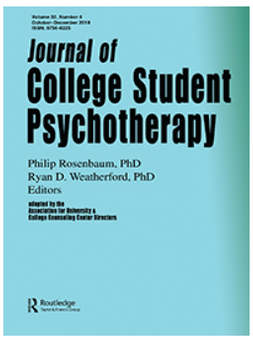

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Student-Athletes and Counseling Services: Recommendations for Identifying and Developing Referral Sources

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ABSTRACT

The current article describes recommendations for identifying and developing referral sources for student-athletes seeking counseling services. A Counseling Center at a northeastern state university collected data from student-athletes presenting for mental health services about who referred them and what sport they played. Findings indicated a disparity between the number of female student-athletes presenting for services and male student-athletes as well as more student-athletes presenting for services during the Fall semester than the Spring semester. It was also found that athletic trainers and coaches were the biggest referral sources to university counseling services. Recommendations for other Counseling Centers are provided in creating and improving upon referral sources for student-athletes.

KEYWORDS

Student-athletes; referral sources; college counseling centers

As a college student subpopulation, student-athletes are often acclaimed on-campus, yet also face unique challenges in the process of balancing their student and athlete identities (Watson & Kissinger, 2007). College athletes spend much of their time focused on their sport and often anchor their personal identity to their athletic involvement (Weigand, Cohen, & Merenstein, 2013). In addition to the academic demands, emerging autonomy, and social responsibilities of non-athletes, athletes also need to sustain optimal fitness and competitive levels, navigate the responsibility of team membership, and balance their time between academics and sport (Etzel, Watson, Visek, & Maniar, 2006; Moreland, Coxe, & Yang, 2018). Injuries, especially ones that potentially shorten or end one's season or career, are major sources of stress for student-athletes, and athletes returning from injury may be fearful of being reinjured (Neal et al., 2013).

Gill (2008) proposes that college athletes are a vulnerable population, but often not viewed as in need of support due to their physical abilities and privileged positions on their campuses. Indeed, college athletes are not immune to common mental health issues such as depression. For instance,

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Yang et al. (2007) found that 21% of college athletes reported symptoms of depression, with higher rates endorsed by female athletes, first-year athletes, and athletes who reported physical pain. Female athletes were also identified as more vulnerable by Storch, Storch, Killiany, and Roberti (2005), with female athletes reporting more symptoms of depression and social anxiety, as well as inadequate social support, than male athletes and male and female non-athletes. Division I male athletes reported significantly fewer depressive symptoms than their non-athlete male peers; however, 15.6% of the athletes still met the criteria for a possible depression diagnosis (Proctor & Boan-Lenzo, 2010). In another study, 16.77% of current athletes reported symptoms consistent with depression as compared to 8.03% of graduated athletes (Weigand et al., 2013). In a more recent study with a larger population of NCAA athletes (N = 950), a prevalence rate of 33.2% was found for symptoms of depression, with female athletes, in-season athletes, and injured athletes reporting higher rates of depressive symptoms than other athletes (Cox, Ross-Stewart, & Foltz, 2017).

Athletes are also vulnerable to disordered eating behavior with over 25% of female athletes (Greenleaf, Petrie, Carter, & Reel, 2009) and almost 20% of male athletes (Petrie, Greenleaf, Reel, & Carter, 2008) having subclinical symptom levels. Male and female athletes have consistently been found to be more likely to engage in binge drinking than their non-athlete peers (e.g., Leichliter, Meilman, Presley, & Cashin, 1998; Nelson & Wechsler, 2001; Wechsler, Davenport, Dowdall, Grossman, & Zanakos, 1997) with one study identifying that 75% of athlete participants engaged in high-risk drinking (i.e., 5 or more drinks on 1 occasion in the past 2 weeks) and 44% engaged in this behavior frequently (Brenner & Swanik, 2007). It was found that male hockey and female soccer athletes reported the highest levels of substance use while male soccer, basketball, and cross-country/track athletes and female cross-country/track and swimming/diving athletes reported the lowest levels of substance use (Ford, 2007). More broadly than mental health symptomatology, it has also been found that athletes scored lower than their non-athlete peers on dimensions of wellness that included defining their sense of purpose and identity and forming interpersonal connections (Watson & Kissinger, 2007).

Despite the prevalence of mental health concerns among student-athletes, they tend to hold more negative opinions about help-seeking behavior than non-athletes (Watson, 2005). Mental illness is viewed as contrary to the mental toughness expected of elite athletes, and athletes who seek psychological help may risk losing playing time or participation on the team (Baumann, 2016). College athletes are less comfortable seeking psychological services than academic and athletic resources, and Division I athletes are less comfortable than Division II or III athletes seeking mental health services (Moore, 2016). In a systematic review of 21 articles published between 2005 and 2016 regarding the utilization of mental health services by college athletes, it was found that

that male-identified athletes, and especially those who ascribed to traditional notions of masculinity, were less willing to seek mental health treatment (Moreland et al., 2018). In general, barriers to seeking therapy include fear of stigma for seeking treatment, fear of being viewed as weak, and fear that teammates would find out about the treatment (López & Levy, 2013). Additional barriers include the lack of available time to seek mental health services due to demanding schedules (López & Levy, 2013), perception that psychosocial services are not as readily accessible as athletic and academic services (Moore, 2016) and lack of knowledge about mental health services (Cox et al., 2017). Indeed, it has been found that 25.7% of athletes did not know how or where to access mental health services at their university and 44.5% of athletes received no mental health education from their athletic department (Cox et al., 2017).

Stigma is also a major barrier to accessing mental health treatment for all college students, including student-athletes. College athletes report higher levels of both personal stigma (i.e., one's own negative beliefs) and perceived public stigma (i.e., belief that others hold negative views) regarding mental illness than their non-athlete peers (Kaier, Strunk, Cromer, Davis, & Johnson, 2015). In a study of male football players, participants voiced their belief that that mental illness is a sign of weak disposition and could be used as an excuse or crutch (DeLenardo & Terrion, 2014). Similarly, Cutler and Dwyer (2020) found that college athletes perceive their teammates as likely to be unaccepting and unsupportive of a teammate using mental health services. Student-athletes reported being more likely to seek psychological help after being referred by a family member as compared to a coach, teammate, or self-referring (Wahto, Swift, & Whipple, 2016). Similarly, they reported being more likely to seek support from non-team support staff (e.g., life skills/athlete program coordinator) than team support staff (e.g., athletic trainer) and coaching staff (i.e., head or assistant coaches), with coaches being ranked as the last group (Cutler & Dwyer, 2020).

Given these barriers, it is important for athletic departments, sports medicine departments, and Counseling Centers to consider methods to decrease stigma around mental health and increase help seeking behaviors in student-athletes. Athletic and sports medicine departments should work on changing the culture in athletics around mental health, specifically attending to the influence of coaches and athletic trainers, whom the athletes have the most contact with on a day-to-day basis. Research shows that 50% of student-athletes were either unsure or did not think their coaching staff would offer support in the situation of an emotional crisis (Cutler & Dwyer, 2020). This finding is problematic as coaches have the most contact with student-athletes and are often viewed as being responsible for the well-being of student-athletes. Next to coaches, athletic trainers also play an important role in managing and responding to the overall well-being of student-athletes.

Recently, there has been more of a focus for athletic trainers to assess and address mental health and not just physical health. In 2013, the National Athletic Trainers' Association (NATA) partnered with the National Collegiate Athletic Association (NCAA) and numerous other associations related to sports medicine and mental health to form an Inter-Association group on addressing psychological concerns within collegiate student-athletes (Neal et al., 2013). The group developed a consensus statement with several recommendations for recognizing and referring collegiate student-athletes with mental health issues, such as monitoring mental health symptoms, creating, and identifying referral resources, and addressing risk management concerns. However, this is still an area of growth for athletic trainers as evident in Moreland et al.'s (2018) systematic review, which found that female coaches and athletic trainers were more likely to refer athletes for mental health treatment than male coaches and athletic trainers. Furthermore, in 2016, Kroshus found fewer than half of sports medicine departments had a written mental health management plan to identify and screen collegiate athletes for mental health concerns.

The purpose of this article is to identify referral sources for student-athletes to the Counseling Center and describe recommendations for university counseling centers in creating liaison relationships with athletic and sports medicine departments to promote student-athlete access to mental health resources.

Our program

Our University has around 17,000 students and about 560 student athletes. Our Athletic Department competes at a Division II level. At our Counseling Center, we have a dedicated counselor who serves as a liaison to the Athletic Department. She has been in this role for the past 8 years and initially began with a meeting with the athletic director and coaches, which evolved into more frequent contacts and engagement. This counselor has a background in sport psychology and specific training in working with athletes. She has subsequently created a partnership with the Athletic Department since Spring 2018, where she has dedicated hours devoted to clinical work with athletes (individual counseling) and for programming with coaches, teams and athletes. This counselor has provided programming about Counseling Center services to teams and has conducted programs on mental health, such as ways to cope with distress, how to help others experiencing distress, improving sleep, self-care, stress management, etc. She also regularly attends coaches' meetings and frequently consults with athletic department administrators. For the purpose of this manuscript, we will refer to her as the sport psychologist.

The sport psychologist also worked with the sports medicine department in creating their Mental Health Management Plan, which includes mental health

screening of all athletes. Prior to the start of their athletic participation each academic year, athletes are required to complete a Pre-Participation Exam (PPE) with their specific athletic trainer. Beginning in Fall 2018, included in their PPE is a mental health screening that is comprised of the Patient Health Questtionaire-9 (PHQ-9; Kroenke, Spitzer, & Williams, 2001), the Generalized Anxiety Disorder 7-item scale (GAD-7; Spitzer, Kroenke, Williams, & Löwe, 2006), Eating Attitudes Test (EAT-26; Garner & Garfinkel, 1979), SCOFF Questionnaire (Morgan, Reid, & Lacey, 1999), Adult ADHD Self-Report Scale (AASRS; Kessler et al., 2005), Insomnia Severity Index (ISI; Morin, Belleville, Bélanger, & Ivers, 2011), and the Alcohol Use Disorders Identification Test-C (AUDIT-C; Bush et al., 1998). At the end of the surveys, the athletes are provided information about the Counseling Center. The scores of each survey were evaluated by the athletic trainer and they "red-flagged" individual athletes' surveys with elevated symptom scores. The elevated symptom scores are based on each survey's recommended cutoff scores for moderate to severe symptoms. For those athletes who were red-flagged, their athletic trainer discussed the elevated symptom scores with the individual athlete and offered a referral to the campus' counseling services, as per their sports medicine protocol for mental health screening and referral.

Athlete referral sources results

Beginning in the 2017 Fall semester through the end of the Spring 2020 semester, data was collected each semester from student-athletes who presented for mental health services to the university Counseling Center. Student-athletes were asked who referred them to the Counseling Center and what sport they played by the counselor conducting their initial assessment (See Table 1 for referral sources by sport). It is important to note that the Spring 2020 semester was interrupted and impacted by the COVID-19 pandemic where our university moved to providing remote classes and services in mid-March and the majority of students (including athletes) were not permitted to reside on campus, at which time there was significantly reduced referrals from the general student population overall to the Counseling Center.

Over the three years of data collection, a total of 196 student-athletes reported to the Counseling Center, with an average of 65.33 referrals per academic year. Examining the semester breakdown of student-athlete referrals (Table 2), there were more referrals during the Fall semesters (about 8% of student-athletes visiting the Counseling Center) than there were during the Spring semesters (about 3.6%). On our campus, the Fall semester includes the athletic trainers' mental health screening, more campus programs about resources for students, and more meetings of the sport psychologist with teams and coaches as a way to introduce herself and counseling services to athletes. All of these factors could influence the number of referrals in the Fall

Table 1. Student athlete referral sources by sport.

	Self	Professor/Staff	Sport Psychologist	Athletic Trainer	Coach	Teammates	Dr from home	Loved Ones	Combination	Total
Men's Baseball	0	0	1	0	2	0	0	0	0	3 (1.5%)
Men's Basketball	0	1	1	0	0	0	0	0	0	2 (1%)
Women's Basketball	1	1	1	0	2	0	0	0	0	5 (2.6%)
Cheer	3	0	1	2	2	0	0	1	0	9 (4.6%)
Men's Cross Country	0	0	0	0	0	0	0	0	1	1 (.5%)
Women's Cross Country	1	0	1	0	0	1	0	0	0	3 (1.5%)
Men's Diving	1	1	1	0	0	0	0	0	0	3 (1.5%)
Women's Diving	2	0	0	0	1	0	0	0	0	3 (1.5%)
Women's Field Hockey	6	0	1	2	4	0	1	0	1	15 (7.7%)
Men's Football	2	1	0	2	4	0	1	0	1	11 (5.6%)
Men's Golf	0	0	0	1	0	0	0	0	0	1 (.5%)
Women's Golf	0	0	0	0	1	0	0	0	0	1 (.5%)
Women's Gymnastics	2	0	4	1	2	1	0	0	0	10 (5.1%)
Women's Lacrosse	0	1	1	2	2	0	1	0	0	7 (3.6%)
Women's Rugby	1	0	0	7	0	1	0	2	2	13 (6.6%)
Men's Soccer	0	0	1	1	2	0	0	0	0	4 (2%)
Women's Soccer	2	0	4	2	0	0	0	1	1	10 (5.1%)
Women's Softball	3	1	5	1	3	1	0	0	1	15 (7.7%)
Men's Swimming	0	0	0	1	4	0	0	2	1	8 (4.1%)
Women's Swimming	2	1	2	6	9	0	0	1	2	23 (11.7%)
Men's Tennis	0	0	0	0	6	0	0	0	0	6 (3.1%)
Women's Tennis	0	0	1	1	2	0	0	0	0	4 (2%)
Men's Track and Field	3	0	0	2	0	0	0	0	0	5 (2.6%)
Women's Track and Field	2	0	0	6	5	0	0	4	2	19 (9.7%)
Women's Volleyball	3	0	4	6	1	0	0	0	1	15 (7.7%)
Total	34	7	29	43	52	4	3	11	13	196

Table 2. Student athlete referrals by semester.

Semester	Number of Referrals	Total # of Athletes	Percentage Referred
Fall 2017	44	569	7.7%
Spring 2018	24	569	4.2%
Fall 2018	47	565	8.3%
Spring 2019	19	565	3.4%
Fall 2019	45	552	8.2%
Spring 2020	17	552	3.1%
Total	**196**		

versus the Spring semesters, as there is a bigger focus on mental health and more education on mental health resources.

Examining the referral sources (Figure 1), it is notable the disparity between the number of female-identified student-athletes presenting for services and male-identified student-athletes. There were 45 (23%) male athletes and 151 (77%) female athletes who presented to the Counseling Center. Coaches seem to be the biggest source of referrals, followed by athletic trainers, and then self-referrals. In particular, although male athletes only made up a little over 20% of referrals, they were overwhelmingly referred by their coaches compared to any other referral source. Additionally, a higher percentage of male athletes were referred by coaches than female athletes, and male athletes reported no referrals from teammates, compared to a handful of teammate referrals in female athletes. Referrals related to connections to the sport psychologist (having either seen one of her presentations or through knowing her) was the next most common referral source in general. The sport psychologist has anecdotally noticed a trend in referrals increasing immediately after her

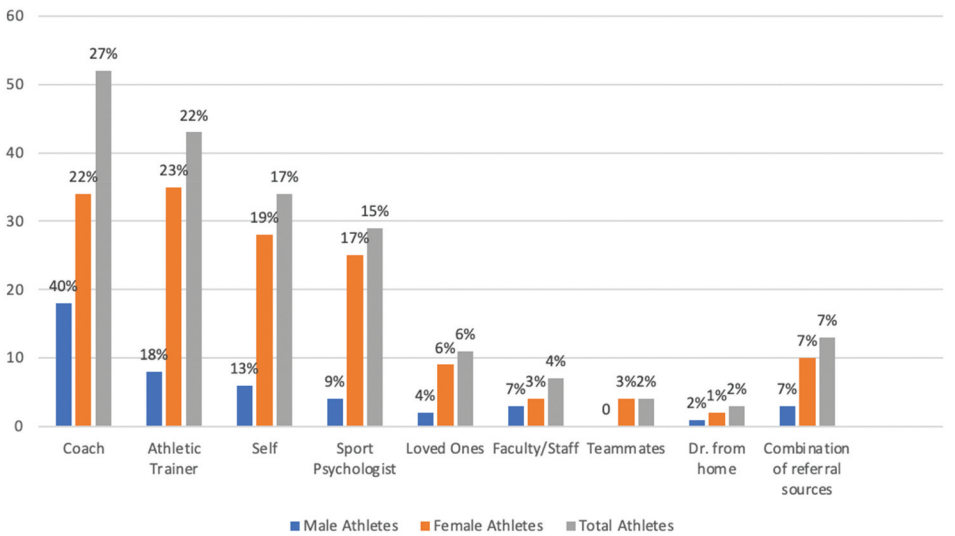

Figure 1. Student athlete referral sources. *Note*. The number of athletes by referral source are indicated on the bar graph, with the percentages representing the percent from each group (male, female, total) for that referral source.

meetings and presentations with coaches, teams, and athletes. It seems those who have high touch points with athletes and interact with them on a frequent basis are the biggest referral resources. Coaches and athletic trainers tend to have closer relationships with athletes, where they can notice distress, difficulty, and changes in mental health. In addition, because of the established relationships and the trust created, athletes may be more willing to accept their referrals to mental health services.

Conclusions

From data collected over six semesters, we found that athletic trainers and coaches were the biggest referral sources to university counseling services. Student-athletes also frequently cited the sport psychologist as their referral source, having already connected with her through the athletic department liaison role. It seems that those referral sources that have the most interaction with student-athletes are the ones most frequently connecting student-athletes to our mental health resources. These findings are contrary to previous research that found student-athletes were more likely to seek psychological help after being referred by a family member as compared to a coach, teammate, or self-referring (Wahto et al., 2016), and that athletes are more likely to seek support from non-team support staff than team support staff, like athletic trainers or coaches (Cutler & Dwyer, 2020). Given the focus on mental health in our campus' athletic department, there may be a more positive mental health culture among our coaches and athletic trainers which may increase the student-athletes' willingness to seek help and support for mental health distress. Additionally, given that another common referral source was the sport psychologist herself, this demonstrates the positive impact of having a liaison role with the athletic department, including providing consultation and outreach programming directly to teams.

Our findings also demonstrate a noticeable difference between male and female athletes in seeking mental health services. While this trend is seen in the general population, with women seeking out mental health resources in greater numbers than men (Gonzalez, Alegria, Prihoda, Copeland, & Zeber, 2011), it is important to note, as it indicates an area of further growth and exploration. Additionally, while female athletes accepted the most referrals from various sources, male athletes were most commonly referred by their coaches than other sources. This finding is surprising, especially given the toxic masculinity in male sports culture and resistance to discussing mental health (Souter, Lewis, & Serrant, 2018), as well as other literature that has found most athletes prefer referrals from someone other than coaches (Cutler & Dwyer, 2020). As previously mentioned, this could be a product of several years of discussing and emphasizing mental health as an important aspect of overall athlete wellbeing and performance, shifting

the culture in sports around mental health at our specific institution; anecdotally, the sport psychologist has found most coaches to be responsive to creating a positive mental health promoting environment. Despite the positive findings that our coaches are making the majority of referrals, only 8% (Fall semester) and 3.6% (Spring semester) of student-athletes are visiting the Counseling Center, and these percentages are even smaller for male athletes. However, our percentage of student-athletes seeking counseling services are higher than the national Counseling Center average. According to the Center for Collegiate Mental Health (CCMH) 2020 Annual Report, 3.5% of college students visiting the Counseling Center self-identified as a varsity athlete (Center for Collegiate Mental Health, 2021).

As previously discussed, nearly a quarter of student-athletes experience mental health distress including clinical depression (Cox et al., 2017; Yang et al., 2007). It is clear many athletes may not be seeking mental health help despite their distress, which is consistent with previous literature as well (Moreland et al., 2018). Regardless, it is salient for coaches and athletic trainers, specifically, to attend to the mental health needs of their male athletes and create a positive help-seeking culture around mental health. University Counseling Centers can assist this process by engaging in targeted outreach programming and mental health education specifically for coaches and athletic trainers of men's teams, as well as the male athletes themselves.

Limitations and future research

There may be limitations to the generalizability of the findings of this study. Specifically, our university is a mid-sized public, state institution with a Division II athletic program. The findings may not generalize to larger or smaller universities, private institutions, and Division I or III athletic programs. A helpful future research direction would be to examine similar experiences and processes at institutions of different sizes with varied athletic divisions. Additionally, future research should examine the impact of education and training on mental health for coaches and athletic trainers. For instance, a specific training designed to educate coaches and athletic trainers on mental health needs and referrals can be provided, along with obtaining pre- and post-data about stigma toward mental health and the likelihood of referring student-athletes for mental health services. It would also be important for future research o examine the factors that increase and decrease the likelihood that a student-athlete will accept a referral to mental health services. The referral process for mental health services can be assisted by having a better understanding of the experiences of student-athletes.

Recommendations

We believe creating a positive mental health culture is paramount in creating and improving referral sources. We know student-athletes experience mental health difficulty and are hesitant to reach out for help and support (Daltry, Milliner, & James, 2018). Through education, programs, and conversations about mental health, it becomes more normalized and less stigmatized. While not all university Counseling Centers have a counselor with the expertise and availability to function as a sport psychologist for the athletic department, we have various recommendations on ways to improve access to services. First, we recommend that some or all of the counselors attend continuing education training on mental health needs and barriers to accessing services for student-athletes. We also recommend that the Counseling Center build a liaison relationship with coaches and athletic trainers for each team and offer consultation and outreach programming to the athletic staff and students. Visibility and education about services are important in building trust and willingness to access mental health resources. Finally, we recommend that the counselor or counselors that have this liaison relationship with athletics have a working knowledge of sport culture in general and the culture of their specific athletic department. If athletes and athletic personnel (coaches specifically) feel understood and the counselor is knowledgeable about athletic culture, they may be more likely to refer to and seek out mental health services.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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