



# Identifying Barriers to Mental Health Care for Canadian Student-Athletes: A Narrative Review

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Canadian student-athletes and American college athletes face unique stressors related to their sport and have demanding schedules. Although there is limited research specifically focused on the mental health of Canadian student-athletes participating in university sports, existing studies indicate that Canadian student-athletes report increased levels of psychological distress and are more susceptible to mental health issues compared to the general student population. Despite this, many do not seek or receive the treatment they need. This study aimed to identify the barriers to mental health care for Canadian student-athletes competing in Canada. Using a narrative approach, participants identified barriers to mental health treatment, including cultural stigma and voluntary isolation, in addition to a lack of availability of mental health services and the suffering of Canadian student-athletes.

**Keywords:** mental health, Canadian interuniversity sport (CIS), USPORTS, student athletes, stigma

College athletes in the United States face internal and external demands to perform well in all aspects of the college athlete experience, leaving many to struggle with aspects of their identity (Mast & Gentile, 2019). With the undeniable sports-related and academic pressures, many college athletes experience psychological distress and fail to self-manage their mental health (Gulliver et al., 2012; Shannon et al., 2019). A significant area of concern for college athletes' mental health is the overwhelming influence the athletic environment and culture have on help-seeking behaviours. Currently, the views on mental health held by coaches, teammates, trainers and other stakeholders dramatically affect how athletes think about their mental health as well as their health decisions (Moreland et al., 2018).

The onset of mental health disorders appears to overlap with the time spent as a college athlete, with approximately 19.4% of individuals between the ages of 18 and 25 years experiencing mental health disorders (Ryan et al., 2018). Moreover, 75% of lifetime mental disorders are known to occur before the age of 25 (Brown, 2018).



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A low prevalence of psychiatric disorders and adverse mental health in elite athletes has remained a widespread belief by healthcare professionals and the public for decades (Bär & Markser, 2013). However, mental health concerns in the college athlete population are not uncommon (Mast & Gentile, 2019). The culture of athletics often fails to recognize mental health concerns as a significant issue, while approximately one-third of the college athlete population experiences severe mental health concerns (Rao & Hong, 2020).

Most athletes have a profound sense of pride in their mental toughness, their ability to overcome setbacks and their aptitude to perform in high-pressure situations, leaving them conflicted upon experiencing adverse mental health concerns and calling into question the reputation they have built for themselves (DeLenardo & Terrion, 2014). Collegiate-level sports have a culture that does not cater to the athlete's vulnerability; instead, it idolizes and celebrates their strength while dismissing that they are human. A widespread assumption is that only those who are emotionally and psychologically the strongest can compete at the highest level, dismissing the possibility of adverse mental health or mental illness in elite athletes (Markser, 2011). College athletes remain vulnerable to psychological distress and mental health conditions while underutilizing available resources and support systems (Ryan et al., 2018). The American literature identifies significant barriers to mental health treatment for college athletes, highlighting the cultural and internal challenges faced when dealing with adverse mental health.

Crocker et al. (2021) suggest that Canadian university student-athletes share similar barriers to mental healthcare (for clarity and consistency, when referencing American literature, I will use the term 'college athlete,' and when referring to the Canadian context, I will use 'Canadian student-athlete'). However, the treatment options available for Canadian student-athletes and institutional services appear unexplored in the Canadian context. This paper will highlight the barriers to mental health care in Canadian student-athletes and demonstrate the importance of the athletes' perspective for decision-making in mental health treatment.

## **Canadian Student-Athlete Mental Health**

Canadian university student-athletes share similar time commitments to those in the National Collegiate Athletic Association (NCAA), investing up to 40 hours per week in athletics while maintaining their academic obligations, yet they receive significantly fewer financial incentives, scholarship opportunities and media promotion to their American counterparts (Crocker & Duncan, 2020; Miller & Kerr, 2002). Canadian student-athletes are a unique population, given their sport-specific stressors, academic demands and increased time commitments (Van Slingerland et al., 2018). In Canadian university sports, Canadian student-athletes reported significantly higher levels of adverse mental health than the general student population (Sullivan et al., 2019). As an example, a study by Hammond et al. (2013) on Canadian university swimmers found that 68% of their sample of 50 collegiate swimmers preparing for the national championship had reported at least one major depressive episode as a Canadian student-athlete (Hammond et al., 2013). While there is limited literature

on mental health in Canadian university sports, the existing research highlights the reported mental health challenges and the high rates of psychological distress in the population (Pankow et al., 2021). Beyond acknowledging these increased rates, it remains unclear why Canadian student-athletes report psychological distress more than the non-athlete student population. With limited literature on mental health in Canadian student-athletes playing in Canada, this paper draws heavily from the literature on the American college athlete experience. While the American experience is different in many ways, the reported stressors and athletic experiences of Canadian Student-athletes are highly comparable to what is reported in the American literature.

Research on Canadian student-athletes and college athletes in the United States often attributes their adverse mental health to the stressors associated with their athletic participation. Although many college athletes are significantly impacted by the stressors associated with sports, the literature often overlooks the external factors outside their athletic roles. There are significant stressors that contribute to adverse mental health in the population, leaving them vulnerable to psychological distress and self-coping methods (Gucciardi et al., 2017). Significant athletic factors include injury, competitive failure, and academic eligibility (Van Slingerland et al., 2018). At the same time, separation from family, finances, and a loss of autonomy are considerable personal stressors (Gucciardi et al., 2017). The idolization of athletes creates unrealistic expectations and perceptions, not viewing public icons as “normal” people. Athletes experience the highs and lows of everyday life while navigating difficult situations and various emotions (Henriksen et al., 2019). Even for the best athletes, mental health is part of the human condition and the lived experience (Gucciardi et al., 2017).

## **Barriers to Care**

With athletic departments and academic institutions investing in mental health treatment and facilities, college and Canadian student-athletes must be provided with adequate, evidence-based services (Gucciardi et al., 2017). Even with improved services and financial investments, there are significant barriers to effective mental health care in the student-athlete population. These barriers exist within the culture of athletics and the athletic department itself.

## ***Stigma***

According to Rao and Hong (2020), the most significant barrier for college athletes seeking mental health care is the stigma associated with mental illness and mental health disorders. This has created an environment in which college athletes avoid mental health treatment because of fear of public perception and has made pursuing treatment options problematic for many. Gulliver et al. (2012) highlight this issue, reporting that 40% of interviewed college athletes considered stigma the most significant barrier to seeking help. Stigma in mental health is broadly defined as the negative perception, disgrace or disfavoured by a community of individuals in psychological distress or suffering from mental illness (Abdullah & Brown, 2011; DeLenardo & Terrion, 2014; Rao & Hong, 2020). Issues of social and self-perceived

stigma are significant barriers to mental health treatment for college athletes, with a common concern of appearing weak to teammates and coaches (Gulliver et al., 2012).

For many, the perception of weakness or utilizing a mental health therapist could be detrimental to their athletic identity (Barnard, 2016). Brewer et al. (1993) define this as the extent to which an individual identifies themselves with the athlete role while seeking recognition from others. For example, Watson and Kissinger (2007) found that 36.9% of American college athletes believed that mental health problems should be dealt with away from sports and not revealed publicly. The most significant external perception in the eyes of college athletes is that of their coaches and teammates. This is possibly the most important barrier to seeking mental health support in college athletes, as the perceived external stigma from those close to the athlete is an obvious deterrent (Rao & Hong, 2020). The team culture in which the athlete exists is reminiscent of a family environment, where the teammates and coaches are considered some of the most influential people in the athlete's life (Cutler & Dwyer, 2020). Under these circumstances, they do not want to appear weak and unreliable, often remaining silent about mental health concerns in fear of negative perception from their peers and creating the perceived inability to perform athletically (Cutler & Dwyer, 2020; DeLenardo & Terrion, 2014).

### **Services Offered for Mental Health Treatment**

Stigmatization of mental health issues and the lack of awareness of mental health services are significant deterrents to help-seeking in college athletes, but many wish to explore treatment options further. According to Gulliver et al. (2012), a considerable barrier to service utilization is a lack of knowledge about available resources and where to access them. Since most college athletes are only aware of options within their athletic department, they are unaware of services outside the athletic context and available to the general student population (Leimer et al., 2014). Services such as sports psychology are beneficial for sports-related improvements but leave those seeking specific mental health care dissatisfied and at risk for further distress. This lack of satisfaction stems from inadequate resources available to college athletes (NCAA Goals Study, 2020; Sudano & Miles, 2017).

As part of their athletic participation, college athletes are often provided with access to services, including physiotherapy and sports psychology (Gulliver et al., 2012). Most athletic departments boast strong physical and athletic therapy programs for their athletes, and with increased interest in athlete mental health, academic institutions are investing in improved mental health services, facilities, and staffing (Cutler & Dwyer, 2020). In college sports, the team physician is the primary medical resource for athlete mental health, overseeing basic mental health needs and coordinating treatments (Rao & Hong, 2020). In this role, the team physician is positioned to detect early adverse mental health symptoms within the athletic context (Rao & Hong, 2020). Although the sports medicine physician is positioned as the first line of intervention for the athlete, they do not have the specialized training to provide thorough evaluation and treatment for the athlete's mental health concerns (Tomalski

et al., 2019). Furthermore, many athletic departments and universities lack the facilities or personnel to manage athlete mental health independently and compel their athletes to seek intervention from campus counselling services or external resources (Gill, 2008).

Collegiate athletic programs are overseen by the same governing bodies, but there is a lack of consistency and uniformity in the services and treatment options available to college athletes (Sudano & Miles, 2017). Across universities in both Canada and the United States, the resources dedicated to counselling and mental health treatments are predicated by the athletic department's funding levels. As a result, institutions with larger budgets can ensure their athletes receive better mental healthcare treatment options and access to more healthcare professionals (Kroshus, 2016). Although there is a lack of uniformity in mental health services across the Canadian student-athlete and college-athlete populations, sports psychology is the most utilized and cited mental health service reported in the literature (Moreland et al., 2018). This is the service of choice for most athletic departments, as the appointments address performance optimization and the athlete's mental well-being (Gorzynski et al., 2020). This approach views the individual from the athletic perspective. It aims to improve athletes' mental strength, teaching them to remain psychologically strong while pushing their performance limitations (Hägglund et al., 2019). Sports psychology also manages the general well-being of the athlete by addressing the cultural, environmental, and individual factors experienced in the sporting context (Gorzynski et al., 2020). These services might benefit Canadian student-athlete and college-athlete performance, but they fail to support those needing clinical mental health intervention.

The demand for clinical services by this population has led to the creation of new treatment options for university and college athletes with significant mental health problems. The introduction of sports psychiatry offers specialized clinical treatment for those suffering from mental illness and provides treatments such as medication, counselling, and cognitive behavioural therapy (Shannon et al., 2019). These treatment practices enable the implementation of psychiatric methods in the context of sports, addressing sports-specific disorders and general mental health concerns (Markser, 2011). While sports psychiatry is a promising and essential step forward in the healthcare services for athletes, it is unclear how many academic institutions utilize these practitioners and the overall success rates of such services. Additionally, the literature has failed to explore and report the data for mental health service utilization and the specific services offered in university athletics. This is particularly evident in Canadian literature, leaving the demand for mental healthcare unclear and outlining a desperate need for evaluation and future exploration.

Despite the higher reported rates of adverse mental health in the Canadian student-athlete population, the literature on available services and treatment utilization in the Canadian context is limited (Van Slingerland et al., 2018). Further exploring the impact of mental health on Canadian student-athletes in Canadian universities is crucial. It is imperative to examine the challenges, opportunities, and resources accessible to them to enhance their overall experience. This will facilitate the identi-

fication of areas that need institutional enhancements and guarantee the availability of adequate mental health services for all.

## Method

Employing a narrative method, this study contrasts the current literature on obstacles to mental health care for Canadian student-athletes with participants' personal experiences, highlighting specific challenges in seeking help among Canadian student-athletes competing in Canada. To extend the Canadian literature, the research questions guiding the inquiry were: 1) What are the perceived barriers to mental health care for Canadian student-athletes in Canadian universities; and 2) How do the perceived barriers impact help-seeking behaviours in Canadian student-athletes?

This study is informed by symbolic interactionism, a robust micro-level theoretical framework that identifies various interactional contexts that structure social behaviour (Carter & Fuller, 2015; Roe et al., 2010). These contexts include identity, the narrative setting, the interpretation of situations, and participants' discourse, which can provide value to studying mental health care (Roe et al., 2010). A symbolic interactionist framework provides insight into key factors in mental health care to better understand mental health stigma and the utilization of this service. Furthermore, symbolic interactionism emphasizes the cultural and social experiences that shape responses to mental health care, treatment options, and the role of mental health stigmatization (Link et al., 2015; Roe et al., 2010).

Applying narrative inquiry as a research methodology, the research questions can best be addressed by exploring participants' lived experiences through the art of storytelling. Narrative inquiry prioritizes the researcher's and participants' connection, providing a rich and in-depth understanding of individuals' sociocultural and lived experiences (Clandinin & Caine, 2008; Haydon & Van Der Riet, 2016; Smith & Sparkes, 2012). It provides a secure and confidential space for individuals to disclose their personal stories and experiences. Through establishing a bond with the researcher, participants can feel at ease and assured when sharing their narratives, leading to a more profound comprehension of their experiences (Clandinin & Caine, 2008; Haydon & Van Der Riet, 2016; Smith & Sparkes, 2012). By exploring these experiences in great detail, scholars can gain a profound understanding of the circumstances surrounding the narratives and study them on a more intimate level (Clandinin & Caine, 2008; Haydon & Van Der Riet, 2016; Smith & Sparkes, 2012).

As the author of this article, my experience as an athlete is relevant to this research project. I have spent thirteen years participating in elite amateur and professional sports and three years as a Canadian student-athlete. This background gives me a deeper contextual understanding of the themes explored in this paper and the difficulties and challenges each participant presents. My personal experiences as an athlete have had a significant impact on my research. These experiences and 'insider' perspectives on athletic culture have become central to my research and shaped the methodological approach, interview questions and how the data is analyzed.

## Data Collection

Using my connections as a former athlete, participants were recruited through email outreach to athletic department administration, coaches and Canadian student-athletes who have previously expressed interest in student-athlete mental health through interviews and awareness programs. The recruitment process began with interviewing three Canadian student-athletes from two Canadian universities. An additional eleven Canadian student-athletes from five Canadian universities were later recruited based on recommendations from the initial participants. Snowball sampling is often employed as an effective tool for conducting qualitative research and obtaining access to ‘hidden populations’ (Noy, 2008). This sampling technique was highly effective in an athlete population where mental health is stigmatized. The total participant pool was comprised of eight women and six men student-athletes from various Canadian universities across sports such as track and field, cross country, soccer, rugby, volleyball, and baseball. Upon selection, the participants were provided with a letter of information outlining the project and screened to meet the guidelines outlined by the University Research Ethics Board. To be eligible for this study, participants were required to 1) be a Canadian university student-athlete, 2) have self-identified mental health struggles in their time as a student-athlete, and 3) have participated in at least one sporting season at the university level.

Data collection was completed through the online communications tool Zoom in a private and password-protected video call. Interviews lasted 90 minutes on average and were audio recorded with participant consent. The interviews were semi-structured in formatting, using a pre-approved question list but leaving room for further investigation and interpretation by the participant. The open-ended questions examined multiple facets of the Canadian student-athlete experience to understand the athlete’s mental health and the circumstances around their experiences. The latter part of the interview guide was concerned with the barriers to mental health care, their knowledge of existing services, and areas they would like to improve.

## Data Analysis

Upon completion of the interviews, the audio recordings were transcribed by the researcher and stored in individual participant files using pseudonyms. Using narrative analysis, the personal narratives were examined to understand the differences in participants based on their unique circumstances (Floersch et al., 2010; Simons et al., 2008; Zelcane & Pipere, 2023). The narratives were then organized by coding transcriptions, building a set of themes within individual narratives and across participants (Riessman, 2007). Inductive thematic narrative analysis was later used to explore the data and identify commonalities in participant experiences, attitudes, and health-seeking behaviours. According to Riessman (2007), this type of analysis strongly emphasizes the “told” aspect of the narrative, which refers to the content of speech about events and thoughts. Such narrative methods provide meaningful contextual experiences across participants while acknowledging the external factors that influence the athlete’s sense of self and personal narratives (Carless & Douglas, 2009; Smith, 2010). Following a thorough thematic narrative analysis, three key



themes were identified in the narratives shared by the research participants. These themes were then compared to the available literature and contextualized to the Canadian experience. Thus, this narrative approach aims to outline distinct barriers to mental health care and services for Canadian university athletes and identify areas of improvement from the participants' lived experiences.

## Results

The following sections will outline narrative excerpts from individuals showcasing the challenges faced in accessing mental health care. Canadian student-athletes identified three primary themes: voluntary isolation, stigma from external perceptions, and barriers to care. Additionally, they pointed out that therapists' lack of understanding of Canadian student-athlete's unique needs hindered their ability to obtain appropriate care.

### Voluntary Isolation

When looking at mental health concerns and service utilization by Canadian student-athletes at Canadian Universities, it is important to understand the factors that shape their decision-making and attitudes toward help-seeking. All Canadian student-athletes are enrolled in an academic program of choice, participate in different sports, and maintain a customized schedule - shaping their unique experiences as student-athletes. However, the essence of the Canadian student-athlete experience is extremely similar for most. All Canadian student-athletes experience comparable stressors away from their personal lives, including the social, academic and athletic challenges associated with varsity sports. Athletes must manage their academic responsibilities while dealing with sports-specific concerns such as injury, pressure to perform and excessive time commitments to sports-related activities (Ryan et al., 2018; Van Slingerland et al., 2018).

The shared experience of academic and athletic stress may make Canadian student-athletes hesitant to voluntarily isolate themselves, which poses a significant barrier for individuals experiencing adverse mental health. During the data collection, athletes were asked to identify the cultural and social barriers to seeking mental health support in their athletic environments. A focal point in many participant accounts was the concern of needing support when their peers did not. Track athlete Kelly explained it:

You don't want to be that person when everyone else on the team seems fine. You don't want to be the person that's like, "I'm struggling." Because that's kind of what you signed up for to be 100% a student and 100% an athlete, but I think everyone needs help at some point or another.

From their first day on campus, the Canadian student-athletes were quickly introduced to the lofty expectations placed on them while working in an environment with unrealistic time commitments and obligations. While facing similar challenges to their teammates, athletes in psychological distress may choose to ignore their symptoms and avoid seeking help for fear of appearing less capable than their team-



mates or not as mentally tough (DeLenardo & Terrion, 2014). Maria, a soccer player, shared:

I think just because you don't want to seem like you're struggling while everybody else seems that they're doing really well and able to handle it and that you're just maybe not fit enough mentally. But being fit mentally is not something you're trained for, so when you notice that you're struggling, it seems that nobody else does, especially if nobody openly talks about it. It really makes you feel inadequate, like you shouldn't have a place on the team that you're not good enough to be on the team. And then maybe you should quit.

Feelings of isolation and weakness are particularly evident when the athlete compares their experiences with adverse mental health to their peers. This self-perception of inadequacy heavily affected Maria, calling into question her sense of belonging to her team and her abilities as a soccer player. Nina, a university-level soccer player, also presented similar concerns:

You can see that you are struggling or that you're not performing very well. Not even necessarily due to lack of talent, but due to, you know, mental health struggles on the field and off the field. You worry you won't get that playing time...you feel inadequate as long as you're struggling with school on top of everything else. You feel like you talk yourself out of opening up. it's like the same thing in class when you have a question, but nobody else puts their hand up to ask a question. So, you just don't ask a question.

Even though there is a lack of emphasis on mental health in athletic culture, athletes are aware of their collective challenges. There is an unspoken bond among Canadian student-athletes - a familiarity with experience, struggles and perception of their role on campus. Within the population, the athletes are aware that adverse mental health is a considerable problem, yet those involved look down upon anything other than stories of success or overcoming struggle. Julia, a rugby player, explained:

I think a lot of people are struggling, but they don't know how to go about it. They don't know what they're supposed to do. And they kind of just suffer in silence. But I think for a lot of them, it isn't because they don't realize how serious it is. They don't realize the reality of struggling. They think that's just the way it has to be. It's so, like, toxic because you have to be this strong superhuman person all the time to go and beat someone up on the field or to go run around for hours on end.

Despite the prevalence of mental health concerns in the Canadian student-athlete and college-athlete population, only one-third of the population seek out help for their problems (Rao & Hong, 2020). Julia attributes self-managing experiences of poor mental health to the expectation of mental strength and the normality of suppressing emotional and psychological distress. This ideology of mental toughness perpetuates negative attitudes and stereotypes toward athletes suffering from adverse mental health (Rao & Hong, 2020), further contributing to the "toxic" culture outlined by Julia. An emphasis on physical performance and mental toughness leaves an athlete vulnerable to adverse mental health, as hiding insecurities and vulnerability remains

easier than the fear of ridicule and stigmatization. Despite the need for increased mental health awareness and service utilization, a clear barrier to help-seeking in Canadian student-athletes and college athletes remains the perceptions toward mental health within the population and the fear of voluntary isolation among their peers. Even in the same boat as their peers, openly struggling is not yet an option.

## Stigma

Internalized stigma towards help-seeking was prominent among participants, with external attitudes and norms shaping their feelings toward mental health. These internalized attitudes are shaped by more prominent and normalized external perceptions of athlete mental health and the stigma associated with help-seeking behaviours. Athletes are taught to be physically strong and mentally resilient; however, vulnerability to adverse mental health is associated with weakness and character deficiencies (DeLaenardo & Terrion, 2014). While the internal conflict of vulnerability acts as a significant barrier to care, the culturally held attitudes toward mental health in sports and the associated external stigma are a substantial barrier to all Canadian student-athletes and college athletes. When asking participants to elaborate upon the cultural barriers to seeking mental health support in their athletic environments, the concern of stigma was obvious to track and field athlete Stephen:

Yeah, I think it's definitely a stigma in sports, which, again, is good that it's changing. But I feel like that's just always been the athlete mentality, like to play your sport, you have to be really hard and really tough. And just kind of suck it up. So I think that this stigma, in general, just prevents a lot of people from opening up about what they've dealt with.

Stephen shed light on the normalized "athlete mentality" of dealing with adversity privately in the name of mental toughness and athletic expectations. Athletic culture has a high standard of commitment to the athlete's organization, coaches, and teammates while emphasizing a win-at-all-costs attitude. Displays of vulnerability or perceived weakness from an athlete can cause coaches and teammates to lose trust in the individual and question their ability to participate at the required level (DeLaenardo & Terrion, 2014). This concern was highlighted by track and field athlete Alexa:

I think the barrier would be the fear of being ostracized. Also, I would think it's the fear of being told that you can't compete because you're struggling with mental health...I think there's just a lot of things that people do that kind of makes them feel ashamed as an athlete to speak up. But I think just those small things do present a barrier because they're ashamed to talk about it with their coaches, because maybe they think that their coaches would lecture them on not treating their body well. Or maybe they think that their coaches or the trainers would become worried and not let them play until they have it figured out.

Those struggling with mental health concerns or mental illness are often aware of the stigma attached to their experiences (Crabtree et al., 2010). In this case, the perceptions of coaches and teammates are critical to the Canadian student-athlete, highlighting the damaging potential for vulnerability in a group setting that is not

culturally accustomed to these issues (Rao & Hong, 2020). This is consistent with the symbolic interactionist perspective that suggests an individual sense of self is influenced and shaped by the views that others have of them (Crabtree et al., 2010; Gergen, 1977; Mead, 1934). For many, it is in the best interest of their athletic career to stay silent about their mental health struggles, leaving a large number of athletes to mask their stress, find unhealthy coping mechanisms and allow mental health disorders to go untreated. This was emphasized by female volleyball athlete Rebecca. Highlighting how even for those in need of support, a negative external perception discouraged the Canadian student-athlete:

I would say the biggest challenge is probably the social context. Basically, it's the perception of others. So, whether you are competing on a team where the athletes don't seem open, or you're worried that they're going to see you differently, or if you're worried the coaching staff or admin staff will see you differently, I think that's the biggest issue.

Rebecca highlighted the fear of perception as a considerable barrier to seeking help. The problematic nature of under-reporting mental health concerns in elite-level sports has created the misconception of the minimal prevalence of mental health disorders in the population (Bär & Markser, 2013; DeLenardo & Terrion, 2014). These misconceptions are built on displays of toughness and overcoming adversity from our culture's most idolized and celebrated athletes. Cross-country athlete Michael emphasized the impact of his role models:

I mean, a big thing is a lot of people treat athletes such as Kobe Bryant and Michael Jordan as role models. But I'm pretty sure Kobe Bryant played a part of the game with a broken finger. So, things like that is what I mean where, if you're playing basketball, you probably shouldn't be playing with a broken finger. But then people will see things like that and say, well, if he can play through that, I can just keep going. I feel like since certain athletes ended up being role models, for a lot of the student-athletes playing today, those ideals are kind of still ingrained in these populations.

Through their lived experience, participants identified stigma as the most significant barrier to mental health treatment. As a result, the population is at increased risk of untreated mental health disorders and unhealthy coping mechanisms. The fear of social exclusion and lost playing time makes the topic of mental health uncommon in the athletic setting and among peers. Therefore, the help-seeking behaviours of Canadian student-athletes are heavily influenced by the anticipated backlash of disclosing their vulnerabilities and the stigmatization of weakness perpetuated by the problematic norms celebrated in athletic culture.

## **Obtaining Mental Health Services**

Overcoming the barriers of negative perceptions and stigmatization is a crucial step in Canadian student-athletes receiving the mental health care that they need. While current literature highlights the underutilization of mental health services in the population, an unfamiliarity with available services or inadequate services discourages many individuals wishing to receive care (Bird et al., 2018). Canadian Stu-

dent-athletes are often offered athlete-focused solutions such as sports psychology. However, treatment options aimed at providing mental healthcare on a personal level were missing at many institutions. The lack of resources and support appeared to be a point of frustration for several participants. Julia, a Rugby player, mentioned:

They (Julia's sports psychologist) say they're a counsellor, and they only want to talk to you about how you feel about taking balls around the field. Like, that's so stupid. It makes no sense. It's because they're scared to talk about it (mental health). And they don't actually want to put the resources into it, and they don't care. They don't think mental health is nearly as important as performing on the field or your physical health. They really would much rather tape up your knee and send you back out there than actually ask if you're okay. It literally took me having a panic attack at practice, laying on the floor and not being able to breathe for people to check on me and take my mental health seriously.

When Julia was suffering from mental health concerns, she was directed to the departmental sports psychologist for care. The recommendations from medical staff and an unfamiliarity with sports psychology left her bitterly disappointed with the care she received. Despite prior knowledge of an athletic-focused approach to care, the psychologist failed to address her symptoms and understand her on a personal level. They were leaving her mental health concerns unresolved and perpetuating her existing problems.

The disappointment felt by Julia in her experience with a sports psychologist highlights a disconnect between the Canadian student-athletes and the administration's perception of mental health care. At an institutional level, administrators believe that general student counselling and access to sports psychologists are adequate resources for Canadian student-athletes and college athletes to address their mental health concerns (Moreland et al., 2018). At the athlete level, this is highly contested. Noah, a men's baseball player, explained:

I think the general culture (athletic department) is one that thinks they promote mental health awareness. But I think that the execution fails, it's not necessarily as supportive as people think. I do know that there are sports psychologists out there, but they aren't trained to help the mental health of athletes...most people that I know, that have seen sports psychologists it's not really for their personal mental health issues. It's more for, like, their pre-competition jitters and that they aren't performing to their best.

Young athletes are exposed to a variety of complex life and sport-specific stressors. Identity development, new academic demands and increased levels of sporting competition are significant stressors in the athlete population (Markser, 2011). Many of these concerns extend past the scope of sports psychology and require specialized mental health services. Yet the availability of these services is limited. With low rates of sports psychology utilization in athletic departments, administrators may be unprepared to fund further specialized mental health services (Reardon & Factor, 2010; Sebbens et al., 2016). This leaves Canadian student-athletes to utilize existing sports-specific resources or explore external care options. However, a lack of knowl-

edge of resources and where to find them is a significant barrier to care. Female rugby athlete Julia explained:

Therapy is so inaccessible. When you're in athletics, you don't know about the other resources that are around campus. Now, I see a therapist through the Student Wellness Center; I had no idea they even did that or that it was free or accessible. Like none of that because they don't tell you any of that in athletics. They don't say if you need to see this person, or if you go to this place, there's this specialist. They don't tell you any of that. I had no idea about any of the support or anything that I could have gotten away from athletics.

Many academic institutions have a distinct separation between academics and athletics, with athletic departments appearing distinct and private from the rest of the university. This separation encourages Canadian student-athletes to utilize resources within the athletic department while failing to explore services external to athletics (Watson & Kissinger, 2007). Julia explains that despite a lack of resources to treat her mental health concerns within the athletic department, the administration staff failed to provide her with resources aimed at the general student population. This concern was not unique to Julia. Niko, a track and field athlete, also discussed his frustration by stating:

The university student health program was where I was able to find a lot of the resources that I needed. But yeah, it was never directed by athletics. At the Student Health Program, I felt like I was just being passed off from doctor to doctor. This is not necessarily ideal because I felt like I was opening up about my entire life and the experience that I was going through every single time I met a new doctor.

These Canadian student-athletes highlight the problematic nature of help-seeking and the available services for student-athletes in Canadian universities. Issues of sufficiency, inaccessibility and the failure to address the athlete's concerns external to sports outline the challenges associated with help-seeking and future treatment utilization. Their narrative accounts and opinions on their health care demonstrated an apparent disconnect between athletics and campus health services, as well as the inadequacies for effectively caring for Canadian student-athlete mental health at a comparable standard to physical rehabilitation.

## Discussion

A primary concern for participants was the self-stigmatization of their experience with adverse mental health. The perception of self was focused on struggling in an environment where nobody else appeared to be struggling. These concerns appeared to extend into participants' perspectives on mental health stigma and influence their storied responses. When speaking about stigma, the participants provided the hypothetical experience of the average Canadian student-athlete while using their own experience as a contextual reference point. From an interactionist perspective, individuals see themselves as meaningful social objects and understand their social

value based on the perspectives held by the wider community (Thoits, 2011). Moreover, the anticipation of negative perceptions and fear of potential negative outcomes can have a lasting impact on self-perception and drive future decision-making (Link et al., 2015). From this perspective, participants addressing mental health stigma through the hypothetical athlete may be a distancing technique to protect their sense of self.

Although athletes identified their need for mental health care, poor self-perception was exhibited in comparison to their peers - creating a fear of isolation and vulnerability because those around them appear to cope well when dealing with the same stressors and experiences. These concerns were focalized by Kelly, who recognized the problematic nature of isolating her struggles in an environment where public struggle is uncommon. This was also echoed by Nina, who acknowledged the likelihood that her struggles were the same as those of her peers, yet she was unprepared to go against the cultural norms and seek help.

The ideology of mental toughness and fortitude has shaped a culture of stigma, persistence, and private management of adversity (Rao & Hong, 2020). Despite Canadian student-athletes sharing similar stressors and experiences, the fear of vulnerability and isolation prevented many of them from seeking the help that they needed. The athlete population is exposed to personal, cultural, and environmental factors that can impact their mental health and require them to seek resources for adequate mental health care (Gorczynski et al., 2020). Despite the low rates of symptom reporting and service utilization, the findings suggest that contextually appropriate resources should be proactively available for Canadian student-athletes to promote a culture of acceptance around mental health concerns.

The problematic nature of Canadian university and college-level sports has created the misconception of minimal prevalence despite evidence of adverse mental health and mental disorders in the Canadian student-athlete and college-athlete population (Bär & Markser, 2013; DeLenardo & Terrion, 2014). As a result, athletic departments and institutions currently lack an understanding of their athlete's needs and have limited resources to assist their athletes. With an emphasis on structural changes, mental health promotion and equitable care for all Canadian student-athletes, the culture around mental health in sports needs to become more accepting and promote help-seeking behaviours. Currently, the cultural and self-stigmatization of athletes appears to be a driving force for avoiding mental health care. The fear of teammate perception, missed playing time, and the loss of trust from coaches and administration were cited as significant concerns for reporting adverse mental health. Many worried that appearing vulnerable or visibly struggling could harm their athletic career. Participants highlighted a clear desire to receive mental health treatment, but the process could be problematic for them in the athletic context.

To assist in providing for all facets of athlete care, the culture around mental health must be addressed at institutional and athlete levels. Administrators, coaches and training staff must be aware that the cultural norms and behaviours adopted by their athletes are heavily influenced by the attitudes and opinions of their leaders (Moreland et al., 2018). Athletic departments and staff must normalize the conversa-

tions around mental health and be willing to provide and promote adequate resources for treatment while encouraging education and mental health literacy for all involved to normalize seeking mental health care and support (Henriksen et al., 2019). According to the perspective of symbolic interaction, culture establishes conditions for people's actions but does not outright determine them (Blumer, 1962; Hier, 2005). People do not act towards culture or social structure itself; rather, they react to specific situations. Social organization only proves effective when it shapes situations in which people act and provides concrete sets of symbols that people use to interpret their situations (Blumer, 1962; Hier, 2005). Thus, improving treatment options and increasing utilization of mental health services must begin with addressing the cultural and societal barriers faced within the athletic culture. Furthermore, there must be a focus on mental health treatment that is specific to athletic participation and the athletic culture, which would reduce negative self-stigma and isolating behaviours that influence poor mental health. By normalizing the discussion around mental health and encouraging service utilization with athlete-conscious practitioners, our Canadian student-athletes will thrive both on and off the field.

Participants highlighted resource utilization challenges, given their unfamiliarity with existing resources and their isolation from external sources. While participants were knowledgeable about sports psychology, the scope of care and treatment focus therein was unknown. Canadian student-athletes place immense trust in the resources and recommendations they receive from medical staff and administration to address their health concerns. The treatment experiences of an athlete like Julia highlight both disappointment and betrayal when mental health care is treated in the context of athletic performance. For those in need of mental health care, they were left to search for resources external to their athletic departments. However, this appeared to be problematic – again exemplified by Julia, who described her struggle with seeking mental health care, and specifically therapy, as inaccessible for those on the university campus. Although inaccessibility is an institutional concern and an overwhelming reality for students on university campuses, Canadian student-athletes are left with a disproportionate level of accessibility to physical therapy in comparison to mental health resources. As a result, Canadian student-athletes had to wait months for mental health treatment through the university wellness center by a practitioner who was unfamiliar with the athletic context and stressors associated with collegiate athletics. Similar concerns were raised by Niko, who voiced frustration at the lack of consistency with his mental health care and how this could be discouraging for Canadian student-athletes who are apprehensive about seeking care.

Athletic departments, academic institutions, and administrators may feel that their services are adequate to meet their athlete's needs when used in conjunction with general university student services. However, many Canadian student-athletes in the research study revealed significant barriers to service utilization, were unaware of available resources outside of their athletic departments and reported substantial concerns when using general university services. To address the concerns of their athletes, institutions must create systems to ensure that all athletes have access to mental health treatments from at least one accessible university resource. For insti-



tutions that cannot provide athlete-specific resources, campus services must become familiar with coaches, training staff and athletes. Ideally, a sports-specific mental health practitioner would be employed at the university sports level to address the growing mental health concerns of Canadian student-athletes. While most take great pride in their athletic identity, the desire for mental health care in the student-athlete is increasingly apparent.

### **Limitations and Future Research**

In this study, participants may have disclosed elements of their poor mental health while providing limited context about those experiences. Due to the sensitive nature of mental health and the associated stigma, participants held back information or minimized specific experiences. It's also crucial to consider the athletes' views on what they perceive as major mental health stressors. Many Canadian student-athletes struggled to identify whether their experiences indicated poor mental health, primarily due to a lack of mental health literacy. Moreover, participant anonymity posed a limitation in examining Canadian student-athlete's experiences. Many feared being identified through the details in their accounts, leading them to exclude significant information from their narratives. Although the participants provided valuable insights into their mental health struggles within Canadian university sports, these accounts only offer a snapshot into the reality of those involved as Canadian student-athletes.

Due to the limited research on the mental health of Canadian student-athletes, it is essential for researchers to continue exploring this field and deepen their understanding of the challenges this population faces. Future studies should continue to explore the major stressors affecting Canadian student-athletes and the obstacles they encounter in accessing effective mental health services. Expanding knowledge about the mental health of Canadian student-athletes can help drive policy changes and promote improvements in mental health support at universities. Achieving a thorough understanding that is well documented in the literature should be a priority, comparable to what is available for the mental health of college athletes in the United States.

## **Conclusion**

The present study shows that Canadian university student-athletes face comparable obstacles to mental health care as college athletes do in the United States. Major barriers to treatment for Canadian student-athletes include voluntary isolation, cultural stigma, a lack of access to resources, and neglect of concerns beyond sports. This paper reveals critical cultural and institutional issues that deter Canadian student-athletes from pursuing mental health support. Even though participants articulated a strong need for mental health care, they often felt compelled to manage their struggles alone or look for help outside their teams, fearing backlash from teammates and coaches. While the experiences shared by these individuals do not fully capture the collective Canadian student-athlete experience, they underscore deep-rooted challenges within various institutions that influence help-seeking behaviors at Canadian universities.

These findings highlight how fostering an athletic culture that prioritizes open dialogue and values on and off the field while acknowledging athletes' humanity ahead of their performance is crucial for promoting mental health care and reducing stigma. Furthermore, encouraging help-seeking behaviour is essential to creating an environment that ensures Canadian student-athletes prioritize their mental health over elite athletic performance and academic success. By doing so, those involved directly with Canadian student-athletes can help promote and increase service utilization and ensure that athletes receive the care they need to thrive both on and off the field.

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