

## *Journal of Issues in* **Intercollegiate Athletics**

### **Stepping Outside of their Comfort Zone:**

#### **Perceptions of Seeking Behavioral Health Services amongst College Athletes**

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*Research has indicated that college athletes are at risk for a number of mental health problems—including depression, substance abuse, alcohol abuse, and disordered eating. An athlete's willingness to seek out mental health services however is not fully understood. This study examined the level of comfort that college athletes have with seeking mental health services. Additionally, this study explored characteristics associated with reluctance in seeking mental health services. This study used a web-based survey to gather information from college athletes (N = 349). The researcher used descriptive and multivariate tests to analyze the data. This study found that college athletes reported feeling less comfortable seeking mental health services in comparison to services that support academic and athletic growth. Additionally, NCAA division level impacted the degree of comfort with seeking mental health services. Division I athletes felt significantly less comfortable seeking mental health services than Division II and III athletes. The profile of the sport played (high or low) did not significantly impact comfort levels. Future research should examine strategies for addressing barriers related to mental health stigma, athletic culture, ecological factors, and factors related to service delivery.*

*Keywords: athlete, college, mental health, behavioral health, help-seeking*

**M**ental health is an important dimension of college athlete well-being and exists on a continuum from resilience that facilitates functioning to mental health disorders that can moderately to severely disrupt functioning (Barnard, 2016; NCAA, 2017). Recent studies show college athletes are susceptible to problems such as depression, suicidal ideation, alcohol and substance use, and disordered eating (e.g., Cox, 2015; NCAA, 2017; Rao & Hong, 2015; Wolanin, Hong, Marks, Panchoo, & Gross, 2015). However, studies suggest that college athletes are reluctant to seek help for these problems, placing them at higher risk for behavior health problems.

A study by Cox (2015) found an estimated 33% of Division I college athletes self-identified as being depressed. Wolanin and colleagues (2015) found 23% of Division I college athletes met clinically relevant levels of depression. A study examining mental health needs across division levels found that 26% of college athletes felt a moderate to severe need to seek mental health services (Moore, 2015, 2016a). Suicide is also a central concern ranking as the fourth leading cause of death in college athletes (Rao & Hong, 2015). Moore (2015, 2016a) found 9% of athletes across division levels felt a moderate to severe need to seek suicide prevention.

Up to 52% of college athletes report they have consumed more than five drinks on multiple occasions in the past year (Druckman, Gilli, Klar, & Robison, 2015). In addition to concerns over alcohol abuse, the high-risk consumption of alcohol correlates with risky sexual behaviors and criminal activity in the college athlete population (Grossbard, Lee, Neighbors, Hendershot, & Larimer, 2007; White & Hingson, 2013). Moore (2015, 2016a) found 11% of college athletes reported a moderate to severe need for alcohol-related treatment. The NCAA (2017) found 22% of college athletes use marijuana and smaller percentages of athletes use various other controlled substances.

Wollenberg, Shriver, and Gates (2015) found 6.6% of female college athletes showed symptoms of disordered eating. Nearly 10% of female college athletes had low self-esteem about their appearance and 12% of female college athletes were dissatisfied with their body image (McLester, Hardin, & Hoppe, 2014).

### *Study Significance*

Knowing college athletes may be at jeopardy for developing behavioral health problems, examining a college athlete's comfort with seeking out behavioral health services becomes increasingly important. In many cases, an athlete's initial perception of behavioral health services dictates whether or not they seek treatment (Barnard, 2016). A recent pilot study at Ball State University revealed that 54.3% of Division I college athlete respondents felt the need to seek mental health intervention (Moore, 2016c). Nearly half of those athletes did not use the mental health services available to them (Moore, 2016c). This lack of treatment could have serious negative impact on the short- and long-term aspirations and life trajectories of these athletes. An important research question is therefore: what can be done to encourage college athletes to seek help when needed to avoid negative impacts on their athletic, academic, and personal lives.

This study will help to answer these questions by exploring current levels of comfort with seeking behavioral health services amongst the college athlete population. Additionally, this study identifies factors that may influence a college athlete's level of comfort with seeking behavioral health services. Identifying levels of discomfort and associated factors may provide guidance to athletic administrators and clinical practitioners on how best to address the behavioral health needs and service concerns of college athletes. In looking at comfort levels with behavioral health services, this study will compare how comfortable college athletes are with receiving athletic (e.g., athletic training) and academic services (e.g., academic advising) in comparison to behavioral health services. It is hypothesized that college athletes will feel significantly more comfortable with seeking athletic and academic services versus behavioral health services. Finally, this study explores the impact that division membership (I, II, or III) and profile of sport (high or low) has on an athlete's level of comfort. It is hypothesized that Division I athletes will have lower levels of comfort with receiving behavioral health services than Division II or III competitors. It is also hypothesized that college athletes participating in high profile sports will be less comfortable seeking behavioral health services as compared to athletes participating in low profile sports. High profile referred to sports with geographic importance, strong fan support, increased media attention and/or higher rates of athletic department funding. College athletes self-identified whether they felt their sport was a high or low profile sport at their college or university.

## Literature Review

### *Available Services*

The National Collegiate Athletic Association (NCAA, 2016) does have recommendations for promoting the success of a college athlete on the field, in the classroom, and in life. The NCAA Sport Science Institute promotes these recommendations. These recommendations call for athletic departments across the country to provide college athletes access to athletic training, sports medicine, academic advisors, tutoring services/study tables, and career development, amongst other services. In 2013, the NCAA created the Mental Health Best Practices for Understanding and Supporting Student-Athlete Mental Wellness (NCAA, 2013). Recommendations include: (1) ensuring clinically licensed practitioners are providing mental health care, (2) identifying a procedure for referring student-athletes to qualified practitioners, (3) completing pre-participation mental health screening, and (4) advocating for a health-promoting environment that supports the mental well-being and resiliency of student-athletes.

### *Factors Influencing Comfort with Behavioral Health Services*

Even if services are available, there are concerns about whether or not college athletes feel comfortable seeking help for a behavioral health problem? (Barnard, 2016; Gill, 2008). First, many college athletes believe that disclosing a behavioral health risk is a sign of personal weakness and failure (Gill, 2009). College athletes, coaches, and staff tend to minimize mental symptoms as it is counter-productive to traditional sport culture that tells us athletes are supposed to be mentally tough (Baumann, 2016; Carr & Davidson, 2015; Corrigan, Druss, & Perlick, 2014). These factors build onto existing concerns about mental health stigma in the overall

population (e.g., thoughts of insecurity, inadequacy, inferiority, and weakness) (Lannin, Vogel, Brenner, Abraham, & Heath, 2016).

A second potential factor influencing an athlete's comfort is their own mental health literacy, which includes college athletes who cannot distinguish between normal and abnormal distress (Gulliver, Griffiths, & Christensen, 2012; Kelly, Jorm, & Wright, 2007; Kim, Saw, & Zane, 2015). This could result in help-seeking reluctance because they are uncertain as to whether their mental health symptoms warrant professional help. A third potential factor is the athlete's attitudes and views regarding helping professionals, which include a college athlete's lack of confidence in helping professionals and preconceived ideas about how a helping professional will view their problem (Lopez & Levy, 2013). A fourth factor includes a college athlete's concerns over privacy and confidentiality with services (Lopez & Levy, 2013).

Finally, college athletes also believe that disclosing a behavioral health risk could result in loss of playing time, loss of scholarship, loss of relationships with teammates, and cause disappointment in the eyes of a coaching staff and their informal support network (Ford, 2007; Williams et al., 2008).

### *Current Study*

Gearity (2010) found that college athletes feel athletic and academic success is more important than mental health in the eyes of their coaches and other leaders within a university's athletic department. It is for this reason the researcher is hypothesizing that athletes will feel more overall comfort with seeking athletic and academic services than behavioral health services. More specifically, the researcher hypothesizes that division membership and sport profile are significant factors influencing athletes' comfort level with seeking behavioral services. This research study fills a gap in the literature by exploring the influence division membership has on comfort level. No existing studies have examined the impact division membership has on an athlete's comfort with seeking behavioral health services. Given that Division I college athletes have larger concerns about scholarship eligibility, the possibility of playing their sport at the professional level, and often have greater pressure from coaches, teammates, and the media than do Division II and III college athletes (Brenner & Swanik, 2007), the researcher is hypothesizing that Division I athletes will have lower levels of comfort than Division II and III competitors.

This study fills a second gap in the exploration of how the profile of an athlete's sport impacts their comfort with behavioral health services. The researcher hypothesized that college athletes competing in high profile sports would be less comfortable seeking behavioral health services than athletes participating in low profile sports. College athletes in high profile sports often receive more media attention and attention from the overall campus population. These pressures could result in a college athlete feeling like it is less acceptable to seek help for a behavioral health risk.

Researching comfort with seeking behavioral health services is of growing importance as the NCAA named mental health as the number one health concern facing student-athletes (NCAA, 2013). Increasing comfort levels with seeking services is vital to changing the future lives of college athletes who are battling a variety of mental health challenges. Untreated mental health concerns can impact athletic performance (Turner, Moore, & Jenny, 2016), challenges adjusting to life outside of athletics (DeFreese & Smith, 2013; Watson & Kissinger, 2007), and lead to the development of unhealthy coping strategies (Moore, 2016b).

The behavioral health challenges impacting college athletes are serious. However, by focusing on increasing comfort with seeking services, athletic departments can take a crucial initial step in encouraging more athletes to step outside of their comfort zone, disclose their mental health concerns, and seek treatment.

## Method

### *Research Question*

This research study explored the comfort level of college athletes with seeking academic, athletic, and behavioral services. In addition, this research explored whether or not significant differences exist between a college athlete's comfort in seeking services based on their NCAA division membership and profile of sport.

### *Research Design*

For this exploratory study, the researcher used a cross-sectional, web-based survey design to collect information from college athletes at NCAA affiliated colleges or universities. To determine the desired sample size, the researcher began by selecting the statistical test necessary to answer the research questions. The researcher used a Multivariate Analysis of Variance (MANOVA) for answering the research question. This researcher used a statistical power of 0.80 and a medium effect size. With the lack of existing research to build a theoretical framework, the researcher used a medium as opposed to small or large effect size. The researcher used confidence intervals of 0.05, which were liberal rather than accurate estimates. Considering these factors, the desired sample size for this study was a minimum of 249 college athletes (Faul, Erdfelder, Lang, & Buchner, 2007). The final sample included 349 college athletes. With this sample size, the statistical power for the research question exceeded 0.8 (Faul et al., 2007).

In order to obtain the desired number of responses from college athletes, the researcher used publicly available and complete lists of colleges and universities from the NCAA (2016) to conduct a proportionate stratified random sampling strategy. The researcher used division membership to identify three strata (Division I, II, and III). The researcher used a table of random numbers, in accordance with the desired sample size, to select 19 Division I programs, 17 Division II programs, and 24 Division III programs to participate in the study.

Once the researcher used stratified random sampling techniques to identify 60 colleges or universities, the researcher used the school's website to obtain the contact information (name and email address) for the athletic director. The researcher asked the athletic director to pass along the link for a web-based survey, a cover letter, and a study information sheet to his or her college athletes for completion. To avoid potential selection bias, the researcher asked the athletic director to send the survey to all college athletes competing at his or her university.

### *Study Participants*

The researcher collected information about the age, gender, race, class standing, number of years playing college athletics, sport played, NCAA division membership, and profile of sport for the 349 college athletes that participated in the study (see Table 1). The age range for this sample was 18-25 years ( $M = 19.44$ ). Female college athletes accounted for 55% of the total

sample. A majority of the college athletes identified as white (74%). Thirty percent of the respondents were sophomores in college. Approximately 45% of college athletes were in their first year of competing in college athletics. The largest percentage of college athletes competed at the Division III level (39%). Over half of the college athletes (56%) identified their sport to be low profile. College athletes from this sample competed in 18 different sports. The most popular sports played were soccer, basketball, football, and softball.

### *Measures/Instruments*

*Development of web-based survey.* The researcher was not able to locate previously validated surveys for this study. Thus, the researcher developed a new survey. The researcher provided the draft survey to a panel of five experts in the field of college athletics for their review and feedback of the survey's readability, content, length, and face validity. The researcher also tested for internal consistency of the questionnaires by using Cronbach's  $\alpha$ . The questionnaire had a Cronbach's  $\alpha$  of 0.91.

*College athlete survey.* Questions about a college athlete's comfort with seeking services were related to nine support services, which were clustered into three distinct categories. First, athletic services included athletic training and medical services. Second, academic services included academic advising, career development, and tutoring services. Third, behavioral health services included mental health services, substance abuse services, alcohol addiction services, and suicide prevention. College athletes were asked to indicate how comfortable they would feel seeking each service on a nine-point Likert scale ("0 = Not at All" to "8 = A Great Deal"). Participants also answered open-ended, qualitative questions about barriers that prevent them from feeling comfortable with seeking behavioral health services. All study participants were asked to provide information on their age, gender, race, class standing, number of years playing college athletics, sport played, NCAA division membership, and profile of sport. Athletes self-identified their sports as either low or high profile. High profile sports referred to sports with geographic importance, strong fan support, increased media attention, and/or higher rates of athletic department funding.

### *Data Analysis*

There were two independent variables in this study - NCAA division membership (I, II, or III) and profile of sport (high or low profile). These variables were categorical. There were multiple dependent variables for this study as the researcher created composite (sum) scores. The researcher calculated three composite scores for the overall comfort college athletes feel in seeking athletic, academic and behavioral health services.

The researcher used descriptive statistics to provide details about the sample and an overview of the survey results. The researcher used a MANOVA to explore the impact NCAA division membership and profile of sport had on a college athlete's comfort with seeking services. This test allowed the researcher to examine the mean differences between levels of the independent variable(s) on three dependent variables. The use of a MANOVA not only protected the inflation of type I error, but also allowed the researcher to examine group differences on each dependent variable, as well as group differences on the combined construct (Field, 2009).

## Results

### *Descriptive Statistics*

The services college athletes were most comfortable seeking were those related to athletic and academic success. The services college athletes felt the least comfortable seeking were all the behavioral health services (See Table 2). Of particular interest is the number of college athletes that only felt a little or not at all comfortable with seeking behavioral health services compared to athletic and academic services (See Table 3).

### *Statistical Assumptions*

Prior to analysis, data for the research question was evaluated to ensure that the assumptions for a MANOVA were fulfilled. All assumptions of the MANOVA were satisfied.

### *Results of the MANOVA*

**Main effect – NCAA division membership.** The results of the MANOVA showed an overall significant difference between NCAA division membership on a college athlete's comfort in seeking services (Pillai's Trace = 0.10,  $F_{(2, 343)} = 6.11$ ,  $p < 0.001$ ). Division level accounted for 5% of the variance in comfort level with services.

The results of the post hoc between-subjects effects indicated that college athletes differed significantly based on their NCAA division level in their comfort with seeking behavioral health services ( $F_{(2, 343)} = 8.88$ ,  $p < 0.001$ ,  $CI_{95} = (17.92, 19.96)$ ,  $\eta^2 = 0.05$ ). Division I college athletes experienced significantly lower levels of comfort in seeking behavioral health services ( $M = 15.73$ ) than Division II ( $M = 20.84$ ) and Division III ( $M = 19.73$ ) college athletes (See Table 4). There were no significant differences between NCAA division level and comfort seeking athletic ( $F_{(2, 343)} = 2.28$ ,  $p > 0.05$ ,  $\eta^2 = 0.01$ ) or academic services ( $F_{(2, 343)} = 1.92$ ,  $p > 0.05$ ,  $\eta^2 = 0.01$ ).

**Main effect – profile of sport.** The results of the MANOVA showed no significant difference between profile of sport on a college athlete's comfort in seeking services (Pillai's Trace = 0.01,  $F_{(1, 343)} = 1.33$ ,  $p > 0.05$ ). In other words, the profile of a college athlete's sport did not influence their comfort seeking athletic, academic, or behavioral health services (See Table 5). Profile of sport accounted for 1% of the variance in a college athlete's comfort with seeking services ( $\eta^2 = 0.01$ ).

**Interaction effect – NCAA division membership by profile of sport.** The results of the MANOVA showed no significant division membership by profile of sport interaction effect on a college athlete's comfort of seeking athletic, academic, or behavioral health services (Pillai's Trace = 0.10,  $F_{(2, 343)} = 0.75$ ,  $p > 0.05$ ). In this study, division level by profile of sport interaction accounted for less than 1% of the variance in overall comfort with seeking services.

### *Service Barriers*

Participants also answered an open-ended question about barriers that prevent them from feeling comfortable with seeking behavioral health services. Commonly occurring themes included: (1) stigma associated with mental health disorders, (2) feelings of weakness based on

athlete identity, (3) providers not understanding the demands placed on athletes, (4) fear seeking services will impact sport performance, (5) feelings of disappointment from teammates and coaching staff, (6) concerns over privacy and confidentiality, (7) lack of understanding of mental health, and (8) a general lack of knowledge of how to access services. All of these were themes in the responses of thirty or more college athletes.

There were two quotes from athletes that best illustrate these barriers. One athlete stated, “My coach tells players who discuss their feelings to suck it up and play. He tells us feeling anxious is normal and only makes us stronger athletes. I do not show any emotions around him so he will not think I am weak.” A second athlete stated, “I do not know who to talk to about my problems. I also do not want my coaches and teammates finding out I need help.”

## Discussion

### *Significant Findings*

Division I college athletes experienced significantly lower levels of comfort in seeking behavioral health services than Division II and Division III college athletes. This hypothesis was found to be true. Division I athlete respondents listed that scholarship eligibility, concerns over losing playing time, and fear of disappointing teammates and coaches were the top reasons they did not feel comfortable seeking behavioral health services.

In addition, the descriptive data revealed college athletes across the three divisions were more likely to feel comfortable seeking athletic and academic services than behavioral health services. This hypothesis was also true and supported findings of earlier studies about the emphasis placed on competition over of mental well-being (Gearity, 2010).

The barriers identified by college athletes were also consistent with the findings of previous research (e.g., Baumann, 2016; Carr & Davidson, 2015; Corrigan, Druss, & Perlick, 2014; Lopez & Levy, 2013). The fact that these barriers remain consistent throughout studies illustrates the need for change in the mindset of college athletes and those whom provide them with mental health care. The lack of significant findings around profile of sport potentially speaks to the overall nature of athletic identity. Regardless of your sport, college athletes are fueled by the same characteristics of competition. In other words, the sport of tennis means as much to a tennis player as football means to a football player.

Overall, the fact that college athletes do not feel comfortable seeking behavioral health services is extremely alarming, especially knowing that a meaningful percentage of athletes have a moderate to severe need for these services. If college athletes do not receive the support necessary to help them, the number of college athletes experiencing behavioral health risks will likely not improve (Beauchemin, 2014; Dean & Rowan, 2014). It is imperative that colleges and universities explore strategies for encouraging college athletes to disclose the challenges they are facing and seek services. One idea for improving the current state of services would be the utilization of sport social workers.

The values and ethics of the social work profession (National Association of Social Workers, NASW, 2008) are a strong fit for understanding the environmental and internal stressors impacting college athletes. Social workers are broad practitioners that focus on the environment and other influences that affect a college athlete’s safety and well-being (Dean & Rowan, 2014). In large part, this is what makes the social work profession an appropriate discipline for helping athletes gain comfort with seeking mental health treatment. Social workers



respect the dignity and worth of all individuals and would work tirelessly to promote social justice (NASW, 2008). They would also respect a college athlete's identity and culture. Sport social workers would have the competency needed to address the unique needs of each college athlete, which includes competition level and other demographic criteria. It also includes consideration of each college athlete's level of comfort with services and an individualized plan for ensuring that barriers do not prevent a college athlete from receiving help. Not to mention, that social workers receive training on theoretical and practice models that are frequently used to treat mental health concerns (Moore, 2016b).

### *Study Limitations*

This research study had limitations that might have impacted the results. First, despite an attempt to randomly select an initial study sample, the response rates made the final sample more of an availability sample. This causes concerns with the generalizability of the findings. Second, the measurement tool used for this research was constructed specifically for this study. While the researcher was able to check for face and content validity and internal consistency reliability, additional information about the reliability and validity of the tools remains unknown. Third, the findings in this study presented similar challenges as previous research, with only having medium effect sizes (Armstrong & Oomen-Early, 2009; Watson & Kissinger, 2007). Fourth, this study relied on self-reported data. Thus, there is no way to independently verify participant responses and social desirability bias in responses is possible.

### *Directions for Future Research*

In order to promote help-seeking behavior among college athletes, future research should examine strategies for addressing barriers related to mental health stigma, athletic culture, ecological factors, and factors related to service delivery. Research should evaluate how mental health professions (e.g., social workers) could influence an athlete's comfort with receiving services. Particularly, research should explore helping strategies for empowering college athletes to discuss mental health concerns. Future research should also evaluate existing and new mental health treatment models to determine what approaches are best suited for assessing and intervening when a college athlete is experiencing behavioral health challenges. Additionally, researching interventions for coaches to positively influence an athlete's help-seeking tendency could address the structural issues discussed throughout this article.

## **Conclusion**

If the NCAA and college athletic departments would like to see a decrease in the number of mental health issues among athletes, more must be done to make athletes feel comfortable with seeking services. This starts with engaging college athletes in conversations about mental health, risk factors, and interventions. Furthermore, all individuals involved in a college athlete's life must empower athletes to seek mental health treatment so they can grow as a person in the classroom, in competition, and in life. As soon as athletes believe that seeking help is acceptable they will no longer have to step outside of their comfort zone.

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Table 1.

*College Athlete Demographics (N = 349)*

Demographic Characteristic	<i>N</i>	%
Age ( <i>M</i> , <i>SD</i> )	19.44 (1.26)	
Gender		
Male	157	45%
Female	192	55%
Race		
White	259	74%
Black	45	13%
Multi-racial	32	9%
Asian	7	2%
American Indian	5	1%
Pacific Islander	1	<1%
Class Standing		
Freshman	94	27%
Sophomore	104	30%
Junior	76	22%
Senior	75	21%
Years Playing Collegiately		
First Year	157	45%
Second Year	91	26%
Third Year	71	20%
Fourth Year	30	9%
NCAA Division Membership		
Division I	93	27%
Division II	120	34%
Division III	136	39%
Profile of Sport		
High	152	44%
Low	197	56%

Table 2.

*College Athlete Comfort with Seeking Support Service*

Service	College Athlete <i>M (SD)</i>
Athletic Training	7.16 (1.37)
Academic Advising	7.06 (1.44)
Career Development	6.70 (1.66)
Medical Services	6.66 (1.75)
Tutoring Services	6.61 (1.78)
Mental Health Services	4.22 (2.53)
Alcohol Addiction Services	3.79 (2.50)
Substance Abuse Services	3.58 (2.55)
Suicide Prevention	3.46 (2.73)

*Note: Respondents were asked to indicate their comfort with seeking services on a nine-point scale (0 = Not at All to 8 = A Great Deal)*

Table 3.

*College Athletes with Little to No Comfort with Seeking Support Services*

Service Type	Score = 0 ( <i>N</i> ) (No Comfort)	Score = 1 ( <i>N</i> )	Score = 2 ( <i>N</i> ) (Little Comfort)	Total <i>N</i> (% out of 349 total athletes)
Suicide Prevention	72	37	40	149 (43%)
Substance Abuse Services	56	30	47	133 (38%)
Alcohol Addiction Services	49	24	44	117 (33%)
Mental Health Services	40	25	32	97 (28%)
Medical Services	3	3	5	11 (3%)
Tutoring Services	4	3	3	10 (3%)
Career Development	3	2	2	7 (2%)
Academic Advising	2	1	3	6 (2%)
Athletic Training	1	1	2	4 (1%)

Table 4.

*Results for Comfort Seeking Services based on NCAA Division (College Athletes)*

Service Type	Division	<i>M(SD)</i>	Post-hoc Results
Athletic	I	16.33 (2.52)	
	II	15.82 (2.79)	
	III	15.46 (2.92)	
Academic	I	24.15 (3.78)	
	II	23.03 (4.47)	
	III	23.15 (3.98)	
Behavioral Health*	I	15.73 (7.52)	I < II ( $p < 0.001$ )
	II	20.84 (10.10)	
	III	19.73 (10.25)	I < III ( $p = 0.002$ )

\* $F(2,343) = 8.88, p < 0.001, CI_{95} = (17.92, 19.96), \eta^2 = 0.05$

Table 5.

*Results for Comfort Seeking Services based on Profile of Sport (College Athletes)*

Service Type	Division	Profile of Sport	<i>M(SD)</i>
Athletic	I	High	16.29 (2.69)
		Low	16.37 (2.38)
	II	High	15.92 (2.81)
		Low	15.73 (2.79)
	III	High	15.83 (2.89)
		Low	15.22 (2.94)
Academic	I	High	24.38 (3.74)
		Low	23.94 (3.84)
	II	High	23.38 (4.47)
		Low	22.75 (4.50)
	III	High	23.81 (3.98)
		Low	22.71 (4.50)
Behavioral Health	I	High	15.44 (7.82)
		Low	16.00 (7.30)
	II	High	21.47 (10.84)
		Low	20.34 (9.53)
	III	High	22.44 (10.37)
		Low	17.94 (9.83)