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College Coaches' Experiences, Knowledge and Attitudes to Support Student-Athlete Mental Health

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COLLEGE COACHES' EXPERIENCES, KNOWLEDGE AND ATTITUDES TO
SUPPORT STUDENT-ATHLETE MENTAL HEALTH

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ABSTRACT

The purpose of this study was to develop a better understanding of college coaches' experiences with student-athlete mental health concerns, knowledge to address these concerns, and dispositions and attitudes toward student-athlete mental health. Although student-athlete mental health has been the subject of previous research, this is the first study to ask college coaches their perspectives on the topic. Data for the study were collected using a Web-based survey with a sample of college athletic coaches who coach male and female student athletes at Division I athletic programs in the Northeastern United States.

The study's findings confirm coaches' concern and care for their student-athletes who experience mental health issues, and that coaches agree that their coaching role should include helping student-athletes who experience challenges. Coaches frequently and increasingly encounter student-athlete mental health issues and are actively engaged in helping to mitigate these issues. Coaches for women's athletic teams encountered student-athletes with mental health disorders more frequently and experienced higher rates of stress related to student-athlete mental health than coaches for men's teams. Coaches reported high levels of stress and want more institutional support and an embedded mental health counselor within their athletic department. Overall, coaches embrace their roles as first responders to student-athletes struggling with complex mental health issues.

DEDICATION

This paper is dedicated to my Mom and Dad. Thank you for your abundant love and instilling in me, a women-can-do-anything mentality. I love you both.

ACKNOWLEDGEMENTS

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CHAPTER 1: INTRODUCTION

Mental health issues are common among college students. According to a 2016 American College Health Association survey, 42% of students reported feeling so depressed within the last 12 months that it was difficult to function, 63% felt overwhelming anxiety, and 8% had seriously considered suicide (American College Health Association, 2018). These issues impact college student-athletes as well. According to the same association, student-athletes increasingly experience feelings of hopelessness, exhaustion, loneliness, anxiety, and depression, with as many as 10-15% of student-athletes experiencing mental health challenges severe enough to warrant intervention and counseling (American College Health Association, 2016). In 2015, the National Collegiate Athletic Association (NCAA) reported that 30% of student-athletes had been intractably overwhelmed during the previous month, an increase from five years prior; and one third of student-athletes reported struggling to find energy for other tasks due to the physical demands of their sport (NCAA, 2015). In other research, about 24% of student-athletes reported coping with clinically-relevant levels of depressive symptoms, and female athletes exhibited 1.8 times the risk of male athletes for endorsing these symptoms (Wolanin et al., 2015). In another study among Division I student-athletes, 21% were found to have symptoms of depression and female student-athletes reported they had 1.32 greater odds of experiencing symptoms of depression (Yang et al., 2007) than male athletes. However, "most college students who experience mental health or substance use problems do not receive early intervention or treatment services" (Blanco et al., 2008; Wu et al., 2007), and student-athletes may be even less likely to seek professional help than non-athletes (Moulton et al., 1997). Additionally, Maurer and

Cramer Roh (2015) found that student-athletes suffer more psychological problems (anxiety, fear of failure in competition, lack of sleep, alcohol use and abuse, disordered eating, overtraining, and feelings of exhaustion) than their non-athlete peers due to the combination of stressful athletic and academic schedules, with athletes overall having a lower incidence of depression compared to non-athletes.

Recent high-profile tragedies exemplify the dire consequences to student-athletes and their communities when mental health issues go undetected and untreated. For instance, on January 17, 2015, Madison Holleran, a first year cross-country athlete at the University of Pennsylvania, died by suicide. She was a popular, star high school runner, soccer player, and student from Allendale, New Jersey, who, after entering college developed severe anxiety and depression that resulted in her suicide during the spring semester of her first year. Madison's family, friends, and college coaches did not understand the full extent of her suffering; her suicide was largely a surprise (Fagan, 2017). Other well-known sports figures have also openly shared their personal stories about struggles with mental health. For instance, Olympic swimmer Michael Phelps, winner of 23 gold medals, came out publicly about his battle with depression and thoughts of suicide. Professional athletes including Rick Ankiel, Mardy Fish, Imani Boyette, and Royce White, have also shared their personal stories, creating a new awareness about the struggles athletes have with mental health and wellness (Gleeson & Brady, 2017).

Such events and revelations have raised interest on the part of higher education leaders and sports professionals in developing programs and practices that can intervene with and support college student-athletes with mental health concerns. In 2013, the

NCAA's Chief Medical Officer, Dr. Brian Hainline, created the NCAA's Mental Health Task Force, marking the first formal step by the organization to better understand student-athlete mental health. The next year, the Task Force published *Mind, Body and Sport: Understanding and Supporting Student-Athlete Mental Wellness,* as a comprehensive educational and resource guide to student-athlete mental health for its member organizations (Brown et al., 2014). Subsequently, in 2016, the Task Force created a student-athlete mental health best practices guide for athletic departments (Brown et al., 2016). New guidelines called upon college athletic staff and coaches to take on a new role in identifying and helping their student-athletes with mental health concerns. Taken together, the NCAA's publications established college student-athlete mental health as a priority policy issue as well as created a new set of expectations for college coaches.

Colleges and universities have also prioritized student-athlete mental health and wellness. For example, in 2017, the University of Vermont Athletic Department created Catamount Sport Psychology and Counseling services. One of the program's stated missions is to integrate sport psychology and mental health counseling into a collaborative and comprehensive continuum of care for student-athletes (University of Vermont, 2017). Two full-time mental health clinicians provide counseling to student-athletes, while also providing consultation to coaches on how to manage and support student-athletes who struggle with mental health concerns. Similarly, the America East Conference formed the Mental Health Working Group in 2017 to identify key priorities for creating mentally-healthier environments for its student-athletes by destigmatizing

mental health challenges, educating key athletics constituency groups, and creating a set of best practices for student-athlete safety and well-being.

Efforts on the part of the NCAA as well as college and university-specific programs both explicitly and implicitly established new roles for college coaches as "first responders" to student mental health concerns. Broadly, the NCAA expects coaches to understand the signs and symptoms of mental health problems, foster a culture of open dialogue about mental health issues, and encourage and refer student-athletes to resources when they are in need. University-specific programs, such as the one in place at the University of Vermont, also expect coaches to identify and refer student-athletes with mental health concerns for services and support. Yet, despite these new expectations for college coaches, it is unclear whether they have the skills, capabilities, and experience necessary to support student-athletes who are experiencing mental health challenges. Cathy Wright-Eger, former Head Swimming and Diving Coach at Purdue University, stated:

> Most coaches are well prepared to execute the X's and O's of their sport and to motivate their athletes. But dealing with the mental health side of athletics is something you generally have to learn on your own, and often on the fly. That learning curve can be huge. (Brown et al., 2014).

Coaches are not mandated by the NCAA nor their individual sport associations to participate in regular continuing education about student-athlete mental health. A women's basketball coach with whom I spoke stated that in her 10 years of coaching college athletics she has never known about or been invited to a mental health-related workshop by the Women's Basketball Coaches Association. Altogether, very little is

known about the extent to which colleges and universities and other associations that oversee college athletic coaches provide college coaches with the training and support they may need to effectively respond to student-athlete mental health issues.

The purpose of this study is to develop a better understanding of college coaches' experiences with student-athlete mental health concerns, knowledge to address these concerns, and dispositions and attitudes toward student-athlete mental health concerns.

Background

In 2013, when Brian Hainline became the NCAA's Chief Medical Officer, he asked stakeholders what was the most important issue facing student-athletes as it related to health and safety. The reply was: student-athlete mental health and wellness. This led him to conclude that:

> There's more to being a student-athlete than just physical preparation and performance. As more media coverage, commentary, and public scrutiny are devoted to what student-athletes do off the field, along with the accompanying pressures to perform (and win games) on the field, student-athletes are inundated with factors that may affect their mental health and wellness. (Brown et al., 2014)

In response, the NCAA declared mental health its top health and safety concern for student-athletes (Ching, 2018). The NCAA defined student-athlete mental health as, "A part of, not apart from, athlete health. Mental health exists on a continuum, with resilience and thriving on one end of the spectrum and mental health disorders that disrupt a college athlete's functioning and performance at the other" (NCAA, n.d.a). This mirrors the definition of mental health adopted by the World Health Organization

(WHO): "A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (WHO, 2014). The construct of wellness, according to the NCAA, includes student-athlete support in regard to mental health, overall educational experience, cultural diversity and gender equity, health and safety, relationship building, fairness, and student-athlete involvement (NCAA, n.d.b). In crafting the definition in this way, the NCAA established mental health as a critical component of student-athlete well-being that requires the attention of college athletic programs.

In 2013, the NCAA created the Sports Science Institute (SSI) and the NCAA Mental Health Task Force. According to the NCAA, the SSI aims to "provide college athletes with the best environment for safety, excellence, and wellness through research, education, best practices, and collaboration with member schools, national governing bodies, key medical and youth sport organizations, and the public and private sectors" (NCAA, n.d.c). The SSI provides educational resources and inter-association best practices and tools that offer a model of care for student-athlete mental health. In 2014, SSI published the manual, *Mind, Body and Sport: Understanding and Supporting Student-Athlete Mental Wellness*. Two years later, in 2016, it published a best-practices guide aimed at educating student-athletes, coaches, and other athletics department representatives on how to create an environment that promotes seeking help (NCAA, 2016).

In its manual and best practices guides, the NCAA set new expectations for the resources and procedures that college athletic departments should have in place to

identify and respond to student mental health concerns, including (1) providing students access to licensed mental health providers; (2) establishing procedures and action plans for identifying and referring student-athletes to qualified practioners; (3) pre-participation mental health screening; and (4) health-promoting environments that support mental well-being and resilience through education for student-athletes, coaches and staff (NCAA, 2016). Along with establishing a new framework for understanding and expectations for supporting student-athlete mental health, the SSI's best practices guide effectively reshaped the job description of the college coach. Coaches were expected to uphold a new set of principles and guidelines related to student-athlete wellness to which they were not previously beholden. Now, according to the NCAA, it seems coaches should know the signs and symptoms of mental health issues, know how to foster healthy and open relationships with their athletes, have sensitive conversations with an at-risk student-athlete, talk about mental illness with their student athletes, and create a supportive team culture. In summary, the NCAA provides guidelines for coaches related to supporting the mental health of their student-athletes and asks them to do the following:

- encourage student-athletes to get help if they need it
- understand and be sensitive to situations that may be causing student-athletes stress
- support student-athlete self-care by promoting mental wellness education
- avoid using words with negative connotations such as "lunatic" or "psycho"
- emphasize the importance of rest/sleep/recovery for performance and for mental health

- work to destigmatize mental health

- nurture a positive, safe and supportive team environment by providing space for athletes to talk about mental health

- foster relationships with student-athletes that include open dialogue to discuss self-care

- know the physical, behavioral, cognitive and emotional signs and symptoms of mental health problems

- check in with student-athletes by asking open-ended questions and refer students for help when needed

- know their institution's mental health referral procedures (NCAA, n.d.a)

To support coaches in their new role, SSI created an educational video through an initiative called *Coaches Assist* that provides coaches information about mental health, and strategies they can use to promote wellness on their teams. The video instructs:

Coaching is about fostering a healthy lifestyle. Mental health is a key component to student-athlete wellness and coaches play a pivotal role in providing an environment that supports mental wellness while also providing resources so student-athletes can obtain referrals to appropriate mental health services (NCAA, n.d.e).

The video also states that coaches have the responsibility to act if they are aware that a student-athlete might have a mental health issue. They must listen and be attentive with student-athletes and encourage them to get help if they think they need it (NCAA, n.d.e).

In this study, I conceptualize college athletic coaches as "first responders" to student-athlete mental health issues. The United States First Responder Association defines a first responder as, "any individual who runs toward an event rather than away" (USFRA, n.d.). Merriam-Webster defines first responder as "a person (such as a police officer or an EMT) who is among those responsible for going immediately to the scene of an accident or emergency to provide assistance" (Merriam-Webster, n.d.) Although, traditionally, we think of first responders as members of the police, ambulance, or fire departments who respond to disasters, a broader definition has emerged in the horrific wake of school and community shootings to include civic servants, clergy, teachers, and elected officials (usfra.org, n.d.).

Since teachers and school personnel spend a significant amount of time with children during the school year, they may be among the first people to notice changes in students' behavior or emotional states following traumatic events (such as Hurricane Katrina's devastation) (Costa et al., 2015).

In summary, a first responder is a trained professional who is the first to arrive at the scene of a problem - small or large - and provide assistance. This assistance varies according to the training of the responder and the context of the situation.

Due to coaches' proximity and frequency of contact with student-athletes, they are frequently the first professionals to encounter a student-athlete who is struggling with a mental health challenge (NCAA, n.d.). Above any other professional within the student-athlete's experience in college, the coach arguably has the most influence. Due to the coach's proximity to and time spent with the student-athletes, they are often the first to see, learn, and hear about their players' struggles. Coaches spend between 20-40 hours

per week with their student-athletes, including training, competition, travel, film-education, meals, and meetings. Because of their relationship and time spent with their student-athletes, coaches are in a unique position to support and refer students experiencing mental health concerns (NCAA, 2014).

The purpose of this study was to develop a better understanding of college coaches' experiences with student-athlete mental health concerns, knowledge to address these concerns, and dispositions and attitudes toward student-athlete mental health. In addition, the study explored the extent to which college athletic coaches could effectively play the role of first responder to student-athlete mental health concerns. This study contemplates the extent to which coaches have adapted to, or struggle with this first responder role. We know very little about college coaches' skills and attitudes toward their responsibilities and there is reason to believe they may be under-prepared to assume this role. Coaches come into the profession from a wide variety of backgrounds; few have degrees in counseling, social work, or psychology. For instance, former Newman University basketball Coach Mark Potter, who talks about his own depression, said, "Most Coaches haven't been educated enough to help in that area, or they haven't been educated about the resources available on campus so they can direct the student-athlete to get the help he or she needs" (NCAA, 2014).

In many ways, coaches have been the first to recognize the shift in their role. Cathy Wright-Eger, who spent 21 seasons as the head women's swimming and diving Coach at Purdue University said, "I was confused, angry, and mystified why there was such an increase in mental health issues the longer I coached. But no one talked about this part of coaching, no matter how many clinics I attended" (Brown et al., 2014). The

following is an excerpt from an article written by Wright-Eger, on a conversation she had with her fellow coaches about student-athlete mental health:

One of the most insightful periods in my 23 years of Division I coaching was in my 15th season when a small group of coaches decided to "get real" with some of the troubling issues our student-athletes were facing. Motivation, nutrition, training and recruiting were topics we'd discussed for years, but these were different. It started with one coach asking if we ever had an athlete with an eating disorder. Of course, we had all experienced and witnessed the affliction. We traded horror stories and shared how much one person's disorder affected the entire team and coaching staff. Then the floodgates opened. Did anyone have a "cutter" in their team? How about an athlete who had been sexually assaulted during their college days or before? Why were binge drinking and date rape so prevalent? What about depression, anxiety and bipolar disorder? Addictions, prescription drug use, recreational drug use, divorced parents with opposing agendas – we discussed all of those, too (NCAA, 2014, p. 5-6).

With the shift in expectations for coaches, also come concerns for how this shift in role impacts coaches' experiences. We know that coaches already experience levels of stress with their jobs. For instance, in her research on Division I coaches' experiences, Frey (2004) found multiple sources of stress, including (i) communicating with athletes; (ii) the coach's lack of control over athletes; (iii) recruiting responsibilities; and (iv) the pressure of having so many roles and responsibilities. Other research demonstrated that interpersonal relations with athletes was a source of coaches' stress (Kroll & Gundersheim, 1982). A related goal for this study was to explore the extent to which

student-athlete mental health issues pose another source of stress for coaches, and the implications of this stress for their work.

Study Purpose & Research Questions

NCAA guidelines assume college athletic coaches have the capacity to assume new roles as first responders to student-athlete mental health issues (Brown et al., 2014). In doing so, the NCAA defers to coaches' professional judgement and capacity to help. This is largely an unsubstantiated assumption. Rather, we know that coaches are often the first to learn that a student-athlete is struggling with a personal matter; however, there is much we do not know about coaches' experiences as it relates to responding to their players' mental health needs. In particular, we do not know if coaches are aware of these new NCAA expectations, feel equipped and competent to act as first responders, or feel effective as helpers.

The purpose of this study was to develop a better understanding of college coaches' experiences with student-athlete mental health concerns, knowledge to address these concerns, and dispositions and attitudes toward student-athlete mental health. In addition, I wanted to learn what capacity coaches have as first responders to support and refer student-athletes who experience mental health concerns. Specifically, the study considered a few specific questions:

1. In what ways have college coaches experienced student-athlete mental health concerns? How frequently do they encounter concerns, and what types of conditions do they most frequently encounter? In what ways, if at all, were they involved in addressing or mitigating these concerns?

2. What types of knowledge, skills and experiences do college coaches draw upon to respond to student-athlete mental health concerns?

3. What are coaches' attitudes and dispositions toward supporting student-athletes with mental health concerns?

In doing so, the study developed new knowledge about college coaches' knowledge, skills, and dispositions toward responding to student-athlete mental health issues. Data for the study were collected using a Web-based survey with coaches from the America East Athletic Conference who are responsible for male, female, and mixed gender athletic teams.

CHAPTER 2: LITERATURE REVIEW

I situated my investigation into the phenomena regarding coaches and their role in student-athlete mental health in several areas of existing research and scholarship. First, I traced the evolution of the role of the college coach from the onset of college athletics in the mid-1800's to current day. For example, how have the expectations for what college coaches know and how they operate changed over time? Second, I considered what is known about the knowledge and skills coaches bring to their jobs as it relates to mental health support. For example, what do we know about the extent to which coaches are equipped to support their student-athletes with mental health concerns? Third, I explored how other similarly-situated individuals on college campuses serve to support the mental health of their students. Specifically, I considered how student affairs professionals are prepared and trained to respond to student mental health issues on college campuses.

Evolution of the Role and Responsibilities of College Coaches

College athletics has changed a great deal since its inception over 100 years ago, and with these changes college coaches' roles and responsibilities have changed. Specifically, I consider how coaches' roles and responsibilities have evolved, and in particular, how student-athlete mental health support became an added responsibility.

Broadly, the evolution of college coaching can be best understood in four periods of change:

1. Era I (1852-1900) Player-Coach
2. Era II (late 1800's – early 1900's) Faculty-Coach
3. Era III (1900 -1990) Professional Coach
4. Era IV (1990 – Today) Mentor-Coach (Table 1)

In the following sections, I describe each of the four eras. Each section addresses three key questions: (1) Who coached? (2) What were the coaches' roles and expectations? and (3) Who had oversight or governance over the coach and athletic program?

Era I (1852-1900): Player-coach

College athletics informally began in 1852 when Yale and Harvard met on Lake Winnipesaukee, New Hampshire, to determine which school had the fastest boat (Harvard did) (Gurney et al., 2017). The excitement over sports in the mid 1800's grew quickly with schools, mainly in the northeast, fielding teams in baseball, track and field, tennis, ice hockey, gymnastics, football, and soccer. The purpose of college sports at this time was for enjoyment and served as a break from the rigor of academic study.

These early teams were organized and led by student-players. Volunteer, unpaid team captains and managers were responsible for selecting and training the teams. The roles and responsibilities of these early coaches were to recruit fellow students to participate (Penn University Archives and Records Center, n.d.). These player-coaches had few responsibilities other than organizing their own teams and leading their fellow players in competition (Gurney et al., 2017). There existed very little oversight for these early coaches. Although aware and largely financially unsupportive of their teams, institutions did not provide rules or policies for the coaches to follow.

Era II (Late 1800's - Early 1900's): Faculty-coach

In the second era, college athletics and the role of college coaches took on a new purpose. "What began as a student-run activity to pass time and offer some relief from rigorous academic studies would rapidly be seized on by college presidents as a tool to promote their universities, raise funds and attract students" (Gurney et al., 2017). In the

mid-1800's, college faculty (paid and unpaid) took over the responsibility of coaching. Coaches were expected to be members of the faculty who volunteered their time, just as they did to participate on administrative committees. They were supposed to be amateurs, just like the players (Gurney et al., 2017). This shift from players to faculty was precipitated by (a) a concern for student-athlete safety; (b) finding balance between academics and athletics; and (c) pervasive cheating (Barr, 2008).

Despite varying opinions over who should control college athletics, many faculty representatives and faculty coaches wanted to curb what they saw as a lack of safety and control in sport. During this time, football was lethal; young men suffered serious injuries and even death at shockingly high rates. Faculty-coaches were therefore given the responsibility to implement measures and oversight to increase player safety. Faculty-coaches were also concerned with what appeared to be an overemphasis on sport, and became responsible for curbing this sentiment and instilling an academic mindsight in their players. According to Barr (2008), faculty felt that student-athletes were increasingly distracted from what should be the focus of college -- learning. For these reasons, in 1881, Princeton formed the first faculty athletics committee to begin oversight of its school's athletic programs. During this period, other institutions such as Harvard, Yale, Columbia, and the University of Pennsylvania created their own faculty athletics committees. Finally, the shift of player-coach to faculty-coach was due to cheating by some schools to gain competitive advantages over their opponents. Early on, professional players were recruited to play for teams; players were given lavish gifts, and some players were even paid. Faculty-coaches were expected to prevent these schemes and promote amateurism.

Also during this era, concerned about student-athlete safety on the football field, Theodore Roosevelt invited college leaders to Washington, DC. The result was the creation of the Intercollegiate Athletic Association of the United States (IAAUS) in 1905. The IAAUS was formed with the primary mission to oversee safety and create fair competition rules for college competition (NCAA, n.d.). All institutions were invited to join the association without "surrendering their independence," (New York Times, 1906) instead to afford schools a "uniformity of rule and to influence sport beneficially that can be obtained in no other way" (New York Times, 1906). In 1912, the IAAUS was renamed the National College Athletic Association or the NCAA (NCAA, n.d.).

Table 1

Evolution of the Role of the College Athletic Coach

Era	Coach	Role/Expectation	Governing Body
Era I: Mid 1800's-1900	Player-coach	• Team selection • On-field leadership • Organization	• Loosely by institutions
Era II: Late 1800's-early 1900's	Paid & unpaid faculty members	• Safety oversight • Academic priorities • Prevent cheating • Transactional	• Institutions • Faculty athletics committees • Intercollegiate Athletic Association of the United States (IAAUS)
Era III: 1900-1990	Professional coach	• Academic eligibility/integrity • Fundraising • Winning – university branding • Develop character • Professional staff • Transactional	• Institutions • NCAA • Conferences • Sport associations
Era IV: 1990-Today	Mentor-coach	• Academic excellence and eligibility • Student-Athlete mental health and welfare • Overall experience • Transformational	• Institutions • NCAA • Athletic conferences • Sport associations

Era III (1900-1990): Professional coach

The advent of the college coaching staff began in the late 1800's with university-paid staff members taking on the role of Coach (McConaghy & Woods, 2005), and with this change ensued a large change in the college coach's role (Andrews & Sugden, 1981). Coaching during Era III required a much more complex set of skills. For instance,

football coaches now had oversight of (i) staff interaction and selection, (ii) practice planning, (iii) scheduling, (iv) alumni relations, (v) athlete skill development, (vi) recruiting, (vii) organization, (viii) game strategies, (ix) scouting and film analysis, and (x) teaching (Andrews & Sugden, 1981). "The transition from volunteer member of the academic faculty to professional coach was both emblematic of the incipient full-throated commercialization of college sport and instrumental in transforming the underlying dynamic away from the educational enterprise" (Gurney et al., 2017, p. 8). Coaches were now being hired to both win championships and help their institutions earn positive acclaim and financial windfall. In addition to these new responsibilities, coaches found themselves under a new type of pressure: they were expected to win.

Despite the desire of American colleges to retain the ideals of amateurism, early competition for prizes and money quickly led to the hiring of coaches and the professionalization of college athletics (Smith, 1988). "The desire to win and the freedom of students (and eventually alumni) to pursue that goal brought about the rise of the professional coach." (Smith, 1988, p. 152) Former Yale football star Amos Alonzo Stagg was hired as head coach by the University of Chicago in the early 1890's. Stagg was given a trust fund of $80,000 to provide benefits and payments to players (Gurney et al., 2017). Harvard's hiring of Bill Reid as a well-paid, full-time football coach in 1901 represented a major escalation of professionalizing college coaches; he was paid $7,000 to work three months per year. After Reid's hiring, coaches across the country realized that if they won, they too could demand the high salary and substantial benefits enjoyed by Harvard's head coach. To capitalize on this business venture, schools began to spend great sums of money on stadiums and athletic complexes. They also began to hire

coaches who they hoped could bring their schools notoriety and profit. By the late 1900's, some football coaches were paid more than full professors and sometimes college presidents (Gurney et al., 2017). Individuals such as Alabama's Bear Bryant and Bobby Bowden from Florida State University became household names with hefty salaries (Johnson, 2018).

Coaches were also increasingly involved in academic oversight and were expected to "build character" among players. Coaches justified their large paychecks by stating that they were educators, skilled at the art of training young men (not women yet) in the ways of discipline and self-control. Yes, they were "teaching" football, but also claimed they were teaching so much more. This argument appeared in numerous popular manuals written by early-1900's coaches. For example, in his book, the Principles of Football (1922), John Heisman called the athletic field, "The best laboratory known where a young man can get the training, the discipline, [and] the experience" that he would need for a successful post-college life. Such arguments were echoed throughout this era, as coaches said that they were better able to teach discipline than anyone else— including fathers, ministers, and professors (Ingrassia, 2012). This led to a new and difficult set of expectations for college coaches focused on student development and well-being, which will demand much more of the coach in Era IV.

Era IV (1991- Today): Mentor-Coach

Era IV marks a significant role shift for college coaching. Coaches are now asked to support overall student-athlete development. In 1991, through the collaborative efforts of the NCAA and the Division 1-A Athletic Directors Association, the Challenging Athletes' Minds for Personal Success (CHAMPS)/Life Skills Program was created

(NCAA, n.d.b). In 1994, after several years of development, the CHAMPS/Life Skills Program was introduced to the NCAA membership and was placed under the Association's education outreach staff (Goddard, 2002). This student-athlete development program was modeled after the "Total Person Project," established by Dr. Homer Rice, longtime athletics director at Georgia Institute of Technology. The project stemmed from Dr. Rice's belief that excellence is a result of a balanced life including academic achievement, athletic success, and personal well-being – core values that Life Skills administrators across the NCAA membership bring to their everyday interaction with student-athletes (NCAA, n.b.).

Institutions were asked to provide additional support to their student-athletes in the form of commitments. Athletic Departments were asked to commit to five key principles: (1) academic excellence; (2) athletic excellence; (3) personal development; (4) career development; and (5) community service. Specifically, the personal development pillar asked NCAA members to support student-athletes around issues such as disordered eating, nutrition, self-esteem, stress management, alcohol use, manners, fiscal responsibility, and depression and grief (NCAA, n.d.b). The CHAMPS/Life Skills program shifted the paradigm of the role of college athletic departments and that of the college coach. Student-athlete well-being became an area of focus and attention: student-athlete development mattered, not just in relation to their physical prowess and performance but also as college students. Athletic personnel were expected to attend to other critical interests of the student-athlete including academic, mental health, career development, and character development (NCAA, n.d.b). These life skills principles did not specify who exactly should be held responsible to uphold them within athletic

departments. Instead, it was assumed that athletic departments could adapt the guidelines for their own institutions (NCAA, n.d.b)

The NCAA's SSI offers guidance on how coaches should approach their new role, particularly as a first responder to student-athlete mental health concerns. Broadly, the SSI sets three main expectations for coaches:

(1)   Have an understanding of the signs and symptoms of mental health problems;

(2)   Foster a culture of open dialogue about mental health issues; and

(3)   Refer student-athletes to resources when they are in need.

Coaches are also expected to take two important actions when they encounter a student athlete with a mental health issue. First, they are to *support* the student-athlete; and then *refer* them to the appropriate resource (NCAA, n.d.c.). Thus, like first responders in other fields, coaches are expected to play a similar support and refer role when encountering student-athletes with mental health issues. The NCAA justifies this role based on coaches':

- position to identify when student-athletes are having difficulty because they spend so much quality time with them;

- power and influence with student-athletes that can increase the likelihood their student-athletes will receive timely and effective treatment;

- capacity to identify and intervene early on, before the effects of the disorder impact student athletes' health and performance; and

- ability to respond to treatment recommendations in ways that decrease student-athletes' time away from training and competition. (NCAA, 2007).

The NCAA's expectations, coupled with the coach's proximity and time spent with the student-athlete, put them in the role of first responder. Coaches are often the first person to respond to a student-athlete undergoing stress, whether it's on the playing field, on the bus, or in the locker-room.

University-specific programs, such as the one in place at the University of Vermont, also expect coaches to identify and refer student-athletes with mental health concerns for services and support. This set of expectations also assumes that coaches act as first responders to student-athlete mental health issues. Coaches are expected to support their student-athletes by listening, caring and responding when they need help, and then referring the athlete to the appropriate resources. As first responders, however, coaches are not expected to be therapists or mental health providers, rather, the coach's job is to assist the individual in getting to the right treatment professional (NCAA, 2007).

Evolution of Coaching for Women's College Athletics

Coaching of women's teams evolved according to a different timeline and set of rules than that of men's teams. Although, today the expectations around student-athlete support from coaches of female student-athletes are the same, the journey to that point was quite different.

Competition among women-only teams began in the late 1800's and early 1900's when college clubs and sororities competed in intramural competitions. Most colleges used this intramural model until the early to mid-1900. Formal coaching did not exist at this time; women-players organized themselves (Bell, 2008).

In the 1920's, the Women's Division-National Amateur Athletic Federation was formed to organize intercollegiate competition among women (Park & Hult, 1993).

Women physical educators were the early leaders of women's college athletics. They opposed extramural competition for women and felt institutions had lost control of their men's athletic programs to big business (Bell, 2008). The goals of these early leaders were to "limit awards and travel, protect participants from exploitation, discourage sensational publicity, and place qualified women in immediate charge of athletics and other physical activities." (Gerber et al., 1974)

By the 1960's, under the leadership of faculty members, colleges instituted women's sports teams, some still in the club form with an advisor as the coach, and some as actual teams with designated coaches (Hulstrand, 1993). Coaches were usually unpaid physical educators or other faculty members who volunteered their time to coach, advise, and officiate. Funding for travel, equipment, and uniforms was nonexistent. The coach/advisor oversaw all aspects of the team's needs including fundraising, driving players to and from contests, practice design, and athletic coaching. Although winning was important to the coaches, their main role was to provide an enjoyable competitive experience for the female athletes. "Physical educators who spent hours coaching often had very little support and frequently received negative reaction from their institutions – no salary for coaching, no released time, and no service credit on annual reviews and evaluations" (Hulstrand, 1993, p. 43).

By the late 1960's, women's collegiate sports grew. The national Division for Girls and Women in Sport (DGWS) and the Commission on Intercollegiate Athletics for Women (CIAW) were formed to sponsor national championships and provide principles and standards for schools, coaches, and players. During this time, college coaches for women's athletics were expected to develop a higher set of coaching skills and to provide

"improved opportunities for skilled women athletes" (Hulstrand, 1993, p. 42). By 1971, due to tremendous growth in women's competition, the Association for Intercollegiate Athletics for Women (AIAW) was formed, with 278 institutions as charter members (Hulstrand, 1993).

The AIAW used its vast networks including the National Organization for Women, and the League of Women Voters to mount support for passing Title IX. Title IX mandated that "No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance (United States Department of Education, 2015). At this time, women's team coaches were expected to not only coach with little institutional support, but also join in the political fight to bring change to women's athletics. (Hulstrand, 1993).

Title IX passed in 1972 and required colleges that receive federal funding to provide equal opportunities for men and women in sports. Title IX marked a pivotal change in the role of the college coach of female sports. Some research suggested a difference in value orientations ensued among pre-Title IX and post-Title IX coaches, in addition to a change in the role demands of the profession. Post-Title IX coaches, both female and male, were now asked to compete and win (Hart et al., 1986).

In 1973, a year after Title IX was passed; the NCAA began funding women's athletics and took steps to bridge the large gap in resources between men's and women's programs (Bell, 2008). Today, although still not on equal footing in many areas (salaries, media exposure, etc.), coaches of male and female athletic teams see their roles as more

similar. Women's team coaches are equally responsible for providing student-athlete support around wellness and mental health as those coaches of male programs.

Coaching Expectations Today: A Summary. The responsibilities of the college coach, for both men's and women's athletic teams, have shifted substantially over time. Early college coaches focused on fielding teams. The nuanced and complex needs of student-athletes were not yet an area of attention. Over time, primarily due to NCAA programming such as the Life Skills program and the SSI, college coaches have been called upon to respond to a broader range of needs for student-athletes. Today's college coach is responsible for developing the "whole" student-athlete by looking out for players' academic, emotional, and physical needs. As a result, college coaches have a much broader set of responsibilities, which include supporting and referring student-athletes with mental health issues. In the words of Coppin State University men's basketball coach Michael Grant:

> A coach has so many hats. You have to be a coach. You have to be a preacher. You have to be a counselor. You have to be a friend. You have to be a mentor. You have to be a psychologist. So many issues that come up with kids that are between 18 and 22 or 23. My door is always open to these guys (Schwarb, 2015).

Coaches' Knowledge and Skills

Despite expectations and guidelines for college coaches, there is no universal set of qualifications for the college coach. The NCAA does not mandate minimum qualifications of college coaches nor does it mandate any continued education credits or experiences; all hiring and professional development decisions are left to member institutions. Recently, the NCAA announced it will pilot a coaches' credentialing

program with the National Association of Basketball Coaches and the Women's

Basketball Coaches Association to enhance coaches' education and professional

development ("Board of Governors Endorses Coaches' Credentialing Pilot," 2019). As a

result, there is no common or minimum set of qualifications for college athletic coaches

other than the general requirement of a college degree (not NCAA policy, just generally

what colleges seek in candidates).[1] Coaches are not required to have a specialized degree

or certification to qualify as a college athletics coach. Sometimes universities prefer a

master's degree, although there are no requirements regarding in which field or subject

coaches should hold a degree. There is little research available on the educational

backgrounds of college coaches. It is therefore unclear what training or skills coaches

have to respond to student-athlete mental health concerns, or how coaches would be

equipped as first responders to student-athlete mental health issues. There is limited

knowledge regarding what college athletic programs look for when they hire college

coaches. Colleges may look for coaches with previous coaching and playing experience

and a demonstration that they can win but research is limited on this topic.

  While there is little guidance on the minimum qualifications coaches should have,

there is growing consensus – both in research and practice – about what constitutes an

appropriate and effective coach-athlete relationship, and the characteristics coaches

should have to engage in these relationships.

  Jowett and Cockerill define the coach-athlete relationship as "a situation in which

a coach's and an athlete's cognitions, feelings and behaviors are mutually and causally

interrelated" (2002, p. 4). The rapport that forms between an athlete and their coach has

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[1] I could find no guidance or research that suggests standard set of minimum qualifications for college coaches.

been cited as one of the primary influences on an athlete (Jowett & Poczwardowski, 2007). Additionally, it has also been suggested that, working so closely together, coaches and athletes form significant relationships and become involved in aspects of each other's lives inside and outside of the sport context (Jowett & Cockerill, 2003). The relationship becomes the medium that motivates, assures, satisfies, comforts, and supports coaches and athletes to enhance their sport experience, performance, and well-being (Jowett, 2017).

Jowett, (2005, p. 4-6) suggests that the coach-athlete relationship can be loosely described on two interrelated dimensions: "Prize-winning relationships (with two sub-dimensions, successful and unsuccessful); and helpful, caring relationships (with two sub-dimensions, effective and ineffective)." Figure 1 presents the Jowett-Poczwardowski (2007) taxonomy of the four quadrants of this model. In this model, Jowett and Poczwardowski (2007) suggest that the most ideal coach-athlete relationship is one that resides in the Successful-Effective quadrant. In this case, the dyad has achieved performance success while also finding satisfaction in their relationship. In later work, Jowett (2017) further described the relationship between the student-athlete and coach as the heart of coaching, "A coach and an athlete are mutually and causally interdependent and thus how one feels, thinks, and behaves affects and is affected by how the other feels, thinks, and behaves." (p. 154-158)

Figure 1

Jowett-Poczwardowski Coaching Relationship Taxonomy

	Helpful/Caring	
	Effective	**Ineffective**
Successful	Effective & successful (E-S)	Ineffective & successful (I-S)
Unsuccessful	Effective & unsuccessful (E-U)	Ineffective & unsuccessful (I-U)

(Source: Jowett & Poczwardowski, 2007, pp.5)

The Integrated Research Model (Jowett & Chaundy, 2004; Jowett & Clark-Carter, Jowett & Cockerill, 2002, 2003; Jowett & Meek, 2000; Jowett & Ntoumanis, 2004; Jowett & Timson-Katchis, 2005; Olympiou et al., 2006, as cited in Jowett & Poczwardowski, 2007) expands this taxonomy to include other variables that inform the coach-athlete relationship, including: (a) coach and athlete individual characteristics (e.g., age and gender); (b) wider social norms (e.g., customs, sport context); and (c) relationship characteristics (e.g., duration, same sex or different sex) (Jowett & Poczwardowski, 2007). The authors argue these variables will inform coaches' and athletes' feelings, thoughts, and behaviors, and ultimately feelings of satisfaction about the relationship. Although these models do not specifically address coach qualifications, they do point toward a necessary set of skills coaches should have to effectively relate to student-athletes mental health concerns. That is, coaches should be equipped to build positive, caring, and trusting relationships that allow for effective communication and

collaboration between the coach and athlete if mental health issues arise (Felton &

Jowett, 2013).

Other than guidelines against sexual relationships between athletes and their

coaches (Brake & Nelson, 2019), the NCAA does not have a policy for what constitutes

an appropriate coach-athlete relationship. Instead, NCAA guidelines, along with

individual sport codes of ethics, speak to the importance of the coach-athlete relationship

– reinforcing that coaches should build a trusting, communicative, and open relationship

with their student-athletes.

First Responders to Student Mental Health Issues on College Campuses

Colleges and universities employ a range of professionals who may serve as first

responders to student mental health needs, including faculty, professional academic

advisors, residential life staff, and student affairs professionals. In this section, I explore

the types of knowledge, skills, and training held by these individuals. Among these,

student affairs professionals are most comparable to the wide-ranging responsibilities

expected of college coaches. Like coaches, they serve in close proximity to students and

have helping relationships, similar to those of a college coach.

In this next section, I look at the qualifications of student affairs professionals as a

potential model for the types of knowledge, skills, and training that college coaches may

need to serve as first-responders to student-athlete mental health issues.

Student Affairs Professionals' Qualifications and Training

Arguably, student affairs professionals serve as critical sources of mental health

support for college students. Student affairs professionals have many opportunities to

support, help, and provide guidance to students on a regular basis. They are visible and

available to their students, which makes them accessible and approachable to students with a wide range of problems and concerns (Pope, et al., 2004). Winston (2003) also observed that although most student affairs professionals are not trained counselors, they often provide essential support to students making important life decisions.

Student affairs professionals differ in their roles from clinical and medical providers, such as mental health counselors, nurses, doctors and athletic trainers, as they do not diagnose or use clinical, medical, or psychological skills in their roles. Instead, they perform a mixture of leading, educating, advising, counseling, supervising, teaching, training, planning, developing, assessing, and evaluating as part of their jobs. In short, their jobs entail providing initial support to students in crisis and subsequently referring these students to qualified professionals for assistance (Love, n.d.). In this way, student affairs professionals often act as first-responders. As previously mentioned, Merriam-Webster defines a first responder as, "a person who is among those responsible for going immediately to the scene of an accident or emergency to provide assistance." (Merriam-Webster, n.d.) Due to the nature of their work and their proximity to students, student affairs professionals are often the first professional to provide support to a student with a mental health concern. In doing so, they provide initial support and subsequently refer students to professional counselors and other medical personnel for help. Accordingly, "most student affairs professionals are not trained or licensed counselors, but the overwhelming number of them must develop helping skills because of their direct contact with students" (Long, 2012, p. 12-13). Further research characterizes student affairs personnel as "different than licensed mental health providers in that they are often not fully trained or certified to engage in mental health counseling, and yet they more

frequently intervene on a deeper, more complex level than other staff on campus."

(Swanbrow et al., 2015, p. 205)

The support provided by student affairs personnel can look quite varied depending upon where it occurs. For example, residential life staff can have highly meaningful interactions with students about their personal lives in residential spaces, identity centers, or in the context of other student organizational gatherings. Student affairs professionals can find themselves talking to students about a wide host of issues; for example, students will talk with them about family issues such as divorce or grief; or personal issues such as eating disorders, friendship challenges, suicidal ideation, depression, race and identity issues, and more. Student affairs professionals are well situated on the college campus to support the student experiencing a mental health issue and then refer them if necessary to the appropriate resource.

Student Affairs' Professionals and Student Mental Health

Like college coaches, higher education student affairs personnel are increasingly encountering college students with mental health concerns. Levine and Cureton (1998) found that mental health issues increasingly influence campus communities and student affairs professionals spend significant time addressing the needs of students. As the impact of mental health issues on campus communities has spread, a significant amount of student affairs administrators' time is spent attending to the needs of students in distress (Levine & Cureton, 1998; Reynolds, 2008, as cited in Reynolds, 2015). The issues student affairs personnel often attend to include (a) stress management, (b) anxiety, (c) transitioning to college, (d) health and wellness, (e) interpersonal conflicts, and (f) depression (Reynolds, 2013).

To respond to student concerns, student affairs personnel are expected to have a broad range of skills to provide initial support and subsequent referral for students with mental health concerns. Specifically, Reynolds (2011) conducted a Delphi study of 460 mid- and entry-level student affairs professionals from the American College Personnel Association. In this study, participants identified 28 different core helping skills. (Figure 2) The top five helping skills were (1) listening, (2) building relationships with students, (3) educating, (4) asking questions, (5) and providing support (Reynolds, 2011).

Figure 2

Summary of Recommended Helping Skills for Student Affairs Personnel

Most Important Helping Skills Used in Working with Students
Listening
Building Relationships with Students
Educating
Asking Questions
Providing Challenge and Support
Honesty
Problem Solving/Decision Making
Knowing the Institution, Community and On-line Resources
Patience
Empathy and Compassion
Self-Awareness
Advocacy and Empowerment
Giving Feedback
Written and Oral Communication
Attending Behaviors
Multicultural Competence
Making Referrals
Mentoring
Advising
Reframing
Goal Setting
Crisis Intervention and Management
Supervision
Counseling
Coaching
Conflict/Mediation
Assertiveness
Assessment

(Source: Reynolds, 2011)

Training for Student Affairs Professionals

Student affairs professionals typically have formal education and training in how to respond to student mental health crises. Many hold specialized master's degrees, which include coursework in student mental health issues (Dallas, 2012). Some universities require that entry-level student affairs professionals hold master's degrees, often from programs in: (a) higher education administration; (b) college student personnel administration; (c) educational leadership; (d) college student affairs; and (3) college student development (Dallas, 2012). While these different programs emphasize different core skills and areas of focus, they all provide basic education and training in administration, counseling, teaching communication, theory, and practical experience (Dallas, 2012). In particular, most

> graduate education programs in student affairs must provide basic counseling knowledge regarding how to identify when a student is in crisis, recognize warning signs indicating that risk of self-harm may be imminent, and teach best practice methods for making successful referrals (Swanbrow et al., 2015, p. 205).

Most programs also offer internships as part of students' practical experience that provide additional training and exposure to working with college students and responding to student mental health issues. Through their formal education and subsequent professional experiences, student affairs personnel acquire a specific knowledge that enhances their helping skills: (a) self-knowledge; (b) hands-on practical experience; (c) feedback from supervisors; (d) best practices; (e) soliciting feedback from students; (f)

communication skills; (g) self-awareness; and (h) understanding today's student and mental health issues (Reynolds, 2011, p. 361-369).

In summary, most student affairs professionals are trained to act as first responders to college student mental health concerns. In their roles, they provide initial support and subsequent referral to trained professionals. While they "are not trained as counselors and may not possess the skills or desire necessary to be therapists, however they often provide essential support to students making important life decisions" (Reynolds, 2011, p. 362). To do so, most student affairs professionals complete master's degree programs that equip them with a host of knowledge, training, and experiences that teach them to play the role of first responder to student mental health concerns. This portfolio of skills allows student affairs professionals to be able to identify when a student is experiencing a problem, engage in supportive dialogue with the student, and then refer them to the appropriate resource. A purpose of this study is to learn more about the extent to which college coaches have similar skills to support and refer student-athletes with mental health concerns.

Study Purpose and Contributions

The evolving role of the college coach was formed and molded over the past century and a half by a variety of influencers: universities, the NCAA, and the business market. They have shaped the responsibilities of today's coach to include a role in supporting student-athlete well-being and mental health. Although we know student-athletes face mental health challenges, we don't know what specifically coaches are observing, with what frequency they may be seeing these issues, and how they may be responding to these issues. It's also unclear whether college coaches believe supporting

student-athlete mental health is part of their role as coaches, and whether they have the knowledge, skills, and interest in fulfilling their new role.

Although the NCAA has published guidelines and best practices, this concept of support and refer has been loosely defined for coaches and institutions. There is little information, however, regarding the knowledge, skills, and responsibilities needed by coaches to effectively serve in a helping role. By looking at the preparation, knowledge, and skills of other first responders on college campuses, particularly student affairs professionals, we find a useful analog for what might be considered for college athletic coaches. A key purpose of this study is to explore the extent to which college coaches have similar knowledge and skills, as well as dispositions, to serve in similar helping roles.

CHAPTER 3: METHODOLOGY

The purpose of this study was to develop a descriptive profile of college coaches' experiences with student-athlete mental health concerns, knowledge and skills to address these concerns, and dispositions and attitudes toward student-athlete mental health. Specifically, the study considered three research questions:

1. In what ways have college coaches experienced student-athlete mental health concerns? How frequently do they encounter concerns, and what types of conditions do they most frequently encounter? In what ways, if at all, were they involved in addressing or mitigating these concerns?

2. What types of knowledge, skills and experiences do college coaches draw upon to respond to student-athlete mental health concerns?

3. What are coaches' attitudes and dispositions toward supporting student-athletes with mental health concerns?

The data used to try to answer these questions were collected using a Web-based survey with college athletic coaches in the America East Athletic Conference. The study was conducted over a 12-month period, including survey development, administration, and analysis. (See Appendix A).

In the following sections, I describe the data and methods used to answer the study's research questions. I start by describing the study's participants, the data that were collected using the survey, and how these data were analyzed to answer the study's research questions. I then describe the methods used to analyze the data.

Table 2

Research Timeline

Start and launch research	January 2018
Write research proposal, read literature, draft literature review	January 2018
Design methods and develop survey	January – April 2019
Review and revise items with committee	April 2019
Request IRB approval and pre-test items with representative sample	April 2019
Program software to administer the survey	April 2019
Administer five phases of communication to sample population	September 2019
Data Analysis	October 2019
Data Findings	November – December 2019
Complete remaining chapters and submit to Advisor	December 2019
Review for Submission	January 2020
Print and Bind	February 2020
Submit	March 2020

Data

Survey Participants

The population of interest for this study was the universe of college athletic coaches who coached male, female, and mixed gender teams during the 2019-20 academic year in the America East Conference of colleges and universities. America East is a Division I conference with nine member institutions: (1) The University at Albany;

(2) Binghamton University; (3) The University of Hartford; (4) The University of Maine; (5) The University of Massachusetts-Lowell; (6) The University of New Hampshire; (7) Stony Brook University; (8) The University of Maryland – Baltimore County; and (9) The University of Vermont. The America East hosts 13 sports for competition, and member schools have an additional 10 sports that compete in other conferences. While the America East Conference is not necessarily representative of college athletics nationwide, the Conference is sufficiently large and well established to provide valid and reliable information about coaches' experiences in this particular organizational context and under a uniform set of guidelines and rules for coaching. That is, the study's results are generalizable to coaches in the America East Conference, not to coaches in all of college athletics. However, given what we know about student-athlete mental health we were able to gain a better insight into the phenomena of college coaching and student-athlete mental health issues. I also selected this Conference as the focus for my study based on my position with the University of Vermont's athletics department. I personally know and have access to administrators at all of these schools, and leveraged these relationships to have administrators encourage their coaches to participate in the survey.

A list of college coaches, including head, associate, and assistant coaches were obtained from each member institutions' website. This list included coaches' Email addresses, the sport they coached during the year, whether they were a coach for a men's, women's or mixed gender team, and their role. For the purpose of this study, I defined college athletic coaches to include Head Coach, Associate Head Coach, Assistant Coach, Director of Operations, Volunteer Coach, Specialty Coach, Volunteer Coach, and Recruiting Coach.

Altogether, for the 2019-20 academic year, there was a total of 379 coaches in the America East Conference. (Table 3) All coaches were included in the survey, including coaches who work in sports programs that do not compete in the America East Conference. For example, America East coaches who coached men's and women's ice hockey actually compete with their teams in the Hockey East Conference. Specifically, the America East Conference includes the following sports: baseball, men's and women's basketball, cross country, field hockey, men's and women's lacrosse, men's and women's soccer, softball, swimming and diving, track and field, and volleyball. The America East schools sponsoring sports outside of the conference include the following sports: men's and women's ice hockey, alpine and Nordic skiing, football, tennis, golf, wrestling, and gymnastics. I did not exclude coaches for teams who compete outside the America East Conference; all were employed in America East schools and, due to their schools' membership in the conference, must follow the same guidelines and policies as promulgated by the America East Conference.

Table 3

America East Coaches by Sport and Gender

| | Number of Coaches | |
Sport	Female Teams	Male Teams
Basketball	46	46
Baseball	NA	28
Cross Country	29	28
Track& Field	47	49
Field Hockey	16	NA
Swimming/Diving	20	14
Volleyball	17	NA
Lacrosse	26	24
Softball	17	NA
Ice Hockey	13	26
Nordic Skiing	4	4
Alpine Skiing	3	3
Football	NA	53
Tennis	4	2
Wrestling	NA	3
Gymnastics	3	NA
Golf	4	3
Soccer	32	31
Total[a]	**265**	**330**

[a]At some institutions, coaches oversee both men's and women's programs. Accordingly, the number of athletic teams exceeds the number of coaches eligible to participate in the survey.

Survey Questionnaire Design

Data for this study were collected via a Web-based survey developed for this study, titled *College Coaches' Experiences, Knowledge and Attitudes to Support Student-Athlete Mental Health*. The survey instrument is provided in Appendix A, and Appendix F provides a summary of the key constructs and design considerations used in its development. Specifically, the survey was designed to collect data information from college coaches about the following topics:

1) **Attitudes and dispositions regarding their role as first responders to student-athlete mental health concerns.** Coaches' attitudes and dispositions regarding their role as first responders to student-athlete mental health concerns. In the first domain, I assessed whether coaches felt that supporting and helping student-athletes with mental health concerns was part of their role as coaches.

2) **Self-reported preparedness to support student-athletes with mental health concerns.** Coaches' self-reported preparedness to support student-athletes with mental health concerns. Specifically, the survey considers the extent to which coaches feel prepared to understand and identify the signs of mental illness in their student-athletes, and subsequently providing support and referring student-athletes to mental health professionals or services. The survey also asks coaches about the extent to which addressing student-athletes' mental health issues is a source of stress in their jobs.

3) **Experiences with student-athletes who struggle with mental health concerns.** The survey also collects information on coaches' experiences with student-athletes who struggled with mental health concerns, the ways in which their experiences have changed over time, and the types of disorders that they encounter among their student-athletes. The survey also asks coaches about how they respond to student-athletes' mental health concerns, and the extent to which they feel supported in doing so.

The survey's questions were aligned with the broad areas of interest, and specific topics of concern. In developing my survey instrument, I consulted existing research to identify items used in other surveys that I could replicate in my own. The intent was two-

fold: (1) to build my survey instrument around items that were known to be reliable and valid indicators for the constructs of interest in my study; and (2) the potential for benchmarking or comparing my study's results against other known research on the topic. However, in my review I found just one survey that included questions that might be applicable to my study – the 2017 Educator Quality of Work Life Survey (American Federation of Teachers and Badass Teachers Association, 2017). This survey included one question that gathered information on the impact of educators' roles on self-reported stress. That question was "How often is work stressful?"

The remainder of the items were developed for this survey. To do so, I used NCAA resources to frame the survey questions around coach skills and self-reported preparedness as it relates to supporting student-athletes with mental health concerns. The NCAA online tutorial, *Coaches Assist*, names 15 skills coaches should employ to help their student-athletes while also building a healthy team culture around mental health (NCAA, n.d.f). The list of mental health issues and disorders coaches might encounter were based on information collected by the 2017 American College Health Association National College Health Assessment. I also consulted literature on mental health issues facing both the non-athlete and athlete populations (ACHA, 2016; Brown, Hainline, Kroshus, & Wilfert, 2014). Altogether, the initial survey instrument included 30 items that collected data on the experiences, self-reported preparedness and attitudes of college coaches related to their student-athletes' mental health.

Survey Questionnaire Testing

The survey was tested two ways. First, I conducted cognitive interviews with college coaches outside my sample. Cognitive interviewing is an evidence-based tool that

can help survey developers collect validity evidence based on survey content and the thought processes that participants engage in while answering survey questions (Artino & Willis, 2013). As a second step, I field tested the Web-based instrument with another sample of college coaches and athletics personnel.

Cognitive Interviews. I conducted two cognitive interviews with people outside my study sample. One was with a former college coach who was now an athletics administrator and the other was a mental health counselor who works in an athletic department. The cognitive interviews helped collect additional information about the responses, evaluated the quality of questions, assessed whether the questions gathered the intended information, and assessed how the questions were interpreted and how the respondents understood the concepts (Willis, 2007). The cognitive interview model consisted of a hybrid of open-ended thinking aloud responses, followed by unscripted probes for particular items based on interviewee responses. Each participant was asked to think-aloud for all items on the survey. My main goal during this phase was to

> Support this activity by asking the subject to "keep talking" and to record the resultant verbal record, or so-called cognitive protocol, for later analysis. For this procedure to be effective, it is necessary that the subject's think-aloud stream contain diagnostic information relevant to the assessment of survey question function, as opposed to tangential or meandering free association." (Willis, 2013)

Results from the cognitive interviews were analyzed to determine where participants explicitly voiced confusion and where participants expressed evidence of an understanding of the item that differed from the researchers' intended meaning. The

interviews were audiotaped and as the researcher, I took the field notes. I recorded answers to the following questions after the respondent answered both with the subject think aloud response, and response to verbal probing (as necessary).

The cognitive interviews were completed using the realistic field conditions, such as the participants' offices. Finally, I conducted respondent debriefings in which I asked what reactions, feelings, or views the respondents had during the survey administration. I asked questions such as, "When I asked you…. Did you think you would…? And "Did you lose track...?" (Willis, 2007).

Following the interviews, I coded the qualitative data. I analyzed the notes "by combining the notes pertaining to each evaluated item, aggregating across interviews, seeking common themes, and identifying key findings that may indicate departures from the interpretation desired by survey developers" (Artino & Willis, 2013). I used behavior coding to investigate comprehension and adequacy of the responses. I assessed for reformulation, use of 'don't knows', and refusal or non-answers. As patterns emerged on which items were not asking what was intended, I revisited the survey and adjusted accordingly.

Field Pre-Test

The revised survey instrument was pre-tested with a sample of two respondents. The test was administered using the programmed version of the survey instrument, using SurveyGizmo. Respondents were contacted by email to complete the survey. Survey responses were analyzed for potential problems with the survey's programming (e.g., failed skip patterns, other data entry issues). Additionally, I followed up with survey respondents to solicit their input on their experiences taking the Web-based survey,

including their ability to navigate the instrument, potential challenges with responding to questions, and overall burden. I received minor feedback, primarily limited to formatting issues, and updated the Web-based survey accordingly. SurveyGizmo statistics showed that, on average, the survey response time was approximately 10 minutes to complete.

Human Subjects Protection

The survey questionnaire and other materials used in data collection (e.g., e-mail templates for contacting coaches) for this study were approved by the University of Vermont's Institutional Review Board (IRB). Survey participation was voluntary, and per IRB guidelines, responses are kept confidential to the extent provided by law. To protect confidentiality, in my reporting I did not summarize information with less than two respondents in a cross-tabulated cell that uses coach characteristics to characterize responses (e.g., gender, sport coached). Access to individual-level survey response data is limited to my advisor and me (for assistance with statistical analysis, as needed). Additionally, individual-level survey data will not be shared with other coaching staff, administrators, and America East Conference staff. The online survey and corresponding data were removed from the SurveyGizmo platform once the data were downloaded.

Survey Administration

The survey was implemented online during September and October 2019. There were no financial incentives associated with survey participation. In an effort to maximize survey response, survey participants were contacted five times during the course of the study (Dillman, 2014).

- **Contact 1.** The first phase of survey implementation was the issuance the first email invitation (Appendix B) to the sampled coaches at their colleges and

universities to inform them about the research and request their response to the online survey. These emails went to the coaches' university addresses. This initial email indicated to participants that their responses on the survey would remain confidential. The message indicated the nature of my role at the University of Vermont and came from a University of Vermont address which demonstrated that this research was directly connected to higher education issues and a legitimate source. The survey link was embedded in the email to ease respondent participation.

- **Contact 2.** Approximately 4-5 days after the first email was sent, a second email (Appendix C) was sent to those members of the target population explaining the importance of the survey, survey directions, why the coach was selected, and a reiteration of the survey's respondent confidentiality (Dillman, Smyth & Christian, 2014.)

- **Contact 3.** One week later, coaches were sent a reminder email encouraging survey participation. (Appendix D).

- **Contact 4.** A fourth and final email (Appendix E) was sent to all coaches 10 days after the third email with a final request for participation. This email reiterated the importance of the topic of student-athlete mental health. It included the final deadline for submission of the survey and stated that this was the final communication regarding this survey.

Data Processing

After the data were collected, I downloaded the results into a password-protected Microsoft Excel file. All respondents were given a unique case identification number,

which was never linked to individual participants. To further protect confidentiality, once data was collected, I deleted any personal identifiers used to contact coaches (e.g., email addresses, IP addresses associated with survey responses, name of college/university). That said, even without these identifiers, there is a small chance that other reported characteristics could be used to identify survey responses (e.g., coach gender in combination with the sport coached).

Analysis

This is a descriptive study, intended to provide a first look at coaches' experiences, knowledge and skills, and attitudes and dispositions toward their new role as first responders to student-athlete mental health concerns. Three types of analyses were undertaken with the data: (1) calculation of response frequencies for survey items; (2) cross-tabulations between select items and sport team gender; and (3) manual coding for open-ended survey responses. Statistical analysis was conducted using SPSS.

Response Frequencies

I generated frequency tabulations for each survey item. In addition to descriptive tables, I also produced graphs and other visual representations of the data as appropriate. Specifically, I approached my data analysis thematically, describing:

1) Survey participant characteristics, by sport, gender, and education level;

2) Coaches' level of knowledge and skills to respond to student-athlete mental health concerns;

3) The scope of mental health issues reported to coaches and coaches' responses to these concerns;

4) The extent to which coaches felt confident and prepared to respond to student-athlete mental health concerns; and

5) The extent of stress coaches reported in addressing student-athlete mental health concerns

Taken together, this initial analysis provided a descriptive profile into who the participants were, how often the phenomenon of mental health issues were seen, and overall preparedness levels of coaches in supporting student-athletes.

Cross-Tabulated Responses

In the second stage of my analysis, I cross-tabulated selected survey responses noting the coach gender and the gender of the team coached (men's, women's, or mixed gender athletic team). Additionally, I considered patterns in response to specific items in light of whether a coach had participated in a professional development activity related to student-athlete mental health. The purpose of this analysis was to identify patterns in response according to coaches' gender, sport, and professional development and training related to student-athlete mental health issues. I evaluated the statistical significance in differences in response two ways. First, where appropriate, I compared the response frequencies between two groups (e.g., men and women coaches) using an independent samples *t-test*. Second, I used the *chi-square* statistic to evaluate patterns in response for whether there were significant differences between the expected frequencies and the observed frequencies in one or more categories in my cross-tabulations. Statistical significance in differences between groups or patterns in response was evaluated using the commonly-accepted standard of $p<0.10$. However, given the relatively small number of survey respondents, in describing my findings, I note instances where patterns in

response are potentially meaningful even though they are not considered statistically significant.

Open-Ended Response Coding

In the third stage of my analysis, I coded each free-text survey response. I used inductive coding – i.e., all codes arose from the survey responses (Thomas, 2003). The purpose of inductive coding is to condense varied raw text into a brief summary format, to establish links between the research objectives and the raw data findings, and to develop a model or theory about the underlying structure of the experiences or processes evident in the raw data (Thomas, 2003). I quantitatively analyzed the data from the quantitative strand and then qualitatively analyzed the data from the qualitative strand. Then, I used an interactive strategy of merging, in which I explicitly brought the two sets of results together though a combined analysis (Creswell, 2011, p. 67). This process allowed me to "draw conclusions or inferences that reflect what was learned from the combination of the results from the two strands of the study." (Creswell, 2011, p.67)

Study Limitations

The following will indicate several possible limitations to this study. First, the study's findings will not be generalizable to the larger population of college athletic coaches nationwide. In the United States, there are 1,117 colleges and universities who are members of the NCAA and there are 100 athletic conferences (NCAA, n.d.e). These institutions fall into one of three divisions: Division I, Division II, or Division III. My survey population consisted of 372 coaches in the Division I, America East Conference. Accordingly, the survey's findings may only be generalizable to coaches in this Division and Conference.

Second, online surveys are at risk of low response rates. As noted above, I took multiple steps to encourage survey response. However, with any reduction in survey participation below the full sample comes the risk for non-response bias. Such bias introduces threats to the survey's findings reliability, particularly if survey respondents are somehow systematically different from non-respondents. Given how little is known *a priori* about the individuals in the survey population, it was impossible to evaluate the extent to which such bias is present in this study.

Third, the survey questionnaire relies on self-reported information about coach's knowledge, skills, and experiences. While the extent of potential bias cannot be estimated, it is important to note that self-reported data cannot be independently verified.

Fourth, this is an exploratory study on a topic with a very limited research base. Even with advance pilot testing, I expect that I will have additional opportunity to reflect on the survey instrument's validity, reliability, and burden at the conclusion of the project, and make recommendations for additional revisions for future iterations.

Finally, I have attempted to minimize my biases during this research project, however, I am not immune to bias. For one, I do feel that coaches have a role to play in supporting their student-athletes' mental health and some in the profession may disagree with me on this. Some may argue that this role is strictly for counselors, professionals, families, and friends of the student-athletes. I see sport through a student development lens and view the coach as being the lead on helping to raise student-athletes to their full potentials both on and off the playing fields. I have, however, attempted to minimize my bias by grounding my framework in literature that defines coaching as more than X's and O's work. I have also used comparable positions within institutions (student affairs

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professionals) as analogous professions. I used survey language and questions, which closely adheres to language in the mental health, college athletics, and student affairs literature. Additionally, my study's findings were carefully reviewed and vetted by two outside analysts to ensure, to the greatest extent possible, any source of bias in reporting or analysis was minimized.

Statement of the Researcher's Role

My position within the Athletic program at my institution is Associate Director of Athletics, Student Athlete Development and Academic Affairs and Senior Woman Administrator. I conducted this research, however, in my role as a doctoral student in the Educational Leadership and Policy Studies program at the University of Vermont. The University of Vermont Athletic Department and the America East Conference have offered written consent for their full support of this research. I will share my findings with both entities, however, I was fully responsible for conducting this research. I chose this research topic because I care deeply about the development and wellness of student-athletes. In my experience working in college athletics, I have seen student-athletes cope with various mental health issues including paralyzing anxiety, substance abuse, depression, grief and loss, and eating disorders. I am inspired by the work these young adults are doing as they juggle the requirements of rigorous academic and athletic schedules in addition to sometimes-managing significant mental health issues. I am also inspired by the coaches I have worked with and how they care so deeply about the well-being of their athletes and their desire to help them in any way that they can. I am struck by the lack of formal training and supports offered of coaches around mental health issues in light of the special role they play and the amount of time they spend with their

student-athletes. The data indicating the rise of mental health issues in college athletics is clear; more and more athletes are reporting they are stressed. I want to find out what coaches are experiencing and how well-equipped they feel they are in addressing their players' concerns.

Although I am situated in an Athletic Department, I view this project as independent research unrelated to any work at the university. I am hopeful though that this research will be used to improve our understanding of the relationships between student-athlete mental health and their coaches. I plan to share this information with key athletic personnel as well as campus stakeholders. This research may help inform how our Catamount Sport Psychology and Counseling service works with both student-athletes and coaches.

CHAPTER 4: FINDINGS

In this chapter, I present findings from the data collected via my Web-based survey with college coaches responsible for NCAA intercollegiate athletic teams in the America East Conference. In the sections that follow, I first describe the group of coaches who responded to the survey. I then consider coaches' experiences with student-athlete mental health and their responses to circumstances that they encountered. Next, I explore coaches' attitudes and behaviors toward responding to student-athlete mental health issues they encountered. The chapter concludes with a summary of key findings.

Respondent Characteristics

The survey was conducted during September 2019. Overall, of the 372 coaches invited to participate in the survey, 131 coaches responded. This corresponds to about a 35% response rate. Respondents were predominantly male (57%) and the majority of responding coaches coached women's athletic teams (58%). (Table 4) One third of respondents coached men's teams (31%) and 15% coached mixed gender teams. On half of respondents were head coaches (47%) and the other half was comprised of both Assistant Coaches and Associate Head Coaches.[2] Just two percent of respondents were Directors of Operations. The largest group of coaches worked as a coach for 6-10 years (28%) and another quarter of respondents for more than 20 years (25%).

Respondents represented a variety of team sports played in the America East Conference. Among men's sports, the most frequent responders coached track and field (indoor and outdoor, 45% respectively) and men's basketball (43%). (Table 5) Similarly,

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[2] Associate Head Coaches are generally more senior than Assistant Coaches. Associate coaches have more experience and responsibility than Assistant coaches.

among women's sports, the most frequent responders were track and field (indoor and outdoor, 25% respectively) and women's basketball (18%) coaches.

Nearly all men's sports teams were coached by men; just 5% of men's teams were coached by women. (Table 5) By contrast, the gender of the coach for women's teams was more evenly split between female and male coaches (52% and 46%, respectively). About two thirds of coaches for mixed gender teams were male (60%), whereas one third were female (35%).

Frequency and Prevalence of Student-Athlete Mental Health Issues

Nearly all coaches reported experiencing concerns about a student-athlete's mental health in the past 12 months (91%). (Table 6) The likelihood of experiencing these concerns was nearly equal for coaches responsible for men's and women's athletic teams. About one third of coaches (36%) reported that 6-15% of student-athletes they coached experienced a mental health issue in the past 12 months, and another 29% indicated that less than 5% of their student athletes had presented issues during this time frame. (Table 7) Notably, however, 12% of coaches responded that more than 25% of their student-athletes experienced a mental health issue in the past 12 months. The patterns in the prevalence of student-athlete mental health issues were relatively similar across men's, women's, and mixed gender athletic teams (Pearson chi2 =1.7148; p = 0.424).

Table 4

Respondent Characteristics

	Response Count	Response Frequency
	N	*%*
Total Responses	131	100
Coach Gender		
Female	51	39
Male	75	57
Non-Binary	1	1
Prefer Not to Answer	4	3
Team Gender		
Women's	76	58
Men's	40	31
Mixed	20	15
Coach Title		
Head Coach	62	47
Assoc./Asst. Coach	61	47
Dir of Operations	6	5
Coach Tenure		
Less than 5 years	13	11
6-10 years	36	29
11-15 years	25	20
16-20 years	17	14
More than 20 years	32	26
Men's Sports	36	48
Men's Sport Team[a]		
Baseball	4	10
Basketball	17	43
Cross Country	12	30
Football	2	5
Ice Hockey	2	5
Lacrosse	5	12
Skiing (Alpine & Nordic)	3	7
Soccer	5	12
Swimming and Diving	3	7
Track and Field, Indoor	18	45
Track and Field, Outdoor	18	45
Golf	1	2
Women's Sports	35	27
Women's Sport Team [b]		
Basketball	14	18
Cross Country	12	16
Field Hockey	7	9
Ice Hockey	7	9
Lacrosse	10	13
Skiing – Alpine & Nordic	3	4
Soccer	12	16
Softball	10	13
Swimming and Diving	8	10
Track and Field, Indoor	19	25

Track and Field, Outdoor	19	25
Volleyball	5	6
Golf	1	1
Tennis	1	1

[a] Reflects the number and percentage of respondents who coached a men's sport team. Response frequency percentage may not add to 100% since some coaches reported coaching more than one team in a given academic year.

[b] Reflects the number and percentage of respondents who coached a women's sport team. Response frequency percentage may not add to 100% since some coaches reported coaching more than one team in a given academic year.

Table 5

Sport Gender, by Coach Gender

	Response Count	Coach Gender		Non-Binary	
		Male	Female		Total
Sport Gender	*n*	%	%	%	%
Women's	96	46	52	2	100
Men's	40	90	5	5	100
Mixed	20	60	35	5	100

Table 6

Percentage of Coaches Who Experienced Concerns about a Student-Athlete's Mental Health (Past 12 Months)

	Overall		Male Sport		Female Sport		Mixed Sport	
	n	%	*n*	%	*n*	%	*n*	%
Experienced Concern								
Yes	119	91	38	95	69	92	17	85
No	11	8	2	5	6	8	3	15

Table 7

Percentage of Student-Athletes, as Reported by Coaches, who Experienced a Mental Health Challenge (Past 12 Months)

	Overall		Male Sport		Female Sport		Mixed Sport	
	n	%	*n*	%	*n*	%	*n*	%
% of Athletes								
<=5	38	29	14	37	17	25	7	41
6-15	47	36	13	34	31	45	6	35
16-25	19	15	7	18	12	17	1	6
>25	15	12	4	11	9	13	3	18

The majority of coaches reported that the frequency with which they encountered student-athlete mental health challenges over the last five years has increased (69%). (Table 8) Descriptively, it appears that coaches for male, female, and mixed gender sport teams have had different experiences with respect to increases in the frequency of student-athlete mental health issues (Pearson chi2(4) = 4.5295; p = 0.339). For instance, while the increase in the frequency was similar for coaches responsible for men's and women's athletic teams (70% and 72% of coaches responding "increased", respectively), coaches for mixed gender teams were more likely (45%) to report that there was "no change" in the frequency with which they encountered student-athlete mental health issues over the past five years (25% for men's and women's teams, respectively).

Most coaches reported spending less than a quarter of their work-related time supporting student-athletes with mental health issues. (Table 8) That said, descriptively, coaches for men's, women's, and mixed gender teams appear to have different experiences (Pearson chi2(4) = 11.1388; p = 0.025). For instance, coaches for women's teams spent more time on student-athlete mental health issues - between 26% and 50% of their time - whereas all men's team coaches reported spending about less than 25% of their time related to student-athlete mental health. Most mixed gender team coaches also reported spending less than 25% of their time on student athlete mental health concerns.

Table 8

Change in Frequency in Student-Athlete Mental Health Issues observed by Coaches and Percentage of work-related time spent by coaches supporting student-athlete mental health (Past 5 Years)

	Overall		Male Sport		Female Sport		Mixed Sport	
	n	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Frequency of Observations								
Increased	89	69	28	70	54	72	11	55
Decreased	3	2	2	5	2	3	0	0
No change	38	29	10	25	19	25	9	45
Work Related Time								
<25	102	78	38	100	54	78	15	88
26-50	16	12	0	0	14	20	2	12
>50	1	1	0	0	0	0	0	0

Types of Mental Health Disorders Seen by Coaches

Coaches reported seeing a broad range of mental health disorders in their student-athletes. (Table 9) In the past 12 months, nearly all coaches reported encountering a student-athlete with an anxiety disorder (87%) and two thirds encountered an athlete with a mood disorder or depression (66%). Just about one third encountered student-athletes with a sleeping disorder (39%) or an eating disorder (30%), and one quarter had a student athlete with suicidal tendencies (24%) in the past 12 months. Coaches were least likely to encounter student-athletes with substance abuse disorders (19%).

There were marked differences in the types of mental health issues encountered by coaches for male and female sport teams. Women's teams coaches were more likely than men's teams coaches to encounter student-athletes with anxiety (94 vs. 76%, *p=0.004),* and eating (39 vs. 13%, *p=0.007*) and sleeping (45 vs. 24%, *p=0.021*) disorders. Conversely, men's team coaches were more likely to report that their student-athletes experienced substance abuse issues (29 vs. 15%, *p=0.022*). While, descriptively, coaches reported that they encountered female student-athletes with depression/mood disorders and suicidal tendencies more often than coaches for men's teams, the differences were not statistically significant at conventionally-accepted levels (*p=.7229* and *p= .2633*, respectively).

Table 9

Student-Athlete Mental Health Disorders (Past 12 Months)

	Overall		Male Sport		Female Sport		Mixed Sport	
	n	%	*n*	%	*n*	%	*n*	%
Disorders								
Anxiety	104	87	29	76	65	94	15	82
Mood/depression	79	66	24	63	47	68	12	71
Eating disorder	36	30	5	13	27	39	8	47
Substance abuse	22	19	11	29	10	15	2	12
Suicidal tendencies	28	24	5	13	17	25	8	47
Sleeping disorder	46	39	9	24	32	45	8	47

Coach Beliefs Regarding Role in Providing Mental Health Support

Coaches share similar beliefs about their roles related to supporting student-athlete mental health. The majority of coaches "agreed" or "strongly agreed" (98%) that the role of a college athletic coach is to provide support to student-athletes who experience mental health challenges. (Table 10) They supported this disposition by responding that they "agreed" or "disagreed" that the role of the coach is to:

- Connect student-athletes to resources (99%)

- Know the physical, behavioral, cognitive and emotional signs and symptoms of mental health problems (91%)

- Destigmatize mental health on their teams; nurture a safe and supportive team environment where athletes can discuss mental health concerns (88%)

- Work with mental health and medical providers to accommodate student-athlete needs (79%)

The majority of coaches feel similarly about their role in supporting student-athlete academic success; nearly all coaches "agreed" or "strongly agreed" (98%) that this should be a priority. By comparison, although the majority of coaches (72%) "agreed" or "strongly agreed" that the role of a college athletic coach is to prioritize team winning/performance, more coaches prioritize student-athlete mental health over winning (98%).

Interestingly, coaches' attitudes, beliefs, and behaviors varied across coaches for women's and men's teams. Women's teams coaches reported providing support to student-athletes with mental health concerns at slightly higher levels than men's teams coaches (100 vs. 98%, respectively; p=.0.1871). (Table 10) Similarly, nearly all women's

team coaches viewed nurturing a positive, safe, and supportive team environment where student-athletes can talk about mental health as part of their role (99%), whereas about three quarters of men's team coaches (72%) reported a similar view *(p=0.2312)*. There were also differences in how coaches for women's and men's teams viewed their role in destigmatizing mental health issues on their team. Almost all women's team coaches reported that they "agreed" or "strongly agreed" (91%) that this was their role, but somewhat fewer men's teams coaches felt similarly (85%; *p*=0.3025). Men's teams coaches, however, more frequently "agreed" or "strongly agreed" that it was their role to work with a student-athlete's mental health provider than women's team coaches (88 vs. 77%, respectively; *p=0.1397*).

Table 10

Coaches Attitudes Towards helping

	Overall			Male Sport			Female Sport			Mixed Teams		
Percentages of Coaches	SD/D	N	A/SA	SD/D	N	A/SA	SD/D	N	A/SA	SD/D	N	A/SA
Provide support to student-athletes who experience mental Health challenges	0	2	98	0	3	98	0	0	100	0	5	95
Connect student-athletes experiencing psychological distress with mental health services	0	1	99	0	3	97	0	0	100	0	0	100
Work to de-stigmatize mental health	2	10	88	3	13	85	1	8	91	0	15	85
Nurture a positive, safe and supportive team environment where athletes can talk about mental health concerns	0	1	99	0	28	72	0	0	100	0	5	95
Work with a student-athlete's mental health provider or other medical personnel to accommodate an athlete's mental health needs	3	17	79	0	13	88	5	17	77	0	20	80
Know the physical, behavioral, cognitive and emotional signs and symptoms of mental health problems	0	9	91	0	3	98	0	8	92	0	20	80
Prioritize team performance or winning	8	20	71	5	13	83	6	23	72	20	20	60
Help my student-athletes achieve academic success	0	1	98	0	0	100	0	0	100	0	5	95

Note: Percentages represent frequencies of agreement with the roles. (SA, Strongly Agree; A, Agree, SD, Strongly Disagree; D, Disagree)

Student-Athlete Experiences Related to Significant Mental Health Issues

Coaches responded in different ways to what they observed regarding student-athlete mental health challenges. About two thirds of coaches reported that one or more of their student-athletes were referred to a licensed mental health counselor, (66%) and slightly less than half had a student-athlete miss one or more team practice (45%). (Table 11)

Almost a quarter of coaches reported that in the past 12 months they had at least one student-athlete take a formal leave from school (24%) or sport and miss one or more competitions due to a mental health issue (24%). During the same time period, 13% percent of coaches reported that they had at least one student-athlete threaten harm to themselves or others and 18% had a student-athlete require hospital or urgent care support as a result of a mental health concern. Seven percent of coaches reported that at least one student-athlete required hospitalization or placement in a treatment facility sometime in the past 12 months.

Responses differed somewhat according to whether a coach was responsible for a women's or men's athletic team. For example, while half of men's team coaches (50%) reported that a parent or guardian was contacted about a student-athlete's mental health issue, just 29% of women's team coaches did so ($p=0.0066$). (Table 11) Coaches for men's teams were more likely than women's team coaches to report that student-athletes missed one or more practices (55 vs. 44%, $p=0.2548$) or competitions due to mental health issues (29 vs. 23%, $p=0.0944$). Additionally, men's teams coaches reported more frequently (42%) than women's team coaches (22%) that their student-athlete had to leave school due to these issues ($p=.0064$). By contrast, women's team coaches were more likely to have a student-athlete harm themselves or others (17 vs. 5%, $p=0.1126$).

Table 11

Student-Athlete Experiences, as Reported by Coaches, related to Significant Mental Health Issues (In Past 12 Months)

	Total Sport		Male Sport		Female Sport		Mixed Sport	
	n	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Referral to a licensed provider	78	66	24	63	46	67	13	77
Hospital/Urgent care visit	21	18	9	24	8	12	8	47
Contact parent/guardian	40	34	19	50	20	29	5	29
SA to miss 1 or more competitions	31	26	11	29	16	23	7	41
Student-athlete to miss 1 or more practices	59	45	21	55	30	44	13	77
A formal leave of absence from sport or school	31	24	16	42	15	22	4	24
A student-athlete harming themselves or others	17	13	2	5	12	17	4	24
Placement in a specialized facility	8	7	3	8	3	4	2	12

Coach Engagement & Support

Coaches engaged and supported their student-athletes' mental health in various ways. (Table 12) The majority of coaches "often" or "always" met with student-athletes who contacted them to discuss mental health concerns (59%) or referred a student-athlete to a mental health provider or professional (54%), and almost half (47%) "always" or "frequently" initiated conversations with their student-athletes about mental health. Two thirds of coaches (67%) reported providing opportunities for their athletes to learn about mental health issues. Interestingly, 27% of coaches reported considering student mental health issues "often" or "always" in their recruiting and another 27% "sometimes" considered athlete mental health when recruiting a student.

Table 12

*Coach Actions & Behaviors Regarding Student-athlete Mental Health Challenges
(During the Past 12 months)*

	Never/Hardly ever		Sometimes		Often/Always	
	n	%	n	%	n	%
Met with student-athlete to discuss concern	17	13	35	27	77	59
Initiated conversation with a student-athlete athlete about a concern	22	17	44	34	62	47
Offered time away from sport to a struggling student-athlete	53	60	23	26	12	14
Provide opportunities to learn about mental health	9	7	34	26	87	67
Referred a student-athlete to a provider/professional	19	15	38	29	72	5
Considered mental health during recruiting	61	47	35	27	34	27

Resources Accessed by Coaches

Coaches reported accessing a variety of resources to help them respond to
student-athlete mental health concerns. Of all resources surveyed, coaches most
frequently reported leveraging their professional and personal networks, both within and
outside their institutions; 81% reported connecting with colleagues at their own
institutions and 71% with connections outside their institution. (Table 13) Two thirds of
coaches (68%) consulted with their team physician or on-staff mental health provider,

and about 60% reported that they interacted with other coaches and athletic personnel on issues related to student-athlete mental health at conferences and meetings they attended.

About two thirds of coaches reported participating in a professional development workshop or seminar related to student-athlete mental health (63%) and about half reported participating in other professional development activities on how to respond to student-athlete mental health (52%). Altogether, about 73% of coaches indicated that they had either participated in a professional development tor training on how to respond to a student-athlete mental health issue or accessed a professional development workshop or seminar on student-athlete mental health. That said, about one quarter of coaches (21%) said that they had accessed the NCAA's *Mind, Body, Sport* manual and just 18% said they accessed the NCAA's *Coaches Assist* educational videos. Twenty-four percent of coaches reported that they covered issues related to student-athlete mental health in college coursework that they had completed.

Table 13

Resources Accessed by Coaches to Better Understand and Respond to Student-Athlete Mental Health Concerns

	N	*%*
Colleagues at my own institution	106	81
Colleagues/coaches outside my institution	93	71
Consultation with team physician/mental health provider	89	68
Professional development workshops/seminars	82	63
Participated in professional development on responding to student-athlete mental health concerns	66	50
NCAA's *Mind, Body, Sport* manual	27	21
NCAA Coaches' Assist – educational videos	24	18
Conferences or meetings with other athletic personnel	78	60
College coursework on responding to student-athlete mental health	32	24

There is descriptive evidence to suggest that, in some instances, participating in professional development opportunities related to addressing student-athlete mental health issues may affect how coaches respond to concerns. For instance, coaches who participated in professional development more frequently reported that they "often" or "always" met with student-athletes who contacted them regarding mental health concerns and were less likely to "sometimes" do so (Pearson chi2(2)= 2.7069; *p=0.25)*. (Table 14) Coaches with professional development experience were also less likely to "often" or

"always" offer time away from their sport to struggling students and were more likely to "sometimes" do so (Pearson chi2(2)=1.8661; p=0.39). Interestingly, however, coaches who participated in professional development appear to be more likely to consider mental health when recruiting student-athletes (Pearson chi2(2)=2.2207; p=0.32). There were no apparent differences in the pattern of response between coaches with and without professional development in whether they (1) initiated a conversation with a student-athlete (Pearson chi2(2)=0.4549; p=0.79); (2) provided opportunities to learn about mental health (Pearson chi2(2)=0.777; p=0.67); or (3) referred a student-athlete to a mental health provider or other professional (Pearson chi2(2)=0.4188; p=0.81).

Table 14

Resources Accessed by Coaches & Previous Professional Development Experience

	Never/Hardly Ever		Sometimes		Often/Always	
	No PD	PD	No PD	PD	No PD	PD
	%	%	%	%	%	%
Met with student athletes who contacted you to discuss a mental health concern	11	14	17	30	71	56
Initiated a conversation with a student athlete with whom you are concerned	14	18	31	34	54	48
Offered time away from sport to struggling student athlete	16	13	16	30	68	57
Provide opportunities to learn about mental health	6	7	31	24	63	69
Referred a student-athlete to a provider or professional	11	16	29	29	60	55
Considered student-athlete mental health during recruitment	57	43	23	28	20	29

Note: A coach was identified as participating in professional development related to student-athlete mental health if they responded "yes" to one or both of the following questions: 1) "Have you ever participated in professional development or training on responding to student athlete mental health issues?"; and 2) "Have you accessed professional development workshops or seminars on understanding and responding to student-athlete mental health concerns?"

Institutional Resources Available to Coaches

College coaches have a variety of institutional resources available to them for addressing student-athlete mental health concerns. Nearly all coaches reported that there were institutional procedures in place (94%) and an athletic department point of contact (93%) for addressing student-athlete mental health concerns. (Table 15) Most coaches (85%) also reported that their institution provided training on student-athlete mental health. A somewhat smaller share of coaches reported that their athletic department had an embedded mental health counselor or staff member (69%). In addition, coaches

reported in the open-response questions that they gleaned information from other sources: (1) campus trainings; (2) Mental Health First Aid; (3) consultation with a campus mental health counselor; (4) guest speakers; (5) athletic trainers and sports medicine professionals; (6) in-house counselors, colleagues, coaching staff and athletic administration; and (7) coaching associations.

Table 15

Institutional Resources Available to Coaches

	N	%
Institutional procedures for student-athlete mental health concerns	123	94
Athletic department point of contact	121	93
Athletic department embedded mental health counselor/staff member	90	69
Institutional training on student-athlete mental health	111	85

In addition to institutional resources, several coaches, in the open-ended responses cited personal experience as a resource in responding and relating to student-athlete mental health concerns. Two coaches reported consulting with family members who work in the counseling and social work fields, and several others cited their own personal and family struggles with mental health. For example, one coach indicated that they recently lost a family member to suicide and cited a personal passion as a guiding force for them. Another coach suggested that their own struggles with anxiety and depression helped them to better support student-athletes. One coach reported drawing on

experiences they had in college when they utilized a sports psychologist, and now utilizes former players they coached, friends, and colleagues as resources. Another participant coach stated:

> It has been a fundamental belief that our players are first people, second they are students, and third thy are athletes. Any coach knows that if the people piece is ignored, it will impact the student and athletic elements. These three components do not operate independent of each other. Struccle in athletics can cause problems in the classroom and with self-image. Problems with self-image and adversity impact schoolwork and athletic performance. We have players here who go on to the NHL and earn their living(s) through sport. Most do not. Therefore attending to the entire person and accepting responsibility for their overall grown is a sacred duty.

However, coaches also reported they feel as if they have insufficient resources to effectively respond to student-athlete's mental health needs. In the words of one frustrated coach,

> Much of my expertise on mental health comes from my own personal experience and recent research in helping student-athletes. I had to research because both my athletic department and university offer limited to no access to mental health care and thus kids are left floundering. Since I am not a mental health professional and have a lot of stuff on my plate being part-time, this has taken up a lot of my time and personal energy, thus taking the fun out of my job.

Another participant stated, "There is a lack of consistency and support provided through campus mental health/counseling services and athletic administrators are reluctant to employ a mental health professional for the department." In addition, several coaches, in the open-ended responses, stated they'd like to seek more education and training on (1) signs and symptoms of mental health issues; (2) how to help reluctant student-athletes; (3) communication techniques; (4) mental health plans; and (5) return-to-play protocols for mental health.

Coaches' Preparedness

Overall, coaches reported that they felt prepared to employ a broad range of skills to support student-athletes with mental health concerns. Nearly all coaches said that they were "prepared" or "well-prepared" to (1) listen to student athlete mental health concerns (93%); (2) encourage student-athletes to seek help (90%); (3) refer a student-athlete to get help (90%); and (4) build a culture on their team that destigmatizes mental health (86%). (Table 16) Most coaches also felt "prepared" or "well-prepared" to respond appropriately when a student-athlete approaches them with a concern (82%) and foster open dialogues about self-care (75%). That said, although a majority of coaches reported feeling prepared to know the signs of mental health issues in a student-athlete (68%), one third of coaches (29%) reported that they felt just "somewhat prepared" to do so.

Table 16

Coach Self-Reported Preparedness

	Not Prepared		Somewhat Prepared		Prepared/Very Prepared	
	N	*%*	*N*	*%*	*N*	*%*
Foster open dialogue about self-care	2	2	31	24	98	75
Encourage student-athletes to seek help	2	2	11	8	118	90
Refer a student-athlete to get help	3	2	10	8	118	90
Listen to student-athlete mental health concerns	2	2	7	5	122	93
Respond appropriately when a student-athlete approaches you	1	1	22	17	108	82
Build a culture on your team that destigmatizes mental health	3	2	15	12	113	86
Know the physical, behavioral, cognitive, and emotional signs and symptoms of mental health problems	4	3	38	29	89	68

Descriptively, for the most part, it appeared that the extent to which coaches felt prepared to respond to and address student-athlete's mental health issues was not strongly related to whether they had participated in professional development or training related to the topic. (Table 17) Coaches who participated in professional development were more likely to feel "prepared" or "very prepared" to respond appropriately when approached by a student-athlete (Pearson chi2(2)=3.0130; p=0.222) and to know the physical, behavioral, and cognitive signs of mental health issues in student-athletes (Pearson chi2(2)=4.4746; p=0.107). It also appears that coaches with professional development may feel better prepared ("prepared" or "very prepared") to foster open dialogue about self-care (Pearson chi2(2)=2.2986; p=0.317). That said, there were no discernible differences in the pattern in response for coaches that had and had not participated in professional development with respect to their self-reported preparedness to (1) encourage student-athletes to seek help (Pearson chi2(2)=1.2639; p=0.532); (2) refer a student-athlete to get help (Pearson chi2(2)=1.0690; p=0.586); (3) listen to student-athlete mental health concerns (Pearson chi2(2)=1.3643; p=0.506); and (4) build a culture on their team that destigmatizes mental health (Pearson chi2(2)=0.4665; p=0.792).

Table 17

Coach Preparedness & Prior Professional Development Experience

	Not Prepared %		Somewhat Prepared %		Prepared/Very Prepared %	
	No PD	PD %	No PD	PD %	No PD	PD %
Foster open dialogue about self-care	3	1	31	21	66	78
Encourage student-athletes to seek help	0	2	11	7	89	91
Refer a student-athlete to get help	3	2	11	6	86	92
Listen to student-athlete mental health concerns	0	2	3	6	97	92
Respond appropriately when a student-athlete approaches you	0	1	26	14	74	85
Build a culture on your team that destigmatizes mental health	3	2	14	11	83	88
Know the physical, behavioral, cognitive and emotional signs and symptoms of mental health problems	3	3	43	24	54	73

Note: A coach was identified as participating in professional development related to student-athlete mental health if they responded "yes" to one or both of the following questions: 1) "Have you ever participated in professional development or training on responding to student athlete mental health issues?"; and 2) "Have you accessed professional development workshops or seminars on understanding and responding to student-athlete mental health concerns.

Coaches and Stress

Student-athlete mental health issues cause coaches stress. About one third of coaches reported that they "frequently" or "always" experience stress in their role as a first responder to student-athlete mental health issues. (Table 17) Descriptively, the extent of stress experienced by coaches varied according to whether a coach was responsible for a male, female, or mixed gender sports team (Pearson chi2(4)= 9.7793; p= 0.044). For instance, coaches for women's teams were more likely to respond that they "frequently" or "always" experienced stress in their role than were coaches for male and mixed gender teams (37 vs. 20%, respectively). Coaches for male teams, however, were more likely to "occasionally" experience stress (58%) than coaches for women's or mixed gender teams (45 and 35%, respectively), and coaches for mixed gender teams were more likely to report that they "rarely" or "never" felt stress (45%) than their peers who coached male or female teams (23 and 18%, respectively). By contrast, there was no discernible pattern in stress levels reported by coaches with more or less years of experience (Pearson chi2(4) = 3.8368; p = 0.429).

Table 18

Frequency with Which Coaches Experience Stress Related to Student-Athlete Mental Health Issues

	Rarely/Never		Occasionally		Frequently/Always	
	n	*%*	*n*	*%*	*n*	*%*
Overall	32	25	59	45	40	32
Sport gender						
Male	9	23	23	58	8	20
Female	14	18	34	45	28	37
mixed	9	45	7	35	4	20
Coach Experience						
0-10 years	12	22	26	47	17	40
11-20 years	11	26	18	42	14	33
>20 years	9	27	15	46	9	27

When asked directly about stress and student mental health concerns, one coach

stated:

> The hardest part is how much I worry about them. It's also hard trying to figure
>
> out how hard to push the athlete without causing them stress." Another coach
>
> stated, "It affects me on a personal level when I see student-athletes struggling
>
> with mental health and it consumes a great deal of my time and energy.

Additionally, coaches expressed worry about how their actions affects student-

athlete mental health. For example, one coach stated, "I'm concerned that I will say

something that upsets the student-athlete. For example when a coach said, 'We need to

get you fixed" to a former student-athlete who was battling with mental health issues, this

took the student-athlete to a dark place. Coaches also commented on the challenges of

balancing individual student-athlete's mental health issues with the needs of other

student-athletes and the team. For instance, one coach shared:

> The most difficult piece occurs when the mental health challenges manifest in
>
> behaviors that are detrimental to the team. At what point do I say I can no longer

help an individual and keep the individual as a part of the team? At what point am I actually doing the right thing for the individual as well as the team by removing the opportunity he has here? The student-athletes are not always forthcoming about issues and their erratic behavior can greatly disrupt the team at times. Not all of them seek help, some resort to problematic behaviors.

In the words of another coach:

I have a hard time passively supporting someone who's suffering without overstepping boundaries, even when I know they're getting the best care possible from a certified mental health professional. Handling each situation the "right" way - I sometimes second guess myself.

Summary

Student-athlete mental health is an important issue facing the coaches in this study. Several key findings were discovered from the coaches who responded:

1. Coaches are experiencing complex student-athlete mental health issues at an increased rate,

2. Coaches believe they have a role in supporting student-athletes with these issues and are acting as first-responders,

3. There are implications regarding student-athlete mental health and sport gender,

4. Coaches are experiencing stress, and

5. Coaches are accessing a variety of resources to gain more knowledge on this topic.

Nearly all coaches reported experiencing concerns about a student-athlete's mental health within the past 12 months. Additionally, the majority of coaches reported that the frequency with which they encountered student-athlete mental health challenges over the last five years has increased. Coaches reported seeing a broad range of mental health disorders in their student-athletes. In the past 12 months, nearly all coaches reported encountering a student-athlete with an anxiety disorder and two thirds encountered an athlete with a mood disorder or depression. During the same time period, 13% percent of coaches reported that they had at least one student-athlete threaten harm to themselves or others, and 18% had a student-athlete require hospital or urgent care support as a result of a mental health concern.

Coaches responded with some variance to what they observed ensued regarding these student-athlete mental health challenges. About two thirds of coaches reported that one or more of their student-athletes were referred to a licensed mental health counselor, and slightly fewer than half had a student-athlete miss one or more team practices. Almost a quarter of coaches reported that in the past 12 months they had at least one student-athlete take a formal leave from school or sport and miss one or more competitions due to a mental health issue.

Coaches share similar beliefs about their roles related to supporting student-athlete mental health with the majority agreeing that the role of a college coach is to provide support to student-athletes who experience mental health challenges. In addition, coaches felt prepared to help. They felt prepared to employ a broad range of skills to support student-athletes with mental health concerns to include listening; referring and

encouraging student-athletes to get help; and building team cultures that destigmatize mental health.

There were several interesting findings associated with student-athlete mental health and gender. There were marked differences in the types of mental health issues encountered by coaches for male and female sport teams. Women's team's coaches were more likely than men's team's coaches to encounter student-athletes with anxiety, eating, and sleeping disorders. Conversely, men's team coaches were more likely to report that their student-athletes experienced substance abuse issues. Although not statistically significant, coaches reported that they encountered female student-athletes with depression/mood disorders and suicidal tendencies more often than coaches for men's teams.

Interestingly, coaches' attitudes, beliefs, and behaviors varied across coaches for women's and men's teams. Women's team's coaches reported providing support to student-athletes with mental health concerns at slightly higher levels than men's team's coaches did.

Student-athlete mental health issues cause coaches stress. About one third of coaches reported that they "frequently" or "always" experience stress in their role as a first responder to student-athlete mental health issues. Descriptively, coaches for women's teams were more likely to respond that they "frequently" or "always" experienced stress in their role than were coaches for male and mixed gender teams

Of all resources surveyed, coaches most frequently reported leveraging their professional and personal networks, both within and outside their institutions, to help them with student-athlete mental health issues. In addition, previous professional

development experience on this topic had an impact (descriptively) on the coaches'

supportive behavior. For instance, coaches who participated in professional development

more frequently reported that they more often met with student-athletes who contacted

them regarding mental health concerns. Coaches with professional development

experience were also less likely to offer time away from their sport to struggling students.

Coaches are experiencing student-athlete mental health issues at an increased rate.

Coaches of female student-athletes were more likely to encounter student-athlete mental

health issues and to experienced stress. Coaches are actively engaging in a variety of

ways to help their student-athletes and feel that this is part of their role as college

coaches.

CHAPTER 5: DISCUSSION

The purpose of this study was to develop a better understanding of college coaches' experiences with student-athlete mental health concerns, knowledge to address these concerns, and dispositions and attitudes toward student-athlete mental health.

The overarching goal was set out to answer the following research questions:

1. In what ways have college coaches experienced student-athlete mental health concerns? How frequently do they encounter concerns, and what types of conditions do they most frequently encounter? In what ways, if at all, were they involved in addressing or mitigating these concerns?

2. What types of knowledge, skills, and experiences do college coaches draw upon to respond to student-athlete mental health concerns?

3. What are coaches' attitudes and dispositions toward supporting student-athletes with mental health concerns?

This chapter includes major findings as related to the literature review of the role of the college coach and student-athlete mental health. The discussion section will focus on four themes: (1) Coaches as first responders; (2) the implications of sport gender; (3) coach stress; and (4) how coaches help themselves. The chapter concludes with a discussion of the limitations of the study, areas for future research, and a brief summary.

Theme 1: Coaches Are Frequently Encountering Student-Athlete Mental Health Issues and They Are Largely Embracing Their Role as First Responders

This was the first study of its kind that surveyed college coaches about their experiences with student-athlete mental health. The coaches surveyed largely confirmed that they are encountering much of what the research has shown about student-athlete mental health. This survey also provided new insights into these phenomena. The

majority of coaches surveyed reported that they were concerned about the mental health of at least one student-athlete on their team and that they had seen an increase in these issues in the past 5 years. Notably, 15% of coaches responded that more than 25% of their student-athletes had experienced a mental health issue. (Table 4) This data reflects existing research on student-athlete mental health trends which has also shown that student-athletes are struggling with mental health issues and these issues are on the rise (NCAA, 2015, Wolanin, et al., 2016)

Coaches are seeing a multitude of mental health disorders. Nearly all coaches are seeing student-athletes with anxiety disorders and the majority encountered mood disorders or depression. (Table 9) One quarter of coaches had at least 1 student-athlete with suicidal tendencies. One third of coaches experienced student-athlete sleeping disorders (39%) and 30% saw eating disorders. (Table 9) Coaches have been facing complex issues and have been largely attending to these issues.

Today's coach, the mentor-coach of era IV, is expected to attend to more responsibilities then her predecessor. Each coaching era added new responsibilities to the coaching role, mostly without much formal support, education, or training. Additionally, coaches are often the first to see, learn, and hear about their players' struggles. The focus of this paper has been the evolution of the coaching role as it relates to coaches serving as first responders to student-athlete mental health needs. I conceptualize the college coach as a first responder due to the coach's influence, proximity, and frequency of contact with student-athletes. The respondent coaches have largely embraced the role of first-responder for their student-athletes. The NCAA, in era IV, expects coaches to have an understanding of student-athlete mental health to include: (i) understanding the signs and

symptoms' (ii) engaging in dialogue; and (iii) making referrals to appropriate resources (NCAA, n.d.e). When surveyed about these skills, coaches responded positively. The vast majority of coaches share an attitude that helping student-athletes with mental health issues is part of their role. They believe that connecting student-athletes to resources, destigmatizing these issues, working with providers, and knowing the signs and symptoms are part of their roles. (Table 10) This aligns with the research, which showed that the majority of student-athletes believe that their coach cares about their mental well-being (NCAA, 2015). In addition, coaches are engaging in this work in a variety of ways. They are listening to, meeting with, and initiating conversations with student-athletes about whom they are concerned. They are responding to the needs of their student-athletes and referring them to professional resources for help. They are also providing opportunities for their student-athletes to learn about these issues.

This positive response from America East coaches could also be related to the America East Conference's commitment to mental health. In 2018, the Conference adopted mandates, created by the Mental Health Working Group, for all member schools to follow. The measures were made to ensure the education of key athletics constituency groups, and to create and implement proactive and reactive best practices for student-athlete safety and well-being, all with the goal of destigmatizing student-athlete mental health issues (America East, n.d.). Mental health is part of the culture of the Conference, which has increased awareness about these issues.

There is still work to be done, however. Although the majority of coaches share beliefs that mental health support is part of their roles as coaches, not all coaches are engaging in first-responder behaviors. Nearly 15% of coaches never or hardly ever meet

with athletes, initiate conversations, refer to providers, or provide opportunities for their teams to learn about mental health. In addition, approximately one quarter of coaches are engaging in these behaviors only sometimes. (Table 12) When we consider that the majority of coaches are seeing serious issues such as depression and suicidal tendencies, and seeing an increase in overall issues, it is concerning that more coaches are not responding regularly.

This disparity in coach response could be related to variation in resources available to coaches at different institutions. Some coaches were satisfied with resources at their disposal and others were not. These differences in coach support and resource availability may be the reason we have some variation in frequency of coach actions as it relates to their role as first responders.

Overall, despite the differences in institutional supports, coaches in era IV, compared to coaches from previous eras, have more information available to them to help them in this role as first responders. Player-coaches, faculty coaches, and professional coaches from Eras I, II and III, did not have access to the education and trainings coaches have offered to them today. Institutions are paying more attention to these issues and have hired educators and mental health clinicians to assist coaches. The advent of electronic technology and the World Wide Web in the early 1990's provided a portal for athlete testimonials, research, stories, and dialogue about athletes and mental health. Athletic departments and campus centers host workshops and professional development to improve preparedness of their staffs.

In summary, coaches have largely embraced their roles as first responders to their student-athletes. They are engaging in a variety of helping activities and believe this is part of their roles as college coaches.

Theme 2: Gender Matters

There were several noteworthy themes in the data associated with sport gender. The three themes for discussion around sport gender included: (i) coach observations of disorders; (ii) coach beliefs about her or his role; (iii) and coach stress levels.

Coaches of women's teams reported more frequently than coaches of male teams that they encountered student-athlete depression, sleeping issues, suicidal tendencies, eating disorders, and anxiety. Substance abuse was the only disorder coaches of males more frequently reported. (Table 9) This finding reflects the literature. Yang et al. found that division 1 female student-athletes reported higher symptoms of depression than male athletes (2007). Research associated with college students in general reflects this as well. The American College Health Association (2016) found that female students reported higher rates of clinical mental health diagnosis than male students for anxiety, depression, panic attacks, and sleeping disorders. Substance use was one of the few disorders reported higher among male students than among females. This research did not focus on why female-student athletes may be experiencing more issues related to mental health, however this research confirms that coaches of females are seeing more issues on their female teams. This study highlights a need for more research around gender and student-athlete mental health. Although coaches of female athletes reported higher levels of observations of mental health concerns in their athletes, we don't know if this is due to social norms and constructs around masculinity or feminity. Are coaches of women more

inclined to identify women, and not men, as having mental health issues due to our societal views around gender? Gender norms around masculinity can hold men to unrealistic standards around emotional affect (ie. Men shouldn't cry.) Conversely, stereotypes can describe women as being overly emotional. These constructs could have informed the coaches' reporting of the mental health issues they reported in their student-athletes.

The majority of coaches shared a belief that supporting student-athlete mental health is part of their role as coaches, thoughthere was some variation in responses. Due to a small sample size, the following data was not statistically significant but does indicate there may be differences in coaches' beliefs about these issues that beg further inquiry. All the coaches of women's teams reported with more frequency than coaches of men's teams that their role should include supporting student-athlete mental health concerns and nurturing a positive and conducive team environment where student-athletes can talk about these issues. (Table 10) Coaches of men's teams more frequently strongly agreed/agreed (88%) with working with a student-athlete's mental health provider than coaches of women's teams. (Table 10). More research could be done to explore whether playergender affects the coaches' perceptions and actions towards their student-athletes with mental health issues. Could coaches of female student-athletes, for example, report with more frequency that they nurture a positive team culture because they feel that is what teams of women need? Conversely, as mentioned above, are coaches of male student-athletes reporting lower rates of stress and observed mental health issues because men should be bothered less by emotional disturbances? These findings raise questions about the needs of coaches of youth programs. Coaches for

younger populations receive even less training on children and mental health. This data suggests more research could be done to learn about this phenomena at the youth level.

These findings suggest we need to learn more about how coaches respond to student-athlete issues and how gender plays a role in these responses.

Finally, coaches of women's teams reported higher levels of stress than coaches of men's teams. It makes sense that since coaches of women's teams are seeing more issues and seeing larger percentages of athletes with issues on their teams (Table 8), that they would be more stressed. To make issues even harder for coaches of women, although many student-athletes say they would feel comfortable talking to coaches about mental health issues, such comfort is much lower among women (NCAA, 2015).

Theme 3: Coaches Are Stressed

More than one quarter of coaches reported that they are always or frequently stressed about student-athlete mental health issues. The sources of coach stress included: (i) the rise and breadth of mental health issues in student-athletes and the impact on the team; (ii) the coach's feelings of inadequacy; (iii) and a lack of resources.

These feelings of stress are not surprising when we consider what coaches are facing. Coaches stated that these issues are on the rise, and these problems are occurring frequently on their teams. Nearly half of the coaches reported that a significant portion of their athletes were struggling with mental health issues. Depression, suicidal thoughts, and eating disorders are not easy to manage, especially for non-clinical professionals.

In addition, a snowball effect can happen on teams; when one athlete is struggling, there is generally an impact on teammates because teammates spend so much time together. Teammates often try to help in constructive and sometimes non-

constructive ways. Teammates can consequently become stressed themselves over their concerns. Coaches then find themselves supporting concerned players who are not sure how to help their impacted friend. Coaches try to balance the needs of the distressed athlete, his teammates, and overall team goals. This is a lot to juggle.

A third source of stress is related to some coaches feeling inadequate as helpers. Coaches expressed concerns that they were not 'doing the right thing' to help their athletes. Coaches spend a large amount of time with their student-athletes and many of these relationships began during the recruiting process in high school. Coaches care about their players and will sometimes feel responsible for their wellness once in college. Coaches are concerned that they are handling the situations correctly or the 'right' way. Coaches feel it can be very difficult to support student-athletes who are struggling while also performing their other coaching duties. Some coaches are not sure how to recognize the signs and when to step in. The stress reported by coaches aligns with Jowett's theory on the coach-athlete relationship as being mutually and causally interdependent. Jowett (2007) argued that the feelings of the coach affect the feelings of the athlete, and vice versa. It makes sense that if the student-athletes are struggling this is going to have an impact on their coaches, and according to this study, coaches are impacted by feeling stress.

Finally, although the majority of coaches reported that their institutions had a point person and policies in place to support student-athlete mental health, coaches want a full-time staff person dedicated to mental health issues. Coaches are spending considerable amounts of time managing these issues and they would like more help. Although some

coaches feel supported by their institutions and athletic departments regarding mental health support, others do not and want more assistance.

In summary, coaches are stressed because they are managing complex issues and some do not feel they have the support they need. Coaches can feel inadequate as helpers, which causes further distress.

Theme 4: Coaches Are Actively Using Resources and Personal Experiences to Help Them Manage Student-Athlete Mental Health Issues.

Of all of the resources accessed, coaches are most frequently consulting with colleagues at their own situations (81%), including consultations with team physicians or mental health providers (68%). (Table 15) Interestingly, the majority of coaches (71%) are also seeking input from colleagues and coaches outside their institutions. (Table 15) Coaches also reported that they rely on their own personal struggles with mental illness and/or a family member's experience to help them better understand and support their athletes. Coaches were less frequently accessing NCAA materials. It is encouraging that coaches are consulting with others both inside and outside of their athletic departments and not working in silos as they work through these challenging situations. Although the NCAA has made student-athlete mental health a priority, coaches are less frequently looking to their organizations for assistance on these issues compared to institutional supports. In addition, it is interesting that coaches are using their own personal experiences with mental health to assist their athletes. It is unknown whether coaches are sharing any personal information with their student-athletes about their own experiences or rather using them as a reference. One of the goals of the NCAA and America East

Conference is to reduce the stigma around mental issues. If coaches began opening up about their own struggles, this could further reduce these stigmas.

Limitations and Further Research

There are limitations to this study. When conducting a study, it is important to have a sufficient sample size in order to conclude a valid research result. The larger the sample, the more reliable the results. The response for this survey was approximately 35% of all America East coaches. This sample therefore cannot serve as representative of all NCAA college coaches. This sample can, however, give us an idea of how coaches in this conference are managing these issues and serve to help structure questions for further research that could be representative of larger coaching populations. In addition, this data is not generalizable for different racial populations. The coaches and student-athletes in the America East Conference are disproportionately white compared to the rest of the United States. Further research among different racial and ethnic groups could broaden our scope of understanding around this topic.

It is unknown if coaches' reporting and accounts of mental health disorders seen in their student-athletes were truly indicative of the clinical mental health disorders about which they were questioned. More research can be done to determine if coaches understand, for example, how to identify depression or an eating disorder in their student-athletes. The survey was not psychometrically tested to determine if coaches were accurately reporting these disorders.

In addition, the survey tool picked up a lack of concordance in coach responses. On one hand, coaches reported that they felt prepared to engage as first reponders and help struggling student-athletes, but they also reported feelings of inadequacy and stress

around this role. We need to learn more about how prepared and confident coaches feel in this role. We need to gather more data on whether coaches are qualified to serve as first-responders.

We also don't know how or if the social construct of gender played a role in coaches' reporting of mental health issues in their student-athletes. The numbers indicate female student-athletes have more concerns than male athletes, but this could be due to the constructs around gender roles mentioned earlier.

Email was chosen to recruit coaches because it was time- and cost-effective. It is possible that only individuals who had positive perceptions of student-athlete mental health chose to respond, thus creating a bias in our sample.

The exclusive use of a survey for data collection may have limited the findings, as no additional methods were employed to assess the validity of coaches' responses. In future research, attempts should be made to include secondary methods of data collection, such as interviews with coaches and/or student-athletes.

Although there is ample research on student-athlete mental health issues, there was a lack of research on coaches' experiences and attitudes related to student-athlete mental health. Further inquiry should be made into this topic.

Conclusion

In conclusion, we have learned important information from the college coaches who responded to this research. Coaches shared critical information about their experiences with student-athlete mental health. We learned that coaches are frequently and increasingly encountering student-athlete mental health issues and the majority of coaches agree that they have a role in supporting their student-athletes with these issues.

Coaches see the scope of their jobs as going well beyond the X's and O's of teaching their sport. They are actively involving themselves in supporting athletes beyond the fields of competition. They are connecting student-athletes to resources, building team cultures where athletes can talk about these issues, meeting with and initiating conversations with student-athletes who are struggling. Although the coaches reported they were actively engaged in helping their student-athletes, this data conjures questions about how satisfied student-athletes are with their coaches serving as first-responders in these ways. We also don't know how prepared and effective coaches are in serving in these roles as the data was all based on self-reporting. For example, when initiating a conversation with a student-athlete of whom they are concerned, what approaches were they using and does the athlete feel helped and supported?

Coaches are seeing a range of mental health disorders in their student-athletes, which indicate their jobs involve sometimes-managing serious issues that at times are even life threatening. They most frequently observed anxiety, and depression/mood disorders. Given that almost a quarter of coaches had observed suicidal tendencies in one or more of their student-athletes, more research must be done to increase the safety and well-being of both our coaches and student-athletes. These findings illicit questions about what professional development could look like to best support coaches as they manage these issues. Should professional standards for coaching be created given the evolving realities of what is involved in their roles and what is at stake?

Coaches of women are seeing higher frequencies of disorders and are experiencing higher rates of stress than coaches of men's teams. This finding begs further questions about the unique needs of coaches related to supporting female student-athletes.

What are the best practices in supporting the mental health of female student-athletes? How do the experiences of male and female student-athletes differ as it relates to mental health and how does this inform the coach's behavior? Does the experience of students from different gender identities, religions, economic backgrounds, or races change the experience for the college coach? And we need to look deeper into how gender norms influence coach reporting and student-athlete use and potential stigma around accessing resources.

Coaches are consulting with each other and other athletics personnel within and outside their athletic departments to help them with this role. They are also drawing on personal experience as they are helping their student-athletes. Some coaches want more institutional support and an embedded mental health counselor within their athletic department. There is more to learn about how coaches learn and what professional development opportunities may best serve them.

Coaches care about their student-athletes and agree that their coaching role should include helping with mental health challenges. Further research could focus on how sport gender affects the coach's ability to help with mental health issues and what training could benefit college coaches to help improve their effectiveness as first responders.

This study was the first to ask college coaches about their experiences related to student-athlete mental health. Further research could focus on the following issues; sport gender and coach stress, sport gender and coaches' helping strategies, national standards related to coach preparation to manage student-athlete mental health, regional differences in attitudes of college coaches, and institutional supports such as embedded counselors

and how they can help the coach. There is still much to learn about the coaching

profession and its role in student-athlete mental health.

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Appendix A: College Coaches' Experiences, Knowledge and Attitudes to Support
Student-Athlete Mental Health

Dear Coach,

You are invited to complete a survey about your experiences, as a college coach,
related to student-athlete mental health. Your responses will be used to better understand
the needs of both college coaches and student-athletes as it relates to student-athlete
mental health.

Your answers to the survey's questions will be kept confidential. Your answers
will be combined, or aggregated, with those of other coaches and individual responses
will not be shared with your peers, your school or anyone else.

I hope that you will participate in the survey. However, your participation is not
required, and you will not be penalized now or in the future if you do not participate. If
you do choose to take the survey, you may opt to not answer specific questions if they
make you uncomfortable or you would prefer not to share your response with the
researcher.

Thank you in advance for your participation!

If you have questions regarding the study, survey instrument or the survey
procedures, please contact the survey administrator, Cathy Rahill, crahill@uvm.edu or
(802) 656-7712.

Introduction
Nationally, very little is known about how frequently coaches encounter student-
athlete mental health concerns, what types of concerns they most frequently
encounter, and what/if any is their preparation and training to respond. The purpose
of this research study is to describe these experiences for a sample of NCAA college
coaches.

The following questions are about your experiences working with student-athletes undergoing a mental health challenge. For the purpose of answering these questions, a mental health challenge is an instance where a student-athlete is having difficulty managing the normal stresses of life, such as working productively and contributing to her or his community. Such challenges may take the form of emotional distress as well as medical diagnoses recognized as mental health disorders, such as depression, anxiety, obsessive compulsive disorder, substance abuse disorder and many others. (Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.)

1. Within the last 12 months, have you been concerned about the mental health of any student –athletes on your team? (yes, no (Skip Q2 if no)

2. During the past 12 months, approximately what percentage of your student-athletes experienced a mental health challenge about which you were aware?

   - 5% or less
   - 6-15%
   - 16-25%
   - More than 25%

3. Within the last 12 months, what types of mental health challenges did one or more of your student-athletes experience? Please select all that apply.
   - Eating disorders
   - Anxiety disorders
   - Mood disorders or depression
   - Substance use and abuse
   - Gambling
   - Sleeping disorders
   - Suicidal tendencies
   - Other [SPECIFY]

4. During the last 12 months, did a student athlete on your team experience a significant mental health challenge that required:

   Please select all that apply.

   - A referral to a licensed mental health provider or physician
   - A visit to a hospital emergency room or other urgent care facility
   - Contacting a parent or guardian
   - Notifying the university or athletics department

- A student-athlete to miss one or more competitive events or games
- A student-athlete to miss one or more practice sessions with their team
- A formal leave of absence from sport or school
- A student-athlete harming themselves or others
- Hospitalization or placement in a specialized facility for individuals experiencing mental health issues
- Other action on the part of the coaching staff or university [SPECIFY]

5. Within the last 12 months, approximately what percentage of your work-related time have you spent supporting one or more student-athletes experiencing a mental health challenge?

Examples of supporting activities include meeting with an athlete to discuss mental health concerns, working with mental or physical health providers, discussing issues with parents, coaches or other concerned adults, or referring an athlete for assistance.

- Less than 25% of your time
- 26-50% of your time
- More than 50% of your time

6. Over the past 5 years, has the frequency with which you have encountered student-athletes with mental health challenges:
- Increased
- Decreased
- Stayed the same

7. In the past 12 months, how often have you used the following strategies as a response to a student-athlete experiencing a mental health concern? (Always, Often, Sometimes, Hardly Ever, Never)
- Discussed concerns you had about a student athlete's mental health with another member of your coaching staff or person in your athletic department
- Discussed concerns you had about a student athlete's mental health with the athlete's parent or guardian
- Provided opportunities for your student-athletes to learn about mental health concerns and strategies they can use to respond
- Met with student-athletes who contacted you to discuss a mental health concern
- Initiated a conversation with a student-athlete about whom you have a concern about their mental health

- Provided an opportunity for student-athletes on your team to talk about mental health with members of their team
- Offered time away from sport to student-athletes who struggled with a mental health concern
- Considered student-athlete mental health when making a decision to recruit an athlete for your team
- Spoke with a student-athletes physician or mental health provider who was unaffiliated with the university or college where you work about a mental health concern
- Referred a student-athlete to an on campus mental health provider, student support staff member, or medical professional for help with a mental health concern.

8. Does your institution have procedures for you to follow if you needed to refer a student-athlete with a mental health concern for mental health counseling or other services?
- Yes
- No
- Not sure

9. How confident are you in your ability to follow or implement the university's procedures for referring a student-athlete with a mental health concern for mental health counseling or other services?

- Very confident
- Somewhat confident
- Not at all confident

10. Is there a point of contact within your athletic department who can help you respond to concerns you have about a student-athlete's mental health?

- Yes
- No
- Not sure

11. Does your athletic department employ a mental health counselor or other staff member who has time dedicated to providing support to student-athletes with mental health concerns?

- Yes
- No
- Not sure

12. Does your institution or athletic department provide training on strategies and resources to support student-athletes with mental health concern?

- Yes
- No {SKIP TO 14}

13. Have you participated in the training offered by your institution or athletic department on strategies or resources to support student-athletes with mental health concerns?

- Yes
- No

14. College coaches may feel differently about the extent to which they are prepared to support student-athletes who exhibit challenges with mental health.

To what extent do you feel that you are prepared to:

{Format as response grid with the following response categories: Not prepared, somewhat prepared, prepared, very prepared}

- Foster open dialogue about self-care with and among your student-athletes
- Educate student-athletes about mental health
- Encourage student-athletes to seek help with mental health concerns
- Listen to student-athlete mental health concerns
- Respond appropriately when a student-athlete approaches you with a mental health concern
- Build a culture on your team that destigmatizes mental health
- Nurture a positive, safe and supportive team environment
- Provide space for student-athletes to talk about mental health concerns with their coaches
- Know the physical, behavioral, cognitive and emotional signs and symptoms of mental health problems
- Refer a student-athlete with a mental health concern for services or support
- Implement your institutions' policies or procedures for responding to a student-athlete mental health concern
- Initiate a sensitive conversation with student-athletes for whom you have a concern about their mental health

15. Have you ever participated in professional development or training on responding to student-athlete mental health concerns?

- Yes
- No
- Not sure

16. In what types of training have you participated?
    - [SPECIFY]

17. There are a variety of resources and approaches coaches might use to understand and respond to student-athlete mental health concerns.

   Have you accessed any of the following resources to improve your skills and understanding of student athlete mental health concerns?

   {Response grid with the categories: Yes no}

    - The NCAA's *Coaches Assist* Educational Video
    - The NCAA's *Mind, Body Sport - Understanding and Supporting Student-Athlete Mental Wellness* manual
    - Conferences or other meetings with coaches or other college athletics personnel
    - Professional development workshops or seminars
    - College coursework (credit or non-credit bearing)
    - Consultations with team physician or other mental health personnel at your institution
    - Reading research in articles, books, or electronic resources
    - Student-athletes who share their personal stories
    - Athlete testimonials (i.e. Player's Tribune, player interviews, professional athletes talking about their own mental health issues)
    - Colleagues or coaches at your institution
    - Colleagues or coaches outside your institution
    - Other

18. To what extent do you agree or disagree with the following statements:

   The role of a college athletic coach is to:

   {Response categories in grid: Strongly disagree, disagree, agree, strongly agree}

    - Recruit student-athletes who will contribute to my program's success
    - Develop leadership and character of student-athletes
    - Provide support to student-athletes who experience mental health challenges.

- Connect student-athletes experiencing psychological distress with mental health services.
- Prioritize team performance or winning
- Help my student-athletes achieve academic success
- Oversee budget and financial operations of my program
- Teach fundamentals of my sport
- Work to destigmatize mental health
- Nurture a positive, safe and supportive team environment where athletes can talk about mental health concerns
- Serve as a public figure for my athletic department and institution
- Work with a student-athlete's mental health provider or other medical personnel to accommodate an athlete's mental health needs
- Know the physical, behavioral, cognitive and emotional signs and symptoms of mental health problems
- Raise money for my athletic program and/or athletic department

19. How frequently do student-athlete mental health concerns create a stressful situation for you as a coach?

- Always
- Frequently
- Occasionally
- Rarely
- Never

20. How would you describe yourself?

Please select all that apply.
- Female/woman
- Male/man
- Agender
- Genderqueer/gender fluid
- Indigenous or other cultural gender identity
- Non-binary
- Transgender
- Prefer not to answer

21. What is the highest degree in education you have achieved?

- GED
- High School
- Some college or technical school, but no degree

- Associates or two-year degree
- Bachelor's degree
- Master's degree
- Doctoral degree (e.g., PhD, EdD, JD, MD)
- Other [SPECIFY]

22. What range describes your age?

- Under 25 years old
- 26-35
- 36-45
- 46-55
- 56-65
- 66+

23. How many years have you been in a coaching role at a college or university?

When thinking about coaching roles you might have had, please consider any position with "coach" in the title, including assistant, associate or specialty coaching positions.

- Less than 5
- 5-10 years
- 11-15 years
- 16-20 years
- More than 20 years

24. What is your current coaching title?

- Head Coach
- Associate Head Coach
- Assistant Coach
- Assistant Head Coach
- Director of Operations
- Volunteer Coach
- Other

25. Which team do you currently coach? (check all that apply)

- A men's team
- A women's team {SKIP TO 27)
- A mixed gender team

26. Which men's college athletics teams do you coach?
- Baseball
- Basketball
- Bowling
- Cross Country
- Fencing
- Football
- Golf
- Gymnastics
- Ice Hockey
- Lacrosse
- Rifle
- Rowing
- Skiing (Alpine or Nordic)
- Soccer
- Swimming and diving
- Tennis
- Track and field, Indoor
- Track and Field, Outdoor
- Volleyball
- Water Polo
- Wrestling
- Other

{IF Q25=1 THEN SKIP TO Q28)

27. Which women's college athletics teams do you coach?

Please select all that apply.

- Basketball
- Beach volleyball
- Bowling
- Cross country
- Fencing
- Field Hockey
- Golf
- Gymnastics
- Ice Hockey
- Lacrosse
- Rifle
- Rowing

- Skiing (Alpine or Nordic)
- Soccer
- Softball
- Swimming and Diving
- Tennis
- Track and Field, Indoor
- Track and Field, Outdoor
- Volleyball
- Water Polo
- Other

28. As a Coach what has been the most challenging aspect of supporting and working with your student-athletes with mental health concerns?
    - [SPECIFY]

29. What types of supports do you need, but currently do not have, to respond to student athlete mental health concerns?
    - [SPECIFY]

30. What has been helpful to you as a coach in supporting student-athlete mental health concerns?

    - [SPECIFY]

Thank you for participating in this important survey!

Appendix B

Dear Coach;

I am writing to ask for your help in improving the mental health of college student-athletes. The NCAA reports that student-athlete mental health issues are on the rise. Increasingly, student-athletes are reporting that they are suffering from anxiety, depression, hopelessness, exhaustion, and loneliness. I can guess that in your experience serving as a college Coach you have had some experience with one or more of your players in which he or she suffered with a mental health issue. Yet we know very little about what issues college coaches are facing and how competent you feel in supporting your players who are coping with mental health issues. Last week I mailed you a letter asking for your help and expertise with a study about student-athlete mental health issues. If you already completed the survey, I extend to you my deepest gratitude.

You are one of only a small number of college Coaches who have been randomly selected to help with this study. By learning about your experiences related to student-athlete mental health, you will be providing critical information on a topic, which has not yet been researched.

Please click this link (insert link here) to an online survey asking you to share information about your experience/s related to the mental health of your student-athletes. You will not be asked to identify your student-athletes and your responses will be kept confidential therefore your identity will also be confidential. Your name is not on a mailing list and your answers will never be associated with your mailing or email address. If you have any questions about this survey please contact Cathy Rahill by telephone at (802) 324-4485 or by email at crahill@uvm.edu. You may use the link above to complete the survey now.

By taking a few minutes to participate in this survey, you will be adding greatly to our understanding of Coaches' attitudes and experiences of student-athlete mental health. I hope you enjoy completing the questionnaire and I look forward to receiving your responses. If you have any questions please contact Cathy Rahill at (802) 656-7712 or crahill@uvm.edu.

Many Thanks,

Cathy Rahill
Associate Director of Athletics, Student-Athlete Development and Academic Affairs, SWA
University of Vermont
Office: 802-656-7712
Email: crahill@uvm.edu

Appendix C

Dear Coach; (insert name)

About 1 week ago I sent you an email requesting your help with a study about college Coaches' experiences and attitudes regarding their student-athletes' mental health. If you already completed the survey please accept my sincere thanks. Your expertise and opinion on this subject are critical to a better understanding of this growing problem in college athletics. Please use this link (insert link) to complete the survey. If you have any questions please contact Cathy Rahill at (802) 656-7712 or crahill@uvm.edu.

Many Thanks,

Cathy Rahill
Associate Director of Athletics, Student-Athlete Development and Academic Affairs, SWA
University of Vermont
Office: 802-656-7712
Email: crahill@uvm.edu

Appendix D

Dear Coach (insert name);

       About 2 weeks ago I sent you an email requesting your help with a study about college Coaches' experiences and attitudes regarding their student-athletes' mental health. To the best of my knowledge I have not yet received your response. Your experiences and attitudes surrounding the growing problems around student-athlete mental health are critical to enhance understanding on this important topic. Please click the following link (insert link) to complete the survey. I am grateful for your time, which I know is precious. If you have any questions please contact Cathy Rahill at (802) 656-7712 or crahill@uvm.edu.

Many Thanks,

Cathy Rahill
Associate Director of Athletics, Student-Athlete Development and Academic Affairs, SWA
University of Vermont
Office: 802-656-7712
Email: crahill@uvm.edu

Appendix E

Dear Coach (insert name);

About 2 weeks ago I sent you an email requesting your help with a study about college Coaches' experiences and attitudes regarding their student-athletes' mental health. To the best of my knowledge I have not yet received your response. Your experiences and attitudes surrounding the growing problems around student-athlete mental health are critical to enhance understanding on this important topic. Please click the following link (insert link) to complete the survey. You have been selected to participate in this study and this will be the final email requesting your participation and expertise. You have been selected to participate in this study and this will be the final email requesting your participation and expertise. I am grateful for your time, which I know is precious. If you have any questions please contact Cathy Rahill at (802) 656-7712 or crahill@uvm.edu.

Many Thanks,

Cathy Rahill
Associate Director of Athletics, Student-Athlete Development and Academic Affairs, SWA
University of Vermont
Office: 802-656-7712
Email: crahill@uvm.edu

Appendix F

Research Matrix

RESEARCH QUESTIONS	SUBQUESTIONS	DATA I NEED TO GET THIS QUESTION ANSWERED	SUBSTANTIATION
Question 1			
What are coaches' attitudes and dispositions toward supporting student-athletes with mental health concerns?	Role perceptions	Level of agreement that it's the role of the coach to support student-athletes experiencing psychological distress	Are Campuses Ready to Support Students in Distress? - Albright, Schwartz
		Level of agreement that it's the role of the coach to connect student-athletes with mental health services	
	Personal impact of student-athlete mental health on Coaches	Frequency of self-reported stress related to supporting student-athletes with mental health conditions	2017 Educator Quality of Work Life Survey
	What is the most challenging aspect of this work?	Open ended question	
Question 2			
What types of knowledge, skills and experiences do college coaches draw upon to address student-athlete mental health concerns?	Does the coach know about campus resources?	Rating of preparedness to recommend mental health supports	Are Campuses Ready to Support Students in Distress? - Albright, Schwartz
	Can a coach talk to a student-athlete about their mental health issue?	Rating of preparedness to discuss concerns	Are Campuses Ready to Support Students in Distress? - Albright, Schwartz
	Can a coach recognize the signs of psychological distress?	Rating of preparedness to recognize signs	Are Campuses Ready to Support Students in Distress? - Albright, Schwartz
	Does the coach have any training?	Has the coach participated in any mental health training?	
		Has the coach participated in any mental health training as it relates to student-athletes?	
	What skills do coaches have around supporting student-athlete mental health?	How often do coaches utilize the following skills…	NCAA
		Building relationships	
		Educating student-athletes about mental health	

		Providing empathy/understanding	
		Encouraging student-athletes to get help if they need it	
		Understanding and being sensitive to situations that may cause student-athlete stress	
		Supporting student-athlete self- care by promoting mental wellness education	
		Avoiding words with negative connotations (i.e. lunatic, psycho)	
		Emphasizing the importance of rest/sleep/recovery for performance and mental health	
		Building a culture on the team to destigmatize mental health	
		Nurture a positive, safe and supportive team environment by providing space for student-athletes to talk about mental health	
		Foster relationships with student-athletes that include open dialogue to discuss self-care	
		Know the physical, behavioral, cognitive and emotional signs and symptoms of mental health problems	
		Check in with student-athletes by asking open-ended questions and know if you should refer	
		Know my institutions mental health referral procedures	
		Listen and be attentive with student-athletes and encourage them to get help if they think they need help	
		Have sensitive conversations with at-risk student-athletes	

	How confident are coaches to employ these skills?		
		Level of confidence (Same skills as above)	
	What resources, if any, do Coaches utilize to improve their skills?	How helpful are these resources to improving Coach's skills?	NCAA
		☐ The NCAA *Coaches Assist* Educational Video	
		☐ NCAA materials such as, *Mind, Body Sport - Understanding and Supporting Student-Athlete Mental Wellness* manual	
		☐ Conferences, workshops, campus speakers	
		☐ Classes (credit or non-credit bearing)	
		☐ Consultations with team physician or other mental health personnel	
		☐ Research in articles, books, or electronic resources	
		☐ Student-athletes	
		☐ Athlete testimonials (i.e. Player's Tribune, player interviews, professional athletes talking about their own mental health issues)	
		☐ Colleagues/Coaches inside or outside your institution	
	What do Coaches need to better support student-athletes with mental health concerns?	☐	
		Open Ended	
Question 3			American College Health Assoc National College Health Assessment
In what ways have college coaches experienced student-athlete mental health concerns?	Types of mental health and personal	Attention Deficit and Hyperactivity Disorder	
	issues	Bipolar Disorder	
		Bulimia	
		Depression	
		Insomnia	
		Other sleep disorder	

		Obsessive Compulsive Disorder	
		Panic Attacks	
		Phobia	
		Schizophrenia	
		Substance abuse or addiction	
		Other addiction - (gambling, internet, sexual)	
		Other mental health condition	
		Academics	
		Career-related issue	
		Death of a family member or friend	
		family problems	
		Intimate relationships	
		Other social relationships	
		Finances	
		Health problem of a family member/friend	
		personal health issue	
	Frequency of encounters	Frequency of student-athletes experiencing distress	
	Frequency of issues	Frequency of student-athletes experiencing certain types of issues	
	Frequency of coach interventions	How many student-athletes has the coach approached to discuss concerns?	
	Frequency of referrals	How many student-athletes has the coach referred to mental health supports?	
	Frequency of general work time related to student-athlete support	How frequently have you engaged, in any capacity, in supporting student-athlete mental health?	
	Rates of student-athlete mental health concerns	How would the coach characterize the trends around the number of student-athletes experiencing psychological distress?	
		How would the coach characterize the trends around the severity of student-athletes experiencing psychological distress?	
	Severity of issues	How often is the student-athlete issue severe?	
Coach Demographics			

	Sport	All NCAA Sports by gender	NCAA
	Division	Divisions I, II and III	
	Years Coaching	Less than 10 years to over 30 years	Are Campuses Ready to Support Students in Distress? - Albright, Schwartz
	Coaching Title	Head Coach, Associate Head Coach, Assistant Head Coach, Assistant Coach, Director of Operations	
	Highest degree completed	GED, High School, Some college or technical school, Associates, Bachelor's degree, Master's, Doctoral, other	UVM Climate survey
	Age range	Under 25 - Over 66	
	Race	American Indian/Alaskan native	UVM Climate Survey
		Asian	
		☐lack or African American	
		Native Hawaiian or Other Pacific Islander	
		Middle Eastern or North African	
		White	
	Gender	Agender	
		Female/woman	
		Genderqueer/gender fluid	
		Indigenous or other cultural gender identity	
		Male/man	
		Non-binary	
		Transgender	
		Prefer not to answer	