

January 2022

Athlete Concerns: What Can Coaches Do?

Marlene A. Dixon
Texas A&M University

Stacy Warner
East Carolina University

Christine M. Habeeb
East Carolina University

Follow this and additional works at: <https://scholarcommons.sc.edu/jiia>

Recommended Citation

Dixon, Marlene A.; Warner, Stacy; and Habeeb, Christine M. (2022) "Athlete Concerns: What Can Coaches Do?," *Journal of Issues in Intercollegiate Athletics*: Vol. 15: Iss. 1, Article 8.
Available at: <https://scholarcommons.sc.edu/jiia/vol15/iss1/8>

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.



Athlete Concerns: What Can Coaches Do?

Marlene A. Dixon
Texas A&M University

Stacy Warner
East Carolina University

Christine M. Habeeb
East Carolina University

The growing need to support college athletes has increased drastically as many athletes are experiencing events outside their normal routine. Despite efforts from athletic administration to provide academic and social support for athletes, many athletes feel that more effort is needed to address their well-being. The purpose of this study was to identify the solutions athletes believe that their head coaches could provide to promote athletes' willingness to seek help. Using a qualitative design approach, the researchers analyzed open-ended survey data from 288 current NCAA Division I athletes. Survey respondents indicated that Coach-Athlete Communication, Athlete Referrals, Education & Awareness of Resources, Healthy Open Environment, and Genuine Concern were the key themes that promoted athlete help-seeking. Results suggest practical implications for how sport organizations can work with coaches on moving towards de-stigmatizing mental health issues and both valuing and managing mental health and well-being. This work highlights the vital role that head coaches play in ensuring that mental health is embraced by sport individuals and organizations.

Funding: The research reported here was supported by the American Athletic Conference Academic Consortium, through a grant to East Carolina University. The opinions, findings, and conclusions expressed are those of the authors and do not necessarily represent views of the American Athletic Conference Academic Consortium.

As the landscape of college athletics continues to evolve, it is imperative for administrators to recognize the importance of listening to voices of athletes. The very foundation of intercollegiate athletics and the NCAA is built upon providing a safe and healthy avenue for students to participate in sport. Thus, athletes are the most valuable resource for understanding how a safe and healthy environment can best exist within college sport. Given the substantial increase in student mental health issues reported over the past decade (e.g., National Institute of Mental Health, 2019; Xiao et al., 2017) and specifically among athletes (see Auerbach & Stokowski, 2020), one realm worthy of exploration is college athletes' perspective on their willingness to seek help for these types of issues. Although the attention and programs dedicated to athlete well-being are steadily increasing, athletes are still less likely to seek help when compared to the general population (Delenardo & Terrion, 2014; Fraley et al., 2020; Gulliver, Griffiths, & Christensen, 2012). If we can create a safer space for athletes to seek help and manage their mental health, we could positively impact the landscape of college sport.

Health Belief Model and the Role of the Head Coach

The Health Belief Model (Bird et al., 2020) proposes that individual behaviors toward seeking and managing mental and physical health are influenced by three main factors: 1) demographic variables (e.g., age, ethnicity, personality), 2) perceptions about the benefits and barriers to health-related help, and 3) cues to action. The Health Belief Model has been foundational in numerous educational injury prevention campaigns (Rosenstock, 1974). More recently, work within among college students or within sport has utilized the framework to examine and understand physical activity and food consumption (Petersen et al., 2019), weight management among females (Vahedian-Shahroodi et al., 2021), student-athletes' mental health (Bird et al., 2018), and concussions among amateur athletes (Quick et al., 2021). The perceptions of health benefits and barriers for athletes often come from socio-cultural norms within each sport context (Cassidy, 2013; Coakley, 2021). These norms, which impact beliefs, attitudes, and action, include definitions of what does and does not "belong" in a sport context, understanding of the place of mental health within the sport setting, as well as the perceived safety of discussing or pursuing help for physical or mental health issues (Cassidy, 2013; Coakley, 2021).

Coaches, as leaders, often dictate the cultural expectations in sport teams (Anderson & Dixon, 2019; Cassidy, 2013; DeFreese & Smith, 2014). That is, coaches have the most direct influence on athlete behavior, and control of incentives and consequences of adhering or not adhering to norms of the team (Anderson & Dixon, 2019; Cassidy, 2013). Coaches have control over playing time and grants-in-aid distribution creates a power dynamic whereby athletes feel pressure to adhere to the coach's spoken and unspoken expectations (Anderson & Dixon, 2019). Thus, athlete perceptions of their coaches' attitudes and values strongly influence their own attitudes and behaviors (Anderson & Dixon, 2019; Cassidy, 2013; DeFreese & Smith, 2014; Habeeb et al., 2022). This includes behaviors around when, why and for what purposes they will seek help, especially for issues that could reveal vulnerabilities or be interpreted as weakness, resistance, or lack of commitment. In the case of athlete mental health, we contend that how a head coach manages a team directly influences the outcome of whether or not an athlete will seek help for mental health issues (Cutler & Dwyer, 2020; Rusbasan et al., 2021; Wilkerson et al., 2020).

Influences on Help-Seeking Behavior

We now explore how coaches might influence help-seeking behavior, specifically in the area of benefits and barriers. In doing so, we draw from Bird et al.'s (2020) work that utilized the Health Belief model (Rosenstock, 1966). We examine the general and the sport-specific literature in this area.

Help-seeking is defined as actively seeking understanding, advice, information, treatment and/or general support from another (Rickwood et al., 2005). The literature points to three main factors that impact help-seeking behaviors: effective communication (e.g., Fraley et al., 2020), trust (Cutler & Dwyer, 2020; Gulliver, Griffiths, & Christensen, 2012), stigma (Bird et al., 2018; Wilkerson et al., 2020), and self-reliance (Gulliver, Griffiths, Christensen, et al., 2012). Each of these is examined more closely below.

Effective Communication

Communication is a two-way process in which an individual sends and receives messages, and is fundamental to addressing individual concerns (Pedrelli et al., 2015). Recently, Fraley et al. (2020) and Berg and Warner (2019) highlighted the important role communication plays for college athletes. Both studies emphasized how important relationships develop for athletes with appropriate communication and also how these are central to the athlete experience. For example, Fraley and colleagues (2020) concluded, "The development of effective communication skills is a required and essential component to supporting and promoting college athlete mental health and addressing mental health issues in this population" (p. 110). Berg and Warner (2019) reinforced this sentiment as their findings pointed to "a willingness to have open and honest dialogue . . . were important to the athletes and indicate the department's valuation of the athletes' well-being" (p. 101). Specifically, Berg and Warner suggested athletics administrators can play a crucial role in lessening stress and improving well-being for athletes. More recently, this role was further reinforced by Berg and colleagues findings (see Berg et al., 2021). Overall, the sport management literature points to athlete communication with administrators and coaches as being fundamental to addressing athlete concerns and fostering a healthy environment (Warner, 2016; Warner & Dixon, 2011, 2013). Thus, better understanding how head coaches can communicate effectively with regard to mental health is important to athlete help-seeking behaviors.

Trust

Along with communication, another common factor in help-seeking mentioned by young adults from both sport contexts and the general population is trust. In fact, Gulliver and colleagues (2012) reported trust as a concern in almost half of the studies they reviewed. The lack of trust in others to keep issues confidential deters individuals from seeking help. This claim has been supported by evidence that young people demonstrate greater help-seeking intentions towards trusted sources and are more likely to seek help when there is access to established and trusted relationships with others (Rickwood et al., 2007). A coach or teammate having breached confidentiality, a type of mistrust, is the greatest barrier to an athlete seeking help in the future (Bissett & Tamminen, 2020). Trust in a coach to prioritize athletes' best interests and keep issues

confidential is particularly relevant for athletes because of their high dependence on these individuals (Habeeb et al., 2017). It is likely that effective communication and trust in coaches eases athletes' concerns and facilitates help-seeking, but barriers, including stigma and self-reliance, to athlete help-seeking still exist.

Stigma

Stigma is a commonly reported barrier to help-seeking by young adults. Stigma was reported as a concern in over 75% of the studies reviewed by Gulliver et al. (2012). In sport contexts, athletes' concerns over being stigmatized for seeking help is grounded in a fear of losing celebrity status, playing time, and/or being devalued by others (Brewer et al., 1998; Linder et al., 1991; Watson, 2005). Athletes have reported fears that they will be stigmatized by teammates, coaches, and fans because help-seeking is often viewed as a sign of weakness and may cause embarrassment if others knew an athlete sought help. Athletes can internalize this perceived stigma from others, leading to additional problems with self-esteem and reduced willingness to seek help (Delenardo & Terrion, 2014). Bird et al. (2018) found that athletes who perceived greater levels of stigma from others were more likely to report self-stigma. They also reported that face-to-face counseling held less value and was also less comfortable. This evidence suggests that how athletes perceive their coaches' attitudes toward mental health and toward seeking help for mental health is likely to serve as a significant determinant regarding their own decisions to seek help in this area.

Toughness & Self-Reliance

In addition to lack of trust and perceived stigma, the reported low levels of help-seeking may result from a desire to be self-reliant. Young adults prefer to be self-reliant rather than to seek external help for their problems (Gulliver et al., 2012). In elite sport this mentality may be an internalization of the masculine culture, where an athlete may feel pressured to conform to the norms of this culture (Bissett & Tamminen, 2020). In fact, Delenardo and Terrion (2014) found that being masculine and tough was a central theme among American football players' reasons to not seek help. These athletes reported that individuals who withstand immense physical distress are also expected to have limitless mental strength, and that a mental health "problem" reflects personal weakness. The desire to be tough is associated with female sports as well. As verbalized in a sample of former athletes comprised of mostly females (i.e., 86.7% of the sample), athletes internalize athletic toughness because it is a central part of their athletic identity (Bissett & Tamminen, 2020). This serves as a deterrent to help-seeking because experiencing a mental health problem, perceived as a sign of weakness, is not well-received in the sport environment. Self-reliance and elements of the elite sporting realm normalize the denial of pain and likely influence athletes to *not* seek help. In fact, two of the four elements of the sport ethic, "accept risks and play through pain" and "accept no obstacles in the pursuit of success" (Coakley, 2021) are in direct conflict with an athlete seeking help. Consequently, the expectations and subjective norms within sport organizations, including those communicated by the coach, cultivate a culture in which help-seeking is likely *not* fostered.

Within this context of the athlete-coach relationship, overall, the literature points to effective communication, trust, stigma, and toughness and self-reliance as being fundamental to athlete help-seeking behaviors, as well as to the vital role a head coach may play in impacting

each of these factors toward help-seeking. Consequently, if we intend to better address athlete concerns it is vital to understand from the athlete's perspective what head coaches can do to ensure that athletes seek help. The purpose of this study is to examine how head coaches can assist in addressing mental health concerns of college athletes, specifically with regard to help-seeking behaviors and choices.

Method

This study employed a qualitative descriptive approach (Creswell & Creswell, 2018; Sandelowski, 2000, 2010). Based in social constructivism, qualitative descriptive studies focus on advancing an area of inquiry by providing insight, description, context, and basic interpretation based in participants' words and lived experiences (Sandelowski, 2000). The area of athlete mental health, particularly from the perspective of athletes, is a nascent area of inquiry which can be meaningfully expanded with exploratory study. Thus, qualitative description was well-suited for this study and useful for the initial inquiry needed to advance research in college athlete mental health. The Health Belief model is rooted in injury prevention education (Rosenstock, 1974). Recent scholars have demonstrated the model was useful for examining "the mental health help-seeking experiences of collegiate student-athletes" (Bird et al., 2020, p. 60). Therefore, because it is useful for illuminating such factors as how individual behaviors toward seeking help are influenced by demographic variables, perceptions about the benefits and barriers to health-related help, and cues to action, the Health Belief Model was leveraged as the theoretical frame the current study. As such, the model influenced the design, the survey questions, and the analytic approach.

Participants and Procedure

After IRB approval was received and as part of a larger study (i.e., Habeeb et al., 2022), athletes from a NCAA Division I conference were asked to complete an online survey regarding their experience as a college athlete. Athletes were recruited via an email campaign and in-person and offered either an opportunity to enter a drawing to win one of four prizes (valued at \$150) or a guaranteed small-prize (valued at \$3). Participants were made aware their participation was voluntary and that they could stop the survey at any time. The survey link was distributed through athlete listservs at 12 universities. It was opened by 581 athletes and a total of 474 athletes completed the survey (i.e., 81.5% completion rate). The survey took on average 10-15 minutes to complete.

Approach and Instrument

Within the broader survey, participants were asked to respond to the following open-ended question: "If you or a teammate were having concerns, what could your head coach do to help ensure that a student-athlete seeks help?" Of the completed surveys, 60.7 percent of the sample ($n = 288$) provided narrative responses ranging from a few words to a few sentences. This totaled to 10 pages of single-spaced text (402 lines, 3754 words). Given the purpose of the study, this single-prompt design was deemed an effective method for the study. That is, even with a single prompt, participants shared abundant relevant and insightful responses about how coaches could be helpful to athletes in seeking help for mental-health related issues.

Analysis

Using open coding the data were analyzed via content analysis, which is a “data reduction and sensemaking effort that takes a volume of qualitative material and attempts to identify core consistencies and meanings” (Patton, 2002, p. 453). Two researchers initially coded the responses. Then, the research team met to discuss the initial codes and created a coding book. According to the final codebook (see Table 1), 337 individual data units (some individuals provided responses that were coded into multiple themes) were categorized into 6 themes that emerged from the data. Utilizing this codebook, the two coders independently coded the entire dataset. Finally, disagreements were reviewed and discussed by the researchers until consensus was reached on all final codes.

Table 1
Codebook

| Code | Definition | <i>F</i> | % of Total |
|------------------------------------|--|----------|------------|
| Coach-Athlete Communication | Any reference to having a conversation with the athlete, exchanging dialogue including “talking,” “listening,” “checking in,” “having a meeting,” and “encouragement” | 129 | 38% |
| Athlete Referral | Any reference to speaking to professional help such as “psychologist” or “professional” or “counselor” | 84 | 25% |
| Education & Awareness of Resources | Any reference to providing physical resources including information about mental health, making athletes more aware of what resources are offered or outlets are available to them | 54 | 16% |
| Healthy Open Environment | Any reference to the team culture being welcoming or making athletes feel comfortable | 29 | 9% |
| Genuine Concern | Any reference to showing authentic actions or signs of care or non-specific recommendations for the athlete including “help” and “advice” | 28 | 8% |
| Other | Any reference to a response that was not indicative of a proper relation to the research question | 13 | 4% |

Results

The overall frequencies and percentages of each theme from the dataset are reported in Table 1. Clearly, responses regarding Coach-Athlete Communication were the most frequently mentioned, followed by those regarding Athlete Referrals, Education, and Healthy/Open Environment. We discuss each of these in more detail below.

Coach-Athlete Communication

The Coach-Athlete Communication theme consisted of statements from athletes expressing that interpersonal dialogue between athletes and coaches would be helpful for athletes to gain the assistance they needed for their mental health concerns. In this theme, the athletes mentioned several ways that communication could be enhanced toward mental health. One way was through meetings. There were at least 21 references to having a meeting or an individual 1:1 meeting with the athlete and coach. These were conveyed in quotes such as the following: “Have a meeting and make it known they are available for help;” “Have meeting with the student athlete to ensure they are taking steps to better oneself;” “Have a 1 on 1 with the athlete;” “My coach would have 1 on 1 meetings to discuss with that athlete what he can do to help.” In addition, the athletes reported coaches’ checking back in and being consistent with this communication was also important. This was expressed through quotes such as, “They would also check in with you in the future to see how you were doing. Our coaches are very close with all of us and always check in with us every week;” and “Check in with them consistently.”

The theme, Coach-Athlete Communication also consisted of statements expressing the need for coaches to listen, and to provide a forum for athletes to “talk it out,” or “Genuinely and carefully approach and talk,” or “Just talk to me.” In these statements, the athletes expressed a need for time outside of practice where coaches and athletes can talk about and discuss issues related to their lives outside of sport, not just issues surrounding sport.

Finally, within this Coach-Athlete Communication theme, the athletes also expressed the need for coaches to actively engage in conversations with athletes and encouraging them to seek help, and/or reminded them of the support that could be provided to help. For example, several athletes provided statements such as, “Reach out to them,” or “Reach out in person and just talk to them to see how they are feeling. Seeking help can be intimidating, so if a coach were to encourage them to seek help, check in with them along the way, it would be beneficial.” Others added, “Ask us how we're feeling and if we have/wanted to talk to someone;” and “Pull them aside after practice and have a conversation about what the problem is and try and help them find solution,” or “Talk to the athlete and encourage him to reach out to a professional.” One athlete articulated all these elements together saying, “Talk to them, make sure they were getting help if they needed it, reach out to them daily and check on them.”

Certainly, open communication in its various forms was seen by athletes as critical for their coaches to provide regarding mental health. While not explicitly stated in terms of time or location, the implication from comments like “pull them aside after practice,” seems to be that these conversations would be in addition to or outside the active sport context itself. The athletes expressed a need for coaches to provide space in conversation for mental health as a valid topic of discussion, to express care, and to provide a forum for athletes to be able to communicate their needs, to receive help, and to have follow-up regarding those conversations.

Athlete Referrals

The theme Athlete Referrals consisted of participant statements regarding head coaches mentioning help available from a psychologist, professional, or counselor. There were two compelling aspects of this Athlete Referrals theme. One was the range of the levels of assistance that the head coach could or should provide, and the second is the range of types and specificity of professionals that were mentioned.

First, the respondents mentioned a range of levels of help that the head coaches should provide to athletes in terms of assisting them with their mental health. The terms utilized for this ranged from suggestive to interventional. At one end of the range, about half of the comments utilized terms such as “suggest,” “recommend,” or “advise.” The following comments exemplify this level of assistance, “Suggest to the athletic trainer to connect them with a psychologist.” “I’m not sure. Maybe recommend see the athletic counselor.” “Suggest they speak to the athletic trainer or sports psychologist before the situation gets worse.” “Advise this individual to talk to a professional.” In this Athlete Referrals theme, the suggestion seemed to be that the coach should provide support and advice for help-seeking, but not actually intervene.

The next level of support or recommendation in the data regarding the Athlete Referrals theme, is for head coaches to intervene more directly and refer athletes to some type of professional. According to Webster, refer means “to send or direct for treatment, aid, information, or decision.” This term connotes a higher level of help compared to recommend or suggest. Referring was the most frequently mentioned form of assistance. In fact, 24 of the 86 comments in this theme used the term refer or referral. The comments using this word were all straightforward like the following: “Refer them to the counseling center;” “Refer them to a professional;” “Refer us to a psychologist.” In these comments, the suggestion seems to be that the head coach move beyond advice or suggestion toward directing individuals to get help, either from a general source (e.g., a professional) or a specific resource (e.g., counseling center).

The third level of support consisted of suggestions that the coach would actually arrange or set-up the appointment for an athlete to meet with a professional resource. For example, statements such as the following: “Seek help for them;” “She could reach out to someone like a mentor or therapists who could help;” “Arrange a meeting with a professional;” “They could set up meetings with a health professional from the university and even with outside professionals as well;” “Set up a time and place to meet with the person that could give help.” Several individuals suggested interventions such as the head coach actively reporting the athlete’s need for help. This was captured in three statements like the following: “Upload one of the anonymous sheets that can be submitted to a health professional.” In these statements, the suggestion was that the coach have an even more involved role where they not only refer, but actively arrange or help the athlete arrange for professional assistance.

Another important aspect of this Athlete Referrals theme was the range of specificity in the recommended help. Interestingly, the comments named a range of types of help that could be accessed. These included many mentions of very general help like “someone who can help,” or “on campus services.” They also included specific references to the term professional ($n=19$). In addition, athletes suggested that coaches could help guide them to the following resources: psychologist ($n=22$), sports psychologist ($n=6$), counselor/counseling services ($n=20$), mental health specialist/services ($n=5$), mentor ($n=1$), therapist ($n=1$). In addition, four comments mentioned a specific person by name or campus service that was available at their university.

Education & Awareness

The third theme, Education & Awareness, that emerged from the data was the concept of improving knowledge and understanding of mental health. The data from this theme aligns with providing an open, safe forum that acknowledges the importance of mental health, and education on mental health resources.

First, Athlete Education & Awareness consisted of comments that expressed the need for resources and a place to discuss mental health issues, and even to acknowledge that such issues are an important factor in the lives of athletes. The following quotes illustrate this theme: “Encourage us to take care of our mental health as we do our physical health and guide us to the proper resources;” “Acknowledge the importance of having a stable mental health constantly and encourage talking to people, especially professionals if the issue is continuous;” “State and re-state that there’s nothing wrong with seeking mental health and even promote the benefits of seeking mental health.” These quotes seem to imply that not all environments are open to providing education and resources, and that perhaps mental health issues are not given adequate attention. The third quote suggests that perhaps mental health is downplayed or even shamed. Thus, there is a strong sentiment that head coaches need to be active advocates for the importance of mental health education and could be instrumental in countering dominant narratives and/or stigmas in athlete cultures.

Education & Awareness also consists of quotes suggesting the importance of head coaches educating athletes on mental health resources. The following quotes exemplify this theme, with 52 people or 18% of respondents specifically mentioning awareness of resources: “Provide the resources they need;” “Inform them of mental health professionals;” “Give them options of who we can reach out to besides just our staff;” “Email out links to resources;” “Phone numbers or emails of professionals who could help them.” This Education & Awareness theme weaves with the Athlete Referrals theme. That is, the athletes perceive that in addition to suggesting and/or referring athletes to resources, an important step in help-seeking is simply providing information to the athletes about the resources available to them.

Healthy Open Environment

Healthy Open Environment theme consists of references to the team culture being welcoming or making athletes feel comfortable discussing or approaching mental health. Notably, while potentially difficult to disentangle, within this theme appears to be both the notion that the coach and the team culture should be welcoming and open. The following quotes illustrate the Healthy Open Environment theme in terms of team atmosphere: “Provide a caring environment and truly care about others instead of the business of college athletics;” “Create a team atmosphere that is more understanding of mental health issues.” These quotes speak more specifically to the role of the head coach: “I would like the head coach to not present themselves as intimidating so people would have a more incentive to go in and talk to them about issues;” “It’s not intentional but it’s something people still fear;” “Make sure that he/she is comfortable in their environment and allow them more room to open up and find/utilize people who make it easier to share problems with.” Another participant stated:

The head coach should first develop rapport with the student-athlete so that the coach becomes approachable with situations like these. Then, if the athlete comes to the coach with their problem, make it feel more welcoming so we wouldn't be scared to seek help.

The athletes did not mention from where the notion of not being welcoming derived (i.e., the athletic department or the individual coach), but certainly expressed (using verbs such as provide, create, develop, make) that cultivating this atmosphere was intentional and active on the part of the head coach.

Genuine Concern

The theme Genuine Concern expressed references to head coaches showing authentic actions or signs of care including non-specific recommendations for the athlete including "help" and "advice." The following quotes exemplify this theme: "Show empathy and care;" "Showing that he cares about us as people and not just players;" "He could tell us that he cares and wants to help;" "Act like he cares, but I prefer not to have him involved in my life outside of my sport;" "Communicating with them in a caring and understanding manner;" "Show genuine care. Bring up the fact that they are always resources multiple times and not just once a year in the beginning of season meetings." According to the Oxford Dictionary, to care means both "to feel concern or interest; attach importance to something," and "to look after and provide for the needs of." These quotes seem to capture both meanings. While "caring" might also involve listening or providing resources or helping behaviors (as expressed in Athlete Referrals and Education & Awareness themes), in these quotes the athletes seem to express a more underlying attitude toward valuing athletes as humans and genuinely being interested in their well-being.

The theme, Genuine Concern, also consists of references made to non-specific recommendations for the athlete including "help" and "advice." The following quotes illustrate this theme: "Help;" "Help them solve the problems;" "Everything he can;" "Have people close by to help;" "At least try to help that person meet with someone who can help." While broad in nature, these quotes seem to underscore the above notion of caring and concern, that is it appears head coaches can promote mental help-seeking behaviors simply by being helpful and providing access to others who can also.

Discussion and Implications

Undoubtedly athlete mental health is a prevalent concern in American higher education. Understanding how to better address mental health concerns will aid overall athlete well-being, and also positively impact athletic departments in terms of holistic athlete development and positive sport culture (Anderson & Dixon, 2019; Cassidy, 2013; Chalip, 2006). Leveraging the Health Belief Model, this study utilized responses from college athletes to examine their perceptions of how head coaches could promote help-seeking behaviors so that athlete mental health issues can be better addressed.

Communication regarding mental health and help-seeking, consistent with previous literature (Auerbach & Stokowski, 2020; Cutler & Dwyer, 2020; Fraley et al., 2020; Wilkerson et al., 2020) remains at the forefront of discussions surrounding this issue. The athletes in this study suggested that Coach-Athlete Communication was key. This finding is supported by previous literature indicating effective communication is crucial to help-seeking and the athlete

experience (Berg & Warner, 2019; Fraley et al., 2020; Pedrelli et al., 2015). Head coaches, however, must not only provide a forum for discussion and listening to concerns, but also for actively supporting athletes through Athlete Referrals. This includes both low level intervening from suggesting to higher levels of intervening by booking appointments with professionals.

The athletes also indicated that Education & Awareness of Resources for both coaches and athletes was also important to addressing mental health concerns. Athlete Referrals and Education & Awareness of Resources seemingly addressed both stigma and self-reliance that have been noted barriers to athlete help-seeking (e.g., Bird et al., 2018; Gulliver, Griffiths, & Christensen, 2012; Wilkerson et al., 2020). Finally, it was also clear that head coaches play a central and important role in creating a Healthy Open Environment and expressing Genuine Concern. Both Healthy Open Environment and Genuine Concerns are supported by the previous work on the importance of trust in athlete help-seeking (Gulliver, Griffiths, & Christensen, 2012; Habeeb et al., 2017; D. J. Rickwood et al., 2007).

While the results were presented in terms of salience or frequency of the themes—Athlete-Coach Communication, Athlete Referrals, Education & Awareness of Resources, Healthy Open Environment, and Genuine Concern—when taken in total, they could also be viewed on a continuum. That is, the ways that head coaches could promote athlete help-seeking behavior ranges from destigmatizing (i.e., Genuine Concern) and valuing (i.e., Health Open Environment), to managing (Education & Awareness of Resources) and advocating (i.e., Athlete-Coach Communication and Athlete Referrals). One helpful way to understanding and advancing this work is to view the issue of mental health within sport organizations as an overall trend similar to the process of addressing diversity as an overall organizational issue in previous decades. In this line of thinking, previous frameworks exploring diversity suggested that to leverage diversity toward positive organizational outcomes, that issues needed to move from non-compliant to compliant and reactive to proactive (Fink et al., 2003; Fink & Pastore, 1999). In other words, organizations needed to move from resisting diversity to embracing it and then actually advocating for it proactively.

Just as athletic departments once ignored or failed to embrace diversity (Fink et al., 2003), the same might be said for mental health issues. If sport organizations want to leverage positive outcomes from addressing mental health, it is vital to move from stigmatizing mental health (non-compliance) to valuing it (compliance) to managing it (reactive) to advocating it (proactive). If viewed from this perspective, the results from this study demonstrate the role and importance of coaches as active participants in this process at all levels.

From a practical standpoint, the results directly drawn from athletes indicate that coaches must destigmatize mental health by showing Genuine Concern for athletes on and off the field by their willingness to offer advice and help. Next, coaches must learn to value overall well-being and mental health through fostering a Healthy Open Environment that encourages dialogue and discussion and does not silence such issues (Wilkerson et al., 2020). Additionally, both coaches and athletes must be better educated and have a greater awareness of the resources available on their campuses (i.e., Education & Awareness of Resources) if athlete mental health is going to be addressed. Then, coaches must be actively engaged in Athlete Referrals, whether by simply suggesting they seek professional help or by more directly taking them to see a professional. Last, the most salient finding indicated that the Athlete-Coach Communication continues to be paramount; for athlete mental health to be addressed in positive and productive ways, it is imperative that coaches regularly converse with athletes on issues that go beyond sport. Talking,

listening, and checking-in on athletes' well-being can make an important difference in whether an athlete will seek help.

From a theoretical standpoint, the results, like Bird et al. (2020), demonstrated that the Health Belief Model is an appropriate framework to better understand help-seeking experiences of college student-athletes for mental health concerns. The Health Belief Model suggests that perceptions of benefits and barriers to health will impact help-seeking behavior. Our findings suggest that indeed barriers such as (dis)trust, stigma, and self-reliance must be overcome in order for athletes to seek help, and that coaches can be key catalysts for overcoming those barriers. The Health Belief Model also suggests that both highlighting benefits and providing cues to action will support help-seeking. Several cues that are supported in this study—open communication, education, advocacy, and providing resources—are all important cues to action provided by head coaches. Thus, it appears that the Health Belief Model holds promise for understanding mental health issues in college athletics, and should be further leveraged to explore similar issues.

Conclusion and Future Study

Athletes themselves are the most valuable resource to understanding how a safe and healthy environment can best exist with college sport. This study revealed important insight directly from athletes on what a head coach could do to help ensure that an athlete seeks help. In doing so, the results suggested how sport organizations can move from stigmatizing mental health (non-compliance) and valuing it (compliance) to managing it (reactive) and advocating it (proactive) and further highlighted the vital role that coaches play in ensuring that mental health is embraced by sport individuals and organizations.

Future work needs to unpack the various actors in the Health Belief Model, understanding more about the role and responsibility of the head coach, the athletes themselves, and the other stakeholders in and outside of college athletic departments, and the relative salience of each stakeholder in the help-seeking process. Even as coaches are focusing more on holistic environments (Cassidy, 2013), what are the realistic expectations and limits of coaches as mental health supports and advocates? What other supports need to be available? How do colleges integrate this into the larger picture of mental health on campus? This study is a starting point in understanding these issues and opens avenues for fruitful inquiry an optimal environment for college athletes to participate in sport.

References

- Anderson, A. J., & Dixon, M. A. (2019). How contextual factors influence athlete experiences of team cohesion: An in-depth exploration. *European Sport Management Quarterly*, 19(3), 353–372.
- Auerbach, A., & Stokowski, S. (2020). Special issue editors' note: Mental health and college athlete well-being. *Journal of Issues in Intercollegiate Athletics*, Winter, 1–7.
- Berg, B. K., & Warner, S. (2019). Advancing college athlete development via social support. *Journal of Intercollegiate Sport*, 12, 87–113.

- Berg, B. K., Warner, S., Walsh, D. W., & Wells, J. E. (2021). NCAA athlete development and retention: Administrators' perspectives. *Journal of Issues in Intercollegiate Athletics*, 14, 694–716.
- Bird, M. D., Chow, G. M., & Cooper, B. T. (2020). Student-athletes' mental health help-seeking experiences: A mixed methodological approach. *Journal of College Student Psychotherapy*, 34(1), 59–77.
- Bird, M. D., Chow, G. M., Meir, G., & Freeman, J. (2018). Student-athlete and student non-athletes' stigma and attitudes toward seeking online and face-to-face counseling. *Journal of Clinical Sport Psychology*, 12(3), 347–364. <https://doi.org/10.1123/jcsp.2017-0010>
- Bissett, J. E., & Tamminen, K. A. (2020). Student-athlete disclosures of psychological distress: Exploring the experiences of university coaches and athletes. *Journal of Applied Sport Psychology*, 1–21. <https://doi.org/10.1080/10413200.2020.1753263>
- Brewer, B. W., Van Raalte, J. L., Petitpas, A. J., Bachman, A. D., & Weinhold, R. A. (1998). Newspaper portrayals of sport psychology in the United States, 1985-1993. *The Sport Psychologist*, 12(1), 89–94. <https://doi.org/10.1123/tsp.12.1.89>
- Cassidy, T. (2013). Holistic sports coaching: A critical essay. *Routledge Handbook of Sports Coaching*, 172–183.
- Chandler, A. J., Arent, M. A., Cintineo, H. P., Torres-McGehee, T. M., Winkelmann, Z. K., & Arent, S. M. (2021). The impacts of COVID-19 on collegiate student-athlete training, health, and well-being. *Translational Journal of the American College of Sports Medicine*, 6(4). <https://doi.org/10.1249/TJX.0000000000000173>
- Coakley, J. (2021). *Sports in society: Issues and controversies* (13th ed.). McGraw-Hill Education.
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (Fifth edition). SAGE.
- Cutler, B., & Dwyer, B. (2020). Student-athlete perceptions of stress, support, and seeking mental health services. *Journal of Issues in Intercollegiate Athletics*, 13, 206–226.
- DeFreese, J. D., & Smith, A. L. (2014). Athlete Social Support, Negative Social Interactions, and Psychological Health across a Competitive Sport Season. *Journal of Sport and Exercise Psychology*, 36(6), 619–630. <https://doi.org/10.1123/jsep.2014-0040>
- Delenardo, S., & Terrion, J. L. (2014). Suck it up: Opinions and attitudes about mental illness stigma and help-seeking behaviour of male varsity football players. *Canadian Journal of Community Mental Health*, 33(3), 43–56. <https://doi.org/10.7870/cjcmh-2014-023>
- Fink, J. S., & Pastore, D. L. (1999). Diversity in sport? Utilizing the business literature to devise a comprehensive framework of diversity initiatives. *Quest*, 51(4), 310–327.
- Fink, J. S., Pastore, D. L., & Riemer, H. A. (2003). Managing employee diversity: Perceived practices and organisational outcomes in NCAA Division III athletic departments. *Sport Management Review*, 6(2), 147–168.
- Fraley, T., Warner, S., Wilson, C., Jones, G., & Catalano, M. (2020). Tackling difficult conversations: Student-athletes, mental health, and emerging technology. *Journal of Athlete Development and Experience*, 2(2). <https://doi.org/10.25035/jade.02.02.03>
- Gulliver, A., Griffiths, K. M., & Christensen, H. (2012). Barriers and facilitators to mental health help-seeking for young elite athletes: A qualitative study. *BMC Psychiatry*, 12(1), 157. <https://doi.org/10.1186/1471-244X-12-157>

- Gulliver, A., Griffiths, K. M., Christensen, H., Mackinnon, A., Callear, A. L., Parsons, A., Bennett, K., Batterham, P. J., & Stanimirovic, R. (2012). Internet-Based interventions to promote mental health help-seeking in elite athletes: An exploratory randomized controlled trial. *Journal of Medical Internet Research*, 14(3), e69. <https://doi.org/10.2196/jmir.1864>
- Habeeb, C. M., Eklund, R. C., & Coffee, P. (2017). It depends on the partner: Person-related sources of efficacy beliefs and performance for athlete pairs. *Journal of Sport and Exercise Psychology*, 39(3), 172–187. <https://doi.org/10.1123/jsep.2016-0348>
- Habeeb, C., Warner, S., & Walsh, D. (2022). Managing mental health: Athlete help-seeking. *Sport Management Review*, 1–21. <https://doi.org/10.1080/14413523.2021.2018836>
- Linder, D. E., Brewer, B. W., Van Raalte, J. L., & De Lange, N. (1991). A negative halo for athletes who consult sport psychologists: Replication and extension. *Journal of Sport and Exercise Psychology*, 13(2), 133–148.
- National Institute of Mental Health. (2019). *Mental Health Information*. The National Institute of Mental Health Information Resource Center. <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>
- Patton, M. Q. (2002). Two decades of developments in qualitative inquiry: A personal, experiential perspective. *Qualitative Social Work*, 1(3), 261–283.
- Pedrelli, P., Nyer, M., Yeung, A., Zulauf, C., & Wilens, T. (2015). College students: Mental health problems and treatment considerations. *Academic Psychiatry*, 39(5), 503–511.
- Petersen, J. M., Prichard, I., Kemps, E., & Tiggemann, M. (2019). The effect of snack consumption on physical activity: A test of the Compensatory Health Beliefs Model. *Appetite*, 141, 104342. <https://doi.org/10.1016/j.appet.2019.104342>
- Quick, B. L., Glowacki, E. M., Kriss, L. A., & Hartman, D. E. (2021). Raising concussion awareness among amateur athletes: An examination of the Centers for Disease Control and Prevention's (CDC) *Heads Up* Campaign. *Health Communication*, 1–12. <https://doi.org/10.1080/10410236.2021.1950295>
- Rickwood, D., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. *Australian E-Journal for the Advancement of Mental Health*, 4(3), 218–251. <https://doi.org/10.5172/jamh.4.3.218>
- Rickwood, D. J., Deane, F. P., & Wilson, C. J. (2007). When and how do young people seek professional help for mental health problems? *Medical Journal of Australia*, 187(S7), S35–S39.
- Rosenstock, I. M. (1966). Why people use health services. *The Milbank Memorial Fund Quarterly*, 44(3), 94. <https://doi.org/10.2307/3348967>
- Rosenstock, I. M. (1974). Historical origins of the Health Belief Model. *Health Education Monographs*, 2(4), 328–335. <https://doi.org/10.1177/109019817400200403>
- Rusbasan, D., Collisson, B., & Ham, E. (2021). Toxic coaching of collegiate student-athletes: Burnout mediates the relation between school/sport conflict and commitment. *Journal of Issues in Intercollegiate Athletics*, 14, 365–386.
- Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing & Health*, 23(4), 334–340.
- Sandelowski, M. (2010). What's in a name? Qualitative description revisited. *Research in Nursing & Health*, 33(1), 77–84.

- Vahedian-Shahroodi, M., Tehrani, H., Robat-Sarpooshi, D., GHolian – Aval, M., Jafari, A., & Alizadeh-Siuki, H. (2021). The impact of health education on nutritional behaviors in female students: An application of health belief model. *International Journal of Health Promotion and Education*, 59(2), 70–82. <https://doi.org/10.1080/14635240.2019.1696219>
- Warner, S. (2016). Sport and Sense of Community Theory. In G. B. Cunningham, J. Fink, & A. Doherty (Eds.), *Routledge handbook of theory in sport management* (pp. 189–198). Routledge.
- Warner, S., & Dixon, M. A. (2011). Understanding sense of community from the athlete's perspective. *Journal of Sport Management*, 25(3), 257–271.
- Warner, S., & Dixon, M. A. (2013). Sports and community on campus: Constructing a sports experience that matters. *Journal of College Student Development*, 54(3), 283–298.
- Watson, J. C. (2005). College student-athletes' attitudes toward help-seeking behavior and expectations of counseling services. *Journal of College Student Development*, 46(4), 442–449. <https://doi.org/10.1353/csd.2005.0044>
- Wilkerson, T., Stokowski, S., Fridley, A., Dittmore, S., & Bell, C. A. (2020). Black football student-athletes' perceived barriers to seeking mental health services. *Journal of Issues in Intercollegiate Athletics*, Winter, 55–81.
- Xiao, H., Carney, D. M., Youn, S. J., Janis, R. A., Castonguay, L. G., Hayes, J. A., & Locke, B. D. (2017). Are we in crisis? National mental health and treatment trends in college counseling centers. *Psychological Services*, 14(4), 407–415. <https://doi.org/10.1037/ser0000130>