Resources for Mental Health Treatment for Division III College Student-Athletes

Lauren L. Hayden

Lynchburg College

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Abstract

The purpose of this paper is to explore the mental health resources available for student-athletes at institutions competing in Division III athletics, relating to four conditions: mood disorders, anxiety disorders, substance-abuse, and eating disorders. Student-athletes have different stressors than non-athletes and their role in athletics could exacerbate mental health conditions. Research shows there is a significant lack of resources available to college athletes at Division III institutions, primarily due to financial reasons. Literature suggests that institutions enact a collaborative approach, involving multiple offices on campus with available resources to provide student-athletes with an adequate treatment plan. By increasing education efforts surrounding mental health, and providing a supportive environment, Division III institutions can facilitate a healthier relationship with their student-athletes and provide them with as many available resources as possible.

Keywords: mental health resources, Division III, student-athletes

Introduction

Mental health can be defined as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" ("Mental," 2014). Around half of all mental disorders begin before the teenage years, yet many of these issues go undiagnosed or untreated ("Mental," 2014). By the time our student-athletes get onto campus, they may have been struggling with a mental disorder for five years without receiving the necessary treatment to function within society, making them more resistant to this help. Often times, the stigma surrounding mental health will prevent someone from seeking treatment, because there is a common belief they will be seen as unintelligent, incapable, and weak ("Mental", 2014). Collegiate student-athletes face the same challenges and stressors as their peers throughout their college experience, such as an increased workload, social demands, identity conflicts, new responsibilities, being away from home, and performing academically among many others (Ross, Niebling, & Heckert, 2008). However, student-athletes have added pressure and expectations that come with the athletic environment, such as time demands, travel schedules, risk of injury, and the ability to perform physically (Etzel, Watson, Visek, & Maniar, 2006).

The problem is that mental health has a stigma in our country, which creates an environment not conducive to talking about or seeking treatment for these disorders ("Mental," 2014; Carr & Davidson, 2014). Collegiate athletes have added stressors when compared to the traditional college student and thus are at a greater increase of being affected by mental health disorders. Student-athletes are not currently receiving the proper resources to cope with their mental illnesses, which affects them far past their college years (Etzel, et al., 2006). Many

coaches, staff, and administrators are not as knowledgeable as they could be about warning signs, support services available, and the referral procedures for an athlete to receive help for mental health-related issues (Etzel, et al., 2006). Furthermore, Division III student-athletes are at a greater disadvantage than Division I student-athletes in terms of resources, because generally these institutions have less money to be able to afford the adequate resources needed for treatment (LaRue, 2010). This paper will focus on the statistics, causes, policies and resources available to Division III college student-athletes in regards to mental health disorders.

Literature Review

Mental Health Overview

Four of the more common mental health disorders that affect student-athletes are mood disorders, anxiety disorders, substance-abuse, and eating disorders (Stull, 2014). Mood disorders are characterized as a "sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function" (American Psychiatric Association, 2013, para. 2). Mood disorders include clinical depression, bipolar disorder, and a mood disorder concurrent with a medical problem (Mood Disorders, 2017). Depression, a mood disorder, is one of the most common conditions psychiatrists will treat, as 15-20% of the population will suffer an episode of depression at least once in their lifetime (Bader, 2014).

Anxiety is characterized as a feeling of worry or nervousness, typically about a future event or something with an uncertain outcome (American Psychiatric Association, 2013). Nearly 32% of adolescents in the United States experience criteria symptoms for an anxiety disorder – including performance anxiety, panic disorders, phobic anxiety, generalized anxiety, and obsessive-compulsive disorder – making this is one of the most common psychiatric problems in student-athletes (Thompson, 2014).

Substance-abuse is generally a comorbid disorder, but deserves its own recognition due to the impact it has on traditional college students. Substance abuse is the overindulgence on addictive substances, and includes both drugs and alcohol (Hainline, Bell, & Wilfert, 2014). While alcohol and marijuana are the two most commonly reported drugs student-athletes use, prescription stimulants and narcotics are of concern as well, due to the potential for addiction to these medications (Hainline, et al., 2014).

Lastly, eating disorders are characterized by abnormal or disturbed eating habits (American Psychiatric Association, 2013). Eating disorders occur in both genders and across all sports, but are most females participating in "sports for which a thin/lean body or low weight is believed to provide a biomechanical advantage in performance" are at the highest risk (Thompson, 2014, p. 25). Those suffering from an eating disorder generally have a decrease in energy and a special relationship with food (Thompson, 2014).

College Athletics and Mental Health

One in five adults will experience a mental health disorder in a given year, with young adults having the highest rates (Sport Science Institute, 2016). There is no singular cause to the development of mental health disorders, but factors include genetic predisposition and environmental stressors, such as transition, academics, relationships, and finances (LaRue, 2010). While student-athletes generally experience mental health disorders at the same rate as their non-athlete peers, their role in athletics could exacerbate their mental health issues. Additionally, mental and physical health are linked, and there is research to suggest that there is an increased risk of injury among athletes experiencing anxiety or depression, who abuse alcohol, or who have an eating disorder (Sport Science Institute, 2016; Yang et al., 2014).

Athletic departments can play a huge role in an athlete's mental health by providing a supportive environment and resources for student-athletes to get referrals to mental health services (Sport Science Institute, 2016, p. 5). The environment surrounding athletics can be an impactful venue for the destigmatization of mental health challenges, the normalization of seeking care, and the establishment of mental health identification and procedures on college campuses (Sport Science Institute, 2016). The best approach to the mental well-being of student-athletes is a collaborative one that utilizes various campus resources. These resources can include athletics, health and counseling services, and disability services to name a few.

According to the National Collegiate Athletics Association (NCAA), the best practices for understanding and supporting student-athlete mental well-being on campus includes four key components: professionally licensed practitioners providing mental health care; a protocol for identification and the referral of student-athletes to qualified professionals; mental health screening prior to participation in athletics; and health-promoting environments that support mental well-being and resilience (Sport Science Institute, 2016).

In terms of how different mental health disorders affect collegiate student-athletes, participation in sport is not the overall cause for mental health issues, but athletics can increase risk or exacerbate symptoms (Stull, 2014). Relating to depression, risk factors that can increase depression in student-athletes include the psychological response to injury, the psychological response to the end of one's athletic career, and overtraining to meet physical demands (Bader, 2014). Depression can affect health and performance, increase injury and suicidal risk, and affect sport participation (Bader, 2014).

With regard to eating disorders, there are added paradoxical pressures for athletes to have a specific build in order to successfully perform (Thompson, 2014). Student-athletes are two to

three times more likely to develop eating disorder behaviors than the general population (LaRue, 2010). For female student-athletes, there are the normal societal pressures of maintaining a thin image outside of athletics but have a muscular body in athletics. Females are often worried about becoming too muscular and will under-eat to avoid this possibility (Thompson, 2014). There are several sport-associated risk factors for student-athletes relating to eating disorders including sport body stereotypes, the pressure to lose weight, revealing uniforms, and more (Thompson, 2014). Males are also victims of eating disorders and the perception of having to maintain a specific image to be successful in their sport (Thompson, 2014).

College athletes report higher rates of heavy alcoholic consumption, or binge drinking, than the general college population (Hainline, et al., 2014). A drinking episode is considered a binge when women have four or more drinks and men have five or more drinks in one sitting (Hainline, et al., 2014). Of student-athletes who report heavy drinking behavior, 30% experience blackouts, which serves as an indicator for the development of alcohol addiction (Hainline, et al., 2014). Many athletic teams use alcohol for team bonding events, which can put pressure on those who would not typically consume alcohol to drink and put themselves in situations they might not otherwise (Hainline, et al., 2014). Additionally, Division III athletes have higher rates of alcohol consumption, specifically for males, than any other division (Hainline, et al., 2014). Marijuana usage exacerbates symptoms of mental health, and can dramatically decrease the grades one earns in the classroom (Hainline, et al., 2014). Prescription drug use is reported at a lower rate than alcohol and marijuana, but over five percent of student-athletes utilize these drugs without a prescription (Hainline, et al., 2014). These drugs are potentially being used as self-medication (for sports injury, mental health, or other usage), and have a great potential for addiction (Hainline, et al., 2014).

Anxiety disorders affect student-athletes at a higher rate than most other disorders due to the unique demands on these individuals (Goldman, 2014). One in three adolescents in the United States meet the criteria for an anxiety disorder, making this a prevalent issue in the athletic department. Symptoms of anxiety are often worse under stress, which can be induced by the collegiate athletic environment (Goldman, 2014). Student-athletes are in an environment with different expectations than general students, and may present an anxiety problem differently than a non-athlete; they could be functioning below their normal behavior, but still not meet the criteria for an anxiety disorder as outlined in the *Diagnostic Manual* used by licensed professionals (Goldman, 2014). Anxiety disorders can be associated with athletic experiences, which should be taken into consideration when diagnosing and treating a student-athlete with a potential anxiety disorder (Goldman, 2014).

Differences in Resources at Division I and Division III Institutions

There are several differences between Division I and Division III institutions. For the most part, Division I institutions are typically the largest and have the most resources financially (NCSA, 2017). They have top-of-the-line facilities, the ability to give out scholarships, and receive the most media attention; however, Division III athletes still face similar stressors as Division I athletes ("NCAA," 2016). There are nearly 100 more NCAA Division III institutions than NCAA Division I, meaning more athletes participate in Division III athletics (NCSA, 2017). Often, Division III athletes have access to different resources than Division I athletes, such as the ability to stay close to home, be on a smaller campus, and study abroad; the motto of Division III athletics is that it offers a more well-rounded college experience with academics taking priority (NCSA, 2017). At the Division I level, the sport and responsibilities relating to athletics generally run the athlete's life while they are in college (NCSA, 2017). However, just because

Division I athletics is deemed to be more intense and have a more strenuous time commitment, Division III athletes put their time in, too. According to recent research, the time dedicated to both athletics and academics across divisions has increased from 2010 to 2015 ("NCAA," 2016). On average, Division III athletes spend two more hours per week on academics than Division I athletes, while spending four and a half fewer hours athletically. This time includes travel, which is typically much greater in Division I. The purpose of this research is to show that Division III athletes put in just as much time and effort into academics and athletics as Division I athletes and often times have less resources supporting them ("NCAA," 2016).

There is a significant lack of available resources relating to mental health at the Division III level (LaRue, 2010). While most, if not all, institutions have at least one certified athletic trainer with full time hours, a majority of Division III institutions lack regular access to physicians (LaRue, 2010). Typically, team physicians at this level do not have regular daily hours scheduled and trainers only interact with physicians once a week and at significant events (LaRue, 2010). This lack of interaction time with team physicians can delay the referral process of student-athletes, which can delay the participation in athletics and the treatment of athletes for mental health issues in non-emergency situations (LaRue, 2010). Additionally, many times a team physician might refer an athlete to a mental health professional who may have little experience and understanding with college athletics (LaRue, 2010). Athletics provides unique demands and challenges that the general population working through mental health disorders does not necessarily face. The lack of understanding of these demands by a mental health professional could make the athlete adverse from continuing to seek treatment (LaRue, 2010).

Implications

As a stakeholder in collegiate athletics, it is important we treat mental health disorders similar to how we would treat physical injuries. Athletes must first be diagnosed and a treatment plan must be instilled and followed (Carr & Davidson, 2014). For all disorders, a collaborative approach should be used, involving the athlete, the coaching staff, athletic trainers, counseling services, disability services, and any other necessary stakeholder. The stakeholders should communicate and work together for the benefit of the student-athlete in order to help him/her succeed.

The most important aspect of this collaborative approach is education. All stakeholders should be educated about the signs and symptoms of mental health and aware of the necessary steps to take when concerned that a student-athlete is experiencing such difficulties. Additionally, stakeholders interacting with athletes dealing with depression need to be careful with their use of language, because these students may interpret words and actions more negatively than intended (Bader, 2014). Student-athletes should be approached cautiously, because often times they might not want to accept help due to the stigma affected with mental illness. There needs to be an open dialogue and stakeholders need to express their concern about the health and well-being of the athlete (Carr & Davidson, 2014).

Regardless of resources, all institutions should have an action plan on how to handle the mental well-being of all students. As stated above, student-athletes have additional stressors and may require a different protocol than the general population. The protocol should be conveyed to student-athletes and parents upon arrival at the institution, so they are aware of such policies and comfortable with the procedures (Sport Science Institute, 2016). Additionally, confidentiality should be clearly established and conveyed to all stakeholders in order to protect

the student-athlete (Sport Science Institute, 2016). The NCAA (2016) recommends that athletic health care providers, such as athletic trainers and physicians, should manage mental health concerns should be coordinated through the athletic health care providers, such as athletic trainers and team physicians. These health care providers should refer student-athletes to licensed practitioners with the proper qualifications (Sport Science Institute, 2016).

These resources vary by institution for a few reasons. First, most Division III institutions have licensed mental health counselors in their health and counseling center, but not all institutions have psychiatrists or clinical psychologists on campus. Thus, student-athletes are often sent off-campus to receive treatment, which can be affected by both finances and geographic location (Sport Science Institute, 2016). The positive aspect of having a student-athlete being treated off-campus is the increase in privacy. There is a smaller chance of peers seeing the student-athlete interact with a counselor, which can decrease the anxiety of the stigma of mental health issues.

Institutions should implement as many preventative strategies as possible. First of all, every stakeholder should be properly educated on mental health, the signs and symptoms, and the implications it can have on an individual. Stakeholders include administrators, athletic trainers, coaches, and student-athletes. Every institution has different educational practices, but the NCAA provides information to help support student-athlete mental health. This information can be found on their website, which includes information about the risk factors, consequences, and strategies for coaches on multiple different mental health disorders ("NCAA," 2016). Regardless of how the information is presented, all stakeholders need to be educated in order to best help the athletes both on and off the playing field.

A preventative measure Division III institutions could undertake is to pre-screen student-athletes upon their arrival to campus. The recommended questionnaire by the NCAA includes nine questions and serves as a starting point for mental health (Sport Science Institute, 2016). This assessment opens up the doors to further conversations with student-athletes who may be experiencing symptoms and allow the health care providers to keep an eye on athletes with potential mental health disorders. Although pre-screening would not catch all disorders, it could help the athletic health care providers get a handle on some student-athletes that might go under the radar for some time before seeking help, and provide the necessary treatment before their disorder gets worse.

There is only so much an institution, especially at the Division III level, can do with minimal resources; however, all athletic departments can create a positive and supportive environment for their athletes. To help develop a supportive environment, campuses can help facilitate the relationship between student-athletes and their professora. A healthy relationship between students and professors encourages autonomy and helps engage students, which can help improve psychological well-being (Tosevski, Milovancevic, & Gajic, 2010). Additionally, institutions can develop programs to help students manage and control their emotions and work on their expression skills to increase self-esteem (Tosevski, Milovancevic, & Gajic, 2010). While the development of these programs will not eliminate mental health disorders, they can create a more supportive environment centered around self care. It is important to decrease the stigma by normalizing care and fostering self-acceptance, personal growth, autonomy, and positive relationships with others (Sport Science Institute, 2016). The way we communicate about mental health can dramatically improve how our athletes think about these disorders, and

allow them to realize they will still be accepted and loved when dealing with mental health disorders.

Conclusion

Although student-athletes generally experience mental health disorders at the same rate as the general college population, their stressors are vastly different and they may require different resources. There currently is a lack of resources at the Division III level in dealing with mental health issues, even though Division III and Division I athletes face very similar issues. There needs to be an increase in mental health education on college campuses and especially in the athletic department to identify mental health disorders as soon as possible. The quicker a student-athlete can get into a treatment plan, the faster he or she will be able to return to their normal life, which includes playing the sport they love. It is essential that athletic departments create a positive and supportive environment for student-athletes, so they do not feel alone in their battle against mental health disorders.

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