



PERCEPTIONS OF ACC SPORT PSYCHOLOGISTS AND ATHLETIC TRAINERS ON MENTAL HEALTH STRATEGIES FOR STUDENT-ATHLETES

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FOR QUESTIONS REGARDING DATA:
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ABSTRACT

The NCAA, along with the ACC, has recognized the growing concerns of mental health among student-athletes (SAs). The NCAA's 2016 Interassociation Consensus Document: Mental Health Best Practices recommended four mental health best practices. However, five years later, many member institutions have not yet effectively implemented and/or evaluated them (Schary & Lundqvist 2021). Additionally, legislation was unanimously passed at the 2019 NCAA Convention guaranteeing SAs access to mental health services and resources. Despite the increased mental health awareness, there is a concern that institutional resources devoted to supporting the clinical and psychological needs of student-athletes are lacking. This was further exacerbated by the COVID-19 pandemic. Although research has explored factors affecting student-athlete mental health during this pandemic, little research has explored the scope and best practices of mental health services that may be effective in supporting student-athletes. This study conducted focus groups with 20 sport psychologists and athletic trainers across ACC Schools to provide some context of current issues facing student-athletes, understanding of mental health resources, and insight into current and future mental health programs and initiatives.

CURRENT LANDSCAPE

Data have shown that Division I college SAs have reported elevated levels of depression, higher levels of stress, and other associated mental health issues, when compared to non-athletes (Johnson, 2021; NCAA, 2016). In fact, 21-28% of American male and female college athletes report depressive symptoms that occasionally manifest in suicidal ideation and 33-50% indicate a range of anxiety-related concerns (Tomalski et al., 2019). Additionally, the impact of the COVID-19 pandemic (e.g., potential loss of sport, health concerns, courses moving online), along with heightened social justice and racial issues, has created significant stress and mental health concerns among many student-athletes (Petrie et al., 2020). The rise of mental health awareness and issues as well as the NCAA's commitment to SAs brings unique challenges to athletic departments around mental health services and strategies, specifically in staffing structures, resources, and program prioritization.

STUDY METHODS

The qualitative data obtained from our eight focus groups conducted in early 2021 with 20 sport psychologists and certified athletic trainers across 11 ACC schools were organized, coded, and annotated utilizing NVivo. A multi-coder constant comparison analysis identified several primary consistent themes related to SA mental health services and issues inclusive of 1) stigmatization among SAs and coaches, 2) professional staffing and resources, 3) utilization trends, 4) delivery of services/telehealth, 5) roles of coaches and administrators, 6) COVID-19 impacts, and 7) broader campus relationships. Most themes aligned with national SA mental health issues and trends being reported, and several are also representative of issues and metrics being experienced in the broader university environment.

FINDINGS

SA Mental Health Issues

Overall, there was a reported recent increase in utilization among SAs driven by general mental health issues and those related to the COVID-19 environment. This has led to opportunities and threats related to the provision of SA mental health services, detailed in the *Barriers/Needs* and *Solutions/Recommendations* sections.

Issues that SAs have been consistently presenting with more frequently during the pandemic are eating disorders and body image anxiety, transition challenges, and COVID-related testing, quarantine and health concerns. In addition, some SAs faced challenges related to returning to their home environments (food insecurity, violence, schedule structure, etc.).

Utilization/Delivery/Telehealth Trends

The utilization of mental health services was reportedly initially down in the early stages of the pandemic due to provider's lack of availability, necessary interstate licensure mandates, and campus closure issues. It has since returned to and exceeded pre-pandemic levels at most institutions. Another largely consistent response among focus groups is the significant shift to telehealth delivery of mental health services.

Programs and Services

There were a number of consistent themes and/or individual case examples in what the focus groups reported as successful mental health services and programs as well as general consistency about what has not been successful.

Frequently reported successful programming and services included suicide prevention and eating disorder programming for staff (coaches and administrators), forums and spaces for race and social justice discussions, animal therapy, and student/peer-led initiatives.

Ineffective programs and services included "quarantine clubs," injured athlete support groups, one-off team interventions on mental health topics, and optional programs due to no-shows. The reasons for the ineffectiveness of these programs and services generally fall in line with the overall barriers listed below.

FROM THE FOCUS GROUPS:

"We tried to do a group where they met at a certain time, where anyone could come and their schedules just didn't align. There's people practicing at night, there's people training in the morning, they have study hall..."

"...that whole concept of athletes sharing their experiences, we've had men's lacrosse players that have shared really personal experiences, we've had football players, basketball players. I think hearing from men has really helped increase our utilization of services by men."



FROM THE FOCUS GROUPS:

“I think they're [Athletic Administration] supportive. They see the benefits, they're verbally supportive. I will say they're not supportive with funding by any means. When we say we need this person full time, they will say, ‘Yeah, they can do a half day.’”

“So I think even above the universities like even on a conference level. There's still varying levels of visibility and willingness to include mental health into those conversations. So like I feel like the culture has definitely changed from the bottom up and not so much from the top down.”

FINDINGS (CONTINUED)

Staffing and Resources

While not true for every participating ACC institution, there were approximately 50% of respondents who indicated a need for additional mental health providers and/or increased staffing levels. There were differences in exact needs; some respondents discussed more full-time sport psychologists, while others discussed increased budgets for outsourced resources. Also noted consistently was the need to improve recognition and/or rewards (compensation) for mental health staff. An additional theme was the importance of effective and collaborative utilization of other campus mental health resources (Counseling Center, LGBTQ/BIPOC/Religious Support Groups, etc.), however there are variations in the success and structures of such campus collaborations. There also remain significant inconsistencies in mental health provider staffing and service levels and models across the ACC as noted in the chart below, which likely should be discussed.

CURRENT ACC INSTITUTIONAL MENTAL HEALTH PROVIDER STAFFING

Institution	FTE	FTE/SA Ratio
██████████	3.0	1/183
██████████	2.5	1/228
██████████	2.0	1/235
██████████	2.0	1/237.5
██████████	3.0 (3.3 with contract providers during Academic Year)	1/242
██████████	3.0	1/253
██████████	3.0	1/280
██████████	1.5	1/293
██████████	2.0	1/375
██████████	1.0	1/385
██████████	1.0 (plus 2 individuals contracted as needed)	1/450
██████████	1.0 (plus 2 individuals contracted as needed)	1/510
██████████	1.0	1/550
██████████	1.0	1/620

BARRIERS/NEEDS

Despite the increased utilization rates and breadth of services and programming, the focus groups consistently cited ongoing barriers to usage and resource needs to maximize outcomes.

Barriers and needs most frequently cited in the focus groups were:

- SA time demands related to scheduling and attending mental health programs/services
- SAs/Coaches still viewing mental health as secondary to physical health (strength and conditioning, athletic training, etc.)
- Lack of mental health providers/resources
- Lack of diversity in mental health service personnel
- Stigma of mental health services and issues among student-athlete populations and coaches
- No universally nor consistently applied effectiveness measures for the services and programming being provided

FROM THE FOCUS GROUPS:

“But at the same time, they're not willing to give anything else that they need to do, like with their meetings, workouts, practice. It's just so much that even if it's encouraged, it's just another thing that they have to do with their time.”

“I never like to throw a group under the bus, but a lot of times the coaching staff, how they respond to individuals, really, really affects their ability to get better.”



FROM THE FOCUS GROUPS:

"We've talked just briefly about any way to get a network like a sports psychologist network amongst power five schools or colleges or something that you can refer to..."

"So if it becomes part of the culture of that sport, then it's more utilized."

"I wish that the coaches could see...we could do better by helping your athletes be a whole human instead of just someone who kicks the ball really well."

SOLUTIONS/RECOMMENDATIONS

The purpose of this study is to understand what sport psychologists and certified athletic trainers at ACC member institutions perceive as the most effective policies and practices to mitigate emergent mental health issues facing student-athletes. This is critically important as the demand for services combined with significant financial challenges facing universities will force many institutions to be more strategic with limited resources to address the increasing demand for mental health and wellness services.

Based on our focus group data, relevant literature and NCAA mental health legislation, we make the following SA mental health recommendations to ACC institutions for consideration.

- 1** Mandatory mental health education/wellness classes for SAs at all ACC institutions
- 2** Access to readily available, qualified, and confidential mental health providers for all SAs on all ACC campuses
- 3** Improved recruitment and hiring of mental health service providers who better represent the constituents they serve
- 4** Continued availability and refinement of safe and effective telehealth services
- 5** Development of consistently defined and applied effectiveness measures (SA feedback, utilization rates, reporting protocols, etc.)
- 6** Improved/continued utilization of other campus mental health resources (counseling center, LGBTQ/BIPOC/religious support, etc.)
- 7** Establishment of an ACC Mental Health Leadership Team
- 8** Identification of a current SA "Mental Health Champion" at all ACC institutions

Our data indicates that athletic department leadership and coaches need to outwardly acknowledge the importance of mental health to broader staff and SAs in order to destigmatize issues and service usage. Additionally, recruiting, hiring, and retaining mental health providers who represent the diversity of the SA population is an integral step in better serving SAs and overcoming a barrier to use.

While telehealth comes along with its own sets of challenges, there is consensus that it should have a role in future services planning, and is sometimes preferred by SAs (e.g., those who have already built a relationship with the provider, are comfortable in their home space, or for shorter maintenance or check-in appointments). Data indicates that in-person services should still be the primary method of delivery, and proximity to SAs is critical. Respondents specifically noted that being "seen and close" are factors in utilization rates.

An essential solution to both aid SAs as well as mental health providers employed by ACC institutions is a mandatory mental health class for first-year SAs. Currently in place at one ACC school, this class not only has helped to destigmatize mental health but also created open communication and increased awareness of services from the onset of participation as an SA. This class, which may vary in context and credit status at individual schools, would also support the proliferation of peer relationships, support, and community, tying together themes of successful mental health programming.

FROM THE FOCUS GROUPS:

"...but I think that's [telehealth] helped and gave people someone that they can feel that they can talk and not have to necessarily go to the room where somebody sees them waiting outside the psychologist office. I think that goes into the stigma of getting help."

"What we saw, and I said in our initial findings after this first semester is that...the amount of contact that we had out of our 93 incoming freshman student athletes that took our class in the fall, we did not see one of them after class started in the normal, what we would have expected, timeframe for what we would have expected to be a reason... We did have a lot of teams that we spoke to every day for like two minute COVID check ins, but our hypothesis is that, in fact, by providing these skills, hopefully they're redundant, but for others, they're brand new material that they can interact with each other and with themselves in a different way, and maybe we will not see them in the same way."

"I can tell you a million times what you're feeling is normal, I know that your sport is your identity and you can't do it right now and that sucks, and we're here for you, but coming from an athlete is so different, and I feel like it makes a world of difference for those kids."



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