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**What Is the Availability, Accessibility and Scope of Mental Health Services for College
Athletes? Where Do Social Workers Fit in?**

An Honors Thesis submitted in partial fulfillment of the requirements for Honors Studies in
Social Work

By

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Summer 2020

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What is the availability, accessibility and scope of mental health services for college athletes?

Where do social workers fit in?

Problem Statement

Going to College in the United States

Nearly 20 million students attend college/university each year, and this number continues to increase (NCES, 2019). Although the dropout rate for undergraduate students in the United States is 40%, close to two million students received their bachelor's degree in the United States in 2019 (Bustamante, 2019). Entering college brings significant life changes, such as leaving home, gaining a sense of independence, important losses through death, financial constraints, or the ending of important relationships, just to list a few. Anxiety has been labeled the top presenting issue among college students (Anxiety and Depression Association of America, n.d.). College students have also reported other stressors like paying too much for services, transportation problems, important educational decisions, social isolation, being ignored, and unhappiness with physical appearance (Pritchard & Wilson, 2005). Many college students have stated that they fail to seek help, feel overwhelmed by their responsibilities as students, that they have problems with their course work as a result of a mental health issue (National Alliance on Mental Illness, 2012). 44% of college students in the United States report having depressive symptoms, and 75% of college students who suffer from depression do not pursue assistance for their mental health concerns (CollegeStats.org, 2020). A few reasons why students believe their schools' mental health services and supports are inadequate include a limited number of counseling visits allowed, limited number of resources, not enough trained mental health providers, and long appointment wait times (National Alliance on Mental Illness, 2012). College students have reported being so depressed that it was too difficult to function and have often

considered committing suicide, the second leading cause of death among the general college student population (Hunt & Eisenberg, 2010; Rao & Hong, 2016).

College Sports

The NCAA, or National Collegiate Athletic Association was founded in 1906. This organization started as the Intercollegiate Athletic Association, but implemented the current name in 1910 (Encyclopedia Britannica, 2016). The first national championship event, National College Track and Field Championship, was organized by the NCAA in 1921. After this event, the organization progressively spread its control over intercollegiate competitions in other sports in conjunction with their collegiate associations or conferences (Encyclopedia Britannica, 2016). Currently, the NCAA operates as an administrative and legislative group for men's and women's intercollegiate athletics, bringing in about \$1 billion in revenue annually as it hosts close to 90 national championships in over two dozen sports across all three divisions (Rovell, 2018). The organization creates and applies the rules of play for several sports and determines student-athletes' eligibility criteria. The organization makes rules about any and all services that may be provided to athletes by universities, including scholarships, academic support, nutrition, housing and most importantly for this study, medical, mental, and performance care. Specifically, for the Power 5 conferences, all of the schools are required to have mental health services and resources available through either the athletics department or the schools' health services or counseling centers. (Hosick, 2019). The schools must also supply the student-athletes with mental health educational resources and materials, including a list of the available mental health services and resources at the schools and how to access them.

The NCAA is organized into three divisions. Each division represents a unique level of competition, allowing for the member colleges and universities to select which division it wants

to join. Division I schools normally have the largest student bodies, oversee the largest athletics budgets, and offer the largest number of scholarships. Division II athletics are just as competitive as Division I schools, but the Division II institutions usually do not have the same level of financial resources dedicated to their athletics programs or they prefer not to place such an intense financial emphasis on athletics. Division III is the largest division with the most students, institutions, and conferences. Division III does not award any athletic scholarships because it has zeroed in on the academic success of its student-athletes whereas Division I takes on a more performance-centric approach (Whitehead & Senecal, 2020).

Within Division I of college athletics, there are subdivisions determined by the organization of the football bowl system: The Power 5 and the Other 5. The Power 5 has been given this nickname as the highest level of conferences in college Football. The Power Five conferences are the Atlantic Coast Conference (ACC), Big Ten Conference, Big 12 Conference, Pac-12 Conference, and the Southeastern Conference (SEC). The Other 5 is made up of American Athletic Conference (the American or AAC), Conference USA, Mid-American Conference (MAC), Mountain West Conference, and the Sun Belt Conference.

College Athletes

In the United States, there are almost half a million student-athletes across the three divisions within the NCAA. In addition to stressors discussed above, participating in collegiate athletics adds additional stress. Student-athletes must focus on staying both mentally and physically sharp in their respective sports and the classrooms while finding a healthy balance between school work, practice/training, personal life, and sometimes employment. Any kind of decline in either academics or sport can be detrimental to the student's performance in the other.

With high stakes in play, there is an increased possibility of college athletes being affected by a mental health issue.

According to a 2007 handbook developed by the NCAA, the mental health issues have been compiled into four different categories: mood disorders, anxiety disorders, eating disorders and disordered eating, and substance-related disorders. Mood disorders consist of depression and suicide intervention. Anxiety disorders include panic attacks, stress, general anxiety, and obsessive compulsive disorder (Thompson & Sherman, 2007). Male and African-American college athletes seem to be at a higher risk of suicide, especially those who play football. Female college athletes are less likely to complete suicide, but are more likely to report depressive symptoms (Rao & Hong, 2016). College students, including student-athletes, are often considered to be a privileged population, but that does not mean they are immune to the pain and struggled associated with mental illness (Hunt & Eisenberg, 2010).

For decades, athletes have been taught that (physical) pain is only temporary, but for some, the physical pain is only half of the battle. The mental aspect is often overlooked. Athletes want to be the best, or greatest of all time, at their craft, and in order to reach that status, they push themselves to their limits. Sports have become an all-year continual process. If the athletes are not in-season, they are training in the off-season, working out multiple times a day for months. Some athletes will get up hours before a scheduled team practice to have their own individual practice, and then stay hours afterwards to practice by themselves again. Athletes workout to build muscle or shed fat in a short timeframe to reach a desired weight goal to be deemed able to perform. Not achieving these goals have intense psychological tolls attached to them.

The need for mental health services for this population is apparent. For young adults between the ages of 18-24, one in four deal with some form of mental illness (Chew & Thompson, n.d.). University counseling centers are the most common provider for mental health services for student-athletes and non-athletes. Counseling centers offer a range of service providers and a unique level of privacy. Many universities have started hiring in-house psychologists specifically for their student-athletes, or in a shared position with the counseling center. Lastly, in an attempt to address the mental health issues in student-athletes, outside consultants are hired on a part-time basis. This gives the universities the opportunity to save on costs while having a greater control and a wider range of services (Chew & Thompson, n.d.).

Stigma is cited as a cause of preventing people to seek and use mental health services. Student-athletes and their families are doing what they can in order to break the stigma. Markus Howard, a basketball player from Marquette University, reached out to his coaches at Marquette to start therapy. Howard stated that it was important for him to start therapy to help him achieve “balance in his life” (Kleen, 2019). In 2018, Tyler Hilinksi, a quarterback at Washington State University, died by suicide. He never displayed any signs or symptoms of depression or struggle. As a result of this traumatic incident, his parents created Hilinksi’s Hope, a nonprofit foundation designed to keep Tyler’s memory alive. The foundation shares Tyler’s story, connects student-athletes with mental health resources, helps universities to utilize best practices and produce the funding necessary to assist programs “that will help destigmatize mental illness” (Hilinksi’s Hope, 2018). Student-athletes are taught that in order to be successful, they must persevere and push through pain and discomfort. The performance-centric approach, “where excellence is the expectation” lends itself to coaching directives such as “tough it out” or “walk it off” (Whitehead & Senecal, 2020, pg. 151). This is also being done on the professional level. DeMar DeRozan,

Keyon Dooling, and Kevin Love, three players from the National Basketball Association (NBA), broke the silence and opened up about the depression and anxiety. In Love's journal, *Everyone Is Going Through Something*, he stated that going to therapy or seeking help is perceived as a sign of weakness, and that puts athletes at a disadvantage when it comes to playing (Love, 2018). As a result of their plan to destigmatize mental health, the NBA made it a requirement for all 30 teams to have at least one mental health professional on their staff. The teams must select one licensed psychiatrist to help handle any mental health concerns, and the teams must endorse a plan of action for any mental health emergency (Shapiro, 2019).

In an article by Stillman et al. (2019), they reviewed the types psychotherapeutic interventions used by athletes. The main forms of psychotherapeutic interventions are individual, group, and couple/family counseling. The most common types of individual therapy are cognitive behavioral therapy (CBT), motivational enhancement (MET), and psychodynamic therapy. CBT reveals how a patient's dysfunctional feelings and thoughts can lead to negative emotions and maladaptive actions or inactions. MET intends to assist patients recognize and resolve their doubts towards change, thereby improving their readiness and confidence via the therapist asking open-ended questions, affirming positive insights and actions, practicing reflective listening and summarizing old and new perspectives. Lastly, psychodynamic therapy aids patients in understanding how previous reoccurring psychological and interpersonal conflicts play themselves out in the present, resulting in symptom activation and dysfunction (Stillman et al., 2019). Couple/family psychotherapy has the potential to be effective for athletes. It is imperative to have a clear comprehension of the effect that both the athlete and the significant other(s) have on each other's mental health symptoms and disorders: they may have a vast impact on the everyday life of the athlete and their treatment. Group psychotherapeutic

interventions “can be best facilitated by a licensed mental health professional with relevant qualifications and/or experience” (Stillman et al., 2019, pg. 4). Also, athletes participating in team sports might be more receptive to groups led by health professionals because that they are familiar to the team-coach dynamic. Common hindrances in group therapy are the lack of anonymity and confidentiality. An athlete is more likely to decide on this intervention if that athlete has had encouraging experiences with group therapy, confidentiality is provided and guaranteed, the therapy can be smoothly incorporated into the athlete’s life.

Recently, the worlds of athletics and social work are finally intertwining. Social work is often associated with foster care and the Department of Human Services, but the field of social work is much more diverse than that. Social workers may be found in schools, hospitals, mental health clinics, private practices, community development corporations, settlement houses, the criminal justice system, and child welfare and human services agencies (Bureau of Labor Statistics, 2020).

As therapists and counselors, social workers may address mental health issues with college athletes. However, social workers can do more than just treat mental health disorders faced by this population. Social workers are also qualified to offer and organize student-athlete services for athletics departments as well as individual sports teams (Gill, 2008). Social workers can assist student-athletes with time management, community service, financial aid, injury, crisis interventions, coping mechanisms, and more. The Alliance of Social Workers in Sports (ASWIS), established in 2015, aims to spread awareness on how social work practice can be implemented into every facet of sports. In 2018, the Carolina Panthers hired Tish Guerin (MSW, LCSW, LISW-CP, DCC) to be the organization’s director of player wellness, branding her one

of the first in-house psychological clinicians in the National Football League (NFL) (Rodrigue, 2018).

Previous Research

A review of previous research pertaining to collegiate athletes and mental health will focus on two main areas, including mental health in general and mental health utilization and attitudes.

Mental health in general

According to Wolanin et al. (2016), the depression prevalence rate for young adults varies from 10% to 85% across numerous studies, and that is higher than any other age group. Studies have shown an increasing prevalence of mental health issues in student-athletes. Research has identified several factors that may contribute to this rise in prevalence. Overtraining has become more prevalent in athletes, and distance runners have been labeled the most severely distressed (Hughes & Leavey, 2012). The conditions of overtraining and athlete burnout correlate with major depressive disorder. Other circumstances that advance depression in athletes include aging, injury, retirement from athletics, competitive failure, and other psychosocial stressors. If an athlete gets injured, instead of spending the required time for rehab, he or she will try to overwork their body so they can get back to playing again, potentially increasing their chances of getting injured. Injuries suffered by athletes have warranted clinical intervention, with suicide being a main cause of concern (Hughes & Leavey, 2012). In addition to these, some other dangerous situations for athletes include harmful drinking, unprotected sex, and driving while intoxicated. Student-athletes have reported having more stress than non-

athletes in the aspects of not getting enough time for sleep, having a lot of responsibilities, and having extreme demands from their extracurricular activities (Pritchard & Wilson, 2005).

It is reported that student-athletes of racial ethnic minorities have additional struggles. Studies show that racial-ethnic minority collegiate student-athletes, or REMSA, have high mental health needs and the services provided for them are underutilized (Ballesteros & Tran, 2020). There are over 172,000 student-athletes who self-identify as racial-ethnic minority student-athletes (NCAA, 2020). REMSA are in a rather unique situation as they are members of two groups (racial-ethnic minority college students and student-athletes), and because of this, they feel isolated, marginalized and/or judged due to their racial identities; they also deal with the stigma surrounding mental health services (Ballesteros & Tran, 2020).

Social support has been found to be a significant protective factor for mental health. Students have reported that their respective schools are not cognizant of the importance of peer support (National Alliance on Mental Illness, 2012). Research has shown that giving social support to one's significant other is valuable for the provider's mental health, and that, in comparison to males, females offer more support to their significant other(s) (Hagiwara et al., 2017). For the female student-athletes, it was concluded that there were significant negative correlations between receiving social support and depression and sports helplessness and between providing social support and depression and sports helplessness (Hagiwara et al., 2017). On the contrary, the male student-athletes' results stated that there was no significant correlation with depression and sports helplessness when giving or receiving social support. Wolanin et al. (2016) also discovered that the female student-athletes recorded higher levels of clinically relevant depressive symptoms than males, and the females were almost two times more likely to have depressive symptoms than their male counterparts. Tamminen et al. (2013) reported that

some of incidents of adversity that female athletes endure are bullying, sexual abuse, coach conflicts, eating disorders, injuries, and performance slumps. These athletes also shared feelings of withdrawal and isolation, emotional disruption, and questioning athletic identity.

Mental Health utilization and attitudes

Sports medicine physicians and team physicians of other specialties often discuss both injury-related and non-injury-related emotional and behavioral struggles with athletes (Mann et al., 2007). Mann et. Al (2007) surveyed 827 physician members from four top sports medicine professional associations “to assess opinions, experiences and techniques in handling the psychological issues of athletes recovering from sports injuries” (pg. 2141). The results indicated that the three most common non-injury related problems were anxiety, burnout, and stress/pressure. Only 19% of the respondents stated that there were sufficient numbers of sport psychologists and other mental health specialists in their geographical area to manage the needs of athletes. For injury-related-issues, 75% of the physicians reported that they rarely or never referred patient-athletes to sport psychologists, and 68% said that they rarely or never referred patient-athletes to sport psychologists for non-injury-related problems (Mann et al., 2007). The participants labeled sport psychologists and athletic trainers/physical therapists as moderately effective when working with patient-athletes concerning psychological problems.

In an intervention study by Kern et al. (2017), the authors assessed the effectiveness of brief contact- and education-based interventions in reducing stigma along with encouraging help-seeking behavior among collegiate student-athletes. They found that student-athletes felt significantly more comfortable in addressing mental health with their teammates after the intervention than before. They also have more confidence in their ability to recognize teammates struggling with mental health issues and assist them in accessing mental health services. Lastly,

the student-athletes are more willing to seek and accept mental health support than they felt pre-intervention (Kern et al., 2017).

Stigma towards those who have issues with mental health is one reason that has been identified with the underutilization of mental health services and support. Perceived public stigma related to asking for help can prevent people from pursuing mental health services based on concerns about the negative judgements of peers. Kaier et al. (2015) reported that collegiate student-athletes have higher levels of perceived public stigma related to mental health issues in comparison to non-athlete students. College athletes' feelings or awareness of stigma could be intensified because of their celebrity status on campus. Their lives are less private and this could increase their vulnerability to anxieties of mental health services. Even when mental health services are available, there are fluctuating rates of usage by college students – whether in the general student body or college athlete. For instance, Kaier, et. Al (2015) found that when compared to non-athletes, “college athletes underutilize mental health services” (pg. 737). Reasons for underutilization are varied. The risk for underutilization provokes a certain consideration of unmet mental health needs. Unmet mental health needs can decrease performance and encourage dependence on harmful coping mechanisms such as substance use (Ballesteros & Tran, 2020).

Research Questions

This research was designed to answer the following questions:

- Are mental health services available for college athletes?
- Is there a difference in availability of services when comparing size of college/university, level of play, or number of student-athletes served?

- How accessible are mental health services when dedicated space is on the athletics website?
- Is there a difference in accessibility to services when comparing size of college/university, level of play, or number of student-athletes served?
- What is the scope of mental health services available for college athletes?
- Is there a difference in scope when comparing size of college/university, level of play, or number of student-athletes served?
- What are the credentials of mental health professionals employed to work with college athletes in the area of mental health, and are social workers used in this capacity?

Methods

Design

This study utilized a non-experimental review of available records. The data were retrieved from the college and university websites and from email and phone contact with various athletics departments.

Sample Selection

Data in this review were collected from 48 colleges and universities around the United States. The schools were grouped into three (3) categories of 16: Division I Power 5 schools, other Division I (non-Power 5) schools, and Division II schools.

Participant schools were retrieved from the NCAA's school directory. A separate alphabetical list was made for each of three categories: Division I Power 5, Division I non-Power 5, and Division II programs. The lists were numbered and a group of random numbers was created for each category using a random integer generator. Using this method, 16 schools in

each category were selected to be a part of the final sample. A list of the colleges and universities chosen for inclusion is found in Appendix B.

Procedures

This study utilized a review of public records (website) with some follow-up by phone and email. Because all information was accessible by the public, no IRB approval was required. A data collection sheet was created and used for gathering information (see Appendix A). There were 17 items to collect by reviewing the website for each college, university, and their athletics programs including general information about the colleges/universities, the colleges/universities' athletics websites, the mental health services they provide, and the mental health service providers. When necessary, contact was made with the college or university to clarify important data points. Data were collected in about a two-week period in spring 2020.

Data Analysis

Schools were selected based on NCAA criteria for division and conference. Additionally, data were analyzed based on the number of undergraduate students served in each institution and the number of student-athletes served in each institution. Division I Power 5 and Division I non-Power 5 schools were selected based on researcher interest, and Division II schools were selected to round out the sample. To compare by size of college or university, the schools were broken into four categories including small at < 11,000 undergraduate students, medium at 11,000 to 20,999 undergraduate students, large at 21,000 to 30,999 undergraduate students, and very large at 31,000 to 49,999 undergraduate students. Similarly, to compare colleges and universities by number of student-athletes served, the institutions were broken into four categories including small, athlete-serving institutions with 100-250 athletes, medium athlete-

serving institutions at 251-400 athletes, large athlete-serving institutions with 401-550 athletes, and very large athlete-serving institutions with >551 athletes. Findings below will be reported out using these categories.

Results

Sample Description

This sample includes 16 out of 65 universities from the Division I Power 5 conferences, 16 out of 286 universities from the Division I non-Power 5 conferences, and 16 out of 319 Division II colleges and universities. Twenty-three schools make up the small school category, ten are in the medium-sized school category, eight in the large school category, and seven schools fall under the very large school category. Five schools are in the small, athlete-serving institution category, 19 in the medium, athlete-serving institution category, 18 in the large, athlete-serving institution category, and six fall under the very large, athlete-serving institution category.

Mental Health Services Available for Student-Athletes

In the sample overall, 14 schools out of the 48 reviewed had a dedicated space on their athletics website to inform student-athletes, parents, and others about the mental health services available for the student-athletes. An additional 33 schools listed student mental health services in general on the appropriate counseling center page. Breaking this down by athletic division, ten of the 16 Power 5 schools in the sample had a dedicated space. Only one school of the 16 Division I non-Power 5 schools sampled had a dedicated space, and only three of the 16 Division II schools in the sample had designated space on their athletics websites.

Among small schools, three out of 23 had designated space on their athletics website for mental health service information. Additionally, four out of ten medium-sized schools had a designated space while four out of eight large schools and three out of seven very large schools had dedicated space.

Only one out of five small, athlete-serving institutions had dedicated space while four out of the 19 medium, athlete-serving institutions had dedicated space. The number with dedicated space increased in large, athlete-serving institutions with six out of 18 schools designating space, however, only three of the six very large, athlete-serving institutions had dedicated space.

Mental Health Services Accessibility for Student-Athletes

In the sample overall, 14 schools out of the 48 reviewed explained how the student-athletes can access the mental health services on their athletics page. Thirty-three of the additional schools provided an easy path to schedule an appointment and access the mental health services on the appropriate counseling page. Observing this by athletic division, ten of the 16 Power 5 schools explained how their student-athletes can access mental health services from their athletics websites. Only one school from the 16 Division I non-Power 5 schools described the steps on how its student-athletes can access the mental health services provided. Three of the 16 Division II schools stated how student-athletes can access the mental health services they offer.

When comparing the sizes of the colleges and universities, three of the 23 small schools clearly explained how their student-athletes can access the mental health services offered to them. Four of the ten medium-sized schools that explained how to access the mental health services, and four out of eight large schools provided information on how to access mental health

services. Of the seven very large schools, only three described how the student-athletes can access their respective mental health services.

When comparing the schools based on the number of student-athletes, one of the five small, athlete-serving institutions provided clear explanation on how their student-athletes can access their mental health services. Four of the 19 medium, athlete-serving schools explained how student-athletes can access mental health services. Six out of the 18 large, athlete-serving institutions described how student-athletes can access mental health services, and three of the six very large, athlete-serving institutions also created a clear path to the mental health services they offer.

Scope of Mental Health Services

Specific data were collected about service providers and scope of services. The services provided were broken down into three (3) categories: clinical, supportive, and complimentary. Individual or group counseling/therapy services fall under the clinical services. Supportive services are services that support mental health instead of treating mental illness. A few of these services include team workshops/team building exercises, stress management, eating disorder services, leadership training, relaxation, coping strategies, pre-performance routines, outreach programs, career counseling, substance use prevention, and suicide prevention. Complimentary services are extra services that promote overall well-being. Mindfulness, biofeedback, and imagery/visualization are the most common forms of complimentary services for this record review.

In the sample overall, 47 of the 48 schools offered clinical mental health services for their student-athletes. The one other school, a small, Division II university that is a small-athlete

serving institution, did not have any information of its mental health services on its website.

Thirty-nine (39) schools in this review offered supportive mental health services for their student-athletes, and 13 of the schools provided complimentary mental health services for their student-athletes.

When comparing the sizes of the colleges and universities, 17 of the 23 small schools offered supportive services. Nine of the ten medium-sized schools delivered supportive services to their student-athletes. Seven of the eight large schools and six of the seven very large schools had supportive services for their student-athletes as well.

When looking at the schools based on the number of student-athletes, three of the five small, athlete-serving institutions offered supportive services. Fifteen (15) of the 19 schools from the medium, athlete-serving institution category also provided supportive mental health services for their student-athletes. Sixteen (16) out of the 18 large, athlete-serving institutions along with five of the six very large athlete-serving institutions offered supportive mental health services for student-athletes.

By comparing the schools based on their size, only five of the 23 small schools provided complimentary mental health services. In the medium-size category, three of the ten schools had complimentary services to offer. Only four of the eight large schools and one of the seven very large schools delivered complimentary mental health services.

Based on the number of student-athletes, one of five small, athlete-serving institutions offered complimentary services for its student-athletes. Out of 19 schools in the medium, athlete-serving institution category, six of them provided complimentary mental health services. Only four of the 18 large, athlete-serving institutions offered complimentary mental health services,

and two out of the six very large, athlete-serving institutions provided complimentary mental health services for their student-athletes.

Mental Health Service Providers

The disciplines/credentials of mental health service providers varied from doctors to supervised graduate interns. The doctors received their PhDs in counseling psychology, clinical psychology, rehabilitation psychology, sport, exercise, and performance psychology, and kinesiology, recreation, and sports studies. Other providers included therapists, counselors, psychiatrists, and social workers. There were 47 social workers across eighteen of the schools in this review. Four of the social workers were in the Power 5 schools, 35 in the Division I non-Power 5 schools, and eight were in the Division II schools.

Discussion

The purpose of this research was to explore the availability, accessibility, and scope of mental health services and how social workers impact the mental health care of collegiate student-athletes. This section will interpret findings from the study and focus on availability, access and scope of mental health services and comment on the presence of social work in college athletics.

Are services available?

The findings presented above indicate that mental health services are available for college athletes from the top two divisions in the NCAA with 47 of 48 schools reviewed offering clinical mental health care. This is not surprising because, generally speaking, four-year colleges and universities usually offer mental health services to students because of the rising mental health concerns in this population as discussed above. In fact, a survey of college presidents in 2017

(Chessman & Taylor, 2017) indicated that 87% of the college presidents surveyed were aware that mental health had become more of a concern over the past three years, and 72% reported that more money was allocated in an effort to provide mental health care.

In this sample, the only school found not to have services may just not have good public website information to specify that services are available. According to Fergie, Hilton and Hunt (2015), the internet is the primary way that young adults seek health information. Therefore, it is important that colleges and universities make good information available to student-athletes. Although 47 of the 48 schools reviewed had information on the main website overall, only 14 of the schools had a dedicated space directly on the athletics website for the institution. Since the schools in the Power 5 conferences are required to have mental health services for student-athletes (Hosick, 2019), it makes sense that these schools made up ten of the 14 overall. However, this also means that six Power 5 schools did not have space on the athletics website dedicated to mental health. No other institution descriptors studied had strikingly different findings as only a small number of schools at each level of student enrollment and each level of student-athlete participation had the dedicated space. This is an important deficit to note because student-athletes are likely to look for information online first. Their parents and other support systems might also be looking for help for the athlete online.

Ease of accessing help: Is good information available?

For the purpose of this study, good information is defined as an easy internet search to find out how a student-athlete can schedule an appointment or access help. Using this definition, only 14 schools provided clear instructions for how to access mental health services on the athletics website. There were no sizable differences when using other institutional indicators except that large athlete-serving institutions were more likely to provide clear instructions on

accessing help. Services were labeled with a variety of names including “Behavioral Health”, “Mental Health & Performance”, “Sports Medicine” and “Sports Psychology”, indicating little standardization between institutions. Standardization of language might be beneficial to student-athletes who review mental health services available when making decisions about what school to attend or for athletes who have changed schools and are looking for services at their new University.

Scope

Virtually all of the schools provided clinical mental health services. Fewer schools provided supportive services, and even fewer offered complimentary services. The scope of mental health services was diverse as some schools have unique forms of services for their student-athletes. A few interesting ones include, art therapy, emotional support animals, Alcoholics Anonymous, Gamblers Anonymous, Marijuana Anonymous, NAMI support groups, and Overeaters Anonymous.

One pattern discovered throughout the results is that the larger the school, the more services available. Although there were more schools in the small and medium-sized categories, a higher percentage of the large and very large categories provided both supportive and complimentary services. This is similar for the categories of number of student-athletes served. All four of these categories had low percentages, but the combination of large and very large athlete-serving institutions delivered a slightly higher percentage over the small and medium athlete-serving institutions.

Social Work

Social workers can be head therapists or counselors, and they can be the facilitators of meditation groups. One can find social workers presenting seminars, workshops, and much more. Larger colleges and universities are more likely to offer supportive and complimentary services, which social workers can lead. More schools should offer these two types of less intense and more inclusive services in order to reduce the need of clinical services for athletes. Social workers should have an active hand in the world of sports, where they can make an impact in numerous, different roles (ASWIS, n.d.). Surprisingly, more social workers were found in the Division I non-Power 5 and Division II schools than the Division I Power 5 schools in this review.

Strengths and Limitations

It is important to note the strengths and limitations in research studies. This review provides some awareness on the availability, accessibility, and scope of mental health services, and where social workers fit in. This review is unique because no previous studies were found discussing the same topics. Random sampling was used for this review. This technique allowed every college and university in the NCAA have an equal possibility of being selected.

This review has some limitations. Because of limited time, a small number of non-Power 5 schools and Division II schools were represented. This sample size may not be an accurate representation of the conferences and divisions in this review. Larger sample sizes may be required to provide better accuracy. Another limitation is that this review based its research solely on public information. This indicates that there may be a lack of diversity of resources to gather data. Standardization of language is a limitation as information can be prove to be difficult to find, especially if the information is located under different names.

Implications and Conclusion

The results of this study indicate the need for further research in this area. First to explore might include how many student-athletes access services and what factors predict access including if access is more common when information is present and clear on athletics websites. Also further research may include how long it takes to receive services when student-athletes do not have specific services within the athletics department. Studies have shown long wait periods for college students to receive counseling and support in general (NAMI, 2012) and athletes, who have hectic and rigid schedules may have an even harder time in accessing counseling in an effective way. Additional research may also want study student-athletes' attitudes toward services and test ways of reducing stigma.

Social workers need to be prepared become a part of the field of sports. Social workers need suitable preparation to help provide clinical, supportive, and complimentary services for collegiate student-athletes. This profession has history of working in policy, practice, and research to where social workers can be involved in and aware of "all areas where social work and sports systems intersect" (ASWIS, n.d.). There is a place within schools' athletics departments that social workers can fit in and make an impact. Having more social workers in athletics may also recruit both former and current student-athletes to join the field of social work, creating an opportunity for athletes to have more of a voice at the table.

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Appendix A

About the University

1. Name of School
2. Number of Students
3. Division of Athletics
4. Number of Student-Athletes Served
5. Number of Sports Offered

About the Website

1. Is the athletics' website easy to locate?
2. Is there a dedicated space on the website for mental health services for student-athletes?
3. Is it clear on the athletics' website on how student-athletes can access mental health services?
4. Is it clear elsewhere on how student-athletes can access mental health services?
5. If yes, where is it located?
6. Is there educational material on the page about mental wellness and mental health issues for student-athletes?
7. If unable to locate mental health/services on the athletics' website, is educational material located elsewhere?
8. If yes, where is it located?

About the Mental Health Services:

1. How many mental health service providers are listed?
2. What is the discipline and/or credentials of the providers?
3. What is the ratio of mental health specialists to student athletes?
4. What types of mental health services are provided:
 - a. Clinical (mental health issues) / therapy
 - b. Supportive (wellness - performance, financial, stress management) / support mental health instead of treating mental illness
 - c. Complimentary (biofeedback, meditation, etc.) / extra things that support overall well being
 - d. Other

Appendix B

Power 5 Universities:

1. University of Arizona
2. University of Arkansas
3. Duke University
4. Florida State University
5. Georgia Institute of Technology
6. Iowa State University
7. Kansas State University
8. University of Kentucky
9. University of Louisville
10. University of Maryland
11. Mississippi State University
12. University of Minnesota, Twin Cities
13. University of Oklahoma
14. University of Texas
15. University of Virginia
16. University of Wisconsin-Madison

Division I Non-Power 5 Universities:

1. High Point University
2. Hofstra University
3. Illinois State University

4. Jackson State University
5. Kennesaw State University
6. Kent State University
7. Mississippi Valley State University
8. Rice University
9. Southern Utah University
10. Texas State University
11. University of Southern Mississippi
12. Troy University
13. University of California Irvine
14. University of Massachusetts, Amherst
15. University of Wyoming
16. Western Michigan University

Division II Colleges and Universities:

1. Anderson University
2. Bluefield State College
3. California State University, Chico
4. Davis & Elkins College
5. Harding University
6. Haven University of Pennsylvania
7. Pace University
8. Pittsburg State University
9. Post University

10. Saint Anslem College
11. Saint Augustine University
12. Sonoma State University
13. University of Texas at Tyler
14. University of Arkansas at Monticello
15. West Texas A&M University
16. Wingate University