

Understanding College Athlete Mental Health: Insights from Division I Athletic Department Personnel

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Throughout contemporary society, mental health and well-being are viewed as critical components of holistic, biopsychosocial development. This perspective has gained momentum within the context of sport, as athletes utilize their social platform to advocate for mental health resources and supports. However, the diverse and dynamic needs of many athletes remain unmet. Within the current study, six focus groups—which included 27 partners of collegiate athletics—were conducted and included athletes, coaches, athletic trainers, as well as athletic administrators and academic counselors. Using a reflexive thematic analysis, findings indicated that college athlete mental health is understood as holistic well-being and the ability to thrive in daily life. Participants discussed learning about mental health through academic education and training, as well as lived experiences (e.g., dual pandemic). Finally, participants believed more athletes are talking about mental health and that athletes feel most comfortable discussing mental health with their teammates and friends, the team's sport staff (e.g., athletic trainers, strength and conditioning coaches, assistant coaches), and mental health professionals. These conversations often occurred in the locker room and on team bus rides. However, there was hesitancy discussing mental health with head coaches and because of gender differences.

Keywords: student athlete, intercollegiate athletics, well-being, interprofessional collaboration, interdisciplinary care

Throughout contemporary society, mental health and well-being are viewed as critical components of holistic, biopsychosocial development. This perspective has gained momentum within the context of sport, as athletes utilize their social platform to advocate for mental health resources and support (Jackson et al., 2022). However, even in an era in which openly discussing mental health is becoming more common, the diverse and dynamic needs of many athletes remain unmet. This service gap is particularly prevalent within collegiate athletics (Kraus & Tibbetts, 2022). For example, related to the COVID-19 pandemic, a report from the National Collegiate Athletic Association (NCAA, 2023) indicated that, two years after the height of the pandemic, rates of anxiety, depression, and mental exhaustion had seen little change. These rates have remained 1.5-to-2 times higher than before the onset of the pandemic. Such realities are especially prominent during the dual pandemic, which refers to the simultaneous crises of COVID-19 and systemic racism, amongst college athletes who identify as members of population(s) that are often marginalized by society, including athletes of color, LGBTQ+ athletes, athletes from families who are economically disadvantaged, and female/women athletes (NCAA, 2022). In turn, some college athletes, specifically Black men (Wilkerson et al., 2022), hold negative perceptions of mental health.

As a result of increased awareness of mental health, there has been an overabundance of *calls*, *stances*, and *consensus statements* for mental health promotion throughout all systems and levels of sport (e.g., Breslin et al., 2019; Henriksen et al., 2020; Poucher et al., 2020; Reardon et al., 2019; Schinke et al., 2018; Vella, 2019). In fact, the NCAA's Sport Science Institute (2024) released their own inter-association consensus document that outlined *mental health best practices*, including: (1) creating healthy environments that support mental health and promote well-being; (2) developing procedures for identification of athletes with mental health symptoms and disorders; (3) creating action plans that outline referral pathways; and (4) ensuring that licensure of providers who provide athlete mental health care.

Before appropriately implementing such policy and programmatic recommendations, research must first understand how those who are involved in collegiate athletics (e.g., athletes, coaches, athletic trainers) conceptualize the dynamic and diverse mental health of college athletes. As a unique population of youth and young people, college athletes face stressors (e.g., pressure to perform) and risk factors (e.g., bodily injury) that often differ from those experienced by their nonathlete peers (Moore & Gummelt, 2018). Although mental health awareness may be rising among college athletes (NCAA, 2022, 2023), there is still much uncertainty about how college athletes and athletics personnel heuristically and pragmatically understand mental health. The purpose of the current study is to understand how collegiate athletics personnel collectively define, come to learn about, and feel about discussing college athlete mental health.

Conceptualizing Mental Health

The conceptualization of mental health has been debated within and across academic disciplines and professional domains (Lundqvist & Andersson, 2021). One

study highlighting the diversity of mental health conceptualizations was conducted by Manwell and colleagues (2015) and included insights from 50 mental health experts from eight countries. Findings indicated that experts were generally dissatisfied with current definitions of mental health and could not reach a consensus on a unified definition.

However, a commonly referenced two-continua mental health framework (Keyes, 2002) proposed that mental health should be viewed on a continuum, with mental health and mental illness serving as the two endpoints (Westerhof & Keyes, 2010). At one end of the continuum is flourishing, characterized by high levels of mental health and the absence of mental illness. At the opposite end is languishing, where an individual experiences low levels of well-being and lacks coping strategies, which may lead to mental illness. Organizations, such as the National Institute of Mental Health, have traditionally focused on mental illnesses and disorders. Collectively referred to as mental illness (i.e., impairments that functionally interfere with at least one major life activity), common mental disorders include generalized anxiety disorder, post-traumatic stress disorder, and obsessive-compulsive disorder. To diagnose mental disorders, licensed mental health professionals use the *Diagnostic and Statistical Manual of Mental Health Disorder, Fifth Edition, Text Revision* (DSM-5-TR). However, criticisms have been raised that, besides focusing on deficits, the DSM reflects cultural imperialism, Euro-centricity, and patriarchal perspectives (Pilgrim, 2014). In fact, research has shown that unconscious biases (Fadus et al., 2020) when using the DSM-5-TR has led to diagnostic disparities related to culture (e.g., misdiagnosis of disorders because of sociocultural differences; Daugherty et al., 2017), race and ethnicity (e.g., higher rates of misdiagnosis in racially minoritized populations; Liang et al., 2017), gender (e.g., over-diagnosis of women with certain conditions; Loomes et al., 2017), and socioeconomic characteristics (e.g., underdiagnosis of individuals from low-income homes and communities; Owens, 2020).

At the other end of the continua, Hernández-Torrano and co-authors (2020) described positive mental health as the *science of well-being* and contested that definitions of mental health have two concepts in common: 1) mental health goes beyond the absence of mental illness; and 2) mental health is viewed through a biopsychosocial perspective. In this way, mental health is recognized as “a dynamic state of internal equilibrium, which enables individuals to use their abilities in harmony with universal values of society” (Galderisi et al., 2015, pp. 231-232). From a pragmatic perspective, mental health refers to one’s ability to maintain holistic, biopsychosocial well-being. In alignment with this perspective, new professions (e.g., sport social work) have embraced the use of strengths-based approaches (Beasley et al., 2022c; Newman et al., 2022a; Newman et al., 2022b; Tarr et al., 2023). Within social work literature, strengths-based approaches encompass the belief that: (1) all people have strengths and capacities; (2) people can change; (3) people change and grow through their strengths and capacities; (4) people can restrict other people from noticing their strengths; and (5) people do have expertise to solve the problem (Pulla, 2017). Thus, although mental disorders and mental illnesses are recognized to exist,

the focus of treatment is on promoting positive mental health and holistic, biopsychosocial well-being. In turn, mental health promotion may help to achieve not only positive mental health but also the development of protective (e.g., social support) and mitigation of risk (e.g., performance anxiety) factors.

College Athlete Mental Health

Due to biopsychosocial conceptualizations of mental health, researchers, policymakers, and clinicians acknowledge that mental health is often best addressed from a holistic, interdisciplinary perspective (Kroshus, 2022). For example, within elite sport systems, Purcell et al. (2019) advocated for the need to equip key partners (e.g., coaches, sport medicine, support staff) to better recognize and respond to mental health concerns. Sudano and co-authors (2017) forwarded the notion of an integrated care model within collegiate athletics that includes assessment of mental health, protocols and procedures for referrals, treatment, follow-up, and documentation, as well as service provision coordinated between primary care, athletic medicine, and mental health providers. More specifically, scholars have stressed the need for interprofessional competence and collaboration among providers, including mental performance consulting, clinical psychology, social work, and mental health counseling professionals (Beasley et al., 2022a; McHenry et al., 2022). Newman and co-authors (2019) similarly advocated for interprofessional collaborations between sport social workers and sport psychology professionals. To this end, Pierce and Erickson (2022) proposed the integration of sport performance and holistic athletic development (e.g., mental health) to serve the intersectional identity of athletes.

Empirically, research has supported such holistic and interdisciplinary efforts. Magier and colleagues (2022) indicated that sport social workers not only valued working in interprofessional settings but sought out opportunities to learn from other mental health professionals. Similarly, Beasley and colleagues (2022bc) found that athletic trainers understood their role as distinct from mental health professionals and underscored the importance of appropriate referral practices within interprofessional teams, as well as the need for more specific training in recognizing mental health concerns. In fact, Sudano and Miles (2017) surveyed head athletic trainers at Division I NCAA institutions and found that nearly half of respondents believed better care could be provided if mental health services occurred onsite in the training room. Research has further underscored the importance of developing skills to talk to athletes about mental health when needs arise (Gross et al., 2020). However, research also suggests college athletes have additional barriers to help-seeking (Harris & Maher, 2023), compounded by increased levels of internalized mental health stigma (Beasley & Hoffman, 2023). Such realities are concerning, as nearly one in three college athletes experienced moderate to severe depression/or anxiety (Drew & Matthews, 2019), which is higher than that of the general college student population (Wolanin et al., 2016).

The Current Study

As college athletes continue to advocate for mental health promotion (Mikilineni et al., 2023), there is a need to better understand how partners across collegiate athletics (i.e., athletes, coaches, athletic trainers, athletic administrators, and academic counselors) conceptualize college athlete mental health (Hong et al., 2018). Indeed, mental health is often misunderstood, both in general and especially within the context of athletics (Beasley et al., 2021). Such a lack of understanding should not come as a surprise, given the variety of ways in which mental health has been conceptualized (Hernández-Torrano et al., 2020; Keyes, 2002). By constructing a shared understanding of college athlete mental health, not only can policy and programmatic recommendations be appropriately implemented, but interprofessional teams can competently provide interdisciplinary care. Ultimately, the purpose of this study was to construct a collective understanding of college athlete mental health.

Method

Context

A NCAA Division I Football Championship Subdivision conference, located in the northeastern region of the United States, served as the context of this study. At the time of the study, the conference was home to nine full-member academic institutions, which included mainly public research universities—three of which operate as the flagship universities of their respective states—apart from one private university. Approximately 3,800 college athletes were included in the more than 130,000 students enrolled across all conference member institutions. These athletes competed across 18 NCAA Division I intercollegiate sports (8 men's, 10 women's), including basketball, lacrosse, soccer, track and field, and volleyball.

Procedures

Targeted participants were identified from registration for the conference's health and safety summit in the summer of 2021. The annual one-day summit features lectures, presentations, and workshops that promote the holistic health and well-being of college athletes and those involved in collegiate athletics. The summit is hosted by a member institution on a rolling basis and is open to all conference personnel, including athletes, coaches, administrators, medical professionals, and academic support staff. These potential participants were individually and directly sent a recruitment email, which contained information about the study, informed consent, and a link to register for the study. Participation in the study was voluntary and no incentives were provided. Upon registering for the study, participants were emailed to schedule in-person or online focus groups (dependent upon their preference). In-person focus groups occurred at the annual summit, while online focus groups were conducted via Zoom during the same time period. All focus groups were coordinated to be role-dependent that only participants with similar roles within collegiate athletics (e.g., athlete, coach, athletic trainer) were included in a single focus

group. All study procedures were approved by a member of the team's Institutional Review Board.

Participants

Following the recommendations of Onwuegbuzie and Collins (2007), a total of six focus groups were conducted. These focus groups included 27 collegiate athletics personnel members, comprised of athletes ($n = 2$ focus groups), coaches ($n = 1$ focus group), athletic trainers (AT; $n = 1$ focus group), as well as athletic administrators and academic counselors (Staff; $n = 2$ focus groups). Individual participants included six athletes, seven coaches, seven athletic trainers, five athletic administrators, and two academic counselors. The majority of participants identified as female ($n = 22$) and white ($n = 22$). These participants represented volleyball, basketball, cross country, field hockey, gymnastics, lacrosse, soccer, and track & field. Pseudonyms were assigned to protect participant identities while honoring their individual experiences. The presentation of the demographic data intentionally avoids illustrating the intersectional identity of any individual participant (e.g., Coach Young, female, white, volleyball).

Data Collection

Participants in each focus group were asked a series of five questions centered on specific topics of interest. Topics included defining mental health, mental health awareness, discussing mental health, knowledge about [Conference] mental health initiatives, and suggestions for the future. Two unique yet aligned interview guides were used for athletes and all other collegiate athletics partners. In this way, the interview guides were focused on "athlete mental health" but from a diversity of perspectives. For instance, athletes were asked, "How aware are you about mental health?" whereas other partners were asked, "How aware are you about athlete mental health?" Additional athlete questions included, "Who are you most comfortable discussing mental health concerns within athletics?" and "How would you describe the climate around mental health on your team?" Additional questions for partners included, "Think about a time when you discussed mental health with an athlete. What aspects of the conversations did you find easiest? Please explain." and "How is athlete mental health promoted within your athletic department?" Each focus group lasted between 45 minutes and 65 minutes. Focus group audio was transcribed verbatim via a professional transcription service.

Data Analysis

All focus group data were analyzed together using a reflexive thematic analysis (Braun & Clark, 2019). Initially, two researchers who led the data analysis process, became familiarized with the dataset by listening and relistening to the audio transcriptions, as well as reading and re-reading the transcripts. Initial codes were then generated inductively at both semantic and latent levels. The iterative process of generating initial codes included each researcher independently coding the same two

transcripts to develop an initial coding schema, which they then constructed together. An agreed-upon initial coding schema was then reviewed by another researcher. This final coding schema was then used to guide the coding process of the remaining focus group data, with peer debriefs and reviews occurring throughout.

After the initial codes were inductively generated, the two original researchers (together), inductively organized individual codes into initial themes from collating related codes. Next, within each theme, potential subthemes representing evident patterns within the data were constructed from the collated data. When organizing individual codes to develop potential themes and subthemes, rules that describe core proprieties of each were created to justify the inclusion and/or exclusion of individual codes. These potential themes and subthemes were then reviewed with another researcher, as well as refined through peer debriefing with the full research team. In the end, all themes and subthemes were given a specific name and definition that identifies and describes the essence of their meaning. Within this manuscript, findings are described with vivid quotes from the participants to capture their unique lived experiences, perspectives, and knowledge.

Trustworthiness

To aid in the research process, several strategies were used to enhance the trustworthiness of the study and its resultant interpreted and constructed findings. As an example, bracketing interviews (Tufford & Newman, 2012) were conducted amongst the research team prior to data collection to mitigate the influence of individual assumptions and beliefs on the research process. The research team is comprised of 12 individuals. The composition of the research team was comparable to that of the study participants, who included former and current college athletes, coaches, athletic administrators, academic support staff, and licensed mental health providers from member institutions within the conference. Given the unique positionality of the research team, both individually and collectively, the researchers were tasked with reflecting on their own lived experiences related to college athlete mental health. Specifically, to elicit self-reflexivity, members of the research team served as critical friends (Norris, 1997) throughout the study. In this role, research team members reviewed codes, coding schema, and initial themes to challenge, strengthen, and determine the appropriateness of the data interpretations through the process of peer debriefing. Similarly, through member checking (Tracy, 2013), preliminary findings were also presented to collegiate athletic personnel to elicit critical feedback and provide additional context to the data interpretations.

Results

Findings from focus groups are presented in four unique themes related to college athlete mental health: (1) defining mental health, (2) learning about mental health, (3) comfort, and (4) discomfort discussing mental health. This table is included in Table 1.

Table 1.
Understanding College Athlete Mental Health

Theme	Subtheme
Defining Mental Health	Holistic Well-Being
	Thriving in Daily Life
Learning About Mental Health	Academic Education and Training
	Lived Experiences
	Dual Pandemic
Comfort Discussing Mental Health	More Athletes Are Talking
	Teammates and Friends
	Locker Room and Team Bus Rides
	Team’s Sport Staff
	Mental Health Professionals
Discomfort Discussing Mental Health	Hesitancy with the Head Coach
	Gender Differences

Defining Mental Health

Throughout the focus groups, participants described how they conceptualized and ultimately defined mental health. Among these understandings, two unique subthemes were constructed from the data: *holistic well-being* and *thriving in daily life*. In general, participants described mental health as an omnipresent component of an athlete’s overall health, which must be made a priority in their day-to-day life both on and off the field.

Holistic Well-Being

Collegiate athletics partners conveyed that mental health is holistic, in that mental health embodies all facets of an athlete’s (or anyone’s) self and social identity. Athlete Lane explained, mental health is “just kind of how you’re doing and how you’re feeling, and how that translates to your productivity and your overall state.” Staff Wilson added, “Mental health is just one of the major aspects that we need in line with our whole being...even if that’s getting up and going to the grocery store, everything needs to be in some type of balance.” However, participants also cautioned that mental health may be embodied differently from person to person,

even when individuals share other similar characteristics. As Staff Davis stated, “I would define [mental health] as how a person views their own well-being.” In other words, although mental health is a component of one’s whole-self, mental health is also unique to everyone.

Thriving in Daily Life

Due to the holistic nature of mental health, participants also recognized how mental health permeates throughout one’s daily lives. In other words, mental health can have a transformative effect on all aspects of an athlete’s life, including athletic performance, academic achievement, personal relationships, and daily activities. Staff Williams further explained:

Mental health is a person’s ability to live their day-to-day life, confidently or just feeling good about themselves, and just being able to go on and live their life without any mental limitations. They’re able to carry on everyday tasks or things they enjoy, like sport, without having any of those limitations. That is, mental health is not just about sustained functioning, but it is truly about the ability to thrive in all aspects of life. As Athlete Taylor stated, “Mental health [is] taking care of your mental being and taking consideration on how you feel and what your thoughts are, your thought process, and how that impacts your day-to-day activity.” Thus, mental health is not a singular issue, but rather something that impacts every part of an athlete’s day-to-day life.

Learning About Mental Health

Participants described a variety of ways in which they learned about mental health, which resulted in three unique subthemes. For instance, participants discussed learning about mental health throughout their academic education and training. Additionally, participants shared lived experiences from their own lives and from their peers as pivotal learning moments. Finally, the Dual Pandemic provided critical insights related to mental health.

Academic Education and Training

Due, in part, to the variety of collaborative roles within collegiate athletics, many types of educational backgrounds were described. Among athletes, participants indicated that they had received fundamental mental health literacy during primary school. Conversely, coaches discussed being exposed to discussions about mental health later in life, as a component of coach education programs and coach development systems. Coach Smith explained, “We’ve had different coursework where you can do a one- to two-day workshop and learn more about mental health and the signs, and just how to communicate with our student-athletes about it.” Aligning with continued education, athletic trainers discussed receiving mental health training as a part of their professional training. Athletic trainers, for instance, spoke about how they were given different opportunities to become mental health experts in their own way. AT Evans explained:

We do a voluntary training each year with our campus counseling center and that's mainly to make sure my staff is prepared for a situation that we're all put in every day with being first responders and being the closest ones to the athletes sometimes.

The athletic trainers described themselves as first responders within the collegiate sport system, which encouraged them to place precedence on the importance of mental health. However, regardless of their role, participants expressed the need for continued education, particularly as mental health continues to be more openly expressed and discussed.

Lived Experiences

Participants talked about their own experiences and the lessons learned from their peers and colleagues. College athletes explained how, culminating with being a student, the pressure to train and perform led to a general awareness about mental health. Athlete Taylor shared:

I think mental health affects a lot of student-athletes because they're doing school, sports, and they have a job, and a lot of that stress that comes from just being an athlete in their sport. You're trying to reach these expectations that you set for yourself or your coaches, and that can affect your mental health, and then you're not performing well.

Participants also learned about mental health due to the experiences they witnessed from peers. In fact, recognizing mental health concerns and issues in others, at times, contributed to their awareness more than within their own lives. For example, Athlete Ford explained:

I definitely notice it at times, but it wouldn't be something that I'd say for myself I'm thinking about super consistently. But I do feel like we all are just really receptive to how our teammates are feeling. And being around them so often and seeing their demeanor in the locker room versus on the field versus in the classroom. I think it's more apparent from the outside perspective watching that than analyzing myself. And it's easier to not think about myself.

However, other participants shared what they have experienced while working closely with college athletes on a day-to-day basis. Because of this closeness, these participants encountered situations that helped them become more knowledgeable about mental health and ultimately how to help. For example, AT Waters shared:

As an athletic trainer, athletes come to you, you see them every day, you interact them, you chitchat with them, you hear about their families, everything. So, then they get to feel really comfortable with you, so then they come to you with all of these things, and you just get thrown into it. You just get presented with, "Hey, I'm not doing well," or "Hey, I'm suicidal," or whatever it may be. So, you just get invested in that and then you look into it as best you can and try to figure out how you can handle it and do what's best..

Regardless, experiencing and/or witnessing mental health concerns and issues in real-life applications led to a greater awareness of and knowledge about mental health.

Dual Pandemic

Participants agreed that the COVID-19 pandemic and Black Lives Matter movement shaped their understanding of mental health. Due to government lockdowns and experiences of social isolation, many people were kept away from their support systems and safe spaces, including sports, for significant amounts of time. Athlete Moore shared:

Our coaches haven't really been prioritizing mental health as much as they probably should have, especially with the COVID season when we were having so many games. At one point we had eight games in nine days, and it was just a lot more than what any one of us had expected.

Moreover, participants discussed the impact of the co-occurring racial justice movement and its effect on mental health. Athlete Taylor described their experience:

With the pandemic and the Black Lives Matter movement taking its height in June, I think people were definitely self-reflecting about their own mental health, and then also how it affects their friends and family. Being in quarantine is definitely different because we lost our sport and I think because all of these different events were happening and people were talking about it, it's almost in your face and you're forced to confront your emotions and thoughts and be alone with them.

Although the pandemic had substantial negative impacts on mental health, the technological innovations used during COVID may have also increased mental health awareness in a different way. Specifically, the explosion of telecommunication (e.g., Zoom) helped to facilitate meaningful conversations. Staff Greene explained:

I almost feel like I saw students that wouldn't open up in person but would when the screen was there. They felt more okay with opening up about things, and I don't know if it's a feeling that because the bodies are not right there it's safer to say something out loud versus in person.

Shared stressors provided necessary opportunities to engage in open discussions about mental health. As such, the dual pandemic forced participants to not only reflect on their experiences but also provided opportunities for others to further learn about the importance of mental health.

Comfort Discussing Mental Health

Findings suggest that more athletes are talking about their mental health concerns, needs, and experiences, which has fostered a culture of trust and openness for discussing mental health. Moreover, there was a common belief that athletes felt safe discussing their mental health with their teammates and friends and that these conversations often occurred in the locker room and on team bus rides to competitions. However, in addition to peers, participants discussed the importance of the team's sport staff, as well as mental health professionals.

More Athletes Are Talking

Participants discussed the changing climate around mental health, specifically within the culture of competitive athletics. Specifically, participants talked about how professional athletes are helping to lead the way in bringing transparency to this critical topic. Furthermore, Coach Young highlighted one example:

The idea that all of a sudden, because Naomi Osaka said, “Press conferences are stressful and that’s hurting my mental health,” now there’s players coming out that have said, “Yeah, that’s actually true. That actually has been bad for my mental health this whole time, and I didn’t recognize it.” Just because someone else said it, it brings it to the forefront. I think we talk about representation mattering in so many other things, but we never recognized how much it mattered to breaking this stigma of mental health.

Staff Jones also provided the example of Michael Phelps and said,

“He had a spotlight on him and his story. I think as more of these athletes continue to open up about their stories it’s like a welcome to ‘it’s okay to not be okay.’” Staff Wilson added, “If Simone Biles can make a lot of money by not competing, but by saying, ‘I need to take care of myself,’ what does this mean for all these other young adults?” They went on, “In other words, does this mean our student-athletes will follow Biles’ example and feel okay putting their mental health above their sport after seeing her do it?” This paradigm shift does seem to be occurring within collegiate athletics. In fact, as Athlete Lane shared, “In my three years on my team, I’ve seen a positive trend for it being a lot more acceptable to talk about, and I’d love to see it continuing to go that way.”

Teammates and Friends

Collegiate athletics partners—including athletes themselves—shared athletes often confided in their teammates and friends. For example, Athlete Moore stated, “Mostly I find that my teammates and I talk about our struggles that we’re having since we’re all close and we’re all going through the college experience and our sport and everything. It [being a college athlete] can be really taxing.” Coaches and others involved in collegiate athletics, however, were also privy to conversations that teammates would have with each other about how they were feeling. Coach Johnson shared:

I think our student-athletes addressing it with their peers is a big deal. I think sometimes things don’t get to our level because we have a group that helps teach or that helps address this stuff within their group. If [the team] know what the resources are, they can guide their peers without having to come to coach, because sometimes there’s a stigma attached to coming to coach.

Whatever circumstances may lead athletes to seek help from their teammates and close friends, participants agreed that it was due to the comfortability of having these conversations with someone that they know they can trust and may be going through something similar.

Locker Room and Team Bus Rides

Athletes were believed to talk about their mental health in the locker room and on team bus rides. Athlete Carter described their locker room culture, “When we’re getting ready for practice or finishing a practice or lift, we’re in the locker room and people will just talk about it with whoever. It doesn’t matter who’s in there.” Moreover, some teams even embraced a systematic approach to discussing their mental health. Athlete Taylor explained, “Our team decided to do this thing in the locker room where we have a chart of ‘How Are You Feeling Today?’ You can tell everyone that you’re okay, good, doing great, or not so great.” In addition to the locker room, participants shared the value of team bus rides to and from competitions as a space for open conversation. Staff Jones explained:

After a bad game, a student-athlete might not want to talk to their coach, but I know our strength and conditioning folks hear a lot of those conversations of what’s really going on sitting in the back of the bus.

Locker room and bus rides served as safe spaces for athletes to discuss their mental health needs and concerns. These spaces not only provide organic openings for critical discussions to occur, but they also can serve as strategic opportunities for teammates to check-in with each other.

Team’s Sports Staff

In addition to peers, participants described a team’s sport staff (outside of the head coach) as being important social agents for athletes to discuss mental health. A team’s sport staff often includes athletic trainers, strength and conditioning coaches, and assistant coaches. Specifically, participants believed that athletic trainers are often one of the first choices for athletes to confide in or reach out to if they want to seek professional help. Staff Greene explained:

I think on our campus our trainers get a lot. They hear a lot. They have the conversations. I have one team that I work with where the assistant coach is more hands on with a particular group of athletes because there is history there if they recruited them, but I think overall the trainers is where I’m always being sent. “Go check with this person. Go check with that person, see if they know anything.” And I think I’ve yet to have a “No, they didn’t know anything was going on.”

In fact, as Staff Williams stated, “Everything goes through the [athletic] trainers.” Athletic trainers tend to work in close vicinity and quite extensively with athletes. Given the nature of their role in sports medicine, they are often on the front lines in terms of responding to all health-related needs of athletes, including but not limited to mental health. AT Thomas also shared:

One of the things that keeps me in athletic training is the relationship that you have with your athlete. As far as I’ve seen, there’s no other job that you get that kind of level of trust in a relationship with the people you work with. And so, I think when you’re trusted that way, there comes that responsibility that they’ll bring stuff to you that they won’t bring to their friends, or they won’t bring to their coaches.

However, athletic trainers were not the only group recognized as being helpful. For instance, Athlete Moore shared a story about one of their strength and conditioning coaches:

We had showed up to lift and it was 6:30 in the morning, and all of us were just exhausted physically, but also mentally...He had finally gotten to the bottom of it and our mental health was a big part of the reason why. He had a talk with us the next day and he was apologizing because he never fully realized how much mental health actually affects student-athletes. Since then, he's always asking about our mental health and if we need anything, and he's very open if we do.

Overall, participants acknowledge that because a team's sport staff, particularly athletic trainers, work closely with athletes, it is common to be privy to conversations about mental health and intervene and/or refer when necessary.

Mental Health Professionals

Outside of peers and team sport staff, participants identified mental health professionals as people with whom athletes felt comfortable discussing their mental health. Although each university employed their own integrated care model (e.g., embedded within the athletic department, centralized at the university, community partnership), most athletic departments had access to a licensed psychology professional, sport social worker, and/or counselor. To this end, participants described the importance of working with a mental health professional who could understand their unique lived experiences, particularly related to their racial and cultural identity(s). For instance, Athlete Parker explained:

He [the mental health professional] is like a white male; so, I was going to say that might turn a lot of people away. Like I said, he's a super cool dude, he's really funny, he played football when he was in college, so he does have that better understanding.

Athlete Ford immediately followed up and shared, "I think having a professional that understands from a personal experience level, not just reading about it and trying to sympathize, but being able to empathize with the person you're talking to makes the world of difference to me." They explained:

I think anything that can kind of lower the barriers of difference makes it a lot easier to be willing to be open and honest with who you're talking to. I think having somebody that kind of mirrors you or you can just kind of see yourself in them a little bit makes a huge difference in making that first step easier.

Further, athletes may be more open to seeking help from a mental health professional if teammates or friends expressed having a good experience. AT Martin explained:

A few guys within my team that are pretty vocal that have had really good experiences at our counseling service center. And that I think has turned into if they're open to talking about it, that word of mouth and it being a positive experience has really helped be like, "You can go over there, and no one has to know that you're being seen there, but I had a really good

experience with it.” I think that matters a lot within our athletes, so it takes one person having maybe a bad experience or a great experience to really turn it around.

In the end, working with a trained mental health professional was viewed as highly beneficial. Although the model of integrated care may differ from university to university and the professional discipline of the mental health professional may vary, there was a belief that working with someone who “mirrors you” (e.g., racially, culturally) provides an important level of comfort for athletes when discussing their mental health.

Discomfort Discussing Mental Health

Although there seems to be openness in talking about mental health among athletes, participants also discussed several ongoing issues that may prevent college athletes from openly discussing their mental health. Specifically, participants suggested hesitancy with the head coach and gender differences as barriers to talking about mental health.

Hesitancy with the Head Coach

Participants noted differences between head coaches and assistant coaches regarding their openness to discussing athlete mental health (with athletes themselves). There was a shared sentiment that many head coaches are not aware of mental health needs and concerns, either unintentionally or intentionally. AT Martin explained:

Some of them are either in denial about it or they’re so scared to do the wrong thing that we’ve had coaches who don’t want to be educated. I think there’s a fear there that they’re going to be blamed if something were to go wrong.

Several athletes also explained that they believed their head coach focused on winning above and beyond anything else and, in turn, expressed perceived fear of losing playing time. In fact, Coach Johnson acknowledged, “Sometimes there’s a stigma attached to coming to coach. I can hold scholarship and playing time and all of the other things over their head.” Coach Avery expanded:

I think they think what they say to us will be held against them. Like playing time or “Are they going to treat me differently? Are they going to ignore me now? Am I weaker? Am I being judged by them?” They want you to have this idea of them that you had when you recruited them and what they can do, and now you see that they have certain things going on mentally, physically, and emotionally. Is that going to change your perspective of them as an athlete and then as a person? They want to seem tough, and they want to seem strong and like nothing’s wrong.

However, as Coach Avery explained, “If they only knew all the stuff that goes on in our lives, but they see us as coaches. They don’t see us as people until they graduate or they’ve been through the system.” In other words, coaches are people too. Although coaches may be responsible for determining playing time and have a

focus on winning, many coaches are also cognizant of the mental health issues and concerns that may arise for athletes.

Gender Differences

Although there have been greater strides to improve the conversations surrounding mental health, gender norms and expectations continue to be a barrier. Athlete Ford explained:

I feel like a lot of females are more accepting towards the idea of mental health. And a lot of the guys just shut it down completely. I think there's something stopping the guys from receiving that kind of help.

Participants also addressed that there is not only a difference in the way men and women talk (or do not talk) about mental health, but also in how they think about mental health in general. Coach Young explained:

Across gender lines, obviously the stigma is different. I think we'd be remiss to think that, as a female, I think about mental health the same way a male would think about mental health...or even too as a white person, or as a straight person. All of that is different. I think that, just in everything that we've been talking about being socially aware of our surroundings, mental health fits into that box, and so does the stigma.

Ultimately, Athlete Lane purported, "I think so much about how little it's talked about on the male teams at my campus, honestly." However, they added, "I just think it's super dependent on how it's talked about and what kind of culture the coaches foster." Although there may be differences between men's and women's teams in their openness to discussing mental health, this gap may be further exacerbated (or improved) depending on the culture of the team and coach.

Discussion

The purpose of this study was to explore how partners throughout collegiate athletics (i.e., athletes, coaches, athletic trainers, athletic administrators, academic counselors) conceptualize the mental health of college athletes. Historically, mental health has been defined from an individualized medical model, focused on symptoms, diagnoses, and individual treatment (Pilgrim, 2014). However, with broader cultural shifts, mental health in sport is now being conceptualized from a holistic, biopsychosocial perspective (Kroshus, 2022). This shift in the understanding of mental health has also led to an increased call for interprofessional collaborations and interdisciplinary care to meet the holistic dynamic and diverse needs of college athletes (e.g., Antle et al., 2021; Beasley et al., 2022c). In support of interdisciplinary care (e.g., Beasley et al., 2022a; McHenry et al., 2022), findings from the current study provide empirical support that multiple collegiate athletics partners define mental health from holistic, biopsychosocial and systems perspectives. Ultimately, such findings may provide novel insights in the future development of a theoretical understanding of college athlete mental health.

More specifically, participants conceptualized college athlete mental health as encompassing individual, organizational, and cultural influences (Barkley et al., 2018). At the individual level, there was recognition across participant groups that mental health needs to address an athlete's "whole being." From a care perspective, this was demonstrated by participants emphasizing a team's sport staff efforts in developing personal relationships with athletes, as well as mental health professionals who understand athletic identity and their unique lived experiences. Teammates, too, should be leveraged when providing support for athletes experiencing mental health needs. Indeed, teammates are uniquely positioned throughout each other's lives and may be able to help identify early warning signs. At the organizational level, participants identified the need for educational training and access to mental health resources and mental health professionals. Prior research, however, has suggested that educational trainings, such as mental health literacy, may not be effective in increasing the knowledge of coaches (Beasley et al., 2024b). Regardless, findings from the current study suggest mental health care be integrated into organizational policy (e.g., gender-inclusive policies) and hiring practices (e.g., sport social workers with clinical licensure). Finally, participants also discussed how culture needs to be considered when conceptualizing mental health. Specifically, participants spoke to the impact of the "dual pandemic" and hegemonic masculinity (i.e., gender norms; Robinson et al., 2024) as influences on athlete mental health. Indeed, effects of the dual pandemic (i.e., COVID-19 and systemic racism) on mental health has documented among collegiate athletes (Newman et al., 2023). However, participants discussed how cultural shifts have increased the number of well-known athletes speaking about mental health, which may lead to more college athletes being open about their own mental health and increase their willingness to seek help.

Conversely, findings from this study also underscore unique risk factors and stressors that may lead to poor mental health among college athletes. At the individual level, gender norms and expectations continue to act as barriers for discussions about mental health. Specifically, female athletes reported being more receptive to mental health conversations, whereas male athletes often resist or shut them down. From an intersectional lens (Crenshaw, 1989), athletes of color were confronted also with racism and marginalization, which further exacerbated mental health concerns. Additionally, participants noted a hesitancy to share mental health concerns with coaches and invoked a preference for sharing such information with sports-science specialists (e.g., athletic trainers and strength conditioning coaches). In all, the culture within individual teams and athletic programs influences whether mental health is openly discussed or avoided. Perhaps one notable immediate action coaches can do is in the example shared by a strength and conditioning coach, wherein the coach responded to the atmosphere of the athletes and intervened by ending practice and creating an environment for athletes to discuss their mental health, like best practices suggested by Bissett and Tamminen (2020). Similarly, the priority of winning should not be emphasized when addressing mental health concerns of athletes. Further, as emphasized by the dual pandemic (Newman et al., 2023), collegiate athletics partners may also need to be aware of current social issues and should create opportunities for

meaningful dialogue with athletes. This study highlights the importance of coaches and the need to remain accessible for the mental health needs of college athletes.

Implications

Moving forward, educational initiatives should be put in place so that every athletic department member who works with athletes understands each other's role and has knowledge of clear referral policies (Beasley et al., 2022c). In fact, an important component of effective interdisciplinary care is the integration of routine screening and early intervention protocols within college and university settings through collaborations between college and university departments of athletics and health and mental health care providers, which is also key to effective (Reardon et al., 2019). In understanding college athlete mental health from a systems perspective, athletics support staff, as well as administrative staff, are imperative to establishing an organizational culture that prioritizes holistic care of athletes (Beasley et al., 2024a). To support such efforts, study findings lend credence to the development of educational resources for the conference office and athletic departments as they progress forward with meeting the dynamic mental health needs of athletes. In other words, mental health education and training should be offered to all members of the athletic department, not only to those who may be working daily with athletes.

There is also a clear need for continuous and easily accessible mental health services for athletes (Harris & Maher, 2023). At the organizational level, university policies could be enacted to allow athletes to maintain mental health services throughout the year, regardless of university breaks and holidays. Key collegiate athletics partners may also consider advocating and lobbying for policies, including the social work licensure compact that ensures college athletes the ability to maintain continuous care, particularly when traveling for competitions and/or when the university is not in session (e.g., winter break). Additionally, conference offices, athletic departments, and universities should reconsider how they engage athletes through awareness-raising campaigns. Participants also highlighted meaningful approaches, such as messages from current athletes and coaches via social media platforms and in-person events.

Limitations

Although a variety of collegiate athletics partners were engaged, several notable vested partners were not represented, namely mental health professionals. Given the training and education of mental health professionals, this study sought to understand college athlete mental health from perspectives of those not directly involved in providing such services. However, with the increased calls for interprofessional teams and interdisciplinary care, understanding how licensed psychologists, sport social workers, counselors, sport psychology professionals, and certified mental performance consultants can competently engage in interprofessional collaboration to support athlete mental health should be a priority.

Within this study, the majority of participants identified as being white and/or a female. Given the study's findings related to gender differences and importance

of lived experiences, particularly regarding race and racism, future research must strive to understand how intersectional identity and unique lived experiences (e.g., international college athletes) may influence conceptualizations of mental health, comfortability discussing mental health, and engagement in help-seeking behaviors. Future, research should also consider engaging a larger number of participants per focus group, as some research has proposed focus groups be conducted with six to 12 participants each (Onwuegbuzie & Collins 2007). Finally, it should be noted that this study was conducted within a single athletic conference, in which football programs do not compete as members of the conference. Football is uniquely positioned within collegiate athletics, both financially and socially; thus, the exclusion of football personnel limits the breadth of the findings. Future research should also engage a broader spectrum of athletic conferences (and their collegiate athletics partners) and investigate how unique geographic sociopolitical climates may influence how college athlete mental health is understood.

Conclusion

The results of this study support an interdisciplinary care model to address college athlete mental health. Specifically, athletic departments can follow best practices outlined in conceptual literature (e.g., Beasley et al., 2022a; McHenry et al., 2022) to establish interprofessional teams. For effective interdisciplinary care, research in and outside of sport settings points to clear role clarification and knowledge of each professional's role (e.g., Antle et al., 2021; Beasley et al., 2021). Additionally, although participants recognized a variety of available mental health resources, participants highlighted the need to streamline the many resources so that they are easier to consume and navigate, particularly in high-stress times. This suggests that athletic departments need to develop clear referral policies, so that each member of the interdisciplinary care team knows appropriate referral procedures (NCAA Sport Science Institute, 2024). In the end, findings from this study support the operationalization of college athlete mental health as being inclusive of holistic, biopsychosocial well-being and conceptualized from a systems perspective (individual, organizational, and cultural). Regardless of their role within the athletic department, participants recognized that the environments fostered within collegiate athletics are an important aspect of college athlete mental health and must be considered when care is provided to athletes. Ultimately, to adequately support college athlete mental health, a shared understanding of holistic well-being and the ability to thrive in daily life are necessary.

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