

# C.A.R.E. To Challenge Stigma? A Directed Qualitative Content Analysis of Division I Mental Health Webpages

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Stigma surrounding mental health in sports is common and damaging. It often prevents athletes from seeking help, as athletes may feel fear of being judged or perceived as weak by teammates, coaches, and administrators when disclosing they may need help. Grey literature – such as athletic department mental health webpages – serves as a publicly accessible, non-academic communication tool that can reduce stigma and facilitate help-seeking by delivering clear, relatable, and evidence-informed mental health information to athletes and their support networks. Webpages can serve as accessible, proactive tools that educate, connect, and guide athletes toward care before crises emerge—making thoughtful design the key to meaningful impact. Through a directed qualitative content analysis (DQCA) of Division I Power Five (DI P5) athletic departments mental health webpages, this research explores what mental health information is presented and which anti-stigma strategies are used to encourage help-seeking among users. Findings demonstrated the content and organization of these webpages varied widely and notably lacked key content, including a lack of personal narratives, universal screenings tools, clear expectations about the help-seeking process, and detailed descriptions of available resources. Based on these findings, the C.A.R.E. framework is proposed – a practical guide for structuring mental health webpages to reduce stigma and encourage timely help-seeking.

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The perceived stigma surrounding athletes' mental health often creates barriers, preventing them from seeking the help they need (Beasley et al., 2024; Beasley & Hoffman, 2023). Unlike non-athletes, college athletes face unique pressures – from the normalization of playing through pain to fears that seeking help signals weakness (Castaldelli-Maia et al., 2019). In comparison to non-athletes, college athletes often delay seeking a diagnosis or treatment after experiencing symptoms (Edwards et al., 2022). Common barriers include uncertainty about what support entails and the belief that their experiences are part of the norm and do not require intervention (Bird et al., 2018). These personal hesitations are intensified by broader systemic challenges including negative attitudes from coaches and staff (Cutler & Dwyer, 2020), past negative experiences with providers (Moreland et al., 2018), limited on-campus access to care (Moore, 2016), and lack of awareness surrounding mental health services (Wilkerson et al., 2020), all of which create a climate that discourages help-seeking behavior.

Even when mental health services exist, athletes often are not aware of them due to poor promotion or fragmented messaging (Young et al., 2023). Thus, scholars and practitioners need to identify strategies that “get the students to the appropriate mental health professional as quickly as possible” (Edwards et al., 2022, p. 88). Athletic department webpages, an evolving form of grey literature, may play a pivotal role in this effort. While Olympic-level organizations have been criticized for underutilizing their websites in this space (Liddle, 2016), collegiate sports offer an opportunity to proactively promote mental health. Visiting an athletic department's mental health webpage is a form of self-guided, informal help-seeking that can serve as an important first step, especially for athletes hesitant to pursue formal support (Gulliver et al., 2012; Johnson et al., 2022). However, this method has been underexplored in online collegiate athletic settings (Pretorius et al., 2020). Given that this area remains underexplored, the purpose of this study is to evaluate mental health webpages from Division I Power Five (DI P5) athletic departments, identifying what mental health information is presented and which anti-stigma strategies are used to encourage help-seeking – specifically, contact interventions, mental health literacy (MHL), and integrated care. Contact interventions normalize help-seeking by sharing relatable stories, MHL improves awareness and symptom recognition, and integrated care builds trust by clearly presenting qualified professionals and demonstrating a coordinated, trustworthy care system that enhances users' confidence in reaching out. The following research questions guided our study:

RQ<sub>1</sub>: What mental health information is shared on DI P5 athletic department webpages?

RQ<sub>2</sub>: Which anti-stigma strategies are used on DI P5 athletic department webpages to encourage help-seeking?

## Literature Review

Mental health stigma in sport may stem from the cultural norms of sport, often termed the sport ethic (Beasley & Johnson-Pack, 2024; Bunch et al., 2024). Ath-

letes may internalize a culture that equates toughness with success, leading them to view mental health struggles as a sign of weakness or personal failure – ultimately deterring them from seeking help (Habeeb et al., 2022). Therefore, reducing mental health stigma in sport requires a systems-level approach that goes beyond athletes and includes coaches, support staff, athletic administrators, the organization, and the wider community (Beasley & Hoffman, 2023; Beasley et al., 2024). Because athletes often rely on a trusted network of coaches, family, and trainers, the beliefs and MHL of these trusted voices significantly influence help-seeking behaviors (Moreland et al., 2018; Sullivan et al., 2019; Van Raalte et al., 2015). Yet, despite their importance, coaches often lack knowledge on connecting athletes to proper resources (Beasley et al., 2024), and parents or peers may miss warning signs without sufficient MHL. Educating both athletes and their support networks can broaden awareness and create an environment that normalizes help-seeking behavior (Purcell et al., 2019), which is critical for college athletes who face unique barriers to mental health care (Moreland et al., 2018).

Marginalized college athletes are part of the student populations at each P5 campus, where they often face layered stigma and cultural barriers to seeking mental health support. Black student-athletes, for instance, are more likely to confide in family than coaches or professionals because pursuing and discussing mental health was viewed as a weakness (Wilkerson et al., 2020, 2022). Additionally, a lack of culturally sensitive support further perpetuates silence and stigma within the team and athletic department. While marginalized athletes often rely on family over professionals due to cultural barriers, the absence of athletic department websites as outreach tools further limits awareness and access to critical support. While Young and co-authors (2023) found that universities promote mental health through internal channels such as emails, pamphlets, posters, social media, workshops, and team meetings, athletic department websites were not identified as a tool used for outreach – highlighting a notable gap in digital engagement strategies. This oversight matters, as several athletes remain unaware of available resources and coaches lack knowledge on connecting athletes to proper resources (Beasley et al., 2024; Moreland et al., 2018; Sudano & Miles, 2017). This highlights an opportunity for athletic websites to bridge the gap by providing accessible, public-facing resources.

Athletic department websites are a form of grey literature, which are public tools that communicate values and influence perceptions (Pedersen et al., 2021; Ruyhley et al., 2012). To date, there has not been any study that assess athletic department website, but other forms of grey literature, such as student handbooks, have been analyzed. Cassilo and Sanderson (2024) found that college athlete handbooks included minimal content on mental health, and when it was present, it was often framed through the lens of athletic performance or linked to disciplinary issues like substance abuse. The handbooks largely placed the responsibility on athletes to seek help, reflecting a passive stance from athletic departments. Additionally, references to diversity, inclusion, or culturally sensitive mental health support were notably absent, raising concerns about the accessibility and framing of care. Their findings emphasized while the resources listed may be supportive, the framing and delivery

reflect a reactive model, lacking intentional efforts to reduce stigma or actively promote mental health (Cassilo & Sanderson, 2024).

However, unlike student handbooks, which are static, internal, and typically accessed only when needed, webpages are dynamic, widely accessible, and frequently updated. Therefore, this study builds on findings of Cassilo and Sanderson (2024) by examining whether public-facing digital platforms adopt a more proactive, inclusive, and accessible approach to athlete mental health than internal documents have traditionally offered. As institutional investment may improve both athlete well-being and team performance (Humphreys et al., 2007; Stokowski et al., 2020), public-facing institutional grey literature is an important topic for exploration in the scholarship of college athlete mental health.

## Conceptual Framework

Grey literature refers to information and research materials that are produced outside of traditional academic publishing, such as reports, policy documents, guidelines, and webpages (Giustini, 2019; Prior et al., 2022). Therefore, athletic department webpages serve as a form of grey literature – publicly accessible, non-peer-reviewed content that communicates institutional values and practices (Pedersen et al., 2021). These digital platforms meet athletes where they are and move institutions closer to creating a culture where mental health is seen as foundational to success. Prior and co-authors (2022) emphasized the importance of grey literature in synthesizing mental health policies and aligning them with peer-reviewed recommendations, while also identifying that grey literature often lacks detailed, practical guidance for real-world application, leaving gaps in how mental health messaging is translated into action.

However, research suggests that effective grey literature can improve help-seeking behaviors. Johnson and co-authors (2022) identified that digital technology like webpages support informal help-seeking behavior by facilitating access to 24/7 tailored content like case vignettes, MHL, destigmatizing information, and embedded links. These webpages offer a low-barrier, self-directed resource where athletes can explore options before pursuing formal care. Research supports digital strategies in sport settings. Multiple scholars (Brewer & Petrie, 2013; Van Raalte et al., 2015) advocate for web-based interventions informed by athletic stakeholders to improve mental health outcomes, yet few studies have explored how college athletic websites fulfill this role. This gap is especially relevant for athletes hesitant to disclose issues due to stigma, fear of judgment, or concerns about confidentiality (Hatteberg, 2020; Wilkerson et al., 2020). Properly structured webpages can promote awareness and serve as a confidential bridge to formal care, therefore helping athletes find support even when coaches or trainers lack mental health expertise. Specifically, Prior and co-authors (2022) suggest that when grey literature incorporates themes such as stigma reduction, mental health literacy (MHL), and multidisciplinary care, it has the potential to reduce mental health stigma and promote help-seeking behaviors. Therefore, each concept is defined and operationalized for this study in the following sections.

## **Challenging Stigma: Contact Interventions**

For this study, we specifically looked at strategies to challenge stigma through the lens of contact interventions. Seeman and co-authors (2016) highlight that public perceptions of mental health diagnoses are influenced by factors such as culture, tradition, and access to education and healthcare. Allport (1958) proposed that increased social contact with stigmatized groups can replace misconceptions and reduce prejudice. This theory has been widely applied by using positive interactions with individuals who have experienced mental health challenges to reduce the stigma they face. Previous researchers (Corrigan et al., 2001, 2012; Gronholm et al., 2017; Kutcher et al., 2016) confirmed that live or video-based interactions are effective in changing adults' attitudes towards individuals facing mental health challenges and fostering empathy, but the evidence for its long-term impact on behavior is limited.

With frequent contact as an effective intervention among this age group, hearing from peers who have navigated similar challenges can humanize mental health struggles and reduce fear of judgement (Purcell et al., 2019). Parrott (2021) offers practical strategies for media coverage of mental health in sports, advocating for transparent discussions about diagnoses, symptoms, and treatments. This could involve creating anonymous interviews with former college athletes and staff or case vignettes, where athletes can discuss their mental health challenges, the symptoms they experienced, and how they sought diagnosis and treatment through available support services (Gronholm et al., 2017). Parrott (2021) also suggests sharing athletes' full narratives, including their personal stories and direct quotes, to humanize their experiences and foster empathy. This approach humanizes their experiences, showcasing aspects beyond sports such as family background, friendships, hometowns, and interests outside of athletics. Adopting a strength-based narrative, which highlights resilience while acknowledging vulnerabilities, also challenges the sport ethic and encourages open dialogue about mental health. This could look like athletic departments highlighting peer or former athletes as proactive and resourceful individuals who seek mental health support and cultivate strong support networks, emphasizing how these actions contribute to their personal and professional development.

Reducing stigma in college athletics through contact is essential for fostering a supportive environment where athletes are comfortable seeking help without fear of judgment. These interactions break down stereotypes, promote empathy, and facilitate understanding (Mittal et al., 2012), leading to earlier intervention, better mental health outcomes, and overall well-being for athletes. By encouraging and facilitating these interactions, athletic departments can help reduce stigma around mental health services and support holistic athlete development.

## **Mental Health Literacy (MHL)**

In addition to contact interventions, MHL plays a crucial role in this effort. Initially, the goal of health literacy (HL) was to understand physical health to adhere to medical treatments. Jorm (2012) expanded the scope to include prevention of mental

disorders, recognizing symptoms, self-help strategies, and first aid skills. Today, HL has evolved, particularly in the context of MHL. Recent definitions of MHL have merged over time to encompass various aspects of mental health, combining prior MHL definitions and current HL definitions, emphasizing a broader, more holistic view of mental well-being. Current MHL (Kutcher et al., 2016) involves:

- (1) “understanding how to obtain and maintain positive mental health; (2) understanding mental disorders and their treatments; (3) decreasing stigma related to mental disorders; and, (4) enhancing help-seeking efficacy (knowing when and where to seek help and developing competencies designed to improve one’s mental health care and self-management capabilities)” (p. 155).

Although efficacy research is mixed, MHL interventions may improve mental health outcomes in sport populations through increasing education (Bu, 2000). With the evolution of technology, such MHL educational approaches can differ widely in how information is conveyed. Corrigan et al.’s (2012) meta-analysis found that education in combination with social contact interventions are effective in reducing stigma by providing factual information and encouraging personal interactions with stigmatized groups. These strategies foster empathy and understanding publicly (Mittal et al., 2012), though more research is needed on their application to college athletes.

The importance of MHL has been further validated in the athletic context. Gulliver and co-authors (2012) effectively trialed the delivery of a MHL program to elite athletes via team-based workshops facilitated by mental health professionals. This approach proved successful, offering athletes the chance to discuss and address concerns with trained professionals, particularly regarding confidentiality and the implications of help-seeking.

## **Integrated Care**

For this study, we focused on integrated care, rather than multidisciplinary care. While similar, multidisciplinary support involves professionals from different fields working independently (Prior et al., 2022), whereas integrated or interprofessional care emphasizes collaboration among experts to address athletes’ mental health comprehensively (McHenry et al., 2021; Sudano et al., 2016). This integrated approach allows doctors, clinical psychologists, social workers, and other professionals to work together to address both physical and mental well-being of college athletes, which is currently practiced by some athletic departments. For example, a college athlete may be experiencing anxiety. A psychologist may offer cognitive-behavioral therapy for anxiety, while a doctor monitors the college athlete’s physical health and prescribes medication, if necessary. In a multidisciplinary approach, the psychologist and doctor might work independently, focusing on their own areas of expertise without coordination which could lead to fragmented care, where the mental and physical health are treated separately. Whereas, in an integrated care model, the psychologist

and doctor would communicate and work together, ensuring that the cognitive-behavioral therapy and any medication prescribed complement each other. For instance, the psychologist might adjust therapy strategies based on the doctor's findings about the college athlete's physical health, leading to a more cohesive and comprehensive treatment plan. In this example, an integrated approach would be more effective for the overall well-being of a college athlete than a multidisciplinary because it fosters collaboration between the psychologist and doctor to address the college athlete's performance anxiety holistically. Scholars advocate for this integrated care model, especially within athletic spaces to bring together mental health professionals, such as psychologists, counselors, and social workers, to address a blend of mental, medical, and behavioral health needs (McHenry et al., 2021; Sudano et al., 2016).

Integrated care coupled with interprofessional competence offer a holistic approach to supporting college athletes' mental health by involving multiple professionals each contributing specialized expertise. However, distinctions among these roles must be clearly understood. For example, athletes with clinical needs may require a licensed psychologist, while those seeking performance support may benefit from a certified mental performance consultant (CMPC). Without this clarity, confusion can undermine trust and reduce help-seeking. Public-facing tools like athletic department webpages are ideal platforms to explain these differences and encourage informed decisions.

Despite the potential benefits, integrated care models also face several challenges. Athletes may hesitate to disclose clinical mental health symptoms, especially when providers are involved that may not be familiar with athlete identities (Yoon & Petrie, 2023). Even when in place, unclear communication about provider roles can hinder effectiveness. Scholarship underscores the need for structured protocols, improved screening practices, and enhanced training for coaches and administrators (McHenry et al., 2021; Sudano et al., 2016). These efforts help reduce stigma, improve referral processes, and ensure athletes receive the right support at the right time. Ultimately, athletic department webpages must reflect these systems with transparency and cultural competence, guiding college athletes toward effective, stigma-free mental health care.

## Method

A directed qualitative content analysis (DQCA; Kibiswa, 2019) of athletic department mental health webpages was conducted to examine what information is being shared on the mental health webpages of DI P5 conference athletic department websites and identify the strategies used to reduce stigma and encourage help-seeking – specifically contact interventions, MHL, and integrated care. The DQCA allowed for existing theory and literature to guide the data collection and coding processes. According to Hsieh and Shannon (2005), “The goal of a directed approach to content analysis is to validate or extend conceptually a theoretical framework or theory” (p. 1281). A DQCA was appropriate for this study because it allowed the

research team to build on specific, theory-based constructs to highlight best practices for reducing stigma and allow for a structured, yet flexible, analysis of mental health content on athletic webpages. Additionally, because the study aimed to assess what information is being presented and which strategies are being used on webpages, using DQCA helped deductively identify whether and how these strategies appear in the content. The data analysis administered in this research was conducted using a three-phase and eight-step schema of textual analysis approach established in the literature (Hsieh & Shannon, 2005; Kibiswa, 2019; Mayring, 2002). In Phase One (Preparation Phase), we developed a priori codes informed by Prior and co-author's (2022) review of grey literature on athlete mental health support and existing sport literature, defined operational codes for our study, and identified webpages as our unit of analysis. In Phase Two (Data Analysis Phase), using the a priori codes we coded each athletic department website for the presence of contact interventions, MHL, and integrated care. Coded data was then organized and interpreted for patterns and gaps. In Phase Three (Reporting Phase), we verified coding consistency, reported findings aligned with the study framework, and provided a detailed narrative description to support transparency and replicability. Ultimately, this study examines what information is being shared on the mental health webpages of DI P5 conference athletic department websites and identifies the anti-stigma strategies used to encourage help-seeking.

### **Sample**

The sample for this DQCA consisted of university athletic department webpages. Data was drawn from institution's athletic webpages by searching the school's name followed by "athletics and mental health" and "athletics and psychology". For example, a search term included Duke athletics mental health to find Duke's Mental Health and Performance page through the athletic website. The sample was limited to those colleges and universities competing in the NCAA DI P5 conferences – specifically the Atlantic Coast Conference (ACC, 15 schools), Big Ten (14 schools), Big 12 (13 schools), Pac12 (12 schools), and Southeastern Conference (SEC, 14 schools). It is important to note that shortly after data collection, conference realignment impacted the title of "P5", and some schools moved conferences in Fall 2024. Nonetheless, the impetus to focus on P5 was to provide an exploratory basis focused on the institutions with the most resources with the understanding their websites can provide an exemplary for others. A total of 68 athletic department webpages mental health webpages were collected and coded between January and May of 2024. Of the 68, 16 athletic departments did not provide access to a dedicated mental health webpage during the time of collection. Therefore, a final sample of 52 mental health webpages were analyzed.

### **Data Analysis**

The research team analyzed the data using a three-phase and eight-step schema of textual analysis: (1) preparation, (2) data analysis, and (3) reporting, as outlined by Kibiswa (2019).

In the preparation phase (Steps 1-3), we began by developing the study framework and operational definitions. Drawing on Prior and co-author's (2022) review of grey literature, we identified three major gaps related to athlete mental health support: challenging stigma, MHL, and multidisciplinary care. These became our a priori codes, later refined to reflect best practices in health promotion and digital outreach. Specifically, we focused on contact interventions as a best practice in stigma reduction (e.g., Purcell et al., 2019) and we replaced multidisciplinary care with integrated care (e.g., McHenry et al., 2021; Sudano et al., 2016), emphasizing collaboration among qualified providers across sport and mental health.

Each code was operationalized with subcategories using literature on anti-stigma strategies, educational outreach, and integrated care models (e.g., Corrigan et al., 2012; Kutcher et al., 2016; McHenry et al., 2021; Parrott, 2021; Sudano et al., 2016). For example, challenging stigma was defined through contact interventions by indicators such as transparent discussions of diagnoses, athlete quotes or videos, strength-based narratives, challenges sport ethic, and calls to action (e.g., clear contact during crisis, Parrott, 2021). MHL was defined by knowing how to achieve and sustain positive mental health, recognizing mental disorders and their remedies, and improving help-seeking skills. Integrated care included evidence of trainers as an integral part of care teams and the presence of diverse licensed mental health professionals. The unit of analysis was each institution's publicly accessible mental health webpage ( $n = 52$ ), and the lead researcher became immersed in each webpage, analyzing layout, tone, ease of navigation, and overall presentation to gain a sense of the data and refine the coding structure.

In the second phase (Steps 4-6), using Excel, the primary researcher coded the webpages line-by-line according to the operational definitions. For each subcategory (e.g., "discusses diagnosis", "includes athlete quote", "lists provider credentials"), webpages were marked as "Yes" or "No" and included a verbatim or descriptive example. Examples included writing detailed descriptions embedded videos of athletes sharing mental health experiences, FAQ sections describing what to expect in therapy, or lists of providers such as LCSWs, CMPCs, and LPCs. We also documented key logistical content such as inclusion of office location, after-hours support, referral instructions, cost transparency, and confidentiality statements – each nested under the "Improving Help-Seeking Skills" subcategory. To ensure consistency, the lead researcher archived PDF copies of each webpage at the time of collection. Coding was reviewed and discussed with a second researcher, and the team met to peer debrief and resolve discrepancies.

In the final phase (Steps 7-8), codes were grouped thematically and analyzed across institutions to identify trends, strengths, and gaps. We created a summary matrix to display which schools included which codes. Institutions that demonstrated exemplary webpage design and messaging were highlighted to illustrate best practices. Finally, findings were reported narratively, using embedded quotes and examples to demonstrate how P5 athletic departments do—or do not—leverage their webpages to support athlete mental health, reduce stigma, and promote help-seeking among both athletes and their broader support networks.

**Table 1**  
*Stigma Reduction Strategies*

A Priori Code (Prior et al., 2022)	Sub-Category	References
Contact Interventions	Transparent discussions of diagnosis	Parrott (2021)
	Presenting individuals' full stories	Parrott (2021)
	Including direct quotes from those with mental health challenges	Parrott (2021)
	Adopting a strength-based narrative	Parrott (2021)
	Challenging prevailing sport ethic	Parrott (2021)
	Call to action	Parrott (2021)
Mental Health Literacy (MHL)	Knowing how to achieve and sustain positive mental health	Kutcher et al. (2016); Purcell et al. (2019);
	Recognizing mental disorders and their remedies	Kutcher et al. (2016); Sudano & Miles (2017); Kroshus (2016)
	Improving help-seeking skills	Kutcher et al. (2016); Gulliver et al. (2012); Moreland et al. (2018)
Integrated Care	Integrated care	Sudano et al. (2016)
	Interprofessional competence	Lopez & Levy (2013); McHenry et al. (2021)

## Findings and Discussion

The findings of this study revealed that most DI P5 athletic departments had a dedicated mental health webpage. However, alarmingly, 31% of these departments lacked dedicated mental health webpages, leaving athletes without immediate online resources. Those with webpages included basic crisis resources, staff directories, and brief overviews of available services, but the content and organization of the webpages varied widely. Navigation and naming were also inconsistent, with pages appearing under various tabs and using different terms like “Sports Psychology” or “Mental Health.” Notably, most pages lacked key content, including personal narratives, universal screening tools, clear expectations about the help-seeking process, and detailed descriptions of available resources, which research has shown can help reduce stigma and facilitate help-seeking (Gulliver, 2012; Parrott, 2021; Sudano & Miles, 2017). To address these gaps, we present the findings below then propose a practical C.A.R.E. framework explained in the following section.

## Contact Interventions

### *Discussions of Diagnosis*

Among these mental health webpages, transparent discussions about diagnoses, symptoms, and treatment remain limited with only 11.5% of institutions engaging in these discussions. Institutions emphasized that their mental health content is for informational purposes and not for diagnosing conditions. This limited inclusion, paired with disclaimers that the content is informational rather than diagnostic, suggests that institutions may take a cautious approach to avoid liability or misinterpretation, while still attempting to raise mental health awareness. However, Gulliver and co-authors (2012) identified that a lack of knowledge about the symptoms and the application of that knowledge was a leading barrier to athletes not seeking help.

Other P5 institutions took a proactive identification approach by offering actionable tools like Mississippi State University's "How to Support a College Athlete in Distress", prominently displayed to encourage proactive support (Mississippi State Athletics, n.d.). Similarly, Rutgers University provides resources to mental health diagnoses and symptoms under their "Signs Your Mental Wellness May Need Some Training" section, aiming to help athletes self-assess their mental health and recognize when professional help might be needed (Rutgers Athletics, n.d.). This language connects directly to early intervention and can promote open discussions of mental health but does not explicitly address diagnosis. Other language included on these pages emphasized awareness, education, and support for managing mental health, but direct discussions about diagnosis are generally limited and framed cautiously. For example, University of Illinois, Urbana-Champaign makes an emphasis in the 'About' section that "all information on this page is meant to help in an informational capacity and should not be used to make any diagnoses" (Illinois, Urbana Champaign Athletics, n.d.). When they did mention diagnoses, it is often in the context of symptoms treatment options, or general management strategies. This is consistent with Cassilo and Sanderson's (2024) findings on handbooks, where mental health resources similarly placed the responsibility on athletes to initiate care, rather than presenting a more guided or supportive pathway. Additionally, statistics on diagnosable mental health concerns and mental health statistics for college athletes were included on some pages. This is evident on Michigan State University's page who referenced a John Hopkins study that found, "only about 10% of student-athletes with a mental health condition seek help" as the second bulleted statistic on their page (Michigan State Athletics, n.d.).

Because college athletes have low help-seeking behaviors (Bird et al., 2018), P5 institutions may limit open discussions of diagnoses, symptoms, and treatments on their mental health webpages by focusing too generally on awareness and referrals to align with this perception. However, there is opportunity for these institutions to provide an intervention by normalizing the experience of seeking support and framing diagnosis as an opportunity to personalize care and optimize both mental health and performance.

### ***Personal Stories and Quotes from College Athletes***

P5 institutions varied in their use of personal stories and quotes from college athletes on their mental health webpages. Only 27% of institutions included quotes from college and professional athletes by providing embedded videos or links to external platforms that contain stories of athletes confronting mental health challenges, and just 11% showcased their full, authentic stories.

While personal storytelling can reduce stigma and promote help-seeking, it is important to recognize that not all athletes may feel ready – or obligated – to share their experiences publicly. People can fully support mental health awareness while choosing to protect their privacy. Some athletes may fear judgment, breaches of confidentiality, or damage to their public image (Edwards et al., 2022), particularly in high-profile or competitive environments, like Division I campuses. Others may feel their experiences will not be understood or worry that speaking out could affect how teammates or coaches view them. These are valid concerns that reflect the persistent stigma surrounding mental health in sport (Young et al., 2023). The limited use of personal stories underscores the need to build environments of trust and safety, where athletes feel empowered to speak out if and when they choose.

Institutions like the University of Michigan have used storytelling to reduce stigma through programs like Athletes Connected (AC), which combines educational presentations by mental health professionals with follow-up videos of athletes sharing personal experiences. For example, a video featuring a University of Michigan gymnast discussing the loss of his mother and the support he received from AC is one way the Michigan humanized mental health support on their webpage (University of Michigan Athletics, n.d.). This contact- and education-based approach has been shown to significantly increase mental health knowledge and improve attitudes toward help-seeking for DI athletes in the short term (Kern, 2017). Other schools, such as University of Notre Dame with its #IrishStrong campaign and the University of Illinois Urbana-Champaign with the Green Bandana Project, have also highlighted athlete-led mental health messaging. However, such efforts vary across P5 mental health webpages. This evidence suggests that combining professional-led education with relatable athlete stories can be a powerful way to challenge stigma and foster help-seeking among student-athletes.

### ***Strength-Based Narratives and Challenging the Sport Ethic***

The sport ethic refers to the culturally ingrained belief in the extreme pursuit of victory in athletics – often at the expense of personal well-being (Bennett, 2024). This mindset can discourage athletes from seeking help by framing vulnerability as weakness. Encouragingly, our findings show that 82.7% of mental health webpages from Division I P5 conference athletic departments included efforts to challenge this harmful narrative by reframing toughness in ways that prioritize mental health. Statements like “Champions are often faced with challenges, and no issue is too small to seek services” (Baylor Athletics, n.d.), counter the idea that athletes must always be self-reliant or mentally invulnerable. This statement could attract athletes to seek help by framing challenges as a natural part of success, encouraging proactive mental health care by emphasizing that no issue is too small, and fosters inclu-

sivity by validating struggles of all levels and encouraging athletes to view seeking help as a form of strength. Research suggests that online content has the potential to challenge stigma by framing athletes' disclosures in a stigma-challenging way rather than stigmatizing way (Gwarjanski & Parrott, 2018).

Auburn University emphasizes "holistic mental health care" that supports personal, academic, and athletic success. These pages often employed strength-based approaches to the language used in their mission, aiming to empower athletes while promoting a positive view of mental health. This is evident in Auburn University's statement: "Our mission is to provide Auburn student-athletes with holistic mental health care, wellness education, and applied sport psychology interventions. The CSP team supports student-athletes so they will thrive personally, academically, athletically, and in life beyond Auburn" (para 2). Wake Forest University also reinforces a positive view with its statement, "It is important to recognize that mental health is health. It is just as important to address as physical health" (Wake Forest Athletics, n.d.). These approaches effectively integrate mental health into the broader context of athlete well-being (Bennett, 2024).

### **Calls to Action**

Among the 52 institutions, 38 institutions (73%) offered a clear, direct message that urges individuals to take immediate steps – such as contacting emergency services in a mental health crisis. Many webpages provided immediate crisis resources that read similarly to "In crisis, please call 911 or 988". The explicit inclusion of calls to action ensures that athletes have clear pathways to seek help, further dismantling the "tough it out" mentality, often pervasive in sports culture. A key focus is on ensuring access to emergency and essential resources. Most institutions listed psychological emergency clinicians, suicide prevention hotlines, and links to sexual violence services and national emergency resources to ensure access. Many also include university-specific after-hours support, ensuring round-the-clock assistance, while others provide links to external organizations like the NCAA and Hilinski's Hope, a national initiative promoting awareness and education of mental health and wellness for athletes. The inclusion of these strategies reflects a growing institutional recognition of the urgency surrounding athlete mental health. The next step involves equipping athletes with the knowledge and confidence to proactively understand, identify, and navigate mental health concerns, highlighting the importance of building MHL.

### **Mental Health Literacy (MHL)**

#### *Accessible Resources for Positive Mental Health*

P5 institutions have utilized their mental health webpages to provide a wide array of accessible resources aimed at promoting positive mental health among college athletes. 82.7% of the mental health webpages included information and tools to assist with techniques like mindfulness and resilience. Mindfulness is emphasized as one of many effective tools for stress reduction and mental focus, especially among college athletes (Glass et al., 2019; Jones, 2020). Popular mindfulness apps were

commonly linked, while some institutions offered on campus mindfulness training programs, stress management clinics, and yoga sessions to equip college athletes with coping and problem-solving skills. Self-help tools, including Therapy Assistance Online (TAO) and relaxation training libraries, were also provided to help users develop mindfulness practices independently. Handouts and guides on topics such as transitioning out of sports, coping with grief and loss, and embracing unpredictability were also included.

About half (53.8%) of the institutions offered various peer advocacy resources, which has been identified as the preferred method of MHL programming in sports medicine (Purcell et al., 2019). Many partnered with organizations, like Hilinski's Hope and Active Minds, to promote awareness and peer support. Universities also provided team consultations, mental performance training, and leadership development. Some linked to free peer support platforms like Togetherall.com, expanding access to mental health resources for athletes. Additionally, only 14% of institutions included specific resources for marginalized student-athletes, reflecting a broader gap in accessible and inclusive mental health support. This may suggest that institutions recognize the value of peer advocacy and team-based mental health support but may lack centralized, athlete- and identity-specific spaces for engagement.

### **Transparent Screening Process**

Transparent and standardized screening tools were not universally implemented with only 23% mentioning that they offer mental health screenings. This limits the accessibility to screening tools for college athletes, which was also evident a decade prior in Sudano and co-author's (2016) study. A notable exception include Pennsylvania State University, which offers the only anonymous online mental health screening option among all institutions in this study. Kroshus (2016) advocates for early detection through universal screenings, which can be facilitated by online tools for early intervention. Integrating assessment and recognition tools like those recommended by the NCAA (n.d.) and improving referral systems would help normalize help-seeking and reduce stigma.

### ***Enhanced Help-Seeking Skills***

More than 75% of the institutions analyzed provided office locations for mental health services, which aligns with NCAA (n.d.) best practices that recommend proximity to athletic facilities to enhance visibility and access. Additionally, 57% of schools clearly stated that mental health services are confidential unless written consent is given, similar the findings in college athlete handbooks (Cassilo & Sanderson, 2024). Many of these institutions provide clarity about confidentiality during initial sessions, outlining exceptions such as imminent harm, suspected abuse, or legal obligations to help athletes understand their privacy rights. These strategies may be used by most institutions to help normalize help-seeking and build trust, especially when paired with transparent FAQs about therapy logistics, privacy, and long-term care, as seen at schools like Auburn and Texas A&M. In addition, many institutions include

direct contact details and appointment instructions to further reduce access barriers. However, omitting office locations or confidentiality information may be signaling limited access or underdeveloped outreach, potentially leaving athletes uninformed and hesitant to seek care.

Given the demanding schedules of college athletes, 55% of institutions provide after-hours mental health resources such as links to 24/7 crisis hotlines, indicating an awareness of the need for flexible and responsive care. Schools like University of Illinois-Urbana Champaign and Wake Forest University go further by offering robust support for the athlete's network. University of Illinois-Urbana Champaign provides emergency vs. crisis guidance and practical steps for coaches, while Wake Forest University's site includes mental health education for staff and athletes, peer support advice, and warning signs of concern in sections titled: "What If I Need Help?" or "Helping Someone in Need" (Wake Forest Athletics, n.d.). These examples reflect that some university athletic departments value education, preparedness, and shared responsibility in addressing athlete mental health, and are actively working to close the gaps in providing coaches access to mental health resources (Beasley et al., 2024) and model best practices in MHL (NCAA, n.d.).

Despite this, only 32% of institutions outline what athletes should expect when seeking mental health support, a lack of transparency that may discourage athletes from utilizing available resources due to uncertainty or stigma (Watson, 2005), ultimately undermining MHL. This inconsistency suggests limited collaboration between athletic departments and counseling services in presenting unified, athlete-centered information. Clear FAQs that explain expectations around time commitment, confidentiality, provider qualifications, and follow-up care can improve transparency and build trust (Coyle et al., 2017). Similarly, service costs are also inconsistently addressed. Only 26% of institutions mention them, and just a few clarify that on campus services are free or that off campus care may involve insurance. This lack of clarity is opposite than what was found in handbooks (Cassilo & Sanderson, 2024), which may reflect an oversight or an assumption that athletes will navigate costs independently. Yet, for athletes managing both time and financial constraints, being upfront about expectations and service costs is critical. It is also important to acknowledge the variability in care models across athletic departments (Kroshus, 2016), such as general campus counseling centers, embedded athletic staff, or off-campus referrals, which can impact access and cost transparency. Each model has trade-offs related to privacy, specialization, and cost. Regardless of structure, making this information public via webpages is essential for supporting informed decisions and strengthening MHL (Van Raalte et al., 2015).

Referral processes are another inconsistent area, with only 40% of institutions describing how to access additional care on their mental health webpages. While some, like Mississippi State University offer clear steps and frameworks, others like University of Illinois Urbana-Champaign take it a step further by featuring evidence-based material like the "Delphi Criteria for Urgent Referral to a Community Mental Health Service", (Hilton et al., 2008) on its "When to Refer" tab. However,

over half of the DI P5 university athletic departments still present vague or absent guidance on these webpages. This perhaps suggests weak coordination between athletic and counseling services and a missed opportunity to educate staff and athletes on when and how to seek more specialized help.

### **Integrated Care**

About 83% of the P5 athletic departments provided a visible starting point for mental health support by listing mental health professionals and identifying athletic trainers as initial contacts, whereas 48.1% listed a mix of mental health professionals such as, CMCPs, LPs, LSWs, LPCs, with their contact information on the webpage. This indicates that while initial access is generally well-structured, there may be gaps in transparency regarding available mental health specialists. This could impact how easily athletes can connect with the most appropriate care providers.

While including staff names and credentials promotes transparency, the absence of clear explanations on how to engage these professionals or their specific roles reduces the usefulness of the listing. Research shows that vagueness on which professionals are appropriate for mental health problems can perpetuate stigma and lead to ineffective care (McHenry et al., 2021), as athletes may hesitate to seek help due to confusion or fear of unknown steps. P5 institutions can better support athletes by adopting clear, empathetic communication and more detailed resource integration on their webpages. This emphasizes a need for a more centralized approach and inter-professional collaboration between communications and mental health professionals to enhance care pathways.

### **Implications**

Despite growing attention to mental health, many P5 DI athletic department webpages do not reflect this progress. As Prior and co-authors (2022) noted, a lack of practical guidance persists, and this study found key content missing – such as personal stories, screening tools, and clear help-seeking steps. These gaps matter, as college athletes face unique mental health challenges (Edwards et al., 2022), and poorly designed webpages may limit trust and discourage help-seeking. Unlike static documents (Cassilo & Sanderson, 2024), webpages can serve as accessible, proactive tools that educate, connect, and guide athletes toward care before crises emerge – making thoughtful design essential for meaningful impact. Therefore, we propose addressing these challenges by implementing the C.A.R.E. Framework – a centralized approach that consolidates resources on an organized webpage and features links to external resources. This framework which includes *Communicating the Story*, *Addressing Expectations*, *Refining Access to Help* and *Emphasizing Inclusivity* outlined below.

#### ***C.A.R.E. Framework for Reducing Stigma Online via Athletic Department Webpages***

The current reality on many DI P5 mental health webpages includes inconsistencies in page visibility, confusing navigation, and limited inclusive content

**Table 2.** Frequency and Examples of Stigma Reduction Strategies on Division I Mental Health Webpages

A Priori Code (Prior et al., 2022)	Sub-Category	Subcategory Description	Example	Frequency	
				Not Included <i>n</i> (%)	Included v. Not Included <i>n</i> (%)
Contact Interventions	Transparent discussions	Includes discussion of diagnoses, symptoms and treatment	“All information on this page is meant to help in an informational capacity and should not be used to make any diagnoses” -University of Illinois Urbana-Champaign, para 3-4.	6 (11.5%)	<b>46 (88.5%)</b>
	Presenting individuals' full stories	Features real-life stories of current/former athletes highlighting their experience beyond their diagnosis	Kelsey Plum, a former University of Washington basketball player and current WNBA player, was highlighted as a mental health advocate, sharing her journey.	6 (11.5%)	<b>46 (88.5%)</b>
	Including direct quotes from those with mental health challenges	Includes first-person quotes direct from college athletes	“It's been a complete game changer, being able to speak to someone with no judgment.” -University of Southern California linked article features a direct quote from a men's track and field student-athlete	14 (27%)	<b>38 (73%)</b>

Adopting a strength-based narrative	Disclosures are described using language that reflects resilience or equates challenges to physical injury	“Equating mental health issues with ‘invisible injuries.’” -University of Washington	<b>51 (98%)</b>	1 (2%)
Challenging prevailing sport ethic	Balances references of strength with acknowledgment of health needs	Institutional missions, like Notre Dame, aimed to “promote a culture of inclusion, well-being, and excellence both in and out of sport”.	<b>43 (82.7%)</b>	9 (17.3%)
Call to action	Clear instructions for immediate help-seeking	If you or someone you know is struggling, you can reach us through our online referral form or call 988.	<b>38 (73%)</b>	14 (27%)

Mental Health Literacy (MHL)	Knowing how to achieve/sustain positive mental health	Tools for independent mental health management (mindfulness apps, techniques, handouts)	Self-help tools: mindfulness apps (Headspace, Calm, and Breathe2Relax); handouts	<b>43 (83%)</b>	9 (17.3%)
	Recognizing mental disorders and their remedies	Peer support structures Screening Assessments	Team-building services, group counseling, and mental skills workshops Online or in-person tools for identifying mental health issues (screening assessments, checklists) E.g., Crisis identification tools for coaches, University of Illinois Urbana-Champaign; Anonymous online mental health screening, Penn State	<b>28 (53.8%)</b>	24 (46.2%)
Improving help-seeking skills	Location of Offices	Identifies where athletes can find mental health services on campus, including building name or office number E.g., Office located in Smith Hall, Room 203.	<b>40 (77%)</b>	12 (23%)	
Confidentiality	Explicitly outlines that mental health information remains private and describes any exceptions (legal, safety, etc.)	<b>30 (57.7%)</b>	22 (42.3%)		

Integrated Care	After Hours Support	Provides 24/7 mental health support or external emergency resources	<b>29 (55.8%)</b>	<b>23 (44.2%)</b>
	What to expect	National Suicide and Crisis Lifeline (988) and Crisis Text Line (741741)		
Integrated Care	What to expect	Offers details about basic scheduling details, session length, paperwork, and treatment goals.	<b>17 (32.7%)</b>	<b>35 (67.3%)</b>
	Cost	Clarifies whether on-campus services are free; off-campus care may involve insurance.	<b>14 (27%)</b>	<b>38 (73%)</b>
Integrated Care	Referral process	Mention of structured pathways to describe how athletes are referred to mental health services	<b>21 (40.3%)</b>	<b>31 (59.6%)</b>
	Initial Athletic Contact Points	Listed athletic trainers as starting points for accessing mental health care.	<b>43 (83%)</b>	<b>9 (17.3%)</b>
Integrated Care	Interprofessional competence	Qualified provider listing	<b>25 (48.1%)</b>	<b>27 (52%)</b>
	Interprofessional competence	Lists names, credentials, and roles of available mental health professionals. A mix of professionals (CMPCs, LPs, LSWs, LPCs) listed with credentials and contact info		

which were evident in the findings of this study. The following section explores the C.A.R.E. Framework, which directly addresses the practical gaps identified by Prior and co-authors (2022), and reflected in this study, by offering a structured, applied model for designing athletic department webpages that support athlete mental health.

Findings from this study about the lack of personal stories, quotes, and transparent discussions about diagnoses, symptoms, and treatments, suggests a missed opportunity to reduce stigma and foster relatability. While respecting athlete privacy is crucial, this absence may reflect a larger issue: a sport culture where mental health is still viewed as a vulnerability. Without these authentic narratives, webpages fall short in normalizing mental health challenges and encouraging help-seeking behaviors. Therefore, we propose Phase 1 of the C.A.R.E. Framework – *Communicate the Full Story*.

Phase 1 focuses on humanizing mental health by highlighting diverse athlete experiences beyond clinical language. Institutions are encouraged to feature case vignettes, first-person stories, and testimonials that show how athletes manage mental health alongside performance. Simple tools – like “Mental Health Mondays” or anonymous story submissions – can normalize help-seeking and reduce stigma. Consulting student-led groups in this effort ensures authenticity and fosters a more supportive environment.

One of the most significant barriers found in the study was the lack of clear explanations regarding what to expect during mental health services. Many webpages provide appointment scheduling details but omit critical information about session structure, confidentiality policies, costs, and the referral process. Without this clarity, athletes may feel uncertain or hesitant about reaching out for support. To address this, we propose Phase 2 of the C.A.R.E. Framework – *Address Expectations*.

Phase 2 of the C.A.R.E. framework emphasizes transparency by clearly outlining confidentiality policies, service costs, and the referral process. Institutions should explain what remains private in counseling, clarify paperwork and session details, and offer step-by-step guides for accessing care. Tools like FAQs, infographics, and flowcharts can demystify the process and build trust. Highlighting what is and if not shared with coaches or families helps reduce fear, while providing targeted resources for staff supports a department-wide culture of care.

Results from this study highlighted a lack of organization and difficult-to-navigate webpages between DI P5 members. Many webpages lack clear entry points for mental health support due to disorganized or hard-to-find resources and limited visibility of crisis support options. The lack of self-screening tools further hindered athletes from identifying mental health concerns and determining when to seek help. These barriers created missed opportunities to provide an entry point for those who may be hesitant or unsure about pursuing professional support. To enhance usability, we propose Phase 3 of the C.A.R.E. Framework – *Refine Access to Help*.

Phase 3 focuses on making mental health resources easy to find and use. Athletic departments should place mental health links clearly on their websites – ideally under main tabs like “About Us” – with direct scheduling links, 24/7 crisis support, and contact info for key personnel. A streamlined layout with navigation bars, refer-

ral steps, and self-screening tools enhances access. Resources should support both athletes and coaches, reinforcing that mental health is a central part of athlete care.

While many webpages successfully challenge traditional sport narratives by redefining toughness to include mental health, some have failed to build a comprehensive mental health framework that addresses diversity, the unique needs of athletes, and the involvement of coaches and staff in supporting athletes' mental health. Therefore, to ensure that mental health support is accessible and relevant for all, we propose Phase 4 of the C.A.R.E. Framework – *Emphasize Inclusivity*.

This final phase emphasizes inclusivity by ensuring mental health resources reflect the diverse experiences of college athletes. Institutions should showcase a culturally competent team, offer identity-based support (e.g., for BIPOC, LGBTQIA+, and international students), and provide multilingual and varied-format materials. Directories should highlight providers' backgrounds and qualifications, while webpages can include content on transitions, injuries, and identity beyond sport. Peer networks and staff guides – such as communication tips or referral tools – can further foster belonging. This inclusive approach builds trust and ensures all athletes feel seen, supported, and empowered to seek help.

Institutions should develop resource guides that help staff or families recognize when an athlete may need mental health support and outline effective referral processes. A, “Safe to Say”, document outlining strategies for coaching athletes with common mental health challenges can serve as a practical tool for guiding language use, emphasizing how words and communication styles impact mental health. By embedding inclusivity into mental health webpages, institutions can proactively create a more supportive and accessible environment for all.

Fundamentally, these pages should foster a safe, open environment where college athletes can discuss their well-being, understand what to expect when seeking help, and easily access mental health resources. They should also provide guidance for coaches, staff, and support systems to encourage help-seeking without stigma.

## **Limitations and Future Research**

This study has some limitations that future research can address. First, the study focused on 52 DI P5 schools. It is important to note that while some P5 schools changed conferences in Fall 2024, the focus on P5 institutions in this study was intentional, aiming to explore how the most well-resourced programs use their websites as potential models for others. Future research should examine mental health resources vary across schools, conferences, divisions, and associations to explore how resource availability and accessibility differ based on institutional size, funding, and competition levels. Second, the study relied solely on grey literature, analyzing only publicly available athletic department webpages. This approach limits insight into how these resources are used and perceived, leaving a gap in understanding their engagement and effectiveness – an area that could serve as the foundation for future research. Future studies could build on the findings of this study by pairing the findings of this DQCA with athlete surveys or interviews, which could offer valuable insight into how athletes actually engage with these webpages and whether the

**Table 3.** C.A.R.E. Recommendations to Reduce Stigma on Collegiate Athletic Department Mental Health Webpages

Stigma Reduction Strategy	Aim	Recommendations	Example	Implications
<b>COMMUNICATE</b>	Fostering open dialogue to ensure athletes receive transparent, and stigma-free messaging about mental health resources	<ul style="list-style-type: none"> <li>Incorporate athlete testimonials and success stories</li> <li>Allow anonymous submissions for mental health success stories</li> </ul>	<ul style="list-style-type: none"> <li>A bold banner reads “Your Mental Health Matters—You Are Not Alone.” An embedded short video features a student-athlete sharing their mental health journey.</li> </ul>	<ul style="list-style-type: none"> <li>Encourages help-seeking by normalizing mental health struggles and highlighting positive outcomes.</li> </ul>
	Clearly define what college athletes can expect when seeking mental health support, reducing uncertainty and concerns about confidentiality, commitment, and impact on athletic participation.	<ul style="list-style-type: none"> <li>Provide a detailed FAQ addressing confidentiality, session attendance, and time commitment</li> <li>Clearly explain pathways to care, including emergency vs. non-emergency support</li> <li>Develop a transparent referral process</li> </ul>	<ul style="list-style-type: none"> <li>An FAQ section answers common concerns: “Is this confidential?” or “Will my coach know?”</li> </ul>	<ul style="list-style-type: none"> <li>Reduces fear and hesitation in seeking help by clarifying what will be discussed and helps to balance athletes’ busy schedules</li> <li>Ensures athletes understand where to go for different levels of mental health concerns</li> </ul>
<b>ADDRESS EXPECTATIONS</b>				

## REFINE ACCESS TO HELP

- |  |   |   |  |
|--|---|---|--|
| <ul style="list-style-type: none"> <li>Streamline and enhance the accessibility of mental health resources by improving the organization and visibility of support services</li> </ul> | <ul style="list-style-type: none"> <li>Feature a clear, highly visible appointment scheduling system and 24/7 crisis hotlines</li> <li>Include self-screening tools for mental health concerns</li> <li>Provide digital self-help resources (e.g., apps, handouts)</li> </ul> | <ul style="list-style-type: none"> <li>A clearly visible “Get Help Today?” button links to 24/7 crisis hotlines. A directory of counselors and psychologists is listed with specialties.</li> </ul> | <ul style="list-style-type: none"> <li>Empowers athletes to assess their mental health and determine when professional support may be needed.</li> <li>Encourages proactive mental health management through easily accessible tools.</li> </ul> |
|--|---|---|--|

## EMPHASIZE INCLUSIVITY

- |   |   |   |   |
|---|---|---|---|
| <ul style="list-style-type: none"> <li>Ensure that mental health resources are accessible, relevant, and representative of all college athletes, particularly those from diverse and marginalized communities.</li> </ul> | <ul style="list-style-type: none"> <li>Feature a diverse team of mental health professionals, highlighting their cultural competencies</li> <li>Create identity-based mental health resources (e.g., dedicated sections for BIPOC, LGBTQ+, and international college athletes)</li> <li>Offer peer-led support programs</li> <li>Develop coach, staff, and family-specific resources</li> </ul> | <ul style="list-style-type: none"> <li>Content tailored for BIPOC, LGBTQIA+, and first-generation athletes, featuring relatable stories and dedicated resources.</li> </ul> | <ul style="list-style-type: none"> <li>Ensures all athletes see themselves reflected in the resources provided</li> <li>Provides a relatable support system</li> <li>Helps athletes, coaches, and staff communicate in ways that foster a positive mental health culture</li> </ul> |
|---|---|---|---|

strategies employed effectively reduce stigma and promote MHL. Third, a limitation of this study is its focus on anti-stigma strategies using a DQCA approach, which may overlook other important dimensions of mental health communication. Future research could build on these findings by applying alternative theoretical lenses – such as resource dependency theory, organizational legitimacy theory, or user experience (UX) design frameworks – to explore the external influences and organizational constraints around constructing these pages, what messages athletes find most persuasive, or how design affects engagement. Methodologically, researchers could incorporate randomized controlled trials (RCT), surveys, or interviews with college athletes and staff to assess webpage impact and effectiveness in real-time, offering deeper insights into accessibility, trust, and decision-making. Finally, the research team acknowledges that conferences can have various mental health initiatives, institutions can change affiliations, and that webpages can be modified or updated at any time, which may affect the consistency and availability of information for both users and researchers. Future research could address this by examining the impact of changes over time, tracking user engagement and outcomes before and after adjustments.

## Conclusion

Institutions must create a safe, open environment where college athletes can discuss their well-being, access mental health education, and feel encouraged to seek support without stigma. Findings suggest despite growing attention to mental health, many DI athletic department webpages do not reflect this progress as there was a lack of content and organization of these webpages which was notably missing personal narratives, universal screenings tools, clear expectations about the help-seeking process, and detailed descriptions of available resources. To address these gaps, this study suggests implementing a proactive approach to communication, expectation-setting, accessibility, and inclusivity by consolidating resources on a page using the C.A.R.E. framework to reduce stigma and facilitate help-seeking using athletic department's mental health webpages. This framework provides a phased approach to improving mental health initiatives in athletics by fostering open dialogue to ensure that college athletes receive comprehensive, transparent, and stigma-free messaging about mental health resources through the *Communicate the Full Story* phase. The *Address Expectations* phase focuses on clearly defining what college athletes can expect when seeking mental health support, while the *Refine Access to Help* phase aims to streamline and enhance the accessibility of mental health resources by improving the organization and visibility of support services. Finally, the *Emphasize Inclusivity* phase ensures mental health webpages reflect the diverse experiences and backgrounds of college athletes. This framework serves as a practical guide for structuring mental health webpages to reduce stigma and encourage timely help-seeking.

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