EVALUATION OF A DIVISION I MID-MAJOR UNIVERSITY’S STUDENT-ATHLETE MENTAL HEALTH PROGRAM

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EVALUATION OF A DIVISION I MID-MAJOR UNIVERSITY’S STUDENT-ATHLETE MENTAL HEALTH PROGRAM

By

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EVALUATION OF A DIVISION I MID-MAJOR UNIVERSITY’S STUDENT-ATHLETE MENTAL HEALTH PROGRAM

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By

Heather M. Swanson
DEDICATION

This study is dedicated to my daughter Brooke. Through weekend residencies, weeknight classes, and hours focused on this dissertation, you always told me I could do it. Your faith helps me get through the most challenging times.
I would like to thank the athletics department, student-athletes, and staff members for allowing me to utilize them in this study. Their support and help were pivotal in helping this study reach completion. I would especially like to thank Dr. Petruzzelli for her support and positive energy throughout this process. You are one of the most dedicated and hard-working individuals I have ever met and your support helped push me to complete this work.

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I would also like to thank my family for their love, humor, and support during this journey.
The following executive summary provides high level findings of a student-athlete mental health program (SAMHP) at a National Collegiate Athletic Association Division I mid-major university. Various elements of the SAMHP were evaluated to create a well-rounded understanding of the program to determine sustainability, goals, and stakeholder expectations. Findings from this study provided insight on stakeholder needs, program successes, and implications for program improvements.
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CHAPTER 1: INTRODUCTION

The following qualitative evaluation focused on a National Collegiate Athletic Association (NCAA) Division I mid-major university’s student-athlete mental health program (SAMHP). The evaluation focused on identifying if stakeholder needs and program goals were being met. This research provided background information regarding current trends in mental health in collegiate athletic settings. Other topics included current gaps in the literature, purpose and significance of the study, research questions and researcher positionality. This chapter introduced the complexity theory and context, input, process, product model as guiding frameworks to maintain research focus and develop methodologies.

**Background of Study**

In the United States, college students have elicited high demands for mental health services from campus health and counseling departments (Benton et al., 2003; Hunt & Eisenberg, 2010; Twenge et al., 2010). A 60-year review of mental health data on college students in the United States identified significant increases in depression, anxiety, paranoia, and hypochondriac tendencies (Twenge et al., 2010). These findings suggested that demands on college mental health services may increase due to the changing needs of students. As a result of these needs, student health and counseling centers have provided various services such as crisis intervention, case management, campus outreach and education, and consultation (Brunner et al., 2014). Understanding the specific needs of students was pivotal for student health and counseling centers to proactively create services that supported diverse student populations on college campuses.
Currently 460,000 college students participated in NCAA-governed intercollegiate athletics (Schwarb, n.d.). This was a large, specific population on college campuses in the United States. This group of college students navigated the same stressors as non-athletes; however, additional stresses supplement student-athlete life resulting from their participation in collegiate athletics (Cosh & Tully, 2015). Student-athletes adjusted to practice requirements, team travel, injuries, coach demands, and performance pressure. Student-athletes also experienced increased social pressures and attention from fans, faculty, staff, and the university. While intercollegiate athletics created unique college experiences, participation affected the mental health needs of student-athletes (Sudano et al., 2016).

It has been shown that student-athlete’s experienced higher incidences of binge drinking, sleep disturbances, and eating disorders when compared to their non-athlete counterparts (Barry et al., 2015; Curie, 2010; Driller et al., 2017; Williams, 2016). The student-athlete population has been identified as having hyper-masculine tendencies that has led to incidents of sexual misconduct in the university setting (Young et al., 2017). Existing barriers to seeking help revealed that student-athletes were less likely to seek counseling services than non-athletes (Kern et al., 2017; Watson, 2005). These factors and incidences had negative consequences on the student-athlete’s athletic and scholastic performances (Kroshus, 2016). It was pivotal for college administrators to be aware of potential negative effects college athletic participation may have on student-athlete’s mental health in order to develop mental health and counseling services specific to student-athlete needs.

The NCAA promoted best practices in mental health for student-athletes. The NCAA published a mental health and wellness resource for colleges and universities providing athletic departments with information regarding development of mental health programming specific to
student-athlete needs; however, it did not outline specific policies, protocols, or examples for program development (Brown et al., 2014). Kroshus (2016) identified various athletic departments as lacking written policies regarding mental health, and only 38.3% of the sports medicine departments questioned had a clinical psychologist available for student-athletes. Although most athletic departments maintain healthcare professionals dedicated specifically to student-athletes, mental health program development was lacking within institutions.

Athletic departments may be challenged in developing mental health programs for student-athletes. These challenges could be alleviated by use of evaluative measures. According to Russ-Eft and Preskill (2009), “evaluation is a form of inquiry that seeks to address critical questions concerning how well a program is working” (p. 6). Utilizing evaluation was one means athletic departments could develop sustainable mental health services for student-athletes.

Student-athlete mental health programing could be developed through collaboration with on-campus counseling services that understand the unique needs of student-athletes in order to provide optimal mental health services (Heird & Steinfeldt, 2013). Student health and counseling centers were an excellent on-campus resource and historically developed collaborative relationships with various departments on and off-campus (Brunner et al., 2014). Having the campus student health center as an ally and resource could help athletic departments develop mental health services specific to the student-athlete.

Athletic departments were unique in that they provided specialized sports medicine healthcare providers solely for student-athletes. These healthcare professionals had the potential to assess and care for the physical needs of student-athletes; however, they also had the potential to assess and refer student-athletes with mental health needs. If these healthcare professionals could collaborate with on-campus student health and counseling departments it may create a
more efficient pathway to streamline and access mental health services for student-athletes. Research has suggested that early recognition of mental health disorders can limit long-term detrimental effects on athletic performance (Brown et al., 2014; Kroshus, 2016). Although research has identified the need for mental health services for student-athletes the question remains of how and what specifically should be developed?

**Statement of the Problem**

Student-athletes were one group on campus with unique stresses at risk for mental health illnesses (Barry et al., 2015; Curie, 2010; Driller et al., 2017; Williams, 2016). Student-athletes were less likely than their non-student-athlete counterparts to seek mental health services due to cultural taboo of mental health and counseling (Reardon et al., 2019; Watson, 2005). Presently, there have been guidelines and research suggesting implementation strategies for mental health and counseling services specific to the unique needs of the student-athlete population (Brown et al., 2014; Heird & Steinfeldt, 2013; Kroshus, 2016; Reardon et al., 2019); however, various factors that affected development of successful, sustainable SAMHPs. The problem was that traditional mental health services may not meet the unique mental health needs of student-athletes; requiring athletic departments to create services specific to the student-athlete.

**Purpose of the Study**

The initial purpose of this qualitative evaluation was to determine if a NCAA Division I mid-major universities’ student-athlete mental health program was meeting stakeholder needs and program objectives. Upon further investigation and development of a logic model, the purpose of this study evolved to better represent the programs current state. The logic model was developed during an interview with the program director in order to guide the evaluation forward. This discussion allowed for the purpose to focus deeper on the end-user’s experience
versus focusing on the programs objectives. Moving forward this qualitative evaluation set to
determine if the student-athlete mental health program was meeting the needs and expectations
of the student-athletes.

**Research Questions**

This evaluation began with two research questions:

1. How are the mental health needs of collegiate student-athletes being determined?

2. What is the student-athletes perception of the current mental health program?

   After interviewing the program director and developing a program logic model, three
evaluation questions were developed to focus this qualitative research. The following three
questions became the main focus of this evaluation design:

   1. Is the SAMHP being utilized consistently by the student-athletes?
   2. Is this program able to meet the needs of the student-athlete?
   3. In what ways does the program need to change in order to better meet the needs and
      expectations of the student-athlete?

**Significance of the Study**

Guidelines have been established by the NCAA on best practices for creating SAMHPs,
however, this has led to variability in mental health services across institutions (Brown et al.,
2014; Kroshus, 2016; Sudano & Miles, 2017). Presently, there was a gap in the research as to
implementation strategies for the NCAA mental health best practices that has led to various
mental health programs throughout university and college athletic departments (Kroshus, 2016).
This variability allows for institutional flexibility regarding services provided, however, there
were no current standards on evaluation of SAMHPs. Utilizing evaluative measures allowed for
identification of stakeholder needs and program objectives. This qualitative evaluation provided
an example of how evaluation methods could identify stakeholder needs, program benefits, and areas of change.

**Theoretical Framework**

**Complexity Theory**

Complexity theory has been utilized in healthcare to integrate multifaceted departments into cohesive organizations (Hast et al., 2013; Long et al., 2018; Plsek & Greenhalgh, 2001). The SAMHP was a collaborative program that connected two separate entities: a NCAA Division I mid-major athletics department and the on-campus student health and counseling department. Both departments had independent moving parts but interacted to provide student-athletes appropriate care. Complexity theory provided guidance in this evaluation and served as the theoretical framework.

**Context, Input, Process, Product Model**

The context, input, process, product (CIPP) model (Stufflebeam, 1967) was an evaluative framework that complemented the complexity theory by adapting to diverse settings while maintaining focus on specific evaluative areas. The CIPP model allowed the researcher to evaluate the mental health services provided by the athletic and student health and counseling departments to gain an understanding of how the mental health needs of student-athletes were being met. The CIPP model provided specific areas of focus that helped develop methodologies utilized in the evaluation. Utilizing this model ensured an all-encompassing approach was developed to gain a thorough understanding of the SAMHP.

**Description of the Study**

This qualitative evaluation focused on a NCAA Division I mid-major university’s SAMHP. The evaluation utilized questionnaire and interview responses to understand how the student health center and athletics department provided collaborative services specific to the
mental health needs of student-athletes. This evaluation gained multiple perspectives to develop a thorough, saturated understanding of the services provided to the student-athletes, and to identify if stakeholder needs and program goals were being met.

**Positionality**

As defined in Herr and Anderson (2014), positionality referred to the researcher’s relation to the participants and setting of the study. The question of how the researcher’s employment within the athletics department, as well as their relationship to the student health center staff, the student-athletes, and other athletics department representatives created a potential for interaction could have affected evaluation outcomes. The researcher was a former alumnus of the university. It was important to address this relationship and maintain transparency through the evaluation process to gain trust and confidence from participants as well as to promote research that accurately portrayed the current status of the SAMHP.

Utilizing Herr and Anderson’s (2014) positionality continuum, the researcher was an “insider in collaboration with other insiders” (p. 45). The researcher was a participant in the sense that they were involved in developing mental health screening protocols at the university and were involved in student-athlete mental health care. The researcher had full access to the student-athlete’s medical records within the student health center. The researcher did not have access to counseling records for student-athletes but was able to see if a student-athlete was referred to on-campus counseling.

The researcher had a role within the athletic training sports medicine department. This means the researcher developed relationships with student-athletes and was involved in injury treatments throughout the athletic seasons. The researcher was a committee member of the eating disorder team and had occasional involvement with student-athlete acute mental health
These roles allowed the researcher access to various staff members within the athletics and student health center departments. It also allowed the researcher access to student-athlete participants.

**Definition of Terms**

The following definitions were developed to clarify terms utilized within this study:

*Athletic trainer certified:* “Highly qualified, multi-skilled health care professionals who collaborate with physicians to provide preventative services, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions” (National Athletic Trainers’ Association [NATA], n.d., para. 2).

*Counseling Center Assessment of Psychological Symptoms-62 (CCAPS-62):* CCAPS-62 is a mental-health self-reporting screening tool developed specifically for college and university counseling centers (Locke et al., 2011).

*Intercollegiate athletics:* Athletic teams at colleges or universities that compete against other college and university athletic teams.

*Mental health:* An individual’s “emotional, physical, and social well-being” (U.S. Department of Health and Human Services, 2017, para. 1).

*Mental health screening tools:* Validated assessments utilized by health care providers to identify various mental-health factors in patients. Screening tools can either focus on one specific mental health concern or have various sections to assess multiple mental health areas.

*NATA:* The national governing body responsible for maintaining athletic training professional standards and regulations (NATA, 2017).
**NCAA**: A non-profit organization that oversees various collegiate and university athletic programs in order to develop rules and standards focused on protecting student-athlete rights (NCAA, n.d.-b).

**Student-athlete**: A currently enrolled college or university student who has completed the necessary NCAA clearinghouse documentation, maintains amateurism status, and is in educational good standing at their institution (NCAA, n.d.-b).

**Chapter Summary**

Diverse student populations at university and college campuses created a need for educational and mental health services. One unique group on college campuses was the student-athlete. Unfortunately, student-athletes tended to have higher rates of mental health distress than their non-athlete counterparts (Driller et al., 2017; Williams, 2016). Student-athletes were also less likely than non-athletes to seek help for mental distress (Kern et al., 2017). These higher incidences of mental health concerns, coupled with low levels of help seeking behavior, potentially created a student-athlete population that may benefit from mental health programming specific to their needs. This evaluation provided an opportunity to identify if this specific athletics department was providing services that meet the unique needs of their student-athlete population.
CHAPTER 2: REVIEW OF LITERATURE

The purpose of this study was to evaluate a NCAA Division I mid-major university’s SAMHP to determine if stakeholder needs and expectations were met. To understand this evaluation, it was important to discuss various mental health needs of collegiate student-athletes. This literature review provided information regarding common mental health concerns of student-athletes, the roles of the student-athlete, and how this population was unique. Additionally, mental health screening tools commonly utilized in the collegiate setting are discussed and described to provide an understanding of how these tools are implemented. Evaluation and its usage in healthcare was also discussed.

Complexity theory was the theoretical framework for this study because it provided an understanding of the complex relationships required within and between departments to provide cohesive services to stakeholders. The context, input, process, product model was used to develop the methodologies of this study by providing evaluation standards. Together the complexity theory and CIPP model developed an understanding of the complexity of patient needs, areas of focus during evaluation, methodologies of evaluation, and how healthcare services collaborated towards positive patient outcomes.

**Student-Athlete**

The NCAA is the main governing body for college athletics in the United States. The NCAA is led by member representatives who served on committees to develop rules, protocols, guidelines, and regulations that created competitive fairness, equality, and inclusion for student-athletes. The NCAA is also responsible for developing health and safety measures ensuring student-athlete welfare (NCAA, n.d.-d). The main headquarters provide member institutions a
support system to help implement and interpret legislation, organize championship events, and manage student-athlete programming (NCAA, n.d.-d). Presently, there were nearly 460,000 student-athletes participating in NCAA-governed sports across three divisions and 24 sports (NCAA, n.d.c).

As a result of the NCAA’s work with member institutions many student-athlete health and safety standards have been developed (NCAA, 2016). As a result of this work, student-athletes have been identified as a population in need of mental health services (NCAA, 2017; NCAA, 2018). Research suggested that student-athletes have higher rates of mental health concerns when compared to their non-athlete counterparts (Driller et al., 2017; Williams, 2016) and experienced unique stressors different from other student populations (Cosh & Tully, 2015). With almost a half million student-athletes making up the college population this was a unique and large group in need mental health services specific to their collegiate experiences (NCAA, n.d.-d).

**Time Commitment**

Student-athletes experienced typical college life including on-campus living, parental freedom, new relationships, college nightlife, and academic pressures. Unique differences between student-athletes and their non-athlete counterparts were hours required for practices, study-hall, travel, and competition. During a student-athlete’s regular season their practices are limited to four hours per day, with a maximum of 20 hours per week (NCAA, n.d.-a). In addition to their 20 hours of practice time, student-athletes may be required to have academic or other administrative meetings that are not included in those hours (NCAA, n.d.-a). Practices and strength training sessions may be limited to 20 hours a week; however, student-athletes are also expected to compete during the season. Per NCAA rules, all competitions are to be counted at
three hours maximum. This time allowance does not include the potential for overtime, game
delays, or warm-ups (NCAA, n.d.-a).

At first glance of the NCAA hour restrictions for student-athletes, it appears that student-
athletes are only required to actively participate in their sport 23 hours per week (NCAA, n.d.-a);
however, according to the NCAA GOALS study in 2016, student-athletes were spending much
more than 23 hours per week on sport. According to the NCAA GOALS Study (NCAA, 2016),
Division I football student-athletes spent on average 44.8 hours per week devoted to their sport.
On average Division I student-athletes reported dedicating 34 hours per week to their sport
participation, while Division II student-athletes spent 32 hours and Division III students-athletes
spent 28.5 hours per week on their sport (NCAA, 2016). With these unique time commitments,
it was important to provide the student-athlete population with support adapted to their impacted
schedules.

In addition to time spent on the court or field, student-athletes are expected to travel with
their team to away competitions throughout the season. Time spent traveling is not factored into
NCAA participation hours (NCAA, n.d.-a). Travel leads to loss of time in the classroom and
having to do assignments in hotel rooms away from on-campus academic resources. A student-
athlete self-reported survey identified that 58% of baseball student-athletes reported being away
from campus three or more days a week due to competition (NCAA, 2016). The same study
identified that 39% of women’s basketball players traveled on average three or more days a week
for competition (NCAA, 2016). The addition of time spent traveling and potentially missing
class has been identified as unique stressors to student-athletes (Sudano et al., 2016; Waterhouse
et al., 2004).
Relationships

Studies have focused on the connection between athlete performance, well-being, and the coach-athlete relationship (Adie & Jowett, 2010; Jowett & Meek, 2000; Rhind & Jowett, 2010). The coach-athlete relationship has been identified as an important aspect in sport. This relationship has even generated specialized research screening questions, such as Jowett and Ntoumanis’ Coach-Athlete Relationship Questionnaire (2004), to gain deeper understanding of the student-athlete and coach dynamic. A 2011 study by Lafrenière et al. identified that having a good coach-athlete relationship positively affected athlete happiness; while coaches exhibiting controlling behaviors and obsessive passion led to poor coach-athlete relationships. It was important to acknowledge this unique relationship and provide support and understanding to help guide student-athletes through complex coach-athlete relationships.

Student-athletes relied on their teammates to help cope with the stresses of athletics via shared experiences (Kimball & Freysinger, 2003). This revealed that athletic relationships provided benefits to dealing with the various challenges associated with athletic participation. Student-athletes injured during their athletic season have felt isolated, depressed, and lacking companionship affecting their overall well-being (Brewer, 1993; Kimball & Freysing, 2003). Positive relationships with teammates have been identified as benefitting athletic performance and played a role in overall happiness in student-athletes (Donohue et al., 2007). It was important to understand the various relationships that played a role in the student-athletes daily life to develop mental health programming capable of understanding these complex relationships.

Due to the requirements of their sport it could be difficult for student-athletes to expand their social network. This inability to develop social interactions outside of athletics could
promote distress within the student-athlete population (Watson & Kissinger, 2007). Research has suggested that student-athletes should be encouraged to have interests outside of sport to expand their network and have secondary social support systems (Watson, 2016). Having teammates that provided a strong social network could help a student-athletes cope with stress, however, when removed from that network the student-athlete may not have other sources of support (Kimball & Freysinger, 2003). Providing mental health services from the athletics department could provide a secondary source of support when student-athlete teammate interaction was limited.

One roadblock to student-athletes developing wider social networks was the perception of the athlete population. Student-athletes have reported that professors and other campus personnel do not always understand their unique situations which challenges their ability to connect with non-athletic entities on campus (Kimball & Freysinger, 2003). Studies have also shown that faculty members have negative associations with student-athletes and that the relationships between faculty and student-athletes are strained on various campuses (Comeaux, 2011; Simons et al., 2007). Misperceptions exist that all student-athletes were on full scholarships and received extra benefits not afforded to other students. These misconceptions were affirmed by the few student-athletes and athletic programs who do break NCAA compliance rules and were publicly sanctioned. Most student-athletes were not receiving benefits outside the normal college student; however, they were being viewed by faculty through lenses of bias and stereotypes (Baucom & Lantz, 2001). Navigating the various entities on a college campus could be a challenge for any student. Student-athletes must navigate typical college challenges as well as prejudices and stereotypes from campus faculty and staff that they have never felt in previous academic endeavors. The strained relationship between student-
athletes and faculty on campuses potentially could lead to isolation and added stress to the student-athlete population.

**Athletic Identity**

Athlete identity referred to how much a student identifies with their role as an athlete (Brewer et al., 1993). Student-athletes balanced their dual roles of academic life and athlete life throughout their participation in collegiate sports. This duality could potentially have negative effects on student-athlete mental health as the challenges of balancing both roles could lead to increased stress. A study by Watson (2016) found that college student-athletes who reported a strong athletic identity also reported more stress in their lives. This concurs with other studies that suggested athletic identity, although having positive effects on student-athletes, can also promote increased stress and imbalances that effects overall well-being (Brewer, 1993; Kimball & Freysinger, 2003; Turton et al., 2017). Student-athletes have a dual identity making them a unique population on campus. This resulting duality led to diverse stressors that potentially could affect their mental health and general well-being. On-campus resources designed to help students deal with stress and coping may help student-athletes, however, these programs were not designed to meet the diverse needs of the student-athlete (Watson, 2016). Developing mental health programming that understands athletic identity has the potential to provide all-encompassing care to maximize treatment outcomes.

Transitioning from student-athlete to young-professional posed a potential challenge to the athletic identity. Student-athletes could see the end of their athletic career as a threat versus opportunity (Benson et al., 2015). A career in athletics was not limited to four years in college. Many athletes participated in their sport from childhood through adolescence and then college. A student-athlete’s career could potentially span 10 plus years of their life and have a lasting
impression on their character, personality, and identity. Athletes who focused solely on athletics and did not develop other interests or personal identities outside of sport struggled more to transition into life past athletic participation (Torregrosa et al., 2015). Student-athletes with strong athletic identities experienced challenges when transitioning to a post-sports career. It was important to provide student-athletes with support services that could identify student-athletes with strong athletic identities in order to help promote healthy coping mechanisms to life after college athletics (Stambulova et al., 2009). Transitioning from college athletics could be either voluntary or involuntary (i.e., injury); either was results in a large life change unique to student-athletes.

**Common Mental Health Concerns**

Many studies have identified athletics as having positive effects on the mental health and resiliency of student-athletes (Bano, 2014; Ghiami et al., 2015; Khodabakhshi & Khodaee, 2011). Other studies have also identified that student-athletes are satisfied with their experience as college athletes (Gabana et al., 2017; NCAA, 2016). Although student-athletes typically have good mental health and well-being, the need still existed to provide mental health services specific to their unique needs.

Student-athletes have been found to experience substance use disorders such as excessive alcohol consumption and drug abuse (Sudano et al., 2016; Yusko et al., 2008a). Substance use disorders referred to the “adverse social consequences of substance use” (Jones et al., 2012, p. 116). In 2017, the NCAA surveyed over 60% of its member institutions to compare substance use to previous findings in 2009 and 2012. Findings revealed that 77.1% of student-athletes reported drinking alcohol within the last year. Of these participants, 42% reported engaging in binge drinking episodes where they drank four or more drinks in one sitting (NCAA, 2018).
This same study also found that 25% of student-athletes surveyed regretted decisions they made while drinking within the last year. When compared to undergraduate student substance usage, student-athletes were around the current national average regarding alcohol consumption (CORE Institute, 2013). The negative consequences resulting from this type of behavior could not only affect the student-athletes’ academic endeavors but also potentially affect their collegiate athletic career.

Although there does not seem to be dramatic differences between student-athletes and college student drinking habits, there were still high rates of binge drinking habits and negative consequences associated with drinking in the student-athlete population (NCAA, 2018). It was suggested that student-athletes have unique factors which affected their decisions to consume alcohol (Milroy et al., 2014). Factors such as being in-season versus off-season, team culture, sport related stress, coach influences, and competitiveness have all been identified as potential influences that increase student-athlete drinking habits (Seitz et al., 2014; Serrao et al., 2008; Wahesh et al., 2013). These factors were not always seen in the general college student population which potentially created a challenge for student health and counseling centers to develop patient care plans and programs designed to combat these specific factors. Developing collaborative programming to help deter student-athletes from high-risk drinking habits has the potential to help student health and counseling centers meet the specific needs of this subpopulation on campus without taxing limited resources (Milroy et al., 2014).

Unfortunately, student-athletes were not impervious to psychological distress (Watson, 2005). Student-athletes experienced various challenges during their collegiate career that could cause havoc on their mental health and well-being just like other students on college campuses. Being a student-athlete did not protect an individual from the difficulties of balancing academics,
athletics, and personal situations that occurred as part of the college experience. Depression, anxiety, mood disturbances, body image and eating disorders, impaired sleep quality, post-concussion syndrome, and suicide ideation were concerns found within the student-athlete population (Brown et al., 2014). Although any college student may experience similar mental health distress, student-athletes had unique factors that challenged traditional treatment plans. It was important to understand the common mental health concerns for student-athletes to develop programming that could meet their diverse needs.

**Counseling Expectations**

One concern regarding student-athlete mental health was help-seeking behavior. Watson (2005) compared student-athlete and non-athlete behavior and expectations regarding counseling services for mental health needs. The findings suggested that student-athletes had fewer positive attitudes towards help-seeking behavior compared to non-athletes. Watson also found that student-athletes had high expectations that their counselors would be knowledgeable and well-trained in understanding their needs, stresses, and personality traits. Campus student health center counselors were well skilled at working with the general campus population, however, student-athletes differed greatly from their non-athlete counterparts. This revealed a potential mismatch between a student-athlete and a counselor at the student health center. Other studies found that student-athletes did not pursue counseling because they felt counselors would not understand the athlete culture and would not be able to develop successful treatment due to this lack of cultural knowledge (Donohue et al., 2004; Donohue et al., 2016). A concern existed that counseling programs were not accepting the idea that student-athletes were a special population on campus with vulnerability to mental health conditions (Etzel & Watson, 2007; Valentine & Taub, 1999). Unfortunately, if counseling programs were not integrating a vulnerable
population, such as student-athletes, it could be challenging for these professionals to meet the expectations of the student-athlete. This in turn could reaffirm a student-athlete’s negative attitude towards help-seeking behavior.

Although research had suggested student-athletes were a vulnerable group with negative attitudes towards seeking help for mental health concerns (Watson, 2005); there has been findings that this negative perception was changing (Barnard, 2016). Barnard (2016) found that student-athletes had a more positive attitude towards seeking help versus their non-athlete counterparts. Barnard explained that the student-athlete participants in his study had either direct or referral access to in-department or on-campus counseling services which may have altered the participant's views on counseling services. Gavrilova and Donohue (2018) suggested that developing a mental health program specific to athletics could promote positive attitudes in student-athletes towards counseling services as well as support help-seeking behaviors within this population. Developing programming that supported help-seeking behaviors within the athletics department had the potential to alter stereotypical perceptions of help-seeking behavior in student-athletes. Providing resources, counselors who understand athletic culture, and promoting positive discussion regarding mental health were important aspects of a SAMHP (Gavrilova & Donohue, 2018).

**Student-Athlete Versus Non-Student-Athlete Motivations**

Student-athletes had different motives regarding drug and alcohol usage (Yusko et al., 2008a). Both male and female student-athletes used illegal performance enhancement drugs, such as amphetamines, more often than their non-athlete counterparts. These substances and supplements were sold with the promise that athletic ability would be enhanced. This motivation was specific to student-athletes and may not be as common in non-athletic student populations.
Another study by Yusko et al. (2008b), found that student-athletes utilized heavy episodes of drinking as coping mechanisms more often than their non-athlete counterparts. The study also found that student-athletes were more prone to heavy alcohol use to meet their need for sensation and excitement. This suggested that student-athletes have different motives and personality traits; revealing a need for specialized intervention programming. Understanding motives behind alcohol and drug use was necessary to develop an intervention that can effectively meet the needs of the patient and prevent the negative action (Taylor et al., 2017). Student health and counseling intervention programs were developed for the general student population and may not be able to address the specific needs of student-athletes.

A unique attribute of college athletics was the team dynamic. Although some sports, like basketball and football, were played as a team there were individual sports, such as golf, at the collegiate level. Although, a sport may be identified as an individual, there was still a team dynamic and culture that surrounded those individuals. This team culture was a major factor in a student-athlete’s decision to drink. Student-athletes identified that peer norms and supported behaviors were a main reason for their use of alcohol (Milroy et al., 2014; Taylor et al., 2017). Cultural norms had the potential to push individuals to conform to fit in with the rest of the group. Student-athletes were a population that develop a cultural norm within their team and organization that had the potential to support risky-behavior. Celebratory drinking was identified as a strong factor in a student-athletes decision to drink (Milroy et al., 2014). Student-athletes experienced different social norms and celebratory events during their collegiate careers. These differences were unique motivators to this subgroup of college students and may benefit from specialized mental health support that understands their specific motivations.
During an academic school year student-athletes participated in multiple seasons. The year consisted of in-season and off-season activities. In-season participation referred to the student-athlete practicing and competing in conferences games that affected their overall season record and allowed them to be eligible for post-season NCAA tournament play. Off-season consisted of practice and some competitions that did not affect the overall team record or allowed the student-athlete to be eligible for post-season NCAA tournament play. Season of play was one factor that has been identified as affecting a student-athlete’s decision to participate in risky-behavior and their levels of stress. Wyrick et al. (2016) found that student-athletes were more likely to drink excessively during the off-season or at the end of their in-season play. This suggested that student-athletes tend to drink less during the portion of the year where athletic performance was most important. A study by Yusko et al. in 2008a, compared non-athlete and student-athlete usage of performance enhancing and illicit drugs. The researchers identified that student-athletes were more likely to utilize performance enhancing drugs and supplements when compared to their non-athlete counterparts to help them with their athletic performance; suggesting that student-athletes had different motivations in deciding when and what illegal substance they were willing to consume. Yusko et al. also identified that student-athletes were more likely to use various illicit drugs, alcohol, and tobacco during their off-season.

Student-athletes and non-student-athletes engaged in risky-behavior and substance use for various reasons during an academic school year (Wyrick et al., 2016; Yusko et al., 2008a). Student health and counseling centers have developed prevention programming for the general student population to provide support towards healthier lifestyle choices. Student-athletes tended to partake in substances that go beyond alcohol and basic tobacco use, and current interventions may not address the unique motivations student-athletes have for various performance enhancing
substances (Yusko et al., 2008a). Student-athletes were prone to risky-behavior during specific seasons within the year; which suggested prevention programming offered during certain key moments within a year specific to that sports season. Although both student-athletes and non-student-athletes benefitted from traditional counseling and prevention programming offered on-campus, there was evidence to support that student-athletes needed specialized interventions to meet their unique motivations, cultural team norms, and season of play.

**Mental Health Screening**

On-campus student health centers provided basic primary care health needs to student populations like x-rays, immunizations, physicals, pharmacy services, etcetera, at low to no cost. Student health centers screened students for various health concerns ranging from alcohol use, substance use, sleeping habits, depression, and anxiety (Shepardson & Funderburk, 2014). The U.S. Preventative Services Task Force (2009a, 2009b) suggested that primary care clinics implement regular screenings for various health concerns. Student health centers utilized these suggestions and reached a large majority of the young-adult college population.

Various health screening questionnaires existed to help practitioners identify at-risk students (Seigers & Carey, 2010). The screening processes varied by institution and it was the responsibility of each student health center to develop infrastructure to provide the necessary services needed post-screening (Seigers & Carey, 2010; Shepardson & Funderburk, 2014). Health screenings for the general student population potentially identified at-risk students and gave health centers the opportunity to intervene or promote healthier lifestyle choices. Behavioral health screenings were found to benefit participants (Clark et al., 2013; Ho et al., 2011; Husky et al., 2011). With various screenings used for the young-adult population it would
be beneficial to utilize a screening tool specific to the needs of student-athletes to identify at-risk factors needing intervention, referral, or follow-up.

**Pre-Participation Exam**

Student-athletes are required by the NCAA to have a physical prior to the beginning of any team-related physical activity every year (NCAA, n.d.-a). The pre-participation physical provided the opportunity to implement mass health screenings to incoming and returning student-athletes. This also provided the opportunity to educate and promote mental health and counseling services available to them while attending their institution. Having screenings during physicals allowed athletic departments and student health centers the ability to develop a positive approach to mental health and help-seeking behavior. The NCAA Sport Science Institute developed best-practices recommendations in 2016 and promoted utilizing the pre-participation physical as an opportunity to screen student-athletes. With physicals occurring each year utilizing screening methods allowed practitioners the ability to regularly assess student-athlete mental health and created a well-documented history for practitioners.

**Health Screenings**

Regarding screening types, the NCAA has suggested various short-form instruments that focus on common mental health concerns in the student-athlete population (NCAA, 2016). The list was not all-inclusive as various instruments existed to screen for behavioral health concerns. Although the NCAA provided a list of potential screening tools, there has not been any mandated tool for participating institutions. This means each institution utilized health screening tools identified as most appropriate for their institution (Kroshus, 2016; NCAA, 2016).

Initiating the NCAA best practice recommendations has produced challenges for member institutions. According to Kroshus (2016), staffing deficits and lack of written mental health
protocols were the two main limitations to integrating student-athlete mental health screenings. Unfortunately, screening a population required clinicians, response interpretations, follow-up, and potentially referral with a continuation of care. This meant having staff available and trained to perform all the steps needed before, during, and after screening. If you couple a lack of staff with no infrastructure on how to integrate screening within the functions of the department there was a potential for lack of follow through or adaptation.

To fully adopt the NCAA best practice recommendations, it was important to plan and engineer an infrastructure that best suited the institution’s staff and resources (Kroshus, 2016). Cormier and Zizzi (2015) found that athletic trainers excelled at identifying student-athletes in need of mental health services; however, they struggled to develop the appropriate psychosocial interventions for the student-athlete. This revealed the importance of having specific guidelines in place that helped practitioners know the next steps in care after a student-athlete was identified as needing intervention.

**Program Evaluation**

Various programs exist on college and university campuses to help acclimate students to college life, promote inclusivity, and to create a supportive foundation for academic, physical, and mental well-being. These programs are developed through various organizations and departments on campus to meet the needs of students. As students’ needs change, it is important for programs to adapt to meet these changes. Program evaluation is a useful tool to ensure that stakeholders needs are being met by established and newly developed programs (Russ-Eft & Preskill, 2009). Evaluation is one option for college and universities to ensure that programs are adapting and developing to meet the needs of student stakeholders.
Evaluation in Healthcare

Healthcare could be a complex system of specialists, referrals, departments, protocols, and guidelines. One growing component of healthcare was the use of evidence-based practice to promote standards of care for patients. Evidence-based practice (EBP) was an extremely important aspect of current healthcare standards, practices, and education (Florin et al., 2012). EBP was a form of problem solving where the clinician couples their personal experiences and knowledge with current evidence-based research to develop solutions to better develop patient-centered care programming (Sackett, 1997). EBP was especially useful in challenging cases where a defined solution may not be present. If a clinician was presented with an unclear solution, EBP could be utilized to develop a question, research and compile current information, implement findings into clinical practice, and evaluate the patient outcomes (Sackett et al., 2000). Utilizing these steps helped clinicians systematically identify and test a peer-reviewed methodology that has been published and accepted by other healthcare professionals.

One way to increase EBP was through program evaluation (Reupert et al., 2012). By evaluating programs, it was possible to review patient outcomes to reveal successful programs, as well as areas that needed improvement. By evaluating healthcare programs more evidence could be distributed to other clinics and settings that help promote standards of care and best practices for healthcare professionals. Program evaluation could be a useful tool in highlighting the effects of patient care programming for other clinicians to utilize or adopt within their clinic.

Program evaluation increased EBP in healthcare, but also provided insight regarding the program effectiveness and efficacy (Reupert et al., 2012). Effectiveness referred to the idea that the program was meeting its goals; where efficacy related to the program’s ability to reach patient treatment outcomes (Reupert et al., 2012). Evaluation was a usable tool for departments
and clinics to ensure programs were following through with their intended outcomes. It was important to evaluate regularly in order to maintain current best practices, but to also ensure the needs of stakeholders were being met.

Program evaluation could identify if stakeholders’ needs were being met, but it could also identify if the programs staff members were performing at optimal levels (Donald et al., 2013). Staff members benefit from continued education in order to maintain high standards within their department. Program success depended on the ability its individuals in charge of daily operations to maintain their educational knowledge in current standards of healthcare (Donald et al., 2013). Evaluating the practices of clinicians and reviewing patient outcomes was one way to ensure a program was meeting its intended purpose. Utilizing evaluation methodologies was a way to ensure programs were keeping up with population trends and topics, as well as ensuring staff members were maintaining clinical skills.

**CIPP Model**

The CIPP model was developed in 1960 by Daniel Stufflebeam to evaluate education programs (Ho et al., 2011). Stufflebeam (1967) identified that standardized evaluation methodologies needed to be developed to help education programs focus on specific benchmarks to qualify for federal aid. The CIPP model is broken up into four sections to acquire evaluation data. These sections include context evaluation, input evaluation, process evaluation, and product evaluation.

Although the CIPP model was traditionally utilized in education it has been utilized in other areas such as mental health and healthcare (Ho et al., 2011; Shams et al., 2013). The main goal of the CIPP model was to gather information in its four main components in order to give administrators and departments enough data to move forward with decision making.
The CIPP model can help leaders and departments move forward with program development, implementation, and sustainability (Stufflebeam, 1967). Regarding this current study, the CIPP model helped develop methodologies to evaluate a SAMHP at a mid-major college.

The CIPP model contains four specific areas of evaluation to guide the researcher forward towards asking relevant questions of the program stakeholders (see Figure 1). Context evaluation identified the needs of the current environment and what restrictions or support systems currently exist within that environment. Input evaluation referred to what resources were available, financially and physically, that could be leveraged to help develop, implement, and sustain a program (Stufflebeam, 1967).

The last two portions of the CIPP model focused on process and product evaluation. Stufflebeam (1967) urged researchers to consistently acquire feedback to ensure that the program systems are running effectively. If a program was to be sustainable and adaptable it was important for administrators to review systems and processes; otherwise, it would be challenging to identify and predict potential failures or hazards. This portion of Stufflebeam’s model was developed to ensure evaluators were identifying potential failures within the processes of the program being evaluated, but to not intervene during the evaluation. It helped the evaluator identify any potential failures within the current programming. If an evaluator had identified any concerns with the program’s processes, it would be up to the administrators and staff to determine if changes needed to occur. Process evaluation was an important aspect of the CIPP model and allowed for researchers to observe and potentially predict issues within the programs processing systems.
The final section of the CIPP model was product evaluation. This was an important aspect of the evaluation process, as it focused on the outcome of the program. Programs were usually developed because a need was identified. Product evaluation focused on determining if the program was meeting the outcomes and objectives (Stufflebeam, 1967). This evaluation helped inform administrators and staff if the program was effective.

All four portions of the CIPP model provided an all-encompassing program evaluation. Each section had specific objectives that helped guide the researcher forward in the evaluation process (Stufflebeam, 1967). It was important as an evaluator to gain a well-rounded understanding of the various relationships within a program to develop an all-encompassing evaluation. The CIPP model was an effective way to guide an evaluation and develop a good understanding of a program’s systems, limitations, and areas to improve.

**Theoretical Framework**

Healthcare systems required various entities and departments to function and provide patients standardized care. Because of these various aspects of a campus healthcare system, researchers have utilized complexity theory research to understand systems (Long et al., 2018). Plesk and Greenhalgh (2001) defined complexity theory as: “A collection of individual agents with freedom to act in ways that are not always totally predictable, and whose actions are interconnected such that one agent’s actions change the context for other agents” (p. 625).

Consequently, complexity theory allowed for variation and adaptation within a system. This, in turn, allowed clinicians to provide patients with alternate care to better suit their needs. One notable example of complexity theory was the human body (Tuffin, 2016). Various physiological systems act independently within the body yet were connected in various ways to maintain homeostasis (Pinsky, 2010). This theory could be applied to a SAMHP. There were
various individuals and departments that must be connected to ensure that mental health screens were implemented, follow-up care occurred, referrals were developed, and the student-athletes health and welfare were maintained. These various entities maintained their independence, however, communicated and worked together to provide comprehensive medical services to student-athletes (Sudano et al., 2016).

In order to adapt to the complexity of healthcare systems it was important to utilize various specialties to provide better patient management and care (Wheatley & Frieze, 2011). Complexity theory supported inter-professional partnerships within clinics to allow practitioners to discuss complicated cases in order to provide comprehensive services that care for the multi-faceted needs of the patient (Brown & Oliver-Baxter, 2016; Zulman & Grant, 2016). A SAMHP that integrated the student health center and medical practitioners within the athletics department could promote a comprehensive healthcare framework that adapted to the complex needs of its’ patients (Brown & Oliver-Baxter, 2016; Sudano et al., 2016). An inter-professional partnership between student health and athletics could ultimately combat potential student-athlete mental health barriers, provide understanding to the unique needs of the student-athlete, and provide comprehensive mental health care (Sudano et al., 2016). Successful patient outcomes have been found to occur in college age students with inter-professional, collaborative healthcare services (Zulman & Grant, 2016), which supports the idea of a collaborative SAMHP.

Complexity theory was a non-linear system that maintained a degree of standardization, but also allowed for independent variations to occur (Plesk & Greenhalgh, 2001). Student-athletes were a unique population on campus who benefited from having adaptable mental healthcare specific to their needs (Gavrilova & Donohue, 2018; Kroshus, 2016). The complexity theory allowed for adaptability, while simultaneously promoting comprehensive care by
supporting collaboration between healthcare professionals. It was a well-suited framework for this research project that explored the various inter-dependent facets of a SAMHP.

**Complexity and CIPP Model Interaction**

The complexity theory worked with the evaluative CIPP format to fully understand the multi-layered department collaboration of athletics and student health. The CIPP model considered various systems within an organization and how those systems worked together to produce the desired outcome (Stufflebeam, 1967). This, in turn, complemented complexity theory. Together, complexity theory and the CIPP model designed an evaluation format to accurately assess a SAMHP to identify areas of success and areas needing improvement. The complexity theory provided standards that in turn developed survey and interview questions of stakeholders while maintaining focus on how the individual areas interacted to provide patient care.

**Chapter Summary**

College and university campuses provided basic health and counseling services to a variety of students on campus, however, student-athletes posed unique challenges to these traditional programs (Barnard, 2016; Brewer et al., 1993; Donohue et al., 2004). Developing a mental health program that met the demands of the student-athlete while simultaneously adapting to the complex environment of college athletics and student health was a challenging feat (Sudano et al., 2016). This qualitative study intended to evaluate a SAMHP to identify areas of success and improvement. Evaluating programs was an acceptable practice to ensure stakeholders needs were being met while simultaneously identifying areas of improvement and success; leading to improved practices and benefits to the organization (Russ-Eft & Preskill, 2009). In order to understand the complexity of a SAMHP it was important to thoroughly
evaluate various areas of the program. The complexity theory and CIPP model took into consideration these various moving parts within an organization and promoted an understanding of how the systems were interconnected (Stufflebeam, 1967; Tuffin, 2016). The complexity theory and CIPP model together supported a holistic view of systems and was used to develop an evaluation format for the SAMHP.
CHAPTER 3: METHODOLOGY

The purpose of this qualitative evaluation was to determine if stakeholder needs and expectations were being met by a SAMHP at a National Collegiate Athletics Association (NCAA) Division I mid-major university. This evaluation provided the department useful information to determine if modifications to the current program were required to better meet stakeholder needs. This chapter outlined inquiry approach, evaluation steps, methodologies, data collection and analysis, and ethical standards. The following evaluation questions guided this chapter:

1. Was the SAMHP being utilized consistently by the student-athletes?
2. Was this program able to meet the needs of the student-athlete?
3. In what ways did the program need to change to better meet the needs and expectations of the student-athlete?

Inquiry Approach

This was a qualitative evaluation focused on the experiences and perspectives of student-athletes, athletic department staff, sports medicine staff, and student health center staff regarding a SAMHP at a NCAA Division I mid-major university. Utilizing a qualitative approach provided an opportunity for stakeholder perspectives to be heard and in turn provided feedback to assess if the SAMHP was meeting stakeholder needs. This approach utilized descriptive data to analyze the systems, processes, and individuals involved in the implementation of the SAMHP (Russ-Eft & Preskill, 2009).

Qualitative research design provided rich description of both student-athlete and university staff member experiences to answer critical questions regarding the effectiveness of the SAMHP (Russ-Eft & Preskill, 2009). The goal of this qualitative evaluation was to identify
if the SAMHP was meeting the needs of participants. Utilizing qualitative methods provided an opportunity to identify program modifications, expansion, and program effects on stakeholders (Russ-Eft & Preskill, 2009).

**Evaluation Site**

This evaluation occurred at a mid-major state university. The case institution provided various services to the student population including on-campus housing, collegiate athletics, student health and counseling, intramural sports, campus clubs/organizations, Greek life, and various other programs. The campus offered over 60 bachelor’s degree programs and 50 master’s degree programs to the student population.

The case institution housed an athletics department to oversee 20 NCAA Division I athletic teams including football, baseball, basketball, soccer, tennis, etc. The athletics department provided administrative staff, coaches, support staff, and sports medicine services to over 500 student-athletes. The department provided office space primarily in one central location; however, department offices existed within campus athletic facilities. The athletic training staff was housed in two locations. These facilities provided medical coverage for the intercollegiate athletic teams. The athletic trainers were overseen by a medical director who maintained a private practice office off-campus. There were 10 certified athletic trainers working on-campus. In addition to athletic trainers the student-athletes had access to two team physicians, a clinical sports psychologist, and a team physical therapist.

Around 2016, the athletics department provided office space for a clinical sports psychologist from student health and counseling services (SHC) to provide in-house counseling services to student-athletes. This additional service coincided with the publishing of the NCAA’s mental health best practices document which provided member institutions guidance
on mental health support services (NCAA, 2017). The addition of a clinical sports psychologist housed within the athletics department helped promote best practice guidelines, while streamlining appointment processes. With a counselor in the athletics department student-athletes did not compete with the general student population for counseling appointments at the student health center. This created a direct pathway for student-athletes to receive counseling services. The clinical sports psychologist provided one on one student-athlete sessions, group sessions, and team sessions. This sports psychologist was the only mental health provider in-house for the student-athletes.

Sports medicine worked closely with the athletic department’s clinical sports psychologist. The athletic trainers were responsible for student-athlete health and safety which required them to collaborate with various health care providers. The researcher was employed as an athletic trainer (ATC) in the department during this evaluation and worked closely with the athletics department sport psychologist (SP). This collaboration led to this evaluation. The SP wanted feedback regarding the SAMHP. The SP agreed to allow the researcher to evaluate the SAMHP, with support from administration. The SP was pivotal in providing feedback on the evaluation process to help guide this study forward.

**Methodology**

The evaluation plan included evaluation matrix, rationale and purpose, program logic model, stakeholder identification, and key questions (Russ-Eft & Preskill, 2009). Together the researcher and SP collaborated on various areas of the evaluation plan.

**Evaluation Matrix**

Spaulding (2008) suggested developing an evaluation matrix to serve as a blueprint for the evaluator to ensure all necessary data were collected. The matrix identified five key
objectives to help ensure areas of the program were not forgotten. The objectives included the four aspects of the context, input, process, product model and set to identify the programs usage by participants.

Once these five objectives were identified stakeholder groups, data collection tools, timelines, and purposes were developed. This helped the evaluator focus on the various individuals who could provide perspectives regarding the student-athlete mental health program. The evaluation matrix also helped identify specific data collection tools to best acquire information needed for each objective (see Table 1).
Table 1

Evaluation Matrix

<table>
<thead>
<tr>
<th>Evaluation Objective</th>
<th>Stakeholder Group</th>
<th>Tools Used to Collect Data</th>
<th>When</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation Objective 1: To identify usage of the mental health program</td>
<td>Student-athletes, Coaches</td>
<td>Archival Data (student-athletes), Zoom Interviews (all)</td>
<td>July 2018-July 2019</td>
<td>Descriptive Statistics</td>
</tr>
<tr>
<td>Evaluation Objective 2: To understand the what (Context)</td>
<td>Student Health Center Staff, Coaches, Athletics Staff</td>
<td>Zoom Interviews (all)</td>
<td>May 2020-August 2020</td>
<td>Stakeholder Perceptions</td>
</tr>
<tr>
<td>Evaluation Objective 3: To understand the how (Input)</td>
<td>Student Health Center Staff, Athletics Staff, Student-athletes</td>
<td>Zoom Interviews (all); Online Questionnaire (student-athletes)</td>
<td>May 2020-August 2020</td>
<td>Stakeholder Perceptions</td>
</tr>
<tr>
<td>Evaluation Objective 4: To understand the process (Process)</td>
<td>Student Health Center Staff, Athletics Staff, Student-athletes, Coaches</td>
<td>Zoom Interviews (all); Online Questionnaire (student-athletes)</td>
<td>May 2020-August 2020</td>
<td>Stakeholder Perceptions</td>
</tr>
<tr>
<td>Evaluation Objective 5: To understand the product (Product)</td>
<td>Student Health Center Staff, Athletics Staff, Student-athletes, Coaches</td>
<td>Zoom Interviews (all); Online Questionnaire (student-athletes)</td>
<td>May 2020-August 2020</td>
<td>Stakeholder Perceptions</td>
</tr>
</tbody>
</table>

Evaluation Rationale

This evaluation set out to determine if the program was meeting the needs of the student-athlete, but also if additional funding to the program could increase its success. Presently, one sport psychologist provided counseling services to over 500 student-athletes. The sports psychologist wanted to expand the program by hiring additional counselors, inviting guest speakers to campus, developing new programming, and providing internships for doctoral students. Unfortunately, expansion required funding, and currently the program had no budget.
It was the hope that results from this evaluation would identify that the program was being utilized by student-athletes and that there was a need for program expansion and funding.

**Evaluation Purpose**

The purpose of this evaluation was to determine if the SAMHP was meeting the needs and expectations of the student-athlete. The results were used to identify modifications, financial implications, or adaptations needed to ensure program goals and participant needs were met.

**Stakeholders**

**Primary stakeholders.** According to Russ-Eft and Preskill (2009), primary stakeholders were individuals “who allow the evaluand to exist” (p. 166). For this specific evaluation the primary stakeholders were the sports psychologist, athletics department administration, and the student health center. These were the primary individuals involved in the current staffing of the program, as well as had an interest in its funding and development.

**Secondary stakeholders.** The secondary stakeholders in this evaluation included student-athletes, coaches, athletic trainers, other on-campus counselors, health center physicians, team physicians, student-athlete resource center staff, strength and conditioning staff, and faculty athletic representative.

**Tertiary stakeholders.** Tertiary stakeholders included future student-athletes, the university’s president, NCAA, the Association for Applied Sport Psychology, NATA, and other college/university athletic departments.
Figure 1. Student-athlete mental health program logic model.

Evaluation Key Questions

1. Was the SAMHP being utilized consistently by the student-athletes?
2. Was this program able to meet the needs of the student-athlete?
3. In what ways did the program need to change to better meet the needs and expectations of the student-athlete?

CIPP Model

The CIPP model helped develop evaluation questions for this study. The CIPP model included the context, input, process, and product of a program to identify potential
improvements, growth, and sustainability (Frye & Hemmer, 2012). The CIPP model was helpful as it considered various factors within a program providing well-rounded understanding of the integral parts. The CIPP model had similar elements as complexity theory as it was non-linear, adaptive, and allowed for variability (Frye & Hemmer, 2012). Using the CIPP model allowed stakeholders from various areas involved with the SAMHP an opportunity to discuss their thoughts, feelings, and perspective. Attaining stakeholder insight provided a deeper understanding of how the SAMHP was meeting user needs and program goals.

**Tools**

To accurately evaluate all aspects of the CIPP model, multiple tools were utilized to assess stakeholder needs, perceptions, and program goals. These tools included archival data, Zoom interviews and an online questionnaire. The CIPP model helped develop participant questions to gain an all-encompassing understanding of the various perspectives and experiences of stakeholders.

**Description of Participants**

**Student-athlete.** The student-athlete ages ranged from 18-25 years of age. Male and female student-athletes were utilized in this study and sport, race, sexuality, gender identity, and ethnicity were not limiting factors. All student-athletes were currently participating in NCAA intercollegiate athletics at the Division I mid-major university utilized for this evaluation. All participation was voluntary. Recreational and club sport athletes were not included as they were not members of an NCAA intercollegiate team and did not have access to this program.

NCAA intercollegiate student-athletes were recruited for Zoom interviews and an online questionnaire by the researcher via email (see Appendix A & B) and text message (see Appendix C). The researcher had access to student-athlete emails and phone numbers through their
positionality within the athletics department. All interviewed participants signed an informed consent form to ensure transparency (See Appendix D). Student-athlete interview questions can be found in Appendix E. The online questionnaire also required consent prior to participation (see Appendix F). No incentives were provided to participants.

Student-athletes were the primary users of the mental health services housed in the athletics department. Their feedback was pivotal in identifying trends, areas of need, usage, and program expectations. The information gathered from these stakeholders answered the evaluation questions to identify what the student-athletes mental health needs were and their perceptions of the program. From their feedback it was possible to determine if goals and needs were being met and provided insight for program improvements.

**Healthcare professionals.** These participants varied in age, gender, and role within the department. These participants were also recruited for Zoom interviews by the researcher via email (see Appendix G). Staff participants interviewed for this evaluation included members of the athletic training staff, counselors in the SHC, and the athletics department clinical sports psychologist. All staff participants signed an informed consent (see Appendix D). Participation was voluntary, and employment was not affected by participation or lack of participation.

**Athletics staff.** The department was comprised of coaches, athletic directors, and support staff. These participants varied in age, gender, and role within the department. Utilizing staff members who worked to ensure the mental health needs of student-athletes were being supported provided insightful information regarding how the departments worked together. These participants had insider viewpoints as to the strengths, weaknesses, limitations, constraints, and frustrations of providing mental health services to the student-athlete.
Data Collection

In May 2020 IRB approval was obtained (see Appendix H). Data were collected via archival data, emailed questionnaires and Zoom interviews. Archival data was provided by the program director during the development of the logic model. All identifiable factors were removed for confidentiality. Data collection occurred from June 2020-August 2020. This timeline allowed for scheduling of interviews, survey disbursement, follow-up, and data analysis. Data collection tools and stakeholders were identified in the evaluation matrix (see Table 1) to develop and organize the evaluation.

Data Analysis

Interviews. Prior to the start of all interviews a script was read to inform the participant of their rights and to answer any questions (see Appendix I & J). All interviews were recorded via Zoom. A secondary recording occurred on the researcher’s personal password protected recording device to ensure interview content was not lost by technological mishap. Interviews were transcribed by Zoom, stored on the cloud, and protected by the researcher’s private password protected account. To be sensitive to stakeholders’ privacy, student-athletes were not identified by their name or sport affiliation. Each student-athlete was identified by the acronym SA (student-athlete) and a number (1-11). Generic terms were used to describe staff members and coaches. These included PD (program director), Coach 1-3, ATC 1, and Counselor 1. This maintained participant privacy. The researcher did not discuss interview responses with coaches, administrators, members of the SHC or athletics department. Participant interviews ranged from 10-15 minutes. A list of participant interview questions found in Appendices K-O. All participants signed an informed consent prior to the start of the interview.
Once interviews were transcribed the data were coded. Creswell (2012) provided an insightful solution towards coding qualitative data in six steps. According to Creswell, first read transcriptions before developing codes. All transcripts were read by the researcher and notes of themes or common elements were identified in the margins. In following Creswell’s formatting, once the transcripts were read in their entirety, segments of the documents were addressed and coded. In vivo and descriptive codes were utilized to represent the data. In vivo coding was developed from the participants own language to ensure accuracy and connection to participants perceptions, where descriptive coding summarized common words and short phrases (Saldaña, 2013). Following Creswell’s (2012) coding steps, the initial codes were then grouped to identify redundancies. This helped reduce the number of codes that were then grouped into categories. Once categories were developed, themes emerged from the data.

**Questionnaire.** An online questionnaire (see Appendix E) was developed in the researchers Qualtrics account. The questionnaire was sent only to student-athletes. The researcher had access to Qualtrics through their employer. Once created, the questionnaire was emailed to student-athletes. As a member of the athletics department, the researcher had access to the student-athletes university emails. These emails were uploaded and distributed by the Qualtrics platform.

The questionnaire attempted to expand the participant population. This helped increase participant responses and gained more information regarding the SAMHP. The questionnaire link was first sent via email on May 28, 2020 to 411 student-athletes and a second email with the questionnaire link was sent June 29, 2020. The second email was not sent to student-athletes who filled out the online questionnaire during the first distribution. Descriptive statistics were utilized to depict the data and participant responses.
Archival data. Data provided by the program director were utilized to identify participant trends and program usage. Descriptive statistics were performed to gain better understanding of common mental health trends within this student-athlete population.

Validity

Validity and trustworthiness were of utmost importance to the development of this qualitative evaluation. To ensure validity and trustworthiness multiple methods of data collection were utilized. These various methods of data collection ensured a complete well-rounded picture of the experiences and perceptions of the participants.

Ethical Considerations

The information obtained from the student-athletes and staff members were sensitive in nature. Discussion of participant mental health status did not occur. The participants perceptions of the SAMHP was the focus of the evaluation. All subjects signed a consent form prior to their participation. Participation was voluntary, and subjects could remove themselves from the study at any time. All information was kept confidential. The Family Educational Rights and Privacy Act of 1974 (FERPA) and Health Insurance Portability and Accountability Act of 1996 (HIPAA) were followed as mandated by university policy, state, and federal laws. The researcher developed and utilized standardized interview questions and techniques, maintain confidentiality, establish transparency of the evaluation goals and focus, as well as develop standardized methods of participant interaction to maintain conformity. The researcher provided interviewed participants with information regarding mental health services available online if they felt triggered by the topic of discussion. Similar resources were within in the online questionnaire.
Limitations of the Study

This study was limited to the truth and validity of respondent’s answers during interviews and online questionnaire. Limitations existed with the positionality of the researcher as they were currently employed at the university, were an alumnus, and had developed relationships with various university staff within the athletics and SHC departments. The researcher was aware of the potential biases that could occur as a result of their role within those departments.

Due to the COVID-19 pandemic, participant interviews were done via Zoom. This may have affected participant responses or limited the participant population. Due to the pandemic, participants mental health may have been adversely affected leading them to not want to participate or not being in a situation where they were unavailable for remote communication. The pandemic may have also affected online questionnaire responses as student-athletes may not have been checking their student email account. The length of the online questionnaire may have also limited responses. The number of questions could be too many to keep the attention of the student-athlete participants and may have resulted in loss of participant responses.

Numerous participants interviewed for this evaluation. Due to the large amount of data, not all participant responses were used. The researcher did their best to provide the most accurate representation of participant views, thoughts, and experiences.

Chapter Summary

This qualitative study evaluated a NCAA Division I mid-major university’s SAMHP. By utilizing the CIPP model and the complexity theory, this evaluation identified various stakeholders who can provide rich description and information regarding this mental health program.
This evaluation reviewed the development and processes of a Division I universities SAMHP. The evaluation set out to identify if stakeholder needs and expectations were being met. Utilizing evaluation provided opportunities to identify program successes, while also identifying potential implications of change or growth.

This chapter provided the results from the evaluation of a mid-major Division I universities SAMHP. Stakeholder themes were developed from participant interviews and questionnaire responses from both primary and secondary stakeholders. The chapter addresses the four aspects of the context, input, process, product (CIPP) model to provide an overall understanding of the initial development and current state of the SAMHP. Stakeholder perspectives were expressed using direct quote, descriptive statistics, and coded themes.

This program evaluation included primary and secondary stakeholders to answer three evaluation questions:

1. Was the SAMHP being utilized consistently by the student-athletes?
2. Was this program able to meet the needs of the student-athlete?
3. In what ways did the program need to change to better meet the needs and expectations of the student-athlete?

**Stakeholder Perspectives**

It was important to include primary and secondary stakeholder perspectives in order to develop a well-rounded understanding of this student-athlete mental health program. Utilizing the evaluation matrix, the primary stakeholder was identified as the program director. Secondary stakeholders included student-athletes, coaches, and other on-campus staff. The evaluation began first with an interview of the program’s director before secondary stakeholders were
pursued. Interviewing the program director first not only helped develop the program logic model, but also provided valuable information regarding the four areas of context, input, process, product model. The following data begins with background information of the program’s inception and moves forward towards describing the program’s current state.

**Primary Stakeholder**

The SAMHP was implemented in 2016. This program was conceived by one counselor who subsequently also serves as the program director. The counselor/program director began her tenure at the university’s student health center in the counseling department in 2011 prior to moving to athletics. Her previous experiences placed her in a doctoral rotation that allowed her to work with student-athletes and general population students. Her licenses included clinical psychology and sport psychology. Previous experiences have led her towards working primarily in student-athlete mental health:

So, I had done my pre-doctoral rotation with an athletics and a counseling center and so I already knew what it looked like. And I already had an interest in athlete mental health and sport psychology. And so when I got hired here, I told them like this is my interest area.

The counselor/program director has been the only mental health provider housed in the athletics department providing in-house services to nearly 550 student-athletes. She maintained strong connections with the SHC as her position was a dual appointment. She can refer student-athletes to the SHC if deemed appropriate for patient care. She adhered to established protocols and policies of the SHC, who performed her yearly evaluation and salary. Office space and minor funding were provided by the athletics department. Her office was in the athletics department. Her perspective answered many technical aspects including historical context, organizational development, policies and procedures, and collaborations needed to gain support for the SAMHP.
As previously stated, the counselor/program director had experience and a passion working with student-athlete mental health, but a larger force helped push for the development of this program:

It was like I have a passion for this and an interest, but the NCAA was also recognizing the need to make sure student-athletes have comprehensive mental health access to resources and that the environment, the athletic environment, is kind of cultivation the wellness, the mental health wellness for the athletes and making sure it’s in the culture as in programming and educational programming and training.

The NCAA released a document that provided member institutions with guidance to develop mental health best practices for student-athletes (NCAA, 2016). This document coincided with the counselor/program directors request to shift her focus from counseling at the SHC to working primarily with student-athletes:

Five years passes and I think I wanted some more growth, I wanted to be able to offer more to athletes, because I’d already been working with softball and track and field and so then I’d realized there were positions like this…halftime athletics half counseling center. And so I propose it to my supervisor. He was in support, the SHC administration was in support. And then setting up a meeting with the athletic director.

A passion for student-athlete mental health, support from administration, and the NCAA’s guidelines on student-athlete mental health were driving forces in the development of the SAMHP. Utilizing the NCAA’s guidelines, in addition to the counselor/program director’s professional experience and educational background, helped format the SAMHP. Student-athletes were not involved in the original development of the current program. Administration, NCAA guidelines, and collaboration between athletics and student health were the primary contributors to the origination of the SAMHP.

In simple terms, the context portion of the CIPP model asks what needs to be done (Trautmann et al., 2007). Fortunately, the NCAA provided specific guidelines regarding student-athlete mental health. This, coupled with a passionate clinical psychologist and supportive
administration, were the leading forces that instituted an in-house mental health program for student-athletes. Unfortunately, no needs evaluation occurred at the beginning of this program’s inception. Key stakeholders, such as student-athletes, were not involved to determine the needs of the end users. The program director had worked with a few teams on-campus and provided crisis intervention for student-athletes, which gave insight as to the mental health needs of the student-athletes at this institution.

The program director utilized her resources by implementing guidelines and protocols developed by the student health center’s counseling department. These resources helped develop the program’s design and deliverables. Although these policies were written for the general student population, it gave a foundation and starting point for creating a framework for the SAMHP. The program director stated: “So, a lot of those protocols, guidelines for paperwork and referral processes and using urgent care and medication management, all that stuff comes out of like Student Health and Counseling.”

In addition to utilizing onsite resources, the counselor/program director reached out to her professional network of psychologists. These individuals worked at various other institutions throughout the United States:

For specifically my position, I also have a network of psychologist and directors. It’s called the BSS psychology group and essentially its everyone that’s in a university doing what I do. And they often share. Here’s our policy or protocol, like Ohio State for eating disorders. Right, so we have an eating disorder treatment team which you’re a part of and they sent out. This is how we, me and another school may pop in and say, “that’s what we do too.”

These networks created a support system for the counselor/program director to ensure she focused on current trends in her patient population. These colleagues provided her with encouragement to develop the program and provided examples of procedures, protocols, and
guidelines to treat student-athletes utilizing the mental health program. This developed standards of care and stable systems, allowing student-athletes in-house access.

Other support systems developed were athletic training and the student-athlete resource center (SARC). Both areas within athletics, provided resources to student-athletes and both departments spent large amounts of time with student-athletes:

What was instrumental in the beginning was those two offices. That sports med side and then the academic side. Because if we look at the mental health issues we have a behavioral component, we have a cognitive component, and like you see that athletic training to use the behavioral, you know the biological piece, the physiological piece and then the academic sees the cognitive, you know they’re focused concentration attention.

Identifying two groups within the department that connected often with the student-athlete was a key component to developing a relationship with the staff members who may see mental health changes from either physical or cognitive stresses. The counselor/program director developed relationships with members of athletic training and the academic mentors from the SARC to develop referral pathways:

Seeing them, you know, on the ground, but they’re seeing them academically every week going seeing them go through stresses, you know, are they missing meetings and some of the behavioral targets that like they can catch and then provide a referral source.

Gaining trust and a relationship with athletic training and SARC allowed the counselor/program director access to student-athletes she would not traditionally have since her office was based in the athletics and she did not have daily interactions with student-athletes. Utilizing staff members who spent large amounts of direct contact time with student-athletes developed a referral system that supported student-athletes utilizing mental health services provided by the counselor/program director. The athletic trainers and student mentors educated student-athletes on the mental health services available, as well as provided a direct contact
method to receive services. The network developed for the program allowed for expanded referral opportunities of the student-athlete population.

In order to meet the mental health needs of the student-athlete the program director first gained support of SHC supervisors, then developed an offer for the athletic director that would identify how she could meet the mental health needs of the department’s student-athletes. She was able to further promote the program to athletics as their department would have no financial obligation and only needed to provide office space:

With me coming from student health and counseling, essentially there was no financial implications for athletics. They would offer the space and then they’ve offered support for like professional development and resources for me to go to conferences and what not. I think what supported it was good timing with when the NCAA came out with the best practices because that came out in January and I started in August.

The student health center had counseling protocols and guidelines created for the general university student population. These protocols and guidelines were then adapted to fit the needs of the SAMHP as identified by the counselor/program director. Office spaces for a new program are often hard to find on university campuses; however, the athletics department had space to support this program, making it easier to start counseling sessions with student-athletes, meet coaches and staff members, and integrate direct referral pathways. Funding for the counselor’s salary was provided by the student health center, thus the athletics department did not need to identify specific funding sources for this expense. The supportive on-campus network of supervisors, student health center staff, athletics staff, athletic training, and student-athlete mentors created a framework for program stability.

Being physically accessible to student-athletes was one aspect of implementing the program; however, spreading the message regarding services required her to expand her presence outside the office. The counselor/program director instituted mental health screening tools for
student-athletes. A baseline mental health assessment was implemented for all incoming student-athletes, and to identify student-athletes in crisis. This assessment asked questions related to depression, eating concerns, substance use, generalized anxiety, hostility, social anxiety, family distress, and academic distress (Locke et al., 2011). This onetime assessment was done at the student-athletes first campus physical completed at the student health center prior to their athletic participation at this institution. During the student-athletes physical a physician reviewed their scores and referred them to counseling if scores were elevated. This allowed for immediate crisis intervention, but also education on services provided by athletics. The counselor/program director could also follow up with student-athletes who may have elevated scores but did not need immediate intervention. Implementing a screening tool allowed for educational opportunities to student-athletes, introduced student-athletes to mental health providers, provided crisis intervention, and revealed population trends to the counselor/program director.

Integrating a mental health screening tool was also a way to document student-athlete usage of the program. The program director was able to provide archival data from the 2018-2019 academic year. This provided insight into program usage and mental health concerns of this specific group of student-athletes. It was recorded that at this institution 152 new student-athletes entered the 2018-2019 academic year. Of those 152 student-athletes, 139 completed the Counseling Center Assessment of Psychological Symptoms (CCAPS) Instrument as part of their athletic physical. This assessment was chosen by the program director because it was a quick, validated, multi-dimensional assessment tool that assessed eight subscale categories. The subscale categories included depression, generalized anxiety, social anxiety, academic distress, eating concerns, family distress, hostility, and substance use (Locke, et.al, 2011).
In review of the 2018-2019 archival data, 26% of the student-athletes screened had elevated subscale categories. These 36 student-athletes with elevated scores, were provided information during their physical from a student health center counselor regarding the available mental health services provided by the athletics department. Ten of those 36 student-athletes accessed the student-athlete mental health program that academic year. Of the 139 student-athletes who completed the CCAPS in 2018-2019, 103 did not have elevated scores, but still utilized the SAMHP. Almost 14% of student-athletes who did not have elevated CCAPS scores utilized the SAMHP. This could mean that later in their academic year they had elevated scores in one or more of the CCAPS subscales, or that other factors led them toward seeking help.

The CCAPS subscales were able to provide the program director with feedback on what mental health concerns this student-athlete population was battling. A total of 36 student-athletes had elevated scores in one or more of the eight subscales. Of these 36 student-athletes, 33% of them had elevated scores in social anxiety, while 31% of them had elevated scores regarding eating concerns. This was followed by hostility (28%), general anxiety (20%), academic stress (20%), alcohol (17%), depression (14%), and distress (8%). This snapshot provided helpful feedback of the 2018-2019 new student-athlete population, but also provided the program director with objective findings to support the importance of the SAMHP. These data were specific to the 2018-2019 academic year, however, they could be used to identify trends in student-athletes and comparisons between academic years.

In addition to implementing a baseline mental health assessment, the counselor/program director spoke at the athletics department beginning of the year coach/staff meeting and the first-year student-athlete orientation:

Staff meetings every year, introducing myself this, you know what I offer to the student-athletes. This is how you can get them in and refer them to me. Looking out for risk
factors and what not. So, I think explaining it to them comes in those larger introductions, right, and a formal introduction. And then teams invite me into their meetings and then every year I do the first-year student-athlete orientation. (Counselor/Program Director)

Program implementation included communication with stakeholders to ensure they knew what services were provided. The counselor/program director meet with coaches yearly to remind them of the mental health services available for student-athletes, she also educated them referral protocols and potential red flags. The counselor/program director also meet with teams when invited. This was not done by every team on campus, but it was a way for her to educate student-athletes and put a face with a name. The freshman orientation was another avenue to educate student-athletes on the mental health services provided. These meetings were important to educate stakeholders on the mental health services available in the athletics department. It was a way to market the program and maintain its visibility to stakeholders. These meetings helped stakeholders know their responsibilities and roles in the mental health program:

I would try to highlight some successes and then, you know I would go over the mental screenings. So, I think that inviting the stakeholders in every end of the year like hey, if you want to know what’s going on, or what your students are experiencing come because I presented to everyone. It’s mainly for my bosses, the executive director of the student health center and the associate vice president, the senior women’s administrator and the athletic director. (Counselor/Program Director)

The primary stakeholders, SHC and athletic administration, were provided feedback at the end of the year; while secondary stakeholders, coaches and athletic trainers, were also given feedback either at an annual coaches’ meeting or individually through conversation. Student-athletes were not provided feedback on program trends.

The counselor/program director evaluated her services by reviewing her caseload, but also requested feedback from student-athletes via informal conversation during sessions. Unfortunately, she was unsure if the student-athletes felt obligated to say positive feedback
versus constructive criticism. She also elicited feedback from athletics and SHC administrators, however, she always received positive feedback with no suggested improvements. Although praise was nice to hear, the counselor/program director was driven to not become complacent and to continue program growth. She admittedly stated that her “athletic” background pushed her constantly improve as an individual, but also as a mental health provider:

I’m open to feedback and in every year, I think that’s been the difficult thing. My supervisor is like: “No, you’re doing great,” but he only sees a snapshot of what I do. Am I really doing great? But, also, like, I can’t be doing so great that I don’t get feedback and I really need feedback and you know I’m myself an athlete at heart. You always want to improve; you know you never really get mastery. (Counselor/Program Director)

The counselor/program director’s desire to improve was a driving force behind this evaluation. There has been no evaluation performed since its inception in 2016. Having only positive reviews from administrators and student-athletes did not provide enough feedback to help establish future goals or changes needed to stay relevant to student-athletes and athletics department. Without constructive feedback from secondary stakeholders, such as student-athletes, coaches, or athletic trainers, it was challenging to identify if the SAMHP was meeting its objectives and intended purpose.

**Evaluation Findings**

A total of 18 participants participated in interviews held over Zoom. Participants included both primary and secondary stakeholders. The primary stakeholder was the SAMHP director. The secondary stakeholders included 11 student-athletes, four coaches, one athletic trainer and one counselor from student housing. Participant demographics can be seen in Table 2. Each stakeholder responded to questions developed from the CIPP model to gain information regarding the SAMHP (see Appendices K-O for a list of interview questions).
Table 2
*Demographics of Interview Participants*

<table>
<thead>
<tr>
<th>Primary Stakeholder</th>
<th>Gender</th>
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<tr>
<td></td>
<td>Male</td>
<td>Female</td>
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<td>Program Director/Counselor</td>
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<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Secondary Stakeholder</strong></td>
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<td>Athletic Trainer</td>
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<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Counselor Student Housing</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Coach</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
<tr>
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<td>11</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>6</td>
<td>12</td>
<td>18</td>
<td></td>
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</tbody>
</table>

A questionnaire was emailed to student-athletes at this mid-major university to obtain information regarding their perceptions of the SAMHP. The survey was sent via the universities Qualtrics survey platform to student-athlete campus emails. The questionnaire was sent on May 28, 2020 to 411 student-athletes. A second distribution was sent on June 29, 2020 to the 373 student-athletes who did not respond to the first questionnaire distribution. In total, 52 student-athletes consented and responded to the online questionnaire. See Appendix E to view questionnaire questions.
Three distinct themes emerged from participant interviews and questionnaire responses.

The themes include:

1. **Student-athlete mental health services were needed.**

2. **Communication and connection promoted use of mental health services in the student-athlete population.**

3. **Student-athletes, coaches, and staff experience liked the SAMHP and had suggestions for improvement.**

**Theme 1: Student-Athlete Mental Health Services Are Needed**

**Student-athletes.** Student-athlete participants interviewed for this program evaluation had various experiences with the SAMHP. These experiences ranged from one-on-one counseling for stress/anxiety, to sessions focused on sports performance. Of the 11 student-athlete participants interviewed, all expressed that student-athletes needed access to mental health services and suggested that if the program were to be cancelled it would be greatly missed.

![Figure 2. Student-athlete class distribution from online questionnaire.](image-url)
Yes, we should definitely continue the program. There’s no ifs, ands, or buts about it. Um, it’s just, it’s just so helpful, I mean honestly [it] has helped me more with my mental state and emotional state outside of (my sport) and school than anything else in the world. (SA 4)

Yes it should [continue]. It’s just super important. And if you start good habits with being able to talk to someone in college at least you’ll be able to definitely be able to be a lot happier and throughout life. (SA 5)

“It should [continue]. It should be bigger, but I think it’s super beneficial [for] athletes. I know it’s the reason I ended up not transferring” (SA 6).

In addition to participant interviews, 411 student-athletes received a questionnaire via their university email on May 28th, 2020. A follow up email was sent June 29th, 2020 to 373 student-athletes who had not opened or responded to the original correspondence. Fifty-two student-athletes responded to the online questionnaire. When asked if the athletics department should provide mental health services for student-athletes 49 respondents said yes; while two responded no and one failed to respond. Interestingly, of the 52 student-athletes who responded to the online questionnaire, only 22 stated they had used the mental health services provided by the athletics department. This revealed that although not all student-athletes used the mental health services provided by athletics they still found them important. It seems that this student-athlete population found mental health to be an important need for their unique community. This revealed that student-athletes believed their population benefitted from mental health services, and that even if they personally were not using the services, it was advantageous for others. The survey respondents agreed that mental health services were needed for their student-athlete population.

Many participants expressed concerns adapting to the stresses of balancing college and student-athlete experiences. Participants cited team issues, athletic performance expectations, and athletic injuries as unique situations that caused stress to their population. A common factor
mentioned by student-athletes was stress. This was mentioned multiple times from nearly all student-athlete participants. Stress was a main factor in their lives that affected their mental health. Student-athletes agreed that stress was a huge concern among their population and a main reason mental health services were needed. Student-athlete participants expressed that being a student-athlete places unique stresses on their lives in addition to the typical stresses of college life.

I think as athletes there are so many life roles that we have to learn to balance. I mean, the commandment of just athletic self, and then top of that with school and then with social relationships or things like that. Like, it can really take a toll on some people. (SA 1)

As an athlete I feel like especially because you’re coming into a team who’s been together and who’s been there and they know what’s going on, and you don’t really. So it’s like a whole new experience. So it’s stressful. (SA 2)

The online questionnaire included various multiple-choice options that allowed respondents to indicate what mental health services were needed by student-athletes. There was also an option to provide suggestions for additional services that may not have been listed. Student-athletes could choose more than one response which resulted in 251 clicks on the eight options provided. Three respondents added suggestions for services which included team counseling, dealing with success and failure, and “pretty much all above, you never know what someone is going through.” The responses on the questionnaire echoed those from the interviews with student-athletes in identifying stress as a leading reason for needing mental health services. This was followed closely by anxiety and depression. Results from the online responses can be seen in Figure 3.
Student-athlete responses regarding services needed.

Student-athletes felt the mental health program was a beneficial component of the department. The student-athletes mentioned they had teammates and friends from other teams who utilized the program often and experienced benefits. Student-athletes also mentioned how relationships with coaches or teammates can negatively impact their mental health. They identified that having the option to speak to a professional or someone other than their coach or teammate about their concerns was helpful.

**Department staff members.** Coaches, an athletic trainer, and a student health center counselor located in campus housing provided insight into the need for mental health services for student-athletes. All coach, athletic trainer, and housing department counselor participants expressed how useful and beneficial the SAMHP had been to the student-athletes. These participants typically noticed changes in the student-athlete population during practices or rehabilitation sessions. For example, coaches noticed that student-athletes seemed less “resilient” and “lacked coping skills” when challenges arose in both personal and athletic
situations. Because they have served student-athletes for several years, they were able to add that they have noticed increased incidents of depression, anxiety, and stress over the years in their student-athlete populations. These observations echoed the student-athlete questionnaire responses, which described stress, anxiety, and depression as the top three reasons why student-athletes might seek mental health counseling.

What I see as a coach is the inability to cope with setbacks and challenges that I feel student-athletes kind of fall to pieces too quickly, that they don’t know how to kind of let some stuff roll off their back or coping mechanisms. Again, not just from a [sport] perspective, if things aren’t going well for them on the field, but now its academic challenges, its social challenges. The anxiety stuff. I feel that’s the biggest thing I see the inability to cope with these challenges and setbacks that they have. (Coach 1)

“I do think these [student-athletes] tend to be more sensitive to all types of feedback, especially critical feedback. I feel like they take things more personally” (Coach 2).

Oh, basically, a lot of depression. Since I’ve been [here] I’ve had about three athletes that ended up quitting the team because they just couldn’t handle the depression. It affected their sleep, which they would try to train and go to school and it just, you know, just didn’t work well. So, they decided just to quit and go to school and it just, you know kind of get themselves together like mentally. I’ve noticed a big wave in depression I guess I would say in the last three years. (Coach 3)

“I think with student-athletes one of the challenging themes can be when there’s distress with teammates because of the amount of time they have to spend with teammates” (Counselor student housing).

All coach and athletic trainer participants had referred student-athletes either to the current SAMHP or to other counseling services on campus. The counselor from student housing had either seen student-athletes for counseling services or had them referred to her by the counselor/program director. The counselor from student housing also mentioned that it seemed like student-athletes minimized their distress and attempted to hide their emotional needs to others.
Coaches and athletic trainers agreed that student-athletes need mental health services for various reasons. Coaches and athletic trainers felt comfortable referring them to mental health services but preferred not to be the main resource of mental health support for the student-athlete. Coaches and athletic trainers were forthcoming in describing their training in mental health and counseling as good but stressed that having access to a mental health provider within the department allowed them to focus on their primary responsibilities, while also getting their student-athlete to a professional who could provide focused support. Coach 1 stated that “It’s like having another head coach.” Having a mental health provider with the professional and educational background focused on mental health and support allowed coaches to focus on their responsibilities by referring student-athletes to an individual who could provide services for their mental health needs.

[I’t’s] a resource we can use, you know, because we deal with, you know, issues with boyfriends, you know, and all types of other things, you know, and she’s been a really good resource with that kind of stuff. It takes a little bit off our plate. She’s a professional where I’m not a professional. It’s nice to see my [student-athletes] see a professional. (Coach 3)

I think having someone who is more psychology based rather than a physician, seeing [the student-athlete] is a better step for that. I think we do better than I’ve seen in a few other institutions. Mostly because most doctors, the doctors that we have here, they’re orthopedic and while they love to help out its kind of not in their scope of practice. So maybe they’re not the best suited. (Athletic Trainer)

Coaches, athletic trainers, and student-athletes agreed, mental health services were needed. All student-athletes interviewed describe the need to keep the program and to expand it if possible. Coaches made comments such as “it’s absolutely vital…if we cut the program, we’d be doing a massive disservice to our student-athletes” (Coach 1), and “hundred percent it would be missed if it were cut” (Coach 4). Secondary stakeholders agreed that student-athletes need mental health services.
Theme 2: Communication and Connection

Student-athletes. Having mental health services available and expressing the importance of the services, however, did not necessarily translate to student-athletes actually using the services. As mentioned previously 22 of the 52 online student-athlete responses stated they had used the current mental health services offered by athletics. Multiple student-athletes expressed that hearing coaches, peers, and athletics staff talk about mental health reduced the stigma and supported their utilization of the mental health program. Talking about mental health helped normalize the topic and paved a way for student-athletes to seek services. Student-athlete quotes regarding communicating about mental health can be seen in Table 3.
Table 3
*Theme 2: Communication*

<table>
<thead>
<tr>
<th>Student-athlete Participant</th>
<th>Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SA 4</td>
<td>“I would say overall just make it a normal everyday like thing and like normalize people going to see someone for help because I think that will help a lot with, you know, destigmatizing seeing [the program director], or someone else about situations like that.”</td>
</tr>
<tr>
<td>SA 5</td>
<td>“I know the trainer’s talk about it a lot because [my athletic trainer] talks about it all the time and my coach actually talks about it a lot. So I think, I think it’s just encouraging athletes to spread the word to each other as well. So yeah, I think just encouraging athletes like to use the services to each other, for each other.”</td>
</tr>
<tr>
<td>SA 7</td>
<td>“But also hearing people…just like the struggles that you go through and how you can get over them. It’s like nice to hear other people struggle too. I know she really helped some of my teammates when they really struggled.”</td>
</tr>
<tr>
<td>SA 8</td>
<td>“Yeah I know my whole team is like going into her. And like I was the only one who didn’t, like, let’s put it like I was the only one who didn’t go to her on my team. Even my coach was going. And then I was like I’m gonna just go see her because everyone else goes there and, you know, you never know what’s going to help me. So then I was like, started going.”</td>
</tr>
<tr>
<td>SA 9</td>
<td>“We have the meeting with her (program director) at the beginning of each year. I think that’s really helpful because I would not have known otherwise coming in freshman year what the heck was offered to me. So I think it’s really helpful that we have that meeting with her (program director).”</td>
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Student-athletes indicated they wanted to hear more about the mental health services offered by the department. They wanted mental health to be a transparent topic to destigmatize and create a supportive environment for student-athletes seeking help. Athletic trainers and coaches were the most common way student-athletes heard about the mental health services provided by the athletics department. A common trend between the responses to the online
questionnaire and to the interview responses from student-athletes was that they talked about mental health with their coach and/or athletic trainer. Figure 4 shows responses from the online questionnaire. Student-athletes could choose more than one option regarding how they heard about the mental health services provided.

![Figure 4. Student-athlete communication resources regarding mental health services.](image)

Participants agreed that having provider with a background in sport psychology or athletics was better suited for their unique situations. This common ground seemed to allow the student-athletes to feel more comfortable seeking help. Knowing the mental health provider understood athletics helped student-athletes connect with her as they felt the provider was able to understand and empathize with their unique situations. One student-athlete was unable to see the student-athlete mental health provider due to scheduling conflicts. She stated that she would have preferred to stay within the department, like her teammates, and that it was “weird” having
to go see someone else (SA 7). Table 4 illustrates student-athletes’ views on why they preferred providers with athletic or sport backgrounds.

Table 4

<table>
<thead>
<tr>
<th>Student-athlete Participant</th>
<th>Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SA 3</td>
<td>“Because they kind of understand more of what we’re going through. I think because they’re geared towards student-athletes and the things they are doing every day and they understand I think where were coming from.”</td>
</tr>
<tr>
<td>SA 4</td>
<td>“I think it’s really nice to go and see someone, especially a sports psychologist, because we’re able to go and, you know, talk through some of our issues because sometimes, I mean, like 90% of [my sport] is mental and if you have a bad mentality, if you get in a rut, it’s really easy to just maintain a negative attitude and so it’s nice to go and talk to someone who understands and is able to help you through those mental stages and mental breakdowns.”</td>
</tr>
<tr>
<td>SA 5</td>
<td>“Because I think when you have [mental health services] available to only student-athletes its more of like, you know, that the person who might be helping you or providing that service knows that they’re working with student-athletes and they know that their lives are a lot different than a regular student.”</td>
</tr>
<tr>
<td>SA 10</td>
<td>“I feel like it’s weird going to see someone who isn’t necessarily like they might be well versed in psychology but having someone that is well versed in sport can be helpful. If they don’t know how to address your concern or how to help you that’s a little frustrating. I mean I did see someone in the health center and I didn’t like it. It felt very detached from everything and it was very focused on one thing. It was very focused on something that wasn’t sport and I did want to talk about a sport kind of thing. It was very segregating.”</td>
</tr>
<tr>
<td>SA 11</td>
<td>“I have, you know, teammates that talk to a therapist. But they’re not getting, my teammates aren’t getting exactly what they feel like they need because those specialist don’t know exactly, like, what it’s like to be in a team-oriented setting. You know, conflict or pressure, constantly performing and that you know athletes can often break because of constantly being under that pressure. So for me, being able to talk to someone who really understands, it’s beneficial.”</td>
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Department staff members. All coaches interviewed indicated that they have referred a student-athlete either to the sports medicine staff or an on-campus mental health provider during their coaching career. All four coaches stated that talking to the student-athlete and communicating with them the services available was common.

We speak to them pretty early on to make sure they understand that we have mental health services available and we talk about the [program director] and that, you know, we think she could help, or at least you know set up an appointment to go in and see, see what you think. (Coach 1)

When I see someone acting very differently than their normal personality, especially if it seems in a negative way, whether, well they just seem more quieter, removed, or something’s bothering them then I’ll just ask them a few questions and find out what’s going on and just always remind them there are people here to help. (Coach 2)

Coaches communicated with student-athletes near daily, and they were comfortable approaching difficult topics, like mental health. The ATC communicated to student-athletes regarding mental health resources. The ATC commented on how he communicated with student-athletes consistently to remind them of the services available. He also said that he learned early the need to have difficult conversations. This communication from coaches and athletic trainers to student-athletes provided a supportive atmosphere around mental health. The student-athletes wanted this communication to normalize mental health and support them seeking out these services.

Theme 3: Likes and Improvements

Coaches, student-athletes, and athletic trainers indicated that they benefitted from the current SAMHP. All participants had positive responses to the program and provided suggestions for improvement. All student-athletes interviewed said their experiences with the program director were positive. They said they liked learning “tools” that they could utilize in challenging times. SA 5 said he learned skills now that he could use later in life. This sentiment
was echoed by SA 2 who felt she learned important “mental tools” from her sessions. Student-athletes also indicated that they liked how the provider was “unbiased” and a “professional” (SA 2). This allowed student-athletes the opportunity to speak to someone that would give them an honest opinion while also teaching mental health skills. The student-athletes who saw the SAMHP director stated her services were helpful. Student-athletes who responded online were able to choose multiple responses regarding what they liked about the mental health services they received. The online responses revealed that services were helpful and that they appreciated the confidentiality (see Figure 5).

![Program Feedback](image.png)

**Figure 5.** Student-athlete program feedback.

Coaches and athletic trainers had positive feedback regarding the SAMHP. Coaches and athletic trainers felt the SAMHP was complimentary to their roles as they were able to refer to, consult with, and learn from the program director. The program director was titled a “second coach” by three coaches interviewed, and a valuable resource to the athletic trainer when a
mental health referral was needed. Having a mental health program within the department gave coaches and athletic trainers direct access to refer student-athletes to a professional trained in mental health. This allowed coaches and ATCs to focus on their primary responsibilities, but still ensure student-athletes received care. Coaches and athletic trainers heard positive feedback from student-athletes regarding their experiences with the SAMHP.

Although all coaches had positive experiences with the SAMHP, Coach 3 was unsure if it was a vital program. Coach 3 referred student-athletes to the counselor/program director and had a team session with her as well; however, Coach 3 was unsure if other teams/coaches utilized the same services. This shows a disconnect between a coach and the counselor/program director. As mentioned previously, the counselor/program director meets with the athletics department coaches yearly to discuss her role, caseload, and trends within this specific student-athlete population. It was possible that Coach 3 was not as connected with the counselor/program director and did not receive the information stated in the annual coaches meeting. Coach 3 also mentioned that the counselor/program director was not visible to her team and that she was unsure if there was a relationship between her team and the counselor/program director.

I think they don’t have a relationship with her. I think we could do a better job introducing her in the beginning, and maybe she can maybe come out a little bit so the kids can feel a little bit comfortable with her. She’s in the athletic building, so it’s difficult for kids (student-athletes) that you know don’t really have a relationship with her. So maybe we should introduce her to the team and use her a little bit more in the beginning when we first start and then they can build a relationship. She can pop into practice every now and then and, you know, just have more of a closer relationship with the team. I know that’s asking a whole lot because we have so many teams and so many athletes. (Coach 3)

Coach 3 did mention positive experiences when her student-athletes were seen by the counselor/program director, but Coach 3 did suggest increasing visibility and relationships between the counselor/program director and the student-athletes. Seven consistent suggestions
were provided by participants as ways to improve the SAMHP. These included more providers, better availability, more locations, more advertisement/reminders, mental health conversations, student-athlete mentors, and visibility. Student-athletes interviewed mentioned the stigma that surrounds mental health. They suggested that having conversations about mental health helped break down the stigma and potentially could lead to increased usage of these services. Student-athletes spoke candidly that they forgot what services were available to them. They requested more advertisement and more reminders from coaches, athletic trainers, or in emails that mental health services were available. The online responses stated availability and more providers were the top two improvements needed, followed by adding locations that are more convenient. Coaches suggested more providers and visibility of the counselor/program director. Table 5 provides responses from interviewed participants regarding suggested improvements.
<table>
<thead>
<tr>
<th>Improvement</th>
<th>Response</th>
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| More Providers   | **SA 1:** “So a lot of times I noticed I couldn’t get in when I needed to because she was so busy with other athletes as well.”  
**SA 3:** “The only thing is that, like, we only have one sports psychologist.”  
**SA 4:** “I feel like maybe we can have more than I mean there are, but maybe like another [provider] would help because I know sometimes she’s really like booked up and I mean you’re talking about one person for 500 people.”  
**SA 6:** “And kind of the downfalls, it’s just one person and there’s like 500 athletes.”  
**SA 7:** “I needed help, and she couldn’t see me so I definitely think that we need like at least a few more psychologists and it’s definitely a good thing to have.”  
**SA 8:** “One hundred percent like one person is not enough for all the athletes.”  
**Coach 4:** “I think the additional staff members would help definitely in our area, she (program director) wouldn’t be stretched so thin.”  
**Counselor Student Housing:** “So it’s just like trying to support everyone. I wonder if that’s challenging. I know sometimes she referred to me, or I’ve referred to her, things like that when our cases are full.” |
| Locations        | **SA 2:** “But sometimes it’s like, it’s just hard for people, especially when it’s just not convenient…It’s just like an excuse [to not go].”  
**SA 5:** “It would be beneficial because it takes away the [excuse] of ‘oh gosh, I gotta go all the way across campus.’”  
**SA 6:** “Because I know a lot of like [other teams] that aren’t on that part of campus are less likely to see her just because she’s so far away.”  
**SA 8:** “Well every time I go in there, my coaches, like ask: ‘Why are you here?’ and like I don’t like, I didn’t tell anyone on my team I was going to see her. I didn’t tell anyone, like, I didn’t even tell my coach. It was like I had to sneak in there and be like all sneaky.” |
(Table 5 Continued)

| Advertisement/Reminders          | SA 2: “Letting athletes know like or coaches letting them know like their athletes know about the available [services] and stuff like that because I kind of forgot that I could go see her because I remember learning about it my freshman year.” |
|                                 | SA 4: “I feel like as a whole, there is a, you know, they do tell us, like hey we have these options…but I feel like it’s said once or twice throughout the year and then it’s kind of like never talked about again.” |
|                                 | SA 8: “Like advertise it more.” |
|                                 | SA 11: “Better broadcasting, sorry for lack of a better word. But like if there could be maybe like an email blast or something.” |
| Mental Health Conversations      | SA 3: “Meetings with the entire student-athlete body or having our coaches talk to us about [mental health] or someone that is qualified to talk to us about stuff like that, once a month. I think that would be very, very beneficial because we don’t get as much exposure to it as I think we need.” |
|                                 | SA 5: “I think just more awareness and encouragement would be very beneficial…encouraging athletes to spread the word to each other as well.” |
|                                 | SA 8: “Maybe educate the athletes, a little bit about what’s going on and in the mental like psychology in sports and say, like, and this is why psychologist can help you, or like educate the athletes more.” |
|                                 | SA 10: “Like maybe let people know before they come, or like soon like here’s all like if you’re having doubts or something about your sport or you need to talk to someone here is someone you can talk to.” |
(Table 5 Continued)

| Student-athlete Mentors | SA 3: “Being counseled or peer taught by seniors or upper classmen, just because they have that experience and they have like some sort of knowledge on the programs that have been happening.”
| | SA 5: “I think just more awareness and encouragement would be very beneficial…encouraging athletes to spread the word to each other as well.”
| | SA 10: “Having the older classmen talk to the younger classmen about it because I think that’s more effective than having a coach, be like look you probably should see this person or look like this is available to you. When you have the upper-class people like, oh yeah, it’s kind of cool it makes it not weird. And there’s no stigma around it. So, I think it’s helpful.”
| Provider Visibility | SA 6: “It would help to put a face to the name because everyone knows of her, but no one really knows who she is…more people need more of like a facial recognition.”
| | SA 9: “We have the meeting with [the program director] at the beginning of each year. I think that’s really helpful because I would not have known otherwise coming in freshman year what the heck I have like offered to me.”
| | Coach 3: “She can pop into practice every now and then. And, you know, just have more of a closer relationship with the team. I know that’s asking a whole lot because we have so many teams, so many athletes.”

Student-athletes, coaches, and athletic trainers were benefitting from the mental health program provided by the athletics department. The services were helping student-athletes, but there were potentials for improvement. All participants interviewed said this program needed to stay and that it was an important service for the student-athletes.

Chapter Summary

This program evaluation focused on a Division I NCAA SAMHP to determine if stakeholder needs and expectations were being met. The CIPP model was utilized to develop participant questions. The program director provided rich detail in the development of the
SAMHP and provided information regarding creation, implementation, and adaptation of the SAMHP.

Secondary stakeholders included student-athletes, coaches, athletic trainers, and other mental health care providers from the institution. Fifty-two student-athletes responded to the online questionnaire and provided their input regarding the SAMHP. These stakeholders provided important perspectives because they were the individuals utilizing the program and benefiting from its existence. From participants interviews and online questionnaire responses three themes emerged:

1. Student-athlete mental health services were needed.

2. Communication and connection promoted use of mental health services in the student-athlete population.

3. Student-athletes, coaches, and staff experience liked the SAMHP but had suggestions for improvement.
CHAPTER 5: DISCUSSION

The purpose of this qualitative evaluation was to determine if the SAMHP at a Division I university was meeting the needs and expectations of the student-athlete stakeholders. The NCAA provided guidelines to member institutions regarding student-athlete mental health (NCAA, 2017). These guidelines were open for interpretation and allowed institutions the flexibility to develop programing based on student-athlete need and institutional funding. As a result of the NCAA’s guidelines on mental health, variability exists across institutions regarding services provided. The current evaluand has instituted its program based on the NCAA guidelines. The current program was directed and staffed by its current program director. This evaluation provided an opportunity to identify if stakeholders’ needs were being met, while simultaneously determining potential program improvements. This evaluation provided insight to the athletics department as to the needs of the student-athlete and may serve as an example for other institutions on how to evaluate their mental health programming.

Three key evaluation questions developed from discussion with the counselor/program director:

1. Is the SAMHP being utilized consistently by the student-athletes?

2. Is this program able to meet the needs of the student-athlete?

3. In what ways does the program need to change in order to better meet the needs and expectations of the student-athlete?

This chapter summarized the evaluation findings of the SAMHP. The chapter reviewed the evaluation themes, implications and recommendations for practice, and future research.
Discussion

To address the evaluation questions, it was pivotal to gain access to primary and secondary stakeholders. The counselor/program director was a key primary stakeholder who provided extensive understanding of the program’s development, growth, and function. Secondary stakeholders included student-athletes, coaches, athletic trainers, and an on-campus counselor from student housing. These voices provided feedback and information related to the current perceptions of the mental health program and its value to the department.

Data analysis, coding, participant interviews and questionnaire responses revealed three key themes:

1. Student-athlete mental health services were needed.
2. Communication and connection promoted use of mental health services in the student-athlete population.
3. Student-athletes, coaches, and staff liked the SAMHP and have suggestions for improvement.

Respondent answers illuminated multiple themes and provided rich responses to evaluation questions. Participant responses connected with various aspects of the evaluation’s logic model (see Figure 1) providing deeper insight into the current state of the program and future implications.

Evaluation Results

Currently the SAMHP was not meeting the needs of the student-athletes. Although the program was being utilized by participants, there were various barriers and limitations that affected participants ability to use these services. Participant interviews and questionnaire responses provided insight of the SAMHP’s current state. Participant responses answered the
three evaluation questions as well as address various areas of the programs logic model (see Figure 1).

Evaluation Question 1 sought to understand if the SAMHP was being used consistently by the student-athlete population. Nearly all interviewed participants stated that the SAMHP was needed by student-athletes. This sentiment was affirmed with responses from the online questionnaire which indicated that student-athletes needed mental health services. Although need does not equate to usage, interview and questionnaire participants reported they had utilized the services. Archival data from 2018-2019 revealed that 17% of that incoming student-athlete population did utilize the SAMHP during the academic year. Respondents also mentioned how it was challenging to get an appointment with the program director. This revealed that the program was being utilized to the point where appointments were booked out. The SAMHP was being used by the student-athletes consistently enough to affect new appointment availability for other participants.

Evaluation Question 2 asked if the current services meet the needs of the student-athlete. This question was challenging for interviewees to answer with a strict yes or no. Coaches and athletic trainers were challenged in their responses because they could only assume what the needs of student-athletes were from their personal interactions with their team population. Coaches and athletic trainers also understood that some student-athletes were more open to counseling than others and may not utilize services in general.

Student-athletes interviewed did think the program met student-athlete needs but admitted there were limitations. They found it challenging to answer a firm yes or no because there were exceptions and situations that did not meet the needs of all student-athletes. These
participants also admitted they did not know what other student-athletes needed regarding mental health and could only respond to their specific situation better than generalizing for their peers.

There was an overwhelmingly positive response from student-athletes, coaches, and athletic trainers regarding the services provided. Student-athletes felt their needs were being met during their appointments and that they were taught lifelong skills. Coaches trusted the provider’s professional guidance. Unfortunately, many student-athletes reported challenges in scheduling appointments due to the limited staff for the program. Because it was difficult to be seen at times, the needs of the student-population were not met in a timely manner or, in some cases, not met at all. When student-athletes were able to utilize the SAMHP they indicated their needs were met. The scheduling challenges left the student-athletes wanting more scheduling availability and flexibility.

Although respondents described the need for mental health services, they also described barriers that precluded more consistent usage of these services. These barriers included appointment availability and convenience, stigma, and lack of support. A large concern from student-athletes was the difficulty in scheduling appointments with the mental health provider. As previously mentioned, the program has one in-house counselor who also serves as the program director. Having one provider limited appointment availability and convenience for individuals. Student-athletes also used this fact as an excuse towards not seeking out services. There were a few participants who mentioned that they “heard from someone” that the program director was always booked, so they chose to not pursue services.

Convenience was also a barrier identified by participants. Not having appointments outside of typical business hours or weekends made it challenging for student-athletes to find time in their already impacted schedule for mental health services. It was also mentioned that
the location of the program director’s office was inconvenient to a portion of the campus student-athlete population. Student-athletes found the present location too far from their practice facilities or classrooms. This distance was enough to deter them from seeking out services.

Another common concern reported was the stigma surrounding mental health and the lack of support from teammates and coaches in seeking said services. It was a goal of the program director to develop a department culture that supported mental health, however, that does not seem to be the current situation. Many participants stated that stigma around mental health existed presently within this athletics program. Participants also mentioned that they wanted to hear their coaches and teammates talk about mental health more often and to be reminded of the services available. From the student-athlete perspective, coaches were not openly discussing mental health and its importance. This was concerning to the student-athletes as they wanted open, transparent conversations regarding this subject. Student-athletes also mentioned that their teammates were not as open about discussing this topic as they would have liked. Participants wanted peers to talk about personal experiences, but also to support teammates in reaching out for help Mental health stigma was a barrier identified by this population of student-athletes.

Participants provided various suggestions on how to improve the SAMHP to meet the needs of its stakeholders. These responses helped answer Evaluation Question 3 and are discussed in detail later in this chapter under implications and recommendations for practice.

Link to Previous Research

Student-athletes experience increased stresses due to their participation in college athletics (Brewer, 1993; Kimball & Freysinger, 2003; Turton et al., 2017). Student-athlete participants in this evaluation stated that stress was a common factor that led them towards
seeking mental health services. Stress was the number one concern among questionnaire respondents, followed closely by anxiety and depression. These concerns coincide with previous studies that identify anxiety and depression as common mental health issues in student-athlete populations (Brown et al., 2014). Coaches and athletic trainers reiterated these concerns as they perceived student-athletes as lacking resiliency, but more importantly, lacking the skill sets to combat anxiety, stress, and setbacks.

Watson (2005) identified that student-athletes have fewer positive attitudes towards seeking mental health services when compared to their non-athlete counterparts. Student-athletes have also been found to have high expectations of counseling services and expect counselors to understand their unique situation. This expectation was re-iterated by the student-athletes in this evaluation as they appreciated having a provider that understood the pressures and expectations of participating in collegiate athletics. Having a provider in-house helped bridge the stigma of mental health and athletics. Student-athletes were able to see that a mental health provider was available to them in the athletics department, which helped to “normalize” the presence of mental health care. This also allowed most student-athletes the ability to connect a name with a face and to potentially decrease the fear of going to a counselor they had never seen or met. Regarding coaches and athletic trainers, they appreciated having a professional available to them within the department. Although some coach offices were not in the same building as the counselor/program director, the ones who did have office proximity appreciated the ability to communicate directly, ask questions, and develop a relationship with the counselor/program director. Once coach did have a concern that the counselor/program director was not conveniently located near her office or her teams practice location. The coach was able to reach
out to the counselor/program director via email and phone; however, the coach would have preferred more visibility and face to face contact.

When student-athletes were referred to counselors in the student health center the care was adequate. Referrals could occur due to the lack of appointment times with the counselor/program director or if the student-athlete felt more comfortable speaking with a different provider. Being able to refer could be positive and negative. The positive was student-athletes could potentially be seen quicker. If the counselor/program director did not have availability, there was the option to refer to student health and counseling. This allowed student-athletes to be seen; however, they would need to go to student health for their appointments. A negative to being seen outside of athletics was that the student-athlete could feel isolated as they are using services different than their peers; also, their athletic trainers and coaches may not be updated as to the current status of these student-athletes. Seeing providers outside of athletics could make it difficult for athletic trainers to follow-up with their care. Providers outside of athletics may also not understand the specific needs of the student-athlete which could re-affirm a student-athletes negative perception of counseling or lead to unsuccessful counseling sessions.

Referring student-athletes to outside providers was not necessarily a good or bad idea. It did provide flexibility for the counselor/program director to provide student-athletes with more appointment options; however, it also sent student-athletes outside of athletics and possibly limited the line of communication between providers and athletic trainers. At this particular institution the counselors at the student health center were not sports psychologist and may not have had the background in athletics needed to completely connect with the student-athlete population. Having a provider that understands athletics in-house was identified by student-athletes, coaches, and athletic trainers as a positive. Gavrilova and Donohue (2108) found that
providing resources and having counselors who understand athletic culture were important aspects of a SAMHP. The current SAMHP was providing in-house mental health resources along with a counselor/program director with professional experience working with student-athletes.

Milroy et al. (2014) found that student-athletes identified peer norms and supported behavior as primary reasons they participated in risky behavior. This suggests that peers have a strong influence on teammate behavior. If a team could integrate team norms for positive behaviors, such as seeking mental health services and normalizing mental health, potential exists to develop help-seeking behavior in the student-athlete population. Various participants stated that if their teammates were supportive and spoke about mental health, they would be more inclined to utilize those services. De-stigmatizing mental health within teammates and coaching staffs was a common discussion point amongst interviewees. Some coaches were more comfortable discussing mental health with their student-athletes than others, but all felt comfortable approaching a student-athlete in distress. According to Gavrilova and Donohue (2018), promoting positive discussion regarding mental health is an important quality of a SAMHP. Cultural norms are a potential avenue for departments and teams to create supportive environments that push student-athletes to seek help when needed. The student-athletes in this study wanted more discussion, more support, and more reminders that seeking services for mental health was acceptable by their coaches, but more importantly by their peers.

**Implications and Recommendations for Practice**

This program evaluation focused on the mental health services provided for student-athletes at a NCAA Division I mid-major university. The data collected from participant interviews and questionnaires provided details into the development and current state of the
program while also contributing suggestions for improvements. The evaluation set out to determine if stakeholders’ needs and expectations were being met. This section discusses implications of the evaluation both for the SAMHP and its counselor/program director.

Student-athletes, coaches, and athletic trainers who participated in this program evaluation indicated strong support for mental health services. They suggested that mental health services were needed and that they would utilize or refer students to them if possible. The mental health services provided included sports performance; however, participants indicated that feedback and help related to stress management, anxiety, and student-athlete life balance were more crucial for this student-athlete population. When developing a SAMHP it was important to determine the needs of the stakeholders in order to ensure supportive services are provided for the population’s specific needs. Prior to this program being initiated, student-athlete feedback was not elicited. The counselor/program director was able to develop short-term, long-term goals as well as an overall program purpose based on previous experiences and current best-practices. Luckily, this program was able to provide supportive programming for this specific student-athlete population however not all needs were met. Although the program offered helpful services specific to the needs of this student-athlete population, there were not enough available mental health providers to meet the populations demand.

This evaluation identified student-athlete concerns with the stigma surrounding mental health. Although the coach and staff participants did say they spoke about mental health to their student-athletes, a stigma still exists in this department. There may be some coaches who support mental health; however, the department and team cultures were not supportive. This leads to the question: was mental health important to this department, or was this program simply supported by administration to meet the NCAA’s best-practice guidelines?
This stigma affected the student-athletes ability to seek out mental health services. Numerous student-athlete participants mentioned that teammate and coach perceptions were factors that effected their pursuit of mental health services. Student-athlete participants requested their teammates talk about personal experiences with mental health as a way of mentoring and de-stigmatizing the topic. There was also mention that coaches could discuss the topic more often and openly to support student-athlete mental health. Normalizing the subject of mental health was a positive action teams could take to support student-athlete pursuit of mental health services. Structurally developing a SAMHP has challenges but developing a department and team culture that supports mental health could encourage usage of the services.

Finally, developing a SAMHP that adapted to the unique schedules and experiences of the student-athlete could increase access to and utilization of the services. Many participants appreciated the understanding the counselor/program director had regarding the pressures and stresses experienced as a student-athlete. The coaches and athletic trainers appreciated the professional experiences the counselor/program director had working with athletics. Understanding athletics helped staff and student-athletes connect with the counselor/program director and gain a sense of trust in their abilities.

SAMHPs need adaptable to the schedules and time constraints of the student-athlete. Many participants found it challenging to schedule with the counselor/program director and sometimes needed to cancel due to other athletic related issues. Having flexible appointment times or appointments outside of normal business hours could better meet the needs of the student-athlete population.
This evaluation has provided general implications for practice for athletic departments interested in developing or altering their current program. The following are recommendations for improvement for this specific SAMHP.

**Recommendations for Practice**

Scheduling was a concern with this student-athlete population. It was also mentioned by coaches that they felt challenges existed for student-athletes trying to be seen in a timely manner. As the primary counselor and the program director, one person was attempting to perform administrative duties as well as counseling/daily sessions. This poses a challenge in scheduling as this dual role requires the counselor/program director to split their time between administrative and counseling duties.

Student-athlete schedules were also challenging. Practices, team travel, class schedules, work commitments, and academic requirements take up a large portion of a student-athletes day. This means that non-traditional counseling methodologies and appointment times may be a needed alternative for this student-athlete population.

Based on the findings from this evaluation it was recommended that funding be provided to hire another in-house counselor with athletics experience to meet the needs of the student-athlete population on this campus. More in-house providers could allow student-athletes greater access to mental health services. An increase in staff may also allow for shorter wait times, and less referrals to the student health center. Increased staff members would also allow for increased confidentiality and limit bias. Currently one provider was counseling most of the student-athlete population. This meant that the counselor/program director may hear the team issues from more than one student-athlete. It would help maintain confidentiality between
teammates while also helping the counselor/program director maintain an unbiased opinion during counseling sessions.

More providers would also allow the counselor/program director to focus on administrative duties. It would also allow the counselor/program director the flexibility to be more visible to student-athletes, coaches, and staff. If the counselor/program director could increase visibility this may expand knowledge of the SAMHP, increase acknowledgement of mental health, and possible develop better relationships with the student-athlete population.

As previously mentioned, student-athletes enjoyed the confidentiality maintained by the counselor/program director. They liked that their coaches did not have access to their counseling sessions, and it was a “safe” space to talk. One concern was the fact that the counselor/program director’s office was in the same building as their coaches and other athletics staff members. This concerned some participants as they did not want coaches and staff to know they were seeking counseling. Another concern from participants was the location of the counselor/program director was on one side of campus. The location was far from certain athletic fields and locker rooms and was not convenient for a portion of the student-athlete population.

It was recommended that alternative locations for counselling appointments be found in order to maintain student-athlete confidentiality, increase accessibility and increase convenience. This can be done either by finding physical locations proximal to student-athlete locker rooms and practice sights, or it could include telemedicine appointments. The campus does have access to online teleconferencing platforms that would allow the flexibility for student-athletes to maintain their confidentiality and increase accessibility. Telemedicine/teletherapy appointments
potentially could facilitate increased usage of the SAMHP as physical office space would not be needed for appointments.

Telemedicine/teletherapy appointments in addition to increase counseling staff could adapt to the needs of the student-athlete. Student-athletes travel away for competitions and teletherapy appointments would mean they would not need to re-schedule due to travel. Having an increased staff could also mean extended counseling hours beyond the normal workday. The campus currently has the platform needed for telemedicine/teletherapy appointments and the addition of counselors would be the primary expense for the department.

During this evaluation, student-athletes mentioned that they did forget what services were provided to them regarding mental health. It was recommended a system be developed to remind student-athletes throughout the academic year of the mental health services provided in the department and on-campus. This system could include emails, face to face meetings, social media posts, text reminders, or educational programming. One student-athlete suggested peer mentors from teams to be trained as mental health ambassadors who could promote, educate, and support their teammates seeking out mental health services. This would be a great opportunity for student-athletes interested in counseling to gain experience and knowledge of student-athlete mental health and sports performance. In general, student-athletes admitted to being forgetful of the services available to them and they wanted to be reminded that they had options.

The final recommendation was for funding to be provided for educational programming be developed for student-athletes, coaches, and staff to help de-stigmatize mental health and increase awareness. This was one area of concern for the counselor/program director. During the counselor/program director’s interview, they stated the desire to bring in guest speakers and educators to help promote mental health within the department and athletic teams.
Unfortunately, guest speakers may require payment for their services. Presently the SAMHP does not have a budget for expenses. The program has operated with no budget since its inception in 2016. It was recommended that the athletics department provide a budget for the create of yearly educational programming for student-athletes, coaches and staff to raise awareness of mental health.

**Next Steps**

The current Covid-19 pandemic has developed challenges nationally throughout the university and college system. As a result of the present pandemic, there was a nearly 22% decrease in high school students entering college in 2020 (NSC Blog, 2020). Enrollment decreases such as this affect university funding. The pandemic has also affected the budgets of college athletics. Unfortunately, various institutions were not able to compete in the fall 2020 athletic seasons. This has led to budgetary deficits as athletics departments had limited ticket sales, low profit from concessions and team gear sales, and lost revenue from media outlets (Uhler, 2020). To maintain the health and safety of the student-athlete, the NCAA provided specific guidelines and requirements of member institutions in order to allow participation. These guidelines required institutions to provide Covid-19 testing, personal protective gear, and social distancing protocols (NCAA, 2020). These guidelines were an unexpected budgetary cost for the 2020-2021 athletic season. Losing revenue and having increased costs due to the pandemic affected numerous athletics departments, and most likely will affect college athletic budgets for future seasons. These unfortunate circumstances mean services such as this student-athlete mental health program will not have increased budgets or staff.

This evaluation identified participant and organizational barriers that affected meeting the needs of the end user. According to Russ-Eft and Preskill (2009), evaluation should be used for
decision-making purposes and answer critical questions regarding how a program works. This evaluation was able to answer three evaluation questions and determined that the student-athletes’ needs and expectations were not being met. Suggestions for improvement were developed from participant perspectives and suggestions, unfortunately the current pandemic has affected the current budget, forced a hiring freeze, and limited future budgetary possibilities. These circumstances limit the department’s ability to implement the suggested recommendations. Moving forward the SAMHP must develop alternative methods to better meet the needs and expectations of the student-athletes.

Since expansion of the programs staff and the development of a budget may not be an option, there needs to be alternative measures created. One potential resource that could be utilized would be that of the athletic training staff. This current institution has six full time staff athletic trainers, and four graduate/intern athletic trainers. Instead of hiring another full-time counselor or psychologist, the program director could develop mental health programing for the athletic training staff.

As discussed, the student-athletes complete the CCAPS during their incoming physical. This was the only mental health assessment done during their time as student-athletes. At the completion of each athletic season the athletic training staff performs an interval-physical to report any injuries sustained during the athletic season. This could be an opportunity for athletic training to ask 3-5 mental health questions to assess the student-athletes. The end of the season physical would allow the athletic trainers to aid the student-athlete, refer if needed, or provide basic mental health support. Another option could be to have the athletic trainers meet individually with student-athletes to “check in” throughout the academic year. This would help
take some patient load off the program director, increase discussion of mental health, and remind
the student-athletes of the available mental health services.

Although athletic trainers do not have the same educational background as the program
director or individuals with professional counseling/psychology backgrounds, there are trainings
to educate the staff in basic mental health counseling. Programs such as Mental Health First Aid
and QPR Gatekeeper training are courses open to the public to help identify individuals in crisis
and the steps towards providing help. These courses do have a cost associated with them,
however, the cost to train the athletic training staff or coaching staff is would be less than a full-
time staff counseling position. This small one-time cost would allow for athletic training to be
an extension of the current SAMHP and help to develop a stronger support system for the
student-athletes.

As discussed, mental health stigma was present in this athletics department. In order to
combat this stigma and try to develop a department culture that supports mental health the
program director could develop a social media platform with supportive mental health reminders.
Many athletic teams and the athletics department itself, have their own social media platforms
such as Instagram, Twitter, or Facebook. The student-athlete mental health program could have
its own social media platform which could distribute reminders of the services, but also mindful
tips throughout the year. Social marketing has been found to reduce stigma as it provides
educational information, support, and promotes social norm change (Clark et al., 2013). Since
this departments commitment to mental health was questioned by participants, the program
director could request the department repost the SAMHP social media posts. This would show
student-athletes, coaches, and staff members that the administration supports mental health, and
could help develop different cultural norms. Athletic training, strength and conditioning, as well
as other teams could also repost or help supply posts regarding mental health to help spread the word and destigmatize the subject.

Stigma has been identified as a large obstacle towards seeking mental health services, which means efforts must be made to promote a culture of acceptance (Satcher, 2000). With various stakeholders stating that stigma exists between teammates and coaches throughout this athletics department it would be beneficial to gain more acknowledgement and acceptance from administrators. The program director did have support from the previous athletic director, and still believed there was support from the current athletic director, however, this support may not be seen by other department members. Having leadership discuss and remind coaches and staff members of the importance of mental health could help destigmatize the topic. The program director has presented to coaches and staff, however, moving forward it may help to have more educational experiences for coaching and department staff to increase support. It may also be beneficial to have coaches go through mental health programs such as Mental Health First Aid or QPR Gatekeeper trainings to educate the department. This would help create a culture that understands mental health and is knowledgeable on how to address potential situations. Training the department coaches and staff would be a cost, however, it would still be less than hiring a full-time counselor.

**Implications for Future Research**

This program evaluation identified key themes for the participants. Although this evaluation focused on one SAMHP and its stakeholders, implication exist for further study into this topic. As mentioned, student-athletes experienced barriers to seeking out mental health services. Opportunity exists to research the efficacy and effectiveness of creating teletherapy programing and/or platforms for student-athletes to gain access to mental health services.
Having the confidentiality, privacy, and convenience of teletherapy appointments could remove barriers student-athletes experience regarding mental health services. Future research could include student-athlete perceptions of teletherapy, outcomes of teletherapy within the student-athlete population, and teletherapy utilization.

This evaluation identified that student-athletes related closely with their peers and requested their support in normalizing mental health. Student-athlete peer mentorship programming in mental health could help de-stigmatize and promote healthier behavior in this population. Potential exists for student-athletes to become mental health mentors at their institution, developing cultural awareness and acceptance of mental health within the student-athlete population. Research is needed to see if peer mentorship programming in this population would be successful and utilized.

Another area of concern is mental health stigma in athletics and team culture. It would be beneficial to identify ways to change a department and team culture towards being more acceptable and transparent regarding the topic of mental health. It would be helpful to understand how mental health stigma is perpetuated within the athletic setting in order to develop strategies to promote supportive environment. Research in mental health stigma within team dynamics could provide insight on how to break down those belief systems to develop strategies of acceptance and understanding.

**Conclusion**

Student-athlete mental health is a growing concern among student-athletes. This program evaluation set to determine if the needs and expectations of student-athletes were being met by the athletic department’s mental health program, unfortunately, the current SAMHP is not able to meet the needs of the student-athlete population. The lack of appointment options, mental health
providers, and team/department stigma are affecting the student-athletes' ability to utilize services. Covid-19 has also limited the budgetary options for further program growth. This evaluation identified that the student-athletes’ needs and expectations were not being met and recommendations were provided to help mediate this concern. Moving forward with the financial constraints, the student-athlete mental health program needs to utilize its current resources and advocates to expand its reach. Athletic training is an advocate that could be utilized to promote mental health. This group of health care workers could increase their knowledge and training in mental health to provide basic services and decrease the program directors patient load.

Stigma is the largest battle to be won for this program to grow and expand towards reaching the student-athlete population. It is pivotal to gain more acknowledgement and support from the athletics administration to create a department culture that promotes student-athlete mental health. This means expanding relationships, educating coaches and staff on mental health, and gaining more acceptance from the athletics department administration.

The initiation of this student-athlete mental health program met the NCAA best-practice guidelines, unfortunately, the program failed to meet the needs and expectations of the student-athlete population. This does not mean the program should be dismantled. There were various participants who utilized this service and had positive experiences. The program has value and needs to continue to try and reach the student-athlete population. Leadership within the athletics department needs to be lobbied for further support and acknowledgement in order to promote a culture that accepts mental health. Relationships need to continue to develop with various coaching staffs, and advocates such as athletic training need to take a larger role in helping provide inclusive care to the student-athlete. Before 2016 a student-athlete mental health
program did not exist on this campus. The challenges in developing, implementing, and growing any service-based program is immense, and for the last four years one person has done it all. Moving forward post-Covid-19 and with a limited budget, it will take grassroots methods to continue to expand the reach of this program. Hopefully this evaluation has provided insight into the student-athlete mental health program as well as insightful information towards improving the student-athlete experience.


https://doi.org/10.1080/87568225.2014.948770


https://doi.org/10.1007/s10067-013-2203-9


Donohue, B., Dowd, A., Philips, C., Plant, C. P., Loughran, T., & Gavrilova, Y. (2016). Controlled evaluation of a method to assist recruitment of participants into treatment


https://doi.org/10.1007/s10597-010-9364-7


https://doi.org/10.1016/j.jadohealth.2009.08.008


National Athletic Trainers’ Association (NATA). (n.d.) *Who are athletic trainers?* https://www.nata.org/about/athletic-training


Hello [name of subject],

My name is Heather Swanson, and I am a doctoral student in the Benerd School of Education at the University of the Pacific. I would like to invite you to participate in my research study evaluating on-campus student-athlete mental health services. If you are interested, you will be able to provide your feedback and perspectives related to the mental health services available to student-athletes on-campus.

The interview is anticipated to take no more than twenty minutes. It will be done remotely via the Zoom app. Your feedback will be pivotal in determining if the mental health needs of student-athletes are being met and will potentially drive the development of new programs and services.

If you would like to participate, please contact me at h_swanson3@u.pacific.edu or 916-709-1842.

Thank you for your consideration,

Heather M Swanson, MS, ATC
University of the Pacific
Benerd School of Education
Doctoral Student
APPENDIX B: EMAIL RECRUITMENT SCRIPT FOR STUDENT-ATHLETE QUESTIONNAIRE

Hello, my name is Heather Swanson. I am a doctoral student at the University of the Pacific in the Benerd School of Education. I am conducting research on student-athletes’ perceptions and needs of on-campus mental health services provided by the athletics department. I am inviting you to participate because your feedback is pivotal in our assessment of current programs and the development of new services.

Participation in this research is voluntary and includes taking an online survey about your perception of the current mental health services provided to student-athletes on-campus. The survey will take approximately 5 minutes. All responses are confidential, and your privacy will be maintained. There are no foreseeable risks related to this questionnaire, however, a link will be provided upon completion with information regarding on-campus mental health services available to students.

If you would like to participate in this research, please click on the link below to begin the survey. If you have any questions before continuing, please feel free to email me. Thank you!

Survey Link: [insert link]

Heather M Swanson, MS, ATC
Associate Head Athletic Trainer, [redacted]
Doctoral Student, University of the Pacific
Benerd School of Education

If you have questions or concerns about your rights as a participant in this study, contact the Office of the Research at (209) 946-3903 or irb@pacific.edu.
Please click the link to answer a questionnaire regarding the mental health services provided by your institution [Redacted].
Research Title: EVALUATION OF A DIVISION I MID-MAJOR UNIVERSITY’S STUDENT-ATHLETE MENTAL HEALTH PROGRAM

Lead Researcher: Heather Swanson
Faculty Advisor: Dr. Delores McNair

RESEARCH DESCRIPTION: You are being invited to voluntarily participate in a research study on student-athlete mental health services. The purpose of this research is to determine if the mental health needs of student-athletes are being met and to gain valuable insight into the specific mental health needs of student-athletes. You will be asked to participate in a recorded Zoom interview to answer questions related to the mental health services provided to student-athletes at your institution.

TIME INVOLVEMENT: Your participation will take approximately 20 minutes.

RISKS AND BENEFITS: There are no foreseeable risks associated with this study. There are no direct benefits to your participation. Your decision whether to participate in this study will not affect your employment or any other benefits to which you are entitled.

COMPENSATION: There is no compensation for your participation.

PARTICIPANT’S RIGHTS: If you have read this form and have decided to participate in this research project, you understand that your participation is entirely voluntary and your decision whether or not to participate will involve no penalty or loss of benefits to which you are otherwise entitled. If you decide to participate, you are free to discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. You have the right to refuse to answer particular questions. The results of this research study may be presented at scientific or professional meetings or published in scientific journals. It is possible that we may decide that your participation in this research is not appropriate. If that happens, you will be dismissed from the study. In any event, we appreciate your willingness to participate in this research.

CONFIDENTIALITY: No personal identifiers will be used in this study. Your name, age, sport, and other demographics will not be included in the results and pseudonyms will be utilized to maintain anonymity.

COLLECTION OF INFORMATION: Information collected as part of this research will not be used or distributed for future research studies.
CONTACT INFORMATION:

Questions: If you have any questions, concerns or complaints about this research, its procedures, risks and benefits, contact the Lead Researcher at [mask], or the Faculty Research Advisor, Dr. Delores McNair at [mask].

Independent Contact: If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact Office of Research and Sponsored Programs to speak to someone independent of the research team at (209)-946-3903 or IRB@pacific.edu.

Interview Contact: If you need to change your interview, please contact Heather Swanson at [mask] or [mask].

I hereby consent: (Indicate Yes or No)

- To be audio/video recorded during this study.
  
  ___Yes ___No

The extra copy of this signed and dated consent form is for you to keep.

Your signature below indicates that you have read and understand the information provided above, that you have been afforded the opportunity to ask, and have answered, any questions that you may have, that your participation is completely voluntary, that you understand that you may withdraw your consent and discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled, that you will receive a copy of this form, and that you are not waiving any legal claims, rights or remedies.

SIGNATURE ________________________________ DATE _______________________

Research Study Participant (Print Name): ________________________________

Researcher Who Obtained Consent (Print Name): ____________________________
APPENDIX E: ONLINE QUESTIONNAIRE FOR STUDENT-ATHLETES

Start of Block: Consent

Q1 Thank you for your interest in participating in this study regarding student-athlete’s perceptions and needs of on-campus mental health services. Participation in this research is voluntary and includes taking an online survey about your perception of the current mental health services provided to student-athletes on-campus. The survey will take approximately 5 minutes. All responses are confidential, and your privacy will be maintained. There are no foreseeable risks related to this questionnaire, however, a link will be provided upon completion with information regarding on-campus mental health services available to students. By clicking yes, you are consenting to be a part of this study and confirming that you are 18 years of age or older.

○ Yes I consent to participate and am 18 years of age or older (4)

○ No I do not wish to participate and/or I am not 18 years of age or older (5)

Skip To: End of Survey If Q1 = No I do not wish to participate and/or I am not 18 years of age or older

End of Block: Consent

Start of Block: Demographics

Q4 What year in school are you?

○ Freshman (1)

○ Sophomore (2)

○ Junior (3)

○ Senior (4)
Q5 Before your season started, who did your physical?

- Student Health Center (1)
- Team Physician (2)
- Returner physical with Athletic Trainer (3)
- Personal/Off-Campus Physician (4)

End of Block: Demographics

Start of Block: Mental Health Assessment

Q7 Do you think student-athletes have a need for mental health services?

- Yes (1)
- No (2)

Display This Question:

*If Q7 = Yes*
Q10 What mental health services do you think student-athletes need? (Click all that apply)

☐ Counseling for depression (1)
☐ Counseling for anxiety (2)
☐ Counseling for addiction (3)
☐ Counseling for alcohol abuse (4)
☐ Counseling for an eating disorder (5)
☐ Stress management (6)
☐ Relationship issues/concerns (7)
☐ Click to write: (8) ________________________________________________

Q8 Do you think the athletics department should provide mental health services for student-athletes?

☐ Yes (1)
☐ No (2)

Q9 Does your athletics department provide mental health services to student-athletes?

☐ Yes (1)
☐ No (3)
Q12 How did you hear about the mental health services provided by the athletics department?

☐ Athletic Trainer (1)

☐ Coach (2)

☐ Teammate (3)

☐ Compliance Coordinator (4)

☐ Other: (5) ________________________________________________

Q11 Do you think the current mental health services provided by your athletics department are meeting the needs of student-athletes?

☐ Yes (1)

☐ No (2)

Display This Question:

If Q11 = Yes

Display This Question:

If Q11 = No
Q13 Why do you think the current mental health services are not meeting the needs of student-athletes? (Click all that apply)

☐ Services are not available at convenient times (1)

☐ Not easy to contact (2)

☐ Location of services are not convenient (3)

☐ Other: (4) ________________________________________________

Q14 Have you ever utilized the mental health services provided by the athletics department?

☐ Yes (1)

☐ No (2)

Skip To: Q19 If Q14 = No

Display This Question:
If Q14 = Yes

Q15 Were services easy to access?

☐ Yes (1)

☐ No (2)
Q16 Were you pleased with the services you received?

- Yes (1)
- No (2)

Display This Question:
If Q16 = Yes

Q17 What did you like about the services you received? (Click all that apply)

- Easy to schedule (1)
- Was seen quickly (2)
- Liked the provider (3)
- It was confidential (4)
- The services were helpful (5)
- Other: (6) ________________________________________________

Display This Question:
If Q16 = No
Q18 What could have been better about the services you received? (Click all that apply)

☐ More appointment options (1)

☐ More convenient location (2)

☐ A different provider (3)

☐ Other: (4) ________________________________________________

Q19 Do you think your athletics department cares about student-athlete mental health?

☐ Definitely yes (1)

☐ Probably yes (2)

☐ Might or might not (3)

☐ Probably not (4)

☐ Definitely not (5)

Q20 If you are interested in participating in a quick Zoom interview regarding this topic please submit your name, email and phone number.

________________________________________________________________

End of Block: Mental Health Assessment

Thank you for your response! If you have any questions regarding the mental health services available on your campus, please see the links below.
Heather Swanson, MS, ATC
Associate Head Athletic Trainer, [Redacted]
Doctoral Student, University of the Pacific
Benerd School of Education

On-Campus Student Mental Health Services
Student Health Center: https://www.csus.edu/student-life/health-counseling/counseling/
WEAVE (Sexual violence and support): https://www.csus.edu/student-life/health-counseling/sexual-violence-support/
Athletics Department Clinical Psychologist/Sports Psychologist: Dr. Gloria Petruzzelli
https://www.hornetsports.com/information/directory/bios/athletic_training/petruzzelli?view=bi
RESEARCH TITLE: EVALUATION OF A DIVISION I MID-MAJOR UNIVERSITY'S STUDENT-ATHLETE MENTAL HEALTH PROGRAM

Lead Researcher: Heather Swanson
Faculty Advisor: Dr. Delores McNair

RESEARCH DESCRIPTION: You are being invited to voluntarily participate in a research study on student-athlete mental health services. The purpose of this research is to determine if the mental health needs of student-athletes are being met and to gain valuable insight into the specific mental health needs of student-athletes. You will be asked to participate in a recorded Zoom interview to answer questions related to the mental health services provided to student-athletes at your institution.

TIME INVOLVEMENT: Your participation will take approximately 20 minutes.

RISKS AND BENEFITS: There are no foreseeable risks associated with this study. There are no direct benefits to your participation. Your decision whether to participate in this study will not affect your eligibility, playing status, use of on-campus services, or any other benefits to which you are entitled.

COMPENSATION: There is no compensation for your participation.

PARTICIPANT'S RIGHTS: If you have read this form and have decided to participate in this research project, you understand that your participation is entirely voluntary and your decision whether or not to participate will involve no penalty or loss of benefits to which you are otherwise entitled. If you decide to participate, you are free to discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. You have the right to refuse to answer particular questions. The results of this research study may be presented at scientific or professional meetings or published in scientific journals. It is possible that we may decide that your participation in this research is not appropriate. If that happens, you will be dismissed from the study. In any event, we appreciate your willingness to participate in this research.

CONFIDENTIALITY: No personal identifiers will be used in this study. Your name, age, sport, and other demographics will not be included in the results and pseudonyms will be utilized to maintain anonymity.

COLLECTION OF INFORMATION: Information collected as part of this research will not be used or distributed for future research studies.

CONTACT INFORMATION:
Questions: If you have any questions, concerns or complaints about this research, its procedures, risks and benefits, contact the Lead Researcher at [contact information].

or the Faculty Research Advisor, Dr. Delores McNair at [contact information].

Independent Contact: If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact Office of Research and Sponsored Programs to speak to someone independent of the research team at (209)-946-3903 or IRB@pacific.edu.

Interview Contact: If you need to change your interview, please contact Heather Swanson at [contact information] or [contact information].

I hereby consent: (Indicate Yes or No)

- To be audio/video recorded during this study.
  ___Yes ___No

The extra copy of this signed and dated consent form is for you to keep.

Your signature below indicates that you have read and understand the information provided above, that you have been afforded the opportunity to ask, and have answered, any questions that you may have, that your participation is completely voluntary, that you understand that you may withdraw your consent and discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled, that you will receive a copy of this form, and that you are not waiving any legal claims, rights or remedies.

SIGNATURE ______________________________ DATE ____________________

Research Study Participant (Print Name): __________________________________

Researcher Who Obtained Consent (Print Name): ____________________________
Hello,

My name is Heather Swanson, and I am a doctoral student in the Benerd School of Education at the University of the Pacific. I would like to invite you to participate in my research study evaluating on-campus student-athlete mental health services. If you are interested, you will be able to provide your feedback and perspectives related to the mental health services available to student-athletes on-campus.

The interview is anticipated to take no more than twenty minutes. It will be done remotely via the Zoom app. Your feedback will be pivotal in determining if the mental health needs of student-athletes are being met and will potentially drive the development of new programs and services.

If you would like to participate, please contact me at h_swanson3@u.pacific.edu or 916-709-1842.

Thank you for your consideration,

Heather M Swanson, MS, ATC
University of the Pacific
Benerd School of Education
Doctoral Student
Your proposal entitled “Evaluation of a Division 1 Mid-Major University’s Student-Athlete Mental Health Program,” submitted to the University of the Pacific IRB has been approved. Your project received an Exempt review.

You are authorized to work with 600 as human subjects, based on your approved protocol. This approval is effective through May 18, 2021.

NOTE: Enclosed is your IRB approved consent document with the official stamp of IRB approval. You are required to only use the stamped version of this consent form by duplicating and distributing to subjects. (Online consent should replicate approved consent document). Consent forms that differ from approved consent are not permitted and use of any other consent document may result in noncompliance of research.

It is your responsibility according to the U.S. Department of Health and Human Services regulations to submit an annual Active Protocol Status/Continuation Form. This form is required to request a continuation or when submitting your required closure report. Please be aware that procedural changes or amendments must be submitted to the IRB for review and approval prior to implementing changes. Changes may NOT be made without Pacific IRB approval except to eliminate apparent immediate hazards. Revisions made without prior IRB approval may result in noncompliance of research. To initiate the review process for procedural changes, complete Protocol Revision Form and submit to IRB@pacific.edu.
Best wishes for continued success in your research. Feel free to contact our office if you have any questions.

Sandy Ellenbolt  
IRB Administrator  
University of the Pacific  
3601 Pacific Ave  
Stockton, CA 95211  
(hours: 7:00-3:30)

University of the Pacific has taken steps to mitigate the spread of COVID-19, including allowing staff to telecommute. Nevertheless, the Office of Research and Sponsored Programs is available to faculty and staff for all services that we routinely provide; please reach out to us through email (first preference) or phone.
Hello [participants name],

Thank you for participating in this interview. My name is Heather Swanson and I am a doctoral candidate at the University of the Pacific. Today we will be discussing student-athlete mental health services provided at your university. At no time will you be asked about your current mental health status and you can choose to end this interview at any time. The interview will take about twenty minutes. Your answers will be confidential, identifiers will be removed, and pseudonyms will be used.

If you would like information regarding the mental health services available to you at your university, I do have that available today. Also, I want to let you know that I am a mandated reporter which means if there is discussion or mention of child abuse I am legally required to speak to authorities. This Zoom meeting will be recorded for researcher purposes. Is that ok with you?

I have also received your signed consent form via email. Do you have any questions regarding the consent form or this research before we get started?
Hello [participants name],

Thank you for participating in this interview. My name is Heather Swanson and I am a doctoral candidate at the University of the Pacific. Today we will be discussing student-athlete mental health services provided at your university. At no time will you be asked about the mental health status of your student-athletes or if they are seeking mental health services on/off-campus. You may choose to end this interview at any time. The interview will take about twenty minutes. Your answers will be confidential, identifiers will be removed, and pseudonyms will be used.

I have also received your signed consent form via email. This Zoom meeting will be recorded for purposes of transcription. Do you consent to being recorded? Do you have any questions regarding the consent form or this research before we get started?
APPENDIX K: COACH INTERVIEW QUESTIONS

1. Have you noticed any changes in the student-athlete during your coaching career regarding the need for mental health services? What specifically have you noticed?
2. When did the department start providing in-house mental health services and how were you introduced to those services?
3. Do you like having mental health services in-house? If so why or why not?
4. Do you find that student-athletes have a positive experience with the mental health services provided by your department? What are the benefits you have noticed? Any negatives that you have noticed?
5. From your perspective, what do you think the mental health needs of the student-athlete are?
6. How do you decide when to refer a student-athlete should seek counseling? Do you feel comfortable making that referral? If so, how did you gain that knowledge to refer and if not what would help you feel more comfortable?
7. What mental health services would you like to see grow, develop, or be included for the student-athlete? Where would you like to see this program go?
8. If this program were to be cut, do you think it would be missed? Why or why not?
9. Do you have anything you would like to add to this subject?
APPENDIX L: ATHLETICS AND STUDENT HEALTH CENTER STAFF INTERVIEW

QUESTIONS: CIPP: CONTEXT

What should we do?

1. How did the idea of developing a mental health program specifically for student-athletes begin?
2. What was the driving force behind getting this program up and running?
3. What on-campus collaborations had to be developed in order to start the process of implementing this program?
4. Is this a program that has strong backing from administration, or has it been challenging moving forward? If yes, why do you feel there has been lack of support?
5. Do you think this program is able to meet the needs of its stakeholders? I.e. the student-athlete
6. Were student-athletes involved in the development of this program? Are they able to provide feedback on this program’s development and growth?
7. What are the top 3 needs you feel are important for the continued growth and success of this program? I.e. funding, hiring more staff, protocol development etc.
APPENDIX M: ATHLETICS AND STUDENT HEALTH CENTER STAFF INTERVIEW

QUESTIONS: CIPP: INPUT

How should we do it?

1. How were protocols and guidelines developed for this program?
2. How was this program explained to the stakeholders and other individuals affected by its initiation?
3. What approaches have occurred to meet the needs of this program? I.e. financial, staffing, collaboration etc.
4. What support systems have been developed to maintain program stability, goals, and objectives?
APPENDIX N: ATHLETICS AND STUDENT HEALTH CENTER STAFF INTERVIEW

QUESTIONS: CIPP: PROCESS

Are we doing it as planned?

1. How was the program implemented?
2. Is the program implementation being documented? If so how?
3. Is the program running efficiently? If not, why?
4. Are participants and stakeholders accepting their roles and performing their responsibilities? Are staff members and administration accepting their roles and performing their responsibilities as assigned?
5. Have there been any implementation problems? If so elaborate.
6. How were these issues dealt with?
7. Is there anything you would like to add to this subject?
APPENDIX O: STUDENT-ATHLETE INTERVIEW QUESTIONS: CIPP: PRODUCT

Did the program work?

1. Did you know you would be pre-screened at the beginning of the year for various elements of mental health and psychological symptoms? Was it beneficial to be screened at the beginning of the year? Why or why not?
2. Do you think it is important to have mental health services available to student-athletes?
3. What specifically do you like about having a mental health program available to you here?
4. What specifically do you dislike or have concerns about regarding having a mental health program available to you here?
5. What would you like to see the department provide regarding mental health services? Do you think the current services are meeting the needs of student-athletes?
6. Do you think student-athletes know about the services available to them within the athletics department regarding mental health? If not, how can they be better informed?
7. Should this program continue? If so why or why not?
8. Is there anything you would like to add regarding this topic?