewed used those resources but also believed there to be barriers to support, such as not having the athletes' best interests in mind, the confidentiality of those sessions, and the inability of those resources to provide the support the athletes actually need. Furthermore, a cross-sectional study found that college athletes indicated reliance on themselves to seek mental health services, a lack of time, and negative attitudes from head coaches about mental health could all serve as barriers (Yoon, 2023). Researchers have also identified several ways that athletic departments can enhance their mental health offerings including programming and working with coaches to promote positive organizational change towards mental health (Ryan et al., 2018). A 2022 interview study also indicated that athletic trainers seek more training to recognize mental health concerns (Beasley et al., 2022). College athletes who receive more social support and feel more connected with their team also tend to report stronger mental health (Graupensperger et al., 2020). Elsewhere, research from semi-structured interviews with college athletes indicated not having sport-specific mental health resources can be a barrier to support and that institutions need to create athlete-centered resources with annual advertisements to increase college athlete consumption of these services (Young et al., 2022). Given that these recommendations are suggested to occur at the organizational level, it seems plausible that organizational policy is one domain where current organizational culture and perspectives about mental health can be assessed. Previous research has identified how organizational policy can influence how college athletes perceive organizational perspectives on social media (Sanderson, 2011; Sanderson et al., 2015), and this research seeks to understand what organizational policy about mental health communicates to college athletes, including how policy may shape perceptions and understandings about organizational culture and supports related to mental health. To aid this understanding, the following research questions guided this inquiry:

RQ1: How did sections devoted to mental health within college athlete handbooks frame mental health resources?

RQ2: How did the rest of the college athlete handbooks frame mental health?

Method

Data Collection

To compile collegiate athletic department communication related to mental health, researchers sought college athlete handbooks at Division I schools in the "Power Five" conferences (Atlantic Coast, Big 10, Big 12, Pac-12, and Southeastern). College athletes annually receive a college athlete handbook from their respective athletic departments, which includes university and athletic department policies

and procedures (Huml et al., 2014), and thus, these handbooks have been a point of data collection in relation to college athlete policies and procedures in several prior studies (e.g., Sanderson, 2011; Southall & Nagel, 2003). These handbooks are "an authorized source of information, and a communication medium for the entire athletic community" and are "readily available for athletic administrators, coaches, athletes, and other athletic department personnel to access" (Paule-Koba & Rohrs-Cordes, 2019, p. 4). Power Five conference schools have been documented to have greater autonomy than other NCAA member institutions (Brutlag Hosick, 2014). Prior research has examined social media policies within college athlete handbooks at the Division I level and used similar purposive sampling (Sanderson, 2011). To grow the sample size for this project, researchers included data from the Big East conference, which is considered a high-major league for college basketball, producing multiple national champions. This led to an initial sample of 76 schools to seek this information from. Researchers then visited the athletic department websites for these schools to obtain digital versions of these handbooks, mirroring the process used by Sanderson (2011). This data collection occurred in May 2021, thus the researchers sought the 2020-21 version of the handbook or the latest publicly available version. If a handbook was not publicly available (which was the case for 29 of the schools), the researchers emailed the university's athletic department communication team requesting a copy. This resulted in a final sample of college athlete handbooks from 50 different universities. Of those 50 handbooks, 20 universities (40% of the sample) had no specific section devoted to mental health resources. There were 44 handbooks (88% of the sample) that included references to mental health appearing outside of a specific section¹.

Data Analysis

The college athlete handbooks ranged in size from 27 to 81 pages. In addition to mental health, the contents of these handbooks covered topics including academic eligibility, gambling, hazing, drug testing, and graduation. To begin the data analysis process, the researchers reviewed all the college athlete handbooks to see if there was a specific section devoted to mental health, as an initial review of the data indicated that detailed information about mental health services was found in these types of sections as opposed to overall health sections. This led to two separate data sets: (1) mental health references throughout the handbook; and (2) specific sections within the handbooks focused on mental health. Handbooks were not limited to one set or the other if there were examples of both within its contents. Those sections specifically focused on mental health ranged from 1 to 9 pages. The researchers then took a data-driven approach to both data sets separately, allowing for the frames to emerge for themselves. Within each data set, the researchers noted any themes or patterns at the sentence level, which could be used to create initial frames, or frames

¹ As has been done in similar prior research (e.g., Sanderson et al., 2014), we chose to not identify the schools whose examples were used in this research. This decision was made so that it was clear that the authors were not criticizing certain school in the data set but instead, providing a holistic view of the data. For a list of schools, please contact the corresponding author.

from the first reading. The researchers then organized these frames into framing categories, finding eight categories for each data set. There was no baseline numeric threshold for a frame to be constructed (e.g., appearing in ‘x’ number of handbooks) but after completing the analysis portion, the researchers tallied that all 15 categories appeared in at least 18% of the data. The researchers electronically confirmed these findings in the data through an email exchange. For each handbook, there was no limit to the number of frames that could be included, an approach that has been used in prior framing studies (e.g. Cassilo & Sanderson, 2018). Within each handbook the authors found frames that supported each other but also others that were contradictory in nature. For instance, there were handbooks that had supportive mental health specific sections but in other sections of that same handbook, there was language introducing barriers to support. This being a qualitative study, the researchers did not examine the statistical relationships between co-occurrence of frames.

Results

Mental Health Specific Sections

RQ1 asked, how did sections devoted to mental health within college athlete handbooks frame mental health resources? Through the data analysis process, seven themes were identified by the researchers in the data that addressed RQ1. Those frames (see Table 1) were: (a) explanation of support; (b) versatile support; (c) focus on athletic performance; (d) confidential space; (e) access to resources; (f) committed to helping; and (g) encouraging athletes to seek help. Below, each of those frames will be presented in more detail in order of frequency.

Explanation of Support, (n=24; 80% of sample)

Parts of these sections were devoted to explaining what appointments of these services would entail. In some cases, this explanation included a basic overview of a first session, such as, “This session will last approximately 45-50 minutes, and it is your chance to share some background information and get to know our providers.” Part of the mental health support included expert staff. Thus, included in this frame were any references to the expertise of the staff, including, “Mental health services are provided by licensed mental health professionals.” Additionally, some policies included clear rules and regulations for these appointments, including, “Please note if you miss more than 1 appointment, the college athlete is responsible for all appointment fees for the missed appointments.”

Versatile Support, (n=22; 73.3% of sample)

Some specific sections devoted to mental health resources made clear that the athletic department was available to help in any way the athlete needed. To show their versatility, some departments listed off issues they could help with, such as, “Topics can include anxiety and depression, relationship issues, dealing with injury, time management, dealing with stress, homesickness, substance use, disordered eating/eating disorders, financial issues, family matters, etc.” Versatility also included

Table 1
Coding Themes and Examples from Mental Health Specific Sections

Name of theme	Description	Example
Explanation of support	Explanation of what mental health appointments would entail.	“This session will last approximately 45-50 minutes, and it is your chance to share some background information and get to know our providers.”
Versatile support	Examples indicating that the athletic department was available to help the student-athlete in any way.	“Topics can include anxiety and depression, relationship issues, dealing with injury, time management, dealing with stress, homesickness, substance use, disordered eating/eating disorders, financial issues, family matters, etc.”
Focus on athletic performance	Data included instances in which mental health was discussed in the context of how it could help the student-athlete’s performance.	“It is our philosophy that the healthier you are as a whole person the better you will perform.”
Confidential space	References to mental health stressed the confidentiality of resources.	“All aspects of individual counseling sessions are confidential and protected by state law.”
Access to resources	Data included references to how simple it was for student-athletes to use mental health resources.	“Appointment times and length are flexible.”
Committed to helping	Examples discussed that improving student-athlete mental health was a goal of the athletic department.	“[School] is a committed to providing student-athletes overall support for their wellbeing.”
Encouraging athletes to seek help	Data included language that implored student to use the available mental health services.	“If you have questions or concerns about yourself or someone you know, or to get your free [school] stress-ball, please contact...”

types of support. For example, one school listed services such as personal counseling, group counseling, crisis intervention, and team building. Sections also made clear they could adjust their services to offer anything that makes the college athletes feel comfortable, including this example, “Counselors of both genders are available.”

Focus on Athletic Performance, (n=19; 63.3% of sample)

Other aspects of these sections often connected mental health support to how it could help an athlete’s performance. In one example, this focus on athletic performance was articulated by saying, “These services are aimed at helping college athletes learn more about the psychological/mental aspect of sport with the purposes of enhancing performance.” Another example expressed commitment to helping achieve better mental health only in connection to athletic performance by saying, “It is our philosophy that the healthier you are as a whole person the better you will perform.” Elsewhere, these sections also connected poor athletic performance to mental health concerns, saying,

Any of the following concerns can impact college athletes’ preparation and execution in their sport: difficulty adjusting to college, dealing with stress associated with being a student-athlete, relationship concerns, ADHD, and other mental health conditions such as: depression, anxiety, eating disorders, & substance misuse.

Other handbooks addressed common mental health concerns but only in the context of sport, such as, “Some of the most common reasons athletes use the sports psychology services are performing well in practice but not in competition, anxiety and nervousness before games, low self-confidence, poor concentration or focus, low motivation, and making technical corrections.” In other handbooks, athletic and personal mental health were tied together, including, “[School] demonstrates its mission to prepare student-athletes to perform at their highest level academically, athletically, and personally by providing services to support optimal mental health and sport performance.”

Confidential Space, (n=16; 53.3% of sample)

To promote mental health disclosures, mental health sections in college athlete handbooks stressed the confidentiality of these resources. There are several examples of this, including highlighting how confidentiality can be created because of legal concerns, such as, “All aspects of individual counseling sessions are confidential and protected by state law,” and listing who cannot be contacted, including, “Consistent with state law, counselors *will not speak with anyone*, including your coach or parents (if you are 18 & older), for any reason without your written consent.”

Access to Resources, (n=15; 50% of sample)

These sections within college athlete handbooks often focused on how simple it is for athletes to receive the help they are looking for. Examples included showing easier access by fitting into an athlete’s schedule, saying, “Appointment times and length are flexible.” Many included that counseling sessions were no cost and could

be as frequent as needed, such as, “All aforementioned services are confidential, free, unlimited, and available for any student-athlete at [school].” Easier access to athletes also meant clearly communicating the availability of resources, including, “Appointments are primarily held Monday through Friday between 8 a.m. and 5 p.m. However, other times can be made available as necessary.”

Committed to Helping, (n=11, 36.7% of sample)

The next frame for these sections established that athletic departments have goals to improve athlete mental health. Some indicated the value their athletic department placed on mental health and communicated that this will be an area of focus moving forward, including, “[School] is committed to providing student-athletes overall support for their wellbeing.” By singling out mental health in their medical services, others made clear that it was a priority for them, “The athletics department is committed to providing student athletes with comprehensive medical care, to include mental health services.” Other areas indicated that individual wellbeing was a priority for the department, such as, “The philosophy of the unit is embodied in the statement ‘helping students help themselves.’” In some cases, athletic departments made clear that by valuing the individual, they were committing to helping address mental health concerns, such as, “The mission of counseling and sport psychology services is to provide short-term psychological services to [school] student-athletes to facilitate the development of the whole person.”

Encouraging Athletes to Seek Help, (n=8, 26.6% of sample)

These sections also made attempts to implore college athletes to use these services. In one specific instance, this occurred by showing the commonality of the many reasons why athletes seek help, including, “Student-athletes often meet with counselors to discuss a variety of issues, including but not limited to: the transition to college, coping with injuries, relationship difficulties (family, teammates, friends, romantic partner), stress, eating concerns, substance use, anxiety and depression”. Other ways to show the commonality of mental health included referencing the “stresses of daily life” and listing examples of mental health concerns that the athletes could identify with, such as “academic stress, family issues, down mood, relationship challenges.” Others encouraged athletes to seek treatment by offering free stuff for those who came, such as, “If you have questions or concerns about yourself or someone you know, or to get your free [school] stress-ball, please contact...” Evidence of this theme also included putting athletes in the driver’s seat of the process. For example, “All students are urged to seek help proactively in order to resolve personal, interpersonal, family, and academic problems that may hinder their quality of life and ability to function well during college years.”

Entirety of Handbook

RQ2 asked, how did the rest of the college athlete handbooks frame mental health? Through the data analysis process, eight themes were identified by the researchers in the data that addressed RQ1. Those frames (see Table 2) were: (a) avail-

Table 2
Coding Themes and Examples from Entire of Handbook

Name of theme	Description	Example
Available resources	The athletic department described the ways student-athletes could receive help.	“All [school] students, including student-athletes, have access to a range of on-campus mental health care services at University Counseling Services (“UCS”).”
Reducing barriers	Data included language that attempt to eliminate obstacles to seeking mental health support.	“Head Coaches and support staff are notified of at-risk student-athletes, but specific information related to mental health status will not be communicated.”
Barriers to seeking help	Data included any language in the handbook that could negatively impact a student-athlete’s ability to receive mental health support.	“It is the responsibility of the student-athlete to report all physical injuries, illnesses, & mental health concerns (anxiety, depression, etc.) to an Athletic Trainer as soon as possible.”
Connection to punitive action	References to mental health that included a punishment for the student-athlete.	“If a breathalyzer is issued by [school] and yields a positive result that meets the legal definition of intoxication under [state] law***, the student will be deemed to have a Probationary violation of the Substance Abuse Policy and required to meet with mental health professional for evaluation/treatment.”
Collaborative effort	Data included references to how mental health was connected to holistic athlete health efforts.	“The dietitians collaborate with the Sports Medicine, Sports Performance, Mental Performance and other members of the Health & Performance team to assist student-athletes in achieving optimal performance and provide unified care.”
Importance of mental health	Examples discussed the value to the individual of addressing one’s mental health concerns.	“Ordinary pressures of daily collegiate life, involving academic and athletic expectations, have been found to lead to various student-athlete health concerns, including depression, anxiety, substance abuse, sleep and eating disorders, athletic performance issues, and relationship difficulties.”
Connection to other health concerns	Data included references to mental health in the context of other health concerns.	“Disordered eating patterns can negatively impact student-athletes’ mental and physical well-being, and eventually, their performance.”
Connection to academic success	Examples referenced how mental health could impact a student-athlete’s performance in the classroom.	“The SCS exists to advance student development and academic success by providing personalized and evidenced-based mental health care to [school].”

able resources; (b) reducing barriers; (c) barriers to seeking help; (d) connection to punitive action; (e) collaborative effort; (f) importance of mental health; (g) connection to other health concerns; and (h) connection to academic success. Below, each of those frames will be presented in more detail in order of frequency.

Available Resources, (n=36, 72% of sample)

While there may not have been specific sections of the handbook devoted to mental health resources, many handbooks did include available resources in other sections. For some, indicating there were resources available meant naming specific people who athletes could turn to, such as, “[Name] is a good resource, particularly in the areas of welfare, wellness, mental health, conduct and behavior.” Others referenced university-wide services, including, “All [school] students, including student-athletes, have access to a range of on-campus mental health care services at University Counseling Services (“UCS”).”

Reducing Barriers, (n=32, 64% of sample)

Within these handbooks, athletic departments tried to entice athletes to use their mental health resources. This included eliminating the cost barrier by making clear that students would not be penalized financially, such as,

Effective with the 2015-16 academic year, students that enter the [school name removed] and receive athletically related financial aid upon enrollment cannot have their initial award non-renewed or reduced for athletic reasons or due to injury, illness and/or a physical or mental medical condition.

Others stressed that the appointments were a safe space, saying, “Head Coaches and support staff are notified of at-risk student-athletes, but specific information related to mental health status will not be communicated.”

Barriers to Seek Help, (n=27, 54% of sample)

Some language in the handbook created barriers, thus creating a deterrent for college athletes to seek support. In some cases, this included mentioning there were mental health resources but giving no information on how to access them. Prior research has established lack of information as a barrier to seeking mental health support (Sadavoy et al., 2004). Other language indicated potential fees for students (e.g., students needing to pay for their own therapy appointments) or requirements to disclose the individual’s mental health history prior to coming to the university. Prior research has examined cost (Moroz et al., 2020) and privacy (Melcher et al., 2022) as barriers to seeking mental health support. A required disclosure of prior mental health concerns would be considered a privacy breach for some. Some universities put the responsibility solely on the student to seek help, including, “It is the responsibility of the student-athlete to report all physical injuries, illnesses, & mental health concerns (anxiety, depression, etc.) to an Athletic Trainer as soon as possible.” Research has shown that putting the responsibility on college students to seek their own mental health support can be a barrier (e.g., Eisenberg et al., 2007). In one case,

a coach potentially had access to mental health status, by saying, “Coaching staff and administrators will be apprised of information on the student-athlete’s wellbeing and status per the confidentiality parameters.” While the language here is unclear how much the coach would have access to, that ambiguity does create an additional privacy concern, which as referenced earlier in this section, is an established barrier to seeking mental health support.

Connection to Punitive Action, (n=22, 44% of sample)

In some instances, mental health was included in references to other behavior that may lead to punitive action. Drug and alcohol abuse was one area this was particularly evident. Some handbooks referenced a mental health evaluation as part of the return to play after a drug or alcohol violation. Yet this reference was often vague to the extent that it was unclear whether mental health concerns were viewed as the cause of substance abuse problems or a consequence. For instance, “The Director of Athletics may suspend the student-athlete from conditioning, practice, and/or competition until the Director of Athletics is satisfied after consultation with the team physician that the student-athlete is physically and mentally fit to resume such activities.” Another instance included, “If a breathalyzer is issued by [school] and yields a positive result that meets the legal definition of intoxication under [state] law***, the student will be deemed to have a Probationary violation of the Substance Abuse Policy and required to meet with mental health professional for evaluation/treatment.”

Collaborative Effort, (n=21, 42% of sample)

In some college athlete handbooks, the athletic department outlined how mental health fit into the other efforts to attend to athlete health. This included detailing how different services work together in a holistic effort that included mental health, such as, “The dietitians collaborate with the Sports Medicine, Sports Performance, Mental Performance and other members of the Health & Performance team to assist student-athletes in achieving optimal performance and provide unified care.” Others discussed how mental health services guide other areas of support, such as, “Athletic trainers will abide by any standing order of the Team Physician, Team Orthopedic Surgeon, Mental Health/Mental Game Professional and/or dentist.”

Importance of Mental Health, (n=20, 40% of sample)

As part of the dialogue in the handbooks, the athletics departments communicated the significance of mental health. This included discussing why athletes may struggle with mental health concerns, including, “Ordinary pressures of daily collegiate life, involving academic and athletic expectations, have been found to lead to various student-athlete health concerns, including depression, anxiety, substance abuse, sleep and eating disorders, athletic performance issues, and relationship difficulties.” Including such language establishes to the college athlete the effects that mental health can have, thus highlighting its importance. Others showed how they valued mental health by making some resources mandatory, such as, “This 10-week program covers a wide variety of topics that include: values and identity exploration,

mental health support and resource education, social media training, introduction to career readiness programming and more.” Such a mandatory program shows the priority and importance the university puts on mental health.

Connection to Other Health Concerns, (n=14, 28% of sample)

In some cases, mental health was discussed in the context of other health concerns, creating a holistic view of health that includes both mental and physical health that included some crossover with the “collaborative effort” frame. For instance, mental health care was often discussed in relation to pregnancy, such as, “It could include you, your obstetrician or other maternal health care provider, your coach, athletic trainer, team physician, academic counselor, a mental health counselor, or others as needed,” as well as eating disorders, including, “Disordered eating patterns can negatively impact student-athletes’ mental and physical well-being, and eventually, their performance.” In some cases, it was communicated that being healthy included mental health, such as, “Being a healthy and academically successful college student means having the physical, mental, and social well-being to live each day to its fullest.”

Connection to Academic Success, (n=9, 18% of sample)

One final frame within the data focused on mental health in connection to an athlete’s performance in the classroom. This was included by referencing academics in the goals of some support services, such as, “The SCS exists to advance student development and academic success by providing personalized and evidenced-based mental health care to [school].” Other universities included information on how academic support works with mental health support, including, “SASP counselors also assist our students with various personal and academic challenges. We work in conjunction with Center of Mental Health Services...”

Discussion

While mental health is a concern for all college students, Division I collegiate athletes face additional stressors that can impact their mental health. Their rigid schedules and lack of time for personal care can worsen mental health concerns (Bird et al., 2020). This was exacerbated during the COVID-19 pandemic, when many collegiate athletes were isolated from other students on campus and limited in their communication with their own team and coaches (Graupensperger et al., 2020). Thus, it is very important to have mental health support available to collegiate athletes. However, availability of resources is just one step toward making sure athletes receive support. Proper communication of those resources is essential to ensuring that athletes know how to access such resources and receive the support they need. The college athlete handbook is a critical tool in supplying those messages.

For the specific sections dealing with mental health resources, the information provided is largely supportive in nature, so much so that it includes several examples of athletes being encouraged to seek mental health support. By incentivizing athletes

to seek treatment or focusing on commonality of the experience, it is normalizing mental health concerns and indicating a cultural focus on mental health. This type of language within these handbooks is perhaps even more noteworthy than frames falling within the “importance of mental health” categories, as it is not only indicating that mental health is important but furthermore imploring athletes to address their own concerns. Additionally in the sample, the messaging creates at least the perception of a safe space where information is confidential and the athletic department staff wants to help the athletes get better any way that they can. Confidentiality was a concern in prior research (Hatteberg, 2020), and this suggests that institutions may be addressing that concern. The messages are generally encouraging to athletes and show evidence that the support staff and athletics department care about the athlete’s mental well-being. This type of supportive environment is essential to shedding the stigmas related to mental health and athletics. Barriers to college athletes seeking help for mental health have been well documented and include lack of time (e.g., Beauchemin, 2014; Lopez & Levy, 2013), fear of reprisal from coaches or administrators (e.g., Proctor & Boan-Lenzo, 2010; Sudano et al., 2017), fear of experiencing personal discomfort (e.g., Sasso et al., 2022; Watson, 2005), and fear of reprisal from coaches or administrators (e.g., Proctor & Boan-Lenzo, 2010; Sudano et al., 2017). These barriers are all addressed within the data. The messages often include flexibility (addressing lack of time), confidentiality (addressing fear of reprisal from coaches or administrators), and supportive messaging aimed at shedding the weakness stigma. Within the data, there seems to be a rebuttal for every reason why an athlete would choose not to seek help. Roadblocks to mental health support cause elevated mental health symptoms (Drew & Matthews, 2019). Thus, by attempting to diminish these roadblocks, athletic departments are attempting to improve athlete mental health. As previously mentioned, research examining mental health policy framing is scarce, particularly in an athletic context. Therefore, it is encouraging to uncover findings in this research similar to media framing studies focused on mental health in digital media coverage (e.g. Parrott et al. 2021). This research suggests that supportive messaging framing for mental health is consistent across communication professions.

Despite overall supportive messaging, there are concerns with the framing of these mental health resources outlined in the handbooks. One such concern is the focus on athletic performance within this messaging. In some cases, athletic departments tied improved mental health to improved athletic performance. Given that prior research has established a connection between employing a sports psychologist and winning (Stowkowski et al., 2020b) this is not too surprising, however, this messaging existed in cases even when a non-sports psychologist was mentioned as a member of the support staff. While some may view winning as the ultimate goal in all collegiate athletics, this focus on athletic performance still dehumanizes the athlete and their concerns in the process. Improved mental health becomes not about the individual but instead about the team or university. Similar findings have existed in prior research. In an examination of media framing of a collegiate athlete’s mental health disclosure, Cassilo and Kluch (2021) found that one of the frames in the data

was the commodification of that athlete by focusing on what his athletic value was rather than his personal struggles with mental health. While mental health and athletic performance are no doubt linked, emphasizing their connection to the collegiate athlete can potentially reinforce barriers to disclosure because that individual sees their mental health concerns viewed by the athletic department only in the context of its impact on team performance. This also suggests that while the Cassilo and Kluch (2021) study noted that journalists introduced this frame, it is not solely a journalist issue. Mental health is framed in the context of athletic performance in multiple forms of content.

Additionally, while most universities with mental health sections in their college athlete handbooks do a fine job in communicating their mental health resources, the language within the text typically puts the responsibility on the athlete to seek help and use these resources. Among the eight themes found in these sections, the overall attitude appears to be that in this process, the athletic department takes a passive approach, assigning obligation to the athlete to make the first step to use these resources. There are exceptions, as some sections discussed how other athletes could report mental health concerns they see in their peers, but that just makes other athletes accountable for starting the support process rather than the athletic department itself. This approach toward mental health resources is not unique to athletic departments. Zhang et al. (2021) examined how mental health institutions and media organizations in China frame depression, and similarly found that depression responsibilities were primarily assigned to the individual. The researchers suggested that individualizing mental health responsibility has a direct effect on stigma formation. It would not be fair or accurate to say that these athletic departments have fully individualized the mental health process. By communicating their resources, their desire to help and the commonality of mental health concerns, these departments are emphasizing the collective nature of the process. Still, in most cases, excluding instances such as mental health in relation substance abuse or pregnancy, these resources are described in a manner where the athlete must take the first step to receiving help and support, and whether that approach creates barriers or reinforces stigmas is an area worthy of further examination.

Overall, though, these specific sections devoted to mental health resources in college athlete handbooks are a positive contribution in supporting athletes. The larger issue is that there are not enough of these sections. For many of the universities within the sample, references to mental health are instead sprinkled throughout the college athlete handbooks in undefined sections. Prior research has found that simply not knowing where to seek help can be a barrier to accessing support (e.g., Iversen et al., 2011; Moroz et al., 2020). The tone of the messaging regarding mental health also changes in instances where there is no specific section. From the data, frames talked more generally about mental health and its connection to other areas of the campus experience, rather than going into as much detail on the support services offered. In the process, additional barriers to support arose, such as privacy concerns. Mental health was discussed in the context of drug and alcohol use. Mass media has a well-documented history of inaccurately overstating the connection between

mental health and socially unacceptable behaviors like violence (Freidman, 2006; McGinty et al., 2016).

In some of the handbooks, mental health is only referenced in sections related to substance abuse. While it's possible the universities are showing concern for mental health following an athlete's substance abuse, the language is not clear enough to be concrete. Athletes could interpret the handbooks as blaming an athlete's mental health for substance abuse. Additionally, the handbooks included language that mandated a mental health evaluation as part of the substance abuse recovery process. Again, this could be to show concern but could also be viewed as a punishment, thus making mental health evaluation seem like a punishment. Additionally, by emphasizing the connection between mental health and drugs and alcohol use, these handbooks are similarly exaggerating a direct connection, especially as for some of these handbooks such a connection is one of very few references to mental health in the entire document. The National Institute of Drug Abuse states that "prevalence of comorbidity between substance use disorders and other mental illnesses does not necessarily mean that one caused the other, even if one appeared first," and adds on their connection that "establishing causality or directionality is difficult" (NIDA, 2021). These connections can form stigmas around mental health, as they can reinforce myths and stereotypes about mental health and mental illness that cause feelings of shame, self-blame, and secrecy (Benbow, 2007). Additionally, this finding has implications for framing theory in relation to mental health. Much like media coverage can often frame mental health in connection to undesirable behavior, so too can policy-focused content created by administrators. Thus, the medium or profession are not responsible for this connection. This framing of mental health likely lies deeper in some societal or value-driven bias.

While the frames that emerged in these handbooks are important to discuss, it is perhaps equally as important to examine what is lacking from this messaging. Overall, the messaging does portray a safe, confidential and supportive space for the athletes who need to seek mental health services. However, references to a diverse or inclusive environment are lacking, which can create barriers and stigmas for athletes seeking services, as evidenced by prior research (Wilkerson et al., 2020). For instance, Gopalkrishnan (2018) documented the implications that cultural diversity has on practice and policy related to mental health. In some cases, stigmas surrounding depression can be much higher in some cultural groups than others (Biswas et al., 2016). Elsewhere, there are clear gender differences in mental health seeking behaviors as well as mental health afflictions (Affi, 2007). Thus, any statement related to mental health services that lacks reference to the diverse and inclusive nature of the services might be creating barriers and reinforcing stigmas.

This is especially important because athletic departments are typically led by White men, as The Institute for Diversity and Ethics in Sport (TIDES) detailed that 72.3 percent of Division I athletic directors were White men; 86.7% of Division I conference commissioners were White; and 76.3 percent of administrators at the NCAA's headquarters were also White (Hruby, 2021). Thus, whether the athletic director is directly involved in the creation of the college athlete handbook or not, the

messaging in these handbooks is often coming from an athletic department that is led by a White male's perspective and values. This becomes especially important when considering the tenets of framing theory. Framing is an unintentional process (Tuchman, 1978) often guided by the value system of the individual creating the content (Boykoff, 2006). While that is mainly examined in the context of media coverage, it also applies to policy formation. If mental health support language is being constructed mainly in athletic departments headed by White males, then such language will include the value system of a White male. As such, language that is supposed to break down barriers related to mental health, stigmas, and reporting, may instead reinforce them due to a lack of diverse and inclusive values.

The coach and the role that individual plays in the mental health support process is also worthy of further examination. Prior research has indicated that college football coaches have awareness of mental health stigma but a lack of understanding of confidentiality in relation to mental health disclosures (Haltermann et al., 2020). For the most part in this research, the coach was framed as excluded from the process, which in some ways is a positive. Fear of reprisal from coaches or administrators has been documented as a barrier to seeking mental health support (Proctor & Boan-Lenzo, 2010), so in that respect, framing the process as a confidential space that excludes the coach would encourage athletes to seek support they need because they will not be worried about how it affects playing time or their scholarship. However, the head coach plays an important role for college athletes. Often, they recruited players and are viewed as father figures (Jowett & Timson-Katchis, 2005) who can be extremely influential on the physical and psychological development of athletes (Marback et al., 2005). This has been documented in health settings, as well. At the collegiate level, support from coaches can play a critical role in concussion reporting (Baugh et al. 2014). Prior research like this therefore raises the question as to whether it is good to exclude college coaches from the mental health support process. At some colleges and universities, coaches have access to and have completed mental health first-aid training (e.g., Oddo, 2022). The role of the coach remains a complex issue in whether they serve as barriers or supporters to receiving mental health support, and understanding their role continues to be a worthy area of inquiry.

Practical Implications

The findings from this study can be used by athletic departments to enhance their mental health messaging, and thus, support college athletes. Specifically focused on college athlete handbooks, departments should have sections devoted to mental health resources, as their inclusion would make it easier for college athletes to find information on the services. Within this data set, only 40% of universities had such a section. Additionally, universities should attempt to avoid messaging that ties mental health concerns to athletic performance. While winning is a chief priority of collegiate athletics, college athletes concerned for their own mental health may not share that priority. Their focus is likely on getting better for their own personal reasons. Messaging should reflect that and show that the department cares about the college athlete as a person, not just an athlete. Additionally, barriers to support such

as fear of reprisal from coaches or administrators (e.g., Proctor & Boan-Lenzo, 2010; Sudano et al., 2017) and perceptions that they will be perceived as weak for seeking help (e.g., Bird et al., 2020; Moore, 2017) are athletically focused. Taking mental health outside of the athletics context can perhaps reduce these barriers. Furthermore, messaging in the handbooks suggested a reactive approach for athletic departments, in which they respond to mental health concerns rather than more proactive efforts. If this messaging is indicative of overall department attitudes, it can create barriers and mental health stigma (Zhang et al., 2021). Thus, more college athlete mental health concerns could be addressed if departments were proactive in helping athlete mental health before the college athlete feels it necessary to seek their own support. Finally, the findings lacked messaging that suggested a diverse or inclusive environment. Mental health support is not a one size fits all approach, and messaging that is sensitive to individual differences could be impactful in prompting students to seek support.

Limitations and Directions for Future Research

This research chose to examine just athletic programs within six conferences in Division I athletics. While the reasons for their inclusion are justified and have been previously addressed, it is possible that other universities not included within the data set would discuss mental health differently. It would be a worthy investigation to examine how universities that did not place so much emphasis on athletics framed their mental health support for athletes, especially to compare against the data in this study. Another limitation of this research is that it focused solely on college athlete handbooks for its examination of mental health communication. Athletic departments likely also engage in oral communication of these resources. Additionally, universities or athletic departments may also engage in social or digital media campaigns emphasizing mental health resources. The messaging in these other forms of communication would also be worth examination. Future research should also examine not just the content of these communication channels but also the effectiveness. It is unclear how effective a college athlete handbook can be in communicating mental health resources or anything related to the college athlete experience. To better support athletes with their mental health concerns, there needs to be a better understanding of how to communicate with these athletes. An interview-based study may provide the data needed to reveal these conclusions.

Conclusion

Mental health has never been a greater focus in sport. Up until recently, the primary discussion regarding athlete mental health was tied to mental toughness. Now that dialogue is changing, which is particularly important at the collegiate level, where athletes are prone to the same mental health struggles as any students but are also at elevated risk due to factors such as time demands, pressure, travel, and social isolation. With that discourse changing in many places, it is essential that athletic departments evolve and adapt as well. Mental health support services are becoming

a priority for athletes and proper communication of those resources is essential to ensure that treatment is accessible to anyone who needs it. While athletic departments are communicating such resources in their college athlete handbooks, these remain a work in progress. While many of these sections include supportive messaging, some lack depth and guidance, while others may create barriers through a lack of inclusivity or a focus on athletic performance. Communication of resources can be the first step toward receiving support, which makes examinations of mental health policy and communication strategies a vital area of study.

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