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EXAMINATION OF THE ATTITUDES AND STIGMA TOWARD MENTAL HEALTH SERVICES HELD BY BLACK COLLEGE STUDENT-ATHLETES AND COLLEGE NONATHLETES

by

TONY SPENCER

(Under the direction of Brandonn Harris)

ABSTRACT

The primary purpose of the current study was to examine the differences in attitudes and stigma toward mental health services between Black college student-athletes and college nonathletes. The secondary purpose of the study was to examine any gender difference in attitudes and stigma toward mental health services between Black college student-athletes and college nonathletes. A Mann-Whitney U statistical analysis was used to compare participant results from the three stigma toward mental health services survey measurements (Komiya et al., 2000; Vogel et al., 2006; Vogel et al., 2009). The current study hoped to further advance the literature examining the attitudes and stigma toward mental health services held by racially diverse college student-athlete populations.

INDEX WORDS: Help-seeking, Black or African American, Attitudes, Stigma, Mental health services

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by

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MASTERS OF SCIENCE in KINESIOLOGY, SPORT AND EXERCISE PSYCHOLOGY

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CHAPTER 1
INTRODUCTION

For the purposes of this study the term “Black” will be used as a racial identifier for individual and group populations who identify as people of color. According to the American Psychological Association (2020) the term “Black” can be used as an appropriate racial identifier for individuals whose family or cultural background may originate from areas such as North America, Africa, South America, or the Caribbean Islands. The term “White” will be used as a racial identifier for individuals and groups whose family and cultural background may originate from areas such as North America, England, Sweden, or France (APA, 2020).

Need and Usage of Mental Health Services

College students are often exposed to various stressors related to their personal lives, work lives, and academics (Musabiq & Karimah, 2020; Ross et al., 1999). When stressors become too much for an individual to cope with over time, mental health concerns may develop as a result (Segrin, 1999). For example, the Substance Abuse and Mental Health Services Administration (SAMHSA, 2018a) found that approximately 26% of college aged individuals between the ages of 18-25 developed a mental illness during the year they were surveyed. College student-athletes (SA’s) are another group within college campuses that have been found to suffer from detriments to their mental health. College SA’s represent a unique group within college populations as they deal with the expected stressors that come with being a college student, as well as the stressors related to sport participation (Ryan et al., 2018). Recent studies have found that 62% of surveyed SAs reported that mental health concerns negatively impacted athletic performance within four weeks prior to participation in the study (Kern et al., 2017). The National Collegiate Athletic Association (NCAA) has also found that 30% of college SAs have

reported feeling insurmountably overwhelmed at some point within the past year in which they were surveyed (NCAA, 2016).

Another population within college campuses who are susceptible to mental health concerns are Black college students. In 2018, the SAMHSA (2018b) found that approximately 9% of Black between the ages of 18-25 had a major depressive episode within the last year at the time they were surveyed. Black college SAs are also susceptible to mental health concerns as 81% of Black SAs in one sample (Ballesteros & Tran, 2020) expressed the need for mental health treatment. Even though a high prevalence of mental health concern exists within various college student populations, many individuals choose not to seek treatment for these concerns.

When examining the percentages of college aged individuals who need mental health treatment, there is generally a disparity between the need and usage of services. For example, the SAMHSA (2018c) found that only 15% of individuals between the ages of 18-25 who had a mental illness went on to seek mental health services. Eisenberg et al., (2019) found that only 43% of college students who screened positive for depression and anxiety went on to receive mental health services within the year they were surveyed. Black college aged individuals have also reported as not utilizing potentially beneficial mental health services. Based on data collected from national surveys, the SAMHSA (2018d) found that approximately 58% of Black individuals between the ages of 18-25 did not receive treatment for serious mental health illnesses. Because usage rates of mental health services have not coincided with the prevalence of mental health illnesses within college students, SAs, and college aged individuals, researchers have examined barriers that may contribute to the lack of service utilization.

Barriers to Mental Health Service Use

Within the mental health help-seeking literature, researchers have identified potential barriers that may inhibit or decrease the likelihood of college aged individuals from using mental health services. Several barriers that have been found to impact the use of mental health services for college students and SAs are a perceived lack of time, a lack of awareness that a problem is occurring, and the negative perceptions of what counseling entails or the perceived stigma associated with its use (Dunley & Papadopoulos, 2019; Eisenberg et al., 2011; Fortin-Guichard et al., 2018; Gulliver et al., 2012; Kern et al., 2017; Lopez & Levey, 2013; Lannin et al., 2016; Nobiling & Maykrantz, 2017; ten Have et al., 2010; Ryan et al., 2018). Specific barriers to service use that have been identified for Black induvials include financial concerns, cultural mistrust for White counselors, and the use of informal sources of support (Duncan & Johnson, 2007; Miranda et al, 2015; Ward et al., 2013). Researchers have additionally focused on how perceptions such as an individual's attitude and level of stigma toward mental health services can impact its utilization.

Attitudes Toward Mental Health Service Use

Regarding attitudes toward mental health services, studies have suggested that college students with more negative attitudes toward mental health services hold more stigmatizing views toward services, while having positive attitudes have been associated with higher uses of services (Lannin et al., 2016; ten Have et al., 2010). Researchers have also identified factors including previous experience using mental health services and knowing others who have used mental health services as being positively associated with holding more favorable attitudes toward services among college student samples (Disaboto et al., 2018; Niegocki & Ægisdóttir, 2019). Because college SAs are a unique group within college populations, their attitudes toward services have been compared to their college nonathlete (NA) counterparts. Comparison studies

with college SA and college NA samples have reported that SAs have more positive attitudes toward in person counseling over virtual (Bird et al., 2018), however, there have been no statistical differences between groups when comparing general attitudes toward mental health services (Barnard, 2016; Hilliard et al., 2019). Attitudes toward mental health services have additionally been examined within college populations based on demographic characteristics including gender identities and race.

Comparison studies that investigated attitudes toward mental health services have revealed differences between gender identities and racial groups. For example, when comparing attitudes toward mental health services between male and female college students, males have been found to hold more negative attitudes (Masuda et al., 2009; Tirpak & Schlosser, 2015). In studies examining college SAs, researchers also identified male athletes as having more negative attitudes toward mental health services (Daltry et al., 2018). Furthermore, the examination of attitudes toward mental health services between members of varying racial groups have yielded differences. For example, when Black and White college students' attitudes have been compared, Blacks tend to hold more negative attitudes toward services (Kam et al., 2019; Masuda et al., 2009). Further comparisons between and White college students have found that White students know and interact more with other individuals who have mental illnesses or previously used mental health services (Kam et al., 2019; Masuda et al., 2009). Engaging with others who have used mental health services or currently have a mental illness appears critical as previous research has found that having family or friends who have had experiences with mental health services is correlated with having higher attitudes toward services (Disaboto et al., 2018). In addition to the manner in which attitudes towards mental health services influence help-seeking behaviors, researchers have also explored the nuances of stigma toward mental health services.

Types of Stigma Toward Mental Health Services

Two types of stigma toward mental health services that have been examined within college populations include public and self-stigma. Public stigma is experienced when an individual believes that members of the general public will have negative views about them if mental health services are utilized (Corrigan, 2004). Furthermore, public stigma has been identified as originating from two different sources, those in the general public, and those within one's social network such as family, friends, and peers (Komiya et al., 2000; Vogel et al., 2009). Self-stigma is experienced when an individual believes there is something wrong with themselves for utilizing mental health services and can subsequently lower one's self-esteem (Corrigan, 2004). Additionally, public, and self-stigma have an impact on one another as research has indicated that increased levels of perceived public stigma can lead to an increase in levels of self-stigma (Vogel et al., 2013).

One of the many groups within college populations that have had their levels of stigma toward mental health services examined include college SAs. Previous studies examining college SAs have found that individuals tend to hold stigmatizing views toward mental health services due to their perceptions that teammates, coaches, and the general public will think of them as being weak or unfit to play if services are utilized (Kern et al., 2017; Lopez & Levey, 2013; Moreland et al., 2017). Researchers have also found that levels of stigma toward mental health services in college SAs are negatively correlated with an athlete's attitudes toward services (Bird et al., 2018; Wahto et al., 2016). When comparing college SA's levels of stigma to college NAs' findings vary, as recent studies have found no statistical differences between groups (Bird et al., 2018, Hilliard et al., 2019), while others have found such differences (Kaier et al., 2015).

Stigma Toward Mental Health Services

Stigma toward mental health services for college student populations have also been examined relative to gender identity and racial groups. When comparing male and female college students, males have been found to have higher levels of both public and self-stigma when compared to females (Topkaya, 2014; Vogel et al., 2006; Wu et al., 2017). Hilliard et al., (2019) additionally found that male college SAs reported higher mean scores on public and self-stigma survey measurements compared to female college SAs. Higher mean scores on the Stigma Scale for Receiving Psychological Help (Komiya et al., 2000) and Self-Stigma of Seeking Help scale (Vogel et al., 2006) measurements used in the study indicated a higher presence of stigma however, researchers did not use statistical analysis to find significant differences between the male and female groups (Hilliard et al., 2019). Furthermore, researchers have identified varying levels of stigma between racial groups such as Black and White college students. Previous studies have found that Black college students hold more stigma toward mental health services and more stigma toward those with mental illnesses than their White peers (Kam et al., 2019; Masuda et al., 2009). Levels of public stigma have additionally been found to be higher in Black college students compared to White college students (Miranda et al., 2015). Higher levels of stigma toward mental health services also impact the usage of services as holding more stigmatizing views are positively correlated with having more negative attitudes toward services, which in turn is negatively correlated with actual service use (Fripp & Carlson, 2018; ten Have et al., 2010).

Gaps in Literature

Currently a paucity of research exists when discussing the attitudes and stigma toward mental health services held by Black college SAs. Previous studies have examined Black college students' attitudes and stigma toward mental health services (Cheng et al., 2013;

Disaboto et al., 2018; Kam et al., 2018; Masuda et al., 2012; Masuda et al., 2009), but because of the additional stressors coming from the SA experience, Black SAs may be more susceptible to concerns with their mental health compared to their college NA peers (Ryan et al., 2018; Segrin, 1999). Previous studies have compared attitudes and stigma levels between college SAs and college NAs; however, the current literature has a lack of racially diverse samples (Barnard, 2016; Bird et al., 2018; Hilliard et al., 2019). Black SAs compromise approximately 21% of NCAA Division I student-athletes with the overall number increasing every year since 2012 (NCAA, 2019). Because Blacks make up approximately a quarter of college SAs it has become increasingly important to identify their perceptions toward mental health services. Previous studies comparing public stigma within college SA and college NA populations have also only measured from sources coming from the general public or from one's social network, but not both (Bird et al., 2018; Hilliard et al., 2019). Because there is a difference in the perception of where the stigma originates, further knowledge on the two types of stigma may direct practitioners and organization on which type hinders mental health service use more. Further continuation of research comparing Black SAs and college NAs can assist in identifying more specific barriers to service utilization. This research can also inform athletic programs and personnel if current interventions for mental health services use are impacting this population.

Purposes of Study

The primary purpose of the current study is to examine the differences in attitudes and stigma toward mental health services between Black college student-athletes and college nonathletes. The secondary purpose of this study is to examine any gender identity differences in attitudes and stigma toward mental health services between Black college student-athletes and college nonathletes.

Hypotheses

(a) Black student-athletes will have more positive attitudes toward mental health services than nonathletes.

(a_1) Black female student-athletes and nonathletes will have more positive attitudes toward mental health services.

(b) Black student-athletes will have lower levels of self-stigma than nonathletes.

(b_1) Black female student-athletes and nonathletes will have lower levels of self-stigma than male student-athletes and nonathletes.

(c) Black student-athletes will have lower levels of public stigma from the general public and from those within their social networks than nonathletes.

(c_1) Black female student-athletes and nonathletes will have lower levels of public stigma from the general public and from those within their social networks than male student-athletes and nonathletes.

CHAPTER 2

LITERATURE REVIEW

Need and Usage of Mental Health Services

College students are often exposed to new situations that can be potentially stressful from sources including schoolwork, social interactions, or extracurriculars (Musabiq & Karimah, 2020; Ross et al., 1999). Constant exposure to various stressors can often lead to the

development of mental disorders which can become pervasive enough to impact multiple facets of one's life (Segrin, 1999). College aged individuals are especially at risk for the development of mental illnesses as the Substance Abuse and Mental Health Services Administration (2018a) found that approximately 26% of individuals who were between the ages of 18-25 had developed a mental illness within the past year. Even though a large percentage of college aged individuals may develop a mental disorder or need treatment for their mental health, few seek treatment. The Substance Abuse and Mental Health Services Administration (2018c) additionally found that only 15% of individuals between the ages of 18-25 who had a mental illness received mental health services within the past year. Additionally, the need for mental health services does not coincide with the use of services on college campuses as researchers have found that only 43% of college students who screened positive for depression and anxiety in the past year went on to receive treatment services (Eisenberg et al., 2019). Furthermore, one specific subgroup within college campuses that are impacted by mental health concerns are college student-athletes (SA).

Along with the typical responsibilities that are associated with a college student, college SAs are tasked with dealing with time and physical demands of practices and competitions. Being constantly engaged in school and sport-related activities may increase one's overall stress and contribute to the development of a mental health concern (Ryan et al., 2018). In a study by Kern et al., (2017) researchers found that 62% of college SAs surveyed responded that mental health concerns negatively impacted their athletic performance in the last 4 weeks during the year they were surveyed. Researchers have also found that approximately 30% of college SAs reported that they felt insurmountably overwhelmed at some point in the year they were surveyed (National Collegiate Athletic Association [NCAA], 2016). To combat the growing number of mental health concerns that student-athletes were experiencing, the NCAA adopted new

legislation in 2019 that required every institution competing at the Division I, II, and III levels to ensure student-athletes had access to mental health services through their athletic and counseling departments (NCAA, 2019a). Because the usage rate of mental health services has been poor for college-aged individuals, many researchers have examined the attitudes and barriers surrounding mental health service use within the population.

Attitudes Toward Mental Health Services

One potential reason for the low usage of mental health services may be due to the negative attitudes, perceptions, and stigma individuals hold toward counseling and psychological services. For example, individuals with less positive attitudes toward mental health services have been found to hold more stigma toward mental health services and are less likely to seek out information regarding mental health and counseling (Lannin et al., 2016). Contrastingly, positive attitudes toward mental health services have been found to be significantly associated with the actual use of mental health services (ten Have et al., 2010). Factors such as previous experience using mental health services or knowing others that have used mental health services were also found to be associated with having more positive attitudes toward mental health services (Disaboto et al., 2018; Niegocki & Ægisdóttir, 2019). Researchers have also discovered that attitudes toward mental health services can vary based on demographic characteristics such as age, gender identity, and race (Mackenzie et al., 2006; ten Have et al., 2010). Similar to how the general population holds differing attitudes toward mental health services, various demographic groups within college campuses have also evidenced varying attitudes.

Within college campuses, one demographic variable that has demonstrated different attitudes regarding mental health services has been among males and females. In previous studies, male college students have shown to hold more negative attitudes toward mental health

services compared to females (Masuda et al., 2009; Tirpak & Schlosser, 2015). Even though male college students have been found to hold more negative attitudes toward mental health services than their female counterparts, within-group differences have found that males who were Science, Technology, Engineering, and Math (STEM) majors had less positive attitudes than males who were non-STEM majors (Rafal et al., 2018). Attitudinal differences between male and female college students have been further explored within various subgroups inside college populations.

Among college populations, differences in male and female attitudes toward mental health services have also been examined within college SAs. Studies examining differences in attitudes have predominately found that female college student- athletes have more positive attitudes toward mental health services compared to male college SAs which mirrors studies examining their college nonathlete (NA) counterparts (Daltry et al., 2018; Masuda et al., 2009; Tirpak & Schlosser, 2015). Another factor that may impact college SAs' attitudes toward mental health services are their preferences. In college SA populations, one study examined how preferences for mental health counselors were related to age and that female college student-athletes had a stronger preference for counselors of a specific gender identity than males (Lopez & Levy, 2013). Researchers have also examined how student-athlete populations have a stronger preference and place higher value for in-person counseling sessions versus virtual counseling sessions held online (Bird et al., 2018). Recent studies comparing college SAs and college NAs have also suggested that there are no differences in attitudes toward mental health services (Barnard, 2016; Hilliard et al., 2019). Because there is an apparent lack of difference in the attitudes of mental health services between college SAs and college NAs, researchers have examined other sources that may contribute to service use.

Attitudes Toward Mental Health Services for Student-Athletes

College SA's attitudes toward mental health services may also be influenced by past experiences and knowledge of mental health services; these attitudes may also be influenced by their experience working with sport psychology professionals as well. For college athletic programs that utilize their services, sport psychology professionals can act as a source of support for athletes dealing with performance concerns and mental illness. Indeed, studies have found that college SAs have positive attitudes toward sport psychology professionals with the willingness to work on mental skills involving managing personal issues, dealing with anxiety, and emotion regulation (Fortin-Guichard et al., 2018; Martin 2005; Wrisberg et al., 2009). Due to the nature of a sport psychology professional's job, after working with or being in contact with professionals who works in mental skills, athletes may develop more accepting attitudes of mental health services and practitioners.

Attitudes Toward Mental Health Services for Black Populations

Another population of interest when examining attitudes in using mental health services are minoritized groups of individuals, specifically those that identify as Black. For the purposes of this paper, those who identify as being a person of color who may or may not have family and cultural backgrounds from areas such as North America, Africa, the Caribbean Islands, or South America will be referred to as "Black" (American Psychological Association [APA], 2020). Those who identify being White who may or may not have family and cultural backgrounds from areas such as North America, England, Sweden, or France will be referred to as "White" (APA, 2020). The paper will use the two specific terms for both racial groups because using a singular descriptive may exclude those from different areas of the world who still identify as being a part of the same racial group. The paper will also be addressing racial groups which refer to physical characteristics that individuals share that are socially significant, versus ethnic groups

which refer to groups of individuals who share specific languages, ancestry, or beliefs (APA, 2020).

As with other populations, attitudes toward mental health services may be a contributing factor to the low usage of mental health services for Black populations. Previous survey data has found that as much as 58% of Black individuals between the ages of 18-25 who had serious mental health illnesses did not seek any form of mental health treatment in the year they were surveyed (Substance Abuse and Mental Health Services Administration, 2018d). One major difference in the examination of Black college student's attitudes toward mental health services is that they have been recorded as being more negative when compared to other racial groups (Ballesteros & Tran, 2020; Kam et al., 2019; Masuda et al., 2009). When comparisons were made between White and Black college students, researchers found that White students were acquainted with more people who used mental health services or people were diagnosed with mental health illnesses compared to Black students (Kam et al., 2019; Masuda et al., 2009). These findings are significant as additional studies have found that individuals who have family members or friends who have used mental health services are more likely to have higher attitudes toward mental health services (Disaboto et al., 2018). Within-group analyses of Black population's attitudes toward mental health services have also identified differences based on factors including gender identity, age, and past service experience (Masuda et al., 2012; Ward et al., 2013). Further examination of Black populations have also found that those with higher attitudes toward mental health counseling were more likely to attend more mental health counseling sessions and more likely to have favorable attitudes about the effectiveness of mental health treatment (Fripp & Carlson, 2017; Ward et al., 2013).

Currently, there is a paucity of research when it comes to examining the attitudes toward mental health services held by Black college SAs. Black college SAs have been present within attitudinal study samples, however many of the studies have low racial diversity when it comes to this specific group and is often labeled as a limitation to generalizing results (Barnard, 2016; Daltry et al., 2018; Hilliard et al., 2019). Black SAs currently make up 16% of college athletes across all NCAA division sports (NCAA, 2019b). Black SAs also make up 21% of Division I college athletes, with the overall number of increasing every year since 2012 (NCAA, 2019b). Because Black SAs account for approximately a quarter of college SAs, understanding the populations attitudes toward mental health services is critical to implementing potentially beneficial services. Past studies examining mental health use among athletes in minority racial groups have identified that Black individuals expressed the most need for mental health services, but also utilized services the least when compared to other racial minority groups (Ballesteros & Tran, 2020). With the increased examination of attitudes toward mental health services in the Black college SA population, researchers may identify what changes in attitudes can results in more service utilization and positive treatment outcomes. Because of the continual increase of Blacks in college athletics, it becomes increasingly important to get more data on their attitudes toward mental health services to help increase the use of their services within the population.

Barriers Toward Mental Health Services

Researchers have additionally studied how various barriers impact the use of mental health services within college populations. Many barriers to mental health service use that have been reported within college populations relate to the perceived lack of time to use services, a lack of awareness that a mental illness or concern is present, and the stigma associated with service use (Dunley & Papadopoulos, 2019; Eisenberg et al., 2011; Nobiling & Maykrantz,

2017). The perceived lack of time to use mental health services has often been listed as a barrier to service use with aspects of the argument related to the busy schedule of a college student as well as the time it takes to set up and participate in counseling sessions (Dunley & Papadopoulos, 2019). The lack of awareness that a mental illness or concern is present is also a major barrier to service use because even if an individual has a positive attitude, a plethora of resources, and the perceived time, services may not be sought out due to not knowing a problem is occurring. One contributing factor to the lack of awareness that a mental illness or concern is present may be that individuals are not aware of the specific signs and symptoms of various mental disorders. In past studies researchers have found that male undergraduate college students had a lower level of knowledge concerning the signs and symptoms of mental health compared to male graduate students (Rafal et al., 2018) Furthermore, researchers have found that some college students do not believe their current level of stress or anxiety warrants mental health service utilization and is a normal reaction to college endeavors, when in fact their levels of psychological distress may be considered troubling or abnormal (Dunley & Papadopoulos, 2019; Einsenberg et al., 2011). Stigma has additionally been found to be a large barrier for the use of mental health services in college populations with its influences having the potential to impact attitudes and usage of services.

Stigma Toward Mental Health Services

One of the most consistent barriers that prevents individuals within the college population from utilizing mental health services is stigma. Two forms of stigma that may prevent an individual from using mental health services are public and self-stigma. Public stigma can be defined as the perceived stigma one may feel from members of the general public that if mental health services are used there is something wrong with that individual and that they should be avoided (Corrigan, 2004). Sources of public stigma have also been found to vary, as public

stigma may be perceived from the general public or from individuals within one's social network such as family, friends, or peers (Komiya et al., 2000; Vogel et al., 2009). Individuals who have perceptions that the public will view them negatively for using mental health services are further at risk to develop self-stigma. Self-stigma can be defined as the stigma one develops about themselves which can impact their self-esteem and also results in the development of perceptions that something is wrong with them for using mental health services (Corrigan, 2004). As college student's perceptions that the public views mental health services negatively increases, there is an increased likelihood that the individual will also adopt the public's negative perceptions and will subsequently view themselves more negatively if services are used (Vogel et al., 2013). Self-stigma has additionally been found to impact how much information about mental health services college students seek out, as those with higher levels of self-stigma have been found to seek out less counseling and mental health information (Lannin et al., 2016). With increased levels of stigma toward mental health service use, individuals may begin to develop negative attitudes toward services and treatment because of its perceived negative connotations. Because of the perception that using mental health services will results in negative consequences, college students with higher levels of stigma have additionally been found to have more negative attitudes toward services (Clement et al., 2015; Lannin et al., 2016).

Within college populations, stigma levels have additionally been found to vary based on gender identity (Komiya et al., 2000). For example, past studies examining stigma have found male college students to have higher levels of public and self-stigma compared to female college students (Topkaya, 2014; Vogel et al., 2006; Wu et al., 2017). Further examination of barriers to mental health service utilization within college populations have also identified perceived barriers within subgroups such as college SAs.

Barriers and Stigma Toward Mental Health Services for Student-Athletes

For college SAs the use of mental health services may provide support in multiple areas of one's life, but a multitude of barriers may prevent college SAs from using these potentially beneficial services. One of the most common barriers listed for college SAs low use of mental health services is a perceived lack of time (Lopez & Levey, 2013; Fortin-Guichard et al., 2018). College SAs must attend classes, study, practice, and compete in competitions which can all take up a considerable amount of time. Even though the NCAA limits in season college SAs to 20 hours of sport related activities a week, other time-consuming acts such as travel and community service do not count toward those allotted 20 hours (NCAA, 2009). Additionally, coaches and athletic department administrators have been listed as sources of barriers that could prevent college SAs from using mental health services (Moreland et al., 2017). Coaches and administrators are often gate keepers to college SA's accessibility to services and may or may not promote the utilization of resources such as metal health services. Furthermore, coaches have to ability to promote cultures within teams that view seeking help for psychological or emotional concerns as a weakness or potential liability (Moreland et al., 2017). Researchers have also identified a lack of knowledge pertaining to mental health as a barrier to college SA's mental health service utilization. Previous studies have found that college SAs may confuse athletic fatigue with mental health concerns and not be able to identify signs and symptoms of disorders such as depression and anxiety (Kern et al., 2017; Gulliver et al., 2012; Ryan et al., 2018). Continued examination of the utilization of mental health service use among college SAs has also identified stigma as a common barrier to service use.

One of the most listed barriers for mental health service use within the college sSA population is stigma. Stigma toward mental health services has been listed as a barrier to service use for athletes based on perceptions that teammates, coaches, and the general public will think

the SA is weak or unfit to compete if support is utilized (Kern et al., 2017; Lopez & Levey, 2013; Moreland et al., 2017). Researchers have additionally found that stigma toward mental health services is negatively associated with attitudes toward mental health services within college SA populations (Bird et al., 2018; Wahto et al., 2016). Another nuance that has been examined within college SAs are how perceived gender norms and gender identities themselves may impact stigma toward mental health services. In a past study examining gender norms and stigma, researchers found that male college football players who had higher associations with male societal gender norms also had increased levels of stigma toward mental health services (Steinfeldt et al., 2009). When examining levels of public and self-stigma, Hilliard and colleagues (2019) reported male SAs as having higher mean scores on stigma measurements (1.31) and (2.72) compared to female SAs (1.24) and (2.54). Higher mean scores on the stigma measurements used in the study indicated a higher presence of stigma (Hilliard et al., 2019). Even though male college SAs reported higher mean scores on public and self-stigma measurement tools, Hilliard and colleagues (2019) did not perform statistical test to find statistical differences between the two groups.

Additional examinations of stigma within college SAs have also found that male college SAs tend to hold more stigmatizing views toward the utilization of sport psychology services compared to female college SAs (Martin, 2005). Sport psychology professionals may work with college SAs on concerns related to performance as well as their mental health, however if an athlete stigmatizes sport psychology services and does not work with a professional, they may miss the opportunity develop performance and mental health related coping skills. Furthermore, studies examining the levels of stigma toward mental health services within college SAs have used college NAs as a group to compare against. When comparing college SAs and college NAs

there have been mixed results with some studies reporting a difference in stigma levels between groups (Kaier et al., 2015) and others reporting no differences between groups (Bird et al., 2018, Hilliard et al., 2019). With various barriers influencing mental health service use among college SAs and college NAs, researchers have also identified barriers for service use within other college populations such as racial groups.

Barriers and Stigma Toward Mental Health Services for Black Populations

As mental health service use has been examined within racial groups, researchers have additionally focused on the barriers to service use for these individuals. When examining barriers to mental health service use for Blacks, previous studies have found that Black populations are more likely to use coping resources other than professional mental health services (Ward et al., 2013). When examining the coping resources that Black individuals prefer to utilize, studies have found that dealing with problems on their own and relying on sources including family, friends, and religion are often reported (Ward et al., 2013). Using informal sources of support such as family may be beneficial in certain instances, but non-professional sources of support may not be able to provide sufficient care if a concern is clinical in nature. Black college students have additionally listed financial concerns, not having enough time, and not knowing if a concern warrants treatment as other barriers to service use (Miranda et al., 2015). Researchers have also found that Black college students have listed cultural mistrust for White counseling professionals as a cultural barrier to using services (Duncan & Johnson, 2007). In the same study by Duncan and Johnson (2007), researchers also found that individuals with higher levels of cultural mistrust for counseling practitioners additionally had more negative attitudes toward mental health services. Further barriers to mental health services within Black college student populations are that these individuals have had less contact with others who have used mental health services in the past compared to groups such as White college students (Kam et al., 2019;

Masuda et al., 2009. Knowing less people that have had experiences with mental health services is a potential barrier to service use as previous studies have found that knowing less people with mental health service experiences is associated with more negative attitudes toward services, and is subsequently associated with the decreased use of mental health services (Disaboto et al., 2018; Eisenberg et al., 2011; Fripp & Carlson, 2017). Furthermore, one of the more prominent barriers that impacts the utilization of mental health services for Black college students is the perceived stigma associated with its use.

When examining barriers to mental health service use within racial groups, one of the major barriers that has been identified is the level of stigma associated with service use. Within the college population, the use of mental health services is lower for racial groups such as Black college students compared to White college students (Dunley & Papadopoulos, 2019; Eisenberg et al., 2011; Kam et al., 2019; Masuda et al., 2009) and a potential reason for that disparity may be stigma. Previous studies examining stigma and the comparison between Black and White college students have reported that Black students hold more stigma toward mental health service use and more stigmatizing attitudes toward those who are dealing with mental health illnesses (Kam et al., 2019; Masuda et al., 2009). Previous studies have additionally found that types of stigma experienced may vary based on racial groups, as Black college students have been found to hold more public stigma than White college students (Miranda et al., 2015). Within Black college student populations, stigma and attitudes toward mental health services have also been found to be negatively associated (Fripp & Carlson, 2018; Masuda et al., 2012). Stigma is additionally a major barrier to mental health service use when considering higher levels of stigma can result in negative attitudes toward service use, and negative attitudes toward services may results in a lower frequency of service use (Fripp & Carlson, 2018; ten Have et al.,

2010). Mean scores on measurements examining levels of stigma toward mental health services have additionally been reported to be higher for Black male college students compared to Black female college students (Kam et al., 2019; Masuda et al., 2009). However, within the mean scores reported by Kam et al. (2019) and Masuda et al. (2009) statistical test were administered to find differences between male and female students, and both studies did not have proportionate male and female samples. Another subgroup within the college population that may experience varying levels of stigma toward mental health service use and have their own barriers to service use are Black college SAs.

Currently, there is a paucity of research in the examination of stigma and the barriers to mental health service utilization for Black college SAs. Previous studies examining stigma and barriers to service utilization have included Black college SAs however, results based off small samples sizes within studies may not be generalizable for Black populations (Lopez & Levy, 2013; Moreland et al., 2018). One current qualitative study examining barriers to mental health service utilization for Black college football players identified that a lack of perceived time, stigma toward usage, and community upbringing were barriers to service use (Wilkerson et al., 2020). By examining Black college SAs in more depth, researchers may identify specific levels of stigma and barriers to mental health service use that have not been previously reported. With the increase in knowledge of the levels of stigma and barriers to service use for Black college SAs, institutions and athletic programs will be more equipped to implement strategies to help Black SAs cope more effectively with mental health concerns.

Measurements for Attitudes Toward Mental Health Services

When measuring attitudes toward mental health service utilization, a frequently used measurement tool is the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS) (Fischer & Turner, 1970). The ATSPPHS was originally 29-items and later revised

by Fischer and Farina (1995) into the Attitudes Toward Seeking Professional Psychological Help Scale-Short Form (ATSPPHS-S), which includes 10-items. Within the ATSPPH-S are four subthemes that are used to measure attitudes toward psychological services which include the recognition for the need of psychological services, stigma tolerance, interpersonal openness, and confidence in mental health professionals (Fischer & Farina, 1995). The ATSPPH-S uses a Likert-type scale ranging from 3 “agree” to 0 “disagree” with five of the items reversed scored, and higher scores indicating more positive attitudes. A sample question from the ATSPPH-S is “There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help”. The ATSPPH-S has demonstrated adequate validity when correlated to the original scale (.87) and test-retest reliability over a time span of 1 month (.80) (Fischer & Farina, 1995). The ATSPPH-S has also demonstrated reliable consistency with college student-athlete, college nonathlete, and Black college student samples ranging from (.75- .84) (Disaboto et al., 2018; Fischer & Farina, 1995; Fripp & Carlson, 2017; Hilliard et al., 2019). Even though the ATSPPH-S has been reliable for previous studies examining similar populations, for the current study the internal consistency was only (a = 0.42).

Measurements for Stigma Toward Mental Health Services

When measuring self-stigma, a frequently utilized measurement tool is the Self-Stigma of Seeking Help Scale (SSOSH) (Vogel et al., 2006). The SSOSH contains 10-items with two subthemes that examine the positive and negative views one would have about themselves if mental health services were utilized (Vogel et al., 2006). The SSOSH uses a Likert-type scale ranging from 1 “strongly disagree” to 5 “strongly agree” with five of items reversed scored, and higher scores indicating a greater presence of self-stigma. A sample question from the SSOSH is “I would feel inadequate if I went to a therapist for psychological help”. The SSOSH has demonstrated adequate validity by positively correlating to the Disclosure Expectations Scale for

Anticipated Risk (Vogel & Wester, 2003) (.47) and Social Stigma for Seeking Psychological Help Scale (Komiya et al., 2000) (.48). The SOSSH has demonstrated adequate reliability ranging from (.89- .91) and a test-retest reliability of (.72) after 2 months (Vogel et al., 2006). The SOSSH has also demonstrated acceptable consistency with college student-athlete, college nonathlete, and Black college students ranging from (.81- .92) (Bird et al., 2018; Cheng et al., 2013; Topkaya, 2014). For the current study, the SSOSH was also found to be reliable as the internal consistency was (a = 0.80).

When measuring public stigma, a frequently used measurement tool is the Stigma Scale for Receiving Psychological Help (SSRPH) (Komiya et al., 2000). The SSRPH contains 5-items which examine how much stigma one would perceive from the public if they sought mental health services (Komiya et al., 2000). The SSRPH uses a Likert scale ranging from 0 "strongly disagree" to 3 "strongly agree" with higher scores indicating a greater perception of public stigma toward using psychological services. A sample question from the SSRPH is "People will see a person in a less favorable way if they come to know that he/she has seen a psychologist". The SSRPH has demonstrated adequate validity by correlating negatively to the ATSPPHS-S (.40) and adequate reliability (.72) (Komiya et al., 2000). The SSRPH has also demonstrated acceptable consistency with college student-athlete and college nonathlete samples ranging from (.72- .75) (Hilliard et al., 2019; Steinfeldt et al., 2009; Vogel et al., 2013). For the current study, the SSRPH was also found to be reliable as the internal consistency was (a = 0.69).

An additional measurement tool used to examine public stigma from those within one's social network such as family, friends, and professors is the Perception of Stigmatization by Others for Seeking Help scale (PSOSH) (Vogel et al., 2009). The PSOSH contains 5-items which examine how much stigma one would perceiving from those within their social networks

if they sought psychological services (Vogel et al., 2009). The PSOSH uses a Likert-type scale ranging from 1 “not at all” to 5 “a great deal” with higher scores indicating a greater perception of public stigma toward using psychological services from those in one’s social network. A sample question from the PSOSH is “Imagine you had an academic or vocational issue that you could not solve on your own. If you sought counseling services for this issue, to what degree do you believe that the people you interact with would think of you in a less favorable way?”. The PSOSH has demonstrated adequate validity by positively correlating with the SSRPH (.31) and SSOSH (.37) (Vogel et al., 2009). The PSOSH has demonstrated adequate reliability ranging from (.78- .89) and adequate test-retest reliability after 3 weeks (.77) (Vogel et al., 2009). The PSOSH has also demonstrated acceptable consistency with college student-athlete, college nonathlete, and Black samples ranging from (.88- .92) (Bird et al., 2018; Cheng et al., 2013). For the current study, the PSOSH was also found to be reliable as the internal consistency was (a = 0.89).

CHAPTER 3
METHODS

Participants

Based off G-power statistical analysis with a (0.05) alpha level, the researcher originally aimed for a total sample of 160 participants. 80 participants were to be Black college student-athletes and 80 were to be Black college nonathletes. Inclusion criteria for participants was that participants must identify as being Black, college student-athletes and college nonathletes must be between the ages of 18-23, and college student-athletes must play at the NCAA Division I level. Due to low participant recruitment, the researcher expanded the student-athlete inclusion criteria to include NCAA Division II, III and club sport student-athletes. The researcher recruited college student-athletes and club sport athletes by contacting athletic department administrators, coaches, and club sport administrators and asked to send a link to student-athletes so they could fill out an online single administration survey via Qualtrics. Unfortunately, after contacting administrators and coaches from 40 different institutions and filling out additional IRB requirements at recruited institutions, the researcher was only able to gather 17 student-athlete participants. The researcher received data from individuals who did not identify as Black, and that data was not used in the statistical analysis for the study. Due to NCAA compliance rules and regulations the college student-athletes who were recruited through their athletic departments were not compensated.

College nonathletes were recruited from one university in the Southeast region of the United States through its SONA research organizational system. College nonathletes were asked to fill out an online single administration survey via Qualtrics. SONA is a research organizational system which allows students enrolled in undergraduate psychology courses to participate in research studies via the internet. Compensation for students was awarded by giving

credit for class research requirements or class extra credit at the instructor's discretion. Credit for class research requirement is determined by how long the participant will be actively involved with the research study. The researcher was able to recruit a total of 240 participants for the study, with the average age being 19.2 years old (SD = 1.3). A total of 17 student-athletes (n = 9 males and n = 8 females) and 223 nonathletes (n = 54 males and n = 169 females) participated.

Measures

Demographics

A demographics questionnaire was used to gather information on participant's age, gender identity, race, racial identity, year in school, athlete or nonathlete status, sport, and if they were in season or not. For a copy of the demographic questionnaire see Appendix C. Participant demographic information is listed in Tables 1-5. The researcher did not include a Table for race because 100% of the current sample selected the option of Black within the demographics questionnaire.

Table 1

Participant Gender Identity

	Total Participants	Percentage
Male	63	25.8%
Female	176	72.1%
Nonbinary	3	1.2%
Gender Nonconforming	2	0.8%

Note. Participants identifying as nonbinary and gender nonconforming were not used in the final statistical analysis due to low representation within the sample.

Table 2

Participant Racial Identity

	Total Participants	Percentage
Black	121	50.4%

African American	67	27.9%
Blank Response	23	9.5%
Black/African American	29	12.0%

Table 3
Participant Year in School

	Total Participants	Percentage
Freshmen	113	47.0%
Sophomore	73	30.4%
Junior	33	13.7%
Senior	20	8.3%
Graduate Student	1	0.04%

Table 4
Participant Sport

	Total Participants	Percentages
Nonathlete	223	92.9
Football	4	1.6%
Basketball	1	0.04%
Men's Basketball	1	0.04%
Men's Soccer	1	0.04%
Soccer	1	0.04%
Softball	1	0.04%
Track	3	1.2%
Track and Field	1	0.04%
Women's Basketball	1	0.04%
Women's Track & Field	3	1.2%

Table 5
Student-Athlete In Season or Out of Season Status

	Total Participants	Percentage
In Season	9	52.9%
Out of Season	8	47.0%

Attitudes Toward Mental Health Services

Attitudes toward mental health services were measured using the Attitudes Toward Seeking Professional Psychological Help Scale Short Form (ATSPPH-S) (Fischer & Farina, 1995). The ATSPPH-S is a shortened version of the 29-item Attitudes Toward Seeking Professional Psychological Help Scale developed by Fischer and Turner (1970). The scale contains 10-items on a Likert-type scale ranging from 0 “disagree” to 3 “agree” and has 5 items that are reversed scored (Fischer & Farina, 1995). Recording higher scores on the scale indicates a more positive attitude toward professional psychological services. The four themes examined within the scale are the recognition for the need of psychological services, stigma tolerance, interpersonal openness, and confidence in mental health professionals (Fischer & Farina, 1995). A sample question from the scale is “There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help”. The ATSPPH-S has demonstrated adequate validity when correlated to the original version (r = .87) and an adequate test-retest reliability over a time span of 1 month (α = .80) (Fischer & Farina, 1995). The ATSPPH-S has also demonstrated reliable consistency with college student, college student-athlete, and Black college student populations ranging from (α = .75- .84) (Disaboto et al., 2018; Fischer & Farina, 1995; Fripp & Carlson, 2017; Hilliard et al., 2019) Even

though the ATSPPH-S has been reliable for previous studies examining similar populations, for the current study the internal consistency was only (α = 0.42). Because the ATSPPH-S had an internal consistency score of (α = 0.42) it was not utilized in the final statistical analysis. For a visual of the ATSPPH-S see Appendix D.

Self-Stigma Toward Mental Health Services

Self-stigma was measured using the Self-Stigma of Seeking Help Scale (SSOSH) (Vogel et al., 2006). The scale consists of 10-items on a Likert-type scale ranging from 1 “strongly disagree” to 5 “strongly agree” with 5 of items reversed scored (Vogel et al., 2006). Higher scores on the scale indicate a greater presence of self-stigma. The two subthemes that are examined within the scale are the positive and negative views one would have about themselves if mental health services were utilized (Vogel et al., 2006). A sample question from the scale is “I would feel inadequate if I went to a therapist for psychological help”. The scale has demonstrated adequate validity by positively correlating with the Social Stigma for Seeking Psychological Help Scale (r = .48) (Komiya et al., 2000; Vogel et al., 2006). The scale has also demonstrated adequate reliability ranging from (α = .89- .91) and a test-retest reliability of (α = .72) after 2 months (Vogel et al., 2006). Reliability with college student, college student-athlete, and Black college student populations have also been found to be adequate, ranging from (α = .81- .92) (Bird et al., 2018; Cheng et al., 2013; Topkaya, 2014). For the current study, the SSOSH was also found to be adequate as the internal consistency was (α = 0.80). For a visual of the SSOSH see Appendix E.

Public Stigma from Those Within One’s Social Network

The Perception of Stigmatization by Others for Seeking Help Scale (PSOSH) was used to measure public stigma being perceived from those within one’s social network (Vogel et al., 2009). The scale consists of 5-items on a Likert-type scale ranging from 1 “not at all” to 5 “a

great deal" with higher scores indicating a greater perception of public stigma toward using psychological services from those in one's social network (Vogel et al., 2009). A sample question from the PSOSH is "Imagine you had an academic or vocational issue that you could not solve on your own. If you sought counseling services for this issue, to what degree do you believe that the people you interact with would think of you in a less favorable way?". The scale has demonstrated adequate validity by positively correlating with the Stigma Scale for Receiving Psychological Help Scale (r = .31) and SSOSH (r = .37) (Vogel et al., 2009). The scale has demonstrated adequate reliability ranging from (α = .78- .89) and adequate test-retest reliability after 3 weeks (α = .77) (Vogel et al., 2009). Reliability with college student, college student-athlete and Black college student populations has also been adequate ranging from (α = .88- .92) (Bird et al., 2018; Cheng et al., 2013). For the current study, the PSOSH was also found to be reliable as the internal consistency was (α = 0.89). For a visual of the PSOSH see Appendix F.

Public Stigma from the General Public

The Stigma Scale for Receiving Psychological Help Scale (SSRPH) was used to measure public stigma being perceived from the general public (Komiya et al., 2000). The scale contains 5 items and uses a Likert scale ranging from 0 "strongly disagree" to 3 "strongly agree", with higher scores indicating a greater perception of public stigma toward using psychological services (Komiya et al., 2000). A sample question from the scale is "People will see a person in a less favorable way if they come to know that he/she has seen a psychologist". The SSRPH has demonstrated adequate validity by correlating negatively to the ATSPPHS-S (r = .40) and adequate reliability (α = .72) (Komiya et al., 2000). In samples consisting of college student, student-athlete, and Black college students, the scale has also demonstrated adequate reliability ranging from (α = .72- .75) (Hilliard et al., 2019; Steinfeldt et al., 2009; Vogel et al., 2013). For

the current study, the SSRPH was also found to be adequate the internal consistency was (α = 0.69). For a visual of the SSRPH see Appendix G.

CHAPTER 4
PROCEDURES

The researcher sought approval for the study from the Georgia Southern University Institutional Review Board (IRB). After IRB approval the researcher sent out letters of cooperation via email to athletic department administrators asking for permission to contact and use college student-athletes as study participants. After the letters of cooperation were signed and returned, the researcher contacted university coaches via email to ask if they would allow for their student-athletes to be sent a link for an online single administration Qualtrics survey. The Qualtrics survey consisted of an informed consent document, a demographics questionnaire, four survey measurements, and a list of national hotlines that may provide support and information on general mental health concerns. The Qualtrics survey appeared in the previously listed order with participants not being able to access the survey until a box was checked indicating that they read the informed consent document. The entire survey would take approximately 10 minutes to complete. For participants in the college nonathlete sample, a post was created on a Southeast region university's SONA system asking for Black college nonathletes to fill out an online single administration Qualtrics survey. The Qualtrics survey being filled out by the nonathlete sample had the same format as the survey being filled out by the student-athlete sample. The researcher enabled settings within Qualtrics which prevented individuals from filling out the survey more than once, as student-athletes at the university located in the Southeast region of the United States may have had access to the university SONA system by being enrolled in undergraduate psychology courses. The researcher also enabled settings in Qualtrics that randomized the order the four measurements appeared to counterbalance the survey.

Due to low participant recruitment, the researcher expanded the student-athlete inclusion criteria to include NCAA Division II, III and club sport student-athletes. Unfortunately, after contacting administrators and coaches from 40 different institutions and filling out additional IRB requirements at recruited institutions, the researcher was only able to gather 17 student-athlete participants.

CHAPTER 5
STATISTICAL ANALYSIS

The researcher used a non-experimental descriptive survey research design with close ended questions. The independent variables were gender identity and athlete or nonathlete status. The dependent variables were the scores from the three survey measurements including the SSOSH, PSOSH, and the SSRPH. The researcher conducted statistical analysis via SPSS version 28.0. Alpha levels were set at (0.05). Means were collected from demographic information and the four survey measurements.

Due to the aforementioned lack of participants, the researcher was not able to meet the proposed sample size for participants between Black student-athletes and Black nonathletes. Because the sample size for Black student-athletes (n=17) and Black nonathletes (n=223) did not pass the testing assumption of equal cell size, non-parametric statistical analysis were utilized in the study. To examine differences between groups when using data is non-parametric, Laerd Statistics (2018) suggest using the Mann-Whitney U statistical analysis. Before running the Mann-Whitney U analysis, the researcher tested the internal consistency of the four measurements that were used in the study. The researcher examined within group differences among the total scores from three of the measurements within male and female participants in the student-athlete, and male and female participants in nonathlete groups separately. After

finding no significant differences within males and females of the student-athlete groups and within males and females associated with the nonathlete groups, the researcher then collapsed the groups into student-athlete and nonathlete eliminating gender identity as an independent variable. Results from the Mann-Whitney U analysis examining within group differences in the student-athlete and nonathlete groups can be seen in Table 6.

Table 6

Mann-Whitney U Comparison Between Black Male and Female Student-Athletes and Nonathletes

Measurements	Black Male and Female Student-Athletes (17)		Black Male and Female Nonathletes (223)					
	U score		Z score		*p* value		*r*	
SSRPS	34.50	4151.50	0.147	1.00	0.88	0.31	0.03	0.06
SSOSH	26.50	4433.50	0.919	0.235	0.35	0.81	0.22	0.01
PSOSH	26.50	4215.50	0.947	0.532	0.34	0.59	0.22	0.03

Note. Student-athlete statistics are listed on the left-hand side of the column and nonathletes are listed on the right-hand side of the column. Statistics reported are the U score, Z score, p value, and Effect size (*r*).

CHAPTER 6
RESULTS

A total of 17 student-athletes (n = 9 males and n = 8 females) and 223 nonathletes (n = 54 males and n = 169 females) participated in the current study. All participants who were utilized in the final data analysis were at least 18 years old (M = 19.21, SD = 1.31) and identified as a Black college NCAA student-athlete or club athlete and a Black college nonathlete. Table 7 displays the means, standard deviations, and medians for the participants' scores from the four measurements utilized in the current study.

Table 7

Means, Standard Deviations, and Medians for Black Student-Athletes and Nonathletes Measurement Scores

Measurements	Black Male Student-Athlete (9)	Black Female Student-Athlete (8)	Black Male Nonathlete (54)	Black Female Nonathlete (169)
SSRPS	10.00 (3.77) 11.00	10.25 (1.83) 11.00	10.01 (2.55) 11.00	10.66 (2.82) 10.66
SSOSH	26.33 (6.55) 28.00	23.87 (5.51) 24.50	22.68 (6.57) 24.00	22.19 (7.02) 22.19
PSOSH	8.44 (3.97) 6.00	7.12 (3.72) 6.00	8.39 (4.03) 8.00	8.80 (4.36) 7.00

Note. Median statistics are listed under the Mean and Standard Deviation

After collapsing the sample into Black student-athletes and Black nonathletes, the tested the hypotheses of the study using the Mann-Whitney U statistical analysis. The Mann-Whitney U analysis revealed no significant differences between Black student-athletes and Black nonathletes on the SSRPS (U = 1779.00, $p = 0.67$, $r = 0.02$), SSOSH (U = 1453.00, $p = 0.11$, $r = 0.10$), or PSOSH (U = 1718.50, $p = 0.57$, $r = 0.03$). Additionally, effect sizes (*r*) were found to be small, as can be seen in Table 8.

Table 8

Mann-Whitney U Comparison Between Black Student-Athletes and Nonathletes

Measurements	Black Student-Athletes and Nonathletes (240)			
	U score	Z score	*p* value	*r*
SSRPS	1779.00	0.425	0.67	0.02

SSOSH	1453.00	1.582	0.11	0.10
PSOSH	1718.50	0.569	0.57	0.03

Note. Statistics reported are the U score, Z score, p value, and Effect size (*r*).

CHAPTER 7
DISCUSSION

The purpose of the current study was to examine the differences in attitudes and stigma toward mental health services held by Black college student-athletes and Black college nonathletes. The researcher intended to compare males and females between the student-athlete and nonathlete groups. However, due to low participant recruitment, comparison groups were collapsed into student-athlete versus nonathlete. By collapsing the data, the researcher was not able to test several proposed hypotheses given they addressed examining differences between male and female participants. Results from a Mann-Whitney U comparison revealed no significant differences between the Black student-athlete and Black nonathlete group on the three measurements used. Previous research examining differences in attitudes and stigma toward mental health services between student-athlete and nonathlete populations have not had large sample sizes consisting of Black participants (Barnard, 2016; Daltry et al., 2018; Hilliard et al., 2019). In the current study, all 262 participants identified as Black, and results revealed no significant differences between the student-athlete and nonathlete groups. Results from the current study appear to be consistent with previous research examining differences in stigma toward mental health services between college student-athlete and nonathlete populations (Barnard, 2016; Hilliard et al., 2019). For example, Hilliard et al., (2019) found no differences between student-athlete and nonathlete participants on stigma toward mental health services and Bird et al., (2018) found no differences between student-athlete and nonathlete levels of self-

stigma and public stigma from the general population. Because the current study could not measure attitudes toward mental health services, it could not be determined if those results would be consistent with previous research.

Results from the current study may be explained by the growing acceptance and promotion of mental health services on college campuses for student-athletes and nonathletes. In 2019, the NCAA mandated all member institutions competing at the Division I, II, and III levels make mental health services available to student-athletes through their athletic department or campus counseling centers (NCAA, 2019a). With the inclusion of mandated mental health care providers for NCAA college athletic programs, student-athletes may have more access to mental health services than in previous years. Additionally, specific aspects of stigma, such as public stigma, may be changing about the use of mental health services for student-athletes. Knowledge of the adverse impacts of mental health concerns for college student-athletes have been prominent in the media and has shown the negative consequences of mental health concerns. In recent instances, student-athletes have decided to quit college sports because of suicidal thoughts and others have completed suicide due to mental health concerns (Andone, 2022; Li, 2022). With the publicity of how mental health concerns are impacting student-athletes it is possible that the attitudes, stigma, and potential utilization of mental health services may be changing for the population.

Furthermore, the promotion of mental health services has been a pressing issue for college campuses in North America. In utilizing data from the American College Health Association (ACHA), Oswalt et al., (2020) were able to find that between 2009 and 2015, utilization of mental health services on college campuses nationally increased from 14.4% to 18.7%. Oswalt et al., (2020) additionally found that ACHA data indicated an increase in the

intention to utilize mental health services by college students with an increase of 6.6% from 67.1% to 73.7%. Current ACHA data also indicates that from their Spring 2022 dataset involving 54,000 undergraduate students, that 35.7% reported the use of mental health services, and that 42.8% of those students received services via their institution's counseling services (ACHA, 2022). With the increase in utilization of mental health services college students may be having more contact with service providers and with peers who have used mental health services. Past research has found that for college students, previous experiences with mental health services and knowing others who have used services are positively correlated with more favorable attitudes toward mental health services (Disaboto et al., 2018; Niegocki & Ægisdóttir, 2019).

CHAPTER 8
LIMITATIONS

Several limitations were present in the current study and need to be acknowledged. The first limitation of the current study is that participants utilized self-report measurements. Social desirability may have been present with the answers that participants responded with. The researcher additionally did not use any attention checks for the current study. Participants may have randomly selected answers or completed the survey in an inappropriate time span. The second limitation is that college student-athletes were not asked if they have had access or experience in working with sport psychology professionals or athletic staff mental health professionals. Student-athletes may have had more interaction with providers who could offer mental health services which may have impacted the student-athletes' attitudes and stigma toward mental health services. The results found in the current study may not be generalizable to Black college nonathletes who are from different regions of the country or attend institutions in different regions of the country. Additionally, the researcher was not able to analyze data pertaining to attitudes toward seeking mental health services. During the preliminary data

analysis, the ATSPPH-S was not found to be internally consistent within the current study (α = 0.42) and was not used in the final data analysis. The low internal consistency may be due to using the short from version of the ATSPPH instead of the original version which is a 30 item measurement instead of 10 items. The last limitation for the current study is that there was an uneven cell size between the samples of student-athletes and nonathletes which resulted in the use of nonparametric statistical analysis. By using nonparametric statistical analysis, the researcher elected to use methods that have less statistical power in finding an effect from testing compared to parametric statistical analysis (Field, 2018). The research intended to recruit 40 male and female student-athlete and nonathlete participants to achieve the predetermined statistical G power to detect an effect based on the number of dependent and independent variables present. Recruitment efforts led to far less than the intended number of student-athlete participants being included in the final data analysis resulting in the use of nonparametric statistical analysis.

CHAPTER 9
CONCLUSIONS AND IMPLICATIONS

Based on the findings from the current study there were several implications that can be inferred upon. First, college student-athletes and nonathletes may be receiving more messages about the acceptance of using mental health services and how those services can be beneficial. Because mental health concerns have been so prevalent for college students in the United States, many institutions have been working to enhance the accessibility and utilization of potentially beneficial mental health services. With the addition of the COIVD-19 global pandemic, empirical and meta-analytical studies have examined how institutions have been successfully promoting and implementing mental health interventions to college students using interventions such as Mindfulness, Mindfulness Based Cognitive Therapy, Mindfulness Based Stress

Reduction, and Cognitive Behavioral techniques to help reduce stress, anxiety, and depression (MacDonald & Neville, 2022; Worsley et al., 2022). Additionally, future research will need to include Black nonathletes from various institutions as the data collected during this study may not be generalizable with participants from institutions that place a higher emphasis on the use of mental health services. Lasty, future research needs to continue with the comparison of Black student-athlete and nonathlete groups as the findings from the current study lacked a large student-athlete sample size. In having a study with larger Black student-athlete representation researchers will be able to better identify if differences are present when examining attitudes and stigma toward mental health services between college student-athletes and nonathletes.

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APPENDIX A

LIMITATIONS

1. The study will be using self-report measurements. In using self-report measurements social desirability may impact the answers that participants provide.
2. College student-athletes from certain institutions may have more access or experience in working with a sport psychology professional or an athletic department staff psychologist who can provide them with mental health services.
3. College nonathletes will be enrolled within an undergraduate psychology course at one university located in the Southeast region of the United States, while student-athletes may be enrolled at other institutions.
4. The researcher was not able to analyze data pertaining to attitudes toward seeking mental health services. During the preliminary data analysis, the ATSPPH-S was not found to be internally consistent within the current study ($a = 0.42$) and was not used in the final data analysis.
5. There was an uneven cell size between the samples of student-athletes and nonathletes which resulted in the use of nonparametric statistical analysis. By using nonparametric statistical analysis, the researcher elected to use methods that have less statistical power in finding an effect from testing compared to parametric statistical analysis (Field, 2018).

Delimitations

1. Participants must identify as being Black.
2. College student-athletes and college nonathletes must be between the ages of 18-23.
3. College student-athletes must play at the NCAA Division I level.

APPENDIX B

DEFINITION OF TERMS

1. Stigma: a social cognitive process involving cues, stereotypes, prejudices, and discriminations which may prevent individuals from engaging in specific behaviors due to the threat of disproval from others (Corrigan, 2004).

2. Public Stigma: fear of the actual or perceived threat of disproval that members of the public will hold about an individual if they engage in specific behaviors (Corrigan, 2004).

3. Self-Stigma: Fear created in an individual's own mind based off if they engage in specific behaviors, fears can subsequently lower an individual's self-esteem (Corrigan, 2004).

4. Black: someone who identifies as being a person of color with a family or cultural background that may or may not originate from areas such as North America, Africa, the Caribbean Islands, or South America (American Psychological Association, 2020).

5. Attitudes: a mental process determining how an individual feels about objects, people, ideas, or constructs (Fischer & Turner, 1970).

APPENDIX C

DEMOGRAPHICS QUESTIONNAIRE

Instructions: Please answer the following questions truthfully and to the best of your ability

1. Age

    Fill in the Blank

2. Gender Identity

    Male, Female, Transgender Male, Transgender Female, Nonbinary Gender, Gender Nonconforming, Other

3. Race

    White, Black, Native American, Asian, Native Hawaiian/Pacific Islander, Hispanic, Lantix, Middle Eastern and North African, Other

4. Racial Identity

    Fill in the Blank

5. Year in School

    Freshmen, Sophomore, Junior, Senior, Graduate Student

2. NCAA Division I Athlete or Nonathlete

    NCAA Division I Athlete, Nonathlete

7. Sport

    Fill in the Blank

8. Currently in Season or Currently out of Season

    In Season, Out of Season

APPENDIX D

ATTITUDES TOWARD SEEKING PROFESSIONAL PSYCHOLOGICAL HELP SCALE SHORT FORM

Instructions: Read each statement carefully and indicate your degree of agreement using the scale below. In responding, please be completely candid.

0 = Disagree 1 = Partly disagree 2 = Partly agree 3 = Agree

1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.

2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.

3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.

4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.

5. I would want to get psychological help if I were worried or upset for a long period of time.

6. I might want to have psychological counseling in the future.

7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.

8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.

9. A person should work out his or her own problems; getting psychological counseling would be a last resort.

10. Personal and emotional troubles, like many things, tend to work out by themselves.

Scoring

Reverse score items 2, 4, 8, 9, and 10, then add up the ratings to get a sum. Higher scores indicate more positive attitudes towards seeking professional help.

APPENDIX E

SELF-STIGMA OF SEEKING HELP SCALE

Instructions: People at times find that they face problems that they consider seeking help for. This can bring up reactions about what seeking help would mean. Please use the 5-point scale to rate the degree to which each item describes how you might react in this situation.

1 = Strongly Disagree 2 = Disagree 3 = Agree & Disagree Equally 4 = Agree 5 = Strongly Agree

1. I would feel inadequate if I went to a therapist for psychological help.

2. My self-confidence would NOT be threatened if I sought professional help.

3. Seeking psychological help would make me feel less intelligent.

4. My self-esteem would increase if I talked to a therapist.

5. My view of myself would not change just because I made the choice to see a therapist.

6. It would make me feel inferior to ask a therapist for help.

7. I would feel okay about myself if I made the choice to seek professional help.

8. If I went to a therapist, I would be less satisfied with myself.

9. My self-confidence would remain the same if I sought professional help for a problem I could not solve.

10. I would feel worse about myself if I could not solve my own problems.

Items 2, 4, 5, 7, and 9 are reverse scored.

APPENDIX F

PERCEPTION OF STIGMATIZATION BY OTHERS FOR SEEKING HELP SCALE

Instructions: Imagine you had an emotional or personal issue that you could not solve on your own. If you sought counseling services for this issue, to what degree do you believe that the people you interact with would ______.

1 = Not at all 2 = A little 3 = Some 4 = A lot 5 = A great deal

1. React negatively to you

2. Think bad things of you

3. See you as seriously disturbed

4. Think of you in a less favorable way

5. Think you posed a risk to others

Scoring: add items 1-5.

APPENDIX G

STIGMA SCALE FOR RECEIVING PSYCHOLOGICAL HELP SCALE

Instructions: Please read each statement carefully and indicate your degree of agreement using the scale rated from 0 (strongly disagree) to 3 (strongly agree).

1. Seeing a psychologist for emotional or interpersonal problems carries social stigma

2. It is a sign of personal weakness or inadequacy to see a psychologist for emotional or interpersonal problems.

3. People will see a person in a less favorable way if they come to know that he/she has seen a psychologist.

4. It is advisable for a person to hide from people that he/she has seen a psychologist.

5. People tend to like less those who are receiving professional psychological help.

Higher scores indicate greater perception of stigma associated with receiving psychological treatment.

APPENDIX H

QUALTRICS SURVEY DEBRIEF PAGE

Thank you for your participation in this study. To reiterate, the primary purpose of the current study is to examine the differences in attitudes and stigma toward mental health services between Black college student-athletes and college nonathletes. The secondary purpose of this study is to examine any gender difference in attitudes and stigma toward mental health services between Black college student-athletes and college nonathletes. Here are a list of resources that you can contact if you have questions about your own mental health and the primary researcher's contact information if you have questions about the study or credit if you are accessing the study through SONA.

- Georgia Southern University Statesboro campus Counseling Center: (912)-478-5541
- Georgia Southern University Armstrong campus Counseling Center: (912)-344-2529
- Anxiety and Depression Association of America (240-485-1001): Provides information on prevention, treatment and symptoms of anxiety, depression, and related conditions.
- National Center of Excellence for Eating Disorders (800-826-3632): provides up-to-date, reliable and evidence-based information about eating disorders.
- National Suicide Prevention Hotline (800-273-8255): 27/4 Lifeline network for if you are thinking about suicide, are worried about a friend or loved one, or would like emotional support.
- Mental Health America (800-273-8255): Trained crisis workers that will help provides information on mental health resources that are available in your specific area.
- Primary Researcher: Tony Spencer, js52129@georgiasouthern.edu