



Review

Collegiate athletes' mental health services utilization: A systematic review of conceptualizations, operationalizations, facilitators, and barriers

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Received 14 March 2016; revised 30 September 2016; accepted 3 March 2017

Available online

Abstract

Background: While mental health among collegiate athletes is receiving increased attention, research on factors surrounding collegiate athletes' decision to seek mental health services is limited. The goal of the present review was to analyze and synthesize the current literature concerning collegiate athletes' utilization of mental health services, including the facilitators of and barriers to use of these services.

Methods: The analysis was guided and organized using a socio-ecological framework, which considered the unique context in which collegiate athletes study and perform. A total of 21 articles, published between 2005 and 2016, which concern U.S. collegiate athletes' mental health services utilization (MHSU) were selected and included for the final analysis. Conceptualizations and operationalizations of MHSU were compared and contrasted. Facilitators of and barriers to athletes MHSU were examined and summarized while appropriately considering the proximity of each factor (facilitator or barrier) to the athletes.

Results: Results showed variations in conceptualizations and operationalizations of MHSU in the articles analyzed, which made interpretation and cross comparison difficult. Collegiate athletes are willing to utilize mental health services, but gender, perceived stigma, peer norms—for athletes and coaches—plus service availability impact their MHSU.

Conclusion: Key stakeholders, administrators, and public health officials should partner to eliminate MHSU barriers, support facilitators, and generally empower collegiate athletes to actively manage their mental health.

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Keywords: College athlete; Mental health; Mental health services; NCAA; Psychology; Sport psychology; Systematic review

1. Introduction

Collegiate student-athletes represent a unique population of young adults. Distinct from their non-athlete peers, collegiate student athletes must manage the challenges of college academics while maintaining a peak physical fitness level and the responsibilities associated with sports team membership.¹ Such strenuous demands put male and female collegiate student-athletes at potential risk for various mental health concerns.² According to data from the National College Health Assessment surveys, about 31% of male and 48% of female National Collegiate Athletic Association (NCAA) student-athletes reported either depression or anxiety symptoms each year of the

2008 and 2012 academic years.³ Evidence also shows that collegiate athletes are at risk for clinical or subclinical eating disorders,^{4,5} substance abuse,⁶ gambling addictions,⁷ sleep disturbances, mood disorders, and even suicide.³ To address increasing concern regarding athletes' mental health, the Association for Applied Sports Psychology (AASP) and the NCAA Sports Science Institute both called for more research studies focused on improving collegiate athletes' mental health and overall well-being. In March 2016, the NCAA outlined *Mental Health Best Practices* athletic departments must enact to raise awareness of mental health services availability, employ various types of mental health care providers, create referral systems, and utilize “pre-participation mental health screening.”⁸

Prior research demonstrates the utility of examining athletics participation and athletes' health through a socio-ecological lens.^{9,10} Per the socio-ecological framework, individuals make health decisions and enact health behaviors inside a complex

Peer review under responsibility of Shanghai University of Sport.

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<http://dx.doi.org/10.1016/j.jshs.2017.04.009>

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social environment; the social environment influences these individuals and they, in turn, affect their social environment.¹¹ Athletes hold and act on their own attitudes, beliefs, and opinions regarding mental health. Additionally, the attitudes and perceptions of people close to these athletes impact their health-oriented opinions and actions. Those affecting the athletes' health decision-making are considered stakeholders and include the athletes' social groups and the cultural environment around the athlete.^{12,13} In the case of the collegiate student athlete, the sociocultural views on mental health held by teammates, friends, family members, athletic trainers, coaches, as well as the local, regional, and national athletics administrative environment, impact how the athlete will respond to mental health-related challenges.^{2,3} Likewise, more athletes utilizing mental health services, in turn, should impact the stakeholders' cultural views and responses to collegiate athletes' mental health service needs.

Student athletes, unlike their non-athlete collegiate peers, must balance the simultaneous rigors of academic and athletic life and transition to the independence of adulthood while maintaining family, friend, and peer networks. The pressure to perform well in all facets of life impacts collegiate athletes academic and on-field performances.^{14,15} Research demonstrates college students often do not recognize or admit personal mental illness symptoms or are unaware of available mental health services (i.e., counseling, psychotherapy, comprehensive treatment plans).^{16,17} The social stigma associated with seeking mental health treatment can be an overwhelming barrier.¹⁸ While collegiate athletes did report being more willing to seek help for a future mental health concern than their non-athlete counterparts, collegiate athletes were less likely to report receipt of mental health care.³ The perceptions and norms of the athletic team (e.g., teammates, coaches, and athletic trainers), and the social and cultural environment (e.g., athletic department, university) around the athletes impact how athletes view mental health care and those who seek mental health services.^{19–23} Institutionally and environmentally, some college athletic facilities may lack appropriate resources tailored to the student athlete in terms of confidentiality, convenience, and cultural sensitivity. Likewise, even if an athletic department or student services center provides student athletes mental health-care resources, the care provider charged with caring for the athletes may be underqualified²⁴ or stretched too thin.

Researchers, university officials, athletics programs, and policy makers are dedicating more time and resources to addressing the prevalence and care of collegiate athletes' mental health concerns.^{25–28} Recent research showed athletic administrators were willing to hire sport psychology professionals to aide collegiate athletes enhance on-field performance, as well as career and personal development.²⁹ Athletic administrators' knowledge and personal preferences can directly impact the type of mental health professional hired or contracted to counsel athletes.^{30,31} It is important to note that mental health services offered to collegiate athletes may be performed by a variety of professionals including sport psychologists, sport psychology consultants, licensed clinical social workers, psychiatrists, psychiatric mental health nurses,

licensed mental health counselors, mental skills trainers, mental resilience specialists, and even primary care physicians trained specifically to manage mental health disorders. Such professionals possess varied educational and training backgrounds and may provide highly individualized support and treatment or more generalized team support. For instance, sport psychologists usually hold a doctoral degree accredited by the American Psychological Association and are trained to work with collegiate athletes on mental health related issues, including depression, anxiety, or substance abuse. On the other hand, sport psychology consultants often hold a master's degree, are certified in sport psychology, and are trained to work with collegiate athletes on athletic performance related issues (AASP).^{8,32,33}

A systematic look at how key stakeholders in athletes' lives affect mental health services utilization (MHSU) is missing from this area of research. Likewise, the literature is incomplete regarding the beliefs collegiate student-athletes hold regarding using mental health services and how these views shape their behaviors. Together, the personal characteristics, attitudes, and beliefs of the athletes and stakeholders may ultimately influence mental health service utilization and, subsequently, improved mental health outcomes in the collegiate athlete population. The aims of this systematic review were to (1) analyze existing literature concerning collegiate athletes' use of mental health services by summarizing conceptualizations and operationalizations of mental health services in current literature and (2) understand the facilitators of and barriers to use of mental health services by collegiate athletes through a socio-ecological lens.

2. Methods

2.1. Search strategy

The current systematic review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. Studies were identified through the use of 5 databases: Academic Search Complete; ERIC; Health Source: Nursing/Academic Addition; PubMed; and PsychINFO.^{34,35} The literature search was limited to English-language, peer-reviewed journal articles published between January 2005 and December 2016 concerning U.S. collegiate athletes. The 11-year timeframe studied was selected because a historical picture of athletes' MHSU was not the focus of current study and not until 2013 did the NCAA host its first-ever Mental Health Task Force.³⁶ Non-U.S. collegiate and university athletes may interpret mental health treatment differently compared to U.S. collegiate and university athletes. World Health Organization statistics demonstrate the U.S. carries a higher depression burden than Australia, the UK, and parts of Asia³⁷ and, not until 2012 were private U.S. health insurers required to cover patients' mental health services.³⁸ Searches were constrained to the following key terms: *college athlete*, *collegiate athlete*, *college student athlete*, and *collegiate student athlete* paired (using the Boolean "AND" function) with *counseling*, *counseling assistance*, *counseling services*, *counselor treatment*, *mental health assistance*, *mental health care*, *mental health services*, *mental health treatment*, *psychological health*

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