Exploring Mental Health Needs of Student Athletes

by

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Abstract

Mental wellness plays an important role in the success of collegiate students, but it is in this age span that signs and symptoms of mental illnesses appear. Yet, many Division I universities still do not have any type of program for student athletes related to mental health, and California State University, Bakersfield (CSUB) has also not implemented such a program. The purpose of this study was to assess the mental health needs of CSUB student athletes and the skills of employees to evaluate if there was a need for a mental health program.

The literature provided information about the CSUB mental health protocol, the Red Folder and the importance of an early diagnosis and treatment of mental disorders. Two theories were used: the Durkheim Theory of Suicidality and the Social Stigma Theory. These focused on the different rates of mental health among student athletes and non-athletes and the stigma present in the Athletic culture.

Interviews were conducted with eight student athletes. Responses were analyzed developing three main themes and seven categories. The three main themes were Challenges, Experiences, and Expectations from the Athletics Department, and each had categories included. Surveys were conducted with thirty-two employees from the Athletics Department and the results entailed four categories: Comfort Level, Referring Students, Resources, and Stigma and Solutions.

Recommendations were based on literature and the results of this research. Recommendations included implementing a mental health program that entails training and workshops for student athletes and the Athletics staff, a mental health protocol specific for the Athletics Department, pre and post screenings of student athletes, and support groups.
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CHAPTER ONE

INTRODUCTION

According to Lewis (1970), in the second half of the 19th century, students organized activities in the universities, including sports activities. During this era, students started accepting and participating in extracurricular activities. Faculty members controlled every aspect of the students’ lives, including the sport activities, which faculty members disregarded. Because of the complete control faculty members had over students, students saw the faculty as enemies, and disorder became frequent in universities. To decrease campus disorder, before 1830, universities such as Harvard, Yale, and Brown implemented gymnasiums for students to participate in activities (Lewis, 1970). Collegiate competitive sports, as seen as in present years, started in 1843, when a boat club was created in Yale, and a year later another club was created in Harvard by undergraduate students. The first competition between clubs from Yale and Harvard happened in 1852. After this competition, other universities, such as University of Pennsylvania, Trinity, and Dartmouth, started new clubs. Annual regattas were created between Yale and Harvard, and in 1869, numerous requests from universities with boat clubs were sent to participate in the annual regattas. The second sport implemented in universities was baseball. Baseball, track and field, and football came along, and by 1876, associations were created to conduct intercollegiate competition (Lewis, 1970). In 1905, President Theodore Roosevelt designed and implemented, with the help of experts, the National Collegiate Athletics Association (NCAA) to protect student athletes against institutions that wanted to exploit students athletically and to address the number of student athlete deaths, especially in football. The NCAA was created after 18 deaths in the 1905 football season, to protect the lives of student
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athletes (Greene, 2012). From the NCAA, policies and protocols were created to improve student athletes’ experience. Policies such as the concussion policy and mandatory health assessments before each season were designed and implemented to keep athletes healthy. Injuries that can be seen, such as broken bones and ligament tears, have been studied and addressed; unfortunately, injuries that cannot be seen, such as depression and anxiety—mental health disorders—have not been studied as much, and the NCAA is just now starting to address this issue.

As mental health disorders are now a new topic for the NCAA, according to the World Health Organization (WHO), mental health is a well-being state where someone can produce, function, and give back to the community even with the stressors of life (2017). Mental health is important for the success of every student in a college setting, including student athletes. The age range of collegiate students is from eighteen years of age to twenty-four, and this age range is at high risk for mental health disorders, as many people will have their first mental disorder episode in this age span. Even though the athletic environment is usually supportive, student athletes have stressors, including those that other college students also have: finances, academics, and interpersonal relationships. These stressors can cause students a range of mental health disorders, for example, depression, anxiety, and eating disorders, and often, students have more than one disorder at a time (Rao, Asif, Drezner, Toresdahl, & Harmon, 2015). As Emily Kroshus (2016) estimated, between 17% and 21% of student athletes are currently diagnosed with depression, and approximately 25% of the female athletes meet the criteria of an eating disorder. Moreover, student athletes are in a high-risk population for alcohol use. This can be caused by the pressures student athletes experience or as a form of self-medication; unfortunately, students who drink alcohol on a daily basis are more apt to suffer injuries (Cimini et al., 2015). When athletes are
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injured, the risk of depression, anxiety, substance use, or eating disorders also increases because then the athletes are not able to compete (NCAA Sports Science Institute, 2013). Other factors that can cause depression and anxiety are sleep disorders and troubled relationships, which are very common among college students (NCAA Mental Health Task Force, 2014). Some mental health disorders can lead to suicidal thoughts, and suicide is the fourth leading cause of death for collegiate student athletes (Rao et al., 2015). Moreover, student athletes are taught to embrace and work through pain and not to seek help because asking for help can be seen as a sign of weakness, especially if the help is for a mental health issue. Mental health disorders and suicide can be preventable with the right care; early identification of mental health disorders is fundamental to decrease the duration of symptoms and the advancement of the illnesses (NCAA Mental Health Task Force, 2014).

Statement of Problem

Many Division I universities still do not have any type of mental health program for student athletes, and California State University, Bakersfield (CSUB) has not yet implemented such a program. To establish a program, CSUB needs to assess both the needs of student athletes and the skills and abilities of employees.

Purpose of the Study

The purpose of this study was to assess the mental health needs of CSUB student athletes and the skills of employees using two data collection methods to evaluate if there was a need for a mental health program at the CSUB Athletics Department. Eight to twelve student athletes, who are key informants, were interviewed using the “long interview method” (McCracken, 1988). In addition, all staff members in the CSUB Athletics Department were asked to
participate in the survey using a questionnaire format. Responses from the interviews and survey were coded and analyzed for the purpose of this study.

**Importance of the Study**

This research may be important to understand the factors involved in mental health through the student athletes’ own stories and to understand the perspective of staff from the CSUB Athletics Department regarding mental health. With the findings, the researcher was able to analyze the mental health needs of student athletes and the importance of implementing a mental health program to provide support for students in the Athletics Department.
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CHAPTER TWO

REVIEW OF THE LITERATURE

The purpose of the literature review is to provide background and context of the student athletes’ mental health needs with diverse bodies of literature. In this chapter, the most prevalent mental health illnesses among young adults and student athletes, the effects of injuries on athletes’ mental health, and athletes’ mental wellness risk factors will be discussed in terms of two theories: the Durkheim theory and the Social Stigma theory.

National Collegiate Athletic Association (NCAA)

The NCAA was implemented by President Theodore Roosevelt to protect student athletes’ health and well-being. Even though the NCAA was created by the president of the United States, this agency is now a nonprofit and member-led organization that in the year 2015-16, had an annual revenue of approximately 921.5 million dollars (Born, 2016 & Where does the money go, n.d.). Nationally, the revenue comes from two major resources; about 85% of the revenue is from the Division I Men’s Basketball championship television and marketing rights, and the second major resource is from championship ticketing. There are other sources that add to the total annual revenue, such as membership fees, but these sources are not as large as the TV and marketing rights and ticketing (Where does the money go, n.d.). From this total, only 4% goes to the NCAA National Office for expenses such as building operations and NCAA employees’ salaries (Revenue, n.d.). The rest of the money is used in a variety of programs, such as Sport Sponsorship and Scholarship Funds, Division I Championships, Student Assistance Fund, Academic Enhancement Fund, Membership Supportive Service, and nine other initiatives (Where does the money go, n.d.). There are 1,123 colleges and universities that are members of
the NCAA, and these colleges and universities are separated into three different divisions (What is the NCAA, n.d.). The universities that are active members of the NCAA divisions have the right to vote on legislation and issues that might be of importance before the Association: to compete in NCAA championships, and to privileges classified in the NCAA constitution, such as grants and funding opportunities (NCAA membership, n.d.). Moreover, the National Collegiate Athletics Association has more than 460,000 student athletes in all universities who play in 24 distinct sports. There are 98 voting athletic conferences and 39 affiliated organizations. Committees are formed with member representatives to create and adopt policies and rules about all the aspects of athletics, from compliance to academics and championships. The NCAA national office is located in Indianapolis, Minnesota and has 500 employees who are responsible to administer the policies and rules adopted by the committee members (What is the NCAA, n.d.). This Association provides educational services for employees of the universities that are members of the NCAA and financial support for some of the universities to support student athletes’ success.

**The Divisions.** In 1973, the NCAA was divided into three divisions to better accommodate all universities competitively and for legislative purposes. Even though there are three different divisions, the NCAA permits all member institutions to petition to be classified in a higher or lower division than the divisions universities were before (Divisional differences and the history, n.d.). For example, California State University, Bakersfield was classified as a Division II NCAA member, but in 2006, the president of the university petitioned to modify the classification of the CSUB, from Division II to Division I. In 2010, CSUB officially completed the reclassification process and is currently competing in a Division I Conference (Cal State
Bakersfield joins active NCAA, 2011). Of the three divisions, the most competitive and well-funded is the Division I (DI). This division must sponsor at least fourteen sports, seven for women and seven for men. DI universities also must offer a minimum amount of scholarships, and this number cannot exceed a maximum depending on the sport (Divisional differences and the history, n.d.). There are approximately 350 DI universities; NCAA members and these universities offer opportunities for 170,000 student athletes per year (NCAA division I, n.d.). The Division I student athletes have academic requirements that hold them accountable and on track to graduate in four years. These requirements are a part of Progress-Toward-Degree requirements (Figure 1). This initiative encompasses minimum Grade Point Average (GPA), minimum credit hours yearly and by term, and yearly percentage towards degree. Without meeting these academic requirements, the student athletes lose their eligibility to compete (Division I progress-towards-degree requirements, n.d.).

![Figure 1](http://www.ncaa.org/about/division-i-progress-toward-degree-requirements)

*Figure 1. NCAA Progress-Toward-Degree Requirements for Division I Universities. Adapted from Division I Progress-Toward-Degree Requirements. (n.d.). National Collegiate Athletic Association [NCAA]. Retrieved from http://www.ncaa.org/about/division-i-progress-toward-degree-requirements.*
There are 309 Division II (DII) universities affiliated with the NCAA and each one has an average of 8,000 total students. Each university must offer at least ten sports, five for men and five for women. DII colleges also offer scholarships for the student athletes but fewer than DI universities, and the majority of scholarships offered are partial funds (About NCAA Division II, n.d.). Moreover, student athletes from this division also have Progress-Towards-Degree requirements, but these are not as detailed as in DI and some of the requirements are different. As an example, student athletes must have a minimum cumulative GPA of 2.0 at the end of every academic year to be eligible, including their second and third years. If the students do not meet the requirements, the DII students will be punished just as DI student athletes, losing their eligibility to compete (Division II progress towards degree, n.d.). Division III (DIII) is the least competitive and with the lowest amount of funds in the NCAA but is the division with the largest amount of student athletes and with 442 universities affiliated. The student athletes of this division do not have any athletic scholarships, but 80% of the athletes in DIII have financial aid (Our three divisions, n.d.). The students do not have any type of special treatment and are seen as any other student from the student body. The number of required hours of practice and travel were reduced to agree with the primary focus of students (Divisional differences and the history, n.d.). Even though students from this division do not have to meet academic requirements, the DIII universities have the highest graduation rate (87%) of the NCAA (Our three divisions, n.d.). Regardless of the differences between the three divisions, all universities should have goals of improving the student athletes experience and protecting their health and well-being.

**Policies and procedures.** The design and implementation of policies and protocols is crucial for the improvement of student athletes’ health in this competitive environment. The
NCAA plays an important role in the implementation of these policies since this association can enforce requirements to universities. The concussion policy, for example, is already implemented in all universities because it is now a requirement from the NCAA, but this policy was not required in the past (Born, 2016). Lives were lost until physicians started studying and understanding more about concussions. It took a while for the NCAA to buy in and create a concussion policy for all universities affiliated. The same might be happening with mental health. Mental health is a current topic in the NCAA because of two specific cases of high profile student athletes who attempted suicide in 2014. Madison Holleran, a nineteen-year-old track runner from the University of Pennsylvania, killed herself by jumping from the ninth floor of one of the university’s parking garages. Kosta Karageorge, a football player from Ohio State University, killed himself by a gunshot to his head (Born, 2016). As of now, the NCAA does not require any university to have a mental health crisis protocol or a mental health program to provide mental assistance for student athletes. Instead, the NCAA created a page on their website with different information about mental wellness. In this association website, educational modules for students, coaches, and administrators are provided to promote mental wellness. This website also provides a mental health best practice guide for administrators and a publication with the goal to promote mental wellness and create strategies to support student athletes (Mental health educational resources, n.d.). Even though the NCAA is promoting awareness with mental health manuals, handbooks, and conferences, the immediate care will be provided by institutions. Colleges and universities will be the ones to understand and to assess the student athletes’ mental health needs to create appropriate strategies and support systems.
California State University, Bakersfield (CSUB)

California State University, Bakersfield is part of the 23 campuses of the California State University (CSU) system. From the 23 campuses, there are some universities affiliated with DI or DII. CSUB has a growing athletics department that is part of the NCAA Division I. The CSUB Athletics Department is divided in eleven areas, such as compliance, tickets, sports performance, academics, and marketing and fan engagement. The Athletics administration is composed of seven people, including the Athletic Director who oversees the entire department and who reports to the Vice President of Student Affairs. The main focus of this department, is to provide a positive experience to student athletes. The Athletic Director implemented four pillars of success that the athletics staff should focus on which includes positive student athlete experience. The promotion of academic excellence, pursuance of competitive success, and engagement in the community are the other three pillars. In 2015, the Athletics Department received the NCAA Accelerated Academic Success Program grant with the value of $870,000 (CSU Bakersfield, 2017). With this grant, the department was able to implement different programs to improve student athletes’ experience, such as the ‘Runner Ambassador Program for international student athletes. This program offers events and resources for student athletes who came from another country and who do not have the support of families and friends. Moreover, the majority of the grant money was spent in building an academic support facility for student athletes where they can have a unique place to study and spend time between practices and classes. With the new facility, the number of employees in academics also increased. The academics subsection in the Athletics Department, before this grant, had only three athletic advisors who were responsible for all 310 student athletes from 16 varsity sports, now there are
five (CSU Bakersfield, 2017). Athletic advisors are part of the daily basis of the student athletes’ routine. The main focus of athletic advisors is the NCAA Progress-Towards-Degree requirements which keep the student athletes eligible to compete and on track to graduate.

In 2011, the CSU system received 7.1 million dollars to fund mental health initiatives and to increase mental health awareness. Funding came from Prop 63, Mental health Services Act (MHSA), that was passed in November 2004 to increase the funding for mental health programs in California. The Proposition had the goal to increase funds every fiscal year by imposing a 1% tax for people who exceeded their personal income by one million dollars (State of California, 2017). At CSUB, the protocol used is Red Folder, also used in the CSU system (See Appendix G). The Red Folder was one of the initiatives implemented as a part of the received fund. This resource provides the tools for faculty and staff to prevent and assess a mental health situation and to refer students to the appropriate department to seek help. The Red folder contains information about different scenarios, signs and symptoms of mental health illnesses, and who the employees should contact depending on the situation. There are three different forms of the Red Folder on every campus: a hard copy, an online copy present in every CSU computer, and another online copy on a mobile application (California State University Office of the Chancellor, 2015).

**Mental Health Illnesses**

A national survey showed that 50% of mental disorders start by the age of fourteen, and 75% start by the age of 24 (Mental Health First Aid USA [MHFA], 2015). The early onset of mental health disorders is likely related to the combination of factors such as the typical changes in adolescents’ brains, psychosocial interactions in schools and with relationships, biological
factors, including pubertal hormonal changes, and stressors specific of that age range, like moving away to college (Giedd, Keshavan, and Paus, 2008). It is crucial to identify the mental health disorders early because when they begin, the disorders can affect adolescents’ education, occupational roles when they become adults, health habits, and social relationships (MHFA, 2015). Mental health disorders are seen by doctors as one of the most disabling illnesses that can cause an early death. Moreover, the stigma present in mental health starts because other people cannot physically see what the ones who suffer from mental illnesses experience, creating the image that people who have mental health disorders are lazy and weak and are not ill. In the United States, one in every five individuals have mental health disorders every year and it is common to see co-occurring mental illnesses. For instance, people who have anxiety may also show signs of depression, or people who have depression also have substance abuse disorders (MHFA, 2015). Mental health is crucial for college students’ success but may be disregarded in the overall health of the students. Collegiate students are in the age span when symptoms of mental health illnesses begin to develop. Students also need to deal with many stressors, especially student athletes. Stressors such as performing in their respective sports, succeeding academically, building relationships with coaches (that many times are not well trained in the emotional health of athletes), and dealing with the expectations of teammates and family can cause a high risk of mental health disorders, such as depression, anxiety, eating disorders, and substance use; these all can lead to suicide (Rao et al., 2015).

**Depression.** Depressive disorders normally occur for at least two weeks and effects daily activities, and personal relationships. The sadness and bad feelings that people identify as depression, are not. These are short-term depressed moods, and people can actually work and
recover without any type of treatment. Depression disorders affect one in every ten people in the United States, and the most common is major depressive disorder, affecting around 7% of the U.S. population. It is common to find people with depression and co-occurring disorders, such as anxiety and substance use (MHFA, 2015). These disorders are most common in females and they are normally recurrent events of depression; people who had an episode are more prone to have second or third episodes. Also, people with depression will lack interest in personal hygiene, appear sad, irritable, anxious, and many times will feel hopeless and helpless with a pessimistic self-image. There are multiple factors that cause depression: biological, psychological, and social factors. Moreover, people can develop depression following a significant event where they felt they could not control the situation (MHFA, 2015). From all the people who suffer from depression, college students are not immune to this illness.

According to the American College Health Association’s (ACHA) recent survey report, more than 30% of college students felt so depressed that it was difficult for them to function in the last twelve months (2013). In this same study, it was discovered that some factors greatly affect the high rates of depression. One of these factors is the stress college students felt in the last year. Stress was considered the strongest factor affecting depression rates, and this can be related to activities such as academics, health and financial concerns, and interpersonal relationships. Even though researchers are not clear how differently student athletes’ challenges and non-athlete college students’ challenges affect each of these groups’ mental health well-being respectively, student athletes’ stressors are unique to their position. Student athletes need to cope with stressors such as time demands, missed classes, and relationships with coaches and teammates. However, Ann Kearns Davoren and Seunghyun Hwang analyzed the data of eight
ACHA survey reports from the years of 2008 to 2012 and found that the percent of depression of non-athletes’ males and females are higher when compared to their athlete peers (Brown et al., 2014). Twenty-eight percent of female student athletes reported feeling depressed in the past year, while 33% of nonathletes reported feeling depressed in the same period of time. The same result occurred with male college students, in which 21% of student athletes reported depressive feelings and 27% of non-athletes reported the same in the last year. Even though both student athletes and non-athletes reported a high percent of willingness to ask for help for mental health illnesses (63% and 68% respectively), student athletes tend to seek less help and are less likely to indicate if they received any type of mental health services (Brown et al., 2014).

**Anxiety.** There are different types of anxiety disorders that effect around forty million adults in the United States, the majority being women. Everyone at some point will experience anxiety, and many times the anxiety feelings help people avoid threatening situations, which is normal anxiety. What differentiates normal anxiety, which everyone experiences, to an anxiety disorder is the intensity, the time lasting, and the interference it creates in people’s lives. The most common type in the United States is specific phobia, that affects 8.7% of the population and the median age of onset is only seven years old. The second one is social anxiety disorder, that affects 6.8% of the United States population and the median age of onset is 13 years old (MHFA, 2015). The two are a part of the phobic disorders that affect people’s lives because they regulate and limit certain activities because of a persistent fear. People who suffer from specific phobia fear certain objects or situation such as animals, blood, injections, storms, or flying; while people who suffer from social anxiety disorder fear behaving in a way that will be embarrassing or humiliating (MHFA, 2015). This mental health illness is one of the most common and can be
linked to traumatic events and inherited traits. Many of the signs and symptoms of this illness can start during childhood, but by the age of 22, majority of the population affected by anxiety will have experienced symptoms. All of the anxiety disorders can co-occur with other mental health illnesses and can lead to depression, substance use, and suicide (Mayo Foundation for Medical Education and Research, 2017 & Anxiety and Depression Association of America, 2017). If anxiety is diagnosed and treated early, people affected by it will have a better life and will decrease the adverse outcomes in life with co-occurring disorders.

According to the ACHA, more than 50% of students felt overwhelming anxiety in the past twelve months. When compared the percent anxiety reporting of student athletes and non-athletes by gender, it was found that female non-athlete students are in higher risk to have anxiety disorders. Fifty six percent of female non-athletes reported feeling anxiety, while 48% of female athletes reported the same. Forty percent of male students reported feeling anxiety in the past year, while only 31% of male student athletes reported the same (Brown et al., 2014). Anxiety is one of the most common mental health illnesses among college students. The daily challenges college students cope with are academics, social relationships, health concerns, and other stressors. Student athletes tend to cope with the same stressors as non-athlete students and with others such as performing in their respective sports. Even though some of the stressors of student athletes are unique, what a study found was that student athletes suffer more from anxiety and stress due to academics. This research found that student athletes’ identities come from what they view of themselves in academic and athletic experiences, and this perspective comes from their relationship with the athletics staff such as coaches and administrators, professors, and their families (Hwang & Choi, 2016). Student athletes who perform well in class
and have a higher GPA tend to report lower stress. This might happen because of the NCAA Progress-Towards-Degree requirements (Hwang & Choi, 2016). Academic difficulties increase anxiety rates for non-athlete students as well, and other factors that affect college students’ anxiety disorders are sleep difficulties and difficulties with social relationships (Brown et al., 2014).

**Eating Disorders.** Some of the common eating disorders are anorexia nervosa, bulimia nervosa, and binge-eating disorder, and these are the ones with the highest mortality rate of any other mental health illnesses. Symptoms of eating disorders normally appear during adolescent and young adult ages, and majority of the time body image plays an enormous role at the beginning stages of these diseases. These illnesses can be caused by many factors, such as genetics, psychological and social aspects (The National Institute of Mental Health, 2016). Eating disorders affect up to 30 million people in the United States of all ages and genders. The stereotype of these diseases are normally women who are underweight, but eating disorders also affect other genders and people who are normal weight and overweight as well. Majority of the people who have these disorders also have co-occurring mental health illnesses such as anxiety and substance use. Unfortunately, less than 33% of the people affected by eating disorders did not receive any treatment for mental health illness in the past year (MHFA, 2015). These illnesses can cause fast weight loss, muscle and cartilage deterioration, loss of bone density, osteoporosis, fractures, anemia, swollen joints, and many other physical health issues that can drastically affect student athletes’ performance in their sports.

When talking about body image, there are two stereotypes present in society and explored by the media that athletes struggle with. The first body image present in society applies to all
women, a thin body. The second body stereotype, which only applies to athletes, is the muscular and strong body to play the sport. Another issue present more commonly in high school athletics is the uniform issues for certain sports, such as wrestling, swimming, and volleyball. Examples of problematic uniforms are the wrestling singlets, volleyball spandex, swimming swimsuits, and many other sports and uniforms. The uniforms normally show a lot of the athletes’ bodies and are small and tight. For teenagers who suffer from low self-esteem, revealing uniforms can be the decision making of playing the sport or not (Brown et al., 2014). Regarding effects on nutritional intake, athletes who suffer from negative body images, when on a diet, tend to decrease protein, carbohydrates, and fat intake, while increasing fiber intake. These changes affect the way athletes’ bodies recover from injuries and the time that they will stay without playing (Nazem & Ackerman, 2012). Moreover, for women to menstruate, they need at least 17% of body fat (this percentage might change for each person). When they go below this threshold, they tend to menstruate irregularly, causing amenorrhea and osteoporosis (Johnson, Powers, & Dick, 1999).

Even though eating disorders affect all genders and ages, it is most common among females in the median age range of 18 to 20 years old (MHFA, 2015). However, research on the relationship between eating disorders and college student athletes and non-athletes have conflicting findings. According to Taraneh Nazem and Kathryn Ackerman (2012), the prevalence rate of clinical eating disorders among female athletes varies from 16% to 47%. This difference in prevalence can be due to the different sports studied, the distinct data collection methods, the different athletes’ ages among other factors. The researchers stated that the prevalence rate of athletes is still higher than non-athletes, as these eating disorder prevalence
rates varies from 0.5% to 10% (Nazem & Ackerman, 2012). Another study conducted by Linda Smolak and Sarah Murnen (2000) examined thirty-four studies using meta-analysis and concluded that athletes are more likely to have eating disorders than nonathletes. These two studies supported the information that female athletes who play lean sports, such as swimming and cross-country, are at a higher risk than the ones who play sports that are considered non-lean, such as volleyball, basketball, and softball (Nazem & Ackerman, 2012 and Smolak & Murnen, 2000). In contrast, according to Ashley, Smith, Robinson, and Richardson (1996), there was no difference in eating disorder prevalence between DI student athletes and non-athletes and between lean and non-lean sports. The same was found by Mark Reinking and Laura Alexander (2005).

Substance Use. Licit and illicit substances affect the brain differently and people use them because of the effects produced. Some use substances because of the pleasure, others to decrease the stress, but using drugs does not mean that someone has a substance use disorder. This disorder includes abuse of drugs that leads to life issues and dependency on drugs. In the United States, 8% of the population have substance use disorder, and 50% of people develop substance use disorder by the age of 20. This disorder is more common in males and the majority of cases of substance use disorder co-occur with another mental illness. The population that suffers from depression and anxiety are twice as likely to abuse drugs because they use substances as a form of self-medication (MHFA, 2015). Alcohol use is the most common of the substance use disorder, affecting 15.7 million people in the United States (Figure 2). This disorder can cause physical injuries, aggressive behaviors, suicidal thoughts, other substance use disorders, depression, anxiety, and social and physical health problems (Substance Abuse and
Mental Health Services Administration [SAMHSA], 2015). Alcohol use is also the most common substance use disorder among college students. According to the ACHA (2013), approximately 65% of college students, including student athletes, used alcohol in the last 30 days. Moreover, almost two thirds of the student population engaged in binge drinking in the past month. The consequences of college drinking can be drastic. As the National Institute on Alcohol Abuse and Alcoholism (2015) states, approximately 1,825 college students die, about 696,000 students are assaulted by other students who have been drinking, and around 97,000 students report alcohol related sexual assault or rape each year.

*Figure 2. Numbers of people 12 years or older with a substance use disorder in the last year (SUD). Adapted from Center for Behavioral Health Statistics and Quality. (2016). Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health (HHS Publication No. SMA 16-4984, NSDUH Series H-51). Retrieved from https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015/NSDUH-FFR1-2015.htm*

**Impact on Eligibility.** From all the mental health disorders, substance use is the one with more information in the NCAA. The NCAA has a collaboration with Drug Free Sport AXIS, a company that provides information about the medications, supplements, and substances that are
banned from the NCAA. This list bans performance-enhancing drugs athletes might try using to improve their performances, and also bans drugs such as marijuana that can harm students academically and in their sports performance (Drug Free Sport, 2017). Even though some of the drugs banned in the NCAA are legal in some states, like marijuana, student athletes are still not supposed to use these substances. To enforce the list of substances that are illegal in the NCAA, and to hold student athletes accountable, the association has a Drug Testing Program. If student athletes use any of the banned substances and are caught, their eligibility will be impacted. Schools that are NCAA members also have policies and protocols to drug test their student athletes (NCAA drug testing program, n.d.). However, student athletes are still one of the student populations that reports higher rates of heavy drinking. Often, the act of drinking is influenced by the social environment, with a culture of excessive alcohol drinking. This culture is common among college students who participate in fraternities and sororities—Greek life—and sports (SAMHSA, 2015). Furthermore, one in every five male student athletes who use alcohol describe drinking ten or more drinks in one sitting. The second most reported drug used by student athletes is marijuana, and student athletes report using this drug less than non-athlete students on campuses. From all the student athlete population who reported drinking, 30% have already experienced a blackout, more than 30% have taken actions they regretted later, and 25% have been criticized for drinking large amounts. All of these actions are warning signs for developing an addiction. Moreover, both alcohol and marijuana use drastically impacts in the student athletes’ academics. Twenty-five percent of students who use alcohol miss classes and 16% perform poorly in class. Athletes who used marijuana in the last month reported failing grades three times the rate of student athletes who do not use this drug (Brown et al., 2014).
Suicide. Suicide is the act to take one’s own life on purpose while suicidal behavior is the action that can take one’s own life. A majority of the people who attempt suicide suffer from mental health disorders, such as the ones mentioned above: depression, anxiety, eating disorders, and substance use. Many times, people who attempt suicide are trying to get away from a situation where feel powerless and overwhelmed, and think that killing themselves will be a favor for their families and friends. Men are more likely to complete the suicide and die from it because they tend to use more violent means like guns, while women are twice more likely to attempt suicide (MHFA, 2015). In universities, graduate students are more likely to attempt suicide than undergraduates, and women in graduate school are at a higher risk. This might be due to the fact that graduate students experience different stressors, such as finances from undergraduate and for graduate schools and uncertainty about the future. Moreover, certain populations among college students are in a higher risk of suicide. Young adults who identify themselves as lesbian, gay, bisexual, or transgender (LGBT) are more likely to think and attempt suicide than their peers who are not identified as part of the LGBT community. Furthermore, young gay and bisexual male college students are in a higher risk group, in which they are 14 times more likely to disclose suicide attempts than straight college students (SAMSHA, n.d.).

In the United States, 10% of all college students have suicidal thoughts every year, and more than 1% of the students will attempt suicide. If these percentages are used with the total number of student athletes of all three division in the NCAA, 40,600 student athletes will have suicidal thoughts, and of the total number, 4,600 will attempt suicide (Born, 2016). Suicide is the fourth leading cause of death of NCAA student athletes, only after traumatic accidents, cardiovascular deaths, and homicides. The number of suicides might be larger since the
researchers only counted the ones with suicide as the cause of death. Many cases with drug overdose and accidental deaths were not counted because they were suspected to be unintentional. In this study, it was found that male football players are a higher risk population than any other female sports and male sports (Rao et al., 2015). This might be due to the violent nature of football, the demographic and sociocultural differences between sports, the higher risk of time lost from injury, and the higher-pressure present in participating in football, a high-profile sport (Rao et al., 2015). However, for non-athlete students, suicide rates have tripled since 1950, for the span age of 15-24. Suicide is now considered the second leading cause of death of college students and the third leading cause of death among Americans aged 15 to 24 (Eiser, 2011). Even though, the rates of suicide are lower than the rates of depression, almost all students who reported thinking about attempting suicide, felt overwhelmingly sad and hopeless they could not function (SAMSHA, n.d.).

**Coaching Behavior and Student Athletes Well-being**

The relationship between coaches and student athletes is crucial for students’ success and well-being. Besides the fact that coaches are the ones who spend the most time with student athletes, coaches also have control over the majority of student athletes’ sport and academics activities. Coaches schedule all practice times and competition over the academic years; also being the ones who determine study hall hours and required activities for every student athlete. According to Vealey, Armstrong, and Comar’s (1998) research, student athletes’ perception of their coaches’ behavior is related to the burnout rates of athletes. Student athlete burnout is associated with emotional and physical exhaustion, devaluation and worthless feelings, negative self-concept, and psychological withdrawal. When coaches are not empathetic to student
athletes’ lives, have absolute power over them, and emphasize criticism, student athlete burnout measures tend to increase (Vealey, Armstrong & Comar, 1998). Moreover, when coaches have abusive behavior, student athletes are more willing to cheat to win and are less satisfied with the school choice made. However, when the coaches are ethically correct and are willing to win fairly, student athletes and teams have a greater inclusive environment, and athletes are more satisfied with their school choices (Yukhymenko-Lescroart, Brown & Paskus, 2015). In another study, coaches have emotionally abusive behaviors, throwing objects, insulting and humiliating students, and yelling or ignoring them, students reported low mood, low self-efficacy, negative psychological effects—anger, low self-esteem, poor body image, and anxiety—and negative effects of training and performing (Stirling & Kerr, 2013). Yet, some student athletes in this research reported successful performances and positive side effects from abusive coaching behaviors. This proves that some student athletes can cope with abusive coaching, but that should not make this behavior acceptable in athletics departments (Stirling & Kerr, 2013). Furthermore, the most successful and more effective coaches are the ones who are positive, build autonomy strategies to improve and support relationships with their teams, and encourage the development of student athletes with a challenging and supporting approach, so student athletes can have life-long lessons (Flett, Gould, Griffes & Lauer, 2013).

**Student Athletes Injuries and Mental Health**

Even with all the physical training to avoid injuries, student athletes are often injured and need to stop sport participation for a period of time. The NCAA has an injury surveillance data for 15 sports that collected data for more than 16 years. This system helps the Association to identify issues and develop policies to protect student athletes’ health and safety (Hootman,
For example, in 1995, this foundation analyzed the concussion injuries in men’s ice hockey, and this analysis allowed modifications to reduce contact to the head and from behind in this sport (Dick, Agel, & Marshall, 2007). Student athletes are more likely to suffer an injury during a game than during practice, yet they are more likely to get hurt during preseason than during in-season and postseason practices combined. From all 16 years, more than 50% of all the injuries were in the lower extremities of athletes’ bodies, from hip to toes. Moreover, of all the disclosed injuries, ankle ligament strains accounted for 15% and concussions counted for 7%. The sport with the highest number of injuries during practice and game is football (Hootman et al. 2007). Even though the majority of injuries are short-term and easy to treat, some demand more time, causing not only a physical burden, but a mental burden to student athletes as well. Injuries can often cause depression, anxiety, eating disorders, substance use, and suicide (Brown, Hainline, Kroshus, & Wilfert, 2014). When athletes need to stop playing due to an injury, their identity is lost, as often student athletes do not have any ambition to do anything else but to play the sport and to be an athlete. Mental health illnesses can occur in all steps of rehabilitation, from the time of the injury to student athletes’ return to the sport. A tragic example was Kenny McKinley, a professional football player from the Denver Broncos, who killed himself with a gunshot to his head in 2010 after his knee injury and surgery (Brown et al., 2014).

**Student Life Improvement due to Mental Health Support in Counseling**

The number of college students in the entire nation who seek help in counseling centers in universities due to serious mental health illnesses has been increasing each year since the 1990s. In a period of ten years, from 2000 to 2010, of all students who received treatment in counseling centers, there was a 28% increase in the number of clients with severe psychological
The most common mental health disorders were depression, anxiety, suicidal ideation, alcohol abuse, and eating disorders. Even though depression and anxiety are the most common affliction observed by university counseling centers, college counseling center directors have noticed an increase of approximately 24% of students with eating disorders and 46% with alcohol use disorders (Eiser, 2011). Unfortunately, even with the increase of students who seek help in counseling centers, the majority of mental health disorders are not diagnosed and treated, as only 11% of enrolled college students actually seek help (SAMHSA, 2015). If more students were to seek help, the number of students who suffer from mental health disorders in universities might decrease because mental health support can improve their lives. Counseling can positively impact students’ retention, academics, and well-being. According to the National Survey of Counseling Center Directors (NSCCD), 59% of students who sought help remained in school because of the help provided by counseling centers. Moreover, 60% of the students who were treated in counseling centers showed improvement in their academics. However, students who suffer from psychological illnesses and do not receive treatment can potentially have a drastic effect on the lives of people on university campuses, including roommates, teammates, faculty, classmates, and staff (Eiser, 2011).

The Counseling Center at CSUB provides counseling to undergraduate and graduate students with the main goal to improve students’ experience by helping students develop personal awareness and skills to overcome issues and take advantage of opportunities. The Counseling Center have nine employees including two licensed clinical social workers, three licensed marriage and family therapists, and one licensed clinical psychologist. Individual counseling, a variety of workshops, and general psycho-educational courses are some of the
services provided by the Student Health Services Counseling Center. The CSUB Counseling Center Website also provides different mental health links, resources in the community, and reading materials to help students cope with the different stressors and difficult times of the day-to-day life (California State University, Bakersfield, 2018)

Theories Behind the Research

In this research, two theories will be utilized. The first one, the Durkheim theory of suicidality, will focus on the difference between mental health illness rates among student athletes and their non-athlete peers. The second theory, the Social Stigma theory, will focus on why college students, especially athletes, do not seek help for mental health disorders.

The Durkheim Theory of Suicidality. In 2004, the suicide rate for people aged 20-24 was 12.5/100,000, while the rate for people aged 15-19 was 8.2/100,000; showing that college-aged young adults are more likely to kill themselves than teenagers. However, students enrolled in college have a suicide rate lower than non-student young adults (7.5/100,000). If analyzing this information under the Durkheim theory of suicidality, enrolled student suicide rates are lower because of the social networks they create when in college (Miller, & Hoffman, 2009). This theory suggests college students have lower rates of psychological illnesses, especially suicide, because they are closely integrated into supportive social networks. In this theory’s model, the social networks and the decrease in suicide rates represents the left side of the graph; the right side represents suicide frequency of highly regulated organizations such as military. When soldiers give their lives for their country, that is considered altruistic suicide, and that would not come in to place for college students. Student athletes have an even larger supportive social network which includes coaches, teammates, advisors, athletic trainers, and others. This
explains why the suicide, depression, and anxiety rates of student athletes were lower than the rates of their non-athlete college student peers (Rao et al., 2015).

Figure 3. Durkheim Theory of Suicidality. For this study, the only part of the graph analyzed is the left side. Adapted from SlidePlayer.com Inc. (2017). Durkheim Theory of Suicide. Retrieved from http://slideplayer.com/slide/10527174/

Social Stigma Theory. Stigma refers to negative attitudes—including labeling, separation, stereotyping, and discrimination—that motivate people to avoid and reject others who suffer from mental health disorders. The mental health stigma might prevent people from asking for help, but also from realizing they need help (MHFA, 2015). In society, stigma is constrained and the ones who are stigmatized lose their status and are considered inferior. Moreover, the outcome of stigma is an unequal access to treatment (Ahmedani, 2011). In the U.S., only 41% of those who suffer from mental illnesses received treatment in the past year (MHFA, 2015). In collegiate athletics, mental disorders and psychological distress are belittled by student athletes and athletic staff because of the sport culture; this culture promotes strength,
stability, and mental toughness. For this reason, it is not unusual for student athletes to avoid reporting mental health concerns, especially if coaches and teammates will reject and judge them. The stigma, in collegiate athletics and in society, harms the mental health issue because it restrains conversation, education, and the design and implementation of new resources to address this problem (Brown et al., 2014).

Summary

Chapter two described the relevant literature related to this study. First, the researcher provided a background of the NCAA, a nonprofit member-led organization that have 1,123 colleges and universities as members. As of now, the NCAA does not require any mental health crisis protocol or a mental health program to the member universities to provide mental help to student athletes. The researcher also provided information about CSUB and the Red Folder, the mental health protocol implemented in all 23 CSUs after Prop 63. Then, the researcher summarized some of the most common mental health illnesses in college students, including depression, anxiety, eating disorders, and substance use. Since suicide is the second leading cause of death among college students and the fourth cause of death among student athletes, the researcher also gave a description of suicide. In addition, the researcher described how injuries, counseling, and coaches’ relationship can impact student athletes’ mental wellness. The chapter ends with the examination of the Durkheim theory of Suicidality and the Social Stigma Theory in relation to student athletes’ mental health needs.
The purpose of this needs assessment study was to assess the mental health needs of CSUB student athletes and the skills of employees to evaluate if there is a need for a mental health program at the CSUB Athletics Department. This chapter will describe the research design, the research method, confidentiality, protection of human subjects, methodological rigor, and the limitations of the research.

**Research Design**

This research is a non-experimental mixed methods study that assessed the need for a mental health program at the CSUB Athletics Department. There has not been enough research conducted among universities to consider the perspective of student athletes to understand the increase in mental health illnesses among them. In addition, not enough research has been conducted to assess the skills of employees from the athletics department to evaluate what athletics departments can do differently to prevent and protect student athletes’ well-being. The research method used in this study was program evaluation, and this method has five forms (Rossi, Freeman & Lipsey, 1999). The first one, a needs assessment, explores the proposed social conditions a certain program will address. An assessment of program theory addresses concerns about the design and the program conceptualization. The third methodological framework is the assessment of program process; this answer concerns about the implementation, service delivery, and operations of a program. Impact assessment studies the outcomes and impact of a program. Efficiency assessment focuses on the cost of a program and the cost-effectiveness (Rossi, Freeman & Lipsey, 1999). The researcher used a needs assessment
to conduct this study. In addition, the program theory used in this research was the program theory in use identified in Figure 4.

**Figure 4. Program Theory in Use**

**Sample frame.** The eligibility criteria for interviews was student athletes over the age of 18 years, while the eligibility criteria for the survey was employees who work at the Athletics Department. In both interviews and survey, the participants were English speakers from CSUB. The exclusion criteria included non-student athletes, non-employees of the Athletics Department at CSUB, non-English speakers, and people younger than 18 years old.

**Sample size.** For the interview, the sample size was 8 to 12 key informants, using purposive sampling and snowball sampling. This involved referrals from several sources, including suggestions from student athletes, staff members, and participants’ recommendations. For the survey, all 85 staff members of the Athletics Department at CSUB were asked to participate.
Data collection. This research study explored the mental health needs of student athletes using two data collection methods; both involved human subjects. This study used a “long interview method” for student athletes (McCracken, 1988). Data collection was through a face-to-face interview questionnaire with open-ended questions. The data collection technique (interviewing) helped to understand the complete picture. Guidelines and principles for McCracken’s (1988) *The Long Interview* were used to maximize and standardize data collected. The interviews occurred in a private location, where the interviewer and the interviewee could not be overheard by others. The researcher insisted on this, even when the interviewee preferred a more public setting, since the interviewer asked about mental health incidents that may have involved the interviewee’s peers. The anticipated timeframe for the entire interview was 60 minutes. The interview began with the introduction and purpose of the study. The researcher used an interview schedule (see Appendix A) to guide the interview process. The interviews were recorded using a digital audio recorder, which could have been stopped upon participants’ request for any length of time during the interview. The interview ended with the interviewer asking participants’ recommendations for someone who was willing to participate in the study and giving the research brochure with all the information from this study to the interviewee (see Appendix H). Participants could have received a follow up phone call for clarification or verification (member checking).

This research also collected data through a survey for staff in the Athletics Department. The survey was a questionnaire with eight close-ended questions. The anticipated timeframe for the survey was 20 minutes. This survey had a sample frame of all 85 staff members of the Athletics Department at CSUB. This data collection technique helped the researcher to
understand staff’s perspective and how prepared the Athletics Department staff is in case of a mental health situation (See Appendix B). The participants were contacted initially via email as the survey took place at an Athletics’ staff meeting in the Icardo Room to increase the number of survey responses. The researcher handed the survey to the participants with a copy of the informed consent.

Data analysis. The data analysis tool used in this study for the interviews involved content analysis to identify common themes in participant responses. Examples of themes include approaches used at the NCAA and CSUB, most common mental health illnesses among student athletes, and factors that can affect student athletes’ mental health. Participant responses were scrubbed of any identifying information and were transcribed into coded themes based on interviews. The data analysis tool used for the survey responses was descriptive analysis. This tool summarized the data collected from the survey in different measures, such as knowledge of mental health protocols, comfort in recognizing and handling mental health illnesses, and training.

Methodological Rigor

This researcher conducted a mixed methods study. For the interview and the survey, the researcher needed to have the responsibility to conduct them in a scholarly, respectful manner, prepare for both data collection methods, and be respectful and nonjudgmental. Moreover, the researcher supplied a detailed description of the study to provide transferability. This study was reviewed by the responsible investigator, a professor at CSUB, and by a second reader. Eight to twelve student athletes were interviewed, and the information provided by them was generalized for the student athlete population at CSUB.
IRB Approval

The Institutional Review Board (IRB) is a committee chosen by CSUB to review and approve research projects that involve human subject research. Before the beginning of the research, the researcher completed the Collaborative Institutional Training Initiative (CITI) course, followed by a test. This researcher completed the CITI requirements successfully with a passing score (see Appendix I). With this result, the researcher was qualified to conduct research for this study. In order to identify the student athletes’ mental health needs, the research involved human subject studies; consequently, the researcher needed approval from the IRB. The application for the IRB required a detailed description of the study to analyze how human subjects would be involved in the research. On October 24, 2017, this researcher sent the IRB Protocol and requested the approval to continue the study; this approval was received December 12, 2017 (Appendix E).

Confidentiality. Signed informed consents were stored in a sealed envelope separately from interview answers in a double locked cabinet in Dr. BJ Moore’s office and will be shredded after a period of three years (Appendix C). Only the researcher had access to interview data and research material on a flash drive file in the researcher’s separate flash drive. All research data (journal and flash drive), when not being used, were also stored in a double locked cabinet in Dr. BJ Moore’s office. Participant names were not used in the process as the researcher created a code for each interview. The folder containing audio files was in a separate flash drive used just for the data recorded (only researcher had access to the flash drive). The data recorded was deleted after the research was accepted, and the flash drive was destroyed. The original recorded data on the digital recorder was deleted after the transfer of data to the separate flash drive. The
data recorded in the journal for the observations did not have any identifying information. The observation data was also destroyed once the research was accepted. The same procedures were made for the survey information. The informed consent was stored in a locked cabinet inside a sealed envelope in Dr. Moore’s office, and will be destroyed after a period of three years (Appendix D). All research data (flash drive), when not being used, were also stored in a double locked cabinet in Dr. BJ Moore’s office. Participant names were not used, and the flash drive used to collect the data from the surveys was destroyed after the information was deleted, when the research was accepted.

Limitations

California State University, Bakersfield, does not have all NCAA sports, especially football (one of the sports with the highest rates of depression and suicide). This can affect the final results, if compared to other universities from the CSU system. Moreover, the stressors for international students might be larger, also affecting their mental health factors; not studied in this research. A future study should have more time where more student athletes from different universities are interviewed, and if the different stressors of international student athletes affect their mental health.

Summary

This chapter described the methods used in this study. The first section described the research design. This research was a non-experimental mixed method to assess the need for a mental health program at the CSUB Athletics Department. The sample frame and size were also described. In addition, the data collection section explained the two techniques used in this study: a survey for the Athletics staff and an interview with eight to twelve key informant student
athletes. For these surveys, descriptive analysis was the tool used to analyze the data collected, and for the interviews, the tool used was content analysis. The last three sections of this chapter explained the methodological rigor, the IRB approval, and the limitations of the research.
CHAPTER FOUR

RESULTS

Interview

In the Spring of 2018, the researcher interviewed eight key informant student athletes from different varsity sports at CSUB, all of which who are in different eligibility years. Qualitative responses to six open ended questions were analyzed with three themes emerging: 1) Challenges, 2) Experiences, and 3) Expectations from the Athletics Department. From the Challenges theme, three sub-themes emerged: 1) Time-Management Pressures, 2) Universal Experiences, and 3) Reluctance to be Labeled. From the second theme, Experiences, two sub-themes emerged: 1) Team Member Responsibility and 2) Receptivity to “help”. Two sub-themes emerged from the theme Expectations from the Athletics Department: 1) Positive Mental Awareness Education and 2) Easy Access to a Psychologist. A table of the themes and emerging categories is provided below (Table 1).

Table 1.

| Student Athletes perspective themes and categories identified from the interviews |
|---|---|
| **Theme** | **Category** |
| Challenges | Time-Management Pressures |
| | Universal Experience |
| | Reluctance to be Labeled |
| Experiences | Team Member Responsibility |
| | Receptivity to “help” |
| Expectations from the Athletics Department | Positive Mental Awareness Education |
| | Easy Access to a Psychologist |
Challenges

A recurring theme from all interviews conducted was the challenges of being a student athlete. The three categories emerged from this theme were 1) Time-Management Pressures, 2) Universal Experiences, and 3) Reluctance to be Labeled. As one of the student athletes stated, “[It is] more of a challenge trying to keep up [with] being a student at school and also being an athlete. I feel like most students overlook just being a student athlete, and they think we get everything we want. Honestly, I think we have to work way harder than they do, and sometimes it is not fair.”

Time-management pressures. Student athletes are held to a higher standard. There are expectations student athletes need to meet in academics in order to be eligible to play. In Division I, as mentioned in Chapter two, student athletes must have a GPA of 2.0 or higher to compete. Moreover, student athletes must achieve all other requirements of the Progress-Towards-Degree to be eligible, also described in Chapter two. At CSUB, student athletes have a higher GPA than non-athletes, maintaining a 3.0 or higher departmental cumulative GPA for the past five terms (CSU Bakersfield, 2017). CSUB accomplished this high departmental GPA because of the academic requirements of student athletes. A majority of CSUB student athletes have to complete a certain number of hours of study hall. The amount of study hall hours of each student athlete is defined by their head coaches. The student athletes with lower GPA tend to have more hours of study hall required than those with a higher GPA. Student athletes also have tutoring appointments for their classes that can count towards their study hall time. Besides that, student athletes have regular meetings with their Athletic advisors to check performance in the classroom. In addition, athletes must perform in the sport to be able to stay on the team and to
have the opportunity to be awarded or to maintain a scholarship. According to the NCAA, student athletes can practice up to twenty hours per week, with a maximum of four hours per day, not counting the traveling to or from the place of competition (NCAA, n.d.). Time management is an important skill for student athletes to have, and the pressures are enormous, as one of the student athletes described:

“One of the challenges of being a student athlete is being able to manage your social life, with your sport’s life, with your academic life, and with your physical health life. Time in the day that you are allowed to spend willingly to yourself is limited because you have to go to practice, you have to go to weights, you have to go to study hall.”

**Universal experiences.** In the United States, one in every five individuals suffer from mental health illnesses every year (MHFA, 2015). In addition, the age span of college students is when many symptoms of mental disorders begin to develop (Rao et al., 2015). As mentioned in Chapter two, mental health disorders usually occur in this age span due to a combination of factors such as psychosocial interactions, biological factors, and stressors. In the eight interviews, all the interviewees mentioned their experiences with mental disorders. Some of the student athletes mentioned having teammates asking for help. Others mentioned experiencing mental health illnesses themselves. Moreover, there were a few student athletes who mentioned experiencing mental health disorders through family members and friends outside CSUB. From the eight interviews, two interviewees mentioned experiences with people who attempted suicide, and one of the two athletes experienced the loss of someone from suicide. This shows that the vast majority of the student athlete body, including freshman, have had contact with someone who suffers from mental health illnesses such as depression, eating disorders, anxiety,
and bipolar disorder. Moreover, approximately 25% of all student athletes at CSUB probably know someone (family or friends) who attempted suicide; and, approximately 12.5% have lost someone to suicide. Even though stressors by themselves are known not to cause mental health illnesses, experiencing the loss of someone can become a stressor and, when combined with other factors, can increase the risk of mental health disorders.

**Reluctance to be labeled.** Labeling, separation, stereotyping, and discrimination are attitudes present where there is stigma. For student athletes, being labeled “strong” and “tough” impact them, as one interviewee stated,

> “It impacts me because sometimes I can’t be self-conscious, I can’t be vulnerable. I don’t want to show my weakness. I know my coach puts us through our limits in all aspects, on and off the [field/court/mat/swim pool], and sometimes it is hard. I think student athletes have this image of being good [at] what we do, that we don’t have a soft side; we are not vulnerable. We can handle everything in our way. Sometimes, I know for myself, I can’t! But I do it anyways.”

During the interviews, some student athletes stated being afraid to disclose an issue to an Athletics staff because they did not want to feel “petty,” or some athletes were afraid coaches would use the information against them. In other instances, student athletes stated not wanting to show their emotions to certain employees because the students felt they would not be respected. Many of the interviewees were asked for help from teammates, and some said the only people in the Athletics Department they were comfortable talking with were their coaches. Another student, when questioned on how the image of student athletes as “strong” and “tough” impacted them, said
“It sucks, we are not! Two years ago, I had to ask to go to the bathroom in high school. We are being treated as these high-level people, but we don’t have jobs. Our job is our sport. It’s not like I am a super hero, I am just a kid!”

Experiences

All student athletes have a different experience during their four years of eligibility, but from the experiences mentioned in the interviews, student athletes have a close social network amongst themselves, creating a responsibility to take care of each other. Moreover, the receptivity to help and the place students were going after asking for help was mentioned in many interviews.

Team member responsibility. As soon as student athletes reach college, they have a team to share their experiences and challenges with, while non-athletes do not have anyone at first. From the first day of the academic year, student athletes get to know each other and get to spend more time and see each other more often than with their own families. Half of the students interviewed in this research mentioned having teammates come to them to talk about their mental health concerns and to seek help. One of the student athletes said,

“I had a friend that was highly suicidal and after reaching out to me and asking for help, my friend did end up reaching out to the suicide help line, [which] really helped.”

Another student athlete had a similar story where the teammate was suffering from depression but did not trust anyone else besides the student athlete who was interviewed by the researcher. In this case, the interviewee was able to get the teammate to accept what was happening and ask for professional help. In the other two cases, the same event happened; after reaching out to their teammates, the student athletes who were suffering from mental health illnesses were able to get
professional help. However, in all cases, each student athlete interviewed felt responsible to check on their teammates, and in one specific case, one of the student athletes stated,

“I live with two of my teammates, so me and my other roommate have to make sure our teammate is given the prescription day, and night so [my teammate couldn’t] harm [themselves].”

**Receptivity to “help.”** As described in Chapter two, the CSUB Counseling Center is open to undergraduate and graduate students during the academic year. CSUB student athletes also have access to that facility, and some of the interviewees mentioned receiving help from the Counseling Center or having teammates who had received help from that department. In some of the cases, the student athletes in need had a denial phase in which they did not seek any professional help at first. After, these student athletes accepted the reality and were able to get the necessary help and treatment to cope with their athletic lives and with their mental health illnesses. In one specific case, a student athlete had a hard time scheduling an appointment at the Counseling Center at the beginning, but according to the interviewee, this student athlete was able to get the help needed and now is still going to therapy.

When ready to talk and seek help, many times from their own teammates and a few from their coaches, student athletes tend to find their way to the Counseling Center and to professional help. Moreover, one of the counselors from CSUB stated that even though the Counseling Center Department does not pull the number of student athletes who seek help there, the counselors concluded from a “straw pool” that each counselor from the department see approximately three to five student athletes per semester, and there is a total of thirty to forty student athletes being seen at the Counseling Center per year. This number represents approximately 10% of the total
number of student athletes at CSUB. Before this research, the Counseling Center did not collect any data related to student athletes. The researcher was informed that this data will now be a part of the initial take form, so the Counseling Center can collect the number of student athletes’ participating in the department.

**Expectations from the Athletics Department**

As the student athletes have expectations from the Athletics Department to meet, the student athletes expect a reciprocal relationship and have their expectations of the Athletics Department. Education, different opportunities, and a support system from employees are some of the expectations student athletes have of the Athletics Department. From this theme, two categories emerged: 1) Positive Mental Awareness Education and 2) Easy Access to a Psychologist.

**Positive mental awareness education.** The expectations present in the Athletics Department that student athletes are strong, stable, and tough result in student athletes often not disclosing their mental health concerns, especially if the information will cause discrimination from coaches and teammates, as one of the interviewees stated,

“Getting away from the stigma on going to Counseling and therapy is important. Our coaches are not trained, and I’ve noticed that some coaches here don’t keep things confidential and use things against you for your sport, your athletic abilities, the reason why you are not performing well or just any little thing.”

For this stigma to decrease and allow student athletes to feel comfortable enough to talk about their concerns, student athletes suggested providing education sessions for students and coaches. The interviewees also suggested providing mental health workshops and professional athletes
speakers who already experienced suffering from mental health illnesses. Moreover, student athletes suggested a positive mental health awareness, talking about body image, stereotype, depression, and anxiety, and how to get the help needed. In addition, being aware that student athletes have someone they can communicate to who will support and help them was important for student athletes and mentioned by some of the interviewees. A student athlete said,

“I feel like the Athletics Department kind of slips this issue under the rug. I think maybe informing student athletes they have people to reach out to. I know that of course there are different staff I am close with. I myself haven’t felt like I seriously need someone like that, but if it was to come down to it, I don’t think I feel close enough to anyone in the Athletics Department to go to. Student athletes don’t really have an outlet that they can go to.”

**Easy access to a psychologist.** Even though the Counseling Center at CSUB has seven employees well trained to help students, the majority of the interviewees had mentioned that would be best to have a psychologist just for the student athletes. According to the NCAA, it is important for the provider to understand the athletic culture, environment, motivations, external stressors, and dynamics of sport teams (Brown et al., 2014). One of the interviewees said,

“Having a couple employees to mental health just for athletes is very important because athletes have a lot more on their plate. Balancing their sport and pressure they have under and also the educational pressure is something student athletes don’t get to speak about a lot.”

Moreover, a student athlete suggested the importance of having an easier access to counselors than what student athletes have currently. This interviewee mentioned having a counselor just for
athletes at the Kegley Center for Student Success, where student athletes already have tutors and athletic advisors. With this idea suggested, student athletes would be able to seek help academically and mentally in only one place. In addition to having a counselor just for athletes, one of the student athletes suggested creating supporting groups to athletes so student athletes could talk about their issues with peers and feel comfortable about it.

Survey

In December, fall of 2017, the survey for this study was administered at an Athletics staff meeting in which thirty-two Athletics staff members were present and all thirty-two answered the survey. This meeting happens every month during the calendar year and all the 85 members of the Athletics staff are invited for each meeting. The respondents were informed they could withdrawal at any time during the study. If any of the staff members was uncomfortable answering the survey, the employees could have handle the informed consent in the same table as all of the other participants, so no one would be able to identify the person. Within the Athletics Department, 63.9% of all coaches were surveyed and 50% of the areas in Athletics were represented, including academics, compliance, and administration. Of the 16 varsity sports programs, 15 were represented in this survey. One of the sports was not represented due to an undergoing change of administrative personnel. Quantitative responses to seven closed-ended questions and one open-ended question were analyzed using descriptive statistics and content analysis. Results of the complete survey can be found on Appendix F.

Comfort Level

The researcher began the analysis by first looking at how well prepared the Athletic staff is to help student athletes address mental health situations. Respondents rated how comfortable
they were in recognizing and handling mental illness on a scale from 1 to 5 with one being not comfortable, three being neither comfortable nor uncomfortable, and five being very comfortable. The majority of the participants (59.4%) rated their comfort in recognizing mental illness on levels 4 or 5. While the staff felt comfortable in recognizing mental illness, they were less comfortable in handling mental illness in student athletes. The percent of selected answers on levels 4 or 5 decreased 18.8% when the Athletics staff was asked how comfortable they were in handling mental illness, and 31.3% rated feeling not comfortable (levels 1 or 2, Figures 5 and 6).

![Figure 5. Rough data of question 1 and 2 of the survey](image)

![Figure 6. Athletics staff comfort in recognizing and handling mental illness (Question 1 and 2)](image)
Referring Students

Even though the Athletics staff felt less comfortable handling mental illness than recognizing it, when asked how many times in the last calendar year they had referred student athletes to the CSUB Health Center, the Counseling Center, the Services for Students with Disabilities, the Mary K Shell Crisis Center, or instead talked with the student athletes themselves, the majority of the Athletic staff responded that they had not referred any student athletes to any of the resources appointed in this study, and instead had talked with student athletes themselves (Figure 7).

![Graph showing number of employees referring student athletes to resources](image)

Figure 7. Question 3 results. Number of times in the last calendar year the employees referred students to the specific departments for help.

Resources

Additionally, more than 50% of the Athletic staff never attended any mental health training or workshop (Figure 8). Currently, recent mental health certifications are issuing
certificates with an expiration date, like the Mental Health First Aid certification training. This training has a validation time of three years, and after the three years are expired the trainees must renew the training and refresh their knowledge (MHFA, 2015). If this is the case of some of the employees who had trained five years ago, these respondents are likely to be no longer certified. The ones who were trained in the past two years will soon need to either refresh their skills learned in the mental health trainings or retake entire training programs, again, if the trainings are similar to the Mental Health First Aid training. Trainings and workshops in mental health are important because they teach people how to handle certain situations, how to talk with people who are going through a crisis, and what resources are available to students.

5. When was the last time you attended a mental health training or workshop?
   a. In the last six months
   b. One year ago
   c. Two years ago
   d. Five years ago
   e. I have never attended any mental health training or workshop

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<th></th>
<th>a</th>
<th>b</th>
<th>c</th>
<th>d</th>
<th>e</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>3 (9.7%)</td>
<td>5 (16.1%)</td>
<td>5 (16.1%)</td>
<td>2 (6.5%)</td>
<td>16 (51.6%)</td>
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</table>

Figure 8. Rough data from question 5 of the survey given to the Athletics staff

![Pie chart showing the distribution of responses to question 5]

Figure 9. Last time participants attended a mental health training or workshop (Question 5)
The researcher also asked how familiar the Athletics staff was with the CSUB mental health protocol. Approximately 56% of the participants were not familiar with the protocol (levels 1 or 2 on the scale, Figure 10 and 11). The protocol, even though not mentioned in the question, is the Red Folder (Appendix G), implemented in all 23 CSU campuses after Prop 63, MHSA. If followed, this protocol enables employees to identify and distinguish different situations and refer the students to resources such as the CSUB Counseling Center, the Services for Students with Disabilities, and the Health Center. These resources (among others) were also mentioned in question number three of the survey.

<table>
<thead>
<tr>
<th>Not Familiar</th>
<th>Neutral</th>
<th>Very Familiar</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 (31.3%)</td>
<td>8 (25%)</td>
<td>5 (15.6%)</td>
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</table>

*Figure 10. Rough data from question 4 of the survey given to the Athletics staff*

<table>
<thead>
<tr>
<th>Athletics Staff</th>
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<tbody>
<tr>
<td>1 (Not Familiar)</td>
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</table>

*Figure 11. How familiar the Athletics staff is with the CSUB protocol (Question 4)*
The Athletics staff was also asked to prioritize the resources they thought would be most beneficial to have at CSUB (Table 2). Mental health training for the Athletics staff and for student athletes were ranked as the second and third priorities, respectfully. The first priority and the option that the Athletics staff thought would be most beneficial to the success of student athletes was having a mental health psychologist on staff exclusively for student athletes. A mental health protocol and the CSUB counseling psychology were the last priorities, according to the Athletics staff.

Table 2

<table>
<thead>
<tr>
<th>Priority Ranking</th>
<th>Options</th>
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<tbody>
<tr>
<td>1st</td>
<td>Mental Health Psychologist just for the student athletes</td>
</tr>
<tr>
<td>2nd</td>
<td>Mental Health Training for Athletics Staff</td>
</tr>
<tr>
<td>3rd</td>
<td>Mental Health Training for Student Athletes</td>
</tr>
<tr>
<td>4th</td>
<td>Mental Health Crisis Protocol</td>
</tr>
<tr>
<td>5th</td>
<td>CSUB Counseling Psychology</td>
</tr>
</tbody>
</table>

Stigma and Solutions

Question number 7 analyzed how stigma plays a role in student athletes seeking for mental health help. More than 85% of the Athletics staff rated that stigma affects student athletes seeking for mental health help on levels 4 or 5 (Figures 12 and 13). The social stigma theory mentioned in Chapter 2 explains how stigma in collegiate athletics harms those suffering from mental health issues. Stigma will restrain the conversation, education, and the implementation of new resources to address mental health issues (Brown et al., 2014). The CSUB Athletics staff thought it was important to educate more people in this subject, have more conversations with student athletes to “make them feel more comfortable talking about mental health,” and to
increase the number of and the awareness about the mental health support facilities and services present at CSUB (Question 8).

<table>
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<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>4 (12.9%)</td>
<td>18 (58.1%)</td>
<td>9 (29%)</td>
</tr>
</tbody>
</table>

Figure 12. Rough data from question 7 of the survey given to the Athletics staff

Discussion

The purpose of this study was to assess the mental health needs of CSUB student athletes and the skills of employees to evaluate if there was a need for a mental health program at the CSUB Athletics Department. From the results collected of the interviews and surveys, the need for a mental health program was identified. The survey results showed that more than 50% of the employees never attended a mental health training or workshop, and were not familiar with the Red Folder (CSUB mental health protocol). Yet, the respondents felt comfortable in recognizing
and handling mental illnesses. Referring students to the mental health resources listed on the
survey is the course of action in the Red Folder protocol that can be found in Appendix G. From
this protocol, the program theory in use was created (Figure 14). The expected procedure in this
theory was when student athletes disclosed a mental health concern to a coach, an Athletics
trainer, an Athletics advisor, or to another student athlete. These individuals were supposed to
walk the concerned student athletes to the Counseling Center. However, from the results of
surveys and interviews, the researcher was able to identify that the program theory in use was not
being utilized by some of the Athletics employees as seen in the figure below with the findings
(Figure 15). Instead of walking the student athlete seeking mental health help, coaches and
Athletics advisors were more likely to talk themselves with the student athlete. In figure 14, the
arrows from coaches and Athletic advisors go to the Counseling Center, showing the process of
the employees walking student athletes to professional help present on campus. In figure 15, the
arrows from coaches and Athletic advisors to the Counseling Center are not present. This is due
to the fact that coaches and Athletics advisors tend to talk with student athletes themselves
instead of referring the students to the Counseling Center. Moreover, the arrows from student
athletes to coaches and Athletic advisors from figure 14 to figure 15 changed, showing the
interaction between students who seek mental health help and employees who, instead of
referring to the Counseling Center, talk with the students themselves. This difference in
procedure was addressed in the study recommendations. The Athletics trainers were not a part of
this research, so the researcher was not able to identify if they were referring student athletes
with mental health concerns to the Counseling Center. For this reason, the arrows from the
theory in use and the findings were maintained the same for the Athletic trainers.
As discussed in Chapter two section the Durkheim Theory of Suicidality, the suicide rates of student athletes are lower than the non-athlete students because of the large social network student athletes have. As soon as student athletes get to college, they have teammates, coaches, Athletics advisors, Athletics trainers, tutors, and other employees of the Athletics Department to provide support and help. In contrast, non-athlete students do not have as a large support system as student athletes during college. The findings of this research indicate that student athletes are in constant contact with their social network and are able to seek mental health help after seeking
help to their teammates or coaches; corroborating with the theory. The support system student athletes have help them cope better with their pressures and mental health illnesses. However, the findings show that student athletes tend to seek help first within their social network of student athletes before asking help for coaches and other Athletics employees. This result also aligns with the Social Stigma Theory. The student athletes are constrained by the image of being strong and tough built by coaches and trainers, and part also part of the Athletics culture, preventing them to seek help to employees of the Athletics Department.
Established in 1905, the National Collegiate Athletics Association (NCAA) was created to protect student athletes’ safety against institutions that wanted to exploit the students. This initiative started to address the 18 deaths of student athletes in the 1905 football season. The current topic discussed by the NCAA to protect student athletes’ health is about mental health illnesses. The discussion about mental health increased because of the death of two high profile student athletes from suicide in 2014. However, the NCAA does not require any type of mental health program or protocol to the university members.

At CSUB, the Red Folder was implemented after Prop 63, Mental Health Services Act (MHSA). This resource provides the tools for CSUB employees to prevent and assess a mental health situation and to refer students to the appropriate department to seek help. In the Athletics Department, the majority of staff was not familiar with the university protocol and did not have any type of mental health program or protocol specific for student athletes. Mental health is crucial for college students' success but sometimes can be disregarded in the overall health of students. Mental disorders are seen by doctors as one of the most disabling illnesses that can cause an early death when failed to be diagnosed. Identifying these illnesses early is crucial because when mental illnesses begin, it can affect adolescent’s education, occupational roles when the teenagers become adults, health habits, and social relationships.

In the preceding chapters, this research assessed the need of a mental health program at CSUB Athletics Department, by assessing the mental health needs of student athletes and the skills of employees using two data collections: an interview with the student athletes and a
survey with the Athletics staff. The researcher determined that there is a need for a mental health program for the Athletics Department.

**Recommendations**

Based on the results and on the reviews of the literature, four recommendations have been developed in effort to help improve the student athletes’ mental health needs. These recommendations will be a part of a mental health program.

**Recommendation 1: Implement an Athletics Mental Health Protocol**

CSUB already have the Red Folder protocol for all the student population, but as shown in this research, student athletes have different needs than non-athletes. For this reason, it is important to adapt the protocol existent and make the necessary additions to fulfill the mental health needs of student athletes. The Athletics Department must work in collaboration with Sports Medicine, Counseling Center, and other departments on campus that are involved and support the student athletes’ health to write procedures for mental health emergency situations and for regular mental health referrals (NCAA Sports Science Institute, 2013). This procedure will use the Red Folder steps taken to support students who are dealing with mental health concerns. The employees will have the information on who to contact on campus, depending on the situation, as provided in the Red Folder (Appendix G). Another important aspect to include in this protocol is the training coaches and other employees of the Athletics Department should have to help support the process of identifying signs and symptoms and referring student athletes to the appropriate help. In addition, the procedure should include pre and post-participation assessments of student athletes.
It is important that it is identified in this protocol a group that will lead this initiative and will be the voice and contact to other employees if a mental health concern situation occurs, after following the procedure. This group should include at least one person from the executive staff of the Athletics Department, a counselor from the Counseling Center, and an employee from Sports Medicine. This group should meet regularly and, if needed, should be able to take decisions about any concerns or challenges the Athletics Department might have with the student athletes’ mental health. Moreover, once this protocol is finalized, it is crucial for the implementation process that the protocol is available and communicated to all employees of the Athletics Department and the departments in collaboration. Easy access and specific information to all stakeholders will create a successful implementation process possible.

**Recommendation 2: Mental Health Education**

Social support plays a crucial role in helping student athletes to cope with stressors and challenges. Social support, coping skills, self-esteem, and self-care are strong and important tools that can be used to decrease the episodes of mental health illnesses. Even though a student athlete may have different risk factors, including biological conditions, stressors, and trauma, the strengthening of those tools can still decrease the occurrence of any mental disorder (MHFA, 2015). Coaches, Athletic trainers, Athletic advisors, and other employees at the Athletics Department are usually the first line of support to student athletes because these employees are the ones who have the most contact with the athletes. For this reason, the Athletics staff should participate in mental health training and workshops to learn what to say, how to act, and who to refer the student athletes to. The quality and the type of support offered can impact the student athletes’ coping and self-esteem (MHFA, 2015).
The results of this study also showed that student athletes tend to ask help first from their peers, other student athletes. Therefore, student athletes should also participate in mental health training and workshops. Being able to approach teammates who are dealing with mental health concerns with a precise view of mental disorders and with the knowledge of what to do and how to act in each situation can increase the concerned student athlete’s self-esteem and help their teammates to seek help at the Counseling Center.

**Recommendation 3: Pre and Post Mental Health Screening**

As mentioned in recommendation 1, pre and post-participation screening should be a procedure adapted by the CSUB Athletics Department. In the procedure, the student athletes should take the pre-participation screening prior to clearance to participate in any athletically related activity to their respective sports. This screening will be taken with the physical examinations athletes are already required to take before their season begins. This procedure should include what should be done with the student athletes who are identified as at risk through the screening. This tool should also be used in contribution with the Counseling Center since this department provides mental health help to the CSUB student athletes. Once season is over, a post-participation screening is recommended to check in with the students who were first identified as at risk, and to assess if there are any other students who need mental health help. Again, the collaboration of the Counseling Center will be fundamental.

**Recommendation 4: Provide Support Groups**

Support groups can be done to address mental health illnesses such as depression, anxiety, substance use, and eating disorders. Some groups are led by a counselor, while others are led by peers. This is one more tool to help student athletes cope with their mental health problems.
EXPLORING MENTAL HEALTH NEEDS

disorders (Susman, 2015). This recommendation should be done with the contribution of the Counseling Center. Support groups will be beneficial to student athletes because they will be able to realize that these situations do not happen only with them. Being around peers will provide a sense of relief and encouragement to student athletes. Moreover, student athletes will be more willing to share their experiences, as support groups provide a safe, supportive, and nonjudgmental environment. Support groups will also play a role in the mental health education, because a lot of these groups provide learning information, such as practical tips and resources (Susman, 2015).

The benefits of support groups are vast, and this program should be encouraged and attended by student athletes to improve their social skills, increase their hopes, and decrease their stress and discomfort. Lastly, with support groups, the student athletes who participate will be able to understand better their needs and their personality (Susman, 2015). This will most likely improve student athletes’ performance in academics and in their respective sports as they will learn how to cope better with their disorders.

**Quality Improvement**

The Athletics Department recognized the mental health need and was willing to implement the Mental Health Program to improve the mental health services provided to student athletes. The department decided to create a committee with different departments on campus, including Campus Police, Counseling Center, Services for Students with Disabilities and others, to help with the implementation of the program and the protocol. This committee is currently working on the mental health protocol specifically to the Athletics Department that will include procedures and steps in case of a mental health situation and screenings of student athletes prior
to any athletic activity. Moreover, as provided in the recommendations, this program offers mental health trainings for the coaches and other employees and for the student athletes, with the assistance of the Counseling Center and other organizations present in the community.
References


EXPLORING MENTAL HEALTH NEEDS


EXPLORING MENTAL HEALTH NEEDS


EXPLORING MENTAL HEALTH NEEDS


EXPLORING MENTAL HEALTH NEEDS


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California State University, Bakersfield – Student Athletes

Interview Schedule

1. Please tell me a little about your experiences and challenges from being a student athlete?

2. Tell me a story about someone you have known or heard of who needed some mental health help.

3. What kind of help have you wanted from the Athletics Department?

4. Tell me a best case and a worst-case scenario of a mental health situation involving an athlete.

5. If I gave $100,000 for you to spend on a problem related to mental health, what would you do and how would you spend the money?

6. Sometimes coaches and trainers try and develop an image of student athletes as “strong” and “tough.” How does that impact you?
EXPLORING MENTAL HEALTH NEEDS

Appendix B

California State University, Bakersfield – Athletics Staff

Survey Questionnaire

1. How comfortable do you feel in recognizing mental illness?
   Not Comfortable    Neutral    Very Comfortable
   1               2      3    4    5

2. How comfortable do you feel in handling mental illness?
   Not Comfortable    Neutral    Very Comfortable
   1               2      3    4    5

3. How many times in the last calendar year have you referred students to
   a. CSUB Health Center
      0   1   2   3   4   5   More than 6 times
   b. CSUB Counseling Center
      0   1   2   3   4   5   More than 6 times
   c. Services for Students with Disabilities
      0   1   2   3   4   5   More than 6 times
   d. Mary K Shell Crisis Center
      0   1   2   3   4   5   More than 6 times
   e. Talking to student athletes myself
      0   1   2   3   4   5   More than 6 times
   f. Other (Specify) ___________________
      0   1   2   3   4   5   More than 6 times

4. How familiar are you with the CSUB mental health protocol?
   Not Familiar    Neutral    Very Familiar
   1               2      3    4    5

5. When was the last time you attended a mental health training or workshop?
   a. In the last six months
   b. One year ago
   c. Two years ago
   d. Five years ago
   e. I have never attended any mental health training or workshop
6. Prioritize the following options. What do you think it would be more beneficial to have at CSUB?
   - ___ Mental Health Crisis Protocol
   - ___ Mental Health Psychologist just for the student athletes
   - ___ Mental Health Training for Athletics Staff
   - ___ Mental Health Training for Student Athletes
   - ___ CSUB Counseling Psychology

7. How much a mental health stigma affects student athletes seeking for help?
   It does not affect Neutral It drastically affects
   1 2 3 4 5

8. How can we improve the mental health of student athletes?
EXPLORING MENTAL HEALTH NEEDS

Appendix C

TITLE OF STUDY - INTERVIEW

Exploring Mental Health Needs of Student Athletes

PRINCIPAL INVESTIGATOR

Researcher: Luiza Marques de Oliveira Martins
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Email: lmartins@csub.edu

Department of Public Policy and Administration School of Business and Public Administration-California State University of Bakersfield
Address: 9001 Stockdale Hwy. Rm. 129. Bakersfield, Ca. 93311-1022

Lead Investigator: Dr. BJ Moore
Phone: 661- 654-3026
Email: bjmoore@csub.edu

Research Ethics Review Coordinator
Coordinator: Dr. Isabel Sumaya
Phone: 661- 654-2381
Email: isumaya@csub.edu

PURPOSE OF STUDY

You are being asked to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.

The purpose of this study is to explore the mental health needs of student athletes and to identify the preparedness of athletics staff for mental health care. It is the goal of this research to
understand the importance of a mental health program implementation from the athletes’ perspective.

**STUDY PROCEDURES**

An interview will be held asking CSUB Student Athletes six questions exclusively pertaining to mental health. For this study, 8 to 12 key informants will be interviewed. The interview questions will focus on the experience, needs, and understanding of student athletes about mental health.

CSUB student athletes will be interviewed in English. The interview will be held at various locations of participants’ preference in Bakersfield, preferably a private room where the participants cannot be overheard by others. The anticipated timeframe for the whole interview is 60 minutes. The researcher will request permission from participants to record and to take written notes prior to the onset of the interview.

The information obtained will be kept confidential. The answers obtained will be secured by the researcher using a thumb drive, placing all information in a locked file cabinet and will remain in the personal possession of the researcher and destroyed. Results will only be used to conduct a needs assessment analysis of a Mental Health Program.

**RISKS**

It is possible that some of the questions will make participant uncomfortable. If the participants are uncomfortable or hesitant during the interview and do not wish to continue, the interview process will be stopped.

In case the interview causes emotional disturbance or distress in participants, they will be provided with the contact information of the Mary K. Shell Mental Health Center (24 hr. crisis line) (661) 868-8080, California Suicide and Crisis hotline 510-792-HELP and the CSUB Counseling Center (661) 654-3366.

The researcher will manage risk by not disclosing and removing any identifying information from all research material.

**BENEFITS**

Even though there may be no direct benefit to you for your participation in this study, this research might be crucial to find the mental health needs of the student athletes and to allocate the resources to improve the student athletes’ experience at CSUB.

**CONFIDENTIALITY**
EXPLORING MENTAL HEALTH NEEDS

Your responses to this Interview and Survey will be confidential. Every effort will be made by the researcher to preserve your confidentiality including the following:

- Assigning code names/numbers for participants that will be used on all research notes and documents.
- Keeping notes, interview transcriptions, and any other identifying participant information in a locked file cabinet in the personal possession of the researcher.

COMPENSATION

No compensation will be received for your participation in this study.

CONTACT INFORMATION

If you have questions at any time about this study, or you experience adverse effects as the result of participating in this study, you may contact the researcher, Luiza Martins at (661) 747-4152 Email: luiza94martins@gmail.com.

If you have questions regarding your rights as a research participant, or if problems arise, which you do not feel you can discuss with the Lead Investigator please contact, Dr. BJ Moore at (661) 654-3026 Email: bjmoore@csub.edu. You can also contact the Institutional Review Board Coordinator, Dr. Isabel Sumaya at (661) 654-2381 Email: rerc@csub.edu.

Should you feel in need of crisis services please contact the Kern County Mental Health Department Psychiatric Evaluation Center for assistance toll free (800) 991-5272, TTY for the Hearing Impaired (661) 868-8142, and the CSUB Counseling Center (661) 654-3366.

VOLUNTARY PARTICIPATION

Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw or stop the interview at any time and without giving a reason and with no consequences.

CONSENT

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's signature ___________________________ Date __________
Investigator's signature ___________________________ Date __________
TITLE OF STUDY - SURVEY

Exploring Mental Health Needs of Student Athletes

PRINCIPAL INVESTIGATOR

Researcher: Luiza Marques de Oliveira Martins
Phone: 661-747-4152
Email: lmartins@csub.edu

Department of Public Policy and Administration School of Business and Public Administration-California State University of Bakersfield
Address: 9001 Stockdale Hwy. Rm. 129. Bakersfield, Ca. 93311-1022

Lead Investigator: Dr. BJ Moore
Phone: 661-654-3026
Email: bjmoore@csub.edu

Research Ethics Review Coordinator
Coordinator: Dr. Isabel Sumaya
Phone: 661-654-2381
Email: isumaya@csub.edu

PURPOSE OF STUDY

You are being asked to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.

The purpose of this study is to explore the mental health needs of student athletes and to identify the preparedness of athletics staff for mental health care. It is the goal of this research to
understand the importance of a mental health program implementation from the athletes’ perspective.

**STUDY PROCEDURES**

A survey will be held asking CSUB Athletics staff questions exclusively pertaining to their preparedness for a mental health crisis. THE ANTICIPATED TIMEFRAME FOR THE WHOLE SURVEY IS 20 MINUTES. The survey questions will focus on the experience, preparedness, and understanding of Athletics staff about mental health and crisis situations.

CSUB Athletics staff will be surveyed in English. The survey will be held at Icardo Room.

The information obtained will be kept confidential. The answers obtained will be secured by the researcher using a thumb drive, placing all information in a locked file cabinet and will remain in the personal possession of the researcher.

Results will only be used to conduct a needs assessment analysis of a Mental Health Program.

**RISKS**

It is possible that some of the questions will make participant uncomfortable.

You may decline to answer any or all questions and you may terminate your involvement at any time if you choose.

In case the survey causes emotional disturbance or distress in participants, they will be provided with the contact information of the Mary K. Shell Mental Health Center (24 hr. crisis line) (661) 868-8080, California Suicide and Crisis hotline 510-792-HELP and the CSUB Counseling Center (661) 654-3366.

**BENEFITS**

Even though there may be no direct benefit to you for your participation in this study, this research might be crucial to find the mental health needs of the student athletes and to allocate the resources to improve the student athletes’ experience at CSUB.

**CONFIDENTIALITY**

Your responses to this Interview and Survey will be confidential. Every effort will be made by the researcher to preserve your confidentiality including the following:

- Assigning code names/numbers for participants that will be used on all research notes and documents.
• Keeping notes, interview transcriptions, and any other identifying participant information in a locked file cabinet in the personal possession of the researcher.

COMPENSATION

No compensation will be received for your participation in this study.

CONTACT INFORMATION

If you have questions at any time about this study, or you experience adverse effects as the result of participating in this study, you may contact the researcher, Luiza Martins at (661) 747-4152 Email: luiza94martins@gmail.com.

If you have questions regarding your rights as a research participant, or if problems arise, which you do not feel you can discuss with the Lead Investigator please contact, Dr. BJ Moore at (661) 654-3026 Email: bjmoore@csub.edu. You can also contact the Institutional Review Board Coordinator, Dr. Isabel Sumaya at (661) 654-2381 Email: rerc@csub.edu.

Should you feel in need of crisis services please contact the Kern County Mental Health Department Psychiatric Evaluation Center for assistance toll free (800) 991-5272, TTY for the Hearing Impaired (661) 868-8142 and the CSUB Counseling Center (661) 654-3366.

VOLUNTARY PARTICIPATION

Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw or stop the interview at any time and without giving a reason and with no consequences.

CONSENT

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's signature ______________________________ Date __________

Investigator's signature _____________________________ Date __________
Date: 12 December 2017

To: Luiza Marques de Oliveira Martins, Student Investigator, Master of Science Health Care Administration
    BJ Moore, Faculty Advisor, Master of Science Health Care Administration

From: Isabel Sumaya, University Research Ethics Review Coordinator

cc: Nate Olson, Interim IRB Chair

Subject: Authorization for Protocol 17-88

I am pleased to inform you that your Protocol 17-88, “Exploring Mental Health Needs of Student Athletes,” has been approved following expedited review. Authorization is based on the original protocol received October 29th, 2017, and your revisions submitted on November 27th, in response to the reviewer comments.

This authorization is strictly limited to the specific activities that have been authorized by the IRB. In conducting this research, the investigator must carefully review the final, authorized, version of the protocol to ensure that the research is conducted as authorized by the IRB. If you want to modify these activities, notify the IRB in advance so proposed changes can be reviewed and approved. If you have any questions, or there are any unanticipated problems or adverse reactions, please contact me immediately. Use of the Psychology Department subject pool is not authorized in this protocol.

The PI is responsible for ensuring that all research personnel who participate in data collection and/or obtaining informed consent are HSPT-Certified and approved in the protocol. The following person[s], only, are authorized to interact with subjects in collecting data, in obtaining informed consent, or interacting with data having personal identifiers.

Human Subjects Protection Training Certified:


This authorization will be valid until the 12th of November 2018.

Continued on page 2
Any signed consent documents must be retained for at least three years to enable research compliance monitoring and in case of concerns by research participants. Consent forms may be stored longer at the discretion of the principal investigator [PI]. The PI is responsible for retaining consent forms. If the PI is a student, the faculty supervisor is responsible for the consent forms. The consent forms must be stored so that only the authorized investigators or representatives of the IRB have access. At the end of the retention period the consent forms must be destroyed [not re-cycled or thrown away]. Please destroy all audio tapes after scoring if applicable.

Isabel Sumaya, University Research Ethics Review Coordinator
EXPLORING MENTAL HEALTH NEEDS

Appendix F

California State University, Bakersfield – Athletics Staff

Survey Questionnaire, Rough Data

1. How comfortable do you feel in recognizing mental illness?

<table>
<thead>
<tr>
<th>Not Comfortable</th>
<th>Neutral</th>
<th>Very Comfortable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4 (12.5%)</td>
<td>9 (28.1%)</td>
<td>11 (34.4%)</td>
</tr>
<tr>
<td>(0%)</td>
<td>(3.2%)</td>
<td>(9.4%)</td>
</tr>
<tr>
<td></td>
<td>8 (25%)</td>
<td>(12.5%)</td>
</tr>
<tr>
<td></td>
<td>(12.5%)</td>
<td>(34.4%)</td>
</tr>
<tr>
<td></td>
<td>(25%)</td>
<td>(28.1%)</td>
</tr>
</tbody>
</table>

2. How comfortable do you feel in handling mental illness?

<table>
<thead>
<tr>
<th>Not Comfortable</th>
<th>Neutral</th>
<th>Very Comfortable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1 (3.2%)</td>
<td>9 (28.1%)</td>
<td>9 (28.1%)</td>
</tr>
<tr>
<td>(12.5%)</td>
<td>(28.1%)</td>
<td>(28.1%)</td>
</tr>
<tr>
<td></td>
<td>9 (28.1%)</td>
<td>4 (12.5%)</td>
</tr>
<tr>
<td></td>
<td>(3.2%)</td>
<td>(3.2%)</td>
</tr>
<tr>
<td></td>
<td>(12.5%)</td>
<td>(34.4%)</td>
</tr>
<tr>
<td></td>
<td>(25%)</td>
<td>(28.1%)</td>
</tr>
</tbody>
</table>

3. How many times in the last calendar year have you referred students to

a. CSUB Health Center

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>More than 6 times</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 (37.5%)</td>
<td>8 (25%)</td>
<td>3 (9.4%)</td>
<td>4 (12.5%)</td>
<td>0 (0%)</td>
<td>1 (3.1%)</td>
<td>4 (12.5%)</td>
</tr>
</tbody>
</table>

b. CSUB Counseling Center

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>More than 6 times</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 (34.4%)</td>
<td>9 (28.1%)</td>
<td>6 (18.7%)</td>
<td>2 (6.3%)</td>
<td>2 (6.3%)</td>
<td>1 (3.1%)</td>
<td>1 (3.1%)</td>
</tr>
</tbody>
</table>

c. Services for Students with Disabilities

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>More than 6 times</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 (53.1%)</td>
<td>5 (15.6%)</td>
<td>3 (9.4%)</td>
<td>6 (18.8%)</td>
<td>0 (0%)</td>
<td>1 (3.1%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

d. Mary K Shell Crisis Center

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>More than 6 times</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 (93.7%)</td>
<td>2 (6.3%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

e. Talking to student athletes myself

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>More than 6 times</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 (12.5%)</td>
<td>2 (6.3%)</td>
<td>1 (3.1%)</td>
<td>6 (18.7%)</td>
<td>4 (12.5%)</td>
<td>3 (9.4%)</td>
<td>12 (37.5%)</td>
</tr>
</tbody>
</table>
79

EXPLORING MENTAL HEALTH NEEDS

f. Other (Specify) ___________________

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>More than 6 times</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

4. How familiar are you with the CSUB mental health protocol?

Not Familiar   Neutral   Very Familiar

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>8</td>
<td>8</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

| 10 (31.3%) | 8 (25%) | 8 (25%) | 5 (15.6%) | 1 (3.1%) |

5. When was the last time you attended a mental health training or workshop?
   a. In the last six months
   b. One year ago
   c. Two years ago
   d. Five years ago
   e. I have never attended any mental health training or workshop

<table>
<thead>
<tr>
<th>a</th>
<th>b</th>
<th>c</th>
<th>d</th>
<th>e</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>5</td>
<td>5</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>9.7%</td>
<td>16.1%</td>
<td>16.1%</td>
<td>6.5%</td>
<td>51.6%</td>
</tr>
</tbody>
</table>

6. Prioritize the following options. What do you think it would be more beneficial to have at CSUB?

   ___ Mental Health Crisis Protocol
   ___ Mental Health Psychologist just for the student athletes
   ___ Mental Health Training for Athletics Staff
   ___ Mental Health Training for Student Athletes
   ___ CSUB Counseling Psychology

<table>
<thead>
<tr>
<th>Options/Rating</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Crisis Protocol</td>
<td>7 (26.9%)</td>
<td>1 (3.9%)</td>
<td>5 (19.2%)</td>
<td>8 (30.8%)</td>
<td>5 (19.2%)</td>
</tr>
<tr>
<td>Mental Health Psychologist just for the student athletes</td>
<td>9 (34.6%)</td>
<td>6 (23.1%)</td>
<td>4 (15.4%)</td>
<td>5 (19.2%)</td>
<td>2 (7.7%)</td>
</tr>
<tr>
<td>Mental Health Training for Athletics Staff</td>
<td>1 (3.9%)</td>
<td>11 (42.3%)</td>
<td>7 (26.9%)</td>
<td>5 (19.2%)</td>
<td>2 (7.7%)</td>
</tr>
<tr>
<td>Mental Health Training for Student Athletes</td>
<td>6 (23.1%)</td>
<td>5 (19.2%)</td>
<td>8 (30.8%)</td>
<td>4 (15.4%)</td>
<td>3 (11.5%)</td>
</tr>
<tr>
<td>CSUB Counseling Psychology</td>
<td>3 (11.5%)</td>
<td>3 (11.5%)</td>
<td>2 (7.7%)</td>
<td>4 (15.4%)</td>
<td>14 (53.9%)</td>
</tr>
</tbody>
</table>

7. How much of a mental health stigma affects student athletes seeking for help?
It does not affect Neutral It drastically affects
<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>4 (12.9%)</td>
<td>18 (58.1%)</td>
<td>9 (29%)</td>
</tr>
</tbody>
</table>

8. How can we improve the mental health of student athletes?
RED FOLDER
SEE SOMETHING
SAY SOMETHING
DO SOMETHING
ASSISTING STUDENTS IN DISTRESS

RESPONSE PROTOCOL

Use this table to determine whom to contact when faced with a distressed or distressing student.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student’s conduct is clearly and immediately reckless, actively dangerous, or threatening including self-harm or arrest.</td>
<td>Call 911 or Campus Police.</td>
</tr>
<tr>
<td>The student shows signs of distress but I am unsure how serious it is. My interaction has left me feeling uneasy and/or really concerned about the student.</td>
<td>Consult with and/or refer to the Counseling Center.</td>
</tr>
<tr>
<td>I’m not concerned for the student’s immediate safety, but he or she is having significant academic and/or personal issues and could use some support or additional resources.</td>
<td>Refer students to an appropriate campus resource.</td>
</tr>
</tbody>
</table>
### SEE SOMETHING.

CSU faculty and staff are in a unique position to demonstrate compassion for CSU students in distress. Both undergraduate and graduate students may feel alone, isolated, and even hopeless when faced with academic and life challenges. These feelings can easily disrupt academic performance and may lead to difficulties coping and other serious consequences. You may be the first person to see something distressing in your students since you have frequent and prolonged contact with them. The California State University, in collaboration with the California Mental Health Services Authority (CMHSA), requests that you act with compassion when assisting students.

### SAY SOMETHING.

Students exhibiting troubling behaviors in your presence are likely having difficulties in various settings, including the classroom, with roommates, with family, and even in social settings. Trust your instincts and say something if a student leaves you feeling worried, alarmed or threatened.

### DO SOMETHING.

Sometimes students cannot or will not turn to family or friends. Do something! Your expression of concern may be a critical factor in saving a student's academic career or even their life. The purpose of this folder is to help you recognize symptoms of student distress and identify appropriate referrals to campus resources.

#### DISRUPTIVE OR DISTRESSED

**DISRUPTIVE STUDENT**

A student whose conduct is steady and imminently reckless, disorderly, dangerous or threatening, including self-harmful behavior.

**TO GET HELP**

If you are concerned for your own or others' safety due to a student's disruptive and/or threatening behavior, call 911 or the Campus Police Department.

**REPORT INCIDENT TO**

Campus Police Department.

**DISTRESSED STUDENT**

A student with persistent behaviors such as:

<table>
<thead>
<tr>
<th>Dejected</th>
<th>Overly anxious</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sad</td>
<td>Irritable</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>Confused</td>
</tr>
</tbody>
</table>

#### ACADEMIC INDICATORS

- Sudden decline in quality of work and grades
- Repeated absences
- Disturbing content in writing or presentations (e.g., violence, death)
- You find yourself doing more counseling than academic counseling during office hours.

#### SAFETY RISK INDICATORS

- Unprovoked anger or hostility.
- Making implied or direct threats to harm self or others.
- Academic assignments dominated by themes of extreme hopelessness, rage, worthlessness, isolation, despair, acting out, suicidal ideations/behaviors.

#### PSYCHOLOGICAL INDICATORS

- Self disclosure of personal distress that could include family problems, financial difficulties, depression, grief or thoughts of suicide.
- Excessive tearfulness, paranoid reactions, irritability or unusual apathy.
- Verbal abuse (e.g., taunting, badgering, intimidation).
- Expressions of concern about the student by their peers.

#### PHYSICAL INDICATORS

- Marked changes in physical appearance including deterioration in grooming/hygiene, weight loss/gain.
- Excessive fatigue/leap disturbances.
- Intoxication, hangover or smell of alcohol.
- Disoriented or "out of it."

#### IF A STUDENT IS CAUSING A DISRUPTION BUT DOES NOT POSE A THREAT

- Ensure your safety in the environment.
- Use a calm, non-confrontational approach to defuse/de-escalate the situation.
- Set limits by explaining how the behavior is inappropriate.
- If the disruptive behavior persists, notify the student that disciplinary action may be taken. Ask the student to leave. Inform him or her that refusal to leave may be a separate violation subject to discipline.
- Immediately report the incident to the appropriate resource.

If you believe there is a safety risk, contact the Campus Police Department.
RESOURCES & TIPS:

**BE PROACTIVE:** Engage students early on, pay attention to signs of distress, and set limits on disruptive behavior.

**BE DIRECT:** Don’t be afraid to ask students directly if they are under the influence of drugs or alcohol, feeling confused, or having thoughts of harming themselves or others.

**LISTEN SENSITIVELY AND CAREFULLY:** Use a non-confrontational approach and a calm voice. Avoid threatening, humiliating, and intimidating responses.

**SAFETY FIRST:** The welfare of the campus community is the top priority when a student displays threatening or potentially violent behavior. Do not hesitate to call for help.

**FOLLOW THROUGH:** Direct the student to the physical location of the identified resource.

**CONSULTATION AND DOCUMENTATION:** Always document your interactions with distressed students and consult with your department chair/supervisor after any incident.

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### CAMPUS RESOURCES

**Bakersfield**

<table>
<thead>
<tr>
<th>Resource</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling Center</td>
<td>(661) 654-3366</td>
</tr>
<tr>
<td>Student Health Services</td>
<td>(661) 654-2394</td>
</tr>
<tr>
<td>University Police</td>
<td>(661) 654-2111</td>
</tr>
<tr>
<td>Services for Students with Disabilities</td>
<td>(661) 654-3360</td>
</tr>
<tr>
<td>Student Rights &amp; Responsibilities</td>
<td>(661) 654-2680</td>
</tr>
</tbody>
</table>

Behavioral Assessment and Response Team
Purpose of Study
You are being asked to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve.

Please read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.

The purpose of this study is to explore the mental health needs of student athletes and to identify the preparedness of athletics staff for mental health care. It is the goal of this research to understand the importance of a mental health program implementation from the athletes’ perspective.
Study Procedures

An interview will be held asking CSUB Student Athletes six questions exclusively pertaining to mental health. The interview questions will focus on the experience, needs, and understanding of student athletes about mental health. Below are the questions for the interview:

1. Please tell me a little about your experiences and challenges from being a student athlete?
2. Tell me a story about someone you have known or heard of who needed some mental health help.
3. What kind of help have you wanted from the Athletics Department?
4. Tell me a best case and a worst-case scenario of a mental health situation involving an athlete.
5. If I gave $100,000 for you to spend on a problem related to mental health, what would you do and how would you spend the money?
6. Sometimes coaches and trainers try and develop an image of student athletes as “strong” and “tough.” How does that impact you?

CONFIDENTIALITY

Your responses to this interview will be confidential. Every effort will be made by the researcher to preserve your confidentiality including the following:
- Assigning code names/numbers for participants that will be used on all research notes and documents.
- Keeping notes, interview transcriptions, and any other identifying participant information in a locked file cabinet in the personal possession of the researcher.

BENEFITS

Even though there may be no direct benefit to you for your participation in this study, this research might be crucial to find the mental health needs of the student athletes and to allocate the resources to improve the student athletes’ experience at CSUB.

RISK

It is possible that some of the questions will make participant uncomfortable. If the participants are uncomfortable or hesitant during the interview and do not wish to continue, the interview process will be stopped.

In case the interview causes emotional disturbance or distress in participants, they will be provided with the contact information of the Mary K. Shell Mental Health Center (24 hr. crisis line) (661) 868-8080, California Suicide and Crisis hotline 510-792-HELP and the CSUB Counseling Center (661) 654-3386.

Voluntary Participation

Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw or stop the interview at any time and without giving a reason and with no consequences.

The anticipated time frame for the whole interview is 60 minutes.
This is to certify that:

**Luiza Martins**

Has completed the following CITI Program course:

- **Students conducting no more than minimal risk research** (Curriculum Group)
- **Students - Class projects** (Course Learner Group)
- **1 - Basic Course** (Stage)

Under requirements set by:

**California State University, Bakersfield**

Verify at [www.citiprogram.org/verify/?wf69f874b-a765-4ebe-8790-885538e5f500-24608144](http://www.citiprogram.org/verify/?wf69f874b-a765-4ebe-8790-885538e5f500-24608144)