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Examining Practitioners' Perspectives On Access To Professional Psychological Help For Division I Male Athletes

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EXAMINING PRACTITIONERS' PERSPECTIVES ON ACCESS TO PROFESSIONAL PSYCHOLOGICAL HELP FOR DIVISION I MALE ATHLETES

by

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(Under the Direction of Megan Byrd)

ABSTRACT

Male athletes are less likely than female athletes to seek out support services (Barnard, 2016) despite experiencing a myriad of clinical and subclinical concerns including depression (Davoren & Hwang, 2014; Wolanin et al., 2016), anxiety (Davoren & Hwang, 2014), eating disorders (Joy et al., 2016; Sundgot-Borgen & Torstveit, 2004), and substance use (NCAA, 2018). To combat the increasing rates of mental health concerns, support services are becoming more readily available for collegiate athletes (Moore, 2016). However, despite the recent effort in increasing athlete mental health support, many male athletes in particular remain reluctant to seek out such services (Barnard, 2016). Prior research has focused extensively on prevalence rates of mental health-related concerns and help-seeking barriers that prevent collegiate athletes from seeking out help (Gulliver et al., 2012; Yousaf et al., 2015), yet research remains nonexistent in exploring these areas in male collegiate athletes from a practitioner's perspective. Thus, the present study expanded on previous research by examining the experiences of 10 National Collegiate Athletic Association (NCAA) Division I practitioners working with male athletes and what strategies are most effective in making support services more accessible for them. A generic qualitative approach was employed and three major themes were identified: (a) presenting concerns, (b) influences to help-seeking, and (c) strategies to increase accessibility. The results of the study indicate that male collegiate athletes present with a number of mental health- and sport-related concerns, but are more likely to seek out support for sport-related concerns. Furthermore, several help-seeking influences, including barriers and facilitators, affect a male athletes' willingness to seek out such services including stigma, coach and sport environment, cultural factors, lack of time and flexibility, and the source of referral. Strategies to address the aforementioned influences include destigmatization, coach training, practitioner

diversity, service awareness and education, relationship building, and additional practitioners. Practical implications and recommendations for future research are also discussed.

INDEX WORDS: Mental health, Help-seeking behaviors, Male collegiate athletes, Mental health services

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DEDICATION

This project is dedicated to every athlete out there who is silently suffering.

You are never alone.

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Dr. Byrd, Dr. Harris, and Dr. Wells, thank you for embarking on this whirlwind of a journey with me and for allowing me to pursue the topic I am most passionate about. Megan, thank you for all of the time you invested into me and into this project. You have always challenged me to be better and because of you, I am. Brandonn, thank you for always believing in me and for your unwavering commitment to helping me succeed as a researcher, as a student, as a professional in the field, and as a person. Pam, thank you for taking on this project with open arms. I am beyond thankful for all of the insight and support you granted me with.

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To Rocky, thank you for being the most loyal companion that I could always count on whenever I felt a little bit overwhelmed or stressed during this process. You deserve all the peanut butter in the world.

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CHAPTER 1

INTRODUCTION

Male athletes comprise of just over half (53%) of the overall National Collegiate Athletic Association (NCAA) Division I population (NCAA, 2018). Despite college sports having a positive impact on athletes' overall well-being including an increase in self-esteem, confidence, social support, and connectedness (Armstrong et al., 2015), Wahto et al. (2016) found that as many as one in four collegiate athletes "suffer from psychological distress at a level indicative of a need for psychological services" (p. 86). Previous research indicates that collegiate athletes are at risk for experiencing a myriad of mental health-related struggles at similar rates of non-athletes, despite being less likely to seek out professional help (Watson, 2005). Within the collegiate athlete population, Division I athletes are less comfortable seeking out mental health services than are Division II and III athletes (Moore, 2016), and male athletes are less likely to seek out help than female athletes (Barnard, 2016). However, research remains nonexistent regarding what specific strategies can help Division I male athletes more easily access professional psychological services.

Male Athletes and Mental Health

Clinical Concerns

Clinical mental health-related concerns including depression, anxiety, and eating disorders are among the most prevalent in college athletics (Beals & Manore, 2002; Weigand et al., 2013; Wolanin et al., 2016). Thus, the following will describe the impact that each has as it relates to the male collegiate athlete population in particular.

Collegiate athletes are at an increased risk for depression compared to the general student population due to the combination of physical and psychological pressures that they experience

(Mummary, 2005). Despite prior studies extensively examining the prevalence rates of depression in both male and female collegiate athletes combined, there remains a limited number of studies that have explored the frequency of depression in male collegiate athletes alone. In one such study, Proctor and Boan-Lenzo (2010) investigated the prevalence rates of depressive symptoms in 66 male intercollegiate athletes from a Division I institution and the researchers found that 15.6% of the athletes met the criteria for clinical depression. Davoren and Hwang (2014) reviewed data from eight National College Health Assessment surveys. In total, 19,733 collegiate athletes completed the surveys and results revealed that 21% of the male athlete respondents reported experiencing depressive symptoms within the past 12 months. While female athletes are more likely to suffer from depression (Yang et al., 2007), male athletes have a higher tendency to underreport symptoms (Lebrun et al., 2018) and are less likely to utilize support services (Barnard, 2016). Furthermore, Rao et al. (2015) found that male collegiate athletes are at higher risk for suicide than female athletes.

The American College of Sports Medicine (2021) found that approximately 25% of male collegiate athletes report having anxiety. Beyond this, little remains known regarding the frequency of clinical anxiety disorders experienced by male Division I collegiate athletes specifically. However, when taking into account both male and female athletes, previous research estimates that both groups experience anxiety anywhere between six percent in clinical diagnoses (Schaal et al., 2011) to nearly 15% in self-report measures (Du Preez et al., 2017). Furthermore, approximately 85% of certified athletic trainers report that they believe anxiety disorders are a significant concern within the collegiate athlete population (Goldman, 2014). In turn, anxiety disorders in athletes may be further exacerbated by sport-related factors, such as the

pressure to perform well (Hodge & Smith, 2014) and the experience of an injury (Gouttebarge et al., 2016).

In addition to anxiety, eating disorders are a clinical mental health concern existent within the male athlete population. Despite male athletes experiencing overall lower prevalence rates of eating disorders than female athletes, Sundgot-Borgen and Torstveit (2004) found that eating disorders are more prevalent in the male athlete population (8%) when compared to the male non-athlete population (0.5%). Parallel to these findings, Joy et al. (2016) reports that male athletes are more likely to suffer from an eating disorder when compared to male non-athletes. Baum (2006) suggests that particular categories of sport may carry a higher risk for athletes in developing an eating disorder, including sports where athletes need to make a particular weight in order to compete (e.g., wrestling), sports that consider low body fat as advantageous for reaching optimal performance (e.g., cross country), and sports that consider aesthetics to be an important factor in the judging process (e.g., gymnastics). Congruent with these findings, Chatterton and Petrie (2013) examined 732 male collegiate athletes and found that those who participated in weight class sports (i.e., wrestling) were more likely to engage in disordered eating and weight control behaviors.

Based on previous research, it is evident that clinical mental health concerns that warrant the need for professional help exist within the male collegiate athlete population. While male athletes are less likely to experience such concerns when compared to female athletes, they are also less likely to seek out these mental health services (Barnard, 2016).

Subclinical Concerns

In addition to clinical mental health-related concerns, there are a number of subclinical concerns that collegiate athletes face that may require the utilization of support services,

including substance use and excessive stress stemming from academic pressures, athletic demands, and relationships with others.

Substance use is more prevalent in the collegiate athlete population when compared to the non-athlete population (Brisola-Santos et al., 2016; Ford, 2007; Yusko et al., 2008). Collegiate athletes may initially decide to engage in substance use behaviors for a number of reasons, including to help increase self-confidence, to fit in socially, and to produce feelings of pleasure (Baron, 2013; McDuff & Baron, 2005). Male athletes in particular are more likely than female athletes to engage in substance use behaviors such as binge drinking, marijuana consumption, and cocaine use (NCAA, 2018; Ntoumanis, et al., 2014). In some cases, athletes who engage in long-term substance use may inherit a dependency on it which may result in a diagnosable clinical concern (Baron, 2013; McDuff & Baron, 2005).

Fogaca et al. (2019) found that collegiate athletes experience several stressors that, if left unmanaged, may lead to further mental health concerns. These stressors include academic pressures (Humphrey et al., 2000; Hwang & Choi, 2016), athletic demands (Gulliver et al., 2012; Humphrey et al., 2000; Kimball & Freysinger, 2003), and relationships with others (Humphrey et al., 2000; Wilson & Pritchard, 2005). Academic-related pressures, such as having to maintain good grades to stay eligible to play in one's sport, are a commonly-reported stressor amongst collegiate athletes (Hwang & Choi, 2016). More specifically, many athletes express feeling as though there is not enough time given to them to be able to balance both athletics and academics and perform their best in both (Humphrey et al., 2000). Collegiate athletes also report experiencing stress related to their sport. Humphrey et al. (2000) found that more than half of both male and female athletes in their study considered sport-related demands to be stress-inducing, with the greatest stressor being the pressure that they feel to win and perform well in

their sport. Finally, collegiate athletes also experience stress regarding their inability to find time for social interactions with individuals outside of their sport, including friends and family (Watson & Kissinger, 2007). Despite having close relationships with coaches and teammates, previous research highlights the desire that Division I athletes have towards making friends and building relationships with individuals outside of their sport (Pacific 12 Conference, 2015).

Male Athletes and Help-Seeking Behaviors

With an increase in mental health awareness among athletes, support services are becoming more readily available for NCAA Division I athletes than ever before (Moore, 2016). Support staff members at the Division I level have expanded to include nutritionists, academic advisors, tutors, sport psychology professionals, clinical psychologists, and psychiatrists. Due to the growing number of support staff on athletic teams, some athletes may feel unsure of who to turn to for certain concerns. To exemplify this, one athlete in Gulliver et al.'s (2012) study reported that, "The psychologists here are sport psychologists, sometimes things that happen away from sport you're not sure whether you can go and see them about that, or is that an issue for a counselor" (p. 7). For those athletes that do decide to pursue mental health services, previous research has found a number of benefits including stress reduction, a decrease in feelings of burnout, an increase in self-regulation, and an improvement in overall well-being (Dubuc-Charbonneau & Durand-Bush, 2015). Despite all of the potential advantages that seeking out professional help can offer athletes, there remains a high number of those who are reluctant to do so (Watson, 2005). Moreover, Bird et al. (2018) found that collegiate athletes prefer to ask for help from a close family member or a sport-specific professional, such as an athletic trainer, instead of a mental health professional, such as a counselor. As López and Levy (2013) suggested, this may be due to athletes preferring to seek out help from individuals who

have a greater familiarity with and understanding of their daily lives and struggles as a collegiate athlete. Furthermore, collegiate athletes face a variety of help-seeking barriers that may prevent them from accessing support services altogether.

Barriers Toward Help-Seeking

One of the most significant help-seeking barriers identified by athletes is that of stigma (Gulliver et al., 2012), including public stigma and self-stigma (Wahto et al., 2016). Martin et al. (1997) found that NCAA Division I male athletes were more likely than female athletes to predict that they would experience stigmatization for seeking help for mental health-related concerns. This is supported by Watson's (2006) findings that revealed that male athletes are more likely to experience higher levels of self-stigma, including maintaining more negative views toward professional psychological help-seeking.

Due to student-athletes' demanding schedules, research has found a lack of time to seek out professional services to be a subsequent help-seeking barrier. In a study conducted by López and Levy (2013), 165 NCAA Division I athletes completed a Barriers to Help-Seeking Checklist (Givens & Tija, 2002) in which they reported a lack of time to seek out support services as the most significant barrier. Furthermore, in 2016, the NCAA reported that an average Division I athlete is spending 34 hours per week on their sport in-season in addition to another 38.5 hours per week on academics. Thus, collegiate athletes have very little time and flexibility to seek out professional services, especially if those services are only offered during regular business hours (López & Levy, 2013; Watson, 2006).

Previous research also recognizes a lack of mental health literacy as a deterrent to help-seeking for collegiate athletes. More specifically, athletes may not have an accurate understanding of what symptoms are indicative of a clinical mental health concern, they may

possess little knowledge regarding what services are available to them on their campuses and how to access them, and they may not understand what a mental health consultation consists of (Gulliver et al., 2012). For example, LeViness et al. (2018) found that out of 950 Division I athletes, more than a quarter of them did not know where or how to access mental health services at their university.

Hughes and Coakley (1991) identified a term known as "the sport ethic" as an additional help-seeking barrier which describes society's expectations of what it means to be a "real athlete", including playing through pain and showing no signs of weakness. Similarly, Brown (2014) described a heavily influential "sports culture" that many athletes identify with which encompasses expectations of strength, stability, and mental toughness. Consequently, athletes who identify closely with the sport ethic may feel as though they are infringing upon the norms of their sport by asking for help and seeking out support services.

Finally, men's masculinity ideals are a significant barrier for male athletes in particular (Yousaf et al., 2015). Growing up, many young boys are socialized to believe that showing pain, either physical or emotional, is a sign of weakness in which they must bury and hide instead (Sabo, 1988). DeLenardo and Terrion (2014) found that football players carry out similar behaviors. For example, one athlete reported that he intentionally hid his concussion-like symptoms from the athletic trainers while another reported taking several painkillers just to be able to play (DeLenardo & Terrion, 2014). In general, Berger et al. (2013) found that men who adhere more to masculine norms and characteristics, such as stoicism and dominance, tend to have more negative perceptions toward professional psychological help-seeking.

Professional Psychological Help

Support services are becoming increasingly available for collegiate athletes thanks to recent legislation passed by the NCAA that requires all Division I Power 5 conference institutions to ensure athletes' access to mental health services (Hosick, 2019). While it remains unclear on the type and number of practitioners employed at the collegiate level, studies have begun to explore the preferences and implementation of such services in university settings. For example, Connole et al. (2014) examined 478 NCAA athletic administrators' preferred characteristics for sport psychology professionals at their university and found that nearly half (43.8%) of them preferred service options to include both performance enhancement and mental health. When examining the prevalence and utilization of sport psychology services in athletic departments, Voight and Callaghan (2001) found that more than half (51 out of 96) of Division I universities employed these professionals at their school to some degree (either part- or full-time). Kornspan and Duve (2006) expanded on Voight and Callaghan's (2001) study by exploring sport psychology use in 286 NCAA Division I, II, and III university settings and found that nearly a quarter (24%) of the athletic departments indicated a utilization of support services, with most being in Division I university settings (Kornspan & Duve, 2006). In a separate study, Hayden et al. (2013) conducted a content analysis of 120 NCAA Division I universities' websites to determine how many of them used sport psychology services, either embedded in athletic departments or counseling centers. Their findings indicated that 39 schools provided such services to collegiate athletes, with a majority of them being in athletic departments (87.2%) when compared to counseling centers (5%).

Purpose of the Study

While previous research has begun to analyze mental health service utilization and availability for collegiate athletes from the vantage points of administrators (Cannole et al.,

2014), athletic departments (Kornspan & Duve, 2006; Voight & Callaghan, 2001), and university athletics and counseling center websites (Hayden et al., 2013), very few studies have explored these topics from a mental health and/or sport psychology practitioners' perspective. More specifically, only one study to date has explored practitioners' viewpoints and experiences working with collegiate athletes and their access to mental health services (Schlimmer & Chin, 2019). As Way (2021) suggests, the benefits of examining such perspectives "could be an untapped source of information regarding the mental health needs of student-athletes and the extent to which these needs are currently being met" (p. 2). Thus, the current study expands on previous research by examining the perspectives of those who work most closely with male athletes, the practitioners. Through exploring the experiences of these practitioners, one can better understand what strategies can be undertaken to increase accessibility and utilization of support services for male collegiate athletes. Accordingly, the following research questions were posed: (1) what are the experiences of licensed practitioners working with male Division I athletes suffering with mental health-related concerns, and (2) what steps can be taken to help male Division I athletes more easily access professional psychological help services? The information gathered from this study can be used to provide sport psychology professionals and university athletic departments with strategies to employ on their campuses to help male athletes more easily access support services.

CHAPTER 2

METHODS

Study Design

A generic qualitative approach was used to explore practitioners' experiences working with Division I male athletes and their perspectives on what strategies can be applied on university campuses to increase accessibility to mental health services for male athletes. As described by Percy et al. (2015), a qualitative study employing a generic approach is used when participants' subjective opinions, attitudes, beliefs, or experiences are being examined. Previous research has focused extensively on the prevalence rates of various mental health concerns that collegiate athletes commonly face and the barriers that prevent them from seeking out professional psychological help, yet there remains a lack of research that explores specifically how these barriers can be combatted, particularly for the Division I male athlete population. Thus, by using a generic qualitative method, we are able to gain a better understanding from practitioners' experiences into what steps can be taken to increase accessibility to support services for male collegiate athletes across the country.

Participants

Participants comprised of practitioners embedded in NCAA Division I university athletic departments and counseling centers. In order to be eligible for participation in this study, practitioners were required to meet each of the following criteria: (a) must maintain an active licensure in counseling (e.g., Licensed Professional Counselor) or psychology (e.g., Licensed Psychologist) in their state of employment, (b) must have a current certification status as a Certified Mental Performance Consultant (CMPC), (c) must have at least one year of direct

experience working with NCAA Division I male athletes, and (d) must be currently employed at an NCAA Division I institution at the time of participation. Practitioners who did not meet all four criteria were ineligible to participate in the study. In total, 58 participants were recruited to take part in this study out of which 10 practitioners consented to participate for a 17% response rate. Participants included cisgender male (n = 6), cisgender female (n = 3), and one transgender male. The majority of participants identified as being White (n = 9) and one identified as being African American. All 10 practitioners held an active CMPC status and were licensed psychologists, counselors, social workers, or provisionally licensed psychologists. Practitioners' experience working directly with Division I male athletes ranged from two to 28 years (M = 9.1 years). See Table 1 for a full breakdown of participant demographic information.

Procedure

Participant recruitment began following approval from the Institutional Review Board. Participants were recruited by using both convenience sampling and snowball sampling methods. Convenience, or opportunistic, sampling is defined as a "technique that uses an open period of recruitment that continues until a set number of subjects, events, or institutions are enrolled" (Luborsky & Rubinstein, 1995, pg. 98). One mode of recruitment was through the Association for Applied Sport Psychology's (AASP) website that lists all active CMPCs. The list of CMPCs were examined by the researcher to determine which individuals met the inclusion criteria for the study based on their listed credentials. Then, the researcher contacted each practitioner via email with a detailed summary of the researcher's background, the purpose of the study, the specific inclusion and exclusion criteria, and a brief summary on how the study would be conducted (see Appendix B for email script). In addition to the AASP website, the researcher also utilized a sport psychology LISTSERV to recruit participants. Participants were recruited

via a post entailing a detailed summary of the researcher's background, the purpose of the study, the specific inclusion and exclusion criteria, and a brief summary on how the study will be conducted (see Appendix C for LISTSERV script). Practitioners who met the inclusion criteria and were interested in participating in the study were instructed to contact the researcher by phone or email. Then, they were emailed a Qualtrics link to a consent form to review and sign (see Appendix D for informed consent). Following completion of the informed consent, participants scheduled a Zoom interview with the researcher.

Interviews were conducted through Zoom and ranged from 24 minutes to 41 minutes in length for an average of 32 minutes. Archibald et al. (2019) found several advantages to collecting data via Zoom including rapport-building, convenience, and simplicity of using the platform. Participants in the study indicated a preference for Zoom compared to face-to-face meetings, over the telephone, or other video conferencing platforms such as Skype (Archibald et al., 2019). One potential limitation of Zoom includes a risk in confidentiality breaches by various external sources, including hackers. In order to reduce this risk, a password protection feature in Zoom was employed by the researcher to create an additional layer of protection and confidentiality for the participants (Gray et al., 2020). Interviews were both audio and screen recorded during the Zoom interview. The screen recorded interviews were kept in a password-protected folder by the researcher to further ensure the expectations of confidentiality were met. Following coding and data analysis, the researcher engaged in a member checking process by sending interpretations of the completed interview transcripts to the participants for review in which participants then communicated with the researcher on whether or not those interpretations were accurate.

Participant recruitment ended once data saturation was met. Elo et al. (2014) explained the purpose behind data saturation as, “there is no commonly accepted sample size for qualitative studies because optimal sample depends on the purpose of the study, research questions, and richness of the data” (p. 4). Thus, the study aimed for fulfilling data saturation rather than recruiting a predetermined number of participants. Grady (1998) describes data saturation as the point in which “new data tend to be redundant of data already collected” (p. 26). That is, when the researcher began to hear the same information repeated amongst participants, it was an indication that data saturation was met and the data analysis process could begin.

Instrumentation

Semi-structured Interview Guide.

Data collection for the study was conducted in the form of semi-structured interviews. Semi-structured interviews integrate a combination of predefined questions and potential probing questions. As Peters and Halcomb (2015) explain, “[semi-structured interviews] can produce powerful data that provide insights into the participants’ experiences, perceptions or opinions” (p. 6). Thus, interview guides were structured using the format of a semi-structured interview guide that consisted of both structured questions and follow-up questions (see Appendix E for interview guide). The interview guide was first piloted by two practitioners employed in university settings and who have prior experience working with male collegiate athletes. Examples of interview questions include, (a) how long have you been working with Division I male athletes for?, (b) what clinical and/or subclinical mental health-related concerns do male athletes generally come to you for?, (c) what help-seeking barriers do you perceive are the most prevalent for Division I male athletes? and (d) what specific steps are currently being taken at your university to help male athletes more easily obtain access to the services that you provide?

Researcher as an Instrument.

Researchers who conduct semi-structured interviews are identified as the primary instrument which gives him or her the potential to influence the results of the data based on pre-existing researcher biases (Pezella et al., 2012). As a former collegiate athlete and a current sport and exercise psychology graduate student, I acknowledge that I obtain various biases regarding the importance of access to mental health services for collegiate athletes. In addition, as a female conducting research centered on male collegiate athletes, I recognize that I hold biases towards male athlete help-seeking behaviors in general.

I have prior experience working with individual athletes who have sought me out for support regarding concerns within their sport and pertaining to their overall well-being. Furthermore, as a former collegiate athlete myself, I had a coach who consistently promoted the importance of sport psychology and mental health to our team. As a result of these experiences, I recognize that I place a high value on what I feel is the importance that every athlete has access to support services. In addition, I acknowledge that I initially decided to focus my research on male athletes because of a predetermined belief that male athletes have a more difficult time seeking out mental health support than do female athletes. These biases influence how I feel about the significance of male athletes being able to access support services. In order to address these biases, I have increased the trustworthiness of the data collection and analysis processes through the implementation of various methods which are outlined in the following sections.

Data Analysis

A general inductive approach method was used to analyze the data. Thomas (2006) describes the primary purpose of the inductive approach to “allow research findings to emerge from the frequent, dominant, or significant themes inherent in raw data, without the restraints

imposed by structured methodologies" (p. 238). An inductive approach method allowed the researcher to dissect common and recurring codes and themes that arose from participant interviews. After data saturation was met, the process of inductive coding was used to analyze the results of the findings. DeCuir-Gunby et al. (2011) explains coding as an "integral part of the interview data analysis process" (p. 138). According to Thomas (2006), data-driven inductive coding begins with the researcher evaluating the transcriptions of each of the interviews in detail and until they are familiar with the content of the data. Thus, in order to ensure familiarity with the content, the researcher began the data analysis process by listening to audio recorded versions of the interviews as well as reading through the written transcriptions numerous times. Next, the researcher began to dissect various codes that emerged repeatedly within the data. Once codes were extracted from the data, they were then assigned to different themes based on phrases, sentences, or paragraphs that are interconnected (Miles & Huberman, 1994). The researcher then identified and labeled the emerging themes and subthemes that stemmed from the codes. According to DeCuir-Gunby et al. (2011), the final step in developing codes is determining reliability. Reliability was ensured by collaborating with other individuals, including holding in-depth conversations about rationales behind using codes in particular ways and exploring examples and non-examples of the codes.

Trustworthiness

Lincoln and Guba (1985) acknowledge the importance of trustworthiness in qualitative research as a method for ensuring credibility (i.e., confidence in the truth), transferability (i.e., the findings are applicable to other contexts), dependability (i.e., the findings are consistent and repeatable), and confirmability (i.e., a degree of neutrality). Various strategies were employed to

ensure trustworthiness throughout the methodological and data analysis processes including pilot testing, member checking, and the utilization of a critical friend.

Pilot Testing

A pilot test occurs prior to the implementation of the actual study and it allows the researcher an opportunity to seek out any potential flaws, limitations, or other weaknesses that may exist within the interview design to ensure that the initial objectives of the study are being met (Kvale, 2007). According to Turner (2010), piloting participants who have similar interests as those that will participate in the study helps the researcher to refine and solidify research questions. Thus, the researcher conducted pilot interviews with two practitioners who are employed in university settings, have prior experience working with male athletes, and have their CMPC. Based on the feedback received from these pilot participants, the researcher adjusted some of the interview guide questions prior to recruitment of eligible participants. For example, the researcher reformatted the order of the questions by moving the demographics questions from the beginning of the interview to the end of the interview. In addition, the researcher added the structured question, "If resources were unlimited, what strategies do you think would be the most effective to implement on campuses to help male athletes more easily access the services that you provide?" The information gathered via the pilot tests was not used as a part of the data collection and analysis processes.

Member Checking

Although member checking is typically viewed as a technique for establishing and increasing the validity of a study (Amankwaa, 2006; Candela, 2019), it is also argued that this strategy is critical for instituting credibility into a study as well (Lincoln & Guba, 1985). Member checking is an approach that allows researchers the ability to ensure accuracy in

understanding of the participant's words and shared experiences by giving the participants an opportunity to confirm or deny the interpretation of the responses and transcriptions. Thus, after the data were analyzed and the codes and themes were identified, the researcher sent the completed interview transcripts with her interpretations of the data back to the participants. Participants were asked to review the interpretations of the transcriptions. Five participants responded and acknowledged that they agreed with all of the researcher's interpretations. One participant responded and shared that he felt some codes fit better into a different theme. The researcher agreed and updated the codebook to match these interpretations.

Critical Friend

As defined by Costa and Kallic (1993), a critical friend "is a trusted person who asks provocative questions, provides data to be examined through another lens, and offers critique of a person's work as a friend" (p. 50). Using a critical friend is essential in reviewing the researcher's codes, challenging and questioning the researcher's biases, and bringing a different perspective to the study. The selected critical friend for this study has had previous qualitative research experience and is knowledgeable in the field of sport psychology. Furthermore, she did not have any direct involvement in the research process or data collection. The critical friend read through each of the interview transcripts and reviewed the current codes and themes that the researcher had identified. The researcher was challenged by the critical friend on the codes that were chosen to fall under particular themes and subthemes. Furthermore, the critical friend questioned why particular themes and subthemes were selected. As a result of this process, the researcher solidified the major themes and combined some of the subthemes together.

Table 1

Participant Demographic Information

Practitioner	Gender	Race	CMPC	Counseling/Psychology Licensure	Years Working with DI Male Athletes
Tonya	Cis-F	White	Yes	Licensed Psychologist	2
Seth	Cis-M	White	Yes	Licensed Clinical Psychologist	8
Taylor	Cis-F	White	Yes	Licensed Psychologist	9
Dean	Cis-F	White	Yes	Provisionally Licensed Psychologist	4
Myles	Cis-M	White	Yes	Licensed Professional Counselor	6
Jane	Cis-F	White	Yes	Licensed Clinical Social Worker	10
Rory	Cis-M	White	Yes	Licensed Clinical Psychologist	14
Oliver	Trans-M	White	Yes	Licensed Psychologist	5
Amir	Cis-M	African American	Yes	Licensed Professional Counselor	5
Darren	Cis-M	White	Yes	Licensed Psychologist	28

Note. Practitioner column represents pseudonyms. Cis=Cisgender, Trans=Transgender, F=Female, M=Male, CMPC=Certified Mental Performance Consultant, DI=NCAA Division I.

CHAPTER 3

RESULTS

This section presents the major themes and subthemes that emerged and were identified throughout the data analysis process. The following research questions were posed: "what are the experiences of licensed practitioners working with male Division I athletes suffering with mental health-related concerns?" and "what steps can be taken to help male Division I athletes more easily access professional psychological help services?" Three major themes were identified: (a) presenting concerns, (b) influences to help-seeking, and (c) strategies to increase accessibility. Presenting concerns consists of two subthemes, mental health-related concerns and sport-related concerns. Influences to help-seeking consists of five subthemes, stigma, coach and sport environment, cultural factors, lack of time and flexibility, and source of referral. Strategies to increase accessibility consists of six subthemes, destigmatization, coach training, service awareness and education, practitioner diversity, relationship-building, and additional practitioners. The following will include definitions for each theme and subtheme, the total number of codes included, and the number of practitioners who are represented within each.

Presenting Concerns

Presenting concerns was defined as any initial symptom or set of symptoms that lead an athlete to seek out support services. This is the first major theme and consists of a total of 57 codes from all 10 participants. Two subthemes emerged, mental health-related concerns and sport-related concerns.

Mental health-related concerns

Mental health-related concerns were defined as a range of conditions from diagnosable psychiatric disorders, such as depression, anxiety, and suicidal ideation, to subclinical concerns,

including substance use, grief, trauma, and adjustment struggles. This subtheme includes a total of 41 codes from all 10 participants.

Participants mentioned depression being a common presenting concern that male athletes seek out help for. In his experiences working with male athletes, Myles explained that, "...we certainly see some, um, some, some cases of depression and, you know, minor depressive episodes and things like that." One practitioner reported a combination of both depression and suicidal ideation as being a presenting concern that he has seen in his recent work with male athletes. As Oliver mentioned, "If I'm thinking about this semester, the things that I've seen come up the most [for male athletes] has been depression, uh, with some of them, um, including suicidal ideation."

Participants reported that anxiety is an additional presenting concern that male athletes oftentimes seek out help for. Myles said that, "I'd say for males and females but particularly males, uh, anxiety is the one that I see the most of." Clinical anxiety may present itself in a number of different forms, as Rory explained: "...typically something like generalized anxiety disorder and there's been the occasional, like, specific sort of anxieties or, like, obsessive compulsive anxiety disorder or more of, like, social anxiety."

Participants also talked about how male athletes oftentimes turn to substance use as a coping mechanism to deal with other presenting concerns that may exist. For instance, Myles explained that, "[Male] athletes may need help, um, coping, uh, or find adaptive ways to cope with their anxiety, um, that doesn't involve, you know, marijuana or alcohol or any other kind of substance or things like that." Thus, while substance use is a prevalent presenting concern for male athletes, Darren shared their ongoing reluctance to and denial for needing help: "I do a lot

of alcohol and drug stuff and none of those guys think they have a problem and none of them, you know, want to be there."

Grief and loss emerged as another commonly experienced mental health-related presenting concern in the male athlete population. Tonya shared that, "I've worked with some men who've come in after, like, with grief issues, like, after a loss of a family member or something that was hard to talk about anywhere else." In some cases, grief may also lead to trauma in athletes. As Amir explained, one of the most prevalent presenting concerns he sees in male athletes is "definitely trauma. And sometimes trauma can be, like, grief and loss." Although trauma is a recurring presenting concern, Seth shared how male athletes may not identify their struggles as such, "I'd say, um, I think trauma [is a presenting concern] as well although… I don't know if they [male athletes] would necessarily use… that term."

Finally, adjustment struggles presented as a subsequent example of a subclinical mental health-related concern experienced by male athletes. Jane explained how adjustment struggles can encompass a wide range of conflicts, "kind of adjustment to any major stressor. So like, like a break up with a significant other, um, a death in the family, um, could be transition to college, um, could be… some other type of relationship conflict." Similarly, Myles shared his experiences working with some male athletes who struggle to make the transition to college, "We have a lot of adjustment disorders particularly for student-athletes who are transitioning from high school to freshman, uh, or just in general."

Sport-related concerns

Sport-related concerns were defined as any conflict or issue that may arise specifically within the sport context and either directly or indirectly have an impact on an athlete's performance. This subtheme is comprised of 16 codes from eight participants. Examples of

sport-related concerns include relationship issues with coaches, anger and frustration in sport, performance anxiety, and position on the team.

According to participants, relationship issues with coaches is a common sport-related presenting concern that male athletes seek out help for. As Taylor stated:

> "I see a lot of coaching issues. I see a lot of, um, male athletes that come in and they're struggling with their coach and they're struggling with how their coach presents to them and they're struggling with that kind of, like, internal dynamic of, like, "I feel like I'm doing really well but my coach is just telling me I'm terrible." Um, I see a lot of that."

In addition, male athletes oftentimes present with anger and frustration concerns within their sport. Tonya explained that male athletes struggle with "anger concerns, like, during competition or during practice or sort of, you know, at levels that are not, uh, to other people's liking maybe… or that feels sort of socially acceptable." Taylor elaborated on the struggles that some male athletes experience in trying to manage their anger, "I've seen quite a few [male athletes] come in with anger issues and them just not knowing how to navigate that and not knowing how to, um, how to manage their anger in a way that's productive."

Participants shared that performance anxiety is another sport-related concern that male athletes seek out help for. Taylor went into detail about her experiences working with the football team at her university, "...once our football players start getting in, I'll start seeing more of them for some of the sports performance stuff, um, and just for some of the anxiety pieces that come with playing." Myles also mentioned performance anxiety by sharing that male athletes seek out support for "...anxiety, like, "how do I… approach practice and not feel like my… head is on fire?" kind of thing."

Practitioners mentioned that male athletes also present with concerns relating to position on their team, specifically in regards to playing time. As Seth explained, it is not uncommon for an athlete to reach out to him when it is "...something along the lines of… "I just lost my starting spot." Um, something that threatens their athletic identity." Oliver shared a similar experience in that male athletes oftentimes come in for "sport performance and concerns about position on the team."

Influences to Help-Seeking

The second major theme that emerged is influences to help-seeking. This was defined as any facilitator or barrier that affects an athlete's decision on whether or not to seek out and use support services. There are a total of 100 codes representing all 10 practitioners. Five subthemes are identified, stigma, coach and sport environment, cultural factors, lack of time and accessibility, and source of referral.

Stigma

Stigma was defined as the negative attitudes and beliefs that society holds towards male athletes who choose to utilize support services for mental health-related struggles. This subtheme consists of a total of 21 codes from all 10 practitioners.

Participants explained how they believe perceived stigma has an influence on what decisions male athletes make in relation to help-seeking. For example, Dean mentioned that "...they [male athletes] don't want to be judged as weak… I feel like I do hear that, of they don't want to be perceived as weak or not able to handle their day-to-day life." Jane explained how she believes perceived stigma is often a result of the messages that male athletes receive in the media:

"I think… a lot of the messages that males get in the media from society about, you

> know, asking for help being a weakness, um, that you should be able to do things on your own, that you gotta look like you have it all together for your teammates, you know, you don't want people to perceive you in a certain way."

In addition, the type of sport that a male athlete participates in may also affect their level of perceived stigma. As Oliver said:

> "I think that… like, worrying about people seeing [male athletes] come in and use services, um, especially in more, like, normed masculine sports like football and basketball. I think it's, um, something that is still heavily stigmatized, um, to utilize services."

Another type of stigma that participants reported that they perceive male athletes experience is self-stigma. For example, Rory said, "I think stigma is the… largest [barrier] in terms of, um, you know, "what does it say about me if I seek help, um, for something related to me mentally or emotionally?"

Participants also pointed out that identifying as both a male and an athlete, rather than only one or the other, may provide even further stigma. As Tonya explained:

> "Well, I think it's… two-fold. I think being a man and being an athlete, um, [they] are typically cultures that are more acceptable to kind of have it all together and not talk much about emotion or needing help."

She went on to elaborate how male athletes are oftentimes perceived as a privileged group in our society, thus making it difficult to target them specifically to increase their access to support services:

> "...men are typically a privileged group and so though they're not seeking services in the same way, sometimes I think people have reactions to, um, targeting men… even

> athletes. I'm like, "hey, this is a high-risk group that are not help-seeking." But sort of this idea outside of athletics often is that [male] athletes have a lot of privilege and don't necessarily need some special thing or shouldn't get it or don't deserve it."

Practitioners also discussed male athletes' overall attitudes and behaviors toward help-seeking as a result of the stigma that is oftentimes experienced. For example, Darren said that:

> "...despite all the publicity in the number of elite male athletes who have come forward with their own mental health struggles… there is still more stigma particularly attached with male athletes, you know, seeking out help. Um, it's just, you know, they try to deal with it on their own."

Myles mentioned a similar experience in which some of his male athlete-clients tried to deal with their struggles on their own until they reached a point where they had no other choice but to reach out for help:

> "I hear a lot in sessions that, um, you know, "I've been meaning to reach out for months"... you know, [and] things are finally so bad that they do it and they almost don't care about the stigma associated with it."

Coach and sport environment

Coach and sport environment was defined as the surrounding conditions created by various stakeholders associated with a team, including coaches and teammates, that which affects a male athletes' attitudes and behaviors toward help-seeking. This subtheme includes a total of 17 codes from seven participants.

When it comes to using support services, Taylor explained how male athletes are oftentimes heavily influenced by what messages their coaches send them about engaging in such resources. She said, "male athletes in particular, too, I think if their coach doesn't believe in it,

they are less likely to step in and [seek help].” Similarly, Darren explained how, “they’re coached up all the time to be mentally tough, um, and so… you still see them struggling with… “what does this look like as a male… if I’m going to see a psychologist?” Taylor gave a specific example of her experiences working with some of the coaches at her university and how the ways in which coaches speak to their male athletes can have an impact on how the athletes feel about asking for help:

> “Luckily here, the two major sports being basketball and football, both of the coaches are really, really supportive of their athletes seeking help. Not necessarily in a way that I think is functional at times because sometimes it comes more across as, “you’re… too messed up. I can’t handle you. Go talk to somebody.” Um, and so then [male athletes] feel that kind of internal, like, “well if I’m so screwed up, what am I doing?”

Participants also emphasized how different coaches may place a higher value on sport psychology services than other coaches. For example, Tonya said, “Some teams, like the, uh, the track team… the coach would have us come and just, like, with all the new athletes, “hey, just come and introduce yourselves and… say what the services are.” Whereas in other cases, “some coaches aren’t as interested in having us come out or talking to us and so I think that, um, that can be a barrier.”

Myles mentioned how it is not just the environment that a coach creates that influences a male athlete’s decision to seek out help, but he perceives it to be the sport environment as a whole:

> “...come to find out that, you know, they play on a team that doesn’t really normalize things like mental health, um, as well as… other sports. Um, usually kind of more ‘macho, testosterone’-driven sports, um, are the ones that we see the most barriers

associated with [help-seeking]."

Cultural factors

Cultural factors were defined as various values, beliefs, and ideologies of a particular community or group that an athlete identifies with and that ultimately influences their help-seeking attitudes and behaviors. This subtheme includes 14 codes from eight practitioners.

Participants suggested that culture is an important factor that affects a male athletes' willingness to seek out help services. In particular, participants mentioned that some athletes may not know how to navigate asking for help because they were brought up in a culture that does not believe in talking about their struggles to strangers. As Amir explained:

> "Culturally within the African American community or… other minority groups, like, they may not be willing and open to share, like, what's happening in their life because they may not have been trained to do that within their life so it's harder and "I'll just suffer in silence"... as opposed to, like, "go and talk about my business" because like, "we don't talk about our business with strangers."

Tonya shared a similar perspective in that she believes it is harder for some athletes to seek out help because of the expectations that are set within their culture about who they should confide in regarding their struggles:

> "I think culture is gonna impact men differently but I think in terms of race or ethnicity there are a lot of athletes of color and a lot of people have shared sort of like, "well we don't talk about stuff outside of my family."

Consequently, Taylor mentioned how, "our male athletes of color just [do] not really know where is a safe space on campus to go talk to somebody."

Participants also mentioned that male athletes may not even realize that they are struggling with a mental health concern because their culture does not view mental health as something that is real. As Amir explained, "...they may not know that they need help." Dean shared that some athletes may have a background of "growing up in a family or a community where mental health isn't really viewed as quote-in-quote, "real"... and they've grown up in an environment where they've learned or been taught to just tough it out." Dean then continued by talking about some of his specific experiences working with male athletes:

> "...I'll have some [male athletes] that… they'll very plainly say, you know, like, "my family… doesn't really believe in mental health, you know? They don't really think it's a thing, you know? Depression is just something you have to, you know, "get over it, you'll be fine."

Practitioners also discussed the lack of experience that some male athletes may have with help-seeking because they did not grow up in a place or a community that had access to mental health services. As Myles said:

> "Some student-athletes may come from areas… where they don't have access to psychologists or counselors or… anything like that. So it's a very new thing and they're used to dealing with things on their own which means they just sort of assume that they can handle it, um, by themselves."

Darren expressed a similar perspective by explaining:

> "...in particular with some of the higher profile sports where you've got a lot of, um, African American athletes coming from some pretty difficult backgrounds and the concept of, like… seeking out mental health, I mean, it's… a new experience for a lot of them."

Lack of time and flexibility

Lack of time and flexibility refers to the experiences of both practitioners and athletes. It was defined as one's inability to engage in a particular action due to an insufficient amount of availability and adaptability. There are a total of 27 codes from seven practitioners related to this subtheme.

When examining an athlete's lack of time and flexibility to seek out and utilize support services, practitioners pointed out the struggles that many collegiate athletes face when trying to find a balance between their athletic, academic, and social lives. As Oliver explained:

> "I think their schedules are so busy that in ways, even though they have these resources, I think they can feel so tapped out between, "I have tutoring and I have study hall hours and I have these meetings and then I have practice and then I have competition and travel and I'm also trying to be a college student and have fun" that I think that, in and of itself, can become a barrier."

In addition to their hectic schedules, collegiate athletes are also limited by support services only being offered for a set number of hours throughout the day. Seth shared that, "one thing that… can also come up as a barrier is, I work eight to five at my university and, like, that often interferes with class, practice, travel, games, so on and so forth." Oftentimes, collegiate athletes are consumed by their athletic and academic requirements throughout the day and do not have the time or flexibility to fit additional appointments into their schedules, as Amir explained: "I think, like, for some of our male athletes… if their practices run in the afternoon that means probably your class schedule is jam packed in the morning."

Furthermore, Amir talked about how male athletes in particular are less likely to prioritize help-seeking over athletic-related demands:

> "There's ever-evolving changes that happen where they may find that, at the last minute, "I get called into a meeting by my coach" and they're definitely gonna go meet with their coach before they meet with me. I've rarely seen, like, male athletes cancel an appointment with their coach to say they're meeting with me but I've seen it numerous times where like, "I had to miss the appointment today because I had to meet with my coach."

Participants also described what it means to have a lack of time and flexibility from a practitioner's perspective. Myles mentioned his inability to have enough hours to spend working with athletes because he is only employed part-time at his university as a practitioner, "I mean, at the end of the day you can only do with the time that you have and so if they're only buying 20 hours a week of my time… then I'm really only giving them 20 hours a week." Although employed full-time, Taylor described how she has "three intakes for student-athletes this week and I think one next week and it's just me." Amir shared how having a low number of practitioners on staff not only leads to less flexibility for scheduling appointments with individual athletes but it can limit other areas of outreach as well:

> "...when you start to see 25 to 30 athletes a week, there's not time to go do those other outreaches, there's not time to do small group sessions, there's not time to do educational workshops and programming because time starts to become a thing."

When compared to other members of an athletic team's support staff, participants expressed how they feel understaffed. Myles makes this comparison at his university:

> "We have a strength and conditioning staff of about 18 or 19 people, we have an athletic training staff and sports medicine staff of about 25 people, and we have a mental health staff of about, collective one person because I'm half-time… and then our psychiatrist is

50 percent as well. So together, we're one person."

As Darren explained, having "one practitioner at, like, a Division I Power Five school? That's almost an impossible job."

To further complicate things, Amir mentioned how, in his experiences, male athletes tend to oftentimes desire immediate access to services, "I feel like female athletes are more on the proactive side and, like, schedule things in advance… but usually the male athletes are like, "when are you available today? Can we meet tomorrow?" Tonya shared a similar perspective:

> "It's like, if something's going on and one of the male students wants to come in and was referred it's, like, he wants to come in this afternoon or tomorrow morning and if we can't do that, a lot of times we lose the referral because… it's too much effort to try to fit into our schedule or then we have to schedule two weeks out and… the issue is not there in the same way."

Some participants also shared how not being entirely embedded in athletics creates even less time and flexibility to accommodate for athlete needs. Tonya explained the challenges of being in a split position between both athletics and the counseling center at her university:

> "...when you're doing a really good job… and you're getting really well-known, then you're in individual meetings all day. We have three people on our sport psych staff, um, but we also have expectations within [the] counseling center so… all of our time isn't focused to athletics, so there's limits to that."

Taylor has both experiences of being fully embedded in athletics and being in a split position at a university, "I don't often… because of time and resources, have the availability to do what I did at, like, [university name] where I was in the athletic department. I could just go up to practice, stand on the sidelines, you know, see what's going on." Darren also mentioned how being fully

embedded within athletics also increases an athlete's accessibility to services, "Um, you know, again, you know, we're here just for student-athletes so it's… much easier [for the athletes] to get in."

Source of referral

This subtheme includes 21 codes from eight participants. Source of referral was defined as an individual or group of individuals who are responsible for guiding an athlete in the direction of support services. Examples of referral sources for male athletes are athletic trainers, strength and conditioning coaches, academic support staff, and team coaches.

Many practitioners mentioned the important role that athletic trainers play in being a key source of referral. Rory expressed that the vast majority of his male athletes are referred to him via the athletic training staff, "All but, like, I can think of one or two [male athletes] off the top of my head have been basically referred to me through the athletic trainers." Tonya also mentioned that "...more often they're referred from athletic trainers." Taylor shared a similar experience as well:

> "I think the main source of referral that we have really for male athletes that are seeking support is that our training staff is really adept to stepping back and actually being like, "something's going on, we have a person, let's just make that connection." I would say 75 percent of the time it comes from one of the two head athletic trainers and it's a male athlete."

As Myles suggested, athletes may feel more comfortable confiding in athletic trainers about various struggles they are encountering both on and off the field, "obviously they're going to be more comfortable talking to athletic training because athletic training is truly integrated.

They have, uh, at least one athletic trainer sports medicine professional per team on campus, uh, if not more."

Additional support staff, including the strength and conditioning team, have also been identified as essential referral sources for male athletes not only due to their ability to be integrated within the teams but because they also do not have any direct influence over the athlete's playing time. As Amir explained:

> "Strength and conditioning coaches they're, like, a big part of this as well because they may see our athletes at like, six a.m. and really can tell, like, from the beginning of the day, like, "this person really hasn't slept" or "are not gaining weight", um, and like, things are just off… strength coaches have a different relationship with the athlete than their head coaches or position coaches or assistant coaches. Like sometimes, they may disclose more to them as opposed to, like… the person who controls their playing time."

Darren emphasized the importance of making the distinction between performance-based and mental health-related concerns when talking about what other factors may influence the source of referral:

> "It's very rare to, particularly with male athletes, without some sort of prompting do they reach out to me specifically for mental health. So I'd make that distinction between, you know, performance, they're much more inclined to… reach out… as opposed to, you know, something has gone wrong or something has been identified as some sort of mental health issue."

More specifically, Darren explained how "...definitely with males, I get more… coach-suggested referrals… if the initial presenting issue is just performance." In general, Amir explained how referral sources for his male athletes have included a wide range of individuals:

> "Could be a head coach, could be an assistant coach, could be an athletic trainer, can be a parent, um, a couple parents push their sons to me… sometimes academic support staff as well and like, their academic advisor or counselor, strength and conditioning coaches."

Strategies to Increase Accessibility

The third major theme that has been identified is strategies to increase accessibility. It was defined as specific steps intended to improve a male athlete's ability to approach, reach, and utilize support services. This theme is comprised of 172 codes from all 10 participants.

Destigmatization

Destigmatization was defined as the process of removing all negative associations from a particular thing or action, such as engaging in help-seeking. This subtheme consists of 63 codes from seven practitioners. Examples of destigmatization strategies include the utilization of guest speakers, increased practitioner visibility and integration, and the development of support groups.

Practitioners suggested the strategy of inviting guest speakers who have a powerful influence in the athletic community to their universities to talk to male athletes about the importance of mental health and help-seeking. For example, Jane shared:

> "I think about being able to bring people with bigger names as speakers. So people that male athletes can relate to that can speak about their experiences and the importance of mental health and well-being and how valuable services can be."

Jane continued on and proposed talking to the athletes in both small and large group settings, "I do think it could be very impactful especially when you have a speaker speak to a large group but then also meet with smaller groups. So sort of take each team maybe separately and then have smaller conversations." Dean shared a similar thought and further suggested that guest

speakers should not only be selected due to their influence and power within the athletic community, but also based on varying identities and backgrounds in order to attract the attention of minority athletes as well:

> "...if we could create a speaker series where they could come and share their story and their experience with mental health and where we could include people who are a range of identities and backgrounds and sports and experiences so that it's not just, you know, all of this or all of that but there's some variety in helping give all of our athletes an opportunity to hear a message from somebody that they can relate to in a very specific way."

Additionally, practitioners suggested that destigmatization come in the form of normalization through increased practitioner visibility and integration within the teams. As Myles explained:

> "I mean, there's no shame and no stigma with going to see a trainer if an area of your body hurts, um, and so, I've sort of taken that as, like, what if we could just become another, you know, person that's on the sidelines that an athlete feels comfortable coming up and saying, like, instead of, "hey, something hurts in my shoulder" like, "hey, something's not quite right here, um, I need a little help dealing with that."

Taylor also expressed a similar perspective in the importance of being fully integrated with the teams:

> "I do think when… an athlete sees somebody there all the time, they're kind of there, they're part of the training, like, they're part of the team, I think it's more… easy for them to step in and go talk to them."

For example, Tonya illustrated what visibility and integration with a team may look like:

> "I think it's… showing up and being present at, um, team meetings… at games or practices… and be around so athletes can kind of see us and, um, see… that we're kind of normal people and that we might be okay to talk to."

Amir expressed that visibility and integration can come in a variety of ways and in a number of different settings, in addition to attending practices and games:

> "I think that's a big thing of us just going to practice, being available. Um, going to games is another thing as well. Um, going to other team functions that they may have and just, even if you're there for five minutes… having a meal with, like, a group of athletes is a thing that I've done before. Uh, student-athlete advisory committee meetings, we go to those on occasion… go to the training room… like just passing through the training room, talk to athletes who may be injured or just getting treatment before practice."

Myles shared from his own experiences that being present in settings, such as the weight room, can provide more comfortability for athletes in opening up the conversation and normalizing behaviors such as using support services:

> "And we've actually seen that, um, where… I've been in weight rooms, I'm standing at the door talking to the coach and I literally get a, you know, a junior athlete, you know… this, like, big, bruising dude who, like, yells across the room, like, "hey, Dr. [name], are we on for Thursday at nine?" and I'm just like, "Yes."

As Dean explained, "the more presence those individuals (the practitioners) have… the more normalized [help-seeking] becomes." Thus, in order to become more normalized within the culture of the team, Myles also talked about the importance of practitioners taking a proactive approach to involve themselves in the team rather than waiting for the teams and athletes to reach out to them:

> "...it's not waiting for them to be referred to you. It's sort of going into their territory and making sure that, like, um, I become normalized within the culture of the team as opposed to, um, just something that some people need."

Similarly, Rory explained how practitioners should "find ways to go to the student-athletes and meet them where they are… as opposed to waiting for them to come to us."

Additionally, practitioners explained how destigmatization may occur through the development of various support groups and organizations. Seth reported that he has tried to coordinate a male athlete-specific support group in the past but that "it's been so hard to get attendance." Thus, instead of directly targeting the 'male' and 'athlete' identities, some practitioners, including Seth, suggested targeting additional identities that male athletes may be able to relate to:

> "I think that it would be too reductive to only be thinking about the two identities that we're talking about: male-identified and then student-athlete-identified and thinking about kind of, if we are to expand access, thinking about other ways to get buy-in."

For example, Dean explained how his university indirectly targets male athletes through the creation of a Black student-athlete organization:

> "I do think that, you know, like most schools, the sports that generate the most revenue, being football and basketball, of course you look at the male population there as well as the fact that there is a pretty strong African American population. You know, that's one of the major benefits of something like the Black student-athlete organization that my colleague is really taking charge of."

Moreover, Rory mentioned how his university developed a student-athlete program that, although not male-specific, requires all of its athletes to attend various activities throughout the course of the year:

> "...[it] is more like a student development program and within that program… there are activities that all of our student-athletes are required to attend and we typically have, uh, one mental health-related… activity each semester… that, um, student-athletes can attend so it's kind of reaching out to them in that way."

Oliver explained how at his university, a student-athlete group facilitated by the practitioners teaches the athletes specifically "what to be aware of if someone's struggling, how to refer them, um, sometimes… will include some debriefing of, like, "okay, what's going on, on teams? Are there any concerns?"

Coach training

Coach training was defined as the act of targeting the coach population with the intention of educating and bringing awareness to topics related to athlete mental health and help-seeking. This subtheme has a total of 23 codes from six practitioners.

Coach training may come in a variety of ways. For example, Jane explained how she meets with individual coaches staffs at the beginning of each year:

> "At the beginning of each year, um, I go around and have individual coach meetings. So I sit down with each coaching staff and we review sort of our mental health policy, we talk about, um, you know, how to refer, what to do in emergency and non-emergency situations, and then we… discuss anything specific to their team, um, that they might want some help with or have questions about."

Similarly, Seth talked about how his staff leads more interactive-based presentations that allow coaches to ask questions:

> "We had a really good, um, presentation over the summer that all the coaches were required to go to talking about all of the presenting concerns… and so just this idea of, um, you know, even just allowing them to ask questions."

Oliver explained how coach training at his university comes in the form of mandatory mental health first aid and suicide prevention trainings:

> "We actually will also be having two mandatory all-staff trainings that are going to be around mental health. Um, the first… that one's gonna be kind of, like, mental health first aid… so we're gonna talk with staff about signs and symptoms of depression, suicidal ideation, anxiety, substance use, and eating disorders and just kind of build their awareness of if they hear or see certain things… um, the other one that's gonna be mandatory is gonna be in… a clinic out here… and they're gonna be doing, like, a more in-depth dive specialty training for our staff and setting around suicide prevention."

Jane proposed the idea of a peer engagement training that allows coaches to come together and share ideas with each other on what strategies may work best:

> "I think even things like getting several… coaches together and strategizing things that they could implement on their teams so there's sort of that peer engagement, um, rather than just having a professional come and, like, talk to you about what you should do."

Regardless of the type of training, Oliver emphasized the importance of making them mandatory, "...ideally, we'd like people to just attend it because they recognize the value but sometimes you need to make it mandatory" while Amir asserted that coach presentations and trainings are kept concise, "Um, one of the things I found this year is I try to do presentations in 10 minutes or less

for certain groups, specifically, like, coaches." Furthermore, Myles explains the significance of coaches who are aware of and invested in the services that he provides:

> "I've found that with teams that coaches are really invested… and not just like, "yeah, great. You're a resource. I'll let my athletes know that you're available, here's how they can get in touch with you" and all that stuff but, um, but more like, you know, "you're gonna be a part of this. You're gonna… be here once every couple of weeks, they're gonna know who you are. If you'd show up for practice that'd be great. We'll invite you to travel with the team." You know, those kinds of things that I see a lot more athletes from that sport, uh, or from that team."

Similarly, Amir reported on the importance of making sure coaches are informed of the services that he provides, "Um, making sure coaches are informed of what you do and what you don't do and how you can be of assistance to their program definitely can, like, remove some barriers."

Service awareness and education

Service awareness and education was defined as the process of informing male athletes of the benefits of engaging in sport psychology services as well as how to go about using such services. This subtheme consists of 18 codes from eight practitioners. Service awareness and education may come in the form of presentations and mental health screenings.

Participants shared that speaking to the teams about the services that they provide and the benefits of engaging in those services may help male athletes in accessing help. For example, Seth talked about how a male athlete has reached out to him because of an introductory presentation he did with their team: "I think I got a client because I was talking about, like, some introduction to… sport psych and… sometimes you just get someone that, like, wants to come

in." Dean mentioned how his staff introduces themselves to each team at the beginning of the year with brief presentations:

> "...it was very simple…but we were pretty intentional about… during the beginning of the year meetings that all of our teams had, we were present at those meetings… and made an introduction. Included, you know, contact information and made sure that the athletes knew how they could get in touch with us."

Darren suggested that presentations should be set up in a way that "you're kind of telling a story so they can get, you know, they can get an image of… how athletes, um, utilize us." More specifically, he mentioned that:

> "Um, you know, we'll talk… about the services that are available… and with some student-athletes how they… have been utilized in the past, how they might be able to access them. Um, you know, kind of a reminder, "this may be something you might need as only a freshman in your adjustment or transition or maybe this is something you might need, you know, later on in your career because of an injury or… a broken coaching relationship or, you know, whatever the case may be."

Tonya shared how presentations may be more interactive to get the athletes and teams more engaged:

> "Some teams will have us come and do, like, an ice breaker and, like, actually run some sort of activity, um, and then debrief and talk about our services… so with some teams, it's kind of a catchy, um, introduction to an activity."

Mental health screenings are another strategy that participants mentioned could help raise awareness and educate male athletes about the services that they provide. As Myles explained:

> "We do mental health screenings, um, where I sit down individually with every

> student-athlete… it gives [athletes] the opportunity to kind of meet face-to-face and in a kind of non-threatening environment and it kind of just raises awareness, um, that "a" we have people here to help and "b" if something comes up in the screening tool… sometimes people end up, you know, scheduling sessions as a result of those."

Oliver explained how his staff implements a similar mental health screening process each year:

> "... [it is] an opportunity for us to, at the beginning of the season, get face-to-face with all the athletes, tell them about our services… that's an opportunity for them to meet us, get a feel for us and that's where we're doing kind of a quick educational piece of… here's the value of coming in."

Similarly, Darren shared how his staff tries to normalize their services to the athletes during their mental health screenings by telling them that, "[we are] part of the support team just like strength and conditioning and nutritionists and athletic trainers, you know, we're another one of those folks." In addition to speaking to each individual athlete, Amir talked about another approach that his staff takes with the mental health screening tool:

> "There was also a question that we added, uh, "Do you want a member from the counseling and sport psychology staff to reach out?" People that would select "yes", we reached out and scheduled an appointment."

Additionally, Seth mentioned that his staff sets up an information table during the athletes' physicals that allows them to become familiar with who the practitioners on staff are and what they look like:

> "We're planning on being part of the physicals and so, like… they're gonna stop by the [Counseling and Psychological Services] table. We actually, um, have a postcard with all of our professional headshots on it so… the fact that we're there, we're giving a postcard,

they know what we look like, um, they know that we're around and available."

Practitioner diversity

Practitioner diversity was defined as a range of varying characteristics that practitioners may identify with including gender, race, and sexual orientation. This subtheme has a total of 12 codes from seven practitioners.

Participants suggested that the gender of the practitioner may make a difference in a male athletes' decision to seek out support services. For example, Tonya mentioned that:

> "I think trying to hire, um, and match [male athletes] with male trainees, though… not required… sometimes men feel more comfortable… seeing a male who might "get it" in some ways. Though also, I've heard a lot of men say the opposite of it's easier to talk to a woman."

Taylor shared a similar perspective and described the importance of staffing both female and male practitioners:

> "Um, there is some dynamic that comes with the fact that I am female. Um, and so for some male athletes I think that's great and for other male athletes I think that's a put-off, uh, which is also why the other person that works in the athletic department with me is male… so if they don't want to work with a female they have that option."

In addition, practitioners discussed the importance of incorporating diversity into their staff in terms of race. For example, Taylor explained that, "I can understand how maybe a male, even a White male or a male of another race or ethnicity might, you know… want… a provider of color." Amir also discussed the limitations that providing only practitioner of a single race can have on a male athletes' accessibility to support services: "...Black males may not be as inclined to, like, talk with a White male provider so if that's… the provider for them, it may not happen."

Darren explained how some athletes may initially feel more comfortable reaching out to a practitioner who looks like him:

> "I think… providing, um, as much diversity in your staff as possible, um, can be really helpful because, at least initially, if I see somebody who looks like me, I'm more likely to, at least at the start, you're more comfortable maybe talking to that person… at least initially, I think that makes a difference."

Practitioner diversity in terms of sexual orientation was also suggested by one participant. As Darren explained, "...it would be cool to have a legitimately out, um, lesbian or gay, um, psychologist or counselor on the staff."

Relationship-building

Relationship-building was defined as the process of actively developing connections with key members of a team including coaches, athletes, and other support staff members. This subtheme consists of a total number of 32 codes from eight participants.

When referring to additional action steps that may increase male athlete's accessibility to support services, participants talked about the importance of building strong relationships with coaches in particular. Tonya shared how her and her staff are consistently "trying to, uh, connect with the coaches throughout the year." As Myles also explained:

> "...a lot of effort has been placed in… really building that trust and relationship with coaches. Because when you think about it, yes, you want to building trust and… positive relationships… with the athletes… but the athletes tend to graduate and move on… as opposed to coaches [who] are relatively stable."

More specifically, Myles mentioned how he maintains strong relationships with coaches throughout the course of the year, including the offseason:

> "Every couple weeks I might pop my head in the coach's office or ask them out for coffee or "let's just kind of chat about things." And now, the offseason's really key for doing that because their obligations to travel are a little bit less intense… so I sort of take that approach with relationship-building."

Seth talked about how it is also important to build relationships with the athletes themselves as most of his male athlete-clients come from the rapport built from the work he does with teams as a whole:

> "I would say that most of the male-identified athletes that I've worked with are on account of rapport built from mental skills training. So a majority of the male-identified clients I've worked with have been because I've worked with their team and there's already trust there of, like, "I know who this person is."

Similarly, Rory shared his experiences with building close relationships with teams and individual athletes and how that has directly impacted the number of athletes that end up reaching out to him for help: "The programs and teams that I'm able to spend more time around and be around and develop relationships with… those athletes, I tend to see more of." Rory also talked about specifically what this type of relationship building with athletes and teams may look like:

> "...so whether that's like our men's basketball program, for example… is, um, getting in front of them, developing relationships individually with them, meeting with them individually, meeting with them as a team… trying to establish more of that name and face recognition so that if an issue were to arise then that barrier of not knowing who this person is, is hopefully addressed a little bit better."

Amir mentioned how building relationships with athletes may also come in the form of casual conversations:

> "I go to practices… and I do that for the reason of, I'm taking sport psychology mental health, like, out of the office and like, going to the athlete and meeting the athlete and say like, "hey, athlete, how are you? I'm in your space… this is your environment… and I'm just here to be in your environment and just observe" and I think it allows for casual conversation to build a relationship so then… the athlete can say, like, "hey, I got some questions."

Moreover, Amir emphasized the rationale behind building relationships with athletes in settings that they feel more comfortable in, such as at practice:

> "...it's just a lot easier and that's where (in a sport setting) they're more comfortable as opposed to, "I gotta go to this dude's office and I've, like, never seen him before? One, where is his office and, like, what is it like? And who is this person?" If they (athletes) already know me ahead of time, it's easier for them to ask me for help or ask for assistance."

Participants also discussed the importance of taking the approach to building strong relationships with other support staff members, such as athletic trainers. Tonya explained the benefits of her working relationship with the athletic training staff at her university:

> "We have a really good, um, working relationship with the athletic training staff and they tend to have really good relationships with the athletes since they are paired with a team and so they're around and can see what's going on and then they have a pretty good trusting relationship with them so I think it's been a really helpful "in" of, like, "hey, why don't you go try sport psych?"

Oliver further explained the importance of his relationship with the athletic training staff:

> "I mean, it's probably the biggest reason why athletic trainers tend to be the ones that athletes will share what's going on with them first because they're around them more… and that is why we… talk to our athletic trainers and make sure they're well-versed in consulting with us and referring folks to use because they tend to hear it first."

In addition to athletic trainers, Taylor has found that working closely with a team's academic support staff, such as tutors and academic advisors, to be beneficial as well:

> "I have found here and then in other athletics environments getting involved with… the academics, like, coaching team really helped because they're seeing… the athletes as often as their coaches are and they actually get more information often from their athletes."

Darren and his staff have worked to build close relationships with a variety of support staff members in general and he talked about the importance of maintaining those relationships:

> "We're also, um, interacting with, you know, a lot of athletic trainers and… we have pretty good relationships with most of the coaching staffs so even if… the student-athlete forgets that we exist, um, you know, administrators, coaches, trainers… they all know so they're going to… remind student-athletes if something comes up."

Additional practitioners

Additional practitioners is defined as the need or desire to include supplementary sport psychology professionals to what is currently present and available at the university. This subtheme has 23 codes from all 10 practitioners.

Practitioners expressed the need to hire more sport psychologists in order to effectively increase access to help services for male athletes. Myles shares how "as simple as it is, it really is

a simple solution, um, which is to invest in people who are doing the work and then trust them to do a good job."

As far as the specific number of additional practitioners goes, participants varied in their responses. Some participants, such as Jane, supported the idea of having one practitioner assigned to each team: "if we had… a (sport psychology) staff member assigned to each team to kind of be there and build more rapport and connections." Seth shared a similar thought in that if their university could afford it, "every team would have their own dedicated sport psych, like, clinician." Other participants, like Rory, do not necessarily think every team needs their own sport psychologist but that even two more full-time practitioners on staff would be helpful:

> "...more full-time staff. I mean, um, we have… 450 student-athletes… if we had, I think, two other full-time staff, um, I think that would be… the best strategy because then that would basically, um, provide more opportunity for, um, athletes, in particular our male athletes, um, to develop some type of relationship with a sport psychology consultant of some kind."

Participants, like Darren, suggested that the number of sport psychologists on staff at a university is different and that each should be calculated on an individual basis:

> "So you need to… assess, okay, yeah, how many… full-time people do you need, um, in addition of figuring out what that number looks like at your institution."

Myles proposed the idea of developing a sport psychology-specific department with various practitioners and specializations: "you can develop the department and have, you know, a director and people do different things and I think that's the right way to go." More specifically, Myles gave examples:

> "Um, you know, Stanford does it really well. Michigan does it really well where they

> essentially have a fleet… they have social workers, they have individuals who specialize in things like eating disorders or racial trauma or, um, you know, a number of different things, uh, so all of that doesn't fall on one or two people."

Jane suggested that if hiring specialized professionals is not financially feasible, that universities should consider "having a pool of money… to pay for treatment that need specialized services so, you know, if there's a specialty area that a counselor can't provide, you know, are there funds available to support that?"

The benefits of having additional practitioners may include being able to more effectively build relationships with teams, as Oliver pointed out: "I do very much believe that if there was more… personnel then you would be better able to more consistently relationship build." Amir explained how more practitioners on staff would not only increase relationship building with teams, but it would allow practitioners to engage in more outreach activities in general:

> "...it allows for more relationship building because I'll be able to do more outreach, maybe, like, small group things. I can get to practice, other clinicians can get to practices that I can't get to… you can really divvy up tasks, you know, like what people are doing."

Regardless of the specific number of additional practitioners universities need, Myles reiterated the importance of having enough resources in the form of practitioners:

> "...this is always a bell that I'm ringing, uh, within our athletic department is, put your money where your mouth is and actually walk the walk… if we're saying, like, "we value mental health" then value mental health, um, invest in mental health. Invest in resources so that… something doesn't happen because of a lack of resources… you need people. You need boots on the ground. You need people doing the work."

CHAPTER 4

DISCUSSION

The purpose of the current study was to examine practitioners' experiences working with Division I male athletes as well as understand their perceptions into what strategies are most effective in making professional psychological help services more easily accessible to them. This section presents the major findings into what presenting concerns male athletes most commonly seek out support for, practitioners' perspectives regarding the help-seeking influences that most significantly affect a male athletes' willingness to seek out help, and what strategies university athletic departments should begin implementing at their institution to increase male athlete accessibility to support services. Limitations and recommendations for future research are also discussed.

Key Findings

The researcher identified two different categories of concerns that practitioners reported male collegiate athletes most commonly present with: (a) mental health-related concerns and, (b) sport-related concerns. Examples of the most prevalent mental health-related concerns reported by participants include depression, anxiety, substance use, grief and loss, trauma, and suicidal ideation. These findings are similar to previous research that revealed male athletes suffer from a wide range of both clinical and subclinical mental health concerns (Brisola-Santos et al., 2016; Du Preez et al., 2017; Schaal et al., 2011; Wolanin et al., 2016). Despite the presence of several different mental health-related concerns, practitioners reported that male athletes are more likely to pursue support services for sport-specific concerns. Parallel to these results, Gulliver et al. (2012) previously found that athletes are "more comfortable with seeing psychologists for performance-related issues" (p.5). Participants detailed that sport-related concerns may include

anger and frustration, performance anxiety, coping with an injury, adjustment struggles, position on the team, or interpersonal problems, such as with a coach or a teammate.

Practitioners described several different factors that influence a male athlete's willingness to seek out support services as well as what strategies can be implemented to address them. To begin, participants identified stigma as being the most significant influence to male athlete help-seeking with all 10 participants describing how they perceived it to be an ongoing barrier. In particular, perceived stigma appears to be the type of stigma that has the greatest affect on male athletes, such as the fear of being perceived as weak by coaches and teammates. This relates to the findings of López and Levy (2013) in which collegiate athletes reported one of the most significant help-seeking barriers are their concerns with how coaches, teammates, and athletic staff members would perceive them if they were to ask for help. Perceived stigma may extend beyond coaches and teammates and come in the form of societal pressures and expectations put on the athletes. For example, one practitioner explained how male collegiate athletes in particular are oftentimes equated to being a highly privileged subset of individuals that society deems as not necessarily needing or deserving support services. Thus, male athletes may be less likely to take advantage of support services due to the fear of not only being scrutinized by their own coaches and teammates, but by the media and society as well. Another form of stigma that practitioners perceived to affect male athletes' help-seeking behaviors is self-stigma, such as questioning one's own worth and capabilities due to experiencing a mental health-related struggle. This finding aligns with Vogel et al.'s (2007) results that revealed men may internalize stereotypes (i.e., self-stigma) related to having a mental health struggle more fully than women.

In order to address the aforementioned stigma that continues to influence male athletes' access to support services, practitioners proposed various destigmatization and normalization

strategies. For example, two practitioners mentioned bringing high profile athletes to campus to talk directly to the athletes about their own experiences with mental health and the importance of seeking out help. As participants suggested, male athletes in particular may benefit from hearing a highly influential male figure in the athletic community speak to them, such as a professional athlete. Male collegiate athletes in DeLenardo and Terrion's (2014) study shared similar thoughts regarding the value of having a speaker come talk to them. More specifically, the athletes reported that they prefer to hear from someone who plays at the professional level, has had success in their sport despite experiencing mental health-related concerns, and aligns with the values of traditional masculinity, such as being physically strong and tough (DeLenardo & Terrion, 2014).

Practitioners also suggested destigmatization by normalizing their roles within a team through increased visibility and integration. Similar to other support staff members, such as athletic trainers, participants described how practitioners should work to be consistently present at various team functions including practices, competitions, and team meetings. Beyond that, engaging directly with individual athletes may help to build rapport and trust between the practitioner and athlete. For example, participants shared how practitioners should make it a priority to introduce themselves to as many individual athletes as they can, conduct consistent check-ins and follow-ups with athletes, and be open to engaging in casual conversations with athletes when appropriate. Similar findings were present in Fifer et al.'s (2008) article in which one sport psychology consultant emphasized the importance of earning the trust of the athletes by first building a relationship with them (Fifer et al., 2008). Two practitioners also emphasized the importance of taking a proactive approach to increase their visibility and integration within a

team. That is, instead of waiting for teams and individual athletes to come to the practitioner, the practitioner should actively work to become integrated within the teams.

Finally, practitioners also discussed the development of athlete-specific support groups to promote destigmatization by helping male athletes in particular to become more comfortable with being vulnerable in a supportive environment. It is important to note that one practitioner mentioned the struggle he experienced when trying to start a male athlete-specific support group at his university in that it was "so hard to get attendance." Practitioners expressed that they may need to find alternative ways to indirectly target male athletes to join various support groups. For example, one practitioner shared that, due to the prominent presence of African American athletes at his university that compete in men's sports, such as football, his staff has developed a Black student-athlete organization that may see more male athletes join.

In addition to stigma, practitioners reported that they believe male athletes are oftentimes heavily influenced by the environment that their coach creates. For example, one participant described how male athletes who play on a team that has a coach who does not believe in the value of engaging in support services are less likely to use such services when they need them. For other coaches, their lack of knowledge and experience in using such services may be a significant help-seeking barrier for male athletes. More specifically, male athletes may not be informed or otherwise made aware that support services are even available on their campuses because of the unfamiliarity that their coach has in using those services. Furthermore, coaches with less background, knowledge, and experience working with practitioners may be more hesitant in integrating them within their teams.

In addition to the coaches, participants also noted the influence that a sport's environment may have on a male athlete's help-seeking behaviors. In particular, one practitioner expressed his

belief that male athletes who participate in sports that are rooted in traditional masculine norms, such as football and basketball, are oftentimes influenced by the culture that that sport creates. DeLenardo and Terrion's (2014) qualitative study found that collegiate football players' help-seeking attitudes are affected by the pressure that male athletes feel to conform to masculine norms. These pressures may come in the form of various messages such as "suck it up" and behaviors such as refusing to show any sign of perceived weakness, including asking for help (DeLenardo & Terrion, 2014). Consequently, male athletes who participate in highly masculinized sports may be even less likely to seek help than those involved in other sports.

While research remains limited regarding the influence coaches have on their athletes' help-seeking behaviors, previous research does suggest that coaches uphold a position that has the power to promote mental health help-seeking to their athletes (Bapat et al., 2009). Thus, practitioners suggested intentional and active efforts be made in targeting coaches to train and educate them on athlete mental health and the support services that are available on campus for those who are might benefit or be interested in such services. Three practitioners discussed how their university athletic departments have already begun to incorporate coach and staff trainings. Such trainings may come in a variety of forms. For example, one practitioner reported how coach training at her university comes by way of individual coach meetings at the beginning of each year wherein she gives several educational presentations to each coaching staff. As she described, her presentations include a review of the university mental health policy, steps on how to refer an athlete who may be struggling, and how coaches can handle both emergency and non-emergency situations. As this practitioner reported, one of the benefits of speaking to individual coaching staffs rather than all of the sport coaches simultaneously includes giving the coaches an opportunity to ask the practitioner specific questions about their team, making it more

individualized. Another participant reported how his university has begun to implement two mandatory mental health-related and suicide prevention trainings for all staff members, including coaches. Through this, coaches are educated on the specific signs and symptoms of various mental health concerns including depression, anxiety, substance use, eating disorders, and suicidal ideation. This practitioner also emphasized the importance of making such trainings mandatory. Reich et al. (2021) recommended similar strategies to educate coaches via the implementation of a variety of psychoeducational workshops, seminars, and trainings that center on athlete-specific stressors, risk factors, signs and symptoms, coping strategies, treatment options, and referral sources that are available.

It is also important to consider how cultural factors may influence a male athletes' willingness to seek out support services. Participants shared their experiences working with male athletes of varying racial and ethnic backgrounds and social classes as well as examples of what cross-cultural help-seeking barriers typically exist for them. These cultural factors closely align with the four categories originally outlined by Leong and Kalibatseva (2011), cognitive, affective, value orientation, and physical or structural. According to Snowden (2001), cognitive barriers embody the belief that mental health struggles can be treated and overcome through willpower, heroic stoicism, or avoidance rather than by the utilization of external support services, such as a licensed practitioner. One participant described an experience in which one of his male clients shared to him how his family does not believe in mental health and therefore, he has been taught to "just tough it out" and "get over it." Thus, male athletes may feel that once they arrive to college, they are capable of handling their struggles on their own. As described by Leong and Kalibatseva (2011), affective barriers include the mistrust that members of ethnic or minority groups may maintain toward the mental health system in general. For example, one

participant in the current study mentioned how African American male athletes are coming to her university from other states and may feel uncertain of where a safe space on campus is to go and talk to somebody. This relates to Wrisberg and Martin's (1994) findings that when, compared to White athletes, African American athletes were more likely to feel unsure of the services offered by a sport psychologist in addition to feeling more hesitant in seeking out help from one. Cultural values also shape one's communication styles and preferences (Leong & Kalibatseva, 2011). Thus, value orientation barriers encompass the belief that in many collectivist-based cultures, one is discouraged from disclosing personal struggles to anyone outside of their trusted cultural group, especially strangers (Leong & Lau, 2001). Two participants discussed how they believe that some male athletes may feel hesitant in speaking to an unfamiliar individual because they were raised in a culture that abstains from doing so. Consequently, they may decide to avoid help-seeking altogether. As Leong and Kalibatseva (2011) further described, the final cross-cultural barrier are physical and structural barriers, which may be more closely related to social class than to culture. Racial and ethnic minorities may be more likely to encounter structural barriers, such as a lack of access to and knowledge about available support services (Leong & Kalibatseva, 2011). More specifically, one participant in the current study explained how some male athletes have reported that they come from areas that do not have access to helping professionals, such as counselors or psychologists. Therefore, without prior exposure to and experience with engaging in support services, male athletes may not be aware of how to go about using these resources although they are readily available to them.

In order to address the aforementioned cultural factors that were discussed, practitioners proposed different strategies to implement on campuses, including practitioner diversity and athlete service awareness and education. In relation to practitioner diversity, participants

mentioned how universities should take into consideration employing a diverse range of practitioners specifically in terms of gender identity, racial identity, and sexual orientation. Three practitioners reported the influence that a practitioner's gender may have on a male athlete's willingness to seek out and use support services. In particular, one practitioner shared how male athletes may feel more comfortable speaking to a male provider because he may "get it" but she has also heard male athletes tell her that it is easier for them to talk to female providers. Another practitioner reported that he believes male athletes are more comfortable speaking to a female practitioner. Congruent with DeLenardo and Terrion's (2014) findings, one male athlete reported that he "would have to talk to a female when it came to actually receiving help" (p. 51). In general, little research has examined whether or not male athletes strongly prefer a particular provider in terms of gender. Thus, as one practitioner proposed, universities should consider employing both male and female providers to allow the athletes the option on who they feel most comfortable reaching out to. It is also important to acknowledge practitioner diversity in terms of race. As one participant pointed out, he believes that some male athletes are more likely to seek out help if there are providers of color on staff. This may be especially true for racial and ethnic minority athletes. As another practitioner explained, male athletes may initially feel more comfortable reaching out for help from someone who looks like them. Wade and Bernstein (1991) examined the existence of racial preferences in counselors for clients of color and found that African American clients were less likely to return for a second visit with a White counselor than with an African American counselor, suggesting a preference for a same race counselor. Thus, in addition to gender, universities should also consider incorporating racial diversity within their support staff as well. Finally, one practitioner proposed that universities should consider employing an openly gay or lesbian practitioner. However, research remains nonexistent

regarding the influences that LGBTQ+ practitioners have on athletes' help-seeking attitudes or behavior.

In order to further address additional cultural factors that may influence a male athletes' accessibility to support services, such as a lack of access to and experience with using such services, practitioners suggested various service awareness and education strategies that target the athletes. For example, one practitioner described how she introduces herself to some of the teams on campus by engaging them in some sort of catchy activity at the beginning of the year so they remember who she is. Another practitioner mentioned how he engages in service awareness and education through introductory presentations that inform the athletes on what types of services he provides, the benefits of using such services, and how the athletes can contact him if they need support. While such awareness can come in the form of educational presentations and team activities, some practitioners suggested a more personal approach with athletes. For instance, three practitioners reported how they have begun to incorporate service awareness and education into each athlete's mental health screening at the beginning of the year. More specifically, one participant shared how all freshmen and transfer athletes at his university are required to complete a mental health screening in which he takes the opportunity to meet with each athlete, introduce himself as well as the services that he and his staff provides, and offer ways in which the athlete can contact him. A different practitioner reported how his staff has added a question to their mental health screening on whether or not the athlete would like a member from the counseling or sport psychology staff to reach out to them and set up an appointment. Practitioners explained the benefits of engaging in service awareness and education during mental health screenings as allowing the athletes to discuss sensitive topics and ask

questions in a safe environment, introducing them to the services that are available, and building an immediate connection with each of the athletes.

Consistent with previous research, a lack of time and flexibility are additional help-seeking barriers for male collegiate athletes. Participants reported this barrier being shared amongst both athletes and practitioners. For athletes, their schedules are flooded with sport-related demands, academic-related responsibilities, and the desire to pursue a normal college life, including participating in social events, joining clubs, and spending time with friends and family. The expectations and responsibilities that collegiate athletes are required to juggle on a daily basis make it a challenge for them to find the time to seek out support services. Furthermore, as one practitioner noted, most university support centers only operate for a set number of hours each week, such as an eight-to-five schedule. Thus, although support services may be available for athletes, some may not obtain the time or flexibility to take advantage of them. López and Levy (2013) shared similar findings in that athletes identified a lack of time to seek services as the most significant barrier to help-seeking. It is also important to take into consideration that practitioners also struggle with finding the time and flexibility in their schedules to accommodate for the needs of every individual athlete. More specifically, participants detailed the challenge of trying to find a balance between several responsibilities including conducting team sessions, participating in staff meetings, developing educational workshops and programming, attending multiple team practices and games throughout the week, as well conducting intakes with new clients and scheduling appointments with returning clients. When compared to the number of other support staff members that each team has, such as athletic trainers and strength and conditioning coaches, participants feel grossly understaffed at their universities with some sharing that they are the only practitioner on staff at their institution. Furthermore, two

participants reported how their positions are split between the counseling center and the athletic department, making it an impossible feat for them to focus their work solely on athletes. When it comes to working with male athletes, two practitioners discussed the demand that they have for immediate service availability. That is, when compared to female athletes, male athletes are more likely to expect to receive services the day that they request them and, while some practitioners are able to accommodate for these demands, many are not. As a result, practitioners may risk losing the referral altogether.

All 10 participants emphasized the need for additional practitioners on staff in order to address the concerns that participants have toward not having sufficient time or flexibility. Although participants agree that more staff members are required, it appears that the actual number of practitioners that are needed remains up for debate. For instance, one practitioner suggested a ratio of one clinician to every 50 athletes on campus while a different practitioner proposed each team should have their own designated practitioner. Meanwhile, another participant proposed that instead of targeting a specific number of staff members, universities should work to develop a department comprised of a combination of professionals, including sport psychologists, social workers, and specialized counselors. To date, little remains known about the ideal number of support staff members that should be employed to maximize collegiate athletes' accessibility to support services. However, as one participant explains, increasing the number of staff members may allow practitioners more time to engage in other strategies to increase accessibility for male athletes, such as the ability to be more present at team events.

An additional influence to help-seeking for male athletes is the source of referral. Oftentimes, male athletes do not seek out support services on their own. Instead, they are encouraged to do so and are referred by others to pursue using such services. More specifically,

eight out of 10 participants reported that the biggest sources of referral for male athletes are either coaches or athletic trainers. This finding is similar to Daltry et al.'s (2021) which revealed that male athletes' most common sources of referral are coaches (40%) and athletic trainers (18%). It appears as though the individuals who have the most interaction with male athletes are the ones male athletes feel most comfortable confiding in when they are struggling, thus leading to a referral.

An additional strategy to increase male athletes' access to support services is through the building of relationships with all members of a team including the athletes, coaches, and other support staff members. To illustrate the importance of building relationships with male athletes, one participant noted how most of the male athlete-clients he works with are on account of rapport he has built with them through working with their teams. More specifically, he reports how he prioritizes introducing himself to the team so they are aware of who he is and what he looks like. Congruent with this, another participant emphasizes the importance of facial recognition. Male athletes who are cognizant of what the practitioner on staff looks like may be more likely to reach out to them. Thus, one participant explained how his staff hands out postcards to athletes with their name, face, and contact information on them so they are able "to put a name with a face." In addition to athletes, it is also important for practitioners to build and maintain relationships with coaches. As one practitioner explained, because collegiate athletes eventually graduate and depart from the team, coaches at the college level tend to be more stable. Thus, targeting coaches for rapport-building efforts may be key. Moreover, one practitioner stated how maintaining relationships with coaches is a year-round effort in which practitioners should work to consistently keep in touch with coaches, both in and out of season. Finally, building relationships with other support staff members of a team, including athletic trainers,

academic advisors, and strength and conditioning coaches, is imperative for practitioners. As one practitioner shares, a close relationship with trainers and administrators means that even if an athlete forgets that the practitioner exists, the athletes will still be guided in their direction by other members of the team through a referral.

Practical Implications

The results of this study provide several implications for university athletic departments and practitioners to increase accessibility to support services for male athletes. To date, this is the first study that has qualitatively examined NCAA Division I practitioners' experiences working with male collegiate athletes and has expanded on previous research by exploring what strategies can be implemented in university settings to help male athletes more easily access support services. A number of different strategies have been proposed by practitioners to increase male athletes' accessibility to support services. These strategies include destigmatization, coach training, practitioner diversity, additional practitioners, relationship-building, and service awareness and education. In order to begin to implement these strategies into university settings, practitioners and university athletic departments alike need to be willing to invest both time and resources. Thus, practical implications for practitioners are discussed first, followed by those for university athletic departments.

In order to maximize male collegiate athletes' accessibility to support services, practitioners should focus their work on integrating themselves into the teams and building relationships with athletes, coaches, and other support staff members. It is important for practitioners to take a proactive approach. Based on the findings of this study, it is clear that male athletes are more likely to seek out support services through the referral of a coach or an athletic trainer. Thus, in the case that a practitioner is limited by time and flexibility and is not

able to be fully integrated with a certain team, their relationship with the coach and other staff members will prove to be critical in ensuring that the athletes are aware of who the practitioner is and how they can reach out to them if they need to. Practitioners also need to prioritize educating athletes on the services that are provided for them. While Division I athletes have access to such services, many of them are not aware of when to use them, how to use them, or who to reach out to when they need to use them. Thus, consistent awareness and education for athletes is imperative.

University athletic departments must make it a priority to invest in employing enough practitioners. Due to the lack of research that exists in recognizing how many practitioners is ideal to have on staff, universities may be required to configure this number on an individual basis predicated on financial capabilities and the number of athletes at the institution. University athletic departments should also attempt to incorporate practitioner diversity at their institution when possible, including gender, race, and sexual orientation. Furthermore, mandatory coach trainings should be implemented with the intention of providing coaching staffs with the tools needed to recognize the signs and symptoms of mental health-related concerns, how to make a referral, and what to do in a crisis situation. Finally, athletic departments may also consider destigmatization strategies, including inviting athlete guest speakers to campus to talk directly to individual teams.

Limitations

The current study did not go without limitations. For one, the participant sample lacked diversity as a majority of the practitioners were White (n= 9) and male (n= 7). Another potential limitation to the study is recall bias. That is, practitioners were asked some questions that required them to reflect on their previous experiences working with male athletes, some of which

dated back for several years. Therefore, some participants may have had a hard time accurately reporting some of these experiences. Practitioners' responses may also be influenced by the biases that they possess based on their personal experiences. A final limitation to note is that although several of the strategies that have been proposed by practitioners are ones that they have already implemented at their universities, most of them have yet to be studied for effectiveness in increasing accessibility for the male collegiate athlete population specifically.

Future Directions

To date, minimal research has examined practitioner's experiences working with male athletes and what strategies can be implemented to increase their accessibility to support services. Despite some of the practitioners in this study having experience carrying out the strategies they proposed to help increase male athlete accessibility to support services, these strategies have yet to be examined through research. Thus, future research can aim to explore the effectiveness of each. Furthermore, as this study targeted practitioners working with male athletes, future research should aim to target the male athletes themselves to better understand what barriers they have experienced in attempting to seek out help as well as their perspectives on what strategies would best help them to more easily access support services.

Conclusion

The present study examined the experiences of NCAA Division I sport psychologists working with male athletes. Through this, practitioners reported on what concerns male athletes struggle with, what factors most significantly influence their willingness to engage in help-seeking, and what strategies can be undertaken to increase their accessibility to support services. Participants discussed a number of mental health- and sport-related concerns that male collegiate athletes face that which warrant the need for professional help. However, several barriers

continue to plague the male athlete population and prevent them from seeking out help. More specifically, practitioners mentioned stigma as being the most significant help-seeking influence in addition to coach and sport environment, cultural factors, lack of time and flexibility, and the source of referral. In order to combat existing help-seeking barriers and increase support service accessibility for male collegiate athletes, practitioners proposed several different strategies.

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APPENDIX A

REVIEW OF LITERATURE

Introduction

Tyler Hilinski seemingly had it all: a loving family, supportive teammates and coaches, and a promising future as the new starting quarterback at Washington State University. However, tragedy suddenly struck the sports world in January 2018 when Hilinski died by suicide only weeks after he started his first college game for the Cougars in the Holiday Bowl (Elman, 2020). Hilinski's suicide portrays a dark picture into the reality of the struggles that some male collegiate athletes silently face behind the glitz and glamour that is oftentimes associated with being a Division I athlete. In an article published by *Sports Illustrated*, Hilinski's family candidly shared how Tyler had never reached out for help (Bishop, 2018). Despite well-known athletes, including 28-time Olympic medalist Michael Phelps, becoming more open about the conversations surrounding mental health in the sport context (Matthews, 2018), several male athletes continue to face ongoing scrutiny and judgment from fans, the media, and in some cases, their own teammates and coaches when deciding to seek out mental health services (Merz et al., 2020). Furthermore, collegiate athletes are consistently exposed to a sport culture that promotes messages such as "no pain, no gain", "be mentally tough", and "never show your opponents any sign of weakness" (Coakley, 2004; Maniar et al., 2005). Consequently, these athletes may oftentimes feel pressured to hide their mental health-related struggles from the world and avoid seeking out any sort of professional support. Watson (2005) found that athletes at the college level are more reluctant than the general student body population to seek out professional psychological help despite both groups experiencing mental health concerns at similar rates. Furthermore, Gross et al. (2020) reports that the number of athletes who are experiencing mental health concerns while not receiving the help they need is enough to be considered a crisis among

the U.S. collegiate athlete population. Davoren and Hwang (2014) reviewed data from eight National College Health Assessment surveys. In total, 19,733 collegiate athletes completed the surveys and results revealed that 21% of the male athlete respondents reported experiencing depressive symptoms and 31% reported symptoms of anxiety within the past 12 months. Additionally, male athletes are less likely than female athletes to seek out help for mental health concerns (Barnard, 2016). In some cases, such as with Tyler Hilinski, athletes' mental health struggles may go unrecognized for prolonged periods of time which may result in suicidal ideations or attempts. According to Rao and Hong (2016), suicide is the fourth leading cause of death for collegiate athletes, with male athletes being at a higher risk (Rao & Hong, 2015).

While previous research has begun to analyze mental health service utilization and availability for collegiate athletes from the vantage points of administrators (Cannole et al., 2014), athletic departments (Kornspan & Duve, 2006; Voight & Callaghan, 2001), and university athletics and counseling center websites (Hayden et al., 2013), very few studies have explored these topics from a practitioners' perspective. More specifically, only one study to date has examined practitioners' viewpoints and experiences working with collegiate athletes and their access to mental health services (Schlimmer & Chin, 2019). As Way (2021) suggested, the benefits of examining such perspectives "could be an untapped source of information regarding the mental health needs of student-athletes and the extent to which these needs are currently being met" (p. 2). Thus, the current study expands on previous research by examining the perspectives of those who work most closely with male athletes, the practitioners. Through exploring the experiences of these practitioners, we are able to better understand what strategies can be undertaken to increase accessibility to support services for male collegiate athletes. Accordingly, the following research questions were posed: (1) what are the experiences of

licensed practitioners working with male Division I athletes suffering with mental health-related concerns, and (2) what steps can be taken to help male Division I athletes more easily access professional psychological help services?

Male Athletes and Mental Health

Clinical Concerns

Previous research has found that clinical concerns such as depression, anxiety, and eating disorders are among the most significant within the college population, including both athletes and non-athletes (Beals & Manore, 2002; Weigand et al., 2013; Wolanin et al., 2016). Therefore, the literature review will only examine these three clinical mental health concerns as it relates to male collegiate athletes although it is important to note that it is not an exhaustive list.

Depression

Collegiate athletes are at an increased risk for depression compared to the general population due to the various physical and psychological pressures and demands that are placed on them in both the academic and athletic settings (Mummery, 2005). Yang et al. (2007) used the Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977) and found that out of 257 Division I collegiate athlete participants, 21% of them reported symptoms of depression. In a more recent study, Wolanin et al. (2016) measured clinically elevated depressive symptoms in 465 Division I athletes (43.1% were male and 56.9% were female). The researchers also used the CES-D (Radloff, 1977) during the athletes' annual physical and discovered that 23.7%, or nearly a quarter, of athletes posed clinically relevant levels of depressive symptoms (Wolanin et al., 2016). Despite prior studies extensively examining the prevalence rates of depression in both male and female collegiate athletes combined, there remains a limited number of studies that have explored the frequency of depression in male collegiate athletes alone. In one such study,

Proctor and Boan-Lenzo (2010) compared prevalence rates of depressive symptoms between 66 male intercollegiate athletes and 51 male non-athletes from a Division I institution. The researchers used the Coping Inventory for Stressful Situations: Situation Specific Coping (CISS:SSC; Endler & Parker, 1999) and the CES-D (Radloff, 1977) and found that 29.4% of the non-athlete participants met the criteria for clinical depression compared to only 15.6% of the athletes (Proctor & Boan-Lenzo, 2010). Despite minimal research in existence that has explored clinically relevant symptoms of depression in male collegiate athletes specifically, it is evident that they are not immune from experiencing it.

Anxiety

In general, anxiety is composed of two different components, cognitive symptoms (e.g., worrying thoughts and fears) and somatic symptoms (e.g., physical sensations such as sweating, increased heart rate, nausea, and tightening of the chest; Ford et al., 2017). Anxiety may either be categorized as state anxiety (i.e., a consistent and stable part of one's personality) or trait anxiety (i.e., a temporary, situation-specific form of anxiety; Ford et al., 2017). The NCAA reported that nearly 85% of certified athletic trainers believe anxiety disorders are a prevalent concern among the collegiate athlete population (Goldman, 2014). Moreover, prevalence of generalized anxiety disorder (GAD) in athletes may range anywhere from six percent in clinical diagnoses (Schaal et al., 2011) to 14.6% in self-report measures (Du Preez et al., 2017). Previous research indicates that several different factors may contribute to the prevalence and severity of anxiety seen in athletes.

Anxiety levels experienced in athletes may be related to perfectionistic behaviors and tendencies. Perfectionism is a complex characteristic comprised of various facets and dimensions (Benson, 2003), both positive and negative. Frost et al. (1993) described one dimension as

positive striving perfectionism in which athletes set personal standards for one's performance and engage in perfectionistic striving and growth. As a result, athletes who identify with this dimension of perfectionism tend to have a positive affect, endurance, and test performance (Frost et al., 1993; Stoeber & Kersting; 2007; Stumpf & Parker, 2000). Contrastly, self-critical perfectionism is a separate dimension that exists in athletes who engage in critical self-evaluations of one's performance, experience discrepancies between expectations and outcomes, maintain concern over mistakes, and have fears that the only way to be accepted is through perfection (Dunkley et al., 2003). This dimension is found to be positively correlated with negative affect, low self-esteem, low self-efficacy, and competitive anxiety (Dunkley et al., 2003; Frost et al., 1993; Stumpf & Parker, 2000). Frost and Henderson (1991) examined reactions of perfectionism in 40 Division III athletes from various sports by having participants complete a series of questionnaires including the Multidimensional Perfectionism Scale (MPS; Frost et al., 1990), the Sport Competition Anxiety Test (SCAT; Martens, 1977), the Trait Sport-Confidence Inventory (TSCI; Vealey, 1986), the General Sports Orientation Questionnaire (Gill & Deeter, 1988), the Reaction to Mistakes During Competition Scale (RMDC), and the Thoughts Before Competition Scale. As a result, the researchers found a positive correlation between perfectionism and anxiety regarding athletic competition (Frost & Henderson, 1991). Koivula et al. (2002) found similar results in their study that investigated the relationship between self-esteem and perfectionism and the effects it has on competitive anxiety and self-confidence. The researchers recruited 178 elite athletes (69 females and 109 males) who were asked to complete shortened versions of the Basic and Earning Self-Esteem Scales (Forsman & Johnson, 1996), the MPS (Frost et al., 1990), and the Competitive State Anxiety Inventory-2 (CSAI-2; Martens et al.,

1990). Findings of the study indicated a positive association between perfectionism and anxiety which resulted in lower levels of self-confidence (Koivula et al., 2002).

Research has also found that an additional factor that may contribute to prevalence and severity of anxiety in athletes includes the experience of an injury. For example, Leddy et al. (1994) investigated psychological consequences of athletic injury in male collegiate athletes. The researchers recruited 343 NCAA male Division I athletes from 10 different sports. Each participant was classified as either being injured (injured at post-injury and at follow-up), recovered (injured at post-injury and fully recovered at follow-up), non-injured, or late injured (not injured at post-injury but injured at follow-up). Participants were asked to complete a series of questionnaires including the Beck Depression Inventory (BDI; Beck et al., 1961), the State-Trait Anxiety Inventory (STAI; Speilberger et al., 1970), and the Tennessee Self-Concept Scale (TSCS; Roid & Fitts, 1988). The researchers found that the injured athletes displayed greater levels of both depression and anxiety and lower self-esteem than the non-injured athletes (Leddy et al., 1994). In a more recent study, Junge and Feddermann-Demont (2016) recruited 471 soccer players to complete a general questionnaire form, the CES-D (Radloff, 1977), and the Generalized Anxiety Disorder (GAD-7; Spitzer et al., 2006) scale. The results indicated that significant differences in anxiety symptoms and prevalence were found in athletes who already had an injury compared to those who did not (Junge & Feddermann-Demont, 2016). Gulliver et al. (2015) found similar results in their study that investigated the mental health of elite athletes. 224 athletes were asked to complete several questionnaires to measure mental health symptoms including general psychological distress, depressive symptoms, anxiety symptoms, social anxiety symptoms, panic disorder symptoms, eating disorder symptoms, and prior help-seeking

behaviors. They found that injured athletes had higher levels of GAD symptoms than uninjured athletes (Gulliver et al., 2015).

Within the collegiate athlete population, patterns, duration, and severity of symptoms can help differentiate clinical anxiety disorders (e.g., GAD, social anxiety, panic disorder) from competition performance anxiety (Reardon, 2019). Due to certain levels of anxiety being commonplace to athletics and the competitive environment, it may be difficult for athletes to detect when they are suffering from clinical anxiety symptoms (Chang, 2020). For instance, pervasive worries and fears in addition to specific physiological symptoms that persist for a minimum of six months may meet the criteria for GAD while engaging in habitual patterns or routines prior to a big game may not necessarily indicate a clinical diagnosis of obsessive-compulsive disorder as many athletes tend to partake in these behaviors for their sport (American Psychiatric Association, 2013). Precompetitive performance-related anxiety (i.e., state anxiety) is not uncommon in athletes who are facing a significant amount of pressure and are expected to consistently perform at high levels (Reardon, 2019). However, clinical anxiety (i.e., trait anxiety) is more associated with debilitating symptoms that can negatively impact an athlete's performance and cause psychological distress to one's daily life, both in and out of sport (Halvari & Gjesme, 1995). In addition, previous research has indicated that other mental health concerns and illnesses, such as depression and eating disorders, commonly coexist with anxiety (Junge & Prinz, 2019; Kerr et al., 2014; Reardon, 2017).

Eating Disorders

Thompson and Sherman (2007) report that eating disorders often begin or worsen during transition periods, such as a collegiate athlete transitioning from high school to college. Although little is known about the specific personality and psychological factors that influence male

athletes' risk of developing eating disorders (Galli et al., 2014) previous research estimates that male athletes have lower prevalence rates of eating disorders than female athletes but higher prevalence rates than male non-athletes (Joy et al., 2016). Sundgot-Borgen and Torstveit (2004) examined the prevalence of eating disorders in athletes and non-athletes and found that 20% of female athletes and 8% of male athletes met the criteria for an eating disorder compared to 9% of female non-athletes and 0.5% of male non-athletes. Baron (2013) acknowledges that the lower prevalence rates of eating disorders in male athletes may partially be due to the fact that men are often overlooked as individuals who can suffer from one. Thus, resulting in increased feelings of shame in men who are experiencing an eating disorder and more of an effort to conceal their disordered behaviors and avoid seeking help.

As Baum (2006) suggested, there are various categories of sports that can further exacerbate eating disorder symptoms. One category includes sports where the athlete needs to make a particular weight to compete (e.g., wrestling, boxing, rowing; Baron, 2013; Baum, 2006). As many as 70% of elite athletes participating in weight class sports engage in disordered eating behaviors in order to reduce weight prior to competition (Torstveit & Sundgot-Borgen, 2005). Chatterton and Petrie (2013) examined 732 male collegiate athletes and found that those who participated in weight class sports are more likely to engage in disordered eating and weight control behaviors than athletes in endurance (e.g., track and cross country) or ball game sports (e.g., basketball and baseball). Athletes in these sports are not only encouraged, but expected, to partake in unhealthy and extreme eating behaviors and practices such as fasting, overexercising in oftentimes humid conditions with heavy clothing on, self-induced vomiting, and laxative consumption (Baron, 2013). Another category of sport which increases the risk of attracting individuals who already have unhealthy eating behaviors or premorbid risk factors for eating

disorders includes ones in which low body fat is considered advantageous for optimal performance (e.g., cross country, swimming, cycling; Baron, 2013; Baum, 2006). In these instances, athletes are more susceptible to the continuous cycle of restriction and over-exercise in order to alter and maintain lean muscle mass. As a result, the calorie burn from long distance running, swimming, or cycling can lead to further weight loss and the eventual development of pathologic eating habits (Baron, 2013). Riebl et al. (2007) compared subclinical disordered eating patterns between male cyclists (61) and non-cyclists (63) by using the Eating Attitudes Test-26 (EAT-26; Garner et al., 1982) and Survey of Eating Disorders Among Cyclists (SEDAC; Guthrie, 1991). Results of the study found that male cyclists scored significantly higher on the EAT-26, indicating that they are at an increased risk for eating disorders and nutritional deficits compared to men who do not participate in cycling. As suggested by the researchers, athletes who emphasize the importance of low body fat may be more likely to conform to the belief that becoming lighter will make them faster and more successful in their sport and thus be more compelled to participate in pathologic eating (Riebl et al., 2007). The final category of sport that may lead to the evolution of an eating disorder is found in sports in which aesthetics are considered to be a significant part of the judging process (e.g., gymnastics, figure skating, diving; Baron, 2013; Baum, 2006). Krentz and Warschburger (2011) examined 96 non-athletes and 96 elite athletes (61 females and 35 males) from aesthetic sports including ice figure skating, gymnastics, ballet, and diving. The participants completed the EAT-26 (Garner et al., 1982) and found that more elite athletes from aesthetic sports had a significantly higher prevalence of eating disorder symptoms than the non-athlete control group (Krentz & Warschburger, 2011). Thus, the literature makes it clear that collegiate athletes, including male athletes, are not

immune to clinical mental health concerns such as depression, anxiety, and eating disorders and may actually be more susceptible to experiencing some of these struggles than non-athletes.

Subclinical Concerns

Subclinical mental health-related concerns are those that include some symptoms of a clinical concern but do not meet the diagnostic criteria required to be a classified as such (Cuijpers, 2008) although subclinical concerns pose the risk of manifesting into clinical concerns if left unmanaged (Pietrzak, 2013). Examples of subclinical concerns in collegiate athletes include substance use and excessive stress stemming from academic pressures, athletic demands, and relationships with others.

Substance Use

Substance use, including both drug and alcohol consumption, is more prevalent within the collegiate athlete population as compared to non-athletes (Brisola-Santos et al., 2016; Ford, 2007; Yusko et al., 2008) despite the risk of negative consequences that athletes may face in their sport for engaging in these behaviors (e.g., being benched or kicked off of the team). However, research on collegiate athletes and substance use behaviors remains minimal (Yusko et al., 2008; Druckman et al., 2015). The only large-scale survey currently in existence on the prevalence of substance use behaviors of collegiate athletes is the NCAA Substance Use Survey, which is published every four years. In the most recent version, the NCAA (2018) investigated 23,028 collegiate athletes across all three divisions and found that nearly half of them (42%) self-reported engaging in binge drinking (44% in men and 39% in women), 24.7% reported marijuana use (26.3% in men and 22.3% in women), and 3.8% reported using cocaine (5.2% in men and 1.7% in women). Gender differences in the prevalence of substance use habits in collegiate athletes has emerged as an important consideration in research. Ntoumanis et al.

(2014) conducted a meta-analysis on personal and psychosocial predictors of doping use in physical activity settings, such as competitive sport. As a result of their findings the researchers concluded that males were more likely to engage in doping use compared to females (Ntoumanis et al., 2014). Furthermore, research indicates that men tend to be more likely to engage in substance use as a coping mechanism for mental health-related concerns (e.g., depression and anxiety). For instance, men oftentimes cope with mental illness through the use of self-medication in the form of drugs or alcohol (Montero, 2018). This may be because they have been socialized to hide their emotions, thus self-medication is a way for them to block those feelings out.

Previous research suggests that collegiate athletes engage in substance use behaviors for a multitude of reasons. Initial motivation to engage in substance use behaviors may include to boost self-confidence, to fit in socially, to produce pleasure, or to have fun, while long-term substance use may stem from stress relief, psychological dependence to the substance, negative emotions reduction, and tolerance or withdrawal (McDuff & Baron, 2005). In addition, Baron (2013) suggested that athletes often use substances to either objectively or subjectively try to enhance their athletic performance. For example, anabolic androgenic steroids (AAS) are considered synthetic derivatives of testosterone that induce protein synthesis in muscle cells and lead to the release of growth hormone which ultimately allows athletes to overtrain and achieve significant increases in both muscle size and strength (Elashoff et al., 1991). Despite the potential benefits in performance and physical capabilities that AAS provides for athletes, Hartgens and Kuipers (2004) reports some of the adverse psychological effects that can result from dependency and abuse, including increased aggression and hostility (Choi et al., 1990; Kouri et al., 1995; Moss et al., 1992), sleeplessness (Hartgens & Kuipers, 2004), and varying

mood changes such as depression (Brower et al., 1990), paranoia (Perry et al., 1990), hypomania (Pope & Katz, 1994), and psychotic features (Perry et al., 1990).

Moreover, alcohol consumption is another category of substance use commonly observed in the collegiate athlete population. Rates of alcohol consumption and binge drinking are more prevalent in athletes than non-athletes (Brenner & Swanik, 2007; Nelson & Wechsler, 2001). Motivation to engage in drinking behaviors stem from social reasons, as a coping mechanism, to feel good, or in an attempt to enhance performance (McDuff & Baron, 2005). However, research indicates that the latter may be misleading. For instance, O'Brien and Lyons (2000) found that alcohol consumption is linked to sports-related injury. The study's results found that athletes who were drinking at least weekly were maintaining injury rates that were twice those of athletes who did not drink at all (54.8% versus 23.5%; O'Brien & Lyons, 2000). Previous research indicates that athletes are more likely than non-athletes to experience negative consequences due to drug or alcohol use (Leichliter et al., 1994). Leichliter and colleagues (1994) recruited 58,453 college students (both athletes and non-athletes) from 125 U.S. universities. Each participant in the study was asked to complete the Core Alcohol and Drug Survey (Presley et al., 1994). The researchers found that substance use in athletes resulted in impaired academic work (29.2% compared to 18.6% of non-athletes), missed class (40.5% compared to 26.3% of non-athletes), and resulted in being hurt or injured (18.3% compared to 11.6% of non-athletes; Leichliter et al., 1998). Consequently, collegiate athletes may make the decision to engage in substance use for reasons that may warrant professional psychological help including dependency, performance enhancement, stress relief, and to cope with various mental illnesses that they may be silently suffering from (e.g., depression, anxiety, eating disorders).

Excessive Stress

Stress is a complex reaction that is defined as "a state of physical and psychological activation in response to external demands that exceed one's ability to cope and requires a person to adapt or change behavior" (Lopes Dos Santos et al., 2020, p. 2). Contrary to how stress is perceived in society, it is a characteristic that is not inherently unhealthy unless it becomes chronic or insufficiently managed (Kroshus, 2014). According to Gibbons (2015), stress is a response that is necessary for one to perform at their optimum level. Lazarus and Folkman's (1984) transactional approach model indicates that there are varying types of stress that can range on a continuum from positive to negative. Distress, or negative stress, is characterized by being either short- or long-term, generating anxiety, decreasing focus and performance, and contributing to both mental and physical problems. Eustress, or positive stress, is defined as being short-term, motivates an individual, improves performance, and produces positive mental energy (Statler & DuBois, 2016). The main factor that contributes to whether a stressor will result in either feelings of distress or eustress is dependent upon one's appraisal, or perception, of the situation and environment in which they are exposed to (Lazarus & Folkman, 1984; LeFevre et al., 2006). Humphrey et al. (2000) found that "relatively few" (p. 32) college coaches, athletes, and athletic directors perceived any aspect of stress as a positive thing as most of them viewed it as something that is undesirable (i.e., distress). When athletes were asked to describe in their own words what stress meant to them, they most commonly associated it with terms such as "pressure", "anxiety", "overwhelm", "frustration", and "conflict" (Humphrey et al., 2000, p. 32). While eustress may help increase an athlete's performance, an excessive amount of perceived stress, or distress, may not only lead to impaired performance but can also have significant consequences on an athlete's mental health and psychological well-being (Skirka, 2000).

Andersen and Williams (1988) developed a theoretical model of stress and athletic injury which proposes that athletes with a history of stressors (e.g., life events, daily hassles, previous injuries), personality characteristics that intensify the stress response (e.g., hardiness, locus of control, competitive trait anxiety, achievement motivation), and minimal coping resources will be at an increased likelihood to appraise a particular situation as stressful and thus present greater physiological activation and attentional disruptions. As a result, the model suggests that the severity of the athlete's stress response ultimately increases the risk of injury (Andersen & Williams, 1988). Therefore, mental health-related concerns, such as excessive stress and depressive symptoms that get left untreated or unmanaged may lead to an increased risk of injury.

Research has identified four consequences that excessive stress may have on athletes. The first consequence includes an impact on mental and emotional health. Common examples include outbursts of anger, excessive anxiety, irritation, and fear (Humphrey et al., 2000). Next, research shows that excessive stress can have an impact on athletes' physical health such as lack of sleep and digestive problems (Humphrey et al., 2000). For example, Monma et al. (2018) examined various sleep disorder risk factors among 906 collegiate athletes in which a majority (70.1%) of the participants were male. Each individual was asked to complete a series of questionnaires that included the Pittsburgh Sleep Quality Index (PSQI; Buysse et al., 1989), general lifestyle habits (e.g., bedtime, wake-up time, daily eating behaviors, alcohol consumption), and psychological distress utilizing a version of the K6 scale (Furukawa et al., 2008). As a result of the study, researchers concluded that psychological distress had a significant impact on sleep disorders and sleep behavior of athletes (Monma et al., 2018). A supplemental consequence to excessive stress for athletes is a negative impact on athletic

performance due to feeling over-anxious prior to and during competition (Humphrey et al., 2000). Noteboom et al. (2001) indicated that history and intensity of various stressors may prove to be an important antecedent of sport-based anxiety in practice or during competition. The final consequence of excessive stress comprises a negative impact on academic performance (Humphrey et al., 2000) which may, in turn, potentially have an impact on an athlete's eligibility to play in their sport. Previous research stipulates that collegiate athletes suffer from a number of unique stressors that the more general college student population does not experience and, if not appropriately managed, could become a source of significant mental health struggles (Fogaca, 2019).

Academic Pressures. Hwang and Choi (2016) utilized preexisting representative data and a data mining methodology of 19,967 NCAA athletes from 609 Division I, II, and III universities and found that academics was one of three top stressors commonly experienced by athletes. Demanding athletic schedules including practices, competitions, and team travel prevents collegiate athletes from being able to fully engage in their academic efforts and reduces their chances of getting the opportunity to participate in various professional educational experiences while in college (Comeaux et al., 2011; Gayles & Hu, 2009). For example, athletes may miss out on experiences such as internships, research opportunities, and study abroad programs that cultivate intellectual and academic growth, increase collaboration with faculty members, and provide exposure to diverse groups of people and environments (Kuh, 2008). As a result, research suggests that collegiate athletes remain at a greater disadvantage than their non-athlete peers in regards to academic growth and achievement (Comeaux & Harrison, 2011; Eitzen, 2009). Adler and Adler (1985) studied 38 collegiate athletes' academic involvement from a major college basketball program over the course of four years. The researchers found that

despite the participants entering college with optimistic academic goals, the athletes gradually detached themselves from their studies, leading them to eventually abandon their initial academic aspirations and settle with inferior academic performance. Thus, the athletes experienced feelings of disappointment and despair due to their inability to reach the academic-related expectations they had initially set for themselves when they first began their college careers (Adler & Adler, 1985). Furthermore, Humphrey et al. (2000) found that a majority of both male (95%) and female (86%) athletes experience feeling overwhelmed by academic stressors such as tests and examinations, writing papers for classes, being absent from class due to athletic events, and having to make up missed schoolwork. Tests and examinations in particular appeared to be the greatest academic-related stressor for collegiate athletes. It is suggested that this may be due to athletes feeling unprepared as a result of expending a majority of their time and energy outside of class in practices or traveling to competitions for their sport (Humphrey et al., 2000). In addition, collegiate athletes may feel the pressure of fulfilling their academic responsibilities to achieve and maintain their NCAA eligibility in order to be able to compete in their sport, receive scholarship aid, and ultimately graduate from their institution (Carodine et al., 2001).

Moreover, collegiate athletes are required to make the crucial decision of what they want to major in while simultaneously considering whether or not they will be able to fulfill the obligations of the desired field of study while being a full-time athlete. Research has found that collegiate athletes experience more stress than non-athletes when they are faced with making important decisions regarding their education, such as deciding which classes to take or what to study (Wilson & Pritchard, 2005). The 2016 National Collegiate Athletic Association (NCAA) Growth, Opportunities, Aspirations, and Learning of Students in College (GOALS) study found

that more than one-third of collegiate athletes reported that their participation in sports has prevented them from taking preferred classes. Namely, collegiate athletes are more likely to find themselves in classes or majors that are undesirable (Comeaux, 2010; Eitzen, 2009). Hatteberg (2020) conducted a qualitative study on the perceived impacts of stress exposure on academic development of collegiate athletes in which 56 athletes from a Division I university were interviewed. One athlete reported:

> ...it's very difficult when you get into [a certain phase of the major]... there are only like four classes that you have to take together and they're only offered at certain times, so if you have prior requirements, like, I would have to go to practice and stuff, it might interfere with my practice time and there's nothing I can do about it in terms of schooling. (Hatteberg, 2020, p. 18)

As reflected by the experiences of this particular individual, athletes may feel like they are required to make the unfair decision between putting their sport or their academics first, which may ultimately pose as a significant stressor.

Athletic Demands. NCAA Division I athletes are noted as the "best of the best" in their respective sports that are described as a "high-stakes environment where excellence is the expectation" (Whitehead & Senecal, 2020, p. 151). Although participating in college sports has shown to have a positive impact on athletes' well-being such as boosting self-esteem and confidence, social support, and connectedness (Armstrong et al., 2015), sport participation itself has also proven to be a significant stressor for student-athletes (Kimball & Freysinger, 2003). For example, Kimball and Freysinger (2003) conducted an interpretative study on leisure, stress, and coping as a collegiate athlete in which 14 participants (seven male and seven female) from a Division I university were interviewed. One male athlete reported the following:

> ...I have so much stress at times… I feel like my world is just falling in front of me and there's nothing I can do to stop it… It just feels like there's so much to do so little time to do it that I'm going to cry, that's how I feel about it… I feel like a lot of time I'm out of control and you just kinda barely get through every day. (Kimball & Fresinger, 2003, p. 127)

As indicated by this quote, athletes may feel as though there is not enough time to balance both athletics and academics and do their best in both domains (Humphrey et al., 2000), thus causing ample amounts of stress and pressure in their lives. The NCAA GOALS (2016) study found that an average Division I athlete is spending 34 hours per week on their sport in-season in addition to 38.5 hours per week on academics, which is higher than both Division II and III athletes. To put it in perspective, this is equivalent to maintaining nearly two full-time jobs simultaneously.

Moreover, pressures specifically related to athletic performance that collegiate athletes face may cause additional psychological distress. For instance, athletes who perceive athletic-related demands as something that exceeds their capacity to deal with can result in having a negative impact on their mental and physical health as well as their overall athletic performance (Ivarsson et al., 2017; Li et al., 2017). Humphrey et al. (2000) reported more than half of both male and female athletes considered sport-related demands to be stress-inducing with the greatest stressor reported by athletes being the pressure they feel to win and perform well in their sport. Similarly, Gulliver et al. (2012) examined both barriers and facilitators to mental health help-seeking for elite athletes. As a result, one of the most prevalent themes reported by athletes regarding mental health struggles in relation to sport participation included that of performance. One participant shared, "I think after, if maybe after a competition you don't perform very good, you can get depressed and stuff" (Gulliver et al., 2012, p. 4). As evidenced by this quote, some

athletes may weigh their self-worth and value directly on the outcomes of their performance and, if they do not perform well in their respective sport, it is possible that their mental health and psychological well-being becomes affected.

Relationships with Others. Coaches, teammates, and athletic staff give athletes the opportunity to develop deep and meaningful relationships with each other, oftentimes creating and cultivating a family-like environment and support system for the athletes throughout their time in college (Adams et al., 2015). In addition, parents and family may also provide additional support outside of sport for some athletes (Prewitt-White et al., 2016). Despite these opportunities for developing and maintaining meaningful connections, however, research indicates that collegiate athletes are oftentimes limited in their social interactions with individuals outside of their athletic sphere including other students and classmates, faculty, and friends (Watson & Kissinger, 2007). Due to the increased demands that Division I athletes face both athletically and academically, research suggests that free time devoted to spending with friends, family, and significant others is often scarce (Paule & Gilson, 2010). A study that examined experiences of NCAA athletes from Division I Power Five conferences (Big 12, Big Ten, and Southeastern Conference) found that one of the biggest challenges athletes face includes missing out on events and opportunities in college. As one athlete in the study shared, "I've missed out on a lot of the normal college routine with not being able to do stuff with my friends" (Paule & Gilson, 2010, p. 341). Humphrey et al. (2000) found that 12% of male athletes and 7% of female athletes in their study were stressed out by their relationships with others including teachers, coaches, and teammates. Wilson and Pritchard (2005) found a similar result in their study that compared sources of stress in collegiate athletes to non-athletes. The researchers recruited collegiate athletes (52) and non-athletes (310) from a Division I university

and used a modified version of The Survey of Recent Life Experiences (Kohn et al., 1990) to identify various stressors that are most prevalent in Division I athletes. Results of the study indicated that more athletes reported being stressed out by relationships than non-athletes (Wilson & Pritchard, 2005). A more recent study examined the experiences of 409 NCAA Division I athletes across nine different universities from the Pacific 12 Conference and found that when participants were asked what they would change about their athletic experience, many of them expressed a desire to be able to make new friends outside of their sports teams (Pacific 12 Conference, 2015). Consequently, the lack of social opportunities may leave some athletes feeling left out or as though they are being deprived of the full college experience

Professional Psychological Help

An increase in support services has become readily available for NCAA Division I student-athletes in recent years (Moore, 2016). University leaders and athletic departments are dedicating more time and support than ever before to addressing mental health-related concerns of student-athletes (Galli et al., 2014; Neal et al., 2013; Rao et al., 2015; Wolanin et al., 2016). In January 2019, the NCAA passed legislation that requires all schools to make mental health services and resources available for student-athletes through universities' athletics department, health services, or counseling department (Hosick, 2019). Between the work of the coaching staff, athletic trainers, academic advisors and tutors, a sports medicine team, sport psychology consultants, clinical psychologists, and more, it is not uncommon for both student-athletes and the layperson to confuse the roles of each. In Gulliver et al.'s (2012) interview with elite athletes, one participant described what this perplexity was like from an athlete's perspective, "The psychologists here are sport psychologists, sometimes things that happen away from sport you're not sure whether you can go and see them about that, or is that an issue for a counselor" (p. 7).

As illustrated by this particular athlete's thoughts and experiences, this type of uncertainty may lead to a struggling athlete becoming hesitant in seeking out help because they are not entirely sure where to turn to and, as a result, leading them to potentially make the decision to not seek out help at all.

Research has found several benefits of athletes who utilize mental health services and various psychological interventions to not only help enhance their athletic performance but to improve their mental health and overall well-being as well. For instance, Turner et al. (2018) used an idiographic single-case study approach to examine three male golfers and the effects of rational emotive behavior therapy (REBT) and found that it reduced the athletes' performance and social anxiety (Turner et al., 2018). Dubuc-Charbonneau and Durand-Bush (2015) examined the effects of a self-regulation intervention that targeted areas of stress, burnout, and well-being of eight university student-athletes. As a result of the interventions, the findings revealed that both levels of stress and burnout significantly decreased while levels of well-being and self-regulation significantly increased (Dubuc-Charbonneau & Durand-Bush, 2015). However, despite the benefits that professional psychological help has proven to contribute to athletes' performance, mental health, and overall well-being, there continues to be a high number of college student-athletes who maintain a reluctance to reach out for professional help when they need it.

Bird et al. (2018) recruited 101 collegiate athletes and 101 non-athletes for their study in which they sought to investigate the differences in attitudes toward various types of counseling, support, and available services. The researchers found that athletes preferred to seek help for a personal problem from a parent (77.2%), friend (76.2%), or an intimate partner (70.3%) over anyone else. Additionally, the results indicated that athletes would prefer to seek help from a

sport psychologist (33.7%) over a mental health professional (18.8%; Bird et al., 2018). Thus, collegiate athletes tend to prefer to seek help from non-professionals (i.e., family members or loved ones) and if they were to seek help from a professional, they prefer it to be a sport-related professional, such as an athletic trainer or a sport psychologist, over a mental health professional. In addition, López and Levy (2013) found that collegiate athletes strongly prefer counselors who have knowledge, familiarity, and experience with sports participation, particularly in a college sports setting specifically. "The fear of not being understood seems to reflect their desire to not have to explain their complex day-to-day existences or the intricacies of their sport, but to be free to focus on the issue troubling them" (López and Levy, 2013, p. 27). As evident by this quote, athletes who are talking to professionals that are competent and familiar with what it means to be a collegiate athlete are more likely to have the opportunity to focus on their personal struggles rather than having to use the time and energy given to them to explain to the practitioner what their life is like as a collegiate athlete. This finding is similar to Watson (2005) who found collegiate athletes have greater expectations for counseling services if their counselor is knowledgeable and competent. This may be because collegiate athletes are considered a unique and gifted subpopulation in which they oftentimes do not feel easily understood by those around them. Therefore, the feeling of being acknowledged and listened to by somebody else may be invaluable to them.

Schlimmer and Chin (2019) conducted a study to examine the various clinical challenges of mental health professionals who work directly with NCAA Division I athletes. The researchers administered semi-structured interviews with six mental health professionals working in the field. One professional noted that there tends to be some blurred lines amongst the general public between the roles of sport psychology consultants and clinical psychologists

and counselors (Schlimmer & Chin, 2019). In the interview, the participants highlighted the idea that sport psychology consultants are not licensed psychologists and therefore they are not competent in treating mental illnesses. The NCAA further describes the differences, “Some athletics departments may employ individuals who are not licensed mental health providers, but rather are trained in performance enhancement. These individuals bring expertise in performance issues… however, they are not qualified to diagnose and manage mental health disorders” (NCAA, 2020, p. 1). Although sport psychology consultants are not considered to be licensed psychologists,, not all licensed psychologists may be competent to work with collegiate athletes, indicating that they may not have the knowledge to fully grasp the struggles that an athlete is experiencing. The professionals in Schlimmer and Chin’s (2019) qualitative study suggested that those who are treating student-athletes for mental health-related concerns have a combination of the two aforementioned qualities, licensure as a psychologist with a competency in sport psychology.

Barriers Toward Professional Psychological Help-Seeking

Stigma

“We don’t feel shame over having to go to physical therapy for a stress fracture - why should we feel any different about allowing time and treatment to heal anxiety and depression?” (Brown, 2014, p. 8). This is a question posed by former Stanford University cross country and track athlete, Molly McNamara, who struggled from depression and disordered eating during her time as a collegiate athlete. McNamara created and directs a program called Cardinal Resilience, Health, and Emotional Development (RHED) that works with the Stanford athletic department to help promote and initiate programs and resources for athletes at the school. It has been an ongoing curiosity as to why physical illness and disabilities such as the flu, a broken bone, or

cancer are treated and viewed much differently in our society than a mental illness such as depression, anxiety, or an eating disorder.

Abdullah and Brown (2011) define stigma of mental illness as "the devaluing, disgracing, and disfavoring by the general public of individuals with mental illnesses" (p. 947). Stigma has been categorized into two types, public stigma and self-stigma. Public stigma is defined by the attitudes and behaviors that the general public has toward a particular group of people (Corrigan & Watson, 2002). In the case of individuals suffering from mental illness, society tends to view these groups of individuals in a more negative manner than those who suffer from various physical illnesses. More specifically, Weiner et al. (1988) discovered that physically-based stigmas were publicly perceived as something the sufferer had no control over while simultaneously eliciting feelings of pity, little-to-no anger, and a need to help. Meanwhile, mental-behavioral stigmas were perceived as something that the sufferer does have control over and they elicited feelings of little pity, a significant amount of anger, and neglect in those around them (Weiner et al., 1988). Mental illness is oftentimes viewed as something that one can control and instead of evoking feelings of empathy from those around them, those who are suffering are more likely to be left alone and isolated, resulting in less support and more judgment than those who are struggling with a physical illness or disability. On the other hand, self-stigma includes the internalized beliefs regarding oneself (Corrigan & Watson, 2002) and is oftentimes influenced by public stigma (Wahto et al., 2016). Corrigan and Wassel (2008) explain that self-stigma can lead to decreases in self-esteem, self-efficacy, and self-confidence and lead to what is termed as the "why try effect" (p. 44) in which individuals may say things to themselves like, "Why do I try so hard to get this job? It's not like I'll get it because of my mental illness anyways!". An overwhelming amount of self-stigma can lead to individuals second-guessing the

choices they make in their life thus drastically altering the ways in which they live and how they perceive the world.

Nobiling and Maykrantz (2017) used the Health Belief Model (HBM) (Champion & Skinner, 2008) to explore college students' perceptions about mental illness, utilization of mental health services, and self-medication among college students who may or may not have a history with mental illness. Researchers used two versions of the HBM (HBM-hypothetical and HBM-practical) to discover that college students identify stigma as being one of the top barriers to seeking out help. Based on whether a participant had ever been previously diagnosed with a mental illness would determine which HBM questionnaire they would complete (i.e., those who reported never being diagnosed with a mental illness were assigned to complete the HBM-H and those who reported previously being diagnosed with a mental illness completed the HBM-P). As a result, about 80% (from both sections of the HBM) of the 753 participants recognized stigma as a potential barrier for accessing mental health services (Nobiling & Maykrantz, 2017). When examining college student-athletes and stigma specifically, Wahto et al. (2016) recruited 43 college student-athletes from a large university to find out the role that stigma plays on athletes' attitudes toward psychological help-seeking. As a result, the researchers found that both self-stigma and public stigma were identified as "a significant and very large (66%) proportion of the variance in attitudes toward seeking professional psychological help above and beyond gender and treatment history" (Wahto et al., 2016, p. 93). Thus, stigma appears to have a direct effect on how athletes respond to and view their own personal struggles. When comparing collegiate athletes and non-athletes' perceptions of public stigma, self-stigma, and attitudes toward seeking professional help, Hilliard et al. (2019) found that there were no significant differences in perceived stigma between the two groups. Despite this finding, athletes consistently perceive

high levels of both public and self-stigma which has proven to influence their help-seeking behaviors. Gulliver et al. (2012) reported that athletes identified stigma and embarrassment of reaching out for help to consist of more than 40% of all barriers to seeking out professional help for mental illness. As Brown (2014) explains, “In many ways, this stigma further exacerbates the problem of student-athlete mental health as it inhibits effective dialogue, education and development of resources to address these issues” (p. 17). As illustrated by this quote, stigma plays a consequential role in explaining why conversations regarding mental health are limited, particularly in the sports world, and why many collegiate athletes may not know where to turn to in times of need.

Male athletes in particular represent a smaller subgroup of athletes that maintain a more negative view regarding professional psychological help-seeking (Watson, 2005; Watson, 2006). Barnard (2016) conducted a study with 77 collegiate athletes (32 male and 45 female) from a Division I public university, a Division I private university, and a Division III private college. Participants from each university were asked to complete a series of questionnaires including the Devaluation-Discrimination Scale, the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS; Fischer & Turner, 1970), and the Athletic Identity Measurement Scale (AIMS; Brewer & Cornelius, 2001). Results found that gender predicted help-seeking behavior in which female athletes were more likely to seek help than male athletes (Barnard, 2016). As suggested by Martin et al. (1997), this may be due to the ongoing stigmatization that surrounds male athletes and professional psychological help-seeking. In their study, NCAA Division I athletes completed the Attitudes Toward Seeking Sport Psychology Consultation Questionnaire (ATSSPCQ; Fischer & Turner, 1970; Francis, 1992; Gould et al., 1987; Gould et al., 1991; Tinsley, 1982; Wrisberg & Martin, 1994) and the researchers found that male athletes were more

likely to predict that they would experience stigmatization for seeking help than female athletes (Martin et al., 1997). Consequently, stigma is a significant barrier to help-seeking for mental health concerns in male athletes.

Lack of Time

In addition to stigma, the literature has further examined and identified other common barriers that prevent collegiate athletes from seeking out professional help for mental health concerns. López and Levy (2013) recruited 165 NCAA Division I athletes from 20 sports to participate in their study in which they were asked to complete a modified version of the Barriers to Help-Seeking Checklist and a Psychotherapy Preferences Questionnaire (Givens & Tija, 2002) to identify any potential barriers for seeking out professional help while imagining themselves in a situation where they were in need of help for a personal issue and were considering reaching out to their school's counseling center. The most significantly reported barrier to help-seeking for collegiate athletes was a lack of time to seek services (López & Levy, 2013). These findings are similar to Watson's (2006) in which 105 student-athletes and 125 non-athletes answered an open-ended, qualitative question that asked them to name reasons for not seeking counseling or support services for personal problems or issues. A lack of time was the fourth most common response for athletes (12.4%) as a reason for why they did not seek out professional help. Between practices, competitions, traveling, and academic class schedules, the typical collegiate athlete has few available times and little flexibility to access college or university counseling services, especially if services are only offered throughout the day and during regular business hours (López & Levy, 2013; Watson, 2006). Although most sports have a designated "season" (e.g. football takes place in the fall), competition, training, and practices for several athletes can last nearly year-round when taking into account both in-season and off-season training (Forester

et al., 2020). For instance, athletes such as college basketball players may begin their season in early fall and extend through spring, with off-season conditioning and practices continuing regularly throughout the end of the spring and into the summer. Thus, athletes may find it challenging to find the time to seek out professional services at any point in the year.

Mental Health Literacy

Jorm et al. (1997) defines mental health literacy as the "knowledge of beliefs about mental disorders which aid their recognition, management, or prevention" (p. 184). Rafal et al. (2018) measured mental health literacy in 1,242 college men aged 18 and older from a large southeastern university. Mental health literacy in participants was measured using a modified version of a Mental Health Literacy measure (Jung et al., 2016) that included knowledge of signs and symptoms of mental health concerns, mental health beliefs, and knowledge of available mental health resources. Researchers discovered that, in general, male university students showed low mental health literacy, limited knowledge about mental health, weak mental health beliefs, poor mental health attitudes, and low intention to seek out professional help (Rafal et al., 2018). Gulliver et al. (2012) found that although athletes may have a general idea regarding signs and symptoms of different mental illnesses, they still have difficulty differentiating something being "just a feeling" or it being an indication of a mental illness (Gulliver et al., 2012). As one athlete reported:

> Being an athlete isn't easy… you're almost totally fatigued every day… you can blame your depression and anxiety and that on fatigue, when it might not be the fatigue that's creating the depression or the anxiety. But you could put a cover on it like that, saying it's from training. (Gulliver et al., 2012, p. 7)

Additionally, the participants in the study cited not knowing what services were available and how to access them as well as not understanding what may happen in a consultation as a major barrier (Gulliver et al., 2012). Despite the fact that there has been a gradual increase in awareness and education of mental illness in recent years, a lack of mental health literacy continues to be a significant barrier for athletes in deciding whether or not they seek out professional help.

The Sport Ethic

An additional barrier to professional psychological help-seeking for collegiate athletes is what Hughes and Coakley (1991) term "the sport ethic" that most athletes have been socialized to conform to. The sport ethic describes the ideal of what it means to be a "real athlete". Some of these characteristics include making sacrifices for "The Game" and accepting risks and playing through pain (Hughes & Coakley, 1991). Conforming to the sport ethic itself may result in a lesser number of athletes wanting to seek out professional help due to a fear of violating the expectations of what it means to be a "real athlete". Malcolm (2006) investigated the social norms of being an athlete and playing through pain and discovered that novice softball players conformed to the ideas of "shaking it off" and "toughing it out" after being exposed to various messages and actions commonly experienced by athletes in a sport environment. For example, the softball players' complaints about pain were intentionally ignored by coaches, some jokes were made about their pain or it was not taken seriously by teammates and coaches, and they were told messages such as "no pain, no gain". Results of this study showed the athletes conformed to the norms of the sport ethic over time and even more so in the athletes that expressed a stronger commitment to the softball-player identity (Malcolm, 2006). Consequently, the athletes eventually became less likely to ask for help. Similar to the idea of the sport ethic, Brown (2014) describes a heavily influential "sports culture" that many athletes associate with

which includes expectations of strength, stability, and mental toughness. As a result, athletes may be more likely to avoid disclosing their internal struggles to those around them in fear of negative consequences, such as being rejected by coaches or teammates.

Accessibility to Mental Health Services

Sudano and Miles (2017) conducted a study that surveyed 127 head athletic trainers at various NCAA Division I universities in which they were asked a series of questions regarding the availability of mental health services for athletes at their schools. The researchers found that 72% of the participants reported counseling services of athletes took place in counseling center settings while more than half (57.3%) reported that they believed these services would be more beneficial if they were provided to athletes onsite (e.g., in a training room). Additionally, fewer than half (43%) of the 127 institutions' head athletic trainers indicated that their universities use screening instruments to assess for mental health-related concerns in their athletes (Sudano & Miles, 2017). Contrary to this finding, however, Way et al. (2020) conducted a study with 230 NCAA Division I athletes (80.4% were female and 19.6% were male) that found more than two-thirds of the sample (69.1%) reported that they were asked about their mental health in some way during their pre-participation screening process. Although these results indicate that mental health screening in athletes may be increasing, there still remains a number of institutions that have yet to implement these procedures and processes into the pre-participation screening of their athletes. Furthermore, LeViness et al. (2018) found that only 29 out of 571 counseling center administrators representing different university institutions across the country indicated they had counselors embedded within their athletic departments. Therefore, location of these services and ease of accessibility may be important in determining whether or not an athlete decides to seek out help. For example, Cox et al. (2017) recruited 950 Division I athletes (34.4%

were male and 65.5% were female) and determined that more than a quarter (25.7%) of them did not know where or how to access mental health services at their university. Additionally, the researchers found that 44.5% of the athlete participants reported not receiving any mental health education from their athletic department (Cox et al., 2017), resulting in another help-seeking barrier for athletes.

Hegemonic Masculinity

"How can men, as a group, be so audible, so visible, and in such positions of power in society and yet, as individuals, feel so disempowered and experience vulnerability and inner pain that remain silent and invisible?" (Addis, 2011, p. 11). As illustrated by this quote, there is a certain irony behind how men have been socialized to act and behave. They have historically been recognized as the dominant, protective, assertive, and outspoken figures in our society until it comes to asking for help in which they are then taught to be quiet, push it to the side, and forget about it. Consequently, many men do not reach out for professional help for their mental health struggles.

Yousaf et al. (2015) found that men's masculinity ideals are a critical barrier for male athletes in seeking out professional psychological help. These traditional masculine ideals are defined by stoicism, competitiveness, dominance, and aggression (Pappas, 2019), characteristics that inhibit help-seeking behavior. Yousaf et al. (2015) utilized a revised version of the Male Role Norms Inventory to discover that "men's ideal level of hegemonic masculinity is significantly higher than women's ideal level of hegemonic masculinity in men" (p. 236). As the results of the study indicated, men scored lower on the Inventory of Attitudes toward Seeking Mental Health Services (IASMHS), meaning that they maintain more negative attitudes toward help-seeking than women. There is a strong association between masculinity ideals and help-

seeking behavior that suggests men's ideals and beliefs on how they think men should act and behave play a significant role in how they feel about seeking out professional help. Similar to their findings, Berger et al. (2013) discovered that men who adhere more to masculine norms tend to have more negative reactions toward any type of professional help-seeking, including taking medication and using psychotherapy. The researchers examined 85 male participants ranging from 19 to 77 years old and were asked to complete a series of questionnaires to measure their reactions to different mental health labels, their preferences for help-seeking, and whether or not they would react differently to different sources of help-seeking advice. As the researchers put it, male participants appeared to be "largely ambivalent" (p. 441) toward help-seeking in general with more negative attitudes toward taking medication than therapy. However, opinions on attending therapy ranged from "weak" to "ambivalent" at best (Berger et al., 2013). Thus, men do not feel very positive about even their preferred method of help-seeking which may explain why they struggle with reaching out for professional help.

DeLenardo and Terrion (2014) conducted a qualitative study on opinions and attitudes about mental illness-related stigma and help-seeking behaviors in male student-athletes. The researchers recruited eight male football players from a large university. One of the recurring themes that emerged in the interviews with the participants was that of masculinity and toughness. For example, one athlete mentioned how traditional masculine ideals and the "suck it up" mentality of what is known as the "pain principle" are introduced to young boys early on in their childhoods (DeLenardo & Terrion, 2014). Sabo (1988) defines the pain principle as one where boys are taught and socialized to believe that, in order to be a "real man", they must not allow pain to slow them down. In addition to the influence of the pain principle on male athletes, DeLenardo and Terrion (2014) noted that many of the participants reported attempting to mask

up anything that may be perceived as a "weakness" to those around them. More specifically, one athlete suggested taking a lot of painkillers just to be able to play while another one reported intentionally hiding concussion-like symptoms from athletic trainers (DeLenardo & Terrion, 2014). These types of behaviors may be translated from physical injuries to mental health concerns as well. For instance, instead of an athlete receiving professional help for mental illness, they may prefer to play through it or find a similar type of coping strategy (e.g., substance use) to mask their struggles out of a fear of being perceived as "weak" by others. Finally, DeLenardo and Terrion (2014) discovered that even if the participants wanted to seek out professional help for their mental health concerns, they felt they would not be supported. As one participant put it; "all that is important for coaches or people at this school is if we perform: perform on the football field and perform at school" (DeLenardo & Terrion, 2014, p. 52).

Purpose

While previous research has begun to analyze mental health service utilization and availability for collegiate athletes from the vantage points of administrators (Cannole et al., 2014), athletic departments (Kornspan & Duve, 2006; Voight & Callaghan, 2001), and university athletics and counseling center websites (Hayden et al., 2013), very few studies have explored these topics from a practitioners' perspective. More specifically, only one study to date has explored practitioners' viewpoints and experiences working with collegiate athletes and their access to mental health services (Schlimmer & Chin, 2019). As Way (2021) suggests, the benefits of examining such perspectives "could be an untapped source of information regarding the mental health needs of student-athletes and the extent to which these needs are currently being met" (p. 2). Thus, the current study expands on previous research by examining the perspectives of those who work most closely with male athletes, the practitioners. Through

exploring the experiences of these practitioners, we are able to better understand what strategies can be undertaken to increase accessibility to support services for male collegiate athletes. Accordingly, the following research questions were posed, (1) what are the experiences of licensed practitioners working with male Division I athletes suffering with mental health-related concerns, and (2) what steps can be taken to help male Division I athletes more easily access professional psychological help services?

APPENDIX B

EMAIL SCRIPT

Dear [insert name],

My name is Nicole Vana and I am a second year graduate student at Georgia Southern University pursuing my Master's degree in Sport and Exercise Psychology. I am currently in the process of recruiting participants for my thesis research which is focused on overcoming help-seeking barriers for male Division I student-athletes with mental health-related concerns. In order to be eligible to participate in this study, you must meet each of the following criteria:

- You maintain a current licensure in counseling or psychology in their state of employment
- You hold an active Certified Mental Performance Consultant (CMPC) status
- You have a minimum of one year direct experience working with NCAA division I male student-athletes

If you meet the criteria above and are interested in completing a 30-60 minute Zoom interview or have any questions regarding the study, you can contact me at 402-708-1680 (cell) or nv01434@georgiasouthern.edu or my research advisor, Dr. Megan Byrd, at 912.478.2274 or mmbyrd@georgiasouthern.edu.

Thank you for your time,
Nicole

APPENDIX C

LISTSERV SCRIPT

Hello all,

My name is Nicole Vana and I am a second year graduate student at Georgia Southern University pursuing my Master's degree in Sport and Exercise Psychology. I am currently in the process of recruiting participants for my thesis research which is focused on overcoming help-seeking barriers for male Division I student-athletes with mental health-related concerns. In order to be eligible to participate in this study, you must meet each of the following criteria:

- Must maintain a licensure in counseling or psychology
- Must currently be CMPC certified
- Must have a minimum of one year direct experience working with NCAA division I male student-athletes

If you meet the criteria above and are interested in completing a 30-60 minute Zoom interview or have any questions regarding the study, you can contact me at 402-708-1680 (cell) or nv01434@georgiasouthern.edu my research advisor, Dr. Megan Byrd, at 912.478.2274 or mmbyrd@georgiasouthern.edu.

Thank you for your time,
Nicole

APPENDIX D

INFORMED CONSENT

Informed Consent
for
Examining Practitioners' Perspectives on Access to Professional Psychological Help for Division I Male Athletes

1. This research is being conducted by Nicole Vana, a Master's student in the sport and exercise psychology program at Georgia Southern University, under the supervision of Dr. Megan Byrd, a faculty member at Georgia Southern University. This research is being conducted to fulfill thesis requirements towards obtaining a Master's degree.

2. Purpose of the study: The purpose of this research is to explore practitioners' experiences working with Division I male student-athletes experiencing mental health-related concerns to obtain a better understanding of how current help-seeking barriers can be overcome.

3. Procedures to be followed: Participation in this research will include voluntary completion of a single 30-45 minute interview via Zoom. After the researcher completes analysis, you will be sent the interview transcript and review the researcher's interpretations of your responses. This process is called member checking and is a method used to enhance the trustworthiness of the data.

4. Discomforts and risks: There is minimal discomfort and risk involved with the participation in this study. There is a small risk of loss of confidentiality as the interview will be conducted through Zoom. The researcher is careful to ensure that the information you voluntarily provide is as secure as possible; however, you must be aware that transmissions over the Internet cannot be guaranteed to be completely secure. Your confidentiality will be maintained to the degree permitted by the technology being used. You will be subject to the privacy policy of Zoom. To prevent a breach of confidentiality, the researcher will use the passcode and waiting room features on Zoom. You will be required to enter a passcode before joining the meeting, preventing uninvited individuals from joining the meeting. The waiting room feature requires the host of the meeting, the researcher, to admit you into the meeting, ensuring you and the researcher will be the only people in the meeting. Another potential small risk is the discomfort of sharing your experiences working with male athletes who have experienced a range of mental health concerns.

5. Benefits:
    a. The benefits to you as a participant include the opportunity to share your personal experiences working with Division I male athletes.
    b. The benefits to society include a better understanding of how current barriers can be overcome for male athletes who are suffering from mental health struggles.

6. Duration/time required from the participant: The interview is designed to last approximately 30-60 minutes. The member checking process may vary but will take approximately 20-30 minutes.

7. Statement of confidentiality: Only the researcher and her committee will have access to your information. Your information will be secured in a password protected file on a password protected computer. Interview materials will be deidentified and when the results are published or discussed in conferences, no information will be included that would reveal your identity. After three years, all data will be deleted.

8. Future use of data: Deidentified or coded data from this study will be destroyed after a three-year period. You will not be identified by name in the data set or any reports using information obtained from this study, and your confidentiality as a participant in this study will remain secure. Subsequent use of records and data within the three-year period will be subject to standard data use policies which protect the anonymity of individuals and institutions.

9. Right to ask questions: You have the right to ask questions and have those questions answered. If you have questions about this study, please contact the researcher or the researcher's faculty advisor, Dr. Megan Byrd whose contact information is located at the end of the informed consent. For questions concerning your rights as a research participant, contact Georgia Southern University Institutional Review Board at 912-478-5465 or irb@georgiasouthern.edu.

10. Voluntary participation: Your participation in this study is entirely voluntary. You have the right to choose not to participate in this study. If you consent to participate in this study and later decide you do not want to participate further, you may withdraw your consent at any time without penalty. If you would like to withdraw your participation at any time, please inform the researcher listed in this consent form.

11. Penalty: There is no penalty for deciding not to participate in the study. You may decide at any time you don't want to participate further and may withdraw without penalty or retribution.

12. All information will be treated confidentially. There is one exception to confidentiality that we need to make you aware of. In certain research studies, it is our ethical responsibility to report situations of child or elder abuse, child or elder neglect, or any life-threatening situation to appropriate authorities. However, we are not seeking this type of information in our study nor will you be asked questions about these issues.

You will be given a copy of this consent form to keep for your records. This project has been reviewed and approved by the GS Institutional Review Board under tracking number H21425.

Title of Project: Examining Practitioners' Perspectives on Access to Professional Psychological Help for Division I Male Athletes
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Please select an option below to indicate whether or not you agree to participate in this research:

- Yes, I read the terms above and consent to participate in this research.
- No, I do not consent to participate in this research.

APPENDIX E

INTERVIEW GUIDE

Initial Questions - Rapport Building

1. What initially got you interested in the field of sport psychology?
2. What certifications and licensures do you currently have?
3. Could you describe to me what type of setting you work in?
4. Tell me about what your general responsibilities as a practitioner consists of?

Questions Assessing Experiences Working with Division I Male Athletes

1. How long have you been working with Division I male athletes for?
2. What percentage of your current client-athletes identify as male?
3. In your time working in collegiate athletics, what percentage of your overall client-athletes identify as male?
4. Are your male client-athletes typically self-referrals or referred by somebody else to come and see you?
    a. If not self-referred, who are the most common sources of referral for your male client-athletes?
5. On average, how many sessions does a male client-athlete come and see you for?
6. What clinical and/or subclinical mental health-related concerns do male athletes generally come to you for?

Questions Assessing what Strategies Can Be Taken to Help Division I Male Athletes More Easily Access Support Services

1. What help-seeking barriers do you perceive are the most prevalent for Division I male athletes?
2. What specific steps are currently being taken at your university to help male athletes more easily obtain access to the services that you provide?
3. If resources were unlimited, what strategies do you think would be the most effective to implement on campuses to help male athletes more easily access the services that you provide?

Wrap-up Questions - Final Comments and Demographics

1. Is there anything else you would like to add as it pertains to the objectives of this study?
2. If you feel comfortable responding, how do you identify in relation to your
    a. Race?
    b. Ethnicity?
    c. Gender?