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Division II Baseball and Softball Athletes' Perceptions of Mental Health and Personal Well-Being

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Mental health is a topic of increasing interest for athletics administrators and sport researchers. Although the majority of student-athletes compete in Divisions II and III, most mental health research has centered on the Division I athlete population, primarily focusing on high-profile sports. Therefore, the goal of this study was to understand Division II baseball and softball players' understanding of mental health and mental health services, barriers to use, and the impact of the COVID-19 pandemic on their mental health. Using purposive sampling, 15 athletes competing in baseball or softball at the Division II level were interviewed. Understanding of Mental health, Barriers (e.g., stigma, macho mentality), Need for Services (e.g., awareness of service, lack of services), Personal Experiences and Support, and COVID-19 Impact emerged as themes among participants. These results bolster previous research on barriers and stigmas associated with mental health services among male athletes and highlight the need for education and awareness around mental health services.

Keywords: mental health, Division II, baseball

The National Collegiate Athletic Association (NCAA) comprises three divisions with disparate resources and expectations among athletes. According to the NCAA (2021a), 350 colleges and universities compete at the Division I level with an average expense of $18.2 million supporting more than 187,000 athletes. These institutions provide the highest level of coaching, resources, and services compared to the other divisions, and some athletes use the exposure provided by competing for these schools as a means to play professionally (Butler et al., 2020). Division II has 300 colleges and universities with average expenses of $6.8 million supporting 100,000 athletes. Division II athletes appreciate the balance between academics and athletics (Judge et al., 2012) and use their academic credentials to combine athletic and academic scholarships to support their education (Butler et al., 2020). Division III is the largest division with 405 schools and more than 188,000 athletes, yet the lowest level of expenses ($2.5 million) as these colleges and universities do not provide athletic scholarships. Because of this latter fact, these athletes depend on academic scholarships, grants-in-aid, or personal funds to support their education. The economic disparity across divisions yields even greater disparity in ancillary resources and services (e.g., mental health) provided to athletes at the Division II and III levels, which is particularly challenging for Division II institutions, as athletics departments and athlete support remain siloed outside of general campus services and support.

Division II was established in 1975 to "keep their athletics budgets in good proportion to the total institutional budget a place to compete" (NCAA, 2021a, p. 2). According to the NCAA (2021a):

> Division II supports the educational mission of college athletes by fostering a balanced and inclusive approach in which student-athletes learn to develop their desired academic pursuits, in civic engagement with their communities and in athletics competition. Division II gives student-athletes the unique opportunity to compete in the classroom, on the field, in their career, for their causes, and on their terms. (p. 1)

Although Division II is the smallest division in the membership, scholarship has largely ignored the Division II athlete population (Aicher & Sagas, 2007; Nite, 2012; Williams et al., 2020). Past studies focused on Division II specifically have explored athlete burnout (Judge et al., 2012), athletes' physical fitness and athletic performance (Garstecki et al., 2004; Sygulla & Fountaine, 2014), spectators' motives to attend athletic events (Chio et al., 2009; DeSchriver & Jensen, 2002), and faculty attitudes toward athletes (Baucom & Lantz, 2001; Feezell, 2013). Nite's (2012) qualitative study "revealed that limited resources coupled with pressure to win presented substantial challenges for the athletic department to support and foster the development of its student-athletes beyond the athletic realm of competition" (p. 1).

The NCAA (2021b) Division II manual states, "It is the responsibility of each member institution to protect the health of and provide a safe environment for each of its participating student-athletes" (p. 2). The NCAA (n.d.) also encourages its member institutions to "educate student-athletes, coaches, and faculty athletics representatives to help create a culture that promotes care seeking and mental well-being and resilience" (Best Practice No. 4 section). However, despite the responsibility of the NCAA and its member institutions to support mental health awareness efforts and encourage help seeking behaviors, college athletes have reported high rates of mental health concerns (e.g., Cox et al., 2017; Habeeb et al., 2022; Hatteberg, 2020). Additionally, due to the stigma associated with mental health issues (Wilkerson et al.,

2020, 2022) and the lack of related resources (Stokowski et al., 2020), college athletes often do not actively seek mental health treatment (Habeeb et al., 2022).

Edwards et al. (2022) found college athletes "reported significantly lower rates of most mental health symptoms, diagnoses, and treatment" (p. 75) compared to their nonathlete peers; however, college athletes' unique combination of academic and athletic responsibilities exposed them to higher levels of stress and associated reactions (Etzel, 2006; Hwang & Choi, 2016). One potential cause for the added stress is the time commitment required by college athletics, combined with academic and social responsibilities. These factors contributed to 30% of college athletes reporting feeling severely overwhelmed by their responsibilities (NCAA, 2016). Thus, it is important for athletics departments to provide college athletes with mental health services (Stokowski et al., 2020). Sudano and Miles (2016) found 98% of Division I institutions provided college athletes with mental health services; however, only 66% of Division I athletic departments employ a sport psychologist (Stokowski et al., 2020). Mental health services are underused by college athletes despite documented availability and obvious reasons for use (Etzel et al., 1996; Pinkerton et al., 1989; Wilkerson et al., 2020). Researchers have identified several perceived barriers college athletes experience when considering the use of mental health services such as preexisting negative stigma toward mental health service use, ineffective mental health services, and time constraints (Hatteberg, 2020; Moreland et al., 2018; Wilkerson et al., 2020).

Wilkerson et al. (2020) examined Black Division I football college athletes' perceived barriers to seeking mental health services. Using semistructured interviews, their results indicated participants viewed seeking mental health service as weakness, and mental health was simply not discussed on their campus. Wilkerson et al. called for scholars to contribute to the growing body of research on college athlete mental health by expanding such scholarship to different sports and across NCAA divisions. Given resource differences between Division I and II athletic programs and among athlete experiences (Nite, 2012), further research in this context is warranted. In particular, due to the greater focus on academics alongside athletic performance in Division II and III institutions (Judge et al., 2012), their students may experience greater pressure to perform in both areas, as their financial support may depend as much on academic support as it would athletics (Butler et al., 2020).

Mental health research has largely centered on athletes in high-visibility sports (i.e., football and basketball) that engender additional pressures that may lead to greater stress and other issues related to mental health than for those in lower visibility sports (Wilkerson et al., 2020). Baseball and softball, in particular at the Division II level, receive little to no media attention; however, during their season, these athletes commonly miss several weeks of class due to travel and competition with little support from coaches, staff, and faculty to keep up with their studies (Brown et al., 2014; Paule-Koba et al., 2021), potentially leading to greater academic pressures. Therefore, the purpose of this study was to examine Division II baseball and softball athletes' perceptions of mental health and the resources available to them at their universities. The following research questions guided this study:

RQ 1: What are Division II baseball and softball college athletes' perceived barriers to seeking mental health treatment?

RQ 2: Do Division II baseball and softball college athletes feel there is a need for mental health support?

RQ 3: How do Division II baseball and softball college athletes perceive mental health support?

RQ 4: How did the COVID-19 pandemic influence Division II college athletes' mental health and personal well-being?

Literature Review

Moore (2016) cited various reasons (e.g., age, gender, race) college athletes may experience mental health disorders. Moreover, Moore expressed NCAA classification (Division I, II, III) also plays a role in college athletes' mental health and well-being. Similarly, Yang et al. (2007) stated college athletes are a unique population who deserve individuated investigation. Still, literature Division II college athletes' mental health is scant, and the existing scholarship has largely ignored baseball and softball college athletes (Williams et al., 2020).

Stress Exposure and Reactions in Collegiate Athletics

Increased stress exposure among college athletes caused by athletic commitments, academic responsibilities, and perceived limited locus of control is well established. Stressors associated with athletic competition and commitments, such as training, practice schedule, performance expectations, injury, fatigue, and, in some cases, hazing, significantly affect college athletes (Etzel, 2006). Specifically, failure to meet performance expectations, especially when an athletic scholarship is involved, causes anxiety, depression, and decreased self-concept and self-esteem (Hammond et al., 2013). Yang et al. (2007) found a positive correlation between stress exposure and college athletes who experienced a physical injury because of the associated psychological, emotional, and social symptoms.

The time commitment required by collegiate athletics is another significant stressor among college athletes, which affects both physical health and academic aptitude (Brown et al., 2014). The NCAA (2016) reported athletes spent an average of 32 hours per week on athletics, with some sports such as baseball and football reporting an average of 40 hours per week. Time commitment to training, practice, and competition furthers stress exposure by leaving college athletes fatigued and with limited time available for proper sleep, nutrition, and investment in academics (Brown et al., 2014). Hwang and Choi (2016) concluded the most important predictor for perceived stress among college athletes was academic anxiety caused by lack of time and perceived institutional expectations. Investing such a large amount of time into athletics leaves considerably less time for academics, and many college athletes have reported a culture that has emphasized athletic success over academic success at their institution (Adler & Adler, 1991). The combination of athletic and academic responsibilities leaves college athletes with a perceived inability to exert control over many areas in their lives (Etzel, 2006; Watson, 2016). Watson (2016) suggested a perceived limited locus of control, having so many commitments in so many areas, and "feeling unable to give maximum effort and excel in all areas" increased stress levels among student-athletes (p. 735).

A positive correlation between stress exposure and stress reactions among college athletes in the form of depression, anxiety, alcohol abuse, drug abuse, eating disorders, and suicide or suicidality is well documented. For example, Yang et al. (2007) found 21% of college athletes showed symptoms of depression, which correlated with higher anxiety scores. Additionally, demographics played a significant role because participants who were female, non-White, freshmen, transfers, or had a history of injury reported experiencing depressive symptoms more often than their counterparts, indicating a portion of the population at further risk (Barnard, 2016; Demirel, 2016; Moreland et al., 2018; Yang et al., 2007). Hammond et al. (2013) studied

performance-failure-based depression in athletes and found the prevalence of depression was higher among college athletes than the general population, and performance failure was associated with depression.

Due to stressors associated with recent events (e.g., COVID-19 pandemic, national disasters, racial injustices, wars), mental health concerns appear to be increasing (Czeisler et al., 2020). Grubic et al. (2021) stated, "With the removal of intercollegiate sport due to COVID-19 restrictions, many student-athletes may feel deprived of this much-needed outlet, which is a major component of their personal and athletic identities" (p. 950). College athletes often resonate with their athletic role and, thus, experience high levels of athlete identity (Stokowski et al., 2019). Research has shown a link between athlete identity and mental health (Griffith & Johnson, 2002; Mignano et al., 2006; Sturm et al., 2011). Despite the COVID-19 pandemic disrupting intercollegiate sport, research on college athletes' mental health during such a trying time has appeared to be contradictory. Valster (2020) and Stokowski et al. (2022) did not find any significant mental health concerns among Division III college athletes due to the COVID-19 pandemic. However, Chandler et al. (2021) found COVID-19 disrupted college athletes' sleep patterns, and college athletes reported a decrease is psychological well-being. The NCAA (2020) reported college athletes indicated COVID-19 presented an increase in mental distress, and college athletes of color were particularly impacted due to increased financial hardships. Only time will expose the true impact of the COVID-19 pandemic on the college athlete population.

Alcohol and Drugs

The presence of alcohol and drug abuse among college athletes is another indicator of mental health issues. Leichliter et al. (1998) found college athletes averaged more drinks per week and engaged in more frequent binge drinking episodes than nonathletes. College athletes were also more likely than nonathletes to have negative consequences associated with alcohol use. Etzel (2006) stated:

> The added pressure that student-athletes are under combined with peer pressure fostering a "work hard, play hard" mentality and the overall link between alcohol and athletic culture, leads to more frequent binge drinking episodes and reliance on alcohol among the student-athlete population." (p. 525)

Brown et al. (2014) bolstered that assertion and reported college athletes engage in binge drinking (i.e., more than four drinks for women and more than five drinks for men) more often than their nonathlete peers and typically binge drink greater than 39% and 31% of the time, respectively. Brown et al. also noted 30% of college athletes reported blacking out during alcohol use, which is a red flag indicating developing an addiction to alcohol.

College athletes are prone to drug abuse. Although Etzel (2006) noted college athletes and nonathletes exhibited approximately the same amount of recreational drug use, addiction to drugs (most commonly marijuana) in response to a mental illness can be detrimental to college athletes' cognitive abilities. The presence of additional stressors for college athletes compared to their nonathlete counterparts increases the likelihood of drug use in response to mental health disorders, possibly causing decreased cognitive abilities (Brown et al., 2014; Etzel, 2006).

College athletes also commonly experience eating disorders. The combination of daily time demands from both academic and athletic responsibilities and athletic expectations regarding physical appearance and ability leaves college athletes at risk to develop eating disorders (Etzel, 2006; Goss et al., 2005; Hellmich, 2006). Female athletes have been found to be

at considerably higher risk for eating disorders due to aesthetic expectations placed on them (Etzel, 2006). As a result of increased stressors and associated mental illnesses, death by suicide among college athletes has become a predominant issue (Gross et al., 2020). Etzel (2006) also noted suicide and suicidality as an important consideration for college athletes due to the prevalence of mental health issues among the population and their tendency to underuse mental health services.

Available Services

Athlete Development. College athletes are a unique population of college students; thus, their experiences not only substantially contrast with those of their nonathlete peers, but such experiences also differ based on institutional and athletic affiliations (i.e., Division I, II, III; Patton et al., 2016). To ensure athletes' needs are met, Livengood et al. (2015) developed the athlete development literacy model. Athlete development is a new term that is representative of the necessary literacies needed to assist this population in their personal and player development (Livengood et al., 2015; Navarro et al., 2020; Stokowski, 2022). Both player and personal development literacies impact an athletes' life while participating in sport (Livengood et al., 2015). In the athlete development model, personal development literacies include those pertaining to finance, media, transition, career, mental and emotional health, professionalism, and character. Player development literacies, which impact sport performance, include nutrition, physical, fitness, technical and tactical sport, health, mental, and behavioral development. Most institutions have programming (e.g., academic services, career construction, leadership, strength and conditioning) to assist in college athletes' ability to excel in the classroom and on the field of play (Navarro et al., 2020). As mental health is the only literacy found in both player and professional development literacies (Livengood et al., 2015), it is a vital component of an athlete's experience (Stokowski et al., 2020).

Mental Health. Numerous studies have demonstrated college athletes are at risk for mental health disorders (e.g., Etzel, 2006; Hwang & Choi, 2016; Moore, 2016; Watson, 2016; Yang et al., 2007), and this population struggles in demonstrating help-seeking behavior (e.g, Cox, 2015; Etzel et al., 1996; Wilkerson et al., 2020, 2022). Unfortunately, the literature has rarely addressed college athletes who participate outside of NCAA Division I member institutions (Williams et al., 2020). Although the NCAA Sport Science Institute (2016) provided best practices for mental health resources for the college athlete population, data in this area appear to be conflicting. Sudano and Miles (2016) determined 98% of Division I institutions offered mental health services; however, 72% were in the student counseling center (i.e., not specifically for college athletes but for the general student population). Approximately 20% of mental health services were provided in the athletic training room, and 18% were located elsewhere in the campus's athletic department.

Additionally, merely 43% of universities used screening instruments to assess mental health disorders. Kroshus (2016) indicated less than half of universities reported their sports medicine department administered a written or verbal screening instrument for symptoms of disordered eating (44.5%), depression (32.3%), or anxiety (30.7%). Combined, these studies illustrate the presence of mental health services at almost every Division I institution; yet, the efficacy of these services are inconclusive. Stokowski et al. (2020) found sport psychologists played a significant role in winning success at Division I institutions; yet, more than a quarter of Division I institutions did not employ a sport psychologist. It is important to note significantly less research has been done regarding the resources present at Division II and Division III

schools. Considering the lack of finances many Division II and Division III athletic departments experience, it is conceivable universities at these levels offer less mental health support.

Barriers to Use

As outlined above, previous research has indicated college athletes would benefit from counseling and mental health services, but they tend to underuse these services, despite availability and justification (Etzel et al., 1996; Pinkerton et al., 1989). This population is often unaware of the services available or where they are located (Cox, 2015). Several researchers have identified common barriers college athletes report as reasons for their underuse of mental health services, which include demographics, preexisting negative stigma toward using mental health services, environmental culture, ineffective mental health services, and time constraints to be the most prevalent (Wilkerson et al., 2022). Demographics act as a barrier to using mental health services (Barnard, 2016; Moreland et al., 2018) in that specific populations, such as men and Black athletes (Wilkerson et al., 2020), are less likely to use such services. Barnard (2016) indicated female athletes were more likely to seek help than male athletes. The athlete's division level (i.e., I, II, or III) has also been shown to have a positive correlation with underuse of mental health services because of perceived external expectations at the universities (Moore, 2017).

The college athlete population, especially the previously mentioned demographics, underuse mental health services because of a preexisting negative stigma associated with mental health care (Gearity, 2010; Moore, 2017; Moreland et al., 2018; Wilkerson et al., 2020). For example, Wilkerson et al. (2020) found college athletes felt seeking mental health services would signify an inability to perform, and they felt they must appear both physically and mentally strong in front of their coaches and teammates. Coaches, administrators, teammates, friends, and family hold "expectations of what mental health or sport psychology consulting can do for athletes and many have negative perceptions of individuals who utilized mental health services" (Moreland et al., 2018, p. 65). Similarly, many college athletes have reported feeling athletic and academic success is more important than mental health in the eyes of their coaches and other leaders (Gearity, 2010; Moore, 2017), further deterring their use of mental health services because it is seen as unimportant and enhances negative stigma.

The institutional environment often influences college athletes' attitudes and opinions mental health, as well as mental health services (Moreland et al., 2018). If administrators, coaches, and teammates exhibit negative perceptions of those who use mental health services, the number of athletes willing to seek such services decreases. Leaders' perceptions of mental health service efficacy can also influence environmental culture (Hatteberg, 2020; Moreland et al., 2018). Some administrators believe general counseling already offered at the university is sufficient for sport-related mental health concerns, and "athletic administrators may be aware that their athletes need deepened sport psychology-type services, but be unclear as to which sport psychology professionals to hire to fulfill the needs of their collegiate athletes" (Moreland et al., 2018, p. 66).

Poorly perceived efficacy of institutionally offered mental health services deters use. Hatteberg (2020) found college athletes perceive institutionally offered mental health services as ineffective for three reasons: (a) college athletes felt institutional support staff members did not always act in athletes' best interests; (b) college athletes' discussions with support personnel would not necessarily be kept confidential; and (c) support staff members were either unable or unwilling to provide the support necessary to change athletes' stressful circumstances. Negative perceptions of institutional resources influence college athletes to self-diagnose and self-treat

rather than seeking professional help. Many coaches view the institutional resources as insufficient, which further influences negative stigma associated with mental health service use (Hatteberg, 2020; Moreland et al., 2018).

The final commonly found barrier college athletes face is lack of time in their schedules to use mental health services. College athletes feel they do not have enough time available to invest in their mental health (Hatteberg, 2020; Wilkerson et al., 2020). Rigorous athletic and academic schedules leave many college athletes unwilling to seek additional support from sport psychologists or mental health professionals because the time required can create more stress (Hatteberg, 2020).

Strategies to Mitigate Perceived Barriers

It is evident several perceived barriers exist when college athletes consider seeking mental health care, and researchers have proposed several solutions to mitigate such barriers. For example, Moreland et al. (2018) suggested changing the environmental culture, asserting to effectively care for college athlete mental health, "athletic administrators should reassess metrics of success for the sport psychologist beyond athletes performing better on the field" and "seek to (re)allocate funds to support the development or furthering of sports psychology consulting programs and staffing" (p. 66). Sudano et al. (2017) suggested comprehensive mental health care could be provided to college athletes by using an integrated care model combining mental and medical health services to form a centralized, on-site team. An integrated care model is a viable option because it directly counterbalances the previously mentioned barriers. Having a centralized, on-site team improves treatment efficacy, reduces negative stigma, and is easily accessible to college athletes—both in terms of location and time commitment required (Hatteberg, 2020; Sudano et al., 2017).

Researchers have argued hiring social workers as part of a centralized care team would be the most effective solution to provide mental health care for college athletes because social workers possess the proper training to administer effective mental health care to this population (Gill, 2008; Moore, 2017; Waller et al., 2017). This approach could neutralize barriers by combating negative stigma and lack of time, while improving the efficacy of institutionally provided mental health resources. In addition, hiring social workers who can specifically address college athletes' needs would demonstrate universities' commitment to the mental well-being of college athletes (Moore, 2017).

Methods

The purpose of this study was to examine Division II athletes' perceptions of mental health, the resources available to them at their university, and barriers to seeking mental health treatment. Purposive sampling (Patton, 2015) was employed due to participants' unique experiences as part of a Division II baseball and softball program. Upon receiving IRB approval, we contacted members of baseball and softball teams. After beginning by contacting athletes in the researchers' networks, snowball sampling was used until themes from interviews were deemed redundant and data saturation was achieved. In total, 15 athletes were interviewed including eight baseball and seven softball athletes.

Instrumentation

The present study used a modified interview protocol from Wilkerson et al.'s (2020) study. Questions were modified to include inquiry into the impact of the pandemic and be specially related to Division II baseball and softball. The semistructured interview guide consisted of six demographic questions (e.g., What is your age, race, gender?), eight general questions to build rapport (e.g., When and why did you begin to play your sport?, Tell me about your decision to play Division II baseball or softball, What do you dislike about playing Division II baseball or softball?, What is it like to be a baseball or softball player on this campus?), and 20 questions related to mental health (e.g., How do you define mental health?, How does your athletics department view mental health?, What barriers do this population perceive in seeking treatment?, What role does your coach play in your seeking mental health services?, Do your coaches talk about mental health?, Do you think the macho mentality of the sport affects the team's view of mental health?, How has COVID-19 impacted your mental health?).

Data Collection and Analysis

The first few interviews were conducted with two researchers present. Once interview questions were well established and adjusted based on the initial interviews, one researcher conducted the remaining interviews for consistency. Interviews were completed via Microsoft Teams and recorded and transcribed via the software. Once transcribed, the research team analyzed the data. Interview transcripts were coded using Patton's (2015) data analysis strategies. First, the researchers read the interview transcripts to ensure accuracy and clarified any inaudible speech or inaccuracies in the transcription. Next, the researchers conducted inductive analysis, which involved coding each interview transcript independently, then comparing it with the other transcripts to form lower order themes. Finally, a similar process was done with the lower order themes; they were analyzed and combined to form higher order themes, which are presented in this paper.

The methodological approach of triangulating data involved having two members of the research team individually analyze the interview transcripts and discuss the findings (Patton, 2015). This method was used to enhance the trustworthiness of the results. Trustworthiness was established further using interrater reliability, whereby two practiced qualitative researchers examined the data and collectively decided on the final themes (Miles & Huberman, 1994). Finally, member checking with the participants was also conducted. Upon conclusion of the data analysis, one research team member met with participants individually to ensure proper coding of their responses (Ravitch & Carl, 2016).

Results

Through interviews with 15 baseball and softball players (see Table 1), five overall themes were identified from the data: Understanding of Wellness and Mental Health, Barriers to Seeking Services, Need for Services, Personal Experiences and Support, and COVID-19.

Throughout their interviews, participants discussed their motivation for sport participation, specifically at the Division II level. Such narratives set the foundation for their experience. The athletes in this study chose to play baseball or softball at the Division II level for a variety of reasons including location of the university (n = 7), being recruited after attending a junior college to start their collegiate career (n = 3), it was their only offer (n = 2), they chose to transfer from a DI program (n = 2), and they felt it was the best program or fit for them (n = 1).

The most common reason the athletes gave for choosing their particular Division II university was the location. The athletes mentioned enjoying the beautiful location of the campus, proximity to home, and town where the college was located. Samantha, a softball player, stated she chose her school over others (including Division I programs) because:

> After I visited here, it just made the most sense to go DII and [name of city]—beautiful, and I wanted to live in a nice area and not be bored with life. So, really just weighing all the pros and cons, this was the best option for me.

Emily, a softball player, also indicated the location of the school was a driving factor in choosing the Division II route, but for a different reason. She commented, "I like the option of being able to go home." Proximity to her family was a consideration in her choice.

Table 1
Participant Demographics

Pseudonym	Sport	Race	Age
Alex	Baseball	Caucasian	22
Brittany	Softball	Caucasian	21
Emily	Softball	Caucasian	20
Ichiro	Baseball	Asian	22
James	Baseball	Caucasian	23
John	Baseball	Caucasian	20
JTA	Baseball	Caucasian	23
Lauren	Softball	Caucasian/Hispanic	19
Mike	Baseball	Caucasian	23
Nolan	Baseball	Caucasian	20
Ryan	Softball	Caucasian	22
Samantha	Softball	Hispanic	20
Sara	Softball	Hispanic	21
Seth	Baseball	Caucasian	23
Taylor	Softball	Caucasian	22

Understanding of Wellness and Mental Health

Due to stigma and cultural influence(s) surrounding mental health, it was critical for participants to provide their perceptions of mental health and personal well-being (Wilkerson et al., 2020). To this, in accordance with Wilkerson et al.'s (2020) semistructured interview method, each participant was asked to define well-being and mental health. Such practice assisted the researchers in understanding participants' backgrounds, circumstances, and unique perspectives on mental health, specifically in the sport context. Additionally, such definitions allowed for a better understanding of the support (or lack thereof) the participants received concerning mental health.

Overall, the athletes thought of the term wellness in positive terms. The most common terms stated in the definitions athletes gave were a healthy mindset, health, and happiness. John, for instance, felt wellness was "being in a good headspace." JTA believed it was being "stress free and having a good mindset." Mike felt similar to John and JTA, mentioning wellness was

"being stress free" and "having a good mindset, whatever the situation is." Emily felt wellness was "all-around health between physical and mental." She additionally said when "one aspect of health is out of line, everything's out."

Brittany did not believe wellness was one specific thing. She stated:

> I think it kind of varies from person to person, so what you need in that moment in time of your life. I think always getting enough food for yourself. I mean, obviously nutritious food, but some people don't have that component. In my opinion, sleep is a good part of it and a social aspect. I think just those senses of feeling like belonged and gathered and keeping up with yourself and taking care of yourself with the normal routine and, you know, brushing your teeth, sleeping, all those kinds of things.

James responded in a different way when discussing wellness; he defined it as happiness. He stated wellness was "just being happy where you're at in life." Ichiro also mentioned happiness, explaining:

> Happiness is derived from you having an actual purpose and goal, end goal that you want to reach, which ties back into why I'm so excited about this semester. I'm taking the international sport class, which is what I want to do with my career. You know, we'll see once baseball starts, but I know student-athletes, we kind of get in that cycle and it becomes as our head coach calls it, monotonous, and then, you start losing your, your purpose, so I feel like that well-being is being happy because you know you have a purpose, and you have some sort of driving motivation that goes behind everyday life.

In addition to understanding how athletes defined wellness, they were asked what they thought mental health was and how it was defined. The athletes had a hard time articulating how they defined mental health, and most believed it varied greatly. James believed mental health was "just how you feel waking up." He added, "It can be so many different things of how they feel, what they're doing, and that kind of stuff. So, I think it can be defined differently for every single person." Ryan felt mental health was "the confusion in your head and whether or not you're clear minded or not, and if other things are affecting you more deeply than they should, or if you're just letting things go by—just your overall headspace." Similarly, Taylor felt mental health was "your mental well-being. How are you doing? How does your brain process things? And, How do your emotions help your brain process what you're going through and whether that's healthy or not?"

Barriers to Seeking Services

When discussing mental health, many of the athletes mentioned they believed many people do not seek help because there is still a stigma surrounding mental health issues. Both baseball and softball players discussed a need to appear macho or tough as an athlete.

Stigma. The stigma surrounding mental health issues involves the perception others will shame or look poorly upon someone who seeks treatment for mental health concerns. Taylor stated:

> I think a lot of people still are with that stigma that, you know, if you go see someone for any type of, you know, help, you're, you know, in a sense, you're crazy. The perception

> has gotten better, I think, but it's still at that point where it's like, you know, you're still kind of embarrassed if you have to go see someone, and it shouldn't be that way at all.

James discussed believing it was very important for anyone who felt they were struggling to seek help. However, he felt, "the tough part is that there's like a stigma behind it, like, oh, like, you're going to therapy? Is he okay? Is he crazy? All that kind of stuff, so I think it's tough." Alex also felt stigma could be a barrier to athletes seeking the help they need because there is the idea athletes need to be tough and the struggle of figuring out if it is a sport problem or something bigger. He commented:

> I feel like there's like a little stigma behind going get help. You're considered as being weaker again because baseball is so tough. I feel like part of being an athlete just dealing with yourself, but then, there's that fine line of where you go, "okay, this is an actual problem," or where I'm just in a slump.

Macho Mentality. The perception men, specifically male athletes, need to fit into a tough, hypermasculine box was present throughout many of the interviews. Though many participants, both male and female, discussed the macho effect that surrounds men's sports, none of the women discussed the same issue in women's sports. When discussing why athletes do not seek mental health treatment, Nolan remarked:

> I think it's against, like, your manhood, but I mean I would go seek mental health and like if I was really struggling. I would, but I could see some guys going, like, "No, that's against my manhood" or something, sort of that stigma.

Ichiro spoke about his coach perpetuating the mentality of playing through any sort of issue:

> I feel like our coach inadvertently passes that down to us, that, I feel like his lack of emotion that he displays, for the bad. Obviously, you have to do that as a coach, but for the bad, builds onto that, that macho mentality that we're just going put my head down and grind through.

Lauren mentioned she had seen athletes in other sports have mental health problems but fail to seek help because of they feared what others would think. Lauren commented:

> I've been very close friends with football players, and they they've had full panic attacks, and they're like, "I need to shut this down, I don't want people to know this is going on with me, and I'm just nervous about a game," and I know, for us, we'll walk and be like, "Man, I'm feeling," and so I would definitely say it's, it's not as stigmatized in softball, as it is in other sports, so probably affects it in some ways I don't notice, but it's not as bad as it could be.

Brittany also believed the macho mentality was tied to men's sports and stated, "I think to an extent, yes, there is that mentality in sport overall, and more so with, say, men's sports."

Need for Services

Participants believed it was important for a variety of resources, including a sport psychologist and the university health and wellness center, to be available to athletes. However, they had different levels of understanding of these resources and their availability to athletes.

Awareness of Services. When discussing resources and services available to athletes, sport psychologists and the university health and wellness center were most often mentioned. Alex believed sport psychologists were responsible for getting athletes "prepared mentally and focused" to play during the season. Brittany also felt the sport psychologist's job was to "reframe the way your brain thinks and get you to think more positive." She went on to say they helped change "brain structures and brain synapses to be better and understanding and kind of focus that mental aspect of your game." Emily felt sport psychologists were there:

> to help athletes get back on [their] game and help them get back to performing at their best, because your skill can be all-time high and just the best and everything, but if your mental health isn't there, or if you have performance anxiety and you're letting your mind control your performance, you will not be a great player.

James went into more specifics when discussing a sport psychologist and what they help athletes consider and work on, stating:

> I think sports psychologists are people who look at the people who are great and figure out the mental aspect of it. So, not just the physical training part of it, but how do they train their minds to be prepared for big moments? How to be prepared under pressure, how to get into routines, how to understand your own mind and how to help yourself succeed. I think their role is to make every single person, or help every single person, get into that mindset that helps them succeed the most.

In addition to sport psychologists, another resource the athletes spoke about as a tool to help them and their teammates was the counseling or wellness center. Lauren knew about the wellness center because she used it her 1st year on campus. She said she was having "troubles trying to integrate, and it helped a lot," and she had continued to use some of the lessons.

Lack of Awareness. The athletes overwhelmingly felt sport psychologists were important and helped athletes with mental aspects of their game. However, not all athletes were aware of who the sport psychologist was on their campus, which Ryan articulated, saying "I know there is one available. I just don't know who it is." Additionally, Ichiro was surprised at the lack of resources available to athletes at his university. He stated, "with baseball being such a mentally challenging sport, I was surprised by the lack of mental health services for student-athletes."

Aside from not knowing whom to contact, athletes spoke about seeking help on their own. Emily found a sport psychologist off campus because she did not know there was one available to her. She shared:

> Sport psychologist—I don't know if there's one now on campus that is covered by, like, school because, like, when I went through it, it wasn't covered, so I had to pay. It was, it was a good chunk of money. I forget. I want to say maybe it was around like $100 for

> one session or something like that. It's pretty expensive. I mean, she was good, so it was worth it, but I know not everyone is able to do that. They don't seek it out because it might not be available with what they have available.

Taylor also thought athletes had to find their own sport psychologists to help with mental health or athletic performance. She said, "I know that you have to pay for that yourself. The school just provides the regular counselors that all students see."

The danger with relying on athletes to seek out their own doctors or believing they need to find their own providers is not everyone can afford that option, which necessitates athletes having access to mental health resources on campus. However, as John put it, "people don't necessarily know where to go for help." Seth felt like John, mentioning, "I'm sure there's stuff on campus. I think you go the wellness center and stuff like that, but I'm not totally sure what's offered." Athletics departments not only need to have resources for athletes, but they need to ensure the athletes understand what resources and people are available to them, what the role of each individual is, and how to access them.

Personal Experiences and Support

Several athletes in this study had sought treatment for various mental health concerns, and that experience influenced their belief athletes need access to not only sport psychologists but also other mental health professionals. For example, Emily felt strongly mental health services were needed by athletes due to her personal experiences. She commented:

> I definitely think mental health is very important and sometimes is not talked about as much as it should be. I see a therapist and I have been since last June, and so, I've realized over this past year, like, how big of an impact it can have. . . . I notice that people see it as, like, shameful to get help, but I think it's definitely that you're strong if you're able to admit that you need help and seek help, for sure.

Taylor also mentioned she had a history of depression in her family, and she lived with anxiety and took medication to deal with it. She went on to say she had experienced "a lot of mental stuff." She shared, "In the past, I've always just shrugged it to the side, and now I understand that you have to work through those things, be able to take it in, and move on with it." James also discussed having personal experience with depression. When he knew he was struggling, he felt the hardest part was:

> Talking to someone where I was like, "I need help like right now. I need help." Before I [could] admit to anyone else, I had to admit it to myself that [I] need help. I think [it] is a really, really big step, and it's hard in a world where there's a stigma behind mental health and there has been for a long time. I think it's getting better, 100%. But that first step is really difficult to take, and so, we have to create these environments for whether it's our team, our family, our friends to be comfortable with talking about these kinds of things because everyone's going through their stuff. Everyone thinks that people have these perfect lives on social media, people are going through stuff, people are struggling, and so, creating this environment where people are comfortable to share these struggles and share the bad, not just the good, I think it's a really, really big step, so it's difficult at first, but once I told one person, I had no problem. And then, you tell other people, so totally, talking to other people about it gets easier, but that first step is really hard.

COVID-19

This study took place during the 2021 spring semester, when the COVID-19 global pandemic was impacting the lives of all these athletes in various ways. Some athletes felt COVID-19 was nothing more than an inconvenience or, as Alex put it, "a bummer," and was taking "a bit of a toll where it's just like, not as fun as . . . if everything was normal." John felt COVID-19 was more than an inconvenience. He had discussed needing a routine to help with his mental health, and COVID-19 disrupted that routine. He commented, "the start of COVID got me depressed. It was hard to keep moving forward the way I used to without sort of a routine."

Emily also felt COVID-19 had impacted her mental health. She stated she enjoyed being on the go, and all the downtime had affected her. She remarked, "all you had was downtime. So that's when your thoughts start kind of creeping in. And that's when my anxiety started to get worse. So, COVID has made my mental health like worse just because the stress."

Ichiro and Ryan both discussed the stress of not being able to see loved ones and worrying about their health and safety. They both feared being exposed and then getting family members ill. In particular, Ichiro discussed worrying about his grandparents, "who were getting really old." He added, "They wanted to see my family over Thanksgiving, and I know it went against every single CDC guideline, but they were adamant about it, and we took precautions. It definitely weighs on you." Ryan shared, "It takes a toll on your head when you're not able to socialize with other people, and then not being able to see my family as much is really hard."

James, who had previously discussed his own experience with depression and anxiety, mentioned COVID-19 was incredibly rough for him. He said it was "probably the worst year of [his] life," and added:

> It was so hard. It's so hard on so many different aspects from school to baseball to social life to just be stuck in my room. . . . I'm depressed. I'm struggling. I have anxiety and now I have to sit in my room and stare at the wall and be isolated.

He thought his feelings were amplified because baseball had "always been [his] release." However, he added, without his normal releases, it forced him to address his mental health. He stated:

> I needed to change. I needed to switch. I needed to do something that helped me become better and take that first step. I don't think I would have taken that first step if I hadn't hit the point where I was this year because of COVID. So, in the weirdest way, like, the worst thing that ever happened to me was the best thing that ever happened to me at the same time.

Though some athletes were indifferent to the effects of COVID-19 on their mental health or had negative experiences, there were a few athletes who saw it as a blessing or something positive. These athletes understood the severity and trauma surrounding the pandemic, and their statements were not meant to minimize anything, but they saw COVID-19 as an opportunity for growth. Lauren felt COVID-19 was incredibly hard at the beginning, but she shared, "it actually ended up becoming a growing experience and kind of built me to a stronger person." Additionally, Sara was grateful for the perspective she gained during the pandemic. She stated the time at home due to quarantine had allowed her to see "what's important in life and to not take anything for granted." She added, "I think it's allowed me to be stronger and overcome

more obstacles. It allowed me to finally take a step back from my life and be what I want and see how I need to get there."

Discussion

Due to the elite nature and sheer financial interest at the Division I level (NCAA, 2021a), much of the literature in regard to athlete development, as well as mental health is reserved for college athletes participating at the Division I level in high profile (football, men's basketball) sports (Williams et al., 2020). Although Division II is the smallest NCAA classification, Division II member institutions strive to provide students' participating in intercollegiate athletics a "balanced" approach where both educational and athletic pursuits are cultivated (NCAA, 2021a, p. 1). Such a philosophy is viewed as a drastic contrast to the Division I model which places emphasis on athletic winning championships and revenue generation (e.g., Stokowski et al., 2020). To address this gap in the literature, the goal of the present study was to understand Division II baseball and softball athletes' perceptions of mental health and mental health resources.

Overall, the participants perception of wellness was positive and both baseball and softball athletes reported feeling supported by their teammates. Such sentiments are vastly different from those of participants in Wilkerson et al.'s (2020) study of Division I football college athletes who perceived using wellness and mental health services as a sign of weakness. Additionally, participants described the importance of having their teammates' support. The participants' words aligned with Moreland et al.'s (2018) and Hatteberg's (2020) findings in that leaders influenced perceptions of mental health.

Although participants had a positive description of wellness, both baseball and softball athletes described struggling with help-seeking behavior due to the stigma surrounding mental health issues. Throughout the literature, athletes have described the negative stigma associated with mental health concerns (e.g., Gearity, 2010; Habeeb et al., 2022; Moore, 2017; Moreland et al., 2018; Wilkerson et al., 2020, 2022), and this stigma appears to extend to athletes at the Division II level. The baseball participants described the stigma more so than the softball participants. As such, the macho mentality appeared throughout the data with both baseball and softball players ascribing the behaviors to baseball athletes. This finding supported the notion of others that female athletes are more likely to seek mental health services compared to male athletes; however unique to this study was the presence and impact of the macho mentality among male athletes. Barnard (2016) found female athletes were more likely to seek mental health services when compared to their male counterparts. Wilkerson et al.'s (2020) participants, male college athletes, described mental health seeking as a weakness; thus, this theme is in line with previous scholarship. One aspect of Division II athletics is the lower emphasis on winning and pressures of performing (Aicher & Sagas, 2007). However, Division II athletes still face the same mental stress and fatigue as athletes studied at the Division I level.

Participants seemed to be contradictory in their responses regarding awareness of mental health services. Although they felt sport psychologists were important, which is in line with Stokowski et al.'s (2020) study, in that sport psychologists contribute to winning success, participants were unaware of the sport psychologist's role and the services these individuals provided. Cox (2015) noted college athletes are often unaware of the services available to them. A challenge specific to the context under investigation is services provided for mental health are not specific to the athlete population, and the coaches in the study did not fully address how to access those services, according to the participants. It was also telling the participants expressed the need for mental health services due to personal issues (e.g., depression, divorce of parents).

Mental health concerns are prevalent among college athletes (Barnard, 2016; Demirel, 2016; Moreland et al., 2018; Yang et al., 2007), and the participants were certainly no exception. Thus, the need for psychological services needs to be extended to the Division II level, and resources should be provided by the NCAA, as many of these athletics departments do not have the resources to support additional initiatives.

All participants discussed how the COVID-19 pandemic impacted their lives. Some of the athletes discussed developing depression, and others addressed the disruption of their schedule. As previously noted, research regarding college athlete mental health and COVID-19 appears to be conflicting. However, the participants' experiences appear to be similar to the NCAA's (2020) results from their survey of college athletes during the COVID-19 crisis. Chandler et al. (2021) also noted COVID-19 had impacted college athletes' schedules. Although research has shown no significance in mental health disorders and the COVID-19 pandemic (Stokowski et al., 2022; Valster, 2020), such studies examined Division III athletes and used survey methodology. The qualitative approach in this study allowed for greater depth of understanding about the athletes' experiences during this time. The disruption of routines during this time was prevalent among the sample, and the unknowns associated with their athletic careers was stressful and led to greater concerns for their mental health.

Implications and Recommendations

The present study demonstrated a lack of awareness regarding mental health and mental health resources, as several athletes indicated they did not know where to go to get support or the university did not provide enough support. Additionally, the college athletes who participated in this study noted a continued stigma surrounding mental health issues. Thus, the authors offer several recommendations based on the results of this study. The first recommendation is that of advocacy and awareness. The World Health Organization (n.d.) has declared October 10 as World Mental Health Day. Similarly, athletics departments should host mental health awareness days to promote mental health among the college athlete population and increase community awareness surrounding mental health and stigmas associated with mental health disorders.

College athletes should also be made aware of the resources available to them and be encouraged to take advantage of such mental health related resources. For example, college athletes need to be aware of who the sport psychologist is and what services they can provide. Further, given the resource constraints among many NCAA institutions, athletics departments should partner with student health centers and community providers to ensure college athletes have the necessary cognitive support. Additionally, college athletes should take part in programming such as Mental Health First Aid, which educates individuals on identifying and responding to mental health hardships (National Council for Mental Wellbeing, n.d.).

Lastly, the present study demonstrated Division II athletes are not immune to mental health challenges. Participants in the present study expressed a need for mental health services and support. Thus, Division II institutions should use the NCAA Sport Science Institute's (2016) mental health best practices as a guide to support college athlete mental health. College athletes must also advocate for themselves, and through their campus leaders (e.g., team captains, Student-Athlete Advisory Committee), request for mental health services to be readily available.

Limitations

Although this study followed Wilkerson et al.'s (2020) work, the primary researcher was a member of a baseball team. Thus, although efforts were made to reduce bias, the primary

researcher was interviewing peers. As such, participants might not have been as forthcoming in their responses. Additionally, this study took place at one Division II institution; although the results can be applicable and used to inform practice, they should not be generalized.

Future Research

The possibilities for future work are endless. The Division II college athlete population deserves to be the focus of future inquiry. There is much unknown about this specific subpopulation of college athletes. Mental health research should be extended to athletes who participate in different sports to better understand their experiences. Division II coaches and athletics administrators need to be interviewed to better understand their perceptions of mental health and the services being provided to support college athletes. Quantitative data is also necessary. Survey-based research regarding mental health should be conducted with the Division II population to ensure effective decision making.

Conclusion

Research on the Division II population and athletes in sports that are not high profile (e.g., football, men's basketball) is scarce and has led some to conclude additional research is warranted (Williams et al., 2020). Aicher and Sagas (2007) outlined structural challenges and issues associated with managing a Division II athletic department, and in particular, the lack of resources for ancillary services (e.g., mental health) commonplace in Division I athletics departments. Thus, the goal of this study was to increase understanding of Division II softball and baseball athletes' perceptions of mental health, barriers to use of mental health services, and the impact COVID-19 had on their mental health. The intention behind this study was not to compare the participants' experiences, but rather to increase mental health awareness and to advocate for those at the Division II level. The results indicated these athletes varied in their understanding of mental health and mental health issues, as well as the limited services available to them. Reflective of previous research, the men in this study reported greater stigma surrounding the use of mental health services, perpetuating the macho mentality present in many men's sports. Division II institutions strives to create a balanced experience, with a philosophy that expresses the importance of a safe and healthy environment (NCAA, 2021b), as well as the importance of mental well-being (Best Practice No. 4 section). Given the financial disparity of resources surrounding the three classifications (I, II, III), the NCAA has a duty to provide member institutions with the mental health resources and support needed to ensure every athlete at every level has the opportunity to thrive.

References

Adler, P. A., & Adler, P. (1991). *Backboards and blackboards: College athletes and role engulfment*. Columbia University Press.

Aicher, T. J., & Sagas, M. (2007). Future predictions of Division II athletics: Trends, issues, and events that may occur in the upcoming decade. *Journal of Contemporary Athletics*, *2*(4), 369–392.

Barnard, J. D. (2016). Student-athletes' perceptions of mental illness and attitudes toward help-seeking. *Journal of College Student Psychotherapy*, *30*(3), 161–175. https://doi.org/10.1080/87568225.2016.1177421

Baucom, C., & Lantz, C. D. (2001). Faculty attitudes toward male Division II student-athletes. *Journal of Sport Behavior*, *24*(3), 265–276.

Brown, G., Hainline, B., Kroshus, E., & Wilfert, M. (Eds). (2014). Mind, body, and sport: Understanding and supporting student-athlete mental wellness. NCAA. https://www.naspa.org/images/uploads/events/Mind_Body_and_Sport.pdf

Butler, B. N., Aicher, T. J., & Wieber, B. (2020). Junior college or the NCAA: The case of a U.S. women's tennis team with no U.S. players. *Journal of Global Sport Management*, *5*(1), 83–101. https://doi.org/10.1080/24704067.2019.1670089

Chandler, A. J., Arent, M. A., Cintineo, H. P., Torres-McGehee, T. M., Winkelmann, Z. K., & Arent, S. M. (2021). The impacts of COVID-19 on collegiate student-athlete training, health, and well-being. *Translational Journal of the American College of Sports Medicine*, *6*(4), Article e000173. https://doi.org/10.1249/TJX.0000000000000173

Cox, C. (2015). Investigating the prevalence and risk-factors of depression symptoms among NCAA Division I collegiate athletes (Publication No. 1592018) [Master's thesis, Southern Illinois University, Edwardsville]. ProQuest Dissertations and Theses Global.

Cox, C. E., Ross-Stewart, L., & Foltz, B. D. (2017). Investigating the prevalence and risk factors of depression symptoms among NCAA Division I collegiate athletes. *Journal of Sports Science*, *5*, 14–28. https://doi.org/10.17265/2332-7839/2017.01.002

Czeisler, M. É., Lane, R. I., Petrosky, E., Wiley, J. F., Christensen, A., Njai, R., Weaver, M. D., Robbins, R., Facer-Childs, E. R., Barger, L. K., Czeisler, C. A., Howard, M. E., & Rajaratnam, S. M. W. (2020). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic—United States, June 24–30, 2020. *Morbidity and Mortality Weekly Report*, *69*(32), 1049–1057. https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm

Demirel, H. (2016). Have university sport students higher scores depression, anxiety and psychological stress? *International Journal of Environmental & Science Educations, 11*(16), 9422–9425.

DeSchriver, T. D., & Jensen, P. E. (2002). Determinants of spectator attendance at NCAA Division II football contests. *Journal of Sport Management*, *16*(4), 311–330. https://doi.org/10.1123/jsm.16.4.311

Edwards, B., Traylor, A., & Froehle, A. (2022). Mental health symptoms, diagnoses, treatment-seeking, and academic impacts in student-athletes and non-athlete college students using the National College Health Assessment. *Journal of Issues in Intercollegiate Athletics*, *15*, 75–93.

Etzel, E. F. (2006). Understanding and promoting college student-athlete health: Essential issues for student affairs professionals. *Journal of Student Affairs Research and Practice*, *43*(3), 518–546. https://doi.org/10.2202/1949-6605.1682

Etzel, E. F., Ferrante, A. P., & Pinkney, J. W. (1996). *Counseling college student-athletes: Issues and interventions* (2nd ed.). Fitness Information Technology.

Feezell, T. (2013). Faculty attitudes toward athletics at NCAA Division II institutions. *Journal of Applied Sport Management*, *5*(2), 72–90.

Garstecki, M. A., Latin, R. W., & Cuppett, M. M. (2004). Comparison of selected physical fitness and performance variables between NCAA Division I and II football players. *Journal of Strength and Conditioning Research*, *18*(2), 292–297.

Gearity, B. T. (2010). Effective coaching: The winning discourse or educational foundations? *Journal of Coaching Education*, *3*(1), 69–89. https://doi.org/10.1123/jce.3.1.69

Gill, E. L., Jr. (2008). Mental health in college athletics: It's time for social work to get in the game. *Social Work*, 53(1), 85–88. https://doi.org/10.1093/sw/53.1.85

Goss, J., Cooper, S., Stevens, D., Croxon, S., & Dryden, N. (2005). Eating disorders. In J. Taylor & G. Wilson (Eds.), *Applying sport psychology: Four perspectives* (pp. 207–228). Human Kinetics.

Griffith, K. A., & Johnson, K. A. (2002). Athletic identity and life roles of Division I and Division III collegiate athletes. *Journal of Undergraduate Research*, *5*, 225–231.

Gross, K. D., Rubin, L. M., & Weese, A. P. (2020). College athletes and suicide prevention: A collaborative autoethnography. *Journal of Issues in Intercollegiate Athletics*, 82–97.

Grubic, N., Jain, S., Mihajlovic, V., Thornton, J. S., & Johri, A. M. (2021). Competing against COVID-19: Have we forgotten about student-athletes' mental health? *British Journal of Sports Medicine*, *55*(17), 950–951. https://doi.org/10.1136/bjsports-2021-104218

Habeeb, C., Warner, S., & Walsh, D. (2022). Managing mental health: Athlete help-seeking. *Sport Management Review*. Advance online publication https://doi.org/10.1080/14413523.2021.2018836

Hammond, T., Gialloreto, C., Kubas, H., & Davis, H., IV. (2013). The prevalence of failure-based depression among elite athletes. *Clinical Journal of Sport Medicine*, *23*(4), 273–277. https://doi.org/10.1097/jsm.0b013e318287b870

Hatteberg, S. J. (2020). Collegiate athletes' use and perceptions of institutional sources of support for role-related stressors. *Journal of Issues in Intercollegiate Athletics*, 98–119.

Hellmich, N. (2006, February 5). Athletes' hunger to win fuels eating disorders. *USA Today*. https://usatoday30.usatoday.com/sports/2006-02-05-women-health-cover_x.htm

Hwang, S., & Choi, Y. (2016). Data mining in the exploration of stressors among NCAA student athletes. *Psychological Reports*, *119*(3), 787–803. https://doi.org/10.1177/0033294116674776

Judge, L. W., Bell, R. J., Theodore, R., Simon, L., & Bellar, D. (2012). An exploratory examination of burnout in NCAA Division II athletes. *Journal of Intercollegiate Sport*, *5*(2), 230–240. https://doi.org/10.1123/jis.5.2.230

Kroshus, E. (2016). Variability in institutional screening practices related to collegiate student athlete mental health. *Journal of Athletic Training*, *51*(5), 389–397. https://doi.org/10.4085/1062-6050-51.5.07

Leichliter, J. S., Meilman, P. W., Presley, C. A., & Cashin, J. R. (1998). Alcohol use and related consequences among students with varying levels of involvement in college athletics. *Journal of American College Health*, *46*(6), 257–262. https://doi.org/10.1080/07448489809596001

Livengood, T., Hilliard, J., Martin, K., Darvin, L., & Sagas, M. (2015). *What is athlete development literacy?* Laboratory for Athlete & Athletics Development & Research, University of Florida.

Mignano, A. C., Brewer, B. W., Winter, C. R., & Van Raalte, J. L. (2006). Athletic identity and student involvement of female athletes at NCAA Division III women's and coeducational colleges. *Journal of College Student Development*, *47*(4), 457–464. https://doi.org/10.1353/csd.2006.0050

Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis* (2nd ed.). SAGE Publications.

Moore, M. A. (2016). Do psychosocial services make the starting lineup? Providing services to student-athletes. *Journal of Amateur Sport*, *2*(2), 50–74. https://doi.org/10.17161/jas.v0i0.5046

Moore, M. (2017). Stepping outside of their comfort zone: Perceptions of seeking behavioral health services amongst college athletes. *Journal of Issues in Intercollegiate Athletics*, 130–144.

Moreland, J. J., Coxe, K. A., & Yang, J. (2018). Collegiate athletes' mental health services utilization: A systematic review of conceptualizations, operationalizations, facilitators, and barriers. *Journal of Sport and Health Science*, *7*(1), 58–69. https://doi.org/10.1016/j.jshs.2017.04.009

National Council for Mental Wellbeing. (n.d.). *Mental health first aid*. https://www.thenationalcouncil.org/our-work/mental-health-first-aid/

Navarro, K. M., Rubin, L. M., & Mamerow, G. (2020). *Implementing student-athlete programming: A guide for supporting college athletes.* Routledge.

NCAA. (n.d.). *Mental health best practices*. https://www.ncaa.org/sports/2016/5/2/mental-health-best-practices.aspx

NCAA. (2016, January 14). *Third GOALS survey findings unveiled.* https://www.ncaa.org/news/2016/1/14/third-goals-survey-findings-unveiled.aspx

NCAA. (2020). *NCAA student-athlete COVID-19 well-being survey.* https://ncaaorg.s3.amazonaws.com/research/other/2020/2020RES_NCAASACOVID-19SurveyPPT.pdf

NCAA. (2021a). *2021–22 Division II facts and figures*. https://ncaaorg.s3.amazonaws.com/about/d2/2021-22D2_FactsFigures.pdf

NCAA. (2021b). *2021–2022 NCAA Division II manual*. https://www.ncaapublications.com/p-4631-2021-2022-ncaa-division-ii-manual.aspx

NCAA Sport Science Institute. (2016). *Mental health best practices: Understanding and supporting student-athlete mental wellness.* https://ncaaorg.s3.amazonaws.com/ssi/mental/SSI_MentalHealthBestPractices.pdf

Nite, C. (2012). Challenges for supporting student-athlete development: Perspectives from an NCAA Division II athletic department. *Journal of Issues in Intercollegiate Athletics*, *5*, 1–14.

Patton, L. D., Renn, K. A., Guido, F. M., & Quaye, S. J. (2016). *Student development in college: Theory, research, and practice* (3rd ed.). Jossey-Bass.

Patton, M. Q. (2015). *Qualitative research and evaluation methods* (4th ed.). SAGE Publications.

Paule-Koba, A. L., Burson, C., Gibbons, B., & Lobban, B. (2021). It effects everything we do: Collegiate athlete's perceptions of sport-related travel. *Journal for the Study of Sports and Athletes in Education*. Advance online publication. https://doi.org/10.1080/19357397.2021.2018637

Pinkerton, R. S, Hinz, L. D., & Barrow, J. C. (1989). The college student-athlete: Psychological considerations and interventions. *Journal of American College Health*, *37*(5), 218–226. https://doi.org/10.1080/07448481.1989.9939063

Ravitch, S. M., & Carl, N. M. (2016). *Qualitative research: Bridging the conceptual, theoretical, and methodological.* SAGE Publications.

Stokowski, S., Paule-Koba, A. L., & Kaunert, C. (2019). Former college athletes' perceptions of adapting to transition. *Journal of Issues in Intercollegiate Athletics*, *12*, 403–426.

Stokowski, S., Paule-Koba, A. L., Rudd, A., & Auerbach, A. (2020). Student-athlete development and winning success: An analysis of Directors' Cup standings. *Sports Innovation Journal*, *1*, 36–48. https://doi.org/10.18060/23755

Stokowski, S. (2022). Athlete development. In P. M. Pedersen (Ed.). *Encyclopedia of sport management* (pp. 36–37). Edward Elgar Publishing.

Stokowski, S., Fridley, A., Croft, C., Stensland, P., & Arthur-Banning, S. (2022). Athlete identity and mental health among NCAA Division III student-athletes. *Journal of Athlete Development and Experience*, *4*(1), 71–82. https://doi.org/10.25035/jade.04.01.06

Sturm, J. E., Feltz, D. L., & Gibson, T. A. (2011). A comparison of athlete and student identity for Division I and Division III athletes. *Journal of Sport Behavior*, *34*, 295–306.

Sudano, L. E., Collins, G., & Miles, C. M. (2017). Reducing barriers to mental health care for student-athletes: An integrated care model. *Families, Systems, & Health*, *35*(1), 77–84. https://doi.org/10.1037/fsh0000242

Sudano, L. E., & Miles, C. M. (2016). Mental health services in NCAA Division I athletics: A survey of head ATCs. *Sports Health: A Multidisciplinary Approach*, *9*(3), 262–267. https://doi.org/10.1177/1941738116679127

Sygulla, K. S., & Fountaine, C. J. (2014). Acute post-activation potentiation effects in NCAA Division II female athletes. *International Journal of Exercise Science*, *7*(3), 212–219.

Valster, K. M. (2020). Mental health screening and help-seeking behavior in NCAA Division III athletics (Publication No. 28155595) [Doctoral dissertation, Concordia University Chicago]. ProQuest Dissertations and Theses Global.

Waller, R., Martin, C., & Morgan, S. (2017). Is there a need for social workers in intercollegiate athletics? A conceptual study. *Journal of Issues in Intercollegiate* Athletics, 72–94.

Watson, J. C. (2016). The effect of athletic identity and locus of control on the stress perceptions of community college student-athletes. *Community College Journal of Research and Practice*, *40*(9), 729–738. https://doi.org/10.1080/10668926.2015.1072595

Wilkerson, T. A., Fridley, A., Arthur-Banning, S., Aicher, T. J., & Stokowski, S. (2022). "Gonna mess with your head": The role of mental health in the lived experiences of Black male football college athletes. *Journal of Issues in Intercollegiate Athletics*, *15,* 292–315.

Wilkerson, T. A., Stokowski, S., Fridley, A., Dittmore, S. W., & Bell, C. A. (2020). Black football student-athletes' perceived barriers to seeking mental health services. *Journal of Issues in Intercollegiate Athletics*, 55–81.

Williams, D. P., Murfree, J. R., Hawley, J., & Tutka, P. (2020). A content analysis of the Journal of Issues in Intercollegiate Athletics: 2008–2019. *Journal of Issues in Intercollegiate Athletics*, *13*, 466–484.

World Health Organization. (n.d.). *World Mental Health Day.* https://www.who.int/campaigns/world-mental-health-day

Yang, J., Peek-Asa, C., Corlette, J. D., Cheng, G., Foster, D. T., & Albright, J. (2007). Prevalence of and risk factors associated with symptoms of depression in competitive collegiate student athletes. *Clinical Journal of Sport Medicine*, *17*(6), 481–487. https://doi.org/10.1097/jsm.0b013e31815aed6b