Examining the Likelihood of Employing Mental Health, Mental Performance, and Ministry Professionals in Intercollegiate Athletic Department Staffs

Brian E. Menaker  
*Texas A&M University – Kingsville*

Emily H. North  
*Texas A&M University – Kingsville*

Amanda K. Curtis  
*Lake Erie College*

Follow this and additional works at: [https://scholarcommons.sc.edu/jiia](https://scholarcommons.sc.edu/jiia)

**Recommended Citation**
Available at: [https://scholarcommons.sc.edu/jiia/vol16/iss1/10](https://scholarcommons.sc.edu/jiia/vol16/iss1/10)

This Original Research is brought to you by the Hospitality, Retail and Sports Management, College of at Scholar Commons. It has been accepted for inclusion in Journal of Issues in Intercollegiate Athletics by an authorized editor of Scholar Commons. For more information, please contact digres@mailbox.sc.edu.
Examining the Likelihood of Employing Mental Health, Mental Performance, and Ministry Professionals in Intercollegiate Athletic Department Staffs

Brian E. Menaker  
*Texas A&M University – Kingsville*

Emily H. North  
*Texas A&M University – Kingsville*

Amanda K. Curtis  
*Lake Erie College*

Intercollegiate student-athlete mental health continues to be a concern as this population experiences higher levels of psychosocial risks in comparison to the non-athletic student body. While some athletic departments employ professionals to treat the risks that student-athletes experience, there continues to be inconsistencies in the types of individuals who are staffed to treat mental health or provide counseling to athletes. Athletic departments who do include mental health practitioners (MHP) tend to staff a wide variety of professionals to work with their athletes ranging from psychologists, psychiatrists, social workers, and licensed mental health counselors for mental health needs, mental performance consultants for applied sport and performance psychology needs, and chaplains for counseling and spiritual needs. The purpose of this study was to identify the mental health and performance staffing resources available in NCAA programs while predicting the institutional factors such as Division membership, status as public or private, and status as a historically black college and university. Division membership was the primary predictor of employing MHPs on staff. Difference between staffing MHPs was non-significant between public and private institutions while private schools were more likely to staff chaplains. This study shows the gaps in employing MHP between NCAA divisions and in non-mental health counseling positions.

Keywords: intercollegiate athletics, staffing mental health employees, athlete psychosocial needs
Intercollegiate student-athletes are a unique and vulnerable population that face specific psychosocial risks in comparison to the non-athletic student body. Many in this population are high-performance athletes and at-risk since university student-athletes consistently demonstrate higher ratings of developing depression, anxiety, eating disorders, and alcohol or substance abuse when compared to the student body at-large (Schinke et al., 2018). Student-athletes face distinct challenges from other college students which include, but are not limited to, the relentless hours dedicated to their sports, physical injury, and limits on social circles which disappear when an athlete is injured (Hensley-Clancy, 2022). Student-athletes’ struggling mental health has increasingly gained more recognition in the past decade, and the National Collegiate Athletic Association (NCAA) has stated that it places mental health at the top of health concerns (Moore, 2017; NCAA, 2013). In response to the increased concerns about mental health of student-athletes, the NCAA created recommendations for universities to take into consideration when searching for solutions to ensure the safety and mental well-being of their athletes (Moore, 2017; NCAA, 2013). The organization’s “Interassociation Consensus Document: Best Practices for Understanding and Supporting Student-Athlete Mental Wellness,” provides best practices for addressing the mental health of student-athletes (NCAA, 2020). One of these recommendations suggests universities employ clinically licensed mental health practitioners (MHP) to provide services that can help engage athletes in treating potential behavioral mental health concerns emerging from participating in sport (NCAA, 2013). However, intercollegiate athlete mental health services utilization (MHSU), defined as whether an individual uses services provided, is an emerging issue for intercollegiate athletics departments (Moreland et al., 2018). The mental health services offered, or lack thereof, is a major factor in MHSU. Additionally, there is limited literature regarding the availability of psychosocial and mental health resources at NCAA Division I, NCAA Division II, and NCAA DIII universities, in comparison to the academic and athletic performance services readily available at athletes’ disposal (Moore, 2015; Sudano & Miles, 2017).

Athletic departments lacking specific mental health resources for student-athletes often have other staff members who are in contact with their athletes on a daily basis (e.g., coaches or athletic trainers) that provide mental health counseling. Coaches and trainers are commonly practicing outside their realm of training and competency (Moore, 2015; Moreland, et al., 2018; Neal, et al.) mental health professionals are licensed counseling professionals qualified to treat mental health related issues including, but not limited to, depression, anxiety, or alcohol and substance abuse. For performance-related objectives, mental skills services are offered by sport psychology consultants, mental skills trainers and mental performance consultants (Moreland, et al., 2018). Regarding the spiritual needs of players, sport chaplains work directly with athletic departments to facilitate spiritual and pastoral care for athletes with specific religious needs (Gamble, Hill, & Parker, 2013). There are many potential benefits of staffing a diverse group of mental care professionals with similar, but slightly different roles in one athletic department to create a cooperative community of individuals with a common goal: to protect and increase student-athletes’ mental health and overall well-being (Newman et al., 2019).

Significance of Present Study

The NCAA requires schools to provide mental health service to athletes, yet these services do not need to be provided by an MHP staffed by the athletic department. The culture in the NCAA and the lack of adequate resources devoted to mental health has been blamed for...
recent suicides by at least five NCAA Division I athletes in the first months of 2022, the majority by women (Hensley-Clancy, 2022). Prior study has shown that the number of athlete deaths by suicide between 2003 and 2012 was less than four per year, with the vast majority of those deaths by men (Rao, 2015). The recent rates of death by suicide and the increased likelihood of women athletes committing suicide shows a different trend when compared to that study. This startling development highlights the importance of staffing MHP in NCAA athletic departments.

There is little existing scholarly research that has considered the NCAA as a whole in terms of the composition of existing mental health services in intercollegiate athletic departments, and it is important for research to be inclusive of all divisions. Research has examined the roles of many of these types of positions, individually. Yet, a comprehensive analysis of staffing of these mental health and mental performance professionals across the entire NCAA has not been examined in the literature. Thus, the present study analyzes the composition of mental health, mental performance, and chaplain staffing on all official staff directories posted on NCAA athletic department websites.

**Literature Review**

*Psychosocial Needs of College Athletes*

There is no doubt that collegiate athletes are a vulnerable population and share different needs and struggles than the remaining non-athlete population (Weaver & Reynolds, 2020). The culture that surrounds high level performance sports instills into athletes that they have to be mentally tough even when in pain, and these habits/ideas are often encouraged by other athletes, coaches, athletic staff, and administrators (Moore et al., 2018). Coaches and administrators place athletes’ physical health and performance higher on their list of priorities than athletes’ mental and behavioral health (Waller et al., 2017). Research reports a direct correlation between sport participation and increased risk of developing psychosocial disorders, such as depression, anxiety, alcohol and substance abuse, suicide, and eating disorders (Moore, 2015). A research study examining depression in a sample of 950 student-athletes revealed 33% of athletes had signs exhibiting depression, and many of the athletes were not aware of mental health services offered by their school (Cox et al., 2017). Student-athletes are 12% more likely to be diagnosed with depression than non-athletes (Moore, 2015). The development of negative psychosocial outcomes can severely affect a student-athletes’ self-esteem, attitude, academic performance, and athletic performance, and a psychological intervention from an MHP would be appropriate (Schinke et al., 2018). However, athletes seldomly seek professional mental health from an MHP help due to negative past experiences, lack of resources or knowledge of services, or the societal stigma surrounding mental health (Waller et al., 2017).

Female athletes experience unique sport-specific pressures and demands to be thin, and often try to conform to the societal expectations of what an elite female athlete’s body is supposed to look like. For example, it is not unusual for college coaches to record their female athlete’s weights and request for them to shed a few pounds to increase performance (Waller et al., 2017). These unrealistic and unhealthy expectations often influence female athletes to develop eating disorders or body dysmorphia issues, both of which negatively affects their mental health and athletic performance (Waller et al., 2017). Male athletes have expressed feelings of exploitation, self-isolation, and trouble with finding their identity outside of sports (Weaver & Reynolds, 2020). Collegiate athletes, mostly at the Division I level, have to become comfortable with living in the public’s eye at a national level, which can be a difficult adjustment for young athletes. Studies have shown this type of media exposure can make athletes
susceptible to public scrutiny, which could increase their chances of self-objectification, depression, and developing an eating disorder (Harrison & Fredrickson, 2003). Multiple different mental health professionals have the training and competency to develop mental health programs and treatment plans for athletes that are suffering from a psychosocial disorder.

Medical and Mental Health Resources in Intercollegiate Athletics

Intercollegiate athletes’ medical needs include mental health resources, and the sport medicine resources in athletic departments serve those needs. NCAA’s Mental Health Best Practices Guide recommends that “Each campus should establish an interdisciplinary team that supports student-athlete mental wellness; at many institutions, the coordinator of the team will be the team physician or director of medical services” (NCAA, 2020, p. 6). The composition of this team is recommended to be made up of an interdisciplinary staff consisting of “primary athletics health care providers (athletic trainers and team physicians), licensed psychologists, social workers, life skills support staff, registered dietitians, peer support specialists working under the supervision of a licensed mental health provider” (NCAA, 2020, p. 6) among others.

Baugh et al. (2020) observed stark differences in employment patterns of sport medicine staffs which included athletic trainers (ATC), physicians, and other non-physician medical clinicians including MHP at 325 NCAA institutions. Division I schools were likely to average approximately seven full equivalent trainers on staff while Division II and Division III averaged three full-time equivalent staff. With regard to MHP, 42 (12.9% of the sampled institutions staffed clinical psychologists at 42 (12.9%) and 16 (4.9%) had a licensed mental health professional of staff (Baugh et al., 2020). A majority of athletic departments relied on graduate assistant athletic trainers, intern trainers, and student trainers to provide care to athletes which can impeded the continuity of care received by athletes and their health outcomes (Baugh et al., 2020). A heavy reliance on graduate assistant and intern ATC may impede continuity of care and affect athlete health outcomes. It is clear there is disparity in access to health care for athletes, dependent on NCAA Division.

Hayden et al. (2013) examined the availability of mental health services at NCAA institutions. They analyzed the counseling centers and athletic departments of 120 NCAA FBS schools. Findings showed 29 athletic departments provided sport psychology services while six university counseling centers provided such services (Hayden et al, 2013). Way et al. (2020) investigated NCAA Division I athletes’ perceptions of access to and satisfaction with mental health services available to them on their campuses using a mixed-methods methodology. The four contexts considered included the following: direct mental health services including counseling, psychiatry, assessment either available on-campus or in the athletics department and indirect which included mental health outreach programs and informational sessions available either on-campus or within athletics departments. Student-athlete participants were moderately satisfied with service availability in each of the four contexts (Way et al., 2020).

Mental Health Workers in Sport Settings

NCAA guidance suggests the inclusion of licensed clinical professionals employed by the athletic department to provide mental health services to intercollegiate athletes. The guide lists the following MHP suitable to provide mental health care in the NCAA setting: “clinical or counseling psychologists; psychiatrists; licensed clinical social workers; psychiatric mental health nurse; licensed mental health counselors; primary care physicians with core competencies to treat mental health disorders” (NCAA Sport Science Institute, 2017, p. 5). In addition,
licensed social workers may also be able to provide service to athletes, while they are unable to engage in clinical therapy while unsupervised (Beasley et al., 2021). While there are training and philosophical differences in all of these approaches, all of these MHP provide mental health services that can benefit intercollegiate athletes.

A study of Canadian intercollegiate sport staff mental health literacy (MHL), defined as the “knowledge and beliefs about mental disorders, which aid in their recognition, management or prevention,” (Jorm et al., 1997, p. 184) found a difference between the MHL of athletic department staff and health care professionals (Sullivan et al., 2019). Unsurprisingly, coaches and athletic trainers possessed an MHL in line with the general public rather than health care professionals (Sullivan et al., 2019), meaning their MHL was lower than MHPs. It could be beneficial to educate athletic administrators and their staffs on mental health to improve their MHL to create an environment that is understanding of the seriousness of mental health in college athletics and one that encourages the utilization of MHPs (Sullivan et al., 2019). Mental health services can be offered by a wide variety of qualified health care professionals that include psychologists, licensed social workers, licensed mental health counselors, and psychiatrists.

In order to improve and bring more awareness to student-athlete MHSU, the perceptions and preferences of athletic directors and administrators on staffing mental health professionals in their athletic departments must be understood (Moreland et al., 2018). The level of MHL that athletic administrators possess, and their overall understanding of the roles of mental health and performance professionals have within an athletic department, directly influences athletic administrators’ preferences for hiring different MHP (Moreland et al., 2018). For mental health resources to be provided for athletes in athletic departments, athletic administrators must be aware of and openly acknowledge the psychosocial risks that student-athletes commonly experience, as well as see the benefits of staffing mental health and performance services (Connole et al., 2014; Moore, 2015).

Research shows athletic administrators acknowledge that investing time and resources on psychosocial concerns in athletic departments is necessary and beneficial for student-athletes (Neal et al., 2013). However, in a sample of 185 athletic administrators 63.5% of NCAA Division I athletic departments sampled employed a sport psychology professional which could include either mental health counseling or mental performance consulting, and the number of available mental health resources drastically decreases in NCAA Division II (23.5%) and III (22.8%) athletic departments (Connole, et al., 2014). In a recent study, Jones et al. (2022) analyzed 253 NCAA Division I athletic departments in the fall of 2018 and found that 65 departments staffed mental performance and/or MHP with 99 total professionals delivering these services.

In a study by Kornspan and Duve (2006), athletic directors from NCAA Division I, II, and III schools responded to whether they perceived a need to hire a sport psychology consultant in their athletic department. The majority of Division I athletic directors responded “yes” to whether they see a need to hire a sport psychology consultant, while the majority from Division II and III responded “no” (Kornspan & Duve, 2006). The same study questioned athletic directors on the potential barriers for hiring a consultant, and many responded the lack of money in their budget hinders them from filling the position (Kornspan & Duve, 2006). Other findings have revealed that athletic administrators support the hiring of what the authors referred to as sport psychologists in athletic departments, however, they placed more emphasis on the need for a psychologist to improve athletes’ performance skills, rather than improve athletes’ mental health and well-being (Connole et al., 2014). It is apparent that many athletic administrators acknowledge and generally support the potential benefits of staffing mental health and
performance professionals, however, the amount of mental health resources actually being provided to student-athletes is lacking in all NCAA divisions (Connole et al., 2014).

**Social Workers.** Social work scholars have argued for an application of social work skills to sport (McHenry et al., 2021), particularly working in intercollegiate athletics (Gill, 2008; Gill, 2014) due to their expertise in social functioning and serving diverse and vulnerable populations (Dean & Rowan, 2014). Social workers differ from other MHP by using their services to advocate, educate, and empower vulnerable populations to overcome various psychosocial challenges (Waller et al., 2017). Social workers are licensed to help individuals who are dealing with addiction, mental illness, poverty, discrimination, racial injustice, trauma, etc. (Waller et al., 2017). Sport social workers are aware of the systemic issues and behavioral health risks that are present in sport and in return they use their competencies to practice directly with each athlete to fulfill their individual needs (Newman et al., 2019). To effectively treat or provide services for an athlete, the social workers approach each case with an individualized lens and try to understand and be sensitive to the player’s personal identity, environment, and culture inside and outside of athletics (Moore, 2017).

Social workers dedicate their careers to be a voice for social justice, change, and inclusion by advocating for oppressed populations through education and community outreach (Newman et al., 2019). Student-athletes come from many different cultural, socioeconomic, and international backgrounds, and social workers place emphasis on creating a safe space that is socially and culturally inclusive to everyone (Weaver & Reynolds, 2020). Playing college sports can often be used as an escape route for individuals that come from at-risk backgrounds and sports gives them an opportunity to reach their full potential (Weaver & Reynolds, 2020). Many Black or minority athletes play for predominantly white universities; this environment can be socially isolating and make it difficult for athletes to separate their personal identity from their racial and athletic identities in the eyes of their peers (Moore, 2015). Social workers have extensive diversity training that allows them to create a supportive environment to help their black student-athletes navigate their unique personal experiences and struggles (Weaver & Reynolds, 2020). A study involving Canadian elite athletes reveals a connection between athletes that relocated to unfamiliar cultural areas and mental health issues, possibly due to a lack of cultural understanding by team members, difficulty connecting with their cultural identity, and experiencing overt and subvert racism (Schinke et al., 2018). Social workers can provide effective resources to immigrant and indigenous student-athletes that moved to a new country to help them adjust culturally and stay in touch with their cultural identity (Amara et al., 2005; Schinke et al., 2018).

**Non-Mental Health Student-Athlete Support Positions**

**CMPCs.** The area of mental performance also overlaps within the expertise of many mental health professionals and athletic administrators seek professionals who can address the mental performance side of sport performance in addition to mental health counseling. The Association for Applied Sport Psychology (AASP) certifies qualified individuals as a Certified Mental Health Consultant (CMPC), if they hold a master’s or doctorate in sport science, sport psychology or another field relevant to sport psychology including the disciplines of clinical psychology, clinical mental health counseling, social work, industrial-organizational psychology, and sport psychology. This credential signifies completion of education and work requirements, a certification exam, committing to professional development and adherences to ethical principles and standards stipulated by AASP. NCAA best practices recommends individuals
without sport training in their mental health practitioner training, also pursue the CMPC certification. CMPC designation also differentiates the mental performance consultant from clinical psychologists and designate that they are not licensed to diagnose or treat psychological disorders (McHenry et al. 2021). CMPC are not always a stand-alone credential as many MHP also obtain credentials as mental performance consultants.

**Chaplains.** Chaplaincy has been in existence for over 100 years and historically is a profession found in the military to counsel soldiers before battle as well as daily life while serving as a member of the military. The staffing of sport chaplains on a part or full-time basis in athletic departments is growing in popularity across private and public universities in the United States. Studies have shown that religion and spirituality are an important factor in enhancing an athlete’s sport and academic performances, and sport chaplains can provide holistic care to each athlete regarding their specific religious needs (Waller et al., 2016). Chaplains provide counseling and spiritual services which often overlaps with counseling provided by MHPs. In some cases, chaplains are licensed as counselors and are thus considered MHPs. Six states in the US license pastoral counselors (Waller et al., 2008). In a study of sport chaplains and sport psychologists in the English Premiership soccer league, there are significant overlap in their roles with teams. (Gamble et al., 2012). Thus, it is worth considering the role that chaplains play in intercollegiate sport.

**Holistic and Integrative Approaches**

Many in health communities have called for providing more holistic care that combines the expertise of mental health and mental performance professionals in high performance sport. In its most recent position statement International Society of Sport Psychology (ISSP) acknowledged the importance of integrating multiple sport psychology discourses, competencies and efforts including mental health and mental performance (Stambulova et al., 2021). The World Health Organization (WHO) has advocated for an interprofessional education and collaborative practice (IPECP) framework for the use of psychological support teams in sport organizations (WHO, 2010). This integrative model is especially important to help athletes navigate their athletic careers and transitions as they progress from developmental levels, to elite levels, and subsequently to retirement (Stambulova et al., 2021).

The spoke of the wheel models are types of IPECP and holistic collaborative approaches that involve interprofessional groups of specialists where each member of athletic support teams represent a spoke on the wheel surrounding the athletes (McHenry et al., 2021). MHP and CMPCs have been identified as separate spokes in this model, showing that mental performance and mental health are two separate services provided by distinct professions (Bader & Martin, 2019; Waller et al., 2016). This includes collaborative practices among different types of professionals which includes social workers, psychologists, counselors focusing on the mental health approaches with CMPCs focusing on mental performance (McHenry et al., 2021). While many advocate for professionals to obtain a CMPC and any other type of mental health license, this ignores the differences between mental health professionals and CMPCs. Providers of mental health services and each type of licensed MHP should collaborate to provide the best possible holistic care for intercollegiate athletes (Bader & Martin, 2019). High performance sport organizations often see licensed psychologists as the gold standard of mental health service credentials (Sudano & Miles, 2017), but social workers and counselors can provide mental health counseling competencies that contribute to holistic care for intercollegiate athletes (Beasley et al., 2019). These MHP along with CMPC can be a part of interprofessional psychological
support teams (McHenry et al., 2021) which can help athletes’ mental health and mental performance needs at all development levels of intercollegiate sport. In addition, Waller et al. (2016) also argued for the inclusion of chaplains in the holistic care model for collegiate athletes in the U.S.

Purpose of Study

Although discussions surrounding mental health and performance services in athletic departments are taking place, there has been limited research that examines likelihood and trends in staffing MHP in athletic departments. This study consists of a census of NCAA Division I, II, and III athletic departments to count the number of MHP in total, including licensed mental health counselor, social workers, psychologists, and psychiatrists listed on the official intercollegiate athletics staff directories. The study also took the number of CMPC and sport chaplains within athletic departments into consideration.

The purpose of this study was to identify the MHP staff positions that are present in all NCAA athletic departments since the management of mental health resources in collegiate settings lacks treatment in scholarly literature (Sudano & Miles, 2017). In particular, the study counts the number of MHP and other mental wellness support staff while predicting the likelihood of factors such as NCAA division/subdivision membership and status as public or private institutions on staffing of mental health, mental performance, and ministry professionals in all NCAA member athletic departments. The study considers whether university athletic departments employ social workers, mental health counselors, psychologists, or other mental health professionals with a particular interest in whether there is a relationship between division membership and presence of mental health professional.

Research Questions.

RQ 1: How do NCAA athletic departments staff social worker (LSW/LMSW), mental health counselor, psychologist/psychiatrist (clinical degree Ph.D. or PsyD), certified mental performance consultant (CMPC), other mental performance/psychology (non-clinical), and chaplains (also referred to as ministry in some directories)?

RQ 2: Is there a difference between mental health professional staff composition depending on NCAA Division membership, status as HBCU, or status as public or private institution?

RQ 3: What is the likelihood of staffing non-mental health support staff such as mental performance and sport chaplains based on NCAA Division membership, status as HBCU, or status as public or private institution?

Method

Data Collection

A content analysis of all NCAA members’ staff directories listed on official athletics websites (N = 1109) was conducted in order to determine the composition of mental health, mental performance, and chaplains, completed in January 2021. This was a systematic count of
all MHP, CMPC and chaplains at the time of the count. Three coders engaged in coding all 1109 NCAA athletic program directories. Each coder made a judgment as to whether the individual fit one of our keywords of interest:

- Social worker (LSW/LMSW)
- Mental health counselor
- Psychologist/Psychiatrist (Clinical degree Ph.D. or PsyD)
- CMPC (Certified mental performance consultant)
- Other mental performance/psychology (non-clinical)
- Chaplain

If credentials were unclear in the staff directory, biographies were scanned to determine what credentials were listed. If an MHP was credentialed as a CMPC, or CC-AASP (the credential prior to 2017) this also registered as a count in the CMPC category. Individuals that had no clinical license, certification, or CMPC but were referred to in a mental performance or psychology role were tallied in the other mental performance category. If there was no athletic biography, the coders searched for academic or LinkedIn profile for information. The intra-class correlation coefficient for the categories were as follows (Reliabilities over .7 are acceptable, .8 are good, and .9 are excellent): social worker = .85; mental health counselor = .89; psychologist = .96; psychiatrist = .77; CMPC = .83; other mental performance = .53; ministry = .98. All variables were considered acceptable or higher, with other mental performance falling below the threshold. After all three coders completed coding, all three coders met via Zoom virtual meeting to rectify disagreements in coding. Once consensus was reached in all conflicting coding, the coding process was completed.

Data Analysis

Coders counted the totals for each of the identified categories of MHP, mental performance, and chaplain staff positions. Dependent variables consisted of counts for psychologist or psychiatrist, social worker, licensed mental health counselor (referred to as MHC), total mental health professionals staffed (sum of psychologist/psychiatrist, social worker and mental health counselor), Certified mental performance consultant (CMPC), other mental performance/psychology, sport ministry/chaplain (variable called ministry). The independent variables were as follows: Division I subdivision membership (FBS as dummy variable, FCS as dummy variable, non-football as reference variable), Division II membership (dummy coded), Division III membership (dummy coded), reclassifying to higher division, public or private institution (1= private; 0= public), and status as HBCU (1=yes; 0=no). Seven negative binomial regression models were run to determine the influence of the independent variables on the dependent variable. Since the dependent variable is count data and overdispersed, negative binomial regression was selected instead of Poisson regression.

Results

Descriptive results of counts of MHP, social workers, MHC, psychologist/ psychiatrists, CMPC, other mental performance professional and chaplains are displayed in Table 1 and Table 2. Seven models were conducted to determine likelihood of staffing mental health, mental performance, and ministry positions in the 1109 NCAA athletic departments in January 2021. Negative binomial regression results yielded goodness-of-fit information for the models, coefficients, incidence ratio rates, and standard errors for the predictors in each model run on the
seven categories of staff positions, total mental health workers in a department, social worker, mental health counselor, psychologist/psychiatrist, CMPC, other mental performance professionals and ministry (See Table 3). All models were significant ($p < .001$). Results show the coefficients, incidence rate ratios, and standard errors for the predictors in each model. The model for the response variable of mental health professionals was significant ($\chi^2 = 376.46(7)$, $p < .001$) predicting FBS 5.08 times more, Division II .19 times or 81% less likely and Division III .05 times or 95% less likely of staffing a mental health professional than non-football subdivision schools based on incidence ratio rates of significant predictor variables. FCS, private, reclassifying division, and HBCU were non-significant. The model for the response variable of psychologist/psychiatrist was significant ($\chi^2 = 276.82(7)$, $p < .001$) predicting FBS with 5.54 times more likelihood, Division II with .16 times and Division III .03 times the likelihood of staffing psychologists/psychiatrists than non-football subdivision schools based on incidence ratio rates. FCS, private, reclassifying division and HBCU were non-significant. The model with a response variable of social workers was significant ($\chi^2 = 86.54(5)$, $p < .001$). FBS was a significant predictor in the model predicting 24.04 times more likelihood of staffing social workers than non-football subdivision schools based on incidence ratio rates. FCS, Division II, Division III, and private were non-significant. Reclassifying and HBCU were not included in the model due to a lack of staffing social workers in those variables. The model for the response

Table 1

<table>
<thead>
<tr>
<th>Variables</th>
<th>All Div</th>
<th>FBS</th>
<th>FCS</th>
<th>Non-FB</th>
<th>DII</th>
<th>DIII</th>
<th>HBCU</th>
<th>Private</th>
<th>Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>1109</td>
<td>130</td>
<td>124</td>
<td>96</td>
<td>310</td>
<td>449</td>
<td>61</td>
<td>633</td>
<td>476</td>
</tr>
<tr>
<td>MHP</td>
<td>(11.7%)</td>
<td>(56.2%)</td>
<td>(16.1%)</td>
<td>(18.8%)</td>
<td>(4.5%)</td>
<td>(1.1%)</td>
<td>(5.4%)</td>
<td>(5.4%)</td>
<td>(20.2%)</td>
</tr>
<tr>
<td>Social Workers</td>
<td>22</td>
<td>19</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>17</td>
<td>6</td>
</tr>
<tr>
<td>(6.0%)</td>
<td>(14.6%)</td>
<td>(.8%)</td>
<td>(1.0%)</td>
<td>(0.3%)</td>
<td>(0.2%)</td>
<td>(0%)</td>
<td>(2.7%)</td>
<td>(1.3%)</td>
<td></td>
</tr>
<tr>
<td>Mental Health Counselors</td>
<td>40</td>
<td>20</td>
<td>6</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>9</td>
<td>31</td>
</tr>
<tr>
<td>(9.4%)</td>
<td>(15.4%)</td>
<td>(4.8%)</td>
<td>(7.3%)</td>
<td>(1.6%)</td>
<td>(0.4%)</td>
<td>(3.3%)</td>
<td>(1.4%)</td>
<td>(6.5%)</td>
<td></td>
</tr>
<tr>
<td>Psychologists/ Psychiatrists</td>
<td>91</td>
<td>64</td>
<td>16</td>
<td>11</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>24</td>
<td>66</td>
</tr>
<tr>
<td>(23.1%)</td>
<td>(49.2%)</td>
<td>(12.9%)</td>
<td>(11.5%)</td>
<td>(2.6%)</td>
<td>(0.4%)</td>
<td>(1.6%)</td>
<td>(3.8%)</td>
<td>(13.9%)</td>
<td></td>
</tr>
<tr>
<td>Other Mental Performance</td>
<td>34</td>
<td>13</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td>(3.0%)</td>
<td>(10%)</td>
<td>(.4%)</td>
<td>(6.3%)</td>
<td>(1.6%)</td>
<td>(1.1%)</td>
<td>(0%)</td>
<td>(2.8%)</td>
<td>(3.4%)</td>
<td></td>
</tr>
<tr>
<td>CMPC</td>
<td>48</td>
<td>29</td>
<td>7</td>
<td>7</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>36</td>
<td>12</td>
</tr>
<tr>
<td>(12.2%)</td>
<td>(22.3%)</td>
<td>(5.6%)</td>
<td>(7.3%)</td>
<td>(1.3%)</td>
<td>(0.2%)</td>
<td>(0%)</td>
<td>(5.7%)</td>
<td>(2.5%)</td>
<td></td>
</tr>
<tr>
<td>Ministry/Chaplains</td>
<td>29</td>
<td>0</td>
<td>4</td>
<td>7</td>
<td>9</td>
<td>9</td>
<td>3</td>
<td>27</td>
<td>2</td>
</tr>
<tr>
<td>(3.1%)</td>
<td>(0%)</td>
<td>(3.2%)</td>
<td>(7.3%)</td>
<td>(2.9%)</td>
<td>(2%)</td>
<td>(5.4%)</td>
<td>(4.3%)</td>
<td>(4.2%)</td>
<td></td>
</tr>
</tbody>
</table>

Note. Percentage of programs with at least one of each professional is in parentheses.

Table 2

<table>
<thead>
<tr>
<th>Variables</th>
<th>All Div</th>
<th>FBS</th>
<th>FCS</th>
<th>Non-FB</th>
<th>DII</th>
<th>DIII</th>
<th>HBCU</th>
<th>Private</th>
<th>Public</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Practitioners</td>
<td>220</td>
<td>149</td>
<td>30</td>
<td>21</td>
<td>15</td>
<td>5</td>
<td>3</td>
<td>53</td>
<td>167</td>
</tr>
<tr>
<td>Social Workers</td>
<td>30</td>
<td>26</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>7</td>
<td>23</td>
</tr>
<tr>
<td>Mental Health Counselors</td>
<td>48</td>
<td>38</td>
<td>6</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>10</td>
<td>38</td>
</tr>
<tr>
<td>Psychologists/Psychiatrists</td>
<td>142</td>
<td>95</td>
<td>23</td>
<td>13</td>
<td>9</td>
<td>2</td>
<td>1</td>
<td>36</td>
<td>106</td>
</tr>
<tr>
<td>Other Mental Performance</td>
<td>59</td>
<td>14</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>17</td>
<td>20</td>
</tr>
<tr>
<td>CMPC</td>
<td>37</td>
<td>39</td>
<td>8</td>
<td>7</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>13</td>
<td>46</td>
</tr>
<tr>
<td>Ministry/Chaplains</td>
<td>9</td>
<td>0</td>
<td>6</td>
<td>9</td>
<td>9</td>
<td>56</td>
<td>3</td>
<td>72</td>
<td>8</td>
</tr>
</tbody>
</table>

Note. Total count of all mental health and mental performance staffers on NCAA staffs in January 2021.
variable of mental health counselor was significant ($\chi = 76.89(6), p<.001$) predicting 2.66 times more likelihood of staffing social workers than non-football subdivision schools based on incidence ratio rates. FCS, Division II, Division III, private, and HBCU were non-significant. Reclassifying schools were not included in the model due to a lack of staffing those positions.

The model for the response variable of CMPC was significant ($\chi^2 = 123.72(6), p<.001$) predicting FBS 4.04 times, Division II .09 times, and Division III .03 times likelihood of staffing CMPC compared with non-football subdivision schools based on incidence ratio rates. FCS and Public were non-significant. Reclassifying and HBCU were not included in the model due to a lack of staffing those positions in those variables.

Table 3

<table>
<thead>
<tr>
<th>Staff Position</th>
<th>FBS</th>
<th>FCS</th>
<th>DII</th>
<th>DIII</th>
<th>Reclass</th>
<th>Private</th>
<th>HBCU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Mental Health</td>
<td>$\beta$ 1.62***</td>
<td>.197</td>
<td>-1.66***</td>
<td>-2.96***</td>
<td>.20</td>
<td>-.061</td>
<td>-.92</td>
</tr>
<tr>
<td>I.R.R.</td>
<td>5.08</td>
<td>1.21</td>
<td>.19</td>
<td>.05</td>
<td>1.21</td>
<td>.94</td>
<td>.40</td>
</tr>
<tr>
<td>S.E.</td>
<td>(.28)</td>
<td>(.32)</td>
<td>(.38)</td>
<td>(.51)</td>
<td>(.70)</td>
<td>(.21)</td>
<td>(.63)</td>
</tr>
<tr>
<td>Mental Health Counselor</td>
<td>$\beta$ .98*</td>
<td>-3.8</td>
<td>-1.38*</td>
<td>-2.45**</td>
<td>-.69</td>
<td>.09</td>
<td></td>
</tr>
<tr>
<td>I.R.R.</td>
<td>2.66</td>
<td>.69</td>
<td>.25</td>
<td>.09</td>
<td>.42</td>
<td>.50</td>
<td></td>
</tr>
<tr>
<td>S.E.</td>
<td>(.46)</td>
<td>(.60)</td>
<td>(.60)</td>
<td>(.82)</td>
<td>(.50)</td>
<td>(.80)</td>
<td></td>
</tr>
<tr>
<td>Psychologists/Psychiatrists</td>
<td>$\beta$ 1.71***</td>
<td>.46</td>
<td>-1.86***</td>
<td>-3.46***</td>
<td>.71</td>
<td>.12</td>
<td>-1.66</td>
</tr>
<tr>
<td>I.R.R.</td>
<td>5.54</td>
<td>1.58</td>
<td>.16</td>
<td>.03</td>
<td>2.03</td>
<td>1.13</td>
<td>.19</td>
</tr>
<tr>
<td>S.E.</td>
<td>(.34)</td>
<td>(.38)</td>
<td>(.51)</td>
<td>(.72)</td>
<td>(.70)</td>
<td>(.21)</td>
<td>(1.04)</td>
</tr>
<tr>
<td>Social Worker</td>
<td>$\beta$ 3.18**</td>
<td>.12</td>
<td>-1.05</td>
<td>-1.51</td>
<td>.30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I.R.R.</td>
<td>24.04</td>
<td>.89</td>
<td>.22</td>
<td>.22</td>
<td>1.45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S.E.</td>
<td>(1.05)</td>
<td>(1.4)</td>
<td>(1.42)</td>
<td>(1.43)</td>
<td>(.51)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMPC</td>
<td>$\beta$ 1.39**</td>
<td>-.27</td>
<td>-2.54**</td>
<td>-3.60**</td>
<td>-.07</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I.R.R.</td>
<td>3.48</td>
<td>.76</td>
<td>.08</td>
<td>.03</td>
<td>.93</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S.E.</td>
<td>(.41)</td>
<td>(.50)</td>
<td>(.79)</td>
<td>(1.07)</td>
<td>(.36)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Mental Performance</td>
<td>$\beta$ .91</td>
<td>-.33</td>
<td>-1.54*</td>
<td>-1.91**</td>
<td>1.73*</td>
<td>.86*</td>
<td></td>
</tr>
<tr>
<td>I.R.R.</td>
<td>2.49</td>
<td>.72</td>
<td>.21</td>
<td>.15</td>
<td>1.18</td>
<td>2.37</td>
<td></td>
</tr>
<tr>
<td>S.E.</td>
<td>(.54)</td>
<td>(.62)</td>
<td>(.66)</td>
<td>(.66)</td>
<td>(.80)</td>
<td>(.39)</td>
<td></td>
</tr>
<tr>
<td>Ministry/Chaplain</td>
<td>$\beta$ -.09</td>
<td>-3.87</td>
<td>.31</td>
<td>3.29***</td>
<td>1.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S.E.</td>
<td>(.56)</td>
<td>(.95)</td>
<td>(.39)</td>
<td></td>
<td>(.93)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. We conducted negative binomial regression analysis of mental health, mental performance, and ministry/chaplain staff positions in NCAA Division I athletic departments in January 2021.

$N=1109$. *$p<.05$, **$p<.01$, ***$p<.001$.

The models for non-mental health professionals were as follows: The model for the response variable of other mental performance professionals was significant ($\chi^2 = 39.75(6), p<.001$) predicting FBS 4.04 times, Division II .09 times, and Division III .03 times, and reclassifying schools 5.63 times likelihood of staffing other mental health professionals.
compared with non-football subdivision schools, while private schools had 2.37 more likely staffed other professional than public schools while reclassifying schools staffed these other professionals at a 5.63 times more likelihood than non-football based on incidence ratio rates. FBS and FCS were non-significant. The model for the response variable for chaplains was significant ($\chi^2 = 79.89(5), p<.001$) with the likelihood of staffing chaplains increasing by a factor of 26.81 at private institutions versus public. FCS, Division II, Division III, and HBCU were non-significant. Reclassifying was not included in the model.

Discussion

Staffing MHP

Analysis of the research question concerning whether athletic departments staff MHP showed an overall lack of staffing these positions with less than 12% of athletic departments staffing in these positions. Descriptive statistics showed the overall frequencies and proportions across all of the divisions in the NCAA, athletic departments do not staff positions in mental health and mental performance with much frequency. Staffing of MHP was dependent on division membership. However, there is a stark difference among divisions when staffing these positions at all. Overall, 111 out of the 350 Division I programs staffed MHP, slightly under 32% of all athletic departments. While over half of FBS had at least one MHP listed on their staff directories, less than 20% of FCS and non-football athletic programs staffed MHP. This means that two out of three programs at the top level of the NCAA do not have dedicated MHP. Slightly under half of FBS programs staffed a psychologist or psychiatrist. Division II and Division III programs rarely staffed MHP at all. A total of 14 out of the 310 Division II programs staffed MHP with 57% of those positions were psychologist or psychiatrists. Only 5 of the 449 Division III programs staffed MHP.

Social workers were least likely to be staffed among MHP. However, the unique role of social workers can play has been acknowledged by scholars (Beasley et al., 2021; Dean & Rowan, 2013; Gill, 2008; Gill, 2014). Additionally, the importance of staffing social workers in athletic departments has been noted because of their broad systems approach and their ability to aid communication between athletes, their coaches, teammates and other athletic staff. Social workers can be a part of the spoke of the wheel approach to athlete mental health and performance to provide better resources for college athletes (McHenry et al., 2021).

The MHP staffing discrepancies among NCAA divisions make sense due to the resources spent on FBS programs. Division II and Division III have much smaller budgets and program philosophies are more participation-focused than Division I’s more performance and revenue-driven model (Baugh et al., 2020). However, the lack of dedicated mental health resources still runs counter to position statements that developmental and high-performance athletes need mental health resources (NCAA, 2020).

Likelihood of Staffing MHP

There was a clear difference between mental health professional staff composition depending on NCAA Division membership, status as HBCU, or status as public or private institution. FBS programs were 5.08 times more likely to staff MHP, 2.66 times more likely to staff MHC, and 5.54 times more likely to staff psychologists or psychiatrists, and 24.04 times more likely to staff social workers than the reference variable non-football programs. FCS were not significantly different in their staffing for all mental health staff positions. Division II
programs were 81% less likely to staff MHP, 75% less likely to staff MHC, 84% less likely to staff psychologist or psychiatrists when compared to non-football programs.

The movement to have more interconnected and holistic mental health in high performance sport as highlighted by McHenry et al. (2021) is clearly reflected in FBS programs. FBS programs that staffed MHP had over two professionals on staff. Those staff members often were different types of MHP (i.e., departments with multiple MHP staffed a psychologist and social worker or MHC). Integrative sport psychology approaches in high level sport are important particularly when it comes to athlete career development and career transition (Stambulova et al., 2021). Since, FBS programs have the highest likelihood of advancing to the professional levels when compared to the other divisions, it makes sense that FBS programs would have more mental health resources available. However, the likelihood of staffing MHP is especially low at Division II and Division III programs. The lack of mental health professionals in all divisions besides the FBS school highlights the need for staffing mental health professionals in general.

Non-MHP Staffing Likelihood

**CMPC.** The likelihood of staffing non-mental health support staff such as mental performance was related to Division membership. Division I FBS programs were 3.48 times more likely to staff CMPC than non-football subdivision members, while FCS were not statistically different than non-football programs. Division II programs were 92% less likely to staff CMPC while Division III was 97% less likely when compared to non-football programs. Division I had 43 programs staffing CMPC while Division II had 4 and Division III only 1 program listing a CMPC on staff. This is likely related to program funding, availability of resources, and division philosophy. For other mental performance professionals, Division II and Division III were significantly less likely than non-football while schools reclassifying to a higher division were 1.18 times more likely to staff a mental performance professional without certification in that area. This may have to do with the desire of these programs moving from Division III to Division II and Division II to Division I to add resources for the transition of competing at a higher level. It is unclear why there was a reliance on non-certified mental performance professionals. The NCAA encourages mental health professionals pursue training related to athletics and pursue the CMPC certification in order to apply sport psychology principles to better facilitate performance readiness (NCAA, 2020). Thus, the lack of likelihood of staffing CMPC also shows that athletics department have yet to keep up with best practices in this area.

**Chaplains.** Status as private or public institution was the only statistically significant status as predicting staffing of chaplain or ministry professionals. It was noteworthy that no FBS programs listed chaplains on their official staff directories when the study was conducted in January 2021. The use of chaplains was primarily at private institutions as only 2 of the 29 departments staffing chaplains were public institutions. Athletic departments at private institutions were the only significant predictor of staffing chaplains. Private institutions are 32.45 times more likely to staff a chaplain than public schools, since many private institutions have religious affiliation while public schools are secular. It follows that there would be such a discrepancy in likelihood of staffing chaplains for private institutions. There was no significant difference between the different division membership classifications for staffing this position. It is also noteworthy that more programs staff chaplains than staff social workers. In total, there are 29 schools listing chaplain positions versus 22 with social workers and the total number staffed

Downloaded from http://csri-jiia.org ©2023 College Sport Research Institute. All rights reserved. Not for commercial use or unauthorized distribution.
is 80 versus 30. It should be noted that one Division III program listed 26 chaplains which inflates the total for chaplains. However, both Division II and III had 9 programs with chaplains while Division I had 11 programs with chaplains. While there are very few athlete support positions in Division II and Division III, it appears that ministry positions are as likely as mental health and mental performance staffing. However, it must be noted that a vast majority of programs do not staff anyone in these positions in athletics departments. While these institutions may have mental health services on campus, there are limited MHP on campus and very few dedicated to athletics departments, likely due to the funding model of Division II and Division III athletics.

Conclusions

The likelihood of staffing mental health, mental performance and chaplains in intercollegiate athletic departments is quite low. None of the three NCAA Divisions possessed a majority of athletic department staffing MHP, CMPC, or ministry positions. FBS programs that did staff MHP tended to staff multiple practitioners and mental performance personnel showing an increasing focus on holistic treatment and well-rounded mental health and performance. However, the bulk of athletic programs do not staff MHP or mental performance professionals. Furthermore, status as private or public institution did not predict the likelihood of staffing MHP. The NCAA recommends integrated mental health teams to care for athlete mental health needs, yet a majority of Division I programs do not staff mental health professionals, and 740 of the 759 Division II and Division III athletic programs have no MHP. However, the higher likelihood of staffing MHP can be predicted by status as an FBS program. Overall, there has been improvement in staffing MHP compared to the Hayden et al. (2013) study.

Future Research

Future research should continue to assess the existence of MHP in NCAA athletic programs. Understanding why athletic directors staff their departments with or without MHP is worth exploring. We recommend that a study similar to the present inquiry be done longitudinally to determine how division affiliation, status as public or private, or other institutional characteristics may predict the composition of mental health and mental performance staffing in athletic departments. Additionally, there have been few studies to gather the demographic composition of the MHP staffed in athletic departments. Since athletic staffs change often, establishing the patterns of the MHP hired by NCAA programs can help the sport psychology professional community to keep track of the mental health and mental performance staffing in intercollegiate athletic programs. There is little to no research explaining how athletic directors and administrators perceive the benefits of hiring a CMPC or sport chaplain as mental health support in their athletic department. This future study can help to bring awareness to athletic administrators on the emerging sport psychology positions in athletic departments across all divisions. It would also be worth examining the impact of access to mental health resources with regard to whether they are located on campus, off-campus, or in the athletics department. The majority of the research done regarding mental health in sports tend to specifically derive from data at the professional and Division I level, so future research should be inclusive of data from DII and DIII levels to form more generalized conclusions.
Limitations

This study has some limitations. The present research only focuses on counts and likelihood of MHP, CMPC, and chaplains. Data was collected and counted during the height of the COVID-19 pandemic and thus there may have been some reorganization of staffing resources. Along those lines, athletic department staff turnover frequently and are thus subject to change in positions. There was no focus on campus resources that may be available to student-athletes. In some cases, the mental health professionals are employed by the university mental health centers and not the athletic department. Similarities occur with chaplains or ministry staff where they are related to a religious organization or are not officially employed by the athletic department. This study only accounts for positions posted on athletic department websites at the time of analysis and does not include university MHP and chaplains who work with athletes but are not employed by athletic departments.

References


Downloaded from http://csri-jiia.org ©2023 College Sport Research Institute. All rights reserved. Not for commercial use or unauthorized distribution.


